## Board of Directors
### Public AGENDA (held in public)

**Date:** Tuesday 26 June 2018  
**Time:** 0830hrs – 1100hrs  
**Venue:** Boardroom, Executive Corridor, Level D, Rotherham Hospital

<table>
<thead>
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<th>Time</th>
<th>Item no.</th>
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<tr>
<td>0830</td>
<td>230/18</td>
<td></td>
<td>Verbal - For noting</td>
<td>Martin Havenhand, Chairman</td>
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<td></td>
<td>Quality and Safety</td>
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<tr>
<td>231/18</td>
<td>Patient Story</td>
<td>Verbal</td>
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<td>Chris Morley, Chief Nurse</td>
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<td>Procedural Items</td>
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<td>0845</td>
<td>232/18</td>
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<td>- For noting</td>
<td>Martin Havenhand, Chairman</td>
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<td>233/18</td>
<td>Minutes of the previous meeting held on 29 May 2018</td>
<td>Enc. 3</td>
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<td>Martin Havenhand, Chairman</td>
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<tr>
<td>234/18</td>
<td>Matters arising from the previous minutes (not covered elsewhere on the agenda)</td>
<td>Verbal</td>
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<td>Martin Havenhand, Chairman</td>
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<td>235/18</td>
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<td>Enc. 13</td>
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<td>Martin Havenhand, Chairman</td>
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<td>Strategy and Strategic Planning</td>
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<td>0900</td>
<td>236/18</td>
<td>Enc. 15</td>
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<td>Martin Havenhand, Chairman</td>
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<tr>
<td>237/18</td>
<td>Report from the Chief Executive</td>
<td>Enc. 27</td>
<td>For noting</td>
<td>Louise Barnett, Chief Executive</td>
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<td>Operational Performance</td>
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<td>0920</td>
<td>238/18</td>
<td>Enc. 32</td>
<td>For noting</td>
<td>Louise Barnett, Chief Executive</td>
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<tr>
<td>238/18(a)</td>
<td>Quality &amp; Clinical Report</td>
<td>Enc. 37</td>
<td>For noting</td>
<td>Chris Morley, Chief Nurse</td>
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<tr>
<td>238/18(b)</td>
<td>Operational Performance Report</td>
<td>Enc. 46</td>
<td>For noting</td>
<td>George Briggs, Chief Operating Officer</td>
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<td>238/18(c)</td>
<td>Workforce Report</td>
<td>Enc. 54</td>
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<td>Danielle Petch, Associate Director of HR</td>
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<td>238/18(d)</td>
<td>Finance Report</td>
<td>Enc. 58</td>
<td>For noting</td>
<td>Simon Sheppard, Director of Finance</td>
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<td></td>
<td>Assurance Framework</td>
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<tr>
<td>1030</td>
<td>239/18</td>
<td>Enc. 64</td>
<td>For noting</td>
<td>Anna Milanec, Director of Corporate Affairs/ Company Secretary</td>
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<tr>
<td>1040 240/18</td>
<td>Quality Account 2017/18</td>
<td>Enc. 69</td>
<td>For approval</td>
<td>Chris Morley, Chief Nurse</td>
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<tr>
<td><strong>Board Governance</strong></td>
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<tr>
<td>241/18</td>
<td>Any other business</td>
<td>-</td>
<td>For approval</td>
<td>Martin Havenhand, Chairman</td>
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<tr>
<td>1055 242/18</td>
<td>Date of next meeting: <strong>Tuesday 31 July 2018</strong></td>
<td>-</td>
<td>For noting</td>
<td>Martin Havenhand, Chairman</td>
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</tbody>
</table>

To ensure smooth transaction of business, the Chairman will invite questions from the public, relating to the agenda items, at the end of the meeting only.

In accordance with §152(4) of the Health and Social Care Act, 2012, a copy of this agenda has been provided to Governors prior to the Board Meeting.
MINUTES OF THE PUBLIC BOARD OF DIRECTORS MEETING HELD ON TUESDAY 29 MAY 2018 IN THE BOARDROOM, LEVEL D

Present: 
Mr M Havenhand, Chairman  
Mrs G Atmarow, Non-Executive Director  
Mrs L Barnett, Chief Executive  
Mr J Barnes, Non-Executive Director  
Mr G Briggs, Chief Operating Officer  
Mrs H Craven, Non-Executive Director  
Mr M Edgell, Non-Executive Director  
Dr D Hannah, Non-Executive Director  
Mr B Mellor, Non-Executive Director  
Mr C Morley, Chief Nurse  
Mr S Sheppard, Director of Finance  
Dr C Wareham, Medical Director

Apologies: 
Mrs C Clements, Director of Workforce  
Mr C Holt, Director of Strategy and Transformation  
Ms L Hagger, Non-Executive Director

In attendance: 
Ms A Milanec, Director of Corporate Affairs / Company Secretary  
Miss D Patel, Director of Clinical Services Family Health (minute 205/18 only)  
Miss D Stewart, Corporate Governance Manager (minutes)

Observers: 
Governors x2  
Members of the Public x0  
Staff x2

191/18 CHAIRMAN’S WELCOME AND APOLOGIES FOR ABSENCE

Mr Havenhand welcomed those present to the meeting with any apologies having been received and noted.

QUALITY AND SAFETY

192/18 PATIENT STORY

The Chief Nurse took the opportunity to share with the Board information regarding the use of acupins to provide pain relief to patients experiencing nausea and vomiting in the early stages of their pregnancy.

The Lead Specialist Nurse for acute pain relief had trained colleagues, such as the community midwives on how to use the acupins, and as a result there had been a 36% reduction of patients presenting with nausea in pregnancy, a 20% reduction in admissions and for those admitted a reduced length of stay by 36%. Importantly, the service had also supported patients in being able to continue to work.
Currently only provided within the Trust, the pain relief team aspired to expand training to the primary care sector in order that GPs could offer acupins to patients presenting to them with early pregnancy vomiting and nausea.

The acupins service demonstrated the vision and innovation of colleagues within the Trust for what was a simple, yet effective, treatment. The Board requested that consideration be given to how the procedure could be promoted in a constructive way across the wider NHS as a case study for innovation. Mr Morley confirmed that this service was shortlisted in the Innovations In Your Speciality Award at the Royal College of Nursing (RCNi) Nurse Awards, and an article had recently featured in the Nursing Standard.

The Chairman thanked the Chief Nurse for the details, with the Board noting the patient story.

**PROCEDURAL ITEMS**

193/18 **DECLARATIONS OF CONFLICTS OF INTERESTS**

No declarations of conflict of interests were advised. Colleagues were asked that should any become apparent during discussions they should be highlighted.

194/18 **MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting held on 24 April 2018 were agreed as correct record.

195/18 **MATTERS ARISING FROM THE PREVIOUS MEETING**

There were no matters arising from the previous meeting which were not either covered by the agenda or action log.

196/18 **ACTION LOG**

The Board of Directors considered and discussed the Board action log, with a number agreed to be formally closed or those which would continue to be monitored.

**STRATEGY AND STRATEGIC PLANNING**

197/18 **REPORT FROM THE CHAIRMAN**

The Board of Directors received the report from the Chairman.

Mr Havenhand took the opportunity to highlight a number of sections of his report, including the official handover of a state of the art heart scanner which was funded following an appeal by the British Heart Foundation, with a significant contribution from The Rotherham Hospital and Community Charity.

Additionally, Rotherham’s new Mayor had pledged his support to The Rotherham Hospital and Community Charity, by choosing the Dr Ted children’s appeal as one of his chosen charities during his year in office.
With regard to the Council of Governors, it was noted that Mr Dennis Wray would conclude his term of office as Public (and Lead) Governor at the end of May 2018.

Interim arrangements for the role of Lead Governor would be put in place until the results of the Lead Governor elections were ratified at the July 2018 Council of Governors meeting. Mr Gavin Rimmer would be acting Lead Governor from 1st June 2018.

The Board of Directors noted the report from the Chairman.

**198/18 REPORT FROM THE CHIEF EXECUTIVE**

The Board of Directors received the report from the Chief Executive in relation to the review of 2017/18 priorities, the 2018/19 operational plan, strategic issues, and stakeholder engagement.

Mrs Barnett reported that as identified within the appendix to the report, the organisation was on track to deliver the 2018/19 operational plan quarter one milestones.

The report additionally detailed the workshops and engagement sessions being held with colleagues to share the operational plan, and to ensure that divisional priorities aligned to the plan. It had also provided an opportunity to answer any questions from colleagues on the requirements.

Mrs Barnett shared the positive news with the Board that the Trust had received a number of national awards, which were documented within her report and thanked key colleagues for their outstanding contribution in achieving progress in these areas.

With regard to the independent Hospital Services Review, Mr Havenhand wished to thank the Medical Director for his invaluable input in the review of the draft report, and the provision of extensive feedback, which helped shape the version eventually published.

The Board of Directors noted the report from the Chief Executive.

**OPERATIONAL PERFORMANCE**

**199/18 INTEGRATED PERFORMANCE REPORT**

The Board of Directors received and noted the monthly Integrated Performance Report (IPR) introduced by the Chief Executive.

Mrs Barnett indicated that the report highlighted the areas of top achievements or most improved in addition to the areas of key concern and most deteriorated.
It was considered that as this was the first report detailing the revised key indicators, which had been chosen not purely to reflect areas of good performance, it would be appropriate for a brief descriptor to be included for each key performance indicator.

**ACTION – Director of Strategy and Transformation**

Mrs Barnett informed the Board that the benchmarking and data quality kite marks had yet to be completed for a number of the new indicators, and that these would be reflected in the report in due course.

The Board of Directors noted the Integrated Performance Report, with detailed information on a number of matters contained within subsequent reports.

**199/18(a) QUALITY REPORT**

The Board of Directors received the Quality Report presented by the Chief Nurse.

Mr Morley reported that three new key performance indicators (KPIs), which formed part of the Integrated Performance Report, were also documented within the Quality Report in order to provide further context. These KPIs were ‘new complaints per whole time equivalent’, ‘potential under reporting of incidents’ and ‘incident reporting culture - % incidents severe’.

With regard to the potential under reporting of incidents KPI, it was noted that there was continued discussion with NHS Improvement regarding the correct interpretation of the calculated metric. Mr Morley confirmed that he would inform the Quality Assurance Committee and the Board of the position once it had been clarified.

**ACTION – Chief Nurse**

The Board was formally advised that a Never Event had been declared in April relating to the extraction of the wrong tooth. The incident was being reviewed as a Serious Incident to ensure that lessons were learned and appropriate action taken to ensure no further incidents in future.

Whilst it was noted that performance against the ‘looked after children receiving an initial health assessment within 20 working days’ KPI had improved in April, standing at 52%, assurance was sought regarding the pace of recovery. Mr Morley confirmed that collaborative arrangements with the Local Authority to improve performance continued, and that resources had been allocated to undertake additional clinics. However, the increasing number of cases and the Bank Holidays had had an impact on performance in April.

With regards to complaint response times within 30 working days, whilst performance had decreased to 92% in April, the target remained 100% with a lower tolerance level of 90%. Any significant decrease would be reported to the Board through the monthly Quality Report.

Nurse recruitment remained as reported to the April meeting, however it was recognised that it should be expected that there would now be some attrition.
in the numbers as applicants began to confirm their employment intentions. The organisation would maintain its online recruitment presence for those courses which had yet to finish. The Board of Directors would remain updated on the recruitment numbers over quarter two.  

ACTION – Chief Nurse

The Board of Directors noted the Quality Report.

199/18(b)  CLINICAL REPORT

The Board of Directors received and noted the Clinical Report from the Medical Director.

Dr Wareham informed the Board that there continued to be improvements with regard to mortality with the Hospital Standardised Mortality Ratio (HSMR) currently standing at 94.

Whilst there was a note of caution regarding this figure as the HSMR calculation had not been rebased, it was important to note that the organisation’s mortality rate continued to show improved performance. The exact position with regard to the data, once clarified, would be reported to the Quality Assurance Committee.

ACTION – Medical Director

With regard to hospital acquired infections it was reported that there had been one case of Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia in April, with the target being zero.

Dr Wareham confirmed that in light of the new national investigation and reporting process for MRSA bacteraemia, which would see Trust’s with high rates being required to complete the national Public Health England investigation, work continued to improve the organisation’s position. Further information on the matter would be provided to the Quality Assurance Committee.

ACTION – Medical Director

In noting the improvements being seen with regard to dementia, delirium and patient centred care, including dementia assessments which stood at 80%, it was reported that the business case for the establishment of a frailty unit was being progressed. It was confirmed that the remit of the former lead dementia nurse would be incorporated into the unit in order to ensure resilience across a team rather than resting with one individual.

The Board of Directors noted the Clinical Report.

199/18(c)  OPERATIONAL PERFORMANCE REPORT

The Board of Directors received and noted the Operational Performance Report, which was presented by the Chief Operating Officer.

Mr Briggs outlined the position against the four hour access target, with current performance being 89.9% against the target of 90%. An area of key concern was that 7.04% of patients were leaving the department without being seen and that this was an area of focus.
To support this, ‘see and treat’ would be implemented from June for minors, initially over five days, before being increased to seven days. Mr Morley indicated that the Trust continued to work collaboratively with Rotherham Doncaster and South Humber NHS Foundation Trust in relation to those patients presenting with mental health issues who left the department without being treated, to ensure they were followed up.

On the day cancelled operations, which was one of the most deteriorated areas as demonstrated in the integrated performance report, had increased from 20 to 30 per month. Mr Briggs indicated that the position reflected the difficulties around patient flow and medical outliers impacting on the availability of surgical beds.

Acknowledging that cancelling operations on the day was not a good experience for patients, the process had been revised in that, should it look unlikely that beds would be available the day before any planned admission, cancellation would take place at that point. Mrs Barnett indicated that she was confident that an improvement would be seen in terms of cancelled operations going forwards.

It was reported that in order to improve the ability to admit stroke patients to a bed within 4 hours, for the last month, two beds had been ring fenced for that purpose. An improvement in performance above the current 33% was anticipated.

In terms of staffing on the Stroke Unit, it was confirmed that this continued to be provided by an agency consultant. Whilst attempts to make a permanent appointment had been unsuccessful, Dr Wareham indicated that he had no professional concerns regarding provision of the stroke service.

Additionally, whilst nursing vacancies were also high in this speciality, additional support was being provided, including through the Compass Programme. It was anticipated that the Hospital Services Review would help shape the future direction of the stroke service and consequently help address the current staffing issues.

The Board of Directors noted the Operational Report.

199/18(d) WORKFORCE REPORT

The Board of Directors received the Workforce Report presented by the Chief Executive in the absence of the Director of Workforce.

Mrs Barnett highlighted a number of sections from the report including the continued improvements in the rolling sickness absence rates, which currently stood at 3.99%.

The new timetable for completion of personal development reviews for the Executive Directors and their direct reports had been achieved in April. Feedback on the new process had been positive in that it provided the required clarity and focus for the year. The timetable would continue to be rolled out for
the rest of the organisation, with the aim that all staff would have had their review by September 2018.

Whilst there had been a reduction in whole time equivalent posts in April, it would be important for continued focus on pay costs.

With regard to recruitment, it was confirmed that the top 30 posts for recruitment had been agreed by the Executive Directors, and further discussed by the Strategic Workforce Committee. However, the individual recruitment strategies required further development to ensure the best arrangements are in place to support successful appointment to these key posts.

The Board of Directors noted the Workforce Report.

199/18(e) FINANCE REPORT

The Board of Directors received and noted the month one Finance Report presented by the Director of Finance.

Mr Sheppard reported that the April position indicated that the organisation was delivering ahead of plan in month one, with an overall deficit of £2,367K. The capital programme was underspent in month by £7k and the cost improvement plan was ahead of plan.

Whilst acknowledging that the April position was better than the plan, Mr Barnes reminded colleagues that month one had a planned higher deficit than subsequent months. Therefore, it would be important to continue to improve performance in order to achieve the overall financial plan.

Mrs Craven concurred with the comment regarding the requirement for continued improvements in performance, adding that it would be important to maintain budgetary controls, monitor specific lines of activity and react quickly to any deviations from plan.

Mr Briggs expressed his confidence in the Divisions having a clear understanding of their requirements with regard to activity levels and the cost improvement programme. Mr Sheppard confirmed that monthly meetings continue to be held with the Divisions to support the financial and performance plans.

In response to a question regarding the risks to the financial position as a result of rising energy prices, Mr Sheppard confirmed that prudent energy costs had been included within the financial plan, with the position being monitored on a monthly basis.

Mr Sheppard confirmed that the Annual Accounts had been considered and approved by the Board of Directors at an additional meeting on 23 May 2018. Any material adjustments had been only presentational. The accounts had subsequently been submitted to NHS Improvement ahead of the deadline.
In terms of the External Auditors view of the financial statements, they had issued an unqualified audit opinion, with ten recommendations. Of these eight had been agreed by management and would be progressed in quarters one and two.

The Board of Directors noted the Finance Report.

ASSURANCE FRAMEWORK

200/18 GOVERNANCE REPORT

The Board of Directors received the Governance Report from the Director of Corporate Affairs/Company Secretary.

Ms Milanec formally reported that both the Annual Report and Accounts had been submitted to NHS Improvement in advance of the deadline of 29 May. Mr Havenhand expressed his appreciation to all the teams involved in completion of the Annual Report and Accounts and anticipated further streamlining of the process in 2019.

A number of self-assessment and supportive tools had been issued by NHS Improvement which were detailed within the report. Ms Milanec specifically highlighted to the Board that the suite of guides and templates issued to support the implementation of pathology networks, could equally be applied for use in other areas.

The Board of Directors noted the Governance Report.

201/18 BOARD ASSURANCE FRAMEWORK

The Board of Directors received the report from the Director of Corporate Affairs/Company Secretary which outlined the proposed wording for the Board Assurance Framework risk descriptor for B7.

The Audit Committee, who would be monitoring the risk, having considered the matter at their 23 May meeting, would recommend the revised wording as follows:

B7 – Misaligned governance and decision-making may arise from divergent Trust, Place and ICS (Integrated Care System) interests and objectives.

The Board of Directors approved the risk descriptor for B7.

202/18 TERMS OF REFERENCE: ASSURANCE COMMITTEES

The Board of Directors received the report presented by the Director of Corporate Affairs/Company Secretary which proposed a standard terms of reference template for three of the Board assurance committees.

The Board of Directors approved the revised standard template.
The Board of Directors received the annual Freedom to Speak Up Guardian Report.

In the absence of the Freedom to Speak Up Guardian Lead, Mrs Barnett took the opportunity to outline the key matters from the report.

The Board was informed that processes were being streamlined and supported by the Senior Independent Director, to ensure speedier resolution of issues raised, which was in the interests of both the individual raising any concern and for patients.

With regard to the NHS staff survey results specifically those pertaining to the ability to raise concerns, Mr Havenhand indicated that he expected improvements in future staff surveys to show results to be at the national average for combined acute and community trusts.

The Board in noting the report was assured that staff had an appropriate route by which to raise concerns and within a supportive culture.

The Board of Directors received and noted the Guardian of Safe Working Hours report which was presented by the Medical Director.

Dr Wareham informed the Board that the exception reporting reflected the increase in activity over recent months and highlighted the pressures being seen in services. The data was supported by the anonymised qualitative information contained within the report provided by the junior doctors.

It was noted that future reports to the Board would demonstrate how issues had been dealt with in order to close the loop on matters raised and support provided to the junior doctors.

**ACTION - Medical Director**

The Board of Directors noted the report.

Miss Patel, Director of Clinical Services for Family Health was in attendance for this item.

The Board of Directors received the report presented by the Chief Nurse supported by Miss Patel which provided to the Board of Directors the final self-assessment against the Clinical Negligence Scheme for Trusts (CNST) incentive scheme maternity safety actions.
Mr Morley outlined that the self-assessment in ten areas of compliance with good practice aimed to support the ambition of the Department of Health to halve the number of still births, deaths and brain injuries that occur during or soon after birth, by 2025.

The evidence to support compliance with each of the 10 criterion had been assessed by Mr Morley and Miss Patel and both were satisfied that the service was compliant.

One element of the assessment was to demonstrate compliance with the Saving Babies’ Lives care bundle designed to tackle stillbirth and early neonatal death. It brought together four elements of care that were recognised as evidence-based and/or best practice, namely:

- Reducing smoking in pregnancy
- Risk assessment and surveillance for fetal growth restriction
- Raising awareness of reduced fetal movement
- Effective fetal monitoring during labour

Miss Patel outlined for the Board some areas of practice associated with the saving babies care bundle had answered a number of questions in this area. Further information on the care bundle would be circulated outside the meeting.

**ACTION – Chief Nurse**

The Board of Directors approved the self-certification process.

**BOARD GOVERNANCE**

**206/18 ANY OTHER BUSINESS**

There were no items of any other business.

**207/18 DATE OF NEXT MEETING**

The next meeting of the Board of Directors would be held on Tuesday, 26 June 2018.

At this point the Chairman opened the meeting to any questions from those observing the proceedings.

Mr Rimmer, Public Governor, highlighted the concerns of the Council of Governors regarding the continued Staff Governor vacancies as their knowledge and understanding of the organisation was invaluable to the Public and Partner Governors.
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<th>Minute Ref</th>
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<th>Lead Officer</th>
<th>Timescale/Deadline</th>
<th>Comment/ Feedback from Lead Officer(s)</th>
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<tr>
<td>58</td>
<td>25-Jul-17</td>
<td>Escalations from Governors</td>
<td>269/17</td>
<td>To be added to action log; 3 staff governor vacancies out of 5 remain vacant. Execs to consider options available to co-op colleagues to ensure they are engaged and represented through CoG.</td>
<td>Co Sec</td>
<td>30/09/2018 (re constitution)</td>
<td></td>
<td>Open</td>
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<tr>
<td>2018</td>
<td>26</td>
<td>27-Mar-18 Report from the Chief Executive</td>
<td>99/18</td>
<td>Final version of the Rotherham Place Plan to be shared with the Board for comment, when available.</td>
<td>DS&amp;T</td>
<td>30-Jun-18</td>
<td>This is likely to be end of June 2018 - timeframe for this is out of control of the organisation - but item will be circulated asap.</td>
<td>Open</td>
</tr>
<tr>
<td>41</td>
<td>29-May-18</td>
<td>Integrated Performance Report</td>
<td>199/18</td>
<td>Descriptions of the 30 KPIs which are tracked monthly, need to provide more detail</td>
<td>DS&amp;T</td>
<td>26-Jun-18</td>
<td></td>
<td>Open</td>
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<tr>
<td>42</td>
<td>29-May-18</td>
<td>Quality Report</td>
<td>199/18</td>
<td>Incident Reporting: 'underreporting of incidents' clarification being sought from NHSI. (Model Hospital dashboard shows the indicator performance RAG rated as green, compared with local Trust data showing as red.)</td>
<td>ChN</td>
<td>26-Jun-18</td>
<td>Details addressing this item, included in the Quality Report, agenda item 238/18</td>
<td>Recommend to close</td>
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<td>43</td>
<td>29-May-18</td>
<td>Quality Report</td>
<td>199/18</td>
<td>Board to be apprised of progress with nurse recruitment</td>
<td>ChN</td>
<td>25-Sep-18</td>
<td>Details addressing this item, included in the Quality Report, agenda item 238/18, and will be further reported to Board</td>
<td>Recommend to close</td>
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<tr>
<td>44</td>
<td>29-May-18</td>
<td>Clinical Report</td>
<td>199/18</td>
<td>More details to be provided to clarify HSMR (Hospital Standardised Mortality Ratio) data: why has CHKS not rebased their data, what they will do about it, is the way they are using data different to other providers?</td>
<td>MD</td>
<td>21-Jun-18</td>
<td>The data has now been rebased, and details included in this month’s Quality Report, agenda item xx/18. The Medical Director is continuing to investigate how the CHKS data compares with other providers</td>
<td>Recommend to close</td>
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<tr>
<td>45</td>
<td>29-May-18</td>
<td>Clinical Report</td>
<td>199/18</td>
<td>More details to be provided re MRSA (Methicillin Resistant Staphylococcus Aureus): contamination and infection rates not separated, and why does the rate appear to be in lowest quartile?</td>
<td>MD</td>
<td>21-Jun-18</td>
<td>The rules relating to the national reporting of MRSA bacteraemia are clear and include all positive blood cultures, irrespective of whether they subsequently prove to be contaminated samples. Work is underway to reduce blood culture contamination rates, as identified in the Quality Report, The low numbers of MRSA bacteraemias reported nationally combined with the Trust having a low denominator (100, 000 bed days) means that even a small number of cases is likely to mean the Trust will be ranked in the lower quartile.</td>
<td>Recommend to close</td>
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<tr>
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<td>Meeting</td>
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<td>46</td>
<td>29-May-18</td>
<td>Guardian of Safe Working Hours report</td>
<td>204/18</td>
<td>Next report to provide closure for the issues raised</td>
<td>MD</td>
<td>31-Jul-18</td>
<td>Report sent out to Board Members on 6 June by the Governance Manager</td>
<td>Open</td>
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<tr>
<td>47</td>
<td>29-May-18</td>
<td>Progress against the CNST incentive scheme, maternity actions</td>
<td>205/18</td>
<td>Slide pack, highlighted by Miss Patel during presentation of the report, to be sent out to Board Members (and Pat Jarvis).</td>
<td>CO Sec</td>
<td>asap</td>
<td>Recommendation to close</td>
<td>Recommend to close</td>
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Open

Recommend to close
Report: Report from the Chairman

Presented by: Martin Havenhand, Chairman
Author(s): Anna Milanec, Director of Corporate Affairs / Company Secretary

Strategic Objective: Governance: Trusted, open governance

Regulatory relevance:
NHSI: Licence Condition FT4 / Single Oversight Framework
CQC Domain: safe / effective / caring /responsive / well-led

Risk Reference:
BAF: All as appropriate
Corporate Risk Register: All as appropriate

Purpose of this paper:
This paper provides an overview of progress on key issues since my last report to the Board on 29 May 2018.

Summary of Key Points:
- The South Yorkshire and Bassetlaw, Integrated Care System (SYB ICS) met this month;
- Work continues on the Hospital Services Review, the report for which was published on 9 May 2018, and the Board will be receiving a presentation from Chris Welsh;
- The Rotherham Together Partnership held its quarterly meeting on the 20 June and has published a short video on the progress that has been made during the last year.
- I attended the North Chairs Network event on 20 June 2018, which provided an overview on the regional financial position and ICS developments;
- Colleagues at the Trust continue to raise awareness of health matters by taking part in national campaigns and events;
- New Mayor, Cllr Buckley and his wife Sandra, the town’s new Mayoress, visited the Trust on 8 June to show their support for The Rotherham Hospital and Community Charity’s ‘Dr Ted’s children’s appeal’.

Board action required:
The Board is asked to note the report.
1.0 Introduction

1.1 This report provides an update since the last Board Meeting.

2.0 South Yorkshire and Bassetlaw, Integrated Care System (SYB ICS)

2.1 The meetings of the Acute Federation Committees in Common, met on 4th June 2018.

2.2 The Partners considered the recent announcement that NHS England and NHS Improvement were to shift their focus from regulating the trust sector to supporting improvement across the sector. This shift will involve a difference governance structure, with STPs and ICS developing new systems vision, strategy and plans, and some commissioning no longer taking place at national level.

2.3 In parallel, the Partners confirmed their commitment to continue working together, further to the conclusion of the Working Together Vanguard partnership. It was agreed that the governance arrangements should be reviewed, and it was proposed that a joint workshop be held to consider a review of the arrangements.

3.0 Hospital Services Review

3.1 As reported last month, the Hospital Services Review report was published on 8 May 2018.

3.2 Professor Chris Welsh, Independent Director for the review of SYB Hospital Services Review is due to meet with the Board later today for a further update.

4.0 Rotherham Together Partnership

4.1 Vice Chair, Lynn Hagger represented the Trust at the Rotherham Together Partnership Showcase Event held on 12 June 2018.

4.2 As part of the first year anniversary of the Partnership, a new video was shown, showcasing some of the work that has taken place. A copy of the video can be found through this link: http://rotherhamtogetherpartnership.org.uk/

4.3 A quarterly Rotherham Together Partnership meeting took place on 20 June 2018 where we received an update from the Theme Board, details of which are attached at Appendix 1.

5.0 North Chairs Network Event

5.1 On 20 June, I attended the North Chairs Network Event at Quarry House in Leeds, which was hosted by Lynn Simpson, NHS Improvement, Executive Regional Managing Director – North, and Richard Barker, NHS England Regional Director – North.

5.2 We were given an update on the financial position across the north region, and also received a presentation from Baroness Dido Harding, Chair of NHS Improvement.
5.3 The session also included an update on the development of Sustainable Transformation Partnerships (STP) and Integrated Care Systems (ICS) in West, North and East Cumbria STP, Humber Coast and Vale STP, and South Yorkshire and Bassetlaw ICS.

6.0 Trust based activities and national campaigns

6.1 Once again, the Trust has been actively taking part in a number of health initiatives and national campaigns in which our colleagues and stakeholders participate.

6.2 Nutrition and Hydration Week took place between 4 – 8 June. Our Diabetic team provided a full week of themed activities on the main concourse.

6.3 It was also National Glaucoma Awareness Week at the beginning of this month, and the Eye Clinic Liaison Service hosted a stand on the hospital's main concourse to raise awareness of the condition, and to provide support for those affected.

6.4 The Trust's Diabetes Team supported Diabetes Week between 11 – 15 June and provided support and advice to our patients and visitors in the main hospital foyer.

6.5 Finally, the Alzheimer’s Society ‘Cupcake Day’ on 14 June provided the opportunity for our Frailty Team to invite colleagues and visitors to enjoy a cup of tea and cupcake. Funds raised are being divided between The Rotherham Hospital and Community Charity, and the Alzheimer’s Society.

7.0 Mayor’s Pledge to support Dr Ted

7.1 I reported last month that Cllr Buckley and his wife Sandra, the town’s new Mayor and Mayoress, had announced their support for the Rotherham Hospital and Community Charity ‘Dr Ted’s children’s appeal’.

7.2 As part of their support for the appeal, the Mayor and Mayoress visited the Trust on 8 June 2018. Non-Executive Director and Chair of the Charitable Funds Committee, Barry Mellor, together with Chief Nurse Chris Morley, led the visit.

7.3 The visiting party toured the Children’s Ward, Special Care Baby Unit and Children’s Outpatients, meeting with colleagues and patients.

8.0 Key meetings attended since the last report

8.1 Details of the meetings which I have attended this month, not already covered in detail in this report, appear in Appendix 2.

Martin Havenhand
Chairman
June 2018
Rotherham Together Partnership
Theme board updates

Children and Young People’s Partnership and Transformation Board
Chair, Cllr Gordon Watson

The six priority work streams are underpinned by the embedding of Voice of the Child principles across partner organisations.

All six areas have established project groups which feed into this Board. There is a shared agreement regarding what is working well, areas that require improvement and a clear plan in terms of what needs to happen next.

What’s working well?

Implementation of Children and Adolescent Mental Health (CAMHS) Transformation
- Section 75 Partnership Agreement in place for CAMHS
- Successful CAMHS engagement in preparation for the SEND Local Area
- Engagement and co-production with Rotherham Parent Carers Forum and Healthwatch
- Significantly reduced waiting times

Oversee delivery of the 0-19 healthy child pathway services
- The Service Improvement Forum has implemented improved interim performance indicators
- Collaborative and partnership working between Children’s Services commissioners, Public Health, CCG and TRFT (provider)

Children’s Acute and Community Integration
- The Rapid Response element of the team has commenced, initially working with the Children’s Assessment Unit and Children’s Ward to expedite hospital discharge safely whilst ensuring high quality care. The engagement of acute and community staff has been extremely positive.
- Work has commenced with Urgent and Emergency Care Centre (UECC) in April to reduce hospital admissions through the use of the Children’s Rapid Response team. UECC can refer to the Rapid Response team directly and the Rapid Response team will provide ongoing care in the community thereby avoiding hospital admissions.

Special Education Needs and Disability (SEND) – Journey to Excellence
- Draft SEND strategy and an established action plan to improve quality and sufficiency
- Preparation for the Local Area Inspection with engagement of all partner organisations

Implement ‘Signs of Safety’ for Children and Young People across partner organisations
- Half day SoS briefings have commenced, to date 280 have attended.
Transitions
- The first meeting of the Strategic Preparing for Adulthood Planning Group has taken place with agreed Terms of Reference.

**What are we concerned about?**
Implementation of Children and Adolescent Mental Health (CAMHS) Transformation
- The existing CAMHS Local Transformation Plan Action Plan – there are over 100 actions leading to difficulty in prioritisation.
- Engaging local CAMHS and Therapeutic Services for out of borough looked after care placements.

Oversee delivery of the 0-19 healthy child pathway services
- The demand in the system and capacity to complete Early Help assessments because of the level of safeguarding work.

Children’s Acute and Community Integration
- The capacity within the Community Children’s Nursing team to develop this service further.

Special Education Needs and Disability (SEND) – Journey to Excellence
- A budget shortfall for SEND services, which are funded through the High Needs Dedicated Schools Grant (DSG).

Implement ‘Signs of Safety’ for Children and Young People across partner organisations
- Clarity across the Partnership regarding the level of future training needs and how we can manage this within CYPS
- What future training is required, how this and any wider training is to be funded?

Transitions
- The volume of young people in transition and the risk that planning is not happening early in order to fully plan services into adulthood

**What are we doing about it?**
Implementation of Children and Adolescent Mental Health (CAMHS) Transformation
- Refresh / reduce the LTP action plan to prioritise outcomes.
- Evaluate the new whole school approach and social prescribing pilots.
- Review the CAMHS offer across Rotherham: Early Help; Schools; Therapeutic Team; and RDaSH CAMHS.

Oversee delivery of the 0-19 healthy child pathway services
- Implementation of revised outcome based performance indicators.

Children’s Acute and Community Integration
- Continue work with UECC to develop relationships and ensure that appropriate referrals to the team are made.

Special Education Needs and Disability (SEND) – Journey to Excellence
- Second phase of the SEND Hub Project – a fully integrated service building on co-location and embryonic joint working.
- Explore establishing a Section 75 agreement and pooled fund for SEND.
Implement ‘Signs of Safety’ for Children and Young People across partner organisations

- Task and finish group to be agreed to plan second phase of training

Transitions

- Undertake a detailed population analysis of the transition cohort.
- Refreshed transition pathway, published on the Councils website.
The Safer Rotherham Partnership
Chair, Cllr Emma Hoddinott

**What’s working well?**
The Safer Rotherham Partnership (SRP) has recently completed a root and branch review of its management and governance which has seen the introduction of a revised area based meeting structure that is more inclusive of the wider partnership. This includes local Ward based meetings through Community Action Partnerships; North, Central and South area tasking meetings and a Community Multi-Agency Risk Assessment Meeting (C-MARAC) that takes referrals in respect of high risk, vulnerable victims, witnesses and perpetrators.

Co-located working between the Police and Council commenced in May with the Central Neighbourhood Policing Team coming into Riverside House to work alongside Council colleagues. The same will take place in September in the North and South areas when Council officers move into Rawmarsh and Maltby Police Stations.

Initial results in respect of the central co-location are extremely good, with improved communication, information sharing and prompt, joined up responses to local issues.

The SRP has agreed its priorities for 2018/21 after a wide ranging, inclusive consultation period. The priorities are:

**Protecting Vulnerable Children (including)**
- Preventing children becoming victims of crime
- Preventing child sexual exploitation
- Mental health
- Missing from home
- Preventing offending
- Preventing sexual offences

**Protecting Vulnerable Adults (including)**
- Preventing offending
- Mental health
- Substance abuse
- Preventing vulnerable adults becoming victims
- Preventing sexual offences

**Building Confident and Cohesive Communities (including)**
- Building community cohesion
- Anti-Social Behaviour – Problem solving in local neighbourhoods
- Increasing public confidence to report hate crime
- Countering extremism/Preventing terrorism

**Domestic Abuse and other related offences (including)**
- Domestic violence and abuse
- Female genital mutilation
- Stalking and harassment
- Forced marriage
- Honour based violence
Tackling Serious Organised Crime (including)
• Identification and mapping of Organised Crime Groups
• Co-ordinated planning and disruption
• Shared prioritisation for tackling serious and organised crime

What are we concerned about?
Repeat and vulnerable victims of crime and ASB, including financial exploitation of vulnerable adults.

Accurately identifying and mapping Organised Crime Groups and Urban Street Gangs to ensure an intelligence led, targeted response utilising all available tools, powers and resources.

Ensuring that both adult and child victims of domestic abuse are identified in a timely manner by both statutory and commissioned services to ensure that they receive the support and services they need.

What are we doing about it?
Utilising the improved co-located working model to improve information sharing, risk identification and risk management.

Working with local, regional and national partners to identify best practice, current trends and responses.

The SRP’s Domestic Abuse Priority Group leading on work with agencies and service providers to identify and remove blockages and reduce waiting lists.
Health and wellbeing board
Chair, Cllr David Roche

What’s working well?
The Rotherham Health and Wellbeing Board recently published a new Health and Wellbeing Strategy for 2018-25. Each of the 4 high-level aims in the strategy has an identified board sponsor to lead the work, who are from a number of different partner organisations, and they are currently tasked with developing a set of action plans to deliver the strategy.

A significant part of delivering the strategy has been the establishment of the Integrated Care Partnership (ICP) Place Board and Integrated Health and Social Care Place Plan, which is currently being refreshed and closely aligned to the strategy - providing the delivery mechanism for integration under 3 transformation workstreams:

- Children and young people
- Urgent and community
- Mental health and learning disability

A number of key areas of activity are currently being developed as part of these workstreams: urgent and community care centre, integrated locality teams (‘the village’ model), a 24/7 single point of access, CAMHS transformation and a ‘home first’ approach.

Rotherham has also recently been used as a case study for the LGA’s latest publication which looks at how Health and Wellbeing Boards are developing, particularly in relation to integration - which is a great opportunity to showcase some of the partnership working and integration activity taking place locally.

The work of the ICP Place Board and Plan is achieving progress in relation to the ‘integrating health and social care’ game changer of the Rotherham Plan.

What are we concerned about?
Overall it is crucial that the Health and Wellbeing Board continues to foster the strong partnership that has been developed across the system, and that each organisation plays its part in the ‘place’.

There are also specific concerns and challenges in relation to each of the priorities in the transformation workstreams, for example: capacity to deliver new ways of working, changing cultures within organisations, existing complex pathways and workforce development needs.

What are we doing about it?
A clear governance structure has been developed, which places the Health and Wellbeing Board at the top (with the Health and Wellbeing Strategy setting the strategic vision), having oversight of the ICP Place Board and Place Plan.

Underneath the strategic oversight, a delivery group is now in place which brings together the chairs of each of the workstreams to develop and unpick the concerns and challenges raised – which can then be escalated to the ICP Place Board where needed (which the chair and vice-chair of the HWbB sit on).
The strategic leaders from each of the partner organisations also meet on a weekly basis to problem solve together in the style of a high level action learning set to support the work of the ICP Place Board and Plan.
Rotherham Business Growth Board update
Chair, Julia Bloomer

What’s working well?
- Process to appoint development partner for Forge Island is progressing. Three bidders are currently working up more detailed proposals
- Supporting events including LEAF (Careers Fayre) and Apprentice of the Year
- Strengthening links between schools/colleges and local businesses – Enterprise Adviser Network
- Handing over of keys to McLaren for their factory at the AMP
- Promotion of local apprenticeships through schools

What are we concerned about?
- The difficult trading conditions facing town centre businesses (evidenced by recent downsizing of House of Fraser and Poundland/Bargain Buys going into administration)
- Impact of the relocation of the Interchange – although the works are essential and the refurbished building will be an asset to the town
- That Rotherham businesses have the skilled and enterprising workforce required to maximise their growth potential
- That Rotherham has the offer to attract major investors
- Schools not attending events such as LEAF

What are we doing about it?
- Encouraging more schools to support the LEAF and GUTS events; looking at possibility of assisting with transport issues and writing to head teachers/governors setting out the benefits to their pupils
- Working with town centre businesses to provide support until the major developments start coming on stream (i.e. 10% rent reduction for market traders)
- Contributing to the development of a Rotherham Cultural Strategy
- Opening of the UCR, providing degree level courses within Rotherham
- Development of the AMID concept as a world leading location for Advanced Manufacturing and the development of local supply chains and employment opportunities
Key meetings I have attended over the last month: 21st May – 15th June

- On the 22nd May I chaired the Deputy Medical Director appointments panel. We have offered the post to an external candidate.

- My colleague Joe Barnes chaired Consultant Anaesthetist Interviews on the 6th June on my behalf and 3 appointments were successfully made.
BOARD MEETING: 26 June 2018

Agenda item: 237/18

Report: Report from the Chief Executive

Presented by: Louise Barnett, Chief Executive
Author(s): Louise Barnett, Chief Executive

Strategic Objective:
Patients: Excellence in healthcare
Colleagues: Engaged, accountable colleagues
Governance: Trusted, open governance
Finance: Strong, financial foundations
Partners: Securing the future together

Regulatory relevance:
NHSI: Licence Condition FT4 / Single Oversight Framework
CQC Domain: safe / effective / caring / responsive / well-led

Risk Reference:
BAF: All as applicable
Corporate Risk Register: All as applicable

Purpose of this paper:
This paper outlines progress regarding a number of key strategic and operational issues and stakeholder engagement since the last Board of Directors' meeting.

Summary of Key Points:

- Overall, the Trust is largely on track with the delivery of the Operational Plan, with a few elements that are behind schedule, receiving further attention to ensure achievement.

- The Trust is continuing to improve performance against the four hour access target for patients, with actions identified to support delivery of the national requirements.

- The Trust continues to engage with stakeholders, both locally and across the Integrated Care System, to improve the quality and sustainability of services for the population we serve.

- We are preparing for Trust Values week which takes place in July,

Board action required:
The Board of Directors is asked to note the report.
1.0 **Introduction**

1.1 This paper outlines progress regarding a number of key strategic and operational issues, and stakeholder engagement, since the May 2018 Board of Directors’ meeting.

2.0 **2018/19 Operational Plan**

2.1 Overall the Trust is on track with delivery against the Operational Plan, completing a number of aspects slightly ahead of plan. A small number of actions are behind schedule, but receiving further attention to ensure achievement, namely appraisals (personal development and review), development of the plant and equipment replacement plan, and phase 2 bed configuration.

2.2 Appendix 1 provides a high level assessment of progress at Month 2.

2.3 In terms of performance in relation to key national standards, the Trust continues to improve performance against the four-hour access performance target during May, with the Trust being among the top 10 improving Trusts in May. Whilst not yet achieving the 95% standard consistently, we have continued to see this improved performance continue into June and work continues, led by teams across the Trust, to further build on this improvement for our patients.

2.4 The Trust continued to achieve the 18-week Referral to Treatment incomplete standard during May, with recent publication of national figures confirming that the Trust delivered the fourth best performance nationally for April 2018. Similarly, strong performance continues against the 6-week wait diagnostic standard.

2.5 In terms of cancer performance, the Trust remains on-track with the detailed recovery plan, which should see the Trust return to performance against the 62-day standard by Quarter 2 as planned.

3.0 **Hospital Services Review**

3.1 Following publication of the Stage 2 report on 10 May 2018, we continue to review the recommendations in relation to the Trust strategy and Rotherham Place.

3.2 The Collaborative Partnership Board met on the 8 June to receive an update from the Hospital Services Review team on timescales and key milestones over the coming weeks, which consists primarily of discussions and presentations with the various partner-organisation Boards and Governing Bodies to share the report and determine next steps.

3.3 As part of the overall process, Professor Chris Welsh is meeting with the Trust Boards of local Trusts to discuss the report, and will be attending our Board meeting on 26 June.

3.4 Trusts and Governing Bodies are requested to send any final comments on the HSR by the 13 July 2018, which will then be considered, following which the draft Strategic Outline Case will be produced. The Strategic Outline Case will set out the proposed way forward and will be agreed through the Joint Committee of Clinical Commissioning Groups (JCCCG) and Collaborative Partnership Board by the end of August 2018.
A further tender has been prepared and the process is underway to secure additional resource to support further work required, if and when the Strategic Outline Case is agreed.

**Stakeholder engagement**

Trust colleagues continue to work with partner organisations across Rotherham Place through the Integrated Care Partnership (ICP) and across South Yorkshire and Bassetlaw (SYB) through the Integrated Care System (ICS) to improve the quality and sustainability of health and care for the population we serve.

The regular meetings of the Rotherham Integrated Health and Social Care Place Board, Rotherham Together Partnership Chief Executive Officer Group, Health Select Committee and Health and Wellbeing Board have taken place during June 2018 to support the delivery and review of the Rotherham Place Plan. We continue to work closely with partners to achieve our shared plans.

Across the Rotherham Integrated Care Partnership (ICP), we continue to work with partners on the re-draft of the Rotherham Integrated Health and Social Care Place Plan (Place Plan), with a view to a final draft being available at the end of June 2018, which will then be shared with organisations’ Boards and Governing Bodies.

This year, the Trust was invited to present at the first day of the NHS Confederation event on the 13 June 2018 on the ‘Focus on Digital’ stage. This is where the use of digital technology was showcased as helping to break down the barriers between different parts of the care system, and taking care closer to home. We presented an overview of the Rotherham Health Record (formerly known as SEPIA) and showed a short video of our teams talking about how the system has contributed to them delivering more integrated care for our patients. The presentation given by Chris Holt, Deputy Chief Executive and I, built upon the Trust presentation given at the Parliamentary briefing in December 2017 and was once again very well received with a number of Trusts showing an interest in what we are doing, and requesting follow-up discussions.

Following the departure of Dr Jon Miles, Director of Clinical Services, Integrated Medicine Division, I am pleased to confirm the interim of appointment of Dr Jane Terris to this role. Dr Terris joined the Trust in autumn of last year as a very experienced Emergency Medicine Consultant within our Urgent and Emergency Care Centre, and has already made a significant impact in how the centre is performing and the care we are providing. We look forward to working closely with Jane in this role over the coming months, whilst we undertake a recruitment process for the substantive post.

Work is taking place to prepare for the Trust Values week which takes place 2-6 July 2018, and applications are now open for the Trust Proud Awards in the Autumn. These events seek to recognise and showcase some of the amazing work that our fantastic colleagues undertake, in front-line roles or behind the scenes across community and acute settings, for our patients. Support from board colleagues is welcomed to make both of these events a great success.
5.0 Conclusion

5.1 Whilst overall the Trust is on track in terms of delivery of the Operational Plan in month, work is underway to continue to improve performance against the four-hour access standard, recover the cancer 62 day performance as planned and ensure that outstanding elements of the operational plan are completed.

5.2 Values Week and Proud Awards are a great opportunity to thank and recognise our amazing workforce and partners in their dedication to deliver high quality care to patients each and every day.

Louise Barnett
Chief Executive
June 2018
<table>
<thead>
<tr>
<th>Summarised Objective</th>
<th>Milestones (defined in plan)</th>
<th>By when</th>
<th>Lead Exec</th>
<th>RAG status</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Identify and recruit to the top 30 key posts</strong></td>
<td>1.1) Agree the top 30 posts and a strategy to fill, with clear timescales</td>
<td>Apr-18</td>
<td>DoW</td>
<td>COMPLETE</td>
<td>Agreed by Exec team and shared with SWC</td>
</tr>
<tr>
<td></td>
<td>1.2) Produce corporate Trust video to support recruitment</td>
<td>Jun-18</td>
<td>DoW</td>
<td>COMPLETE</td>
<td>On track / completed.</td>
</tr>
<tr>
<td><strong>2. Service Line Management principles rolled-out to 10 service lines</strong></td>
<td>2.1) Identify and agree the 10 specialties for implementation</td>
<td>Apr-18</td>
<td>DoST</td>
<td>COMPLETE</td>
<td>Agreed by Exec team and shared with teams</td>
</tr>
<tr>
<td></td>
<td>2.2) Agree detailed implementation plans with clinical leads along with detailed success criteria</td>
<td>Jun-18</td>
<td>DoST</td>
<td>Underway and on track</td>
<td></td>
</tr>
<tr>
<td><strong>3. Implement the 9 quality priorities for 2018/19</strong></td>
<td>3.1) Agree the baseline measures and improvement trajectories</td>
<td>Apr-18</td>
<td>CN</td>
<td>COMPLETE</td>
<td>Complete</td>
</tr>
<tr>
<td></td>
<td>3.2) Produce report on progress since last CQC inspection report and recommend new key actions</td>
<td>Jun-18</td>
<td>CN</td>
<td>On track</td>
<td></td>
</tr>
<tr>
<td><strong>4. Produce a draft outline 5-year sustainability plan</strong></td>
<td>4.3) Produce a draft outline 5-year sustainability plan</td>
<td>May-18</td>
<td>CEO</td>
<td>COMPLETE</td>
<td>Completed and shared with Board</td>
</tr>
<tr>
<td><strong>5. Train key people across the organisation in service improvement</strong></td>
<td>5.1) Agree wave 2 training cohort and training plan and deployment plan for wave 1 and wave 2</td>
<td>May-18</td>
<td>CN</td>
<td>COMPLETE</td>
<td>Plan on track and presented to SWC</td>
</tr>
<tr>
<td><strong>6. Replace the core IT infrastructure</strong></td>
<td>6.1) Community laptop replacement programme complete</td>
<td>Jun-18</td>
<td>DoST</td>
<td>All equipment available and 95%+ now distributed to teams. Final few pieces of kit being finalised</td>
<td></td>
</tr>
<tr>
<td><strong>7. Deliver PDR performance of 90%</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>All Board members &amp; all first line reports to Exec Directors to have had PDR</td>
<td>Apr-18</td>
<td>DoW</td>
<td>COMPLETE</td>
<td>Complete. 27/27 undertaken.</td>
</tr>
<tr>
<td></td>
<td>All budget holders have had PDR</td>
<td>May-18</td>
<td>DoW</td>
<td>Majority undertaken but 100% compliance not achieved. Work underway to agree a recovery plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Band 7's and above to have had PDR</td>
<td>Jun-18</td>
<td>DoW</td>
<td>Work progress to finalise with teams, but recovery plan being agreed in line with budget holders target</td>
<td></td>
</tr>
<tr>
<td><strong>8. Organisational support for all Band 8 colleagues to have 360-degree feedback</strong></td>
<td>All Band 8 colleagues to have access to the Leadership Academy 360 Feedback Tool by June 2018.</td>
<td>Jun-18</td>
<td>DoW</td>
<td>On track. By the end of March 2019 all Band 8s to have undertaken feedback.</td>
<td></td>
</tr>
<tr>
<td><strong>9. To refresh and strengthen the performance framework</strong></td>
<td></td>
<td>Jun-18</td>
<td>DoST</td>
<td>On track. Measures already in place</td>
<td></td>
</tr>
<tr>
<td><strong>10. Develop a plant &amp; equipment plan with funding options</strong></td>
<td>1.1) Develop a risk assessed plant and equipment replacement plan</td>
<td>Jun’18</td>
<td>DoF</td>
<td>Work underway. Additional work required.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.1) Proposal on Phase 2 bed base configuration agreed</td>
<td>May’18</td>
<td>COO</td>
<td>Workshop set up to finalise plan. Proposal to be completed early July. Estates work to commence Aug'17</td>
<td></td>
</tr>
<tr>
<td><strong>11. Reconfiguration of the emergency &amp; assessment floor</strong></td>
<td></td>
<td></td>
<td></td>
<td>Complete. Model and implementation plan agreed with Place Board</td>
<td></td>
</tr>
<tr>
<td><strong>12. Locality model agreed and implementation operational</strong></td>
<td>4.1) Locality service specification and model and implementation timescales signed off by ICP board</td>
<td>May-18</td>
<td>DoST</td>
<td>COMPLETE</td>
<td>Complete. Model and implementation plan agreed with Place Board</td>
</tr>
<tr>
<td><strong>13. Collaboration arrangements agreed with key partner(s)</strong></td>
<td>Collaboration arrangements agreed with key partner(s)</td>
<td>Jun’18</td>
<td>DoST</td>
<td>COMPLETE</td>
<td>Joint principles agreed with Barnsley.</td>
</tr>
<tr>
<td><strong>14. Deployment and funding agreed for EPMA</strong></td>
<td>Deployment and funding agreed for EPMA</td>
<td>Jun-18</td>
<td>DoST</td>
<td>Funding in the capital plan and initiation meeting held</td>
<td></td>
</tr>
<tr>
<td><strong>15. Secure 2nd Graduate Management Training post</strong></td>
<td>Secure 2nd Graduate Management Training post</td>
<td>May-18</td>
<td>DoST</td>
<td>COMPLETE</td>
<td>Confirmed additional 2nd year placement will start in Sept’18</td>
</tr>
<tr>
<td><strong>16. Senior Nursing Review: systematically review the role and functions of the senior nursing teams to optimise and maximise their input</strong></td>
<td>Systematically review the role and function of the ACP's</td>
<td>May’18</td>
<td>CN</td>
<td>COMPLETE</td>
<td>Plan developed and presented to SWC</td>
</tr>
</tbody>
</table>

**Legend:**
- **On track:** Everything is on track or complete.
- **COMPLETE:** Task is complete.
- **Off track:** Task is not on track or not complete.
- **Red:** Task is off track and no plan currently in place.
- **Green:** Task is on track or complete.
- **Yellow:** Task is off track, but plan in place.
### Integrated Performance Dashboard (June 2018)

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Reporting Period</th>
<th>Target</th>
<th>Performance</th>
<th>Trend</th>
<th>Benchmark</th>
<th>Data Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1 A&amp;E % Left without being seen</td>
<td>Mar-18</td>
<td>5.00%</td>
<td>7.04%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C2 IP Friends &amp; Family Test (% Positive)</td>
<td>May-18</td>
<td>95.0%</td>
<td>98.0%</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>C3 % LAC assessments reported &lt;20 days</td>
<td>May-18</td>
<td>95%</td>
<td>32%</td>
<td>NA</td>
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<tr>
<td>C4 New Complaints per WTE</td>
<td>May-18</td>
<td>7.6</td>
<td>8.4</td>
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<td></td>
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</tr>
<tr>
<td>E1 Ambulance Turnaround Times % &gt; 60 mins</td>
<td>May-18</td>
<td>0.00%</td>
<td>0.10%</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E2 Cancelled Operations</td>
<td>May-18</td>
<td>0.8%</td>
<td>1.1%</td>
<td></td>
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</tr>
<tr>
<td>E3 Delayed Transfer of care</td>
<td>May-18</td>
<td>3.5%</td>
<td>2.3%</td>
<td></td>
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</tr>
<tr>
<td>E4 Dementia Assessment</td>
<td>Apr-18</td>
<td>90.0%</td>
<td>79.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E5 Hip Fracture Best Practice Compliance</td>
<td>Apr-18</td>
<td>65.0%</td>
<td>60.0%</td>
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<tr>
<td>E6 Mortality (SHMi Rolling 12 Month)</td>
<td>Sep-17</td>
<td>16.5%</td>
<td>106.6%</td>
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<tr>
<td>E7 Stroke: admitted to ward within 4 hours</td>
<td>May-18</td>
<td>60.0%</td>
<td>60.0%</td>
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<td></td>
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<tr>
<td>R1 Urgent Care (4 Hour)</td>
<td>May-18</td>
<td>95.0%</td>
<td>89.9%</td>
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<tr>
<td>R2 Cancer Standards 62 Day</td>
<td>Apr-18</td>
<td>85.0%</td>
<td>80.3%</td>
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<tr>
<td>R3 Cancer Standards 62 Day Screening</td>
<td>Apr-18</td>
<td>90.0%</td>
<td>100.0%</td>
<td></td>
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<tr>
<td>R4 Diagnostics (DM01)</td>
<td>May-18</td>
<td>1.0%</td>
<td>0.0%</td>
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<tr>
<td>R5 18 weeks (RTT Incomplete)</td>
<td>May-18</td>
<td>92.0%</td>
<td>94.6%</td>
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<td></td>
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<tr>
<td>R6 e-Referral Slot Issues Rate</td>
<td>Apr-18</td>
<td>4.0%</td>
<td>30.9%</td>
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<td></td>
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<tr>
<td>S1 Access to Antenatal Services within 90 days</td>
<td>May-18</td>
<td>90.0%</td>
<td>96.4%</td>
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<tr>
<td>S2 C Diff incidence rate per 100,000 bed days</td>
<td>May-18</td>
<td>12.9</td>
<td>10.5</td>
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<tr>
<td>S3 Emergency Caesarean Section Rate</td>
<td>Mar-18</td>
<td>16.5%</td>
<td>13.8%</td>
<td></td>
<td></td>
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<tr>
<td>S4 Harm Free Care</td>
<td>May-18</td>
<td>95.0%</td>
<td>92.9%</td>
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<tr>
<td>S5 MRSA bacteraemia rate per 100,000 bed days</td>
<td>May-18</td>
<td>0.65</td>
<td>2.63</td>
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<tr>
<td>S6 Potential under reporting of incidents</td>
<td>May-18</td>
<td>43.3%</td>
<td>38.0%</td>
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<tr>
<td>S7 Readmissions (Non Elective 28 day)</td>
<td>Apr-18</td>
<td>13.3%</td>
<td>10.0%</td>
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<td></td>
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<tr>
<td>S8 VTE Assessment Completion %</td>
<td>Apr-18</td>
<td>95.0%</td>
<td>97.3%</td>
<td>TBC</td>
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<tr>
<td>W1 Incident Reporting Culture - % Incidents Severe</td>
<td>May-18</td>
<td>1.00%</td>
<td>0.57%</td>
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<td></td>
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<tr>
<td>W2 Variance from Plan</td>
<td>May-18</td>
<td>0.0%</td>
<td>0.4%</td>
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<tr>
<td>W3 Proportion of Temporary Staff</td>
<td>May-18</td>
<td>4.99%</td>
<td>7.47%</td>
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<tr>
<td>W4 Sickness Rates (12 Month Rolling)</td>
<td>May-18</td>
<td>3.95%</td>
<td>4.02%</td>
<td></td>
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<tr>
<td>W5 Staff Turnover</td>
<td>May-18</td>
<td>0.88%</td>
<td>0.69%</td>
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<td></td>
</tr>
</tbody>
</table>

#### Top Achievements
- **Friend and Family Test - Inpatients % Positive - 98%**
- **Emergency Department - Four Hour Standard - 89.9%**

#### Most Improved
- **Stroke - Admitted to ward within four hours - 60%**
- **Rotherham saw the 30th largest improvement in May with our ranking increasing from 96th to 61st. Performance is better than trajectory and national average.**

#### Key Concerns
- **Dementia Assessments - 79.6%**
  - Whist performance in April improved from 72% to 79.6%, compliance with dementia assessment remains a key concern.

#### Most Deteriorated
- **New Complaints per WTE - 8.4 per 1,000 WTE**
  - The rate of new complaints per WTE has almost doubled since February (4.28), declining Rotherham’s ranking from 29th to 70th of 132. See quality report for further details.

#### Most Deteriorated
- **Looked After Children - Assessments reporting <20 days - 32%**
  - There has been a further reduction in completion of Initial Health Assessments for Looked After Children within 20 days. Actions to address this level of performance are being implemented and have been discussed at the Quality Assurance Committee.

#### Most Improved
- **Cancelled Operations - 1.1%**
  - The rate of cancelled operations on the day has been reported as worse than national average (0.9%). The high cancellation rates in winter have continued at the same level into May (24% higher than May 2017) prompting a deterioration in ranking.

#### In Month Activity (M2)

<table>
<thead>
<tr>
<th></th>
<th>Plan</th>
<th>Actual</th>
<th>Variance</th>
<th>Diff. %</th>
<th>Plan</th>
<th>Actual</th>
<th>Variance</th>
<th>Diff. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective Inpatient</td>
<td>445</td>
<td>372</td>
<td>73</td>
<td>-16%</td>
<td>875</td>
<td>799</td>
<td>76</td>
<td>-9%</td>
</tr>
<tr>
<td>Elective Daycase</td>
<td>2,206</td>
<td>2,388</td>
<td>182</td>
<td>8%</td>
<td>4,330</td>
<td>4,603</td>
<td>273</td>
<td>6%</td>
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<tr>
<td>Non Elective</td>
<td>2,207</td>
<td>2,392</td>
<td>185</td>
<td>8%</td>
<td>4,363</td>
<td>4,763</td>
<td>400</td>
<td>9%</td>
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<tr>
<td>ED Attendance</td>
<td>8,469</td>
<td>8,862</td>
<td>393</td>
<td>5%</td>
<td>16,712</td>
<td>17,026</td>
<td>314</td>
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<tr>
<td>Outpatient New</td>
<td>5,999</td>
<td>7,145</td>
<td>1,146</td>
<td>19%</td>
<td>11,804</td>
<td>13,724</td>
<td>1,920</td>
<td>16%</td>
</tr>
<tr>
<td>Outpatient F/U</td>
<td>11,742</td>
<td>14,313</td>
<td>2,571</td>
<td>22%</td>
<td>23,099</td>
<td>27,873</td>
<td>4,774</td>
<td>21%</td>
</tr>
<tr>
<td>Outpatient Procedures</td>
<td>4,409</td>
<td>5,272</td>
<td>1,882</td>
<td>43%</td>
<td>8,649</td>
<td>7,271</td>
<td>1,378</td>
<td>-16%</td>
</tr>
<tr>
<td>Adult Critical Care</td>
<td>336</td>
<td>287</td>
<td>50</td>
<td>-15%</td>
<td>663</td>
<td>612</td>
<td>52</td>
<td>-8%</td>
</tr>
<tr>
<td>Paediatric Critical Care</td>
<td>418</td>
<td>486</td>
<td>68</td>
<td>16%</td>
<td>837</td>
<td>789</td>
<td>48</td>
<td>-6%</td>
</tr>
<tr>
<td>Assessments</td>
<td>976</td>
<td>1,245</td>
<td>269</td>
<td>28%</td>
<td>1,925</td>
<td>2,876</td>
<td>952</td>
<td>49%</td>
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</table>

#### YTD Activity

<table>
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<tr>
<th></th>
<th>Plan</th>
<th>Actual</th>
<th>Variance</th>
<th>Diff. %</th>
<th>Plan</th>
<th>Actual</th>
<th>Variance</th>
<th>Diff. %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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The Rotherham NHS Foundation Trust
<table>
<thead>
<tr>
<th>METRIC</th>
<th>Target</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>YTD 17/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Stroke patients who spend at least 90% of their time on a stroke unit</td>
<td>&gt;= 80%</td>
<td>64%</td>
<td>92%</td>
<td>23/36</td>
<td>23/25</td>
<td>75%</td>
<td>46/61</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of non-admitted higher risk TIA cases who are treated within 24 hours of first contact with any healthcare professional</td>
<td>&gt;= 60%</td>
<td>80%</td>
<td>70%</td>
<td>9/15</td>
<td>7/10</td>
<td>64%</td>
<td>16/25</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>% of People who have had a stroke who are admitted to an acute stroke unit within 4 hours of arrival to hospital</td>
<td>&gt;= 90%</td>
<td>33%</td>
<td>69%</td>
<td>12/38</td>
<td>15/25</td>
<td>44%</td>
<td>27/61</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of patients presenting with stroke with AF anti-coagulated on discharge</td>
<td>&gt;= 60%</td>
<td>100%</td>
<td>100%</td>
<td>3/3</td>
<td>5/5</td>
<td>100%</td>
<td>8/8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of stroke patients scanned within one hour of hospital arrival</td>
<td>&gt;= 50%</td>
<td>44%</td>
<td>45%</td>
<td>15/34</td>
<td>10/22</td>
<td>40%</td>
<td>25/56</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Proportion of stroke patients scanned within 24 hrs of hospital arrival</td>
<td>&gt;= 100%</td>
<td>97%</td>
<td>100%</td>
<td>33/34</td>
<td>22/22</td>
<td>90%</td>
<td>55/56</td>
<td></td>
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</tr>
<tr>
<td>Proportion of patients who have received psychological support for mood, behaviour or cognitive disturbance by six months after stroke</td>
<td>&gt;= 40%</td>
<td>100%</td>
<td>100%</td>
<td>9/9</td>
<td>26/26</td>
<td>100%</td>
<td>35/35</td>
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<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Proportion of patients and carers with joint care plans on discharge from hospital</td>
<td>&gt;= 85%</td>
<td>100%</td>
<td>100%</td>
<td>8/8</td>
<td>7/7</td>
<td>100%</td>
<td>15/15</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Proportion of stroke patients that are reviewed six months after leaving hospital</td>
<td>&gt;= 95%</td>
<td>91%</td>
<td>100%</td>
<td>21/23</td>
<td>28/28</td>
<td>90%</td>
<td>49/51</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Proportion of patients supported by a stroke skilled ESD team</td>
<td>&gt;= 40%</td>
<td>19%</td>
<td>52%</td>
<td>6/32</td>
<td>11/21</td>
<td>52%</td>
<td>17/53</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>% of patients who receive thrombolysis following an acute stroke</td>
<td>&gt;= 11%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0/0/25</td>
<td>0/62</td>
<td>0.0%</td>
<td>0/62</td>
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<td></td>
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</tbody>
</table>
### Appendix 2 - April 2018 Tumour Site Breakdown*

<table>
<thead>
<tr>
<th>Tumour Site</th>
<th>62 Day from 2ww Target 85%</th>
<th>62 day CUG Target TBC</th>
<th>62 Day Screening Target 90%</th>
<th>31 Day 1st Treated Target 96%</th>
<th>31 Day Subsequent Surgery Target 94%</th>
<th>31 Day Subsequent Drug Target 98%</th>
<th>31 Day Subsequent Palliative Target TBC</th>
<th>2WW Target 93%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Leukaemia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brain/Central Nervous System</td>
<td></td>
<td></td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Breast</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Gynaecological</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
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</tr>
<tr>
<td>Haematological</td>
<td>57.1%</td>
<td>66.7%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Head and Neck</td>
<td>25.0%</td>
<td>25.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>66.7%</td>
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<tr>
<td>Lower Gastrointestinal</td>
<td>50.0%</td>
<td>33.3%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Lung</td>
<td>100.0%</td>
<td>100.0%</td>
<td>94.4%</td>
<td>89.5%</td>
<td>100.0%</td>
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</tr>
<tr>
<td>Other</td>
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<td>100.0%</td>
<td>75.0%</td>
<td>60.0%</td>
<td>100.0%</td>
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<td></td>
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</tr>
<tr>
<td>Sarcoma</td>
<td>0.0%</td>
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<td>100.0%</td>
<td>100.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td>60.0%</td>
<td>60.0%</td>
<td>100.0%</td>
<td>100.0%</td>
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<td></td>
<td></td>
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<tr>
<td>Testicular</td>
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<td></td>
</tr>
<tr>
<td>Upper Gastrointestinal</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urological</td>
<td>81.1%</td>
<td>83.3%</td>
<td>92.3%</td>
<td>92.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>80.3%</td>
<td>80.8%</td>
<td>94.3%</td>
<td>92.1%</td>
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*Pre-validation - subject to change
## Appendix 3 - May 2018 - 18 Week RTT Return Data

### Rotherham CCG Admitted

<table>
<thead>
<tr>
<th>Service</th>
<th>&lt;18Wks</th>
<th>18Wks+</th>
<th>% &lt;18Wks</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Surgery</td>
<td>120</td>
<td>35</td>
<td>77.42%</td>
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<td>63</td>
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</tr>
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</tr>
<tr>
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<tr>
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</tr>
<tr>
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<tr>
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<tr>
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### Rotherham CCG Non Admitted

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</tr>
</thead>
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</tr>
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</tr>
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</tr>
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<td>0%</td>
</tr>
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<td>Plastic Surgery</td>
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<td>0%</td>
</tr>
<tr>
<td>Cardiac Surgery</td>
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<td>0</td>
<td>0%</td>
</tr>
<tr>
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<td>11</td>
<td>69.66%</td>
</tr>
<tr>
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<td>91.49%</td>
</tr>
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<td>29</td>
<td>86.94%</td>
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</tr>
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<td>Other</td>
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### Trust Total Admitted

<table>
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<th>% &lt;18Wks</th>
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</thead>
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<td>99.34%</td>
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</tr>
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<td>Neurosurgery</td>
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<td>0</td>
<td>0%</td>
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<tr>
<td>Plastic Surgery</td>
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<td>0</td>
<td>0%</td>
</tr>
<tr>
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<td>150</td>
<td>1</td>
<td>99.34%</td>
</tr>
<tr>
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<td>0%</td>
</tr>
<tr>
<td>Rheumatology</td>
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<tr>
<td>Geriatric Medicine</td>
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<tr>
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### Trust Total Non Admitted

<table>
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<th>% &lt;18Wks</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
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<td>0%</td>
</tr>
<tr>
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### Trust Total Incomplete

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</tr>
<tr>
<td>Neurosurgery</td>
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<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
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<td>0</td>
<td>0%</td>
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</tr>
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<td>0</td>
<td>0%</td>
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### Targets

<table>
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<th>Incomplete</th>
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<tr>
<td>TARGETS</td>
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<td>92%</td>
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## Diagnostics (DM01) - Patients Still Waiting at Month End
### May 2018

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<th>≥ 6 weeks</th>
<th>Performance (%) breaches</th>
<th>Total WL</th>
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<tr>
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<td>0.02%</td>
<td>4034</td>
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</tbody>
</table>
Report: Quality and Clinical Report

Presented by: Chris Morley, Chief Nurse
Author(s): Helen Dobson, Deputy Chief Nurse

Strategic Objective:
- Patients: Excellence in healthcare
- Colleagues: Engaged, accountable colleagues
- Governance: Trusted, open governance
- Partners: Securing the future together

Regulatory relevance:
- NHSI: Licence Condition FT4 / Single Oversight Framework
- CQC Domain: safe / effective / caring / responsive / well-led

Risk Reference:
- BAF: B1, B4, B7
- Corporate Risk Register: 3908, 4733, 4174, 4080

Purpose of this paper:
To summarise a set of quality indicators and to provide assurance to the Board of Directors. This report complements the information presented in the Integrated Performance Report. A range of quality indicators are included in this report. Over time they may change as the narrative changes to reflect the content of the Integrated Performance Report. This month’s report also includes information which is normally covered in the Clinical Report.

Summary of Key Points:

- Complaints responded to within the agreed timescale decreased to 81% in May from 92% the previous month. Four of the five delayed responses were from the same Division. An improvement is forecast for June.
- The vacancy rate for qualified nurses and support workers has decreased in May following successful recruitment. Of the 92 student nurses initially offered posts, 71 are currently expected to commence in September/October.
- There has been a further reduction in completion of Initial Health Assessments for Looked After Children within 20 days. Actions to address this level of performance are being implemented and have been discussed at the Quality Assurance Committee.
- The results from the 2017 Adult Inpatient Survey have been published and are a slight improvement on the 2016 results.
- The Trust has received the Provider Information Request from the Care Quality Commission (CQC), this is the start of the process which will see the Trust undergo the Well Led and core services inspections.
- Update on the position with the potential under reporting of incidents metric and NHS Improvement.
- The Diphtheria outbreak has been closed as an incident by Public Health England.
- The Hospital Standardised Mortality Ratio (HSMR) has been rebased and is currently 99.4.

Board action required: For noting
1.0 Harm Free Care

1.1 The Classic ‘Harm Free’ Care score for the Trust has remained at 93% for May. The breakdown for this month is 94% for the acute areas (94% in April). This appears to be due to a decrease in recorded pressure ulcers on the day of the survey but an increase in the number of falls.

1.2 In the community the Harm Free Care score has remained at 92% in May.

1.3 There has been a decrease in the Combined ‘Harm Free’ Care maternity score to 77% in May from 81% in April. The National Score for Combined ‘Harm Free’ Care for May was 75%. The reduction is due to an increase this month in concerns from mothers related to perceptions of safety and being left alone. All these incidents are investigated within the maternity team and further validation of the data will be undertaken by the Assistant Chief Nurse with the Matron for Maternity Services.

1.4 The paediatric score has decreased slightly to a score of 95% in May from 96% in April with no areas of specific concern identified. This reflects one patient reporting pain at the time of the survey.

1.5 Ruth May, Executive Director of Nursing, NHS Improvement has written to all Trusts regarding a strategic review of the Safety Thermometer, which is used for Harm Free Care. This review will contribute to recommendations with regard to the future of the tool, and provide some insight into options for next steps.

2.0 Complaints

2.1 The Trust received 87 concerns (103 in April) and 31 formal complaints (23 in April) in the month of May. 26 complaints were closed. Of the formal complaints received 6 (19%) were risk rated amber and 25 (81%) as yellow.

2.2 There was no particular theme emerging from the increase in complaints during May. However this has meant that the new complaints per Whole Time Equivalent (WTE) indicator has fallen below the benchmark figure for this month and we will monitor this to see if this is a sustained trend.

2.3 Written complaints responded to within the agreed timescale of 30 working days was 81%. Four of the five late responses were from the Division of Surgery. Reasons for delays have been discussed with the Division and an improvement is forecast for June.

2.4 One case remains under investigation by the Parliamentary Health Service Ombudsman (PHSO).

3.0 Friends and Family Test (FFT)

3.1 There has been a decrease in the number of responses captured in May (3,616) compared with April (3,804). These responses are the combined total from the following areas: Inpatient, Day Cases, Urgent and Emergency Care Centre, Maternity, Outpatients and Community Services. The inpatient areas with the highest response rates were the Children’s ward (90%) and the Acute Medical Unit (81%). Six ward areas did not achieve the 40% target for response rates.

3.2 The Trust FFT positive scores for May are 98% for inpatients (98.4% in April), and 99.5% for day case (99.4% in April). The combined national average for these two areas remains at 96%. Maternity services achieved 99.3% in May (99.7% in April /97% national average), 97.8% for outpatients (97.2% in April/national average 94%).
The Urgent and Emergency Care Centre achieved 94.3% (national average 87%) although response rates remain low at 2.7%.

3.3 Community response rates were lower in May (689) compared to 858 in April. The positive score for May is 96.81% (national average 96%). Children and Family services had the lowest score of 93.18% although an increase from 92.64% in April. Four community areas achieved a 100% positive score - Community Nursing services, Community Inpatient, Specialist Services and the Rehabilitation and Therapy Services.

4.0 Nurse Staffing Report

4.1 Registered Nurse/Midwife (RN/M) shift fill rates (daytime) were 83.6% in May 2018 and 95.1% on nights. Healthcare Support Worker (HCSW) fill rates were 108.3% on days and for nights were 104.17%. Please see appendix 1.

4.2 The overall vacancy rate has reduced during May 2018. The largest number of vacancies continues to be in the Division of Medicine.

4.3 5 Trainee Nursing Associates will commence the two-year programme on 11 June 2018.

4.4 Of the 92 conditional offers made to soon-to-qualify nurses at the Trust recruitment open day and subsequent interviews, 20 of these have since withdrawn following successful interview at other local Trusts, 71 are due to qualify and start in September 2018 and 1 is due to qualify and start in March 2019.

4.5 On a shift by shift basis senior nurses redeploy staff to ensure that wards are appropriately staffed, including moving staff from areas which have actual staffing higher than required for the actual occupancy and case mix. These moves aim to consider seniority of staff and avoid moving newly qualified nurses if at all possible.

5.0 Looked After Children

5.1 The number of Initial Health Assessments (IHA) completed within 20 working days (statutory) has decreased between April (52%) and May (32%).

5.2 Twenty Two IHAs were completed in May, of which 7 were within 20 working days. Seven appointments didn’t proceed because either the child was not brought, the appointment failed on the day or the appointment was cancelled at short notice.

5.3 This pathway is reliant on a close working relationship between the Rotherham Metropolitan Borough Council (RMBC) and The Rotherham NHS Foundation Trust (TRFT) teams and both organisations are jointly responsible for delivering this pathway: the process for this organisation begins, once the notification letter is received from RMBC confirming a child/young person has been taken into care.

5.4 To improve performance on this metric it will be important that TRFT and RMBC continue to work together to deliver improvements.

5.5 A series of actions are currently being implemented to drive improvement including:

- Weekly verbal update to Chief Nurse from Service Manager or Deputy.
- Review clinic capacity profile with a view to meeting peaks in demand by end of July 2018.
- Chief Nurse to discuss current position with Interim Strategic Director at RMBC by end of June 2018.
• Continue to work with partner agencies to improve compliance against targets. Weekly feedback to RMBC on cancellations, notification timeframes, etc.

5.6 A more detailed paper on the issues associated with meeting the LAC IHA target was discussed at the June meeting of the Quality Assurance Committee.

6.0 National Inpatient Survey

6.1 The results from the 2017 Adult Inpatient Survey were published on the Care Quality Commission (CQC) website on 13th June 2018.

6.2 The results show that there are three areas where the Trust has significantly improved the score from 2016: privacy in the Emergency Department, the hospital specialist having the necessary information about the patient’s condition / illness from the referrer and having sufficient privacy during discussions.

6.3 The Trust has been rated worse than others in two areas: Doctors talking in front of patients as though they were not there and the perception of having sufficient nurses on duty to provide care.

6.4 The 2016 survey identified 5 areas where the Trust was worse than others. Three of these have shown an improved score. The way the question was asked has changed in the other two categories which prevents a comparison being made.

6.5 The CQC has considered responses to all the questions in the survey and assigned Trusts as either much better than expected (8 Trusts), better than expected (4 Trusts), worse than expected (8 Trusts), or much worse than expected (0 Trusts). All the remaining Trusts are classified as about the same as other Trusts including TRFT.

6.6 Monthly inpatient local surveys will be updated to ensure the Trust collects real time information relating to performance in areas that have greatest need for improvement.

7.0 Care Quality Commission

7.1 The Trust received the Provider Information Request from the CQC on the 14th June 2018, with all the information due to be returned by the 5th July. This is the start of the process which will see the Trust undergo the Well Led and core services inspections during the autumn 2018.

8.0 Incident Reporting

8.1 There are two new metrics relating to incidents reported on this year’s Integrated Performance Report, potential under reporting of incidents and incident reporting culture - % incidents severe. These new metrics will be updated on a quarterly basis.

8.2 It was explained at the Board of Directors meeting in May that the under reporting metric was shown as red on the Trust report, as the Trust scored below the median for this metric. The Trust interpretation being that a higher score is better on this metric than a lower score. This was not how it was being portrayed by NHSI. This matter was raised with NHSI. They responded by saying that they recognised that the Red/Amer/Green (RAG) rating as applied was misleading. They had taken the interim action of removing the RAG rating from the metric and were consulting with a subject matter expert to ensure that the RAG rating is applied correctly going forwards.
9.0 Quality Assurance Committee Update

9.1 The Committee received reports on three of the 2018/19 Quality Improvement Priorities, outlining proposals for how these will be delivered and monitored over the year. The rolling presentation programme enables all nine priorities to be presented each quarter. Reports presented this month were Safe and Timely Discharge, Medication Safety and Mental Capacity Act.

9.2 The Quality Governance, Compliance and Risk Manager presented an update on the progress with the implementation of refreshed Quality Governance arrangements. It was agreed that this will continue to be a quarterly update until the implementation is completed.

9.3 The Deputy Chief Nurse presented an update on Serious Incidents. There has been an increased number of reported Serious Incidents, including one Never Event. The report included a deep dive review of a cluster of Serious Incidents from the second quarter of 2017/18 relating to the Urgent Emergency Care Centre. The report highlighted emerging themes and actions identified to prevent reoccurrence.

9.4 The Deputy Chief Nurse presented the Quarterly Patient Experience Report. Themes, trends and learning from complaints and surveys and also the high volume of compliments and expressions of thanks received were discussed.

9.5 The Chief Nurse provided an update on the actions being taken in response to the national Care Quality Commission maternity survey.

9.6 The Committee received the Infection Prevention Control report, Mortality report and a verbal update on the Ward Metric Dashboard progress.

9.7 The Interim Head of Nursing for Surgery presented a Clinical Care Pathway Review for Fractured Neck of Femur which has produced improved outcomes for patients. An update was requested in 12 months.

9.8 The Chief Nurse provided an update on progress against the Clinical Negligence Scheme for Trusts (CNST) incentive scheme maternity safety actions.

10.0 Hospital Acquired Infections

10.1 Meticillin Resistant Staphylococcus Aureus (MRSA) bacteraemia: The 2018/19 trajectory is to have zero cases. The case in April was investigated using the TRFT MRSA Root Cause Analysis (RCA) and a Multi-Disciplinary Team (MDT) review of the case with the Clinical Commissioning Group (CCG) took place, the opinion of a senior Consultant colleague from Barnsley was sought and the final decision made that this was a clinical infection. This case is classed as case 1 hospital acquired. A second case was identified in May, initial indication following the RCA is that this is a community acquired case with no link to care provision, a joint MDT and Post Infection Review (PIR) with the CCG is taking place on the 12th June. The patient was successfully treated as an in-patient and discharged home. A third case has been identified from a sample taken on admission of a patient in June. The RCA has commenced with initial indication that this is a community acquired case.

10.2 Blood culture contamination: as highlighted in previous reports, reduction in blood culture contamination is being monitored via the Infection Prevention and Control Committee. The National benchmark for blood culture contamination is a maximum of 3%; TRFT are reporting a figure of 3.89% for May which is the third consecutive month below 4% but still not reaching the level we aspire to.
10.3 Clostridium difficile infection: The 2018/19 hospital trajectory is 25 cases. There has been a further case in May, meaning that there have been 2 hospital acquired cases for the year to date. There has been 6 community acquired cases of C diff to date.

10.4 Gram negative bacteraemia: National reporting of Gram negative bacteraemia commenced in April 2017 and included the specific organisms of E.coli, Klebsiella species and Pseudomonas aeruginosa. No trajectory for providers was set but CCGs were challenged to reduce cases within each CCG by 10%.

10.5 E. coli: 44 reported through the laboratory, 4 of these are from CCGs other than Rotherham. 6 are hospital acquired, 40 community acquired. Klebsiella species-1 hospital acquired, 5 community plus 1 from another CCG, Pseudomonas aeruginosa – 0 hospital acquired & 1 community acquired case

10.6 There are a number of risk factors for gram negative bacteraemia with the best recognised being urinary catheterisation. A review of each case includes checking if the patient is under the care of the Continence team and very few of the cases identified through the Rotherham Microbiology laboratory have been under the team’s care.

10.7 The Infection Prevention and Control (IPC) team are working with the Clinical Commissioning Group IPC Nurse and the Local authority looking at other possible risk factors and prevention ideas with work with care homes in terms of education around hydration and continence hygiene already in progress.

10.8 Diphtheria: There have been no further cases identified within Rotherham. Vaccination at the school where screening had taken place has been completed by the 0-19 team and the incident is now classed as closed by PHE and a debrief meeting has taken place.

11.0 Dementia, Delirium and Person-Centred Care

11.1 The Assistant Chief Nurse will be providing senior nurse support to the dementia team.

11.2 The EndPJParalysis campaign, an initiative to encourage patients to wear day clothes and sit out of bed, continues. There appears to have been a small but significant move to get patients dressed and mobile and progress is being audited.

11.3 The new clinical assessment document on the Acute Medical Unit (AMU) has been well received by all staff. The document contains a new version of the dementia and delirium assessment which is easier to follow than the previous document.

11.4 It has, however, been noted that the scores for dementia assessment and delirium screening are amongst the worst in the country. To address this, the Consultant Physician & Geriatrician is setting up a group with the Trust’s Performance Management team.

11.5 The New This Is Me document is awaiting approval

11.6 The Frailty team have reconfigured how they operate on AMU with a particular focus on assessment and support of patients living with dementia and experiencing delirium. It is likely this will have a positive impact on patient experience.

11.7 The Consultant Physician & Geriatrician is meeting a representative from the charity Making Space which is a new service in Rotherham providing post-diagnostic support for people living with dementia and their carers.
11.8 The Consultant Physician & Geriatrician will be organising a meeting of the dementia, delirium and person-centred care group in the next four weeks.

11.9 The Consultant Physician & Geriatrician is leading a session at a regional event run by NHS England and the Yorkshire and Humber Clinical Network for Dementia on Wednesday 13th June examining ways to support people with dementia from avoiding unnecessary hospital admission.

12.0 Mortality

12.1 Hospital Standardised Mortality Ratio (HSMR) is currently 99.4 (data from April 2017 to March 2018) which continues to show an onward decrease. This follows CHKS rebasing the data. Ranking nationally however remains in the upper (highest HSMR) quartile.

12.2 Standardised Hospital Mortality Indicator (SHMI) is 106.67 (this was rebased in April and will next change in July). The current SHMI result remains raised but is no long statistically outlying. It is expected that SHMI will show a further reduction in the next quarter.

12.3 Crude mortality has decreased slightly in March to 1.91% however the rolling three month rate is 1.89%. Weekend mortality (that is mortality rate for patients admitted at the weekend over the last year) was 2.94%. This is expected to be higher as almost all weekend admissions are non-elective cases where a higher mortality is expected.

12.4 The CQC have requested further information following on from the response that the Trust sent regarding mortality associated with acute myocardial infarction. The CQC have also requested information regarding mortality following a subacute obstruction. This issue had previously been considered internally and a response is currently being prepared.

13.0 Conclusion

13.1 The majority of areas are reporting similar performance to last month with some minor variation. In particular, Looked After Children assessments and complaints response times have decreased and actions are being undertaken to improve performance in these areas.

13.2 There is a further decreased vacancy level reported for Registered Nurses following the recent recruitment campaigns.

13.3 Results from the 2017 National Adult Inpatient Survey show an improvement on the previous year.

13.4 The CQC inspection cycle for TRFT has started.

13.5 Good performance on reported infections during May.

13.6 Work continues to improve the care of people living with Dementia

13.7 HSMR has been rebased and is currently 99.4.

Mr Chris Morley
Chief Nurse
June 2018
Nurse Staffing report

1. Registered Nurse/Midwife (RN/M) shift fill rates (daytime) were 83.6% in May 2018 and 95.1% on nights. Healthcare Support Worker (HCSW) fill rates were 108.3% on days and for nights were 104.17%.

2. Eleven in-patient areas had Registered Nurse fill rates (days) below 90%. These were A1, A2, A4, A5, A7, AMU, Community Unit, Stroke Unit, Critical Care, Fitzwilliam and Keppel. Of these, eight had a day time shift fill rate less than 80% and these were; A1 at 68.5% compared with 64.3% in April, A2 at 63.3% compared with 61.3%, A4 at 61.4% compared with 58.2%, A5 at 76.6% compared with 59.0%, A7 at 76.3% compared with 82.8%, AMU at 76.3% compared with 76.8%, Stroke Unit at 68.3% compared with 59.3% and Keppel at 71.3% compared with 68.3% in April.

3. Two areas had a fill rate below 80% on nights, these were AMU at 78.5% and Keppel at 77.7%. However Keppel, as the elective orthopaedic ward and AMU by the nature of its work, will at times had lower occupancy rates than planned and therefore it may have been appropriate to adjust the actual staffing to match this actual occupancy.

4. There were 0 shifts in the month with over 50% of RNs on duty being within the 12 month preceptorship period compared with 0 shifts in April. There has been an increase in the percentage of Registered Nurses/Midwives flexible staffing (internal bank) across all Divisions. RN agency usage has increased in the Division of Medicine and reduced in the Division of Surgery, there was no RN/M agency usage in the Division of Family Health during May. The percentage of shifts not staffed to plan has increased to 27.87% in May as compared with 25.95% in April.

5. There were no internal staffing never events relating to one Registered Nurse on duty during May 2018.

6. In the Community there was a deficit of 0.5% against plan, which represents a slightly worse position compared with April at 0.06% and can be accounted for by the Bank Holidays and half term holiday. Sickness absence has remained the same as last month at 5.76%.

7. Care Hours per Patient Day (CHpPD) is a metric introduced following Lord Carter’s review of efficiency in the NHS[1] to record a single consistent way of recording and reporting deployment of staff working on inpatient wards/units. During May the overall actual CHpPD is 7.2.

8. The current overall nursing and HCSW vacancy position when recruitment plans are included is in a negative position at -47.14 wte as at 31 May 2018 compared with -85.40 at 30 April 2018. This number reflects the large numbers of newly qualified nurses that have recently been offered posts. The numbers presented here include those that have accepted the conditional job offer but exclude those that have not yet accepted the offer. This continues to pose a challenge across the divisions to ensure safe, effective and sustainable staffing. The substantive workforce is supported by bank and agency staff to ensure safe and effective staffing. There is a correlation between safe staffing and patient outcomes and this is monitored on a daily basis by the Matrons and all incidents reported by the Trust’s Datix system.

9. In partnership with Barnsley Hospital NHS Foundation Trust, TRFT have recruited to 5 Trainee Nursing Associate posts. This is part of the expansion of the national programme

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which was announced in November 2017. Successful candidates will commence the two year
programme on 11 June 2018.

10. 92 conditional offers were made to soon-to-qualify nurses at the Trust recruitment open
day on 24 March and subsequent interviews on 19 April. 20 of these have since withdrawn
following successful interview at other local Trusts. 70 are due to qualify and start at TRFT in
September 2018 and 1 is due to qualify and start in March 2019. Colleagues are maintaining
regular contact with those offered posts in an attempt to maintain their interest in TRFT as
their preferred place to work and to convert the conditional offers to actual starters.
Report: Operational Performance Report

Presented by: George Briggs, Chief Operating Officer
Author(s): George Briggs, Chief Operating Officer

Strategic Objective:
Patients: Excellence in healthcare
Colleagues: Engaged, accountable colleagues
Governance: Trusted, open governance
Finance: Strong, financial foundations
Partners: Securing the future together

Regulatory relevance:
NHSI: Licence Condition FT4 / Single Oversight Framework
CQC Domain: safe / effective / caring /responsive / well-led

Risk Reference:
BAF: B1, B2, B4
Corporate Risk Register: As appropriate

Purpose of this paper:
This paper provides an overview of performance, for each key operational indicator, in May 2018, summarising headline progress and actions being taken to address operational objectives.

Summary of Key Points:

Sustainability and Transformation Standards:

- Emergency 4-hour Access target – May 2018 position: 89.8% up from 83.5% the submitted trajectory was 81%. The year to date position is 87.7%
- The Rotherham Cancer 62 Day position for April 2018 is 82% against the 85% compliance target. Versus a 75% trajectory.
- Diagnostics (DMO1) – the validated position for DMO1 for May 2018 is 0.1% this reflects 1 breach
- 18 week RTT incomplete pathway – validated position for May 2018 is sustained at 94.6%

Board action required:
For noting.
1.0 Introduction

1.1 This paper covers key operational indicators, an overview of performance in May 2018, summarising headline progress and actions being taken to address areas of concern and deliver improvements.

2.0 Four-Hour Emergency Access Target

2.1 Performance for May 2018 against the 4-hour access target was 89.8% this shows an improvement in month from the April 2018 position of 83.5%.

The Quarter 1 position is at 87.4% (as at end of May 2018).

2.2 The Trust has planned to flex up for short periods of time community beds if required specifically over the bank holidays rather than create additional beds within the acute facility.

Four Hour Access

6% Improvement from April

<table>
<thead>
<tr>
<th>Performance (All)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance</td>
</tr>
<tr>
<td>Attendances</td>
</tr>
<tr>
<td>Ambulances</td>
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<tr>
<td>Admissions</td>
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<td>DNW</td>
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<td>Triage</td>
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<td>Seen</td>
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<tr>
<td>Boarding</td>
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<tr>
<td>Bed wait</td>
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<tr>
<td>Transport</td>
</tr>
</tbody>
</table>

3.0 Cancer

3.1 The Rotherham only 62-day cancer position for April 2018 is 81.1% slightly up from last month and above trajectory against the local ICS target of 75% but will remain below the national 85% compliance target.
### Q1 2018/19 SUMMARY

<table>
<thead>
<tr>
<th>Target (click on a target to see a breakdown by Tumour Group)</th>
<th>APR 2018 Validation ongoing</th>
<th>MAY 2018 Unvalidated</th>
<th>Q1 2018/19 TO DATE</th>
<th>Operational standard (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before reallocation s</td>
<td>After reallocation s</td>
<td>Before reallocation s</td>
<td>After reallocation s</td>
</tr>
<tr>
<td>2ww</td>
<td>93.8</td>
<td>91.6</td>
<td>92.5</td>
<td>93</td>
</tr>
<tr>
<td>2ww Breast Symptoms</td>
<td>78.3</td>
<td>59.7</td>
<td>69</td>
<td>93</td>
</tr>
<tr>
<td>62 Day from GP</td>
<td>80.6</td>
<td>81.1</td>
<td>84.8</td>
<td>81.9</td>
</tr>
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<td>62 Day Consultant Upgrade</td>
<td>94.3</td>
<td>92.1</td>
<td>87</td>
<td>87</td>
</tr>
<tr>
<td>62 Day from Screening</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>31 Day First Treatment</td>
<td>97.1</td>
<td>97.6</td>
<td>97.4</td>
<td>96</td>
</tr>
<tr>
<td>31 Day Subs Treatment for Chemotherapy</td>
<td>100</td>
<td>88.9</td>
<td>95.7</td>
<td>98</td>
</tr>
<tr>
<td>31 Day Subs Treatment for Palliative Care</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>TBC</td>
</tr>
<tr>
<td>31 Day Subs Treatment for Surgery</td>
<td>92.3</td>
<td>100</td>
<td>95</td>
<td>94</td>
</tr>
</tbody>
</table>

3.2 The current forecast position against the 62-day cancer pathway is that Quarter 1 will not achieve the 85% compliance target due to the recent deterioration in performance.

3.3 The 2 week wait breast screening target was missed again this month due to sickness of one of the 2 operators:

**Recovery actions:**

- Increased support for cancer trackers. Additional staff advertised for and staff working overtime at weekends
- Additional MRI facility 5 days per week commenced 14 May 2018
- Histopathology Trackers (recruitment commenced)

### 4.0 18 Week RTT Incomplete

4.1 The un-validated position for May 2018 is 94.6% against the 92% 18 week RTT Incomplete target. This represents a continued strong operational performance against this performance metric.

4.2 This puts TRFT in the upper quartile performance in the country. Over 60% of Trusts are failing the standard nationally.
4.3 Gynaecology

Gynaecology is the one main area of concern within our 18-week program with patients delayed due to capacity issues and operator cover. Specifically, joint Surgical and Gynaecology operations have been delayed whilst a joint post with Sheffield Teaching Hospitals NHS Foundation Trust was agreed; this has now been agreed.

An additional full day list has also been identified for the Gynae team alternate weeks within our theatres which will alleviate the pressures. The team have set a 6-month recovery plan.

4.4 Urology

The urology team have continued to struggle to recruit consultant staff; a review of the capacity and available operators has refocused the plan:

- Recruitment of a middle grade doctor to support the consultants
- Straight to CT scan to reduce clinic workloads and reduce the pathway
- Additional consultant via agency has been secured July 18
- Review role of middle grades with a view to appointing more trainees

5.0 6 Week Wait Diagnostic Tests

5.1 The un-validated position for DMO1 for April 2018 is 0.1%, which shows 1 person waited 6 weeks or longer for diagnostic tests.

Orange line shows relative national position

Diagnostics DM01
### 6.0 Operational Objectives update May 2018

<table>
<thead>
<tr>
<th>Action</th>
<th>Timescale &amp; SRO</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live Bed state management across inpatient areas</td>
<td>TBC</td>
<td>Project scoping discussion held in May. Specification to be developed and examples from other providers sought.</td>
</tr>
<tr>
<td></td>
<td>Head of Nursing</td>
<td></td>
</tr>
<tr>
<td>Develop a more accurate assessment of demand and capacity for community district nursing</td>
<td>TBC</td>
<td>Demand and capacity modelling has been added to the acute and community program and initial model developed using internal skills and external company Goo-roo.</td>
</tr>
<tr>
<td></td>
<td>Associate General Manager – Community and Head of Performance</td>
<td></td>
</tr>
<tr>
<td>A more integrated demand and capacity modelling tool across the Trust which takes cognisance of the community and acute services</td>
<td></td>
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<tr>
<td></td>
<td>Complete May 18</td>
<td>EMS now in full use to be rolled out by ICS. We are using it daily and at escalation. Alerts now available on mobile and static devices in email or text.</td>
</tr>
<tr>
<td></td>
<td>Head of Nursing</td>
<td></td>
</tr>
<tr>
<td>Continue to embed EMS and associated alerts</td>
<td>Monthly</td>
<td>Above trajectory and above national target.</td>
</tr>
<tr>
<td></td>
<td>General Manager - CSS</td>
<td></td>
</tr>
<tr>
<td>Deliver 18 week RTT standard at or above 17/18 performance As per trajectory</td>
<td>Monthly</td>
<td>Above trajectory and above national target.</td>
</tr>
<tr>
<td></td>
<td>General Manager - CSS</td>
<td></td>
</tr>
<tr>
<td>Deliver 6 week wait diagnostics at or above 17/18 performance As per trajectory</td>
<td>Monthly</td>
<td>Above trajectory and above national target.</td>
</tr>
<tr>
<td></td>
<td>General Manager - CSS</td>
<td></td>
</tr>
<tr>
<td>Deliver 62-day GP referral on quarterly basis As per trajectory</td>
<td>Monthly</td>
<td>Above local ICS cancer alliance trajectory of 77% and below 85% national target.</td>
</tr>
<tr>
<td></td>
<td>General Manager - CSS</td>
<td></td>
</tr>
<tr>
<td>Commence reporting against 28 day standard</td>
<td>June 18</td>
<td>Local shadow requirement from June 18.</td>
</tr>
<tr>
<td></td>
<td>General Manager - CSS</td>
<td></td>
</tr>
<tr>
<td>Deliver DTOC performance below 3.5% standard As per trajectory</td>
<td>Monthly</td>
<td>DTOCs (delayed transfers of care) are monitored daily and are averaging below 2%.</td>
</tr>
<tr>
<td></td>
<td>Head of Nursing</td>
<td></td>
</tr>
<tr>
<td>Maintain inpatient LOS within top-decile</td>
<td>Monthly</td>
<td>Continued performance at upper quartile.</td>
</tr>
<tr>
<td></td>
<td>All General Managers</td>
<td></td>
</tr>
</tbody>
</table>
7.0 Improvement Planning

7.1 The Trust has joined this year’s “Action on AE” program with an agreed focus on Home First “Why not today why not now”.

7.2 Analysis of the ED breach data shows a clear match between medical cover at key times which is causing long waits within ED and the UECC.

- The team has adjusted the staffing rotas within available resources to compensate for high demand times.
- Undertaken a “heat analysis” of activity versus available resources.
- The resource does not meet overall demand and the team are planning on moving resource to support primary care which will reduce the number of patients who need to be seen by consultants and middle grades.
- A primary care pilot has been undertaken 8 am – 6 pm providing see and treat services at the front door - two teams. This showed an increase in activity within the primary care service and a reduction in waits and overall reduction in breaches.
- All patients were seen within 2 hours during the pilot.
- From the end of June this will be rolled out across 7 days to support a reduction in minors waits and reduce breaches. There will only be one team on rather than the two in the trial but, as recruitment improves, we expect to put two on as often as possible.
7.3. The junior doctor rota and the ENP ANP cover are reliant upon training posts and agency posts. On average we are at least one post down or are reliant upon untried agency staff to cover these essential posts.

An international recruitment has recruited 7 middle grades to support ED and 7 to support General Medicine, all of whom have now been given visas by the home office.

7.4 The Trust has commenced the improvement work around patient flow and improving discharge.

- Working with Pharmacy to put in place technicians to support ward rounds.
- Recruiting to Advanced practitioner physician’s assistant roles
- Recruiting discharge coordinators on medical wards
- Identifying a Clinical lead in Medicine to develop and support the AMU / Frailty service
- Agreed ward round checklist
- Auditing of all wards to commence July 18 on compliance with SAFER principles
- Board rounds, ward rounds, TTOs the night prior to discharge, agreed standardised ward rounds, writing discharge letters and reduced delays for internal waits (red to green day)
- Development of a “Golden patient” process i.e. identify and expected discharges the day before and monitor and manage these discharges prior to mid-day on discharge day.

7.5 A second Urgent and Emergency care summit has been arranged for 17 July 2018 with invites sent to all decisions and commissioners aiming to:

- Review last year’s pledges
- Update on wither plans
- Overview of the system plans
8.0 Conclusion

8.1 Performance against the 4-hour access standard in May 2018 is higher than plan. We have seen some improvement in performance over the last month, with key operational points of failure around capacity within the ED and doctor rotas being non-compliant.

8.2 Performance against the DMO1 diagnostic target in month has remained good.

8.3 Performance against the Cancer 62-day target has remained under the national standard a result of both activity demand and access across a number of pathways delays. Whilst remedial action is underway, the 85% compliance target for Quarter 1 ill not be achieved.

8.4 Trust performance against the 18-week RTT incomplete target for the month continues to perform well with the May position being up from last month’s position.

George Briggs
Chief Operating Officer
June 2018
Workforce Report

Danielle Petch, Associate Director of HR
Debbie Holmshaw, Workforce Information Analyst
Cheryl Clements, Director of Workforce

Patients: Excellence in healthcare
Colleagues: Engaged, accountable colleagues
Governance: Trusted, open governance
Finance: Strong, financial foundations
Partners: Securing the future together

Licence Condition FT4 / Single Oversight Framework
safe / effective / caring / responsive / well-led

BAF: B4, B5
Corporate Risk Register: 2978, 2979, 4762, 4959, 3520, 3908, 5226, 4877, 5068, 5226, 4516, 4935,

For Noting
1.0 **Recruitment and Retention**

1.1. Turnover in May 2018 is 0.69% (99.31% retention), a 0.05% increase compared to May 2017.

1.2. Corporate and Clinical Support Services Divisions have the highest turnover for May 2018.

2.0 **Sickness Absence**

2.1. The Trust’s sickness absence for May 2018 is 4.02%, which is above the 3.95% target and represents an increase of 0.34% from the previous month (3.68%). Compared with May 2017 in month sickness absence has decreased by 0.19%.

2.2. Short term absence has decreased to 1.10% from previous month (1.22%) and long term sickness absence has increased to 2.92% from previous month (2.46%).

2.3. Rolling 12 month sickness absence is 4.02%, an increase of 0.03% compared to April 2018. Compared with May 2017 rolling 12 month sickness absence has decreased by 0.54%.

3.0 **Mandatory and Statutory Training (MaST)**

3.1. The Trust core MaST compliance has remained at 87%, 2% above the Trust target of 85%. This figure now includes the 3 yearly renewable Preventing Radicalisation and Equality, Diversity and Human Rights training.

3.2. Information Governance MaST compliance has decreased to 92%, 3% below the national target of 95%.

3.3. The table below highlights the Trust’s mandatory and statutory core training compliance by division as at 31 May 2018. Information Governance RAG rating is based upon divisional performance against the national target of 95%.

<table>
<thead>
<tr>
<th>Division</th>
<th>Conflict Resolution</th>
<th>Dementia Awareness</th>
<th>Equality, Diversity &amp; Human Rights - 3 Years</th>
<th>Equality, Diversity &amp; Human Rights - No Renewal</th>
<th>Fire Safety</th>
<th>Hand Hygiene</th>
<th>Infection Prevention and Control - Level 1 - 3 Years</th>
<th>Information Governance</th>
<th>Preventing Radicalisation Levels 1 &amp; 2 - 3 Years</th>
<th>Preventing Radicalisation Levels 1 &amp; 2 - No Renewal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Support Services</td>
<td>88.19%</td>
<td>96.63%</td>
<td>91.00%</td>
<td>88.75%</td>
<td>87.29%</td>
<td>87.40%</td>
<td>94.38%</td>
<td>93.70%</td>
<td>83.35%</td>
<td>95.61%</td>
</tr>
<tr>
<td>Corporate Operations</td>
<td>91.65%</td>
<td>95.94%</td>
<td>96.84%</td>
<td>93.45%</td>
<td>96.39%</td>
<td>96.16%</td>
<td>98.87%</td>
<td>99.32%</td>
<td>71.78%</td>
<td>80.59%</td>
</tr>
<tr>
<td>Corporate Services</td>
<td>89.30%</td>
<td>95.57%</td>
<td>91.14%</td>
<td>86.72%</td>
<td>90.77%</td>
<td>88.56%</td>
<td>92.62%</td>
<td>96.68%</td>
<td>90.04%</td>
<td>95.94%</td>
</tr>
<tr>
<td>Family Health</td>
<td>88.24%</td>
<td>96.75%</td>
<td>92.26%</td>
<td>88.85%</td>
<td>86.53%</td>
<td>83.44%</td>
<td>96.44%</td>
<td>95.98%</td>
<td>84.37%</td>
<td>92.11%</td>
</tr>
<tr>
<td>Medicine</td>
<td>78.04%</td>
<td>89.60%</td>
<td>78.58%</td>
<td>76.62%</td>
<td>76.09%</td>
<td>77.16%</td>
<td>91.02%</td>
<td>84.98%</td>
<td>77.07%</td>
<td>84.09%</td>
</tr>
<tr>
<td>Surgery</td>
<td>81.17%</td>
<td>89.90%</td>
<td>80.02%</td>
<td>76.92%</td>
<td>81.63%</td>
<td>87.03%</td>
<td>93.34%</td>
<td>91.73%</td>
<td>77.50%</td>
<td>88.98%</td>
</tr>
</tbody>
</table>

3.4. 2 new competencies (Health, Safety and Welfare and Freedom to Speak Up) will be required from 1st April 2019. MaST compliance rate including these 2 new competencies would be 74.79%.
4.0 Personal Development Review (PDR)

4.1. The Trust target for PDRs along with compliance rate for 2018/19 are shown in the table below:

<table>
<thead>
<tr>
<th>PDR %</th>
<th>Target</th>
<th>Who For</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>100% by end April</td>
<td>Board members and first line reports</td>
</tr>
<tr>
<td>57</td>
<td>100% by end May</td>
<td>Budget holders</td>
</tr>
<tr>
<td>41</td>
<td>100% by end June</td>
<td>Band 7+</td>
</tr>
<tr>
<td>24</td>
<td>100% by end September</td>
<td>All colleagues</td>
</tr>
</tbody>
</table>

4.2. Overall Trustwide Appraisal/PDR compliance is 24%. The table below shows appraisal compliance by Division as at 31 May 2018.

<table>
<thead>
<tr>
<th>Division</th>
<th>Required</th>
<th>Completed</th>
<th>PDR %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Support Services</td>
<td>885</td>
<td>218</td>
<td>24.63</td>
</tr>
<tr>
<td>Corporate Operations</td>
<td>446</td>
<td>170</td>
<td>38.12</td>
</tr>
<tr>
<td>Corporate Services</td>
<td>259</td>
<td>74</td>
<td>28.57</td>
</tr>
<tr>
<td>Family Health</td>
<td>603</td>
<td>163</td>
<td>27.03</td>
</tr>
<tr>
<td>Medicine</td>
<td>1,024</td>
<td>169</td>
<td>16.50</td>
</tr>
<tr>
<td>Surgery</td>
<td>739</td>
<td>173</td>
<td>23.41</td>
</tr>
</tbody>
</table>

4.3. The table below shows the appraisal compliance split by band as at 31 May 2018.

<table>
<thead>
<tr>
<th>Band</th>
<th>Completed</th>
<th>Outstanding</th>
<th>% Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band 1</td>
<td>95</td>
<td>83</td>
<td>53.37</td>
</tr>
<tr>
<td>Band 2</td>
<td>151</td>
<td>679</td>
<td>18.19</td>
</tr>
<tr>
<td>Band 3</td>
<td>121</td>
<td>425</td>
<td>22.16</td>
</tr>
<tr>
<td>Band 4</td>
<td>39</td>
<td>249</td>
<td>13.54</td>
</tr>
<tr>
<td>Band 5</td>
<td>127</td>
<td>646</td>
<td>16.43</td>
</tr>
<tr>
<td>Band 6</td>
<td>197</td>
<td>554</td>
<td>26.23</td>
</tr>
<tr>
<td>Band 7</td>
<td>112</td>
<td>231</td>
<td>32.65</td>
</tr>
<tr>
<td>Band 8a</td>
<td>73</td>
<td>85</td>
<td>46.20</td>
</tr>
<tr>
<td>Band 8b</td>
<td>19</td>
<td>14</td>
<td>57.58</td>
</tr>
<tr>
<td>Band 8c</td>
<td>4</td>
<td>10</td>
<td>28.57</td>
</tr>
<tr>
<td>Band 8d</td>
<td>1</td>
<td>4</td>
<td>20.00</td>
</tr>
<tr>
<td>Band 9</td>
<td>2</td>
<td>2</td>
<td>50.00</td>
</tr>
<tr>
<td>Directors &amp; Direct Reports</td>
<td>25</td>
<td>0</td>
<td>100.00</td>
</tr>
</tbody>
</table>

4.4. PDR reviewer and reviewee workshops are currently available across the Trust and bespoke sessions can be requested. These workshops support colleagues to prepare and contribute towards a quality PDR.

5.0 Leadership, Culture and Engagement

5.1. The Band 7 Leadership, Exploration and Discovery (LEAD) cohort for June is fully booked and the May LEAD event welcomed speakers from both Public Health England and Health Education England. A Medical Leadership Programme and Management Skills Programme are both currently being scoped, ready to launch later this year.
5.2. The Trust had been successful in securing funding for 19 new Advanced Clinical Practice posts to start in the Trust during 2018-19. Recruitment to these posts needs to be completed by the end of July 2018.

5.3. The Clinical Apprenticeship recruitment is increasing significantly as is the interest in the Senior Health Care Support Worker Apprenticeship. The Trust are currently working with the following areas to look at staff commencing on this programme; UECC, B11, A4, A2, Children's Ward, AMU. The Trust has now appointed 5 Trainee Nursing Associate Apprentices with an opportunity to take advantage of £3,200 of Health Education England (HEE) money for more places at the beginning of 2019. However, the numbers will need to be confirmed by the 21st August. Interviews will take place shortly with 19 existing staff interested in starting the Assistant Practitioner Foundation Degree Apprenticeship either in September 2018 or January 2019.

Cheryl Clements
Director of Workforce
June 2018
Report: Finance Report

Presented by: Simon Sheppard, Director of Finance
Author(s): As above

Strategic Objective: Colleagues: Engaged, accountable colleagues
Governance: Trusted, open governance
Finance: Strong, financial foundations
Partners: Securing the future together

Regulatory relevance:
NHSI: Licence Condition FT4 / Single Oversight Framework
CQC Domain: safe / effective / caring /responsive / well-led

Risk Reference: BAF: B9, B10
Corporate Risk Register: 4379, 4380, 4629, 4363, 4516

Purpose of this paper:
This paper provides the Board of Directors with an update on performance against the Trust’s key financial duties in the context of the 2018/19 financial plan, namely:

- Delivery against the planned income and expenditure plan for the 2018/19 financial year
- Cost Improvement Programme Performance
- Capital Expenditure
- Cash Position

Summary of Key Points:

- The Trust is delivering ahead of plan for May and year to date.
  - An overall deficit of £1,965k in month (May) which is £77k favourable to the planned deficit.
  - A year to date favourable position of £148k against the £4,480k deficit plan
- The Trust is underspent against the capital programme in May.
- The Trust is ahead of its Cost Improvement Programme at the end of May.
- The Trust ended May 2018 with a cash balance of £1.54m compared to a planned level of £1.35m which is an £0.19m favourable variance
- At the end of May 2018 the Trust incurred agency costs of £2,030k inclusive of supporting the additional capacity. This monthly spend was in excess of both the budget and NHSI agency ceiling. There are specific actions noted within the report to ensure the agency spend is brought back within budget.

Board action required:
For noting
1. **Key Financial Headlines**

1.1. The key financial metrics for the Trust are shown in the table below. These are;

- Performance against the monthly income and expenditure plan
- Performance against the internal agency spend and against the NHSI ceiling
- Cost Improvement Programme
- Capital
- Cash

<table>
<thead>
<tr>
<th></th>
<th>YTD Plan £ms</th>
<th>YTD Actual £ms</th>
<th>YTD Variance £ms</th>
</tr>
</thead>
<tbody>
<tr>
<td>I&amp;E Performance</td>
<td>(4.48)</td>
<td>(4.33)</td>
<td>0.15</td>
</tr>
<tr>
<td>TRFT Agency Spend</td>
<td>1.90</td>
<td>2.03</td>
<td>(0.13)</td>
</tr>
<tr>
<td>NHSI Agency Ceiling</td>
<td>1.53</td>
<td>2.03</td>
<td>(0.50)</td>
</tr>
<tr>
<td>Efficiency Programme (CIP)</td>
<td>0.87</td>
<td>0.96</td>
<td>0.09</td>
</tr>
<tr>
<td>Capital Expenditure</td>
<td>0.35</td>
<td>0.21</td>
<td>0.14</td>
</tr>
<tr>
<td>Cash Balance</td>
<td>1.35</td>
<td>1.54</td>
<td>0.19</td>
</tr>
</tbody>
</table>

1.2. As at the end of 31 May 2018 (month2) the Trust is reporting favourable variances against all of the key metrics with the exception of agency spend. The following sections provide further information against these financial metrics.

2. **Income & Expenditure (in month)**

2.1. As the Board of Directors is aware, the Trust submitted its final operational and financial plan on the 30 April 2018. The financial plan for 2018/19 is to deliver a £20.3m deficit or better.

2.2. Month 2 performance is shown in the table below
2.3. The key points to highlight to the Board at the end of May are;

- An overall deficit of £1,965k in month (May) which is £77k favourable to the planned deficit.
- A year to date favourable position of £148k against the £4,480k deficit plan.
- Clinical income in line with the budget, although there is a favourable position against day cases, offset with underperformance on elective activity.
- The overall pay bill is £47k better than plan, being driven by substantive vacancies off set by bank and agency.
- Non pay costs are showing an adverse position against budget predominately due to excluded drugs and devices, £201k, which is offset by income.

2.4. To support delivery of the financial plan, there are now monthly Financial Operational Meetings with each Division, led by the Director of Finance and supported by the Chief Operating Officer and senior members of the finance team.

2.5. These meetings with Divisional teams have focused on;

- Month 2 financial performance at a Divisional level both in terms of income and expenditure, but also clinical activity and income.
- Year-end forecast including risks and opportunities.
- Clear actions required to improve performance and/or mitigate any risks.
- Escalation of any issues to the Executive Management Committee.

### Table 1 – Income & Expenditure (April 2018-March 2019)

<table>
<thead>
<tr>
<th>Summary Income and Expenditure Position</th>
<th>Plan (£000s)</th>
<th>Actual (£000s)</th>
<th>Variance (£000s)</th>
<th>Plan (£000s)</th>
<th>Actual (£000s)</th>
<th>Variance (£000s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total NHS Clinical Income</td>
<td>18,635</td>
<td>18,844</td>
<td>209</td>
<td>36,984</td>
<td>37,072</td>
<td>88</td>
</tr>
<tr>
<td>Other Operating Income</td>
<td>1,624</td>
<td>1,863</td>
<td>239</td>
<td>3,255</td>
<td>3,500</td>
<td>245</td>
</tr>
<tr>
<td>Provider Sustainability Fund (PSF)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Income</td>
<td>20,259</td>
<td>20,707</td>
<td>448</td>
<td>40,239</td>
<td>40,572</td>
<td>333</td>
</tr>
</tbody>
</table>

#### EXPENDITURE

<table>
<thead>
<tr>
<th></th>
<th>Plan (£000s)</th>
<th>Actual (£000s)</th>
<th>Variance (£000s)</th>
<th>Plan (£000s)</th>
<th>Actual (£000s)</th>
<th>Variance (£000s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Pay Costs</td>
<td>(15,098)</td>
<td>(14,954)</td>
<td>144</td>
<td>(29,934)</td>
<td>(29,887)</td>
<td>47</td>
</tr>
<tr>
<td>Total Non Pay Costs</td>
<td>(6,388)</td>
<td>(6,376)</td>
<td>12</td>
<td>(12,676)</td>
<td>(12,866)</td>
<td>(190)</td>
</tr>
<tr>
<td>Total Operating Costs</td>
<td>(21,487)</td>
<td>(21,330)</td>
<td>156</td>
<td>(42,610)</td>
<td>(42,753)</td>
<td>(143)</td>
</tr>
<tr>
<td>EBITDA</td>
<td>(1,228)</td>
<td>(623)</td>
<td>604</td>
<td>(2,371)</td>
<td>(2,181)</td>
<td>190</td>
</tr>
<tr>
<td>Non Operating Costs</td>
<td>(857)</td>
<td>(938)</td>
<td>(81)</td>
<td>(1,704)</td>
<td>(1,747)</td>
<td>(43)</td>
</tr>
<tr>
<td>Central Costs</td>
<td>42</td>
<td>(404)</td>
<td>(446)</td>
<td>(404)</td>
<td>(404)</td>
<td>0</td>
</tr>
<tr>
<td>RETAINED SURPLUS / DEFICIT</td>
<td>(2,048)</td>
<td>(1,965)</td>
<td>77</td>
<td>(4,480)</td>
<td>(4,332)</td>
<td>148</td>
</tr>
</tbody>
</table>

|                          | 6.1%         | 7.3%           | (1.3%)           | 6.4%         | 6.8%           | (0.4%)           |
| Agency % Total Pay       | (6.1%)       | (3.0%)         | 3.1%             | (5.9%)       | (5.4%)         | 0.5%             |
| EBITDA % Income          | (10.1%)      | (9.5%)         | 0.6%             | (11.1%)      | (10.7%)        | 0.5%             |

Summary

- Monthly Position (May - Month 02)
- Year to Date Position
2.6. Whilst the financial performance to date is encouraging there is continued focus on delivering the monthly profiles throughout the remaining months of 2018/19. Performance to date and the monthly plans are shown in the table below. It is critical to the delivery of the overall financial plan that the Trust continues to deliver against the monthly profiles.

![2018/19 I&E Performance Graph](image)

### 3. Agency Expenditure

3.1. As was the case in 2016/17 and 2017/18 providers have received an agency target from NHSI for the new financial year. The target for 2018/19 is an annual spend of £8.8m which is a reduction of £1.4m from the £10.2m target in 2017/18.

3.2. Whilst the Trust will strive to meet the target, this ambition needs to be set in the context of 2017/18 costs being in excess of £11m. These costs were predominately driven by medical vacancies and the requirement to use agency staff. In light of the spend in 2017/18 the Trust has therefore set an internal budget for agency expenditure profiled across the financial year to reflect forecast costs.

3.3. During 2018/19 performance against both the NHSI ceiling and internal budget will be monitored.

3.4. At the end of May 2018 the Trust incurred costs of £2,030k inclusive of supporting the additional capacity. This year to date spend was £130k adverse to the internal budget yet £500k adverse to the NHSI ceiling. The overspend year to date is due to a number of factors including increased vacancies within nursing support workers, reduction in junior doctors in ED, increased sickness rates within Surgery and additional capacity in breast surgery to support the cancer 2 week wait.
3.5. Actions implemented to support delivery against these targets include;

- Agreement and monitoring of the key vacant posts – individual recruitment strategies
- Recruitment to the junior doctor gaps in ED by August.
- Secure additional funding for the additional Breast Surgery capacity.
- Working with external partners to secure permanent recruitment including from overseas
- Expansion of the direct engagement model
- Enhanced controls in certain areas

Progress against these actions and the impact on the agency spend will be reported through the operational committees and assurance committees.

4. **Cost Improvement Programme**

4.1. The Trust has a cost improvement (CIPs) target for 2018/19 of £9.7m, 3.6% of costs.

4.2. The month end and year to date position is shown below and includes both cash releasing and efficiency schemes.

<table>
<thead>
<tr>
<th></th>
<th>Target £000s</th>
<th>Actual £000s</th>
<th>Variance £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>180</td>
<td>102</td>
<td>(78)</td>
</tr>
<tr>
<td>Surgery</td>
<td>146</td>
<td>160</td>
<td>14</td>
</tr>
<tr>
<td>Family Health</td>
<td>167</td>
<td>77</td>
<td>(90)</td>
</tr>
<tr>
<td>Clinical Support</td>
<td>25</td>
<td>47</td>
<td>22</td>
</tr>
<tr>
<td>Corporate</td>
<td>103</td>
<td>319</td>
<td>216</td>
</tr>
<tr>
<td><strong>Sub Total</strong></td>
<td><strong>621</strong></td>
<td><strong>706</strong></td>
<td><strong>85</strong></td>
</tr>
<tr>
<td>Central</td>
<td>250</td>
<td>250</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>871</strong></td>
<td><strong>956</strong></td>
<td><strong>85</strong></td>
</tr>
</tbody>
</table>

4.3. In addition to the in-month performance, continued focus and action is being taken to secure the £9.7m in year target and the full year effect of £13.1m

4.4. At the time of writing the Trust has identified total schemes in year of £10.1m, in excess of the in-year target, with internal resources having been prioritised to support the Divisions and Corporate Directorates to ensure by the reporting cycle for quarter 1 performance;

- In year risk adjustment value in excess of £9.7m
- Full year effect of schemes in excess of £13.1m
- The schemes have been quality impact assessed in line with the new policy
5. **Capital**

- Total capital expenditure plans have been produced in accordance with the maximum internally generated funds available to the Trust and in conjunction with appropriate colleagues throughout the Trust.
- The Trust has a planned capital expenditure programme for 2018/19 of £5,800K.
- Expenditure year to date (to 31 May 2018) is £212K representing an under-spend of £135K against the year to date budget.
- The Trust as part of the South Yorkshire & Bassetlaw Integrated Care System is currently awaiting feedback on several draft business cases as part of the national capital programme.
- Work continues to produce a longer-term view of capital requirements together with subsequent funding options that will be used to inform the Trust’s five-year financial planning outlook. This will be reported to the Board in line with the agreed timetable.

6. **Cash**

- The trust ended May 2018 with a bank balance of £1.54m compared to a planned level of £1.35m which is an £0.19m favourable variance.
- All non NHS and NHS suppliers are paid within the payment terms approved by the Board of Directors (45 days).

**Simon Sheppard**  
**Director of Finance**  
**June 2018**
Report: Governance Report

Presented by: Anna Milanec, Director of Corporate Affairs/ Company Secretary

Author(s): As above

Strategic Objective:
- Patients: Excellence in healthcare
- Colleagues: Engaged, accountable colleagues
- Governance: Trusted, open governance
- Finance: Strong, financial foundations
- Partners: Securing the future together

Regulatory relevance:
- NHSI: Licence Condition FT4 / Single Oversight Framework
- CQC Domain: safe / effective / caring / responsive / well-led

Risk Reference:
- BAF: B6
- Corporate Risk Register: none

Purpose of this paper:
This paper intends to provide the Board with details of progress against various governance issues, and provides a horizon scan of governance based matters that are pertinent to the Board / the Trust.

Summary of Key Points:

- Joint board meeting between NHS Improvement and NHS England leads to agreement on new ways of integrated working (2.0)
- Health and Social Care Select Committee publish their report into integrated care, noting that governance arrangements can be complex without appropriate arrangements in place (3.0)
- Four new Integrated Care Systems have been announced (4.0)
- NHSI changes to the agency rules / ‘break glass’ processes announced (5.0)
- New NHSI improvement tools for providers to use have been announced, including a patient experience framework, a corporate services productivity toolkit and a delayed transfers of care (DTOC) toolkit.

Board action required:

The Board is asked to note this report.
1.0 Introduction

1.1 This report provides an update on board governance, and regulatory matters affecting board governance, for the period from mid-May 2018.

2.0 Alignment of the work of NHS England (NHSE) and NHS Improvement (NHSI)

2.1 NHS England and NHS Improvement (NHSI) have announced plans to work closer together by establishing a new NHS Executive Group and an NHS Assembly, heralding a shift at how the sector is regulated, at national and regional level.

2.2 In board papers from their first-ever joint meeting at the end of May 2018, the two organisations outlined ways they will align the two bodies in an effort to streamline quality of care for the population and efficient usage of public money.

2.3 The proposals include the creation of a new NHS Executive Group, headed by two new chief executives who will oversee all national and regional directors from the two arms of the NHS.

2.4 Three new national director roles will be created which will report to both CEOs - including an NHS medical director, nursing director/chief nursing officer for England, and a chief financial officer - and will be full members of the NHS Executive Group.

2.5 Management will also be reshaped and aligned allowing for ‘clear accountabilities at national, regional and system levels’. In the proposed structure, the current functions of NHSI’s Central Regulation Directorate, are devolved to Regional Directors.

2.6 The board papers report that, whilst legislation means that the two organisations must have separate board governance, the organisations recognise the need to move to an integrated method of working to ensure that health organisations receive aligned messages.

2.7 NHSI and NHS England also hope to take a more “holistic view” of NHS resources, better align financial incentives, and leverage their distinctive competencies to “build out capabilities where there has been a gap in national leadership.” Part of this includes mobilising national implementation resource for the upcoming NHS 10 Year Plan.

2.8 Amongst the financial changes, the bodies will introduce a single financial and operational planning process for the health system alongside the new CFO to ensure effective use of national resources at areas of need.

2.9 Similarly, there will be a single performance management process and alignment of regulatory interventions, a single internal talent management process, and a single process for establishing and reviewing national strategic programmes.
2.10 The Five Year Forward View (FYFV) was also of high priority to the alignment between the two organisations. A new national assembly will be created which will allow stakeholders to discuss oversee progress on the scheme.

2.11 It is proposed that changes to the most senior roles will be made by September 2018, with the next level of roles being reviewed during autumn 2018.

2.12 Whilst the collaboration will reduce duplication and eliminate contradictory messaging / activity, some commentators have argued that the move to a new regime comes with some risks, and to ensure success, have commented that this must be a real joint venture of equal partners.

2.13 NHS Providers has produced a comprehensive briefing on the matter, which can be sourced at: http://nhsproviders.org/resource-library/briefings/on-the-day-briefing-next-steps-on-aligning-the-work-of-nhs-england-and-nhs-improvement

3.0 Health and Social Care Select Committee report – integrated care

3.1 The Committee have published a report of its inquiry into the development of new integrated ways of planning and delivering local health and care services. The report focuses on the development of Sustainability and Transformation Partnerships (STPs), Integrated Care Systems (ICSs) and Accountable Care Organisations (ACOs) and presents a number of recommendations.

3.2 As part of the review for the report, five members of the Committee visited South Yorkshire and Bassetlaw on 20 February 2018 and met with leaders from the NHS and local government, with visits arranged to Sheffield University Hospitals NHS Foundation Trust and Doncaster Royal Infirmary.

3.3 The report sets out the main problems and challenges posed by current legislation and regulation, including the differences in VAT between local authorities and the NHS, which the Committee advise, needs to be addressed before integration can be complete. The report recognises that laws will need to change to enable greater collaboration and integration.

3.4 A copy of the report can be found at: https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/650/65002.html

4.0 Second wave of Integrated Care Systems

4.1 Four new integrated care systems have been announced:
   - Gloucestershire;
   - Suffolk and North East Essex;
   - North Cumbria; and
   - West Yorkshire and Harrogate.
5.0 NHS Improvement – agency rules update

5.1 NHSI has updated its ‘agency rules’ for agency expenditure by Trusts, which supersedes all previous rules documents (including those published in 2015 and most latterly, on 23 March 2016).

5.2 Year to date performance against agency ceiling is a weighted metric as part of the ‘use of resources’ theme of the Single Oversight Framework. Additionally, the proportion of temporary staff is measured quarterly in the ‘quality of care’ theme. Providers not adequately controlling their agency spend can be investigated under the broader ‘value for money’ considerations.

5.3 Agency rules apply to all staff groups covered by national pay scales, i.e. medical and dental staff, nursing and midwifery staff, other clinical staff and all non-clinical staff. “Very Senior Managers” are not covered by the guidance. All ‘price caps’ are the maximum total amount of money, exclusive of VAT, that a Trust can pay per hour for an agency worker (which includes employer pension contribution, employer NI, holiday pay, administration fee/agency charge and other expenses such as travel and accommodation.)

5.4 Changes that have come into force, include the following:

- All agency shifts at £100 per hour or more, must be signed off by the chief executive and reported to NHSI via weekly reporting prior to the shift. This is reduced from the current requirement to sign off and report shifts of £120 per hour;
- Where an agency shift has an hourly rate agreed below £100 but is 50% above the published price cap rate, the shift must be signed off by an executive director and reported to NHS Improvement via weekly reporting.
- All agency shifts above the price cap where the worker has not been supplied by an agency on an approved framework must be signed off by the chief executive prior to the shift, and reported to NHS Improvement via weekly reporting.

6.0 NHSI Improvement Resources

6.1 NHSI has published a patient experience improvement framework, including assessment tool, which supports Trusts in achieving good and outstanding ratings in their CQC inspections.

6.2 Integrating policy guidance with the most frequent reasons why the CQC has rated Trusts as outstanding (January 2014 – January 2018), the following themes are used to identify performance against:

- Leadership
- Organisational culture
- Capability and capacity for collecting feedback
- Analysis and triangulation – to interpret and triangulate with other quality measures
- Reporting and publication – to drive quality improvement and learning.

6.3 A corporate services productivity toolkit has also been produced, in order to help providers implement corporate services transformation.
6.4 Finally, a new delayed transfer of care (DTOC) tool has been developed, using performance data already submitted to the regulator. Performance can be judged on either a national, regional or Trust basis, and either NHS and / or local authority measures can be used and assessed. Most recent data relates to March 2018.

Anna Milanec
Director of Corporate Affairs/ Company Secretary
June 2018
Report: Quality Account 2017/18

Presented by: Chris Morley, Chief Nurse
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Strategic Objective:
Patients: Excellence in healthcare
Colleagues: Engaged, accountable colleagues
Governance: Trusted, open governance
Partners: Securing the future together

Regulatory relevance:
NHSI: Licence Condition FT4 / Single Oversight Framework
CQC Domain: safe / effective / responsive / well-led

BAF: B1-11
Risk Reference: 582, 795, 802, 1466, 1847, 2591, 3011, 3477, 3519, 3521, 3522, 3651, 3248, 4080, 4174, 4185, 4195, 4632, 4804, 4921, 5022, 5027, 5091, 5099, 5184, 5226, 5437, 5438, 5440, 5485

Purpose of this paper:
To present to the Board the final version of the Annual Quality Account 2017/18 for approval.

Summary of Key Points:
The Trust has a statutory obligation to publish a Quality Account each year. The Quality Account reviews qualitative and quantitative evidence of the quality of services provided by the Trust and commits the Trust to quality priorities for the coming year. Much of the content is mandated by Regulation (Parts One and Two); Part Three offers a broader account of Trust activity in the domains of Patient Safety, Patient Experience and Clinical Effectiveness.

The report has been reviewed by stakeholders as mandated by Regulation, who have provided comments regarding its content which are included in the report.

Board action required: For approval.
1. **Introduction**

1.1 The Trust publishes a Quality Account each year. This year’s Quality Account reviews progress against the quality priorities agreed for 2017/18 and outlines priorities for 2018/19.

1.2 It is a mandatory requirement for NHS foundation trusts to include a report on the quality of care they provide in their annual report to improve public accountability. The report has to be produced to meet the NHS Improvement Requirements and are audited.

1.3 All providers of NHS healthcare are required to publish a quality account each year which is published online on NHS Choices. Therefore, as a Foundation Trust, TRFT produces both a quality report and a quality account. The Quality Report was approved by the Board in May as part of the annual report, and so now the Quality Account requires approval.

2. **Purpose**

2.1 The Quality Account brings together in one place qualitative and quantitative data that helps describe how the Trust approaches improving the quality of services for its patients. The report is written based on the requirements provided by NHS Improvement.

2.2 It provides an opportunity for patients, carers, colleagues and the wider general public to review the work of the Trust and make comparisons with other NHS organisations.

2.3 This report has been shared, in addition to the Council of Governors, with the NHS Rotherham Clinical Commissioning Group, Rotherham Healthwatch and Rotherham Council Overview and Scrutiny Health Sub-Committee. Statements in response from each party have been included in the final version.

2.4 The report has also been made available for external audit. The auditors reviewed the document to confirm that it was compliant with statutory and regulatory requirements and also looked in depth at particular indicators as required by NHS Improvement. Where concerns have been identified by the auditors, work has already been put in place to address these. The final audit report had been received from the auditors. An action plan has been developed and will be monitored through the Clinical Governance Committee.

3. **Benefits**

3.1 The Quality Account provides a broad range of data relating to Trust performance in the areas of Quality and Safety. Because it is published annually, it enables comparisons to be made year on year. The data can be considered reliable because it is subject to external audit.

3.2 Colleagues engaged with innovation and initiatives have an opportunity to see their work made available to a wider audience.
3.3 Timely publication ensures the Trust meets its Statutory and Regulatory obligations.

4. Conclusion

4.1 The Board is asked to approve the final version of the Quality Account.

Anne Rolfe
Quality Governance, Compliance and Risk Manager
June 2018