

BOARD MEETING: 28 November 2017

Agenda item: **428/17**

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.

Summary of Key Points:

1. The Trust's financial position remains a high priority, and significant concern for the Board. The first two meetings of the newly established task and finish Finance and Workforce Sub Board Group have taken place during the month, to gain assurance that the workforce issues that can improve our financial position for 2017/18 and 2018/19, are implemented.
2. The A&E four-hour access standard is still not being achieved although a number of improvement measures have been put in place and ongoing meetings of the ED Improvement Sub-Board Group continue to take place.
3. The Chief Executive and Chairs' Working Together Partnership (Provider) meeting discussed issues pertaining to the Mental Health Alliance and the Hospital Services Review.
4. The Rotherham Together Partnership met during the month and discussed progress in implementing the Rotherham Plan.
5. Two prestigious awards were won by Trust colleagues during the month.

Board action required:

The Board is asked to note the report.

1.0 Introduction

- 1.1 This report provides an update on the activities since the last Board Meeting, with which I have been involved.

2.0 Financial position

- 2.1 The Board continues to focus on the Trust's financial position. A financial recovery plan is being implemented and is a priority for the Executive Team. More details will be provided on the financial position in later items on the agenda.
- 2.2 The Chief Executive, Director of Finance, Chair of the Finance and Performance Committee and I, continue to meet on a regular basis to understand the challenges, and what is being done about the situation.
- 2.3 In addition, two meetings of the task and finish Finance and Workforce Sub Board Group will have been held, and attended by both Non-Executive Directors and Executive Directors.

3.0 A&E Performance

- 3.1 The ED Improvement Sub-Board Group, established at the September 2017 Board Meeting, has also met on several occasions, attended by both NEDs and Executive Directors.
- 3.2 Much of the discussion has focussed on the poor A&E four hour access performance, and what further actions were being taken to improve the situation.
- 3.3 As we enter winter, pressures are already showing through increased hospital attendances and patients presenting with higher acuity. It is only with the support of our hardworking colleagues that the Trust is able to continue to offer the services that the community needs.

4.0 Acute Care Collaboration Vanguard (Working Together Partnership - Provider)

- 4.1 Trust Chief Executive and Chairs' Working Together Partnership (Provider) meeting took place on 6 November and included progress reports from Alexandra Norrish and Chris Welsh relating to the ongoing Hospital Services Review.
- 4.2 Progress reports were also provided on the work streams, and more discussions on governance matters.

5.0 Rotherham Together Partnership (RTP)

- 5.1 The RTP met on 15 November and discussed a number of matters.
- 5.2 A series of 'themed boards' have been established, and a report was received from the Chairs from each:

- Safer Rotherham Partnership (Chaired by Cllr Emma Hoddinott)
- Business Growth Board (Chaired by Julia Bloomer)
- Children and Young People's Partnership (Chaired by Cllr Gordon Watson)
- Health and Wellbeing Board (Chaired by Cllr David Roche)
- Strategic Housing Forum

- 5.3 The Rotherham Plan brings together all the elements of the above themed boards, the last of which is new and has been established due to its inter-relationship with the Health and Wellbeing Board, and others on the list.
- 5.4 Colleagues will recall that the RTP commissioned some work to define and describe the Rotherham Story, which would support implementation of a plan for the development and promotion of Rotherham. A new private sector board has now been established. Known as 'Ambition Rotherham', with a new manager in place to lead and support this work, this board will look to market and promote Rotherham as a place to invest, visit and work.

6.0 Prestigious Awards

- 6.1 In the run up to the Trusts' Proud Awards ceremony on 1 December 2017, November saw some of our Trust colleagues win prestigious awards.
- 6.2 Gail Miles, Respiratory Nurse Consultant at the Trust, was awarded The Queen Elizabeth the Queen Mother Award for Outstanding Service at a ceremony in London. The award was in particular recognition for her instrumental work and leadership in helping to establish and run BreathingSpace, the only nurse-led model of care for respiratory inpatients and outpatients in Europe.
- 6.3 Also, the Trust's Ear Care and Audiology Team won the 'Care of Older People' category in the Nursing Times Awards. The team, based at Rotherham Community Health Centre, have significantly improved the ear care and hearing services available to patients. This has reduced the length of time some patients have to wait for hearing devices, down from up to six months to one day.

7.0 Chairman activities

- 7.1 At appendix A is a list of some of the key meetings I have attending during the month.

Martin Havenhand
Chairman
November 2017

Chairman's Report - Appendix A

Key meetings attending over the last month:

- I attended the Rotherham Integrated Health & Social Care Place Board meeting on 1 November which focused on the development of the Rotherham Accountable Care Partnership's (ACP) Memorandum of Understanding.
- The ACP is one of five such systems within the South Yorkshire and Bassetlaw Accountable Care System.
- During the month I undertook the mid-year reviews for five of the Non-Executive Directors and we continued with the recruitment process for a new Non-Executive Director who will take up post when Gabby Atmarow retires from her role at the end of March 2018.
- Two Board to Board meetings were held during November, the first on 3 November was a mini Board to Board meeting with colleagues from NHS Rotherham Clinical Commissioning Group and the second was a full Board to Board meeting with Barnsley Hospital NHS Foundation Trust on 13 November.
- On 7 November, Lynn Hagger, Janet Wheatley, Chief Executive of Voluntary Action Rotherham, and I convened for our annual meeting.
- I met with the Trust's Voluntary Services Coordinator and Patient Experience Lead on 14 November.
- The monthly Board Seminar took place on 15 November and included a business planning session, with further discussions taking place before our annual business plan 2018/19 is brought to the December 2017 board meeting for approval. In addition, Board Assurance Visits to Sterile Services, Laboratory Medicine, Information Services and the Finance and Procurement departments took place which were well received by both the areas visited as well as the visit teams.
- In the evening of 15 November I attended the Rotherham Together Partnership meeting, as mentioned above.
- I met with the data warehouse and business engagement parts of the Business Intelligence team at Woodside on 21 November which provided a fascinating overview of how the data we capture is used.

Integrated Performance Dashboard (November 2017)

Key Performance Indicator		Reporting Period	Target	Performance	Trend	Benchmark	Data Quality Mark	Integrated Performance Dashboard (November 2017)											
Safe	S1	Mortality (HSMR Rolling 12 Month)	Aug-17	100.0	103.4				Top Achievements					Most Improved					
	S2	Harm Free Care	Oct-17	95.0%	94.8%		NA		Diagnostic Waiting Times (DM01) For the month of October no patients were waiting more than 6 weeks for any diagnostic test, an achievement met by only seven other providers. This strong performance has been underpinned by improved forecasting approaches and proactive operational leadership.					Delayed Transfers of Care The percentage of bed days being occupied by patients experiencing a delayed transfer of care reduced to 2.4% in October, better than the Rotherham target of 3.5% and a significant achievement for the newly formed integrated discharge team.					
	S3	C.diff (Rolling 12 Month)	Oct-17	26	17				18 week incomplete Performance for October has been confirmed at 95.9%. This is an improvement on last month by 0.5% and is forecast to correspond to a national ranking of 4th once comparator data for the month is released.					Dementia Assessment For the first time since July 2016 TRFT has met the 90% target for eligible patients to have a dementia assessment on admission to hospital.					
	S4	Serious Incidents (per 1000 bed days)	Oct-17	0.6	0.2		NA		Key Concerns					Most Deteriorated					
	S5	Medication Error Rate	Oct-17	0.8%	0.7%		NA		Finance variance from plan The financial position ytd continues to be a concern at the end of October. It is vital that the Divisional and Corporate recovery plans deliver in line with the value and profile. (See finance report for more details)					Sickness Rates In month sickness rates for October have deteriorated 0.5% since last month to be in breach the local target. There is significant seasonal variance in sickness rates and like for like performance for October is significantly better than previous years.					
Effective	E1	Average length of stay (spell)	Oct-17	5.7	4.8				Four Hour Performance Waiting times in the UECC continue to be an area of concern. The performance of 85.5% in October highlights the significant pressure within the system and falls well below the expected standards. (See operations report for more details)					Pre-noon discharges The percentage of patients discharged before midday remains significantly below target at 10.1% and is a continued deterioration on performance since April 2017.					
	E2	Theatre Utilisation	Oct-17	91%	93.0%														
	E3	Readmissions (28 day)	Sep-17	13.3%	12.6%														
	E4	New to Follow Up Ratio	Oct-17	2.08	2.3														
	E5	Outpatient DNA Rates	Oct-17	7.9%	7.4%														
Caring	C1	IP Friends & Family Test (% Positive)	Oct-17	95.0%	97.2%														
	C2	Complaints responded to within target	Oct-17	95.0%	63.0%		NA												
	C3	Dementia Assessment	Sep-17	90.0%	93.4%														
	C4	VTE Assessment Completion %	Sep-17	95.0%	97.6%		TBC												
	C5	% of pre noon discharges	Oct-17	20.0%	10.1%		NA												
Responsive	R1	Urgent Care (4 Hour)	Oct-17	95.0%	85.5%														
	R2	18 weeks (RTT Incomplete)	Oct-17	92.0%	95.9%														
	R3	Cancer Standards 62 Day	Sep-17	85.0%	91.3%														
	R4	Diagnostics (DM01)	Oct-17	1.0%	0.0%														
	R5	% LAC assessments reported <20 days	Oct-17	95.0%	78.0%		NA												
	R6	Delayed Transfer of care	Oct-17	3.5%	2.4%		NA												
Well Led	W1	Sickness Rates (In Month)	Oct-17	3.95%	4.31%														
	W2	Appraisal Completion	Oct-17	95.0%	89.0%		NA												
	W3	MAST Completion	Oct-17	85.0%	77.0%		NA												
	W4	Vacancy	Oct-17	-5.0%	-5.1%		NA												
Our Money	M1	Capital Service Capacity	Oct-17	1.75	-2.5														
	M2	Liquidity (days)	Oct-17	0	-28														
	M3	I&E Margin	Oct-17	1.0%	-10.3%														
	M4	Distance from financial plan	Oct-17	0.0%	-4.5%														
	M5	Agency Spend	Oct-17	0.0%	16.5%														
									In Month Activity (M7)				YTD Activity						
									16/17	17/18	Diff. No	Diff. %	16/17	17/18	Diff. No	Diff. %			
									A&E	6,372	8,207	1,835	29%	38,552	42,367	3,815	10%		
									ASSESSMENTS	639	684	45	7%	2,970	4,560	1,590	54%		
									NON ELECTIVE	2,228	2,541	313	14%	13,290	17,102	3,812	29%		
									EXCESS BED DAYS	825	49	- 776	-94%	5,563	2,674	- 2,889	-52%		
									DAY CASES	2,665	2,602	- 63	-2%	15,028	15,427	399	3%		
									ELECTIVE	545	414	- 131	-24%	2,499	2,982	483	19%		
									OUTPATIENT FIRSTS	6,410	7,183	773	12%	35,158	40,031	4,873	14%		
									OUTPATIENT FU	14,084	14,363	279	2%	73,144	72,241	- 903	-1%		
									OP PROCEDURE FIRST	951	545	- 406	-43%	5,416	6,414	998	18%		
									OP PROCEDURE FU	2,745	2,056	- 689	-25%	14,800	19,223	4,423	30%		

Appendix 2a 'September 2017 Tumour Site Breakdown

Tumour Site	62 Day from 2ww Target 93%		62 day CUG Target -TBA		62 Day Screening Target 90%		31 Day 1st Treated Target 96%	31 Day Subsequent Surgery Target 94%	31 Day Subsequent Drug Target 98%	31 Day Subsequent Palliative Target TBC	2WW Target 93%
	Before reallocations	After reallocations	Before reallocations	After reallocations	Before reallocations	After reallocations					
Acute Leukaemia											
Brain/Central Nervous System											
Breast	94.1%	88.9%			66.7%	66.7%	100.0%	100.0%			98.9%
Childrens											
Gynaecological			100.0%	100.0%			100.0%			100.0%	94.9%
Haematological	66.7%	66.7%	75.0%	75.0%			100.0%		100.0%		100.0%
Head and Neck	66.7%	66.7%	33.3%	33.3%			100.0%				98.4%
Lower Gastrointestinal	87.5%	77.8%	66.7%	66.7%			100.0%	100.0%			95.6%
Lung	100.0%	100.0%	86.7%	92.9%			100.0%				100.0%
Other	100.0%	100.0%	100.0%	100.0%			100.0%				
Sarcoma			100.0%	100.0%			100.0%				100.0%
Skin	100.0%	100.0%	85.7%	85.7%			95.7%	100.0%			98.6%
Testicular											100.0%
Upper Gastrointestinal	33.3%	33.3%	80.0%	88.9%			100.0%				100.0%
Urological	100.0%	100.0%	75.0%	75.0%			92.3%		100.0%		92.4%
Total	93.1%	91.3%	81.3%	83.6%	66.7%	66.7%	97.3%	100.0%	100.0%	100.0%	97.1%

Appendix 2b 'Q2 2017/18 Tumour Site Breakdown

Tumour Site	62 Day from 2ww -Target - 93%		62 day CUG Target- TBA		62 Day Screening Target - 90%		31 Day 1st Treated Target - 96%	31 Day Subsequent - Surgery Target 94%	31 Day Subsequent Drug Target 98%	31 Day Subsequent Palliative Target TBC	2WW Target 93%
	Before reallocations	After reallocations	Before reallocations	After reallocations	Before reallocations	After reallocations					
Acute Leukaemia											
Brain/Central Nervous System											
Breast	98.3%	96.7%	100.0%	100.0%	90.5%	90.5%	98.1%	100.0%	100.0%	100.0%	93.4%
Childrens											
Gynaecological	77.8%	63.6%	100.0%	100.0%			100.0%			100.0%	92.8%
Haematological	81.8%	81.8%	88.0%	88.0%	100.0%	100.0%	100.0%		100.0%		96.7%
Head and Neck	53.8%	46.7%	57.1%	57.1%			100.0%				97.6%
Lower Gastrointestinal	76.5%	67.6%	87.0%	90.9%	50.0%	50.0%	100.0%	91.7%		100.0%	94.9%
Lung	85.7%	95.7%	88.1%	94.9%			100.0%				98.7%
Other	100.0%	100.0%	87.5%	77.8%			100.0%				
Sarcoma			100.0%	100.0%			100.0%				100.0%
Skin	98.3%	98.3%	89.8%	89.8%			96.2%	100.0%			94.6%
Testicular											100.0%
Upper Gastrointestinal	70.6%	66.7%	88.0%	95.7%			100.0%			100.0%	96.9%
Urological	96.0%	92.2%	93.6%	93.5%			98.2%	100.0%	100.0%		93.0%
Total	89.4%	86.5%	89.5%	91.3%	87.5%	87.5%	98.4%	97.6%	100.0%	100.0%	94.9%

October 2017 - 18 Week RTT Return Data

Rotherham CCG Admitted	<18Wks	18Wks+	% <18Wks
General Surgery	150	42	78.13%
Urology	87	8	91.58%
Trauma & Orthopaedics	162	56	74.31%
Ear, Nose & Throat (ENT)	34	24	58.62%
Ophthalmology	161	7	95.83%
Oral Surgery	0	0	-
Neurosurgery	0	0	-
Plastic Surgery	0	0	-
Cardiothoracic Surgery	0	0	-
General Medicine	1	0	100.00%
Gastroenterology	22	0	100.00%
Cardiology	12	2	85.71%
Dermatology	33	3	91.67%
Thoracic Medicine	3	0	100.00%
Neurology	0	0	-
Rheumatology	3	1	75.00%
Geriatric Medicine	2	0	100.00%
Gynaecology	153	46	76.88%
Other	5	0	100.00%
Total	828	189	81.42%

Trust Total Admitted	<18Wks	18Wks+	% <18Wks
General Surgery	159	46	77.56%
Urology	97	8	92.38%
Trauma & Orthopaedics	185	67	73.41%
Ear, Nose & Throat (ENT)	45	27	62.50%
Ophthalmology	180	7	96.26%
Oral Surgery	230	24	90.55%
Neurosurgery	0	0	-
Plastic Surgery	0	0	-
Cardiothoracic Surgery	0	0	-
General Medicine	1	0	100.00%
Gastroenterology	24	0	100.00%
Cardiology	15	2	88.24%
Dermatology	34	3	91.89%
Thoracic Medicine	3	0	100.00%
Neurology	0	0	-
Rheumatology	3	1	75.00%
Geriatric Medicine	2	0	100.00%
Gynaecology	166	51	76.50%
Other	7	0	100.00%
Total	1151	236	82.98%

Rotherham CCG Non Admitted	<18Wks	18Wks+	% <18Wks
General Surgery	387	16	96.03%
Urology	185	1	99.46%
Trauma & Orthopaedics	537	29	94.88%
Ear, Nose & Throat (ENT)	535	29	94.86%
Ophthalmology	737	15	98.01%
Oral Surgery	0	0	-
Neurosurgery	0	0	-
Plastic Surgery	0	0	-
Cardiothoracic Surgery	0	0	-
General Medicine	70	1	98.59%
Gastroenterology	101	2	98.06%
Cardiology	97	24	80.17%
Dermatology	440	9	98.00%
Thoracic Medicine	149	9	94.30%
Neurology	0	0	-
Rheumatology	109	3	97.32%
Geriatric Medicine	65	4	94.20%
Gynaecology	277	9	96.85%
Other	285	8	97.27%
Total	3974	159	96.15%

Trust Total Non Admitted	<18Wks	18Wks+	% <18Wks
General Surgery	409	18	95.78%
Urology	208	1	99.52%
Trauma & Orthopaedics	592	32	94.87%
Ear, Nose & Throat (ENT)	584	34	94.50%
Ophthalmology	799	17	97.92%
Oral Surgery	196	7	96.55%
Neurosurgery	0	0	-
Plastic Surgery	0	0	-
Cardiothoracic Surgery	0	0	-
General Medicine	82	1	98.80%
Gastroenterology	115	2	98.29%
Cardiology	103	25	80.47%
Dermatology	551	9	98.39%
Thoracic Medicine	176	13	93.12%
Neurology	0	0	-
Rheumatology	126	3	97.67%
Geriatric Medicine	69	4	94.52%
Gynaecology	310	10	96.88%
Other	315	8	97.52%
Total	4635	184	96.18%

Rotherham CCG Incomplete	<18Wks	18Wks+	% <18Wks
General Surgery	1080	60	94.74%
Urology	553	4	99.28%
Trauma & Orthopaedics	1388	73	95.00%
Ear, Nose & Throat (ENT)	981	61	94.15%
Ophthalmology	1020	3	99.71%
Oral Surgery	0	0	-
Neurosurgery	0	0	-
Plastic Surgery	0	0	-
Cardiothoracic Surgery	0	0	-
General Medicine	174	2	98.86%
Gastroenterology	532	2	99.63%
Cardiology	642	42	93.86%
Dermatology	701	9	98.73%
Thoracic Medicine	399	13	96.84%
Neurology	0	0	-
Rheumatology	359	7	98.09%
Geriatric Medicine	224	1	99.56%
Gynaecology	1038	112	90.26%
Other	428	1	99.77%
Total	9519	390	96.06%

Trust Total Incomplete	<18Wks	18Wks+	% <18Wks
General Surgery	1180	71	94.32%
Urology	626	5	99.21%
Trauma & Orthopaedics	1564	83	94.96%
Ear, Nose & Throat (ENT)	1083	70	93.93%
Ophthalmology	1108	3	99.73%
Oral Surgery	715	45	94.08%
Neurosurgery	0	0	-
Plastic Surgery	0	0	-
Cardiothoracic Surgery	0	0	-
General Medicine	196	2	98.99%
Gastroenterology	589	3	99.49%
Cardiology	709	45	94.03%
Dermatology	874	12	98.65%
Thoracic Medicine	512	19	96.42%
Neurology	0	0	-
Rheumatology	397	7	98.27%
Geriatric Medicine	246	1	99.60%
Gynaecology	1178	128	90.20%
Other	466	1	99.79%
Total	11443	495	95.85%

TARGETS

Admitted	90%
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Non Admitted	95%
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Incomplete	92%
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Diagnostics (DM01) - Patients Still Waiting at Month End
October 2017

Category	Investigation	<6 weeks	≥ 6 weeks	Performance (% breaches)	Total WL
Imaging	Magnetic Resonance Imaging	290	0	0.00%	290
	Computed Tomography	484	0	0.00%	484
	Non-obstetric ultrasound	1160	0	0.00%	1160
	Barium Enema	3	0	0.00%	3
	DEXA Scan	79	0	0.00%	79
Physiological Measurement	Audiology - Audiology Assessments	433	0	0.00%	433
	Cardiology - echocardiography	214	0	0.00%	214
	Cardiology - electrophysiology				
	Neurophysiology - peripheral neurophysiology				
	Respiratory physiology - sleep studies	107	0	0.00%	107
	Urodynamics - pressures & flows	14	0	0.00%	14
Endoscopy	Colonoscopy	109	0	0.00%	109
	Flexi sigmoidoscopy	42	0	0.00%	42
	Cystoscopy	20	0	0.00%	20
	Gastroscopy	162	0	0.00%	162
	Total	3117	0	0.00%	3117

BOARD MEETING: 28 November 2017

Agenda item: **430/17(a)**

Report:	Quality Report
Presented by:	Chris Morley, Chief Nurse
Author(s):	Helen Dobson, Acting 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. The Quality Report compliments the information presented in the Integrated Performance Report. A range of quality indicators are included in this report, these may change as the narrative changes to reflect the content of the Integrated Performance Report.

Summary of Key Points:

The key points arising from the report are:

- The Harm Free Care score continues to improve.
- There has been a further improvement in the complaint response times this month.
- A number of areas are reporting lower than planned Care Hours per Patient Day.

Board action required: For noting

1.0 Harm Free Care

- 1.1 The overall score for Harm Free Care for the Trust for October was 94.83% an improvement from 94.42% in September (target 95%). The breakdown of the scores was Acute - 96.27% and Community - 93.89%.
- 1.2 The improvement is due to a reduction in the harms related to falls, Venous Thromboembolism (Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE)) and urinary catheter related infections. There were no reported Grade 3 or 4 pressure ulcers this month.
- 1.3 The Maternity Safety Thermometer score was 77.5% for October against a target of 85%. This is lower than for September (86.4%) but higher than the national average (74.77%). The Paediatric Safety Thermometer continues to score 100%.

2.0 Complaints

- 2.1 The Trust received 94 concerns and 28 formal complaints within the month of October. Of the formal complaints, 9 were risk rated as amber and 19 yellow. 71 of the concerns have now been closed.
- 2.2 The percentage of complaints responded to within the agreed timescale of 30 working days increased for the third consecutive month to 63% (43% in September). A new approach to improving the timeliness of completing responses continues with positive results from all Divisions to date.
- 2.3 There are no red complaints open with four cases currently under investigation by the Parliamentary Health Service Ombudsman (PHSO).

3.0 Friends and Family Test (FFT)

- 3.1 The Trust's response rates continue to remain on target for all areas except the Urgent and Emergency Care Centre (UECC). Overall, inpatient and daycase areas had a 59% response rate (55% in September), outpatients had 1077 responses (915 in September) and the maternity response rate was 41% (49% in September). The UECC response rate was 2.9% (4% in September), work continues to make improvements to this response rate.
- 3.2 The Trust FFT scores are 97.9% for inpatients and daycase, 92.7% for urgent care and 98.2% for outpatients. In Maternity services, the score is recorded four times during the maternity pathway and the scores are 100% for antenatal, 100% for labour care, 100% for hospital post natal care and 99.1% for community post natal care. Scores are considered at ward and department level and triangulated with the comments received from the FFT, alongside other sources of patient experience information such as complaints, concerns or thank you letters.

4.0 Nurse Staffing Report

- 4.1 There has been a slight improvement in nursing shift fill rates in October except for qualified night shifts.

- 4.2 Vacancy rates have also decreased due to the largest recruitment of registered nurses during the year occurring in September/October.
- 4.3 Care Hours per Patient Day (CHpPD) is a metric introduced following Lord Carter's review of efficiency in the NHS¹ to record a single consistent way of recording and reporting deployment of staff working on inpatient wards/units. During October actual CHpPD are reported as lower than planned for 12 out of 16 areas, further analysis of this new metric is underway.

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.

5.0 Looked After Children

- 5.1 Progress continues to be made with the completion of Initial Health Assessment appointments within 20 days now at 78%, up from 71% in September, against a target of 95%.

6.0 Quality Improvement Plan

- 6.1 Following the recent appointment of the new Chief Nurse, the Quality Improvement Plan is currently being reviewed and revised.

7.0 Conclusion

- 7.1 Improvements have been noted in most areas reported on this month, with a continuing improvement trend on complaints response times. Nurse staffing needs careful monitoring and managing to ensure that we consistently reach optimum levels across the Trust.

**Mr Chris Morley
Chief Nurse
November 2017**

¹ Operational productivity and performance in English NHS acute hospitals: Unwarranted variations. An independent report for the Department of Health by Lord Carter of Coles (February 2016)

Nurse Staffing Report

1) Registered Nurse/Midwife (RN/M) shift fill rates (daytime) were 83.6% in October compared to 82.6% in September and 92.2% on nights compared with 93%. Healthcare Support Worker (HCSW) fill rates increased to 105.1% on days from a position of 104.3% in September and to 98.3% on nights compared with 98.2%.

2) Twelve in-patient areas had Registered Nurse (RN) fill rates (days) below 90%. These were A1, A2, A4, A5, AMU, Stroke Unit, Community Unit, Critical Care, B4, Fitzwilliam, Keppel and Labour Ward. Of these, nine had a day time shift fill rate less than 80% and these were; A1 at 79.3% compared with 64.1% in September, A2 at 66.5% compared with 63.8%, A4 at 70% compared with 66.8%, A5 at 66.8% compared with 64.8%, AMU at 75.7% compared with 74.0%, Stroke Unit at 69.5% compared with 67.1%, B4 at 72.5% compared with 74.4%, Keppel at 76.9% compared with 75.5% and Critical care at 78.7% compared with 81.2% in September.

3) One area had a fill rate below 80% on nights. This was Keppel at 78.5%. However as the elective orthopaedic ward, there will have been times when they 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 5 shifts in the month with over 50% of RNs on duty being within the 12 month preceptorship period compared with 2 shifts in September. There has been an increase in the quantity of RN/M flexible staffing (internal bank) shifts used in the Divisions of Medicine and Family Health and a reduction in the Division of Surgery during October. There has been a reduction in the percentage of RN/M agency usage across all divisions in October and no HCSW agency usage for the fourth consecutive month. There was a reduction in the percentage of shifts not staffed to plan from 28.13% in September to 26.97% in October.

5) There was one internal never event relating to one RN/M on duty. This occurred on Wharnclyffe on 7th October 2017 for a period of 90 minutes. Staff were redeployed to resolve this and no harm occurred.

6) In the community there was a deficit of 1.05% of nurses against plan, which represents an improved position as compared with September at 5.1%. Sickness has reduced to 2.66% in October compared with 3.2% in September.

7) 33 Newly Qualified Nurses commenced employment in the Trust during September 2017, one started in post in October 2017. A further newly qualified nurse is due to start on 1 December 2017 and a further five September qualifiers are due to start between February and April 2018. 34 nurses due to qualify in March 2018 have provisionally accepted conditional offers of posts within the Trust. There have been 4 withdrawals of acceptance from the original 38 acceptances of offers.

Care Hours per Patient Day - October 2017

Only complete sites your organisation is accountable for			Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
Ward name	Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Overall
	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
A1	320 - CARDIOLOGY	300 - GENERAL MEDICINE	1782.5	1414	1069.5	1156.5	1069.5	1012	1426	1058	79.3%	108.1%	94.6%	74.2%	959	2.5	2.3	4.8
A2	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	1860	1237.5	1395	1470	869.55	779.05	589	643.7	66.5%	105.4%	89.6%	109.3%	712	2.8	3.0	5.8
A4	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	1782.5	1247	1069.5	1398	1069.5	1023.5	1069.5	1133.5	70.0%	130.7%	95.7%	106.0%	1047	2.2	2.4	4.6
A5	302 - ENDOCRINOLOGY	300 - GENERAL MEDICINE	1782.5	1190.5	1069.5	1489	1069.5	1023.5	1069.5	1069.5	66.8%	139.2%	95.7%	100.0%	959	2.3	2.7	5.0
A7	303 - CLINICAL HAEMATOLOGY	330 - DERMATOLOGY	945.5	901.5	356.5	637.5	713	713	356.5	345	95.3%	178.8%	100.0%	96.8%	395	4.1	2.5	6.6
AMU	300 - GENERAL MEDICINE	326 - ACUTE INTERNAL MEDICINE	3208.5	2430	1426	1449.5	3208.5	2656.5	1069.5	1219	75.7%	101.6%	82.8%	114.0%	1376	3.7	1.9	5.6
Neuro Rehab	400 - NEUROLOGY		356.5	327	356.5	356.5	356.5	356.5	356.5	356.5	91.7%	100.0%	100.0%	100.0%				
Community Unit	314 - REHABILITATION		1069.5	913.5	945.5	944.5	713	667	713	713	85.4%	99.9%	93.5%	100.0%				
Stroke Unit	326 - ACUTE INTERNAL MEDICINE	300 - GENERAL MEDICINE	1782.5	1239	945.5	1328.5	1069.5	1058	1069.5	1311	69.5%	140.5%	98.9%	122.6%	794	2.9	3.3	6.2
Breathing Space	340 - RESPIRATORY MEDICINE		930	930	930	885	589	589	589	539.25	100.0%	95.2%	100.0%	91.6%				
Coronary Care Unit	320 - CARDIOLOGY		1116	1188	232.5	255.5	1116	1020	0	0	106.5%	109.9%	91.4%	-	239	9.2	1.1	10.3
Whamcliffe	501 - OBSTETRICS		1116	1032	744	528	744	720	372	372	92.5%	71.0%	96.8%	100.0%	471	3.7	1.9	5.6
Labour Ward	501 - OBSTETRICS		2604	2316	744	636	2232	2076	372	372	88.9%	85.5%	93.0%	100.0%	244	18.0	4.1	22.1
SCBU	501 - OBSTETRICS		1426	1529.5	356.5	356.5	1426	1426	0	0	107.3%	100.0%	100.0%	-	383	7.7	0.9	8.6
Children's Ward	420 - PAEDIATRICS		1782.5	1771	713	575	1782.5	1713.5	713	460	99.4%	80.6%	96.1%	64.5%	335	10.4	3.1	13.5
B11	502 - GYNAECOLOGY	100 - GENERAL SURGERY	744	792	372	444	744	744	372	372	106.5%	119.4%	100.0%	100.0%	329	4.7	2.5	7.1
Critical Care	192 - CRITICAL CARE MEDICINE		3208.5	2526.5	356.5	308.5	3208.5	2600	0	0	78.7%	86.5%	81.0%	-	258	19.9	1.2	21.1
B4	100 - GENERAL SURGERY	145 - ORAL & MAXILLO FACIAL SURGERY	2015	1460.5	1069.5	1069.5	1069.5	1069.5	713	713	72.5%	100.0%	100.0%	100.0%	914	2.8	2.0	4.7
B5	100 - GENERAL SURGERY		1069.5	1046.5	713	701.5	713	701.5	356.5	345	97.8%	98.4%	98.4%	96.8%	616	2.8	1.7	4.5
Sitwell	101 - UROLOGY	100 - GENERAL SURGERY	713	701.5	713	690	713	701.5	356.5	356.5	98.4%	96.8%	98.4%	100.0%	383	3.7	2.7	6.4
Fitzwilliam	110 - TRAUMA & ORTHOPAEDICS	100 - GENERAL SURGERY	1782.5	1494.5	1069.5	1069.5	1069.5	1012	713	713	83.8%	100.0%	94.6%	100.0%	765	3.3	2.3	5.6
Keppel	110 - TRAUMA & ORTHOPAEDICS	100 - GENERAL SURGERY	1782.5	1370.5	1069.5	906.5	1069.5	840	713	667	76.9%	84.8%	78.5%	93.5%	649	3.4	2.4	5.8
Surgical Assessment Unit	100 - GENERAL SURGERY	100 - GENERAL SURGERY	713	672	356.5	345	713	690	356.5	356.5	94.2%	96.8%	96.8%	100.0%	311	4.4	2.3	6.6

Site Name	Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Overall
	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
RÖTHERHAM DISTRICT GENERAL HOSPITAL	35572.5	29730.5	18073	19000.5	27328.05	25192.05	13345.5	13115.45	83.6%	105.1%	92.2%	98.3%	12139	4.5	2.6	7.2

BOARD MEETING: 28 November 2017

Agenda item: **430/17(b)**

Report:	Medical Director's Report
Presented by:	Dr C Wareham, Medical Director
Author(s):	Dr C Wareham, Medical Director Dr C Kelly, Associate Medical Director
Strategic Objective:	Patients: Excellence in healthcare Colleagues: Engaged, accountable colleagues Governance: Trusted, open governance
Regulatory relevance:	
NHSI:	Licence Condition FT4 / Single Oversight Framework
CQC Domain:	safe / effective / caring / responsive / well-led
Risk Reference:	
BAF:	B1
Corporate Risk Register:	No risks on risk register

Purpose of this paper:

To provide the Board with progress on key issues including mortality and healthcare associated infections information on a monthly basis. It is also to highlight what analysis has taken place with the data and the actions which have been taken to mitigate the issue and the future focus.

Summary of Key Points:

The Trust position on 12 month rolling HSMR has decreased to 103 as of July's figures. This is a significant decrease in HSMR over this last month. It shows a slightly decreasing trend in the HSMR but the trust should remain vigilant as it is still in the upper quartile for this data.

The SHMI is 112. This is very marginally increased with the rebasing in October and will be recalculated again in January 2018.

Healthcare associated infection performance remains strong.

Research update provided.

Board action required:

For noting.

1.0 Mortality

- 1.1 The data is real time and as such is due to change at any point as this is taken as correct at the time of writing. The data being reported is up to July 2017.
- 1.2 The trust has an HSMR of 103. The trust has been hovering around 108/109 figure for the last few months. This is the first time it has seen a significant downward trend. The CUSUM chart shows this well.
- 1.3 The crude rate of mortality in proportion to discharges has seen a significant decrease increase in June with their being 75 deaths in that month as opposed to 99 in May. And as seen in July it has decreased again to 72. It is important to note that it is in the summer months and deaths rates are expected to decrease in summer as opposed to winter months. This has seen the percentage drop to 1.18% with an overall 3 month total of 1.35%. This is consistently below 1.5% on a 3 monthly total.
- 1.4 Weekend crude rate has seen a decrease in trend on both days Saturday as having an increased rate compared to Sunday but overall a rate of 3.12% compared to the 1.5 mentioned above. This is an improvement from recent months. It was 3.34 as of last month.
- 1.5 Analysing the mortality by day of admission shows that the weekend mortality as higher than other days of the week butt not achieving statistical significance. On analysis of last month's report it was noted that there was a change seen on a Tuesday and Wednesday.
- 1.6 Reviewing the length of stay of patients and the data for in-hospital SHMI (similar to HSMR) on all length of stays less than 21 days there are fewer deaths than expected. On zero-day stay the percentage change from April to May had dropped from 21.3 per cent to 8.8 per cent and this has continued to decrease with percentage change now down to 7.1%. This may be a reflection on the work under taken by the palliative care team in the hospital setting and in the community. The current crude mortality for this length of stay is the same as last month. It remains 0.19%.
- 1.7 The quality improvement piece of work around the management of urinary tract infections was unfortunately not available for the mortality meeting last month but will addressed in the next meeting.
- 1.8 The notes for patients with a diagnosis of myocardial infarction are currently being reviewed. The findings and the action plan will be presented following analysis and theme building.
- 1.9 The hip fracture mortality audit has been presented and improvement work is ongoing following the recommendations borne from the review. The main key finding was that most of the deaths were expected and occurred early in the admission. These were unlikely to change following any improvement methods. With those that had ongoing care greater than 10 days admission there may have had opportunities to have improved medical care and the value of an orthogeriatric position (which has been previously highlighted) is being reviewed to address this. There were some serious incidents noted and action plans to ensure that these are addressed will be taken through the surgical divisional governance channel with outcomes taken back to the hospital and mortality alerts group.

- 1.10 The CHKS portal as previously mentioned allows the trust to review CUSUM scoring and trends of diagnosis which may cause issues in the future to be reviewed earlier than an official alert.
- 1.11 CHKS also have their own mortality indicator. This is risk adjusted mortality index (RAMI). As previously discussed mortality indicators should be used with caution and a trigger to an in depth review of issues within the trust. There may be multiple factors influencing the figures some statistical as well as operational. An area where the mortality group intends to focus is on this index.
- 1.12 CHKS RAMI gives the trust a figure of 92 (not an outlier) and a SHMI of 111, in hospital deaths versus out of hospital deaths. If a review of the difference between the two caseloads were undertaken this may allude to improvements that can be made to improve the national HSMR picture.
- 1.13 The Trust Mortality Policy incorporating the recommendations from the learning from deaths review has been published and NHSI are aware of our policy. The dashboard of number of deaths to number of reviews will be published in the next coming months with the scoring applied to them reported as well.

2.0 Healthcare Associated Infections

- 2.1 The hospital acquired Clostridium Difficile trajectory for 2017/18 is 26 cases. As of 10th November there have been six hospital acquired cases reported, one of which has previously been classed as having a lapse in quality of care linked to antibiotic prescribing. There is one case awaiting Clinical Commissioning Group review and three further cases currently awaiting multi-disciplinary team review.
- 2.2 The hospital acquired Methicillin-resistant Staphylococcus Aureus bacteraemia trajectory for 2017/18 is zero and there has been one case of contamination of the blood culture sample with MRSA (not a clinical bacteraemia) and as such this case is allocated to the Trust as a hospital acquired case.
- 2.3 Increased mandatory surveillance and reporting of Gram negative bacteraemia, (E.coli, Klebsiella, Pseudomonas aeruginosa) continues with the aim to reduce avoidable gram negative bacteraemia.
- 2.4 Flu vaccination for colleagues commenced at the beginning of October, thus far one in-patient case has been confirmed.

3.0 Research Update

- 3.1 Recent highlights include the “green light” provided by GSK on a new commercial ENT study where the team are actively working to identify the first recruit in the UK (Local Principal Investigator, Mr Harkness; research nurse, Vicky Murray).
- 3.2 An additional success is the Yorkshire Health Study which is recruiting well by attending staff meetings including Corporate Induction events – 306 recruits to date (Local Principal Investigator, Dr P Collins; research nurse, Rachel Walker).

- 3.3 In line with the R&D strategy, all TRFT research nurses are now co-located in R&D office under management of Lead Research Nurse (Rachel Walker), as of November 2017.
- 3.4 The Trust has recruited above and beyond our Clinical Research Network portfolio target for the financial year. The Trust has recruited 729 research participants into National Institute of Research (NIHR) portfolio research studies to date against a target of 450. Recruitment is one factor taken into account for future Clinical Research Network funding.
- 3.5 The number of new studies set up in 2017/18 is 53 to date. There are 11 new studies in set up including 2 commercial (cardiology, dietetics)
- 3.6 The table below shows the study type of new studies set up in 2017/18:

Study Type (as at 20 November 2017)	Number of studies
Commercial NIHR Portfolio	3
Non-commercial NIHR Portfolio (including Participant Identification Centres [PIC])	20 studies & 2 PICs
Non-portfolio The Rotherham NHSFT Sponsored	2
Other Non-portfolio (academic)	12 Non Portfolio & 6 Academic
Studies not requiring local "capacity & capability" review	8

- 3.7 Current funding for R&D includes the Clinical Research Network 17/18 allocation of £218,779 and commercial and non-commercial research income of £69,174 to date.

4.0 In summary

- 4.1 The HSMR is reported as 103 this month significant decrease and improving mortality picture. SHMI 111 due to be recalculated end of October. On-going work regarding the diagnosis codes which have alerted.
- 4.2 Healthcare associated infections performance remains strong.

Dr C Wareham
Medical Director
November 2017

BOARD MEETING: 28 November 2017

Agenda item: **430/17(c)**

Report:	Workforce Report
Presented by:	Danielle Petch, Associate Director of HR
Author(s):	Danielle Petch, Associate Director of HR
Strategic Objective:	Colleagues: Engaged, accountable colleagues Governance: Trusted, open governance
Regulatory relevance:	
NHSI:	Licence Condition FT4 / Single Oversight Framework
CQC Domain:	safe / effective / caring / responsive / well-led
Risk Reference:	
BAF:	B4, B5
Corporate Risk Register:	2978, 2979, 4762, 4959, 3520, 3908, 5226, 4877, 5068, 5226, 4516, 2978, 2979, 4877, 4935, 4959

Purpose of this paper:

This paper provides the Board of Directors with an update on key workforce issues.

Summary of Key Points:

- Staff in post in October 2017 is 3768.84 WTE, an increase of 58.66 WTE compared to September 2017, due to the recruitment of newly qualified Nurses/Midwives and Care UK and Great Places/MITE TUPES.
- Rolling 12 month sickness absence is 4.19%. Compared with October 2016 rolling 12 month sickness absence has decreased by 0.33%.
- In month sickness absence has increased from 3.86% to 4.31% for October 2017 0.36% above the 3.95% target. Compared with October 2016 in month sickness absence has decreased by 0.55%.
- Appraisal compliance remains under target at 89%. The target is 95%.

Board action required: For Noting

1.0 Workforce Strategy and Plan

1.1 The Workforce Strategy and Plan supports the delivery of our Trust Five Year Strategy and reflects the agreed workforce objectives.

2.0 Workforce Programme

2.1 The Workforce Programme consists of five key work streams/projects:

- Nursing Modernisation Project
- Medical Staffing Project
- A&C and Corporate Functions Project
- AHP Project
- Community Nursing Project

2.2 The Workforce Programme is maturing with each of the 5 projects at a different stage of completion. Highlight Reports for each Project have been shared with Strategic Workforce Committee and Finance and Performance Committee.

2.3 An additional Board Group has been formed, the Finance and Workforce Sub Board Group, which meets fortnightly to monitor Programme progress.

3.0 Recruitment and Retention

3.1 Turnover in October 2017 is 0.56% (99.44% retention), which is a reduction of 0.05% against October 2016 (99.39% retention). Compared to 21 agreed benchmarking Trusts our retention is higher than most other organisations. Corporate Services has the highest turnover closely followed by Clinical Support Services for October 2017. Corporate Operations and Family Health have turnover lower than 0.50% with Medicine having the lowest turnover at 0.40%.

3.2 The Trust has a consultant vacancy rate of 22.3%; however, these are concentrated in specific specialties with premium spend agency locums covering the vacant posts, particularly across Medicine.

3.3 Consultant establishment and vacancies is provided in the table below:

CONSULTANT ESTABLISHMENT SUMMARY			SUB	NHS LOCUM	AGENCY	ACTING UP	TOTAL
SPECIALTY	SUB EST	TEMP EST	IN POST	IN POST	IN POST	IN POST	IN POST
Totals	166.3	0	127.8	9	13	0	150.8
Cons Sub Vacancies (excl. temp staff)			37.2				
Cons Substantive Fill as Percentage			77.7%				
Cons Vacancies (incl. temp staff)			15.5				
Cons Total Fill as Percentage			90.7%				

- 3.4 A new consultant has now started; another has retracted his resignation following intervention from the Head of Medical Workforce & DCS and will continue in a substantive post at the Trust.
- 3.5 The number of actual locum shifts filled across the Trust for October is detailed below; all locum shifts exceeded the price cap and this table includes internal bank usage as required to be reported to NHS Improvement from mid-October.

Week Ending	Core / Unsocial	Bank Shifts	Price Cap Only	Framework Only	Price Cap & Framework	Total Shifts Requested					
08-Oct-17	Core	0	108	0	0	108	Total Shifts	137	Bank	0	0%
	Unsocial	0	29	0	0	29					
15-Oct-17	Core	13	118	0	0	131	Total Shifts	168	Bank	2	13%
	Unsocial	9	28	0	0	37					
22-Oct-17	Core	34	115	0	0	149	Total Shifts	194	Bank	3	20%
	Unsocial	4	41	0	0	45					
29-Oct-17	Core	34	101	0	0	135	Total Shifts	176	Bank	5	29%
	Unsocial	17	24	0	0	41					

- 3.6 The Trust is working with local NHS Trusts via the Working Together group to establish recruitment best practice and streamline NHS to NHS Recruitment.
- 3.7 Representatives from the Recruitment and Learning & Development Teams have attended the Local Employment Advisory Forum (LEAF) event; a local careers fair open to all Rotherham school pupils and members of the public. A member of staff from our Biomedical Science workforce attended to attract prospective employees to the profession as this is a hard to recruit area which has resulted in the use of agency workers to fill workforce gaps and maintain service delivery. One of the Dignitaries at the event stopped at the TRFT stand to say they had been a “user” of our services a couple of weeks ago and had received the most fantastic service.

4.0 Sickness Absence

- 4.1 The Trust’s sickness absence for October 2017 is 4.31%, which is above the 3.95% target and represents an increase of 0.45% (3.86%) from the previous month. Both long and short term sickness absence have increased, however long term has the seen a larger increase of 0.30%. Compared with October 2016 in month sickness absence has decreased by 0.55%, due to the reduction of long term sickness. All local comparable NHS organisations have seen a rise in absence. The Trust has the second lowest absence rate, 0.06% higher than the best performing local Trust.
- 4.2 Rolling 12 month sickness absence is 4.19%, a decrease of 0.06% compared to September 2017. Compared with October 2016 rolling 12 month sickness absence has decreased by 0.33%.

5.0 MAST Training

- 5.1 The Trust core MaST compliance has increased by 4% to 77%, 8% below the Trust target of 85%.

- 5.2 Following alignment of competencies to the Core Skills Framework to support Streamlining Programme the introduction of a 3 year renewal period for Equality & Diversity has caused a decrease in Core MaST compliance. Had the Equality & Diversity renewal period remained unchanged Core MaST would have been 83%.
- 5.3 In an effort to increase Hand Hygiene compliance the Infection Control Team have delivered additional Hand Hygiene sessions to staff via the Community Corner as part of an awareness week and the Learning & Development Team have increased the number of drop in sessions available to staff. Monthly reports are also provided to the Infection Control Team to give sight of individuals who are non-compliant or due to become non-compliant soon.
- 5.4 Information Governance remains a focus of Trust compliance. The Information Governance Team have increased the number of face to face sessions available to staff whilst offering alternative workbooks for those who cannot access the sessions or complete the e-learning package. Weekly reports are being issued to the Information Governance Team to give sight of individuals who are non-compliant or soon to become non-compliant.
- 5.5 As part of the continuing MaST review a 3 year renewal period for Preventing Radicalisation training will soon be introduced. Prior to this amendment, those staff who will be affected by this are being contacted to attend training in advance so that the impact to the compliance rate is minimalized.

5.6 Table - Mandatory and Statutory Core training compliance by Division at 05 November 2017.

Division	Conflict Resolution	Dementia Awareness	Equality & Diversity	Fire Safety	Hand Hygiene	Information Governance	Prevent WRAP
Clinical Support Services	92.70%	94.67%	66.86%	87.95%	80.42%	84.47%	96.87%
Corporate Operations	88.81%	94.76%	43.57%	90.48%	91.67%	84.52%	82.38%
Corporate Services	91.10%	92.53%	68.68%	85.41%	76.16%	83.63%	95.73%
Family Health	86.13%	92.90%	65.00%	83.71%	81.94%	78.39%	91.61%
Medicine	76.99%	85.98%	54.08%	75.80%	74.34%	74.52%	80.38%
Surgery	81.96%	87.31%	51.92%	84.87%	80.21%	79.63%	87.31%

6.0 **Leadership, Culture and Engagement**

- 6.1 The next cohort of the band 7 LEAD programme will take place in November by which time approximately 150 colleagues will have been through the programme. During the break over Christmas a revised format will be developed to take into account those band 7s who are in part time positions.
- 6.2 Enquiries regarding apprenticeships continue to increase, with further cohorts of Assistant Practitioners at level 5 due to start in January and September of 2018. We expect the launch of the assessment documentation for the Nurse Associate to be launched by December and meetings have started to take place to plan for the expansion of this role across the Trust.
- 6.3 Planning is underway to launch an “Apprenticeship Group” to discuss consistency of how the apprentices are employed across the Trust whether they be existing employees or new recruits.

- 6.4 Appraisal/PDR compliance has fallen to 89% for the Trust, this is a 1% decrease compared with previous month. Table below - Appraisal compliance by Division at 5 November 2017.

Division	Required	Completed	PDR %
Clinical Support Services	854	783	91.69
Corporate Operations	420	382	90.95
Corporate Services	268	232	86.57
Family Health	580	551	95.00
Medicine	995	807	81.11
Surgery	736	690	93.75

- 6.5 The National Staff Survey went live on the 9 October 2017. The Trust has chosen to do a full census of its workforce 50% online and 50% by email. The Engagement Team are supporting colleagues to complete their paper copy at the Trusts NSS Café. Managers have been encouraged to release their staff to complete the survey. Current completion rate is 31.6%. Range compared to performance of similar trusts 24.1%-35.9%
- 6.6 The Trust launched its annual flu campaign on the 2 October 2017. The model implemented this year has devolved responsibility to Divisions. There have been over 40 peer vaccinators trained to deliver the influenza vaccine to staff across the organisation. The Trust has committed to offering its entire workforce a free influenza vaccination. Currently 64% of front line workers have been vaccinated.

Danielle Petch
Associate Director of HR
November 2017

BOARD MEETING: 28 November 2017

Agenda item: **430/17(e)**

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, namely:

- Delivery against the planned income and expenditure plan in month (October) and year to date (April – October 2017)
- Cost Improvement Programme Performance
- Capital Expenditure
- Cash Position
- Continuity of Service Risk Rating

Summary of Key Points:

- The Trust is significantly off plan in month and year to date.
- Financial recovery plans have been produced to address the financial challenge. Progress against these actions is being monitored on a weekly basis via the Executive team and General Manager meeting.
- Further measures have been agreed with the Executive team in addition to the recovery plans
- Cash continues to be managed on a weekly basis with the Income & Expenditure position continuing to challenge cash management.

Board action required:

For noting

1. Income & Expenditure (in month and ytd)

1.1. Month 7 performance shows a year to date performance which is £6,328K worse than plan - a deficit of £14,374K compared to a planned deficit of £8,046K. In month performance which is £1,600K worse than plan – a deficit of £2,245K compared to a planned deficit of £645K

In Month			Description	Year To Date		
Plan	Actual	Better (Worse) than Plan		Plan	Actual	Better (Worse) than Plan
£000s	£000s	£000s		£000s	£000s	£000s
(20,461)	(19,706)	(756)	Income	(140,489)	(138,996)	(1,493)
14,226	14,508	(282)	Pay	96,637	100,028	(3,391)
6,427	6,678	(251)	Non Pay	45,848	47,732	(1,884)
20,654	21,186	(533)	Expenditure	142,486	147,760	(5,275)
192	1,480	(1,288)	Operating (Surplus)/Deficit	1,997	8,765	(6,768)
827	765	62	Financing Costs	5,824	5,610	214
1,019	2,245	(1,226)	Total Cost of Services	12,820	19,374	(6,554)
0	0	0	Reserve Movements - Contingency	0	0	0
1,019	2,245	(1,226)	Underlying (Surplus)/Deficit	12,820	19,374	(6,554)
(374)	0	(374)	Reserve Movements - Phasing Adjustment	226	0	226
645	2,245	(1,600)	Out-Turn (Surplus)/Deficit Excl. Impairment	8,046	14,374	(6,328)

1.2. The 3 key factors for the year to date position are;

- Activity – patient care activity and income was below the plan for October. The key reasons being underperformance on day case activity and chemotherapy drugs. The Director of Finance with support of the Director of Informatics continues to lead a multi-disciplinary piece of work to validate the activity and income levels across 4 main categories, each with a senior lead;
 - Capturing of activity
 - Coding/Pricing of Activity
 - System change control
 - Timeliness of coding
- Pay Costs – pay costs continue to be above budget in month and the run rate remains unchanged (normalised for the transfer of the Out of Hours staff in October). To support the delivery of the finance plan and cost improvement programme the pay costs need to reduce in line with the financial delivery plans.
- Non Pay costs – these have shown a significant adverse position to plan in month. The key factors being increased levels of excluded drugs (matched by income over performance), and undelivered cost improvement schemes.

1.3. Pay costs, as well as a driver for the October position, are the main contributing factor to the adverse year to date position. It is vital that the pay recovery schemes as agreed with the Divisions and Directorates are delivered to value and profile. In addition, to the Divisional schemes further central initiatives have been introduced including enhanced vacancy controls.

1.4. These pay plans are an integral element of the Divisional and Directorate comprehensive financial recovery plans. This plan is at a Divisional level which identifies specific actions required, profiled monthly with lead officers. The Director of Finance and Executive team have been working closely with Divisions to support and manage these recovery plans.

1.5. The outputs from the recovery plans have been discussed at the Finance & Performance Committee and are being monitored and overseen on a weekly basis by the Executive Team, supported by “flash reports” on pay costs and activity levels to give early visibility on operational implementation. In addition, dedicated senior finance support from internal resources has been focused solely on supporting the recovery plans and cost improvement programmes. To further support these programmes, each Division now has a nominated Executive Director lead.

2. Cost Improvement Programme

- The Trust has a cost improvement (CIPs) target for 2017/18 of £8.5m.
- CIPs delivery at the end of October is off track, with the year-end forecast also showing an adverse position.

Division	YTD Plan not inc initial dev	YTD Actual	Variance
Surgery	1,292	838	(454)
Medicine	1,301	634	(668)
Family Health	583	677	94
CSS	946	867	(80)
Corporate	867	607	(261)
Total	4,990	3,622	(1,368)

Division	2017/2018 Forecast CIP Gap not inc initial dev		
	17/18 CIP Target	17/18 Forecast Outturn	Variance
Surgery	2,214	1,583	(631)
Medicine	2,231	1,327	(904)
Family Health	1,000	1,160	160
CSS	1,622	1,677	55
Corporate	1,487	1,226	(261)
Total	8,554	6,973	(1,581)

- The CIP Delivery Board is now ensuring fortnightly focus on the Cost Improvement Programme across the 5 Divisions and Trust wide workstreams
- More schemes are needed to close the gap in year and recurrently and mitigate the risks to delivery. This will be driven and monitored by the CIP Delivery Board which has the full involvement of the General Managers and key corporate functions

3. Capital

- Actual expenditure incurred during October 2017 of £93K compared to a planned budget of £234K representing an under-spend of £140K.
- Cumulative expenditure incurred for the first seven months of the financial year equates to £3,297K compared to a cumulative budget of £1,787K representing an over-spend of £1,511K.

- A forecast out-turn for the full financial year of £3,806K, which represents an over-spend of £533K against the annual budget of £3,273K. However, some of this over-spend can be offset by anticipated income of c. £290K from Rotherham CCG to cover existing committed IT expenditure

4. Cash

- The trust ended September 2017 with a cash balance of £1.421m compared to a planned level of £1.354m which is an £0.067m favourable variance. The cash balance does include the monthly receipt of deficit funding and further working capital support.
- The Income and Expenditure performance continues to provide a challenging position in regards to cash.

5. Key Metrics

Financial Duty	October YTD Plan £000s	October YTD Actual £000s	RAG
Planned Deficit excluding Impairment Cash	(8,046)	(14,374)	R
Achieving the Capital Plan	1,354	1,407	R
	1,787	3,297	R

Metric	Weight	October	Threshold			
		Actual	1	2	3	4
Continuity of Services						
Balance Sheet Sustainability Capital Servicing Capacity (Times)	20%	4	2.5x	1.75x	1.25x	<1.25x
Liquidity Liquidity Days	20%	4	0	-7	-14	<-14
Financial Efficiency						
Underlying Performance I&E Margin	20%	4	1%	0%	-1%	<-1%
Variance from Plan Variance in I&E Margin as a % of Income	20%	4	0%	-1%	-2%	<-2%
Agency Agency spend against agency ceiling	20%	2	0%	25%	50%	>50%
Overall Financial Sustainability Risk Rating	100%	4				

Simon Sheppard
Director of Finance
November 2017

BOARD MEETING: 28 November 2017

Agenda item: **431/17**

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 and B8
Corporate Risk Register:	

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:

- NHSI published the updated version of the Single Oversight Framework, with some minor changes (2.1);
- Four interesting reports have been issued by NHSI, Kings Fund, National Audit Office and NHS Providers, looking at quality improvement, workforce issues, and clinical negligence (3.0)
- Two pertinent consultations (4.0) in progress relating to CQC fees, and also how 'use of resources' assessment can be reflected in the current CQC assessment ratings.

Board action required:

For noting.

1.0 Introduction

- 1.1 This report provides an update on board governance, and regulatory matters affecting board governance, for the period from the last report to mid-November 2017.

2.0 Regulatory and legislative matters

- 2.1 NHSI have published the anticipated update to the Single Oversight Framework (SoF); the presentation of the document is improved, and it also reflects changes in national priorities and standards.
- 2.2 However, there were no changes to the underlying framework. None of the five themes which are used to identify the support that providers may need, have been changed. However, there is new section clearly detailing each of these themes and what may constitute a trigger for concern¹ with some minor changes, although it is also clearly advised that NHSI will also, in addition to the triggers detailed, consider other concerns that may arise from other information provided to, or collected by, NHSI.
- 2.3 Although it is understood that there is an increasing move to leadership across organisational boundaries, and NHSI intends to take account of system wide leadership, some clarity is still required on how individual providers' contribution to local transformation will be measured as part of the 'Strategic Change' theme.

3.0 Publications

- 3.1 NHS Providers have published their report 'There for Us: A better future for the NHS workforce' which looks at the workforce challenges in the NHS, workforce development and productivity, leadership and culture, and also provides short, medium and long terms suggestions to support Trusts to recruit and retain the staff that they need.
- 3.2 NHSI have published their report 'Learning from improvement; special measures for quality – a retrospective review' which looks at the quality improvement journey taken by several Trusts undergoing the special measures quality regime. The report provides key lessons learnt using real examples taken from Trusts who have undergone the regime; a handy 'at a glance' guide on page 6 of the document highlights key lessons learnt by themes of leadership, engagement, culture, governance, quality improvement and communication.
- 3.3 Along similar themes, the Kings Fund have published their report 'Embedding a culture of quality improvement', which gathers evidence from a number of sources, including organisations which have already adopted quality improvement regimes, and it focuses on how senior leaders can create the right conditions for quality improvement to succeed. The report concludes, inter alia, that board level commitment to the principles of quality improvement is a necessity in order to see a shift in the quality culture of an organisation.
- 3.4 Finally, the National Audit Office have produced a report on 'Managing the costs of clinical negligence in Trusts. One of the recommendations arising from the report was that NHS Resolution should work with other bodies, such as NHSI, to promote better and more consistent data for complaints, incidents and negligence claims across the

¹ See annex 1

system. This would include using consistent definitions of speciality and locations of harms or incidents – once in place, this data could then be widely used in conjunction with others' data to gain insights to help improve the management of clinical negligence claims across the system.

4.0 Consultations

- 4.1 The CQC has been consulting on proposed changes to its fees from April 2018. The regulatory proposes to move from the current banding structure to a system where each trust is charged a different fee in proportion to their size (measured by annual turnover) within the sector, which the CQC aims to be in line with the relative costs of regulation.
- 4.2 The healthcare regulator has explained that adjustment is required to reflect the complexity of the sector where some organisations continue to merge and grow, and also the resource demands of each Trust.
- 4.3 It is proposed that fees will be determined by turnover, with circa 75% of Trusts making a saving (being those with turnover of less than approx. £450M annual turnover). Options have been proposed which include the introduction of a floor and ceiling cap.
- 4.4 Jointly, the CQC and NHSI are currently consulting on the “Reporting and rating NHS Trust’s use of resources”, due to close on 10 January 2018.
- 4.5 As previously reported to Board, the Use of Resources assessments will be carried out in all non-specialist acute trusts by the end of 2019, and they sit alongside the inspections undertaken by the CQC as part of its new inspection regime. Trusts will be alerted to a Use of Resources assessments when the CQC issues its Provider Information Request (PIR) notifying them of their upcoming core services and trust-wide well-led inspection.
- 4.6 The new consultation now seeks views on a) the proposed approach for how the CQC should reflect NHSI’s Use of Resources assessment in CQC inspection reports and trust ratings, and b) how the new rating can be combined with the existing CQC’s five quality ratings, to generate new combined trust-level ratings.

Anna Milanec
Director of Corporate Affairs / Company Secretary
November 2017

NHSI Triggers of Potential Support (based on SoF 'themes')

Quality

- CQC rating - 'inadequate' or 'requires improvement' overall rating or in any of the individual key lines of enquiries (KLOEs)
- CQC warning notices
- Any other material concerns identified through CQC's monitoring process, eg civil or criminal cases raised or whistleblower information
- Concerns arising from trends in NHSI quality indicators

Finance and use of resources

- Poor levels of overall financial performance such as a monthly finance score of 4 or 3
- A Use of Resources rating of 'inadequate' or 'requires improvement'
- Any other material concerns about a provider's finances or use of resources arising from intelligence gathered by or provided to NHS Improvement

Operational Performance

- Failure to meet any operational performance standard for at least two consecutive months
- Other factors (eg a significant deterioration in a single month) which indicate we need to get involved before two months have elapsed
- Any other material concerns about a provider's operational performance arising from intelligence gathered by or provided to NHS Improvement

Strategic Change

- Material concerns about a provider's delivery against the local transformation agenda including (where relevant) participation in new care models health and social care devolution plans

Leadership

- CQC 'inadequate' or 'requires improvement' assessment against 'well-led'
- Material concerns about a provider's leadership and improvement capability, arising from third party reports, developmental well-led reviews or other relevant sources

BOARD MEETING: 28 November 2017

Agenda item: **432/17**

Report:	Register of Sealings
Presented by: Author(s):	Anna Milanec, Director of Corporate Affairs / Company Secretary Anna Milanec, Director of Corporate Affairs / Company Secretary
Strategic Objective:	Governance: Trusted, open governance
Regulatory relevance:	
NHSI:	Single Oversight Framework / Licence Condition FT4
CQC Domain:	effective well-led
Risk Reference:	
BAF:	B6
Corporate Risk Register:	none specifically

Purpose of this paper:

To present to the Trust Board details of activity related to the use of the Trust Seal.

Summary of Key Points:

The Board is asked to note that the Trust Seal has been used as follows since last reported to the Board on 26 September 2017.

September 2017

- Deed of novation between Care UK Clinical Services Ltd, NHS Rotherham Clinical Commissioning Group and The Rotherham NHS Foundation Trust

October 2017

- Counterpart under lease for part of Medical Centre, Quarry Lane, North Anston, Sheffield
- Licence to underlet part of Medical Centre, Quarry Lane, North Anston, Sheffield
- Deed of assignment (x2) relating to Staff residential accommodation
- TR1 surrender (land registry) relating to Staff residential accommodation

November 2017

- Lease agreement between The Rotherham NHS Foundation Trust and Clark and Partners

Board action required: to note

Anna Milanec
Director of Corporate Affairs / Company Secretary
November 2017

BOARD MEETING: 28 November 2017

Agenda item: **433/17**

Report:	Annual Board Meeting Dates
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 and B8
Corporate Risk Register:	none

Purpose of this paper:

The Board of Directors if formally required to approve the dates of its Board Meetings; this is done on an annual basis.

Summary of Key Points:

Proposed Board Meeting dates for 2018 are provided below:

Tuesday 30 January 2018
 Tuesday 27 February 2018
 Tuesday 27 March 2018
 Tuesday 24 April 2018
 Wednesday 23 May 2018 – for approval of annual report and accounts only
 Wednesday 30 May 2018 – avoiding the day after bank holiday weekend
 Tuesday 26 June 2018
 Tuesday 31 July 2018
 Tuesday 25 September 2018
 Tuesday 30 October 2018
 Tuesday 27 November 2018
 Tuesday 18 December 2018

Board action required:

The Board is asked to approve the proposed dates.

1.0 Introduction

- 1.1 The Board of Directors is formally required to approve the dates of its Board Meetings; this is formally carried out on an annual basis.

2.0 Proposed Board of Director meeting dates

- 2.1 The proposed dates for Board Meetings for 2018, fall on the last Tuesday in the month for the majority of months.
- 2.2 Easter 2018 falls over the weekend of Friday 30 March – Monday 2 April, and will therefore, not affect Board Meeting dates
- 2.3 The dates for submission of annual report and accounts in May 2018 have been brought forward by Parliament.
- 2.3.1 All documentation, including board approved audited accounts and full annual report, ISA260, etc. must be received by NHSI by Tuesday 29 May 2017, i.e. the date when our Board Meeting would usually take place.
- 2.3.2 Monday 28 May is a bank holiday.
- 2.3.3 Therefore, after discussing the matter with the Finance Department, it is proposed that:
- 2.3.4 An Audit Committee meeting will be held on the morning of Wednesday 23 May 2018 which will approve the annual report and accounts, and recommend them to the Board of Directors for approval.
- 2.3.5 A Board Meeting will be held on the afternoon of Wednesday 23 May 2018 at which the annual report and accounts will be received, and approved.
- 2.3.6 The monthly Board Meeting will take place on Wednesday 30 May 2018, thus avoiding operational pressures on the Tuesday morning, after the bank holiday Monday on 28 May 2018.
- 2.4 Board dinner will also be held early evening on Tuesday 26 June 2018.
- 2.5 There will be no Board Meeting held in August 2018.

Anna Milanec
Director of Corporate Affairs / Company Secretary
November 2017