

Board of Directors (Public)

The Rotherham NHS Foundation Trust

Schedule	Friday 13 January 2023, 9:00 AM — 11:30 AM GMT
Venue	Virtual (ZOOM)
Organiser	Dawn Stewart

Agenda

9:00 AM PROCEDURAL ITEMS

P1/23. Chairman's welcome and apologies for absence
For Information - Presented by Martin Havenhand

P2/23. Quoracy Check
For Assurance - Presented by Martin Havenhand

P3/23. Declaration of conflicts of interest
For Assurance - Presented by Martin Havenhand

P4/23. Minutes of the previous meeting held on 04 November 2022
For Decision - Presented by Martin Havenhand

P5/23. Matters arising from the previous minutes
For Assurance - Presented by Martin Havenhand

P6/23. Action Log
For Assurance - Presented by Martin Havenhand

OVERVIEW AND CONTEXT

9:05 AM P7/23. Report from the Chairman
For Information - Presented by Martin Havenhand

9:10 AM P8/23. Report from the Chief Executive
For Information - Presented by Michael Wright

CULTURE

9:15 AM P9/23. Staff Story
For Information - Presented by Steve Ned

9:25 AM P10/23. Freedom to Speak up Quarterly Report (in attendance
Tony Bennett, Lead Freedom to Speak up Guardian)
For Information - Presented by Helen Dobson

9:30 AM P11/23. Health Inequalities Update report
For Assurance - Presented by Michael Wright

9:35 AM P12/23. Board Development 2021/22
For Information - Presented by Martin Havenhand

9:40 AM P13/23. Reciprocal Mentoring for Inclusion
For Decision - Presented by Steve Ned

SYSTEM WORKING

9:45 AM P14/23. National, Integrated Care Board and Rotherham Place
Report
For Information - Presented by Michael Wright

STRATEGY

9:50 AM P15/23. Trust Planning Process 2023/23
For Decision - Presented by Michael Wright

9:55 AM P16/23. Transition Strategy for the Care of Young People
Preparing for Adulthood
For Decision - Presented by Helen Dobson

ASSURANCE

10:00 AM P17/23. Monthly Integrated Report
For Assurance - Presented by Michael Wright

10:05 AM P18/23. Operational Performance Report
For Assurance - Presented by Sally Kilgariff

10:10 AM P19/23. Operational Plan Report
For Assurance - Presented by Michael Wright

10:15 AM P20/23. Finance Report
For Assurance - Presented by Steve Hackett

10:20 AM P21/23. Nursing Workforce Safeguards Gap Analysis
For Assurance - Presented by Helen Dobson

10:25 AM P22/23. Maternity Safety, including Ockenden monthly update in
attendance Sarah Petty
For Assurance - Presented by Helen Dobson

10:30 AM BREAK

ASSURANCE FRAMEWORK

10:35 AM P23/23. Board Committee Chairs Assurance logs

i. Finance and Performance Committee
For Assurance - Presented by Nicola Bancroft

ii. Quality Committee
For Assurance - Presented by Runit Shah

iii. People Committee
For Assurance - Presented by Jo Bibby

10:40 AM P24/23. Board Assurance Framework
For Decision - Presented by Michael Wright

10:45 AM P25/23. NHS England Safeguarding Review
For Information - Presented by Helen Dobson

10:50 AM P26/23. Safeguarding and Vulnerabilities Team Annual Report
2021/22
For Assurance - Presented by Helen Dobson

REGULATORY AND STATUTORY REPORTING

10:55 AM P27/23. Responsible Officer Report
For Assurance - Presented by Jo Beahan

11:00 AM P28/23. Guardian of Safe Working Report (in attendance Dr Gerry
Lynch, Guardian of Safe Working)
For Information - Presented by Jo Beahan

11:05 AM P29/23. Mortality and Learning from Deaths Quarterly Report
For Assurance - Presented by Jo Beahan

BOARD GOVERNANCE

11:10 AM P30/23. Terms of Reference
For Decision - Presented by Michael Wright

11:15 AM P31/23. Escalations from Council of Governors (presentation)
For Assurance - Presented by Steve Ned and Michael
Wright

P32/23. Review of Annual Board Planner
For Assurance - Presented by Martin Havenhand

P33/23. Any Other Business
Presented by Martin Havenhand

P34/23. Date of next meeting - Friday, 03 March 2022
Presented by Martin Havenhand

**MINUTES OF THE PUBLIC BOARD OF DIRECTORS MEETING HELD VIRTUALLY ON
FRIDAY, 04 NOVEMBER 2022**

Present: Mr M Havenhand, Chairman
Miss N Bancroft, Non-Executive Director
Dr J Bibby, Non-Executive Director
Mrs H Craven, Non-Executive Director
Mrs H Dobson, Chief Nurse
Mrs S Douglas, Interim Medical Director
Mr S Hackett, Director of Finance
Dr R Jenkins, Chief Executive
Mrs S Kilgariff, Chief Operating Officer
Mr K Malik, Non-Executive Director
Mr S Ned, Director of Workforce
Dr R Shah, Non-Executive Director
Mrs D Sissons, Non-Executive Director
Mr M Temple, Non-Executive Director
Mr M Wright, Deputy Chief Executive

In attendance: Mrs Z Ahmed, Associate Non-Executive Director
Ms P Boyer, Community Matron (minute P161/22 only)
Mr I Hinitt, Director of Estates and Facilities
Mrs S Petty, Head of Midwifery (minute P169/22 only)
Mr J Rawlinson, Director of Health Informatics
Ms J Roberts, Director of Operations / Deputy Chief Operating Officer
Miss D Stewart, Corporate Governance Manager (minutes)
Mrs L Tuckett, Director of Strategy Planning and Performance
Ms A Wendzicha, Director of Corporate Affairs

Apologies: None

PROCEDURAL ITEMS

P153/22 CHAIRMAN'S WELCOME AND APOLOGIES FOR ABSENCE

Mr Havenhand welcomed colleagues including Mrs Sissons, Mr Temple and Mrs Ahmed who were all attending their first public Board meeting.

P14/22 QUORACY CHECK

The meeting was confirmed to be quorate.

P155/22 DECLARATIONS OF CONFLICTS OF INTERESTS

Dr Jenkins' interest in terms of his joint role as Chief Executive of both the Trust and Barnsley Hospital NHS Foundation Trust, was noted.

Mr Ned's interest, in terms of his joint role as Director of Workforce of both the Trust and Barnsley Hospital NHS Foundation Trust, was noted.

Colleagues were asked that, should any further conflicts of interest become apparent during discussions, that they were highlighted.

P156/22 **MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting held on 09 September 2022 were agreed as a correct record.

P157/22 **MATTERS ARISING FROM THE PREVIOUS MEETING**

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

P158/22 **ACTION LOG**

The Board of Directors reviewed the action log and agreed the closure of log number 15. Remaining open actions were 41 (from 2021) and 12, 13, 14 and 16 (from 2022).

OVERVIEW AND CONTEXT

P159/22 **REPORT FROM THE CHAIRMAN**

The Board of Directors received the Chairman's Report.

The Board of Directors approved the joint strategic statement between the Trust and Barnsley Hospital NHS Foundation Trust, as documented within the report.

Mrs Craven, in her capacity as Chair of the Trust's Organ Donation Committee, took the opportunity to highlight her attendance at an event to receive a certificate from Transplant Sport, in recognition of the Committee's donation of £1,000 to support the Westfield Health British Transplant Games.

The Board of Directors noted the Chairman's Report.

P160/22 **REPORT FROM THE CHIEF EXECUTIVE**

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

Dr Jenkins took the opportunity to reference the Trust's appearance at Sheffield Magistrates' Court and the guilty plea to the charge from the Care Quality Commission (CQC) in that the Trust had failed to protect children from the risk of harm due to poor safeguarding processes. The charges related to care provided between 2019 and early 2020. On behalf of the Trust, Dr Jenkins apologised unreservedly for the failings.

The Board were assured of the actions which had been taken in response to the CQC findings and in order to provide additional assurance an external review had been commissioned, with the final report awaited. The Board

recognised the requirement for vigilance at all times with regard to safeguarding matters.

On other matters, Mrs Kilgariff reported that the Trust had been shortlisted for a Health Service Journal award in the 'using data to connect services category'. The nomination related to the Command Centre and the holistic approach to overhauling real time patient flow.

In terms of recovery, Dr Shah questioned the statement within the report which indicated that Rotherham remained in the upper quartile nationally for overall Referral to Treatment (RTT). Dr Jenkins indicated that although performance on the overall referral to treatment pathway was not as strong as pre-pandemic with the position varying from month to month, it continued to benchmark better than many Trusts. The national priority was to reduce 104, 78 and 52 week waits, with the Trust having already delivered against 104 weeks. 78 weeks would be delivered ahead of the March 2023 deadline, with 52 week waits and diagnostics now being the focus.

Trust response rates for the national staff survey stood at circa 38%, which was better than the same point in 2021. Mr Ned reported that there was continued promotion of the importance for staff to provide their feedback through the survey upon which the Trust could act.

Mr Ned confirmed that contingency planning had commenced in recognition of the number of trade unions balloting their members in relation to strike action.

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

CULTURE
P161/22

PATIENT STORY

The Board of Directors welcomed to the meeting Ms Boyer, Community Matron, to support the Patient Story.

The Chief Nurse introduced the patient story, stating that she had had the privilege of shadowing Ms Boyer on a number of patient visits in the community earlier in the week. These patients had complex care needs, with the Community Matrons, who she considered an asset to the Trust, providing support in a number of areas.

Ms Boyer informed the Board of the remit of the Community Matron Service, which was to support patients with complex long term conditions in their own homes. Providing the ability to assess, diagnose, treat and prescribe with the aim to avoid admission. Ms Boyer continued by outlining two specific patients recently receiving visits, their clinical needs and how the service had supported them and their family by facilitating rapid access to other services, including those managed outside the Trust.

Although there were a number of vacancies within the team, on a day to day basis there was a requirement for flexibility in order to address the specific needs of the service client base.

The Board of Directors recognised that it may be difficult to gather performance metrics on the impact from the service, but would welcomed any available information.

The Board of Directors thanked Ms Boyer for providing an insight into the Community Matron Service.

SYSTEM WORKING

P162/22 NATIONAL, INTEGRATED CARE BOARD AND INTEGRATED CARE PARTNERSHIP REPORT

The Board of Directors received the National, Integrated Care Board (ICB) and Integrated Care Partnership (Place) Report presented by the Deputy Chief Executive.

It was reported that the Finance and Performance Committee had discussed the Place meetings, system pressures and improvements to patient flow, with Miss Bancroft requesting that some of the actions being taken were highlighted to the Board. Mr Wright confirmed that the Winter Plan, which was a later agenda item, included a lot of the detail, citing such as discharge to assess and accessing additional care home beds.

In terms of Rotherham Place, it was noted that the Deputy Place Director had been seconded to another role; however, his replacement had previously worked with the Trust.

It was reported that Rotherham Metropolitan Borough Council, with input from the Trust, had recruited a Consultant in Public Health. The post holder would make a significant difference to prevention and health inequality initiatives across Rotherham.

Support continued to be provided by partners to address the cost of living crisis with information on activities being undertaken detailed within the report. Mr Wright added that other ideas were also being developed.

Mrs Sissons questioned the financial position for the South Yorkshire ICB. Mr Hackett indicated that the Directors of Finance across the ICB had discussed the current financial position and had looked ahead to 2023/24. Whilst South Yorkshire was in a positive position compared with some systems, it was still forecasting a year end deficit, with a challenging 2023/24. It was noted that the Planning Guidance for 2023/24 was expected in late quarter 3.

The Board of Directors noted the report.

STRATEGY

P163/22 STRATEGY UPDATE

The Board of Directors received and noted the report detailing progress in the first six months of the Trust's Five Year Strategy '*Our New Journey, Together, 2022-2027*' and the focus for quarters three and four.

The Board took the opportunity to view a new video which had been produced by the team to showcase activities to date demonstrating how the strategy is being implemented and having a positive effect on our patients and colleagues.

The Board agreed that the use of video was a useful way to share information of this nature.

P164/22 OPERATIONAL PLAN 2022/23 MONTH 6 REVIEW REPORT

The Board of Directors received the position against the Operational Objectives 2022/23 presented by the Deputy Chief Executive.

Mr Wright reported that eight programmes were rated green (on track) and five rated amber (not on track). All Board Assurance Committees had discussed their allocated programmes, with the People Committee to receive a more detailed report from which further recommendations may result.

In terms of programme P1.1 Implement a Quality Improvement Methodology in the Organisation, Dr Shah questioned whether there had been any learning identified from the first training cohort which could strengthen future programmes. Mrs Dobson considered that the more significant area would be selection of projects, which for the first cohort had been too broad. There had been an increased focus on the requirements in this area prior to the second cohort, which would be further enhanced in readiness for cohort three. It was anticipated that the new Head of Quality Improvement, who would take up their post in January 2023, would further improve the quality improvement agenda.

Mr Temple questioned if once operational programmes were delivered whether there would be opportunities for further stretched targets. Dr Jenkins confirmed that the current focus remained on delivery of the targets as documented within the report. In considering the 2023/24 objectives attention could be given to stretching new targets or further stretching those already delivered.

On this matter, Mr Havenhand commented that in establishing annual objectives, they should then become the organisations priorities and therefore be appropriately resourced to ensure they were delivered.

Mr Havenhand reflected that although no programmes were rated red, he remained concerned about the delivery of P3.2 Ensure discharge arrangements are highly effective and sustainable through working with partners in Rotherham.

Dr Bibby raised the matter of consistent use of RAG rating when reporting across different aspects of organisational activities, citing as an example in terms of operational objectives blue represented complete/closed, whereas in other reports such as in relation to the Care Quality Commission it reflected embedded or a sustained position. Mr Wright agreed to review the use of the blue RAG rating in relation to reporting of the operational objectives.

ACTION – Deputy Chief Executive

The Board of Directors noted the comprehensive Operational Plan progress report.

ASSURANCE

P165/22

CARE QUALITY COMMISSION

i. Assurance Report

The Board of Directors received the Care Quality Commission (CQC) Report presented by the Chief Nurse.

The report specifically highlighted the positive feedback following the first submission in response to the Conditions within the Urgent and Emergency Care Centre, and recent enquiries received from the CQC in relation to concerns raised regarding delivery of safety care and treatment.

With regards to the table detailing compliance across the Urgent and Emergency Care Centre (UECC) for job-specific mandatory training, Dr Shah questioned the actions being taken to address the medicines management compliance rates. Mrs Dobson confirmed that increased focus had been given by the Division in relation to training, which would be reflected when next reported to Board. The approach taken by the Division should lead to sustained compliance, which would be monitored at Performance Meetings, and was being rolled out to other areas as an example of good practice.

Mr Temple questioned whether the enquiries from the CQC in relation to concerns raised had already been known by the Trust, and whether the CQC themselves were concerned by the number of contacts made to them regarding the Trust.

It was confirmed that patients and staff had a number of routes by which to raise concerns, some which were taken forward in parallel, with some of the CQC enquiries already known to the Trust and being addressed. The CQC had not expressed alarm regarding the number of contacts.

The Board of Directors noted the monthly Care Quality Commission report.

ii. Our Journey to Good

This item was discussed after the Patient Story; however, has been recorded in the minutes in the agenda order.

The Board of Directors received the comprehensive report presented by the Chief Nurse which outlined the steps to be taken to achieve the aim of being rated 'Good or above' by the Care Quality Commission. Fundamental to achieving this aim would be an organisational culture change.

In noting the current rating across all services as detailed within the report and the planned changes to the CQC inspection regime, Mrs Dobson indicated that there would be four areas to be actively addressed. These were:

- CQC Relationship
- Quality Assurance

- Quality Governance
- Quality Improvement

Mrs Dobson proceeded to describe some of the actions being taken and to be taken as detailed within the report and the measures of success, such as no regulatory sanctions, embedded quality improvement approach and improved national staff and patient survey responses.

In conclusion Mrs Dobson considered that the proposed way forward as documented within the report was the correct pathway to support the Trust achieving a good CQC rating.

The meeting was opened to a number of questions from Board colleagues as a means of further understanding the steps being proposed.

Mrs Dobson indicated that rather than one approach across the whole organisation it would be necessary for specific actions for each Division and service. This would be facilitated by the quality improvement process, local data and feedback from patients and staff.

It was recognised that in reporting to the Board Assurance Committees, who each had a different remit, there would need to be a balance between quality, performance and finances in taking forward the proposals in moving to good.

In terms of Community Services, it was recognised that some services had not been inspected by the CQC since 2015 and 2017, and had in recent years seen significant remodelling, with some services now provided by third parties subject to their own CQC registration. Mrs Dobson confirmed that the complexities of the relationship between services provided in the acute and community setting had been raised with the CQC Engagement team, who would explore this further in forthcoming months.

It was confirmed that the CQC Delivery Group, and its approach regarding cross divisional challenge, remained appropriate in overseeing the work being undertaken and proposed.

The Board of Directors noted the report providing a summary of the plans to support the aim to move to a good Care Quality Commission rating.

P166/22

MONTHLY INTEGRATED PERFORMANCE REPORT

The Board of Directors received the Integrated Performance Report (IPR), which provided an overview of the organisational position and challenges across a number of performance metrics.

The Board of Directors noted sustained performance in relation to the Hospital Standardised Mortality Ratio (HMSR) and the Summary Hospital level Mortality Indicator (SHMI). Both remained within the 'as expected' range and demonstrated embeddedness of processes.

Dr Bibby commented that whilst the IPR provided a detailed position against the quality metrics and helped to identify the areas of pressures on the system,

it did not provide information in relation to staff health and wellbeing. Staff being integral in supporting organisational recovery, and the quality of care provided to patients.

Mr Wright indicated that although not necessarily detailed within the IPR, the monthly Performance Meetings gave focus to sickness absence rates and wellbeing support for staff. Mr Ned added that there was renewed focus on sickness absence management, and quarterly staff pulse surveys to gauge how staff were feeling. There were other metrics which would signpost staffing challenges such as turnover and completion of appraisals.

With regards to the Care Hours per Patient Day, Dr Shah questioned the actions being taken to address the Trust remaining a significant outlier in this area as detailed within the report. Mr Wright explained that the calculation of care hours per patient day was complex, with the Trust undertaking a benchmarking exercise with peer Trusts to ascertain the position. Use of the e-roster system had significantly improved, with a business case brief having been approved to facilitate the roll out of e-roster to all areas. The position continued to be monitored by both the E-roster Group and at the Performance Meetings.

Mrs Dobson considered that there may be some under reporting on care hours per patient day on e-roster, but considered that the number of funded beds for the organisation was appropriate, with additional beds opened as necessary including in a structured way through the Winter Plan.

Mrs Craven commented that the Quality Committee had discussed the performance report it received, and had considered it did not track metrics important to the Committee. She asked if the IPR review could be brought forward. Mrs Tuckett indicated that the IPR metrics reported to the Board were comparable to other organisations. The matter raised by the Quality Committee related to the nine quality improvement indicators, and as such a new dashboard was being fast tracked for specific reporting to the Committee.

ACTION - Director of Strategy and Planning

Dr Jenkins confirmed that the annual review of the IPR was scheduled for a future Board Strategic Forum, with a view that a new report be implemented from April 2023.

The Board of Directors noted the Integrated Performance Report.

P167/22

WINTER PLAN

The Board of Directors received the 2022/23 Winter Plan presented by the Chief Operating Officer.

Mrs Kilgariff confirmed that the Winter Plan, which had taken into account the wider Rotherham Place Winter Plan, had been considered and supported by the Finance and Performance Committee.

The focus of the plan would be admission avoidance through such as the virtual ward, emphasis on the community, Same Day Emergency Care

(SDEC), the frailty model, home first, and discharge to assess. It was anticipated that the steps within the winter plan would protect elective recovery.

Dr Bibby commented that the Winter Plan was comprehensive in many areas; however, it did not give detail regarding actions in relation to staff who would be key in its successful delivery. Mrs Roberts took the opportunity to articulate some of the actions in relation to staff, including proposed health and wellbeing schemes. The Board requested that this information be included within the Winter Plan.

ACTION – Chief Operating Officer

Mr Hackett confirmed that the Winter Plan had been developed in collaboration with the finance team, with £1.6m to be released from reserves to support its delivery.

The Board of Directors approved the comprehensive Winter Plan, subject to as requested inclusion of staff wellbeing information.

P168/22

FINANCE REPORT

The Board of Directors received the month six Finance Report presented by the Director of Finance.

Mr Hackett highlighted the following key matters:

- An income and expenditure surplus to plan of £112K in month, and £46K year to date;
- The Finance and Performance Committee had considered the potential material risks as part of its end of year forecasting discussions. The initial forecast out-turn up to 31 March 2023 was a £2,839K deficit to plan. However, the Trust continued to report to NHS England / Improvement and the Integrated Care Board (ICB) that it would deliver against the financial plan at year end;
- The capital programme was currently under-spent by £1,050K;
- The cash position remained strong at £27,653K, which was £6,398K better than plan;
- Additional income had been received in month to fund the additional impact of national pay awards for 2002/23;
- Confirmation that the Elective Recovery Fund was not at risk had been received, with discussions underway with the Chief Operating Officer as to how recovery could be supported.

Mrs Tuckett questioned the ICB financial position, with Mr Hackett confirming that the Directors of Finance across the South Yorkshire ICB met on a regular basis and were taking a cautious approach. It was reported that a national Directors of Finance meeting had been called at short notice, and would be held the following week.

The Board of Directors noted the month six finance report.

P169/22

MATERNITY SAFETY INCLUDING OCKENDEN MONTHLY REPORT

The Board of Directors received the monthly update on maternity safety, which also included the position against the Ockenden requirements. Mrs Petty, Head of Midwifery, was welcomed to the meeting to support discussion on this item.

By means of introduction, Mrs Dobson indicated that the main focus for discussion by the Board would be the Independent Report from Dr Bill Kirkup on his findings following the investigation of the maternity and neo-natal services in East Kent.

Mrs Petty indicated that the Independent Report published on 19 October 2022 highlighted failures in maternity services where if national policy changes had been followed would have resulted in different outcomes for patients. There were no recommendations in relation to national policy; however, there were four key areas for action. These were:

- Identification of poorly performing units
- Giving care with compassion and kindness
- Team working with a common purpose
- Responding to challenge with honesty

The Board discussed various aspects of the findings by Dr Kirkup and the action being taken by the Trust which included engagement sessions. Mrs Sissons suggested that in due course it would be beneficial to have in place one action plan encompassing both Ockenden and Kirkup.

The Board of Directors noted the comprehensive monthly maternity safety report.

P170/22

BOARD COMMITTEES CHAIRS ASSURANCE LOGS

The Board of Directors received and noted the Chairs logs from the following Board Assurance Committees:

i. Finance and Performance Committee meetings

Miss Bancroft confirmed that the Committee had commenced consideration of the 2023/24 financial year, and as such had added a further risk (D7) to the Board Assurance Framework.

The cost improvement programme continued to be scrutinised both in terms of in year and recurrent delivery. Month on month improvement was being seen, with the Divisions exploring further opportunities.

It was noted that the reports now submitted to the Committee had been revised by Mrs Kilgariff and Mrs Tuckett, enabling focussed discussions on the key indicators, trajectories and clarity on action plans.

ii. Quality Committee

Dr Shah indicated that a number of matters considered by the Committee had already been discussed by the Board. However, he took the opportunity to

highlight staff sickness and patient acuity within the Division of Medicine as had been detailed in their presentation to the Committee.

The Committee had also discussed the quality priorities for the Patient Safety Committee with two areas of concern as detailed within the report.

With regards to the recent national media coverage regarding blood stock levels, it was reported that no surgery had been cancelled at the Trust.

Mr Havenhand commented that introduction of a Chief Nurse and Medical Directors monthly highlight report had been welcomed by the Committee.

iii. Audit and Risk Committee

Mr Malik highlighted that the Committee had received the External Auditors Annual Report and Audit Completion Certificate formally concluding the review of 2021/22. Both documents had confirmed a positive year end.

The Committee had considered a report detailing historic overseas debts, and in accordance with the Standing Financial Instructions had approved the write off of the historic debts within their delegated authority. However, one item due to its value required approval by the Board. Based upon the recommendation of the Committee who had considered the background to the historic overseas debt, the Board of Directors approved write off of £12,413.50 which was over one invoice.

iv. People Committee

Dr Bibby confirmed that the Committee, as requested by the Board, had further considered both the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Annual Report and proposed action plans for 2022/23. A number of priority areas from the action plans would be the subject of further discussion by the Committee.

In accordance with the delegated authority from the Board, the Chair of the People Committee, the Director of Workforce and the Trust Chairman had formally signed off of both the WRES and WDES Annual Reports, which were now available on the Trust's website.

Looking ahead, the Committee would be holding a further workshop session as part of its scheduled December 2022 meeting.

REGULATORY COMPLIANCE RISK AND ASSURANCE

P171/22 i. Risk Appetite Statement

The Board of Directors received the report summarising the discussions held at the Strategic Board Forum on 07 October 2022 regarding the Risk Appetite and Risk Tolerance scores for 2022/23.

Ms Wendzicha confirmed that the Audit and Risk Committee, having received the final iteration following the Forum, would support approval of the proposed risk appetite and risk tolerance scores, and the overarching Risk Appetite Statement as documented within the report.

The Board of Directors approved the risk appetite and risk tolerance scores, subject to amendment as identified by Dr Jenkins to the risk tolerance score for compliance / regulatory which should be 1-5 based upon a very low risk appetite. The Board of Directors further approved the overarching Risk Appetite Statement.

ACTION – Director of Corporate Affairs

ii. **BOARD ASSURANCE FRAMEWORK**

The Board of Directors received the report detailing the position against the 2022/23 Board Assurance Framework (BAF) presented by the Director of Corporate Affairs.

Ms Wendzicha confirmed that the BAF had been considered by each of the Board Assurance Committees, prior to the Audit and Risk Committee, with the recommendations to the Board of Directors as follows:

- P1: To remain unchanged at 16.
- R2: This risk was aligned specifically to the Board. To remain unchanged at 12.
- OP3: This risk was aligned specifically to the Board. To remain unchanged at 12
- U4: Score reduced from a 12 to 8 and to remains at 8.
- D5: To remain at an increased score of 12
- D6: To remain unchanged at 9.
- D7 (new BAF risk): Initial score of 15

The Board of Directors agreed the specific recommendations as detailed relating to the risk scoring for each BAF.

GOVERNANCE

P172/22

CORPORATE GOVERNANCE AND REGULATORY REPORT

The Board of Directors received, for information, the Corporate Governance Report from the Director of Corporate Affairs.

Ms Wendzicha highlighted two sections of the report, the first relating to publication of the final version of the Addendum to Your Statutory Duties – Reference Guide for NHS Foundation Trust Governors – System Working and Collaboration: Role of Foundation Trust Councils of Governors. The second matter was Consultation on the proposed amendment to the NHS Provider Licence.

In terms of the NHS Provider Licence, Ms Wendzicha confirmed that the consultation process would close on 09 December 2022, with a summary of the amendments, and any subsequent implications to the Trust to be provided to the Board.

ACTION – Director of Corporate Affairs

The Board of Directors noted the Corporate Governance and Regulatory Report.

FOR INFORMATION

P173/22 REVIEW OF BOARD ANNUAL PLANNER

The Board noted that its forward annual planner.

P174/22 ANY OTHER BUSINESS

There were no matters of any other business.

P175/22 DATE OF NEXT MEETING

The next meeting of the Board of Directors would be held on Friday, 06 January 2023, commencing at 9am.

The meeting was declared closed.

Martin Havenhand
Chair

Date

DRAFT

Board Meeting; Public action log

Log No	Meeting	Report/Agenda title	Minute Ref	Agenda item and Action	Lead Officer	Timescale/ Deadline	Comment/ Feedback from Lead Officer(s)	Open /Close
2021								
41	09-Jul-21	Governance Report	P161/21	Core Trust governing documents requiring review in light of the Health and Care Bill to be documented within Board forward work plan	DoCA	01/04/2022- 08/07/22- 09/09/22- 31/12/22- 28/02/23	The forward planner will be updated as and when further ICS guidance is issued. It is anticipated that key governance documents will be revised by end of Q3 beg Q4. Further information included in agenda item P118/22 (July Board meeting). 02.09.22 - Governance documents to be updated by the end of Q3. The Health and Care Act is now in place; Th associated national governance documents are now final and Trust constitutional documents being amended to reflect and will be complete by end February in preparation for February Council of Governors and March Board.	Open
2022								
12	08-Jul-22	Health Inequalities task and finish group	P116/22	Further update on position to be provided to Board	DCEO	Jan-23	02.09.2022 - MW confirmed with JB that the next update to Board will be January 2023. Agenda item P11/23	Recommend to close
13	09-Sep-22	Freedom to Speak Up Guardian Q1 report	P135/22	Report to Board on matters raised by Stroke Unit as part of freedom to speak up process.	CN	Jan-23	To be included as an appendix to the next Freedom to Speak Up Guardian report. Agenda item P10/23	Recommend to close
14	09-Sep-22	Freedom to Speak Up Guardian Q1 report	P135/22	The next report to include a further breakdown of the national data to ascertain the Trust's position.	FTSUG	Jan-23	Agenda item P10/23	Recommend to close
16	09-Sep-22	IPR	P140/22	Refresh of IPR, with Board colleagues to communicate key areas for inclusion	DoSPP	Feb-23	A refresh of the IPR is underway, with a new IPR due to go live for 2023/24 data. The proposals are planned to form part of the Board Strategic Development session in February, with an interactive training session on the display and interpretation of Board-level data in advance of this.	Open

Log No	Meeting	Report/Agenda title	Minute Ref	Agenda item and Action	Lead Officer	Timescale/ Deadline	Comment/ Feedback from Lead Officer(s)	Open /Close
17	04-Nov-22	Operational Plan 2022/23 M6 Review Report	P164/22	To review the use of the blue RAG rating.	DCEO		Discussion held with DCEO and DSPP. Agreement reached to retain blue 'completed' RAG rating within Operational Plan updates given the milestones are SMART and require full completion in-year.	Recommend to close
18	04-Nov-22	IPR	P166/22	Fast tracking of new reporting framework to Quality Committee	DoSPP		Working In conjunction with the Chief Nurse the list of quality priority metrics will be provided in order to compile the dashboard in due course.	Open
19	04-Nov-22	Winter Plan	P167/22	To include within the Winter Plan information relating to staff wellbeing.	COO		Complete	Recommend to close
20	04-Nov-22	Risk Appetite Statement	P171/22	Amendment as identified by Dr Jenkins to the risk tolerance score for compliance /regulatory which should be 1-5 based upon a very low risk appetite.	DoCA	01-Nov	Risk tolerance updated	Recommend to close
21	04-Nov-22	Corporate Governance and Regulatory Report	P172/22	Provide for Board detail of the amendments and any implications as part of the consultation on the NHS Provider Licence	DoCA	01-Mar	Due March	Open

Open
Recommend to close
Complete

Board of Directors' Meeting

13 January 2023

Agenda item	P07/23
Report	Chairman's Report
Executive Lead	Presenter: Martin Havenhand, Chairman
Link with the BAF	The Chairman's report reflects various elements of the BAF
How does this paper support Trust Values	This report supports the core values of Ambitious and Together through the various updates included relating to improving corporate governance and working collaboratively with key partners
Purpose	For decision <input type="checkbox"/> For assurance <input type="checkbox"/> For information <input checked="" type="checkbox"/>
Executive Summary (including reason for the report, background, key issues and risks)	<p>This report provides a brief update on a number of issues since our November 2022 Board meeting:</p> <ul style="list-style-type: none"> • Council of Governors concerns about some staff issues escalated to the Board of Directors for consideration. • Strategic Board Forum 9th December 2022. • South Yorkshire and Bassetlaw Acute Federation (SY&B) – All Acute Trust Boards Development Event – 5th December 2022
Due Diligence (include the process the paper has gone through prior to presentation at Board of Directors' meeting)	This report has not been received elsewhere prior to its presentation to the Board of Directors
Board powers to make this decision	The Trust's Matters Reserved document details that approving the membership and Chairmanship of Board Committees is a matter which it has reserved unto itself.
Who, What and When	Actions required will be led by the relevant Executive or Non-Executive Director.
Recommendations	It is recommended that the Board of Directors notes the report.
Appendices	None

1.0 Introduction

1.1 This report provides an update since the last Board Meeting on 04 November 2022.

2.0 Council of Governors

2.1 The Council of Governors met on 16 November 2022 and in discussion raised a number of concerns about staff in particular regarding staff health and wellbeing, sickness absence rates, and actions being taken to address previous Staff Survey results. As a result of the governors concerns about our staff they resolved to escalate their concerns to the Board of Directors for consideration.

2.2 The Executives response to governors concerns is included in a separate report on the agenda.

3.0 Strategic Board Forum 9th December 2022

3.1 The Board of Directors at their Strategic Board Forum addressed two issues; A facilitated Board development session and consideration of the Trust's new Digital Strategy which was facilitated by colleagues from NHS Providers Digital Board Development Team.

4.0 South Yorkshire and Bassetlaw Acute Federation (SY&B) – All Acute Trust Boards Development Event

4.1 All SY&B Acute Trust Boards met on 5th December 2022 at Hellaby Hall to discuss the next phase of the Acute Federation's development as part of the newly established SY Integrated Care System. The event was facilitated by the NHSE Provider Collaborative Development Team. A formal report of the event will be presented to the Acute Federation board meeting in early January 2023.

4.2 I have been chairing the Acute Federation Board during 2022 and Annette Laban the Chair of Sheffield Teaching Hospitals has taken over for 2023.

Martin Havenhand
Chairman
January 2023

Board of Directors' Meeting

13 January 2023

Agenda item	P08/23
Report	Chief Executive Report
Executive Lead	Dr Richard Jenkins, Chief Executive
Link with the BAF	The Chief Executive's report reflects various elements of the BAF
How does this paper support Trust Values	The contents of the report have bearing on all three Trust values.
Purpose	For decision <input type="checkbox"/> For assurance <input type="checkbox"/> For information <input checked="" type="checkbox"/>
Executive Summary (including reason for the report, background, key issues and risks)	<p>This report is intended to give a brief outline of some of the key activities undertaken as Chief Executive since the last meeting and highlight a number of items of interest including:</p> <ul style="list-style-type: none"> ● Covid-19/Recovery ● ICS and Rotherham Place ● CQC ● Staffing <p>The items are not reported in any order of priority.</p>
Due Diligence (include the process the paper has gone through prior to presentation at Board of Directors' meeting)	This paper reports directly to the Board of Directors.
Board powers to make this decision	No decision is required.
Who, What and When (what action is required, who is the lead and when should it be completed?)	No action is required.
Recommendations	<p>It is recommended that:</p> <p>The Board note the contents of the report.</p>
Appendices	<ol style="list-style-type: none"> 1. Updates from Gavin Boyle, Chief Executive (Designate) SY ICB 2. 2023/24 Priorities and Operational Planning Guidance

1.0 Activity

- 1.1 **Activity:** Since my last report, the number of Covid-19 positive in-patients has declined both in the Trust and in the community. The Trust has over the last few weeks seen a significant rise in cases of Influenza (double the numbers of Covid-19 as at 23.12.22), alongside high attendances at UECC leading to admission of acutely unwell patients. In December, there were very high paediatric attendances related to respiratory viruses and worry around Strep A.
- 1.2 The Trust continues to undertake a regular review of its infection control precautions and has just reinstated the requirement for face masks to be worn in all clinical and public areas both for members of the public and for staff.
- 1.3 **Recovery:** The work to recover the accumulated long waiting times has been challenging in recent months, due in part to the intense site pressures from the non-elective demand and the resulting bed pressures this has brought, as well as sickness levels in our teams and the accumulation of the increased referral demand from the last 9 months. Despite the significant operational pressures, in order to ensure we remained on track to deliver the commitment of no patients waiting more than 78 weeks by the end of March 2023, we continued operating on our longest waiting patients as well as our cancer and urgent patients. Whilst all Trusts are facing similar elective care challenges, Rotherham remains in the top quartile of all acute or combined Trusts in the country for overall Referral to Treatment (RTT) performance in October (latest national data).

Additional investment in a number of recovery schemes has been agreed, in order to ensure delivery of increased levels of planned activity, with the supported initiatives incorporating elements of increasing core capacity, utilising our existing capacity more efficiently and re-designing pathways and ways of working to better manage the increasing demand. Activity data from October and November suggests some of the more recent recovery schemes have had a significant and measurable impact on activity levels, although we are yet to see this translate into a significant improvement in the overall elective position. We have made a concerted effort to increase activity levels in this latest two months including an increased focus on clinic and theatre utilisation, as well as a push on our work to convert more of our surgical pathways to day-case treatments, in order to remove the bed capacity constraint from these cases and ensure more patients can be treated within our existing resources.

- 1.4 **Urgent and Emergency Care Activity (UEC):** During November and into December 2022, demands on urgent care were particularly challenging, with the Trust operating on OPEL level 3 and 4 for the period. As a result of the ongoing operational pressures, the Trust declared an internal business continuity incident on Tuesday 13th December. The Trust did see improvements in the length of stay patients as a result of a successful reset week in November. Unfortunately, pressures increased following this week and a planned move of SDEC did not happen. The new stroke unit was opened in November and Rockingham was opened in December, which will support additional winter bed capacity and protect the elective orthopaedic programme. The Trust has maintained a focus on ambulance handovers and early supported discharge with the new discharge to assess model, led by our community teams, starting at the beginning of December.
- 1.5 The Trust, together with partners across place and the wider region have developed a series of plans to support the most effective ways of delivering care and our range of services over the winter period, taking into consideration influencing factors including staffing levels, an increased demand on urgent care and pressure on across all health

and care services. The seasonal period has been extremely challenging across the region and within the Trust. Very high patient acuity, driven by influenza, covid-19 and other winter infections, has led to longer admissions and regrettably longer waits in the Urgent and Emergency Care Centre. Clinical and operational teams have worked extremely hard to mitigate the impacts on patients for which I would like to formally express my thanks.

2.0 Integrated Care Board (ICB), Acute Federation and Rotherham Place Development

- 2.1 The South Yorkshire Integrated Care Partnership (ICP) group continue to meet on a monthly basis. It was noted last time that the ICP is tasked with producing an Integrated Care Strategy for South Yorkshire by December 2022. The formal launch of the strategy will take place early in 2023.
- 2.2 I attach (appendix1) the ICB Chief Executive updates for November and December 2022.
- 2.3 Representatives from the Trust have continued to attend several Place meetings including the Health and Well-Being Board, the Health Select Commission, and the Place Board. I have also met with local Members of Parliament as part of the regular engagement processes.

3.0 Care Quality Commission Update

- 3.1 Routine engagement meetings continue with the CQC along with the monthly CQC Delivery Group, where actions are being tracked. Further detail on the work associated with the CQC can be found in the Chief Nurse's report.

4.0 Staff

- 4.1 The National Staff Survey for 2022 concluded at the end of November. The Trust had an overall response rate of 60.9% which is the highest we have ever achieved. The results are currently embargoed until February 2023. However, we are able to share internally with Divisional colleagues and initial findings have improved. A further update and analysis of the findings will be presented to the Board once the embargo is lifted.

5.0 Industrial Action

- 5.1 The Yorkshire Ambulance Service industrial action which was planned for Wednesday 28th December 2022 was postponed. Unison have however, announced two further days of industrial action which will take place on 11th and 23rd January 2023. These will each be for 24 hours from midnight to midnight and will involve all ambulance employees, not just the 999 response crews. The Trust will implement EPRR arrangements as required to support the demands on the service due to industrial action.
- 5.2 The Royal College of Midwives have announced that not enough members voted in their ballot for industrial action and therefore there will be no action taken.
- 5.3 The Royal College of Nursing will be taking industrial action on 18th and 19th January in a number of neighbouring Trusts but not at this Trust.

6.0 2023/24 Priorities and Operational Planning Guidance

- 6.1 NHS England have published guidance (see appendix 2) on their planning approach for 2023/24 which includes the national NHS objectives and actions required to support

delivery. This guidance reflects the new ways of working, recently shared in the NHS Operating Framework and an acknowledgement of the continuing complexity and pressures being faced. A particularly important aspect from the Trust's perspective is the confirmation that the 4-hour emergency care standard will be the major measure for emergency care which will require a reversal of the last few years work in piloting the alternative standards.

Dr Richard Jenkins
Chief Executive
January 2023

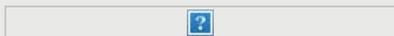
From: [SY ICB Communications](#)
To: [JOHNSTONE, Sharree \(THE ROTHERHAM NHS FOUNDATION TRUST\)](#)
Subject: 07/11/22: Update from Gavin Boyle, Chief Executive, NHS South Yorkshire
Date: 07 November 2022 11:38:00

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Update from Gavin Boyle, Chief Executive, NHS South Yorkshire

This update goes to the wider partners in health and care in South Yorkshire to keep everyone informed. To join our distribution list please email: helloworkingtogether@nhs.net

Monday 07 November 2022

Dear Sharree

Welcome the latest edition of our Stakeholder Bulletin where you will find updates and the latest information from across NHS South Yorkshire.

South Yorkshire Integrated Care Partnership Strategy

Following The South Yorkshire Integrated Care Partnership's (ICP) first meeting in public on Friday 28 October 2022, the initial focus on the Integrated Care Strategy for South Yorkshire was agreed. The ICP wants to ensure their work is informed by the views of patients and the public about what their ambitions and priorities should be for health and care in South Yorkshire and have launched an open survey for South Yorkshire population to feedback on 'what matters to you about their health and wellbeing?'. If you would like to find out more about the development of the ICP strategy and survey, click [here](#). If you work with a group of citizens we would welcome a discussion about how they can contribute, please email helloworkingtogether@nhs.net. The meeting papers and agenda can be found on our website [here](#). Questions from the public and meeting minutes will be available in due course.

NHS South Yorkshire ICB Board Meeting

NHS South Yorkshire held its Board meeting in public on Wednesday 2 November 2022. For the meeting papers and questions submitted by the public to the board click [here](#). The discussion included the cost-of-living crisis and the work we are doing with our local authorities to coordinate our response, current pressures on the health and care system, our planning for Winter, great progress with the vaccination programme, the development of our strategy and how we are using population health data to help us prioritise.

We always start with a patient story. This month we focused on the 'Be the one' campaign in Rotherham, aimed at suicide prevention. We played a [short video](#), including the personal experiences of those who have thought about suicide, or those who have stepped in when they've seen a stranger who looked in distress. It's incredibly moving but also highly practical about how to 'be there' for someone in crisis.

Health and care join up to meet pressures on urgent care services this winter

As you'll likely be aware NHS and care services across South Yorkshire are under significant pressure already, despite the coldest months yet to come, so an additional £5.8million is being invested ahead of winter. The additional investment has been targeted at a range of services across the region which will support those people most in need of urgent care. Read more [here](#).

Voluntary Care Alliance

The important role played by the voluntary sector and how important this relationship is was discussed at our Board meeting, including helping what are often small organisations to be more resilient and to involve them as full partners as we develop our plans. More than 100 colleagues from VCSEs met at the New York Stadium in Rotherham for the first Voluntary Sector Alliance meeting. Shafiq Hussain, who is our VCSE Partner Member on the ICB, spoke at the meeting about just how important this group is to tackling the challenges we face, especially around health inequalities.

Programme Director for the South Yorkshire Innovation Hub appointed

NHS South Yorkshire is delighted to have appointed Sarah Dew to the role of Programme Director for the South Yorkshire Innovation Hub. The Innovation Hub is a joint initiative between SY ICB and the Yorkshire and Humber Academic Health Sciences Network (AHSN). Sarah picks up the leadership role from the now departed Aejaz Zahid.

Appointment of Chair of the Primary Care Provider Alliance

Dr Andy Hilton has recently been appointed the Chair of the South Yorkshire Primary Care Provider Alliance. A GP partner in Sheffield and Chief Executive of Primary Care Sheffield, Andy has background in both health commissioning and in provision having worked in the past for Sheffield PCT and CCG, as well as for two larger scale primary care provider organisations.

I hope you find this a useful update and if you do have any feedback about what would make it more useful, or anything about which you would like to hear more, please email hellworkingtogether@nhs.net

Thank you

Gavin

Local Updates



Barnsley:

Friends of Citizens Advice Barnsley annual networking and information sharing event

On Thursday 17th November Citizens Advice Barnsley (CAB) are hosting their annual networking and information sharing event at The Glass Works, Barnsley, 11.45am – 2.00pm. The event is designed to bring together friends of Citizens Advice Barnsley (CAB) offering an opportunity to network with colleagues from across the sector and gain an insight into the work of CAB. There will also be an opportunity to browse information stalls from local organisations and network. This year's theme will be 'Poverty – what it means for people in Barnsley' and the afternoon will feature presentations by guest speakers, who will share information, insights and ideas from a range of partner and associated organisations. To book your FREE place - either as a guest or a stallholder - please register your interest via this [Google Form](#)

Rotherham:

South Yorkshire NHS organisation welcomes talented young interns thanks to life-changing employment programme.

A new life-changing transition to employment programme for young people with learning disabilities and autism, has just launched in Rotherham with the South Yorkshire and Integrated Care System (ICS) and Rotherham Local Authority. DFN Project SEARCH is a transition to work programme for students with learning disabilities and autism with ambitions to get 10,000 young adults with learning disabilities and autism into full-time paid jobs over the next decade. The pioneering programme involves total workplace immersion at its very best, facilitating a seamless combination of classroom instruction,

career exploration, and hands-on skills training. South Yorkshire ICS Workforce Hub, DFN Project SEARCH, Rotherham opportunities College (ROC), and Rotherham Council have formed a collaborative partnership to give young people in the area with learning disabilities and autism vital work-based learning opportunities within South Yorkshire ICS, to help them to secure meaningful paid employment. The project recently won the 'Standout Partnership Award' – Rotherham Council in Partnership with South Yorkshire Integrated Care System and Rotherham Opportunities College.

Doncaster:

Chief Nurse appointed at Doncaster and Bassetlaw Teaching Hospitals

After an extensive and robust recruitment process, Karen Jessop will soon join Doncaster and Bassetlaw Teaching Hospitals (DBTH) as the organisation's new Chief Nurse. Karen is currently the Deputy Chief Nurse at Sheffield Teaching Hospitals (STH), a position she has held since October 2017. [Read more here.](#)

Doncaster and Bassetlaw Teaching Hospitals enter landmark partnership with second 'Foundation School in Health

Doncaster and Bassetlaw Teaching Hospitals (DBTH) has entered a formal partnership with Retford Oaks Academy, the newest Foundation School in Health (FSiH). The partnership was formally launched on 12 October, marked by students at Retford Oaks Academy displaying their many talents. [Read more here.](#)

MP and Partner Brief for Doncaster and Bassetlaw Teaching Hospitals

The latest MP and Partner brief can be accessed [here](#).

Sheffield:

Sheffield healthcare researchers awarded £12 million to accelerate scientific discoveries into new medical treatments

The National Institute for Health Research (NIHR) Sheffield Biomedical Research Centre (BRC) has received a £12 million funding boost which will help the centre improve early diagnosis, develop new treatments and improve outcomes for patients with a range of medical conditions, in a region with significant inequalities for health and life-expectancy. Read more [here](#).

Sheffield drive through blood taking service is moving

The drive through phlebotomy service, currently based at the Parkway, is moving to a new location. From Tuesday 25th October 2022 the blood taking service will be moving to Building 183 (Former Blood Service and current vaccination site), Longley Lane, Sheffield, S5 7JN. The service will be open from 7:30am to 5:15pm, Monday to Friday (excluding Bank Holidays) and 8am to 1pm on Saturday.

Across South Yorkshire:

Behavioural Science Academy Recruitment Cohort 3 - Closing date extended

We are excited to announce an extension to the deadline for applying for the 3rd cohort to the NHS SY Behavioural Science Academy, where Behavioural Science understanding is embedded and the development and use of nudge interventions and assets to improve health care outcomes is scaled up to make a real difference in SY. For more information click [here](#)

Nudge the Odds Newsletter

The South Yorkshire Cancer Alliance have published their latest edition of Nudge the Odds. This month the newsletter recognises the effective work of the Behavioural Science programme with the success of the Behavioural Science Academy and the continued application of nudge interventions to support cancer early diagnosis and its extension into other areas to improve the health outcomes for the people of South Yorkshire and Bassetlaw. You can read the newsletter [here](#).

Launch of NHS South Yorkshire's Sustainability and Green Plan

NHS South Yorkshire is pleased to announce that we have officially launched our

Sustainability and Green Plan. Produced in collaboration with our partner organisations, the plan highlights the work that we have begun to meet the ambitious targets that we have set ourselves over the next three years. You can read the plan on our website [here](#).

South Yorkshire Local Maternity and Neonatal System (LMNS) Equity and Equality Action Plan

The South Yorkshire LMNS have published their five year action plan, which highlights their vision for maternity services across South Yorkshire to become safer, more personalised, kinder, and more family friendly. Read more [here](#).

Leading Transformation for Integrated Care Virtual Sessions

Colleagues working in health, social care and the voluntary, community and social enterprise sector are welcome to join us for our new series of 90-minute, virtual sessions. Colleagues can choose from different topics which have been co-designed with the seven Regional Hubs of the NHS Leadership Academy and will be hosted by our delivery partner, Tricordant. Find out more [here](#).

Virtual Ward and Remote Monitoring programme resource series

In the recent Yorkshire and Humber AHSN blog, 'How digital remote monitoring and virtual ward solutions help improve the delivery of patient care' project manager Nicola Chicken discussed plans to release a series of resources to support our Integrated Care Board (ICB) colleagues with their virtual wards and remote monitoring ambitions. For the first in the series, 'Start', a [short video](#) and [four-page guide](#) has been shared to introduce the series and the five stages of the Yorkshire & Humber AHSN's Implementation Wheel and how it can be used to support colleagues through the implementation process.

COVID-19 data dashboard

The latest Sitrep data for the Yorkshire and Humber region and our five places can be viewed online:

<https://coronavirus.data.gov.uk/details/cases>

Health and care updates from NHS E/I

Updates up to and including Monday 07 November 2022

NHS delivers 13 million flu jabs

As increasing flu infection rates have recently been published by UKHSA, the NHS can reveal it has now administered 13.2 million flu vaccinations since September. Read more [here](#).

Get in touch at helloworkingtogether@nhs.net or call 0114 305 4487





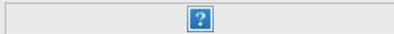
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From: [SY ICB Communications](#)
To: [JOHNSTONE, Sharree \(THE ROTHERHAM NHS FOUNDATION TRUST\)](#)
Subject: UPDATED 18/11/22: Update from Gavin Boyle, Chief Executive, NHS South Yorkshire
Date: 18 November 2022 15:49:17

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Update from Gavin Boyle, Chief Executive, NHS South Yorkshire

UPDATED

Friday 18 November 2022

Dear Sharree,

Welcome the latest edition of our Stakeholder Bulletin where you will find updates and the latest information from across NHS South Yorkshire. This update goes to the wider partners in health and care in South Yorkshire to keep everyone informed.

The Integrated Care Partnership in South Yorkshire, which is your local councils, your local NHS organisations, community and voluntary organisations and other partners met for the first time in September 2022 and agreed that its initial focus will be on developing an [Integrated Care Strategy](#) for South Yorkshire.

We want to make sure our work is informed by the views of patients and the public about what our ambitions and priorities should be for health and care in South Yorkshire so we are asking you to tell us '**what matters to you about your health and wellbeing**'. [Click here](#) to tell us what matters to you about your health and wellbeing.

Your answer can be as long or short as you like, it can be in words or pictures, it can cover all of the things that contribute to your health and wellbeing, even things that you might think are outside of health, like employment or housing, or be very specific. It's up to you. We just want to hear about what's important to the population we serve.

If you would like to find out more about the development of our strategy please visit our website [here](#). If you work with a group of citizens we would welcome a discussion about how they can contribute, please email helloworkingtogether@nhs.net

Elsewhere, we held our Board meeting, and during this we listened to first hand accounts from the 'Be the one' campaign in Rotherham, aimed at suicide prevention. A [short video](#) was shown and included the personal experiences of those who have thought about suicide, or those who have stepped in when they've seen a stranger who looked in distress. This campaign is incredibly moving and highly practical about how to 'be there' for someone in crisis.

Yesterday, Thursday 17 November 2022, saw the annual return of the prestigious HSJ Awards, and we are pleased to see the success of our partners across the region. Primary Care Sheffield won the Primary and Community Care Provider of the Year Award, with Sheffield Children's Hospital part of the winning team of the Performance Recovery Award. Sheffield Health and Social Care FT, in partnership with East London FT and Essex Partnership University FT, won the Workforce Initiative of the Year award. The Rotherham NHS Foundation Trust were finalist in the Using Data to Connect Services category and Doncaster's Mental Health Crisis Alternatives Programme were shortlisted in the Mental Health Innovation of the year category. Please join us in sharing our congratulations with

our colleagues across the region.

I hope you find this a useful update and if you do have any feedback about what would make it more useful, or anything about which you would like to hear more, please email helloworkingtogether@nhs.net

Thank you

Gavin

Updates From Across South Yorkshire



NHS South Yorkshire ICB Board Meeting

NHS South Yorkshire held its Board meeting in public on Wednesday 2 November 2022. For the meeting papers and questions submitted by the public to the board click [here](#). The discussion included the cost-of-living crisis and the work we are doing with our local authorities to coordinate our response, current pressures on the health and care system, our planning for Winter, great progress with the vaccination programme, the development of our strategy and how we are using population health data to help us prioritise.

South Yorkshire Integrated Care Partnership Meeting Minutes

Following the South Yorkshire Integrated Care Partnership's (ICP) first meeting in public on Friday 28 October 2022, the meeting minutes and questions from the public are now available to view on our website [here](#). The next meeting is scheduled for Monday 28 November. More information about how to attend will be announced closer to the meeting date.

Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) appoint new Chairperson

Following a national recruitment campaign and thorough assessment process, RDaSH have appointed a new Chairperson, Kathryn Lavery. Kathryn is the current Chair for Yorkshire Ambulance Service NHS Trust and has a wealth of knowledge and experience. Congratulations to Kathryn who will take up her new post on 1 December 2022. Read more [here](#).

Masterclasses for businesses operating in the healthcare and life sciences space

Yorkshire & Humber Academic Health Science Network (AHSN) have joined forces with health and life sciences law firm Hill Dickinson to launch a series of masterclasses for businesses operating in the healthcare and life sciences space. The jointly delivered Sustainability Support Programme is designed to help healthcare and life sciences businesses meet the challenge of improving their ESG-related performance in response to growing pressure from customers, investors and regulators. The programme will take them through a series of masterclasses with a particular focus on carbon reduction and social value aspects of the ESG agenda. Join the launch event in London on Wednesday 14 December from 17:00 to 19:30, register your place [here](#).

Local Place Updates



Barnsley:

New health nutrition and fitness programme for over 55's in Barnsley set to

launch

A free innovative digital service – Stride – is welcoming approximately 300 people who live in Barnsley to its 12-week health, nutrition and fitness programme this November. Read more [here](#).

New 'choose well for mental health' guide helps local young people find the right support

South West Yorkshire Partnership NHS Foundation Trust have created [a new guide to help children and young people 'choose well for mental health'](#). Aimed at people in Barnsley, Calderdale, Kirklees and Wakefield, the 'choose well for mental health' guide will:

- Support people in looking after their mental health and wellbeing
- Inform people about how to access the right support when they need it
- Help people know what to do if they, or someone they know, experience a mental health crisis or emergency.
- Parents, carers, families and friends can also use the 'choose well for mental health' guide to look out for children and young people close to them and help them get the right support and advice.

The guide has been co-created with children and young people with lived experience, and specialist healthcare teams who work with them, carers and their families.

Rotherham:

Deputy Place Director Appointed

Following the announcement of Ian Atkinson becoming Deputy Place Director for Sheffield Place, we are pleased to announce that Claire Smith has been appointed to the Deputy Place Director role in Rotherham. Claire has previously worked in a joint post for a number of years between the local authority the NHS and has now taken on the role of Deputy Place Director to help drive forward Rotherham's priorities for health and social care.

Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) appoint new Chairperson

Following a national recruitment campaign and thorough assessment process, RDaSH have appointed a new Chairperson. Kathryn Lavery, the current Chairman for Yorkshire Ambulance Service NHS Trust, will join the Trust on 1 December 2022.

NHS 111 self-assessment screens introduced to Rotherham UECC

From Wednesday 9 November, Rotherham Trust introduced NHS 111 self assessment screens for those attending UECC. Upon arrival patients will be asked to answer a few simple questions on the new self-assessment screens before booking in at reception. These screens will help the trust ensure patients are in the right place for their care needs. There will be no change to the way services are delivered within UECC and coordinators will be on hand to help anyone who needs assistance whilst using the screens. Any patients needing urgent care will be brought straight through to UECC as normal.

Doncaster:

Pair of giant inflatable lungs showcased in Barnsley and Doncaster as part of cancer campaign

The Let's Talk Lung Cancer Roadshow – a national tour of the world's first walk-through lung exhibit showcased in two of the country's lung cancer hotspots Barnsley and Doncaster to raise awareness of the disease last week. People were able to step inside the giant pair of 12 ft high x 15 ft inflatable lungs to learn more from health professionals about lung health, lung cancer, and the effects of smoking. Read more [here](#).

Overseas Recruitment and Education Team are named Inclusion Champions at Doncaster and Bassetlaw Teaching Hospitals

DBTH has named the International Nurse Recruitment and Education Team as 'Inclusion Champions' at the organisation's annual awards ceremony. The annual event, which was hosted by Heart Yorkshire's Richard 'Dixie' Dickson, took place this year on Thursday 20

October at the Doncaster Dome. The first ceremony to take place in person since 2019 as a result of challenges posed by the pandemic, the Star Awards is part of the Trust's reward and recognition programme, and provides colleagues the opportunity to nominate their team members deserving of special mention. Read more [here](#).

Sheffield:

Sheffield Intensive Care Consultant takes up prestigious national leadership role

Dr Daniele Bryden, a Consultant in Intensive Care Medicine at Sheffield Teaching Hospitals NHS Foundation Trusts, has been appointed as the new Dean of the Faculty of Intensive Care Medicine. Read more [here](#).

Double award nomination for Sheffield Teaching Hospitals' nursing teams

Sheffield Teaching Hospitals has landed a double finals place in a prestigious nursing workforce awards event. Read more [here](#).

COVID-19 data dashboard

The latest Sitrep data for the Yorkshire and Humber region and our four places can be viewed online:

<https://coronavirus.data.gov.uk/details/cases>

Health and care updates from NHS E/I

Updates up to and including Friday 18 November 2022

Have your say – help shape the professional strategy for nursing and midwifery

The Chief Nursing Officer (CNO) for England is developing a new professional strategy that will set out the direction of travel and ambitions for the professions over the next three to five years. The strategy will cover both nursing and midwifery and the CNO will be supported in its development by the Chief Midwifery Officer for England. It is vital that the new strategy is developed with, and by, the professions to reflect their experiences and aspirations and we are keen to hear from all registered nurses, midwives and nursing associates in England, across all sectors. Please complete this [short survey](#) to share your views.

National awards launched to recognise support workers

At the CNO Summit 2022, Chief Nursing Officer for England Dame Ruth May announced the launch of Chief Nursing Officer and Chief Midwifery Officer awards for healthcare support workers (HCSWs) and maternity support workers (MSWs). Read more [here](#).

Get in touch at helloworkingtogether@nhs.net or call 0114 305 4487





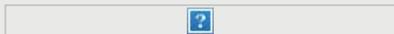
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From: [SY ICB Communications](#)
To: [JOHNSTONE, Sharree \(THE ROTHERHAM NHS FOUNDATION TRUST\)](#)
Subject: 05/12/22: Update from Gavin Boyle, Chief Executive, NHS South Yorkshire
Date: 05 December 2022 10:07:44

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Update from Gavin Boyle, Chief Executive, NHS South Yorkshire

Monday 05 December 2022

Dear Sharree,

Welcome the latest edition of our Stakeholder Bulletin where you will find updates and the latest information from across NHS South Yorkshire. This update goes to the wider partners in health and care in South Yorkshire to keep everyone informed.

As mentioned in our last bulletin, the Integrated Care Partnership in South Yorkshire are developing an [Integrated Care Strategy](#) for South Yorkshire and we want to make sure our work is informed by the views of patients and the public about what our ambitions and priorities should be for health and care in South Yorkshire. Therefore we are asking you to tell us **'what matters to you about your health and wellbeing'** [click here](#) to complete our survey. Your answer can be as long or short as you like, it can be in words or pictures, it can cover all of the things that contribute to your health and wellbeing, even things that you might think are outside of health, like employment or housing, or be very specific. It's up to you. We just want to hear about what's important to the population we serve.

If you would like to find out more about the development of our strategy please visit our website [here](#). If you work with a group of citizens we would welcome a discussion about how they can contribute, please email helloworkingtogether@nhs.net

Elsewhere across South Yorkshire, we are helping to spread the word of the current work of Chief Nursing Officer for England, Dame Ruth May who is developing a new professional strategy for the nursing and midwifery professions in England. The strategy will set out the direction of travel and ambitions for the professions over the next 3–5 years and its development will be supported by the Chief Midwifery Officer for England. The Good Governance Institute has been engaged to assist in this process and is inviting nurses, midwives and nursing associates in England to complete a 10-minute survey. We are keen to support this and ask as many of our South Yorkshire nurses and midwives as possible to complete the survey [here](#).

I hope you find this a useful update and if you do have any feedback about what would make it more useful, or anything about which you would like to hear more, please email helloworkingtogether@nhs.net

Thank you

Gavin

Updates From Across South Yorkshire



Chief Pharmacy Officer for NHS South Yorkshire ICB appointed

Alex Molyneux has been appointed as the Chief Pharmacy Officer for NHS South Yorkshire ICB and started in post on the 1st December 2022. Alex has been the Head of Medicines Optimisation at Doncaster CCG prior to the formation of the ICB and has more recently held the role of System Lead Pharmacist across the ICS and ICB. Alex is leading an exciting agenda around the quality, safety and value of medicines across SY ICB.

South Yorkshire and Bassetlaw Cancer Innovation Award Scheme

Applications are now open for the SYB Cancer Innovation Award Scheme! Have you got an idea that you think could improve services and outcomes for cancer patients in South Yorkshire & Bassetlaw? Learn more and apply today [here](#).

Local Place Updates



Barnsley:

New programme supports young people with additional needs and autism to explore career opportunities

Barnsley health and education partners welcome talented youngsters to life-changing scheme. Young people with learning difficulties and autism have been enrolled onto a new transition into employment programme by Barnsley Hospital NHS Foundation Trust, Barnsley College and Barnsley Metropolitan Borough Council. Read more [here](#).

New mental health crisis service launched for adults

Those 18 years and over living in Barnsley now have access to a new safe, comfortable, non-judgmental place that provides additional out of hours mental health support to those who need it most. The hub, located on Eldon Street is already seeing lots of people. So far, this has mainly been through word of mouth. You can help spread the word with colleagues and networks encouraging them to promote and refer into this service too. Appointments will be available via walk-ins, phone calls virtual meetings, and professional referrals between 6pm-11pm Thursday-Monday. Find out more [here](#).

How's Thi Ticker campaign successfully helps make blood pressure checks more accessible

Over the last five months, those working across the Barnsley place-based partnership have come together to deliver around 70 blood pressure check sessions in convenient locations across our borough. Across the partnership, the team has delivered more than 1,550 blood pressure checks for local residents. Read more [here](#).

Rotherham:

Targeted Lung Health Check programme presented at World COPD Day event

SYB Cancer Alliance supported [World COPD Day at a recent information event at Breathing Space, Rotherham](#). Working with Rotherham NHS Foundation Trust on Wednesday 16 November, colleagues promoted the Targeted Lung Health Check programme. Joined by Voluntary Action Rotherham, the team spoke to attendees about the Targeted Lung Health Check programme, sharing knowledge and learnings with partners from across the region and engaging with the local community affected by chronic respiratory conditions.

The event was well attended by members of public from both Rotherham and further-a-field in Yorkshire and was successful in raising awareness of COPD and sharing information on how best to manage the condition. With the Targeted Lung Health Check programme recently beginning in Rotherham on 26 October, the event provided a welcome space to talk about chronic obstructive pulmonary disease in relation to the broader topic of lung cancer awareness importance. The event also benefitted from talks throughout the day, including a talk from Clinical Director Dr Jason Page about the Targeted Lung Health Check programme. The Targeted Lung Health Check Programme endeavours to work in

partnership with other healthcare providers and the local voluntary and community sector to bring this programme to communities across SYB and in Rotherham, working closely with Voluntary Action Rotherham, to engage the wider community and reach under-represented groups.

Doncaster:

Doncaster and Bassetlaw Teaching Hospitals offer free health checks for colleagues

In late 2021, the Health and Wellbeing team at Doncaster and Bassetlaw Teaching Hospital (DBTH) developed a 'Know Your Numbers' service, giving colleagues easy access to blood pressure checks and signposting to further support if required. To-date more than 400 healthcare professionals and supporting colleagues have benefited from the service. Read more [here](#).

Sheffield:

Lifetime achievement award for Sheffield healthcare innovator

Sheffield Teaching Hospitals' healthcare scientists have been recognised with two major award wins at the Chief Scientific Officer for England's Excellence in Healthcare Awards. Read more [here](#).

Sheffield Teaching Hospitals staff recognised for more than 15,000 years' dedicated service

Over 600 members of Sheffield Teaching Hospitals staff have been recognised for more than 15,000 years' service to the NHS at a special ceremony this week. The awards included four people who had achieved 50 years' service to Sheffield Teaching Hospitals NHS Foundation Trust or its predecessor organisations. Read more [here](#).

CAMHS services praised for care, patience and approachability by CQC

Sheffield Children's has been praised by inspectors for creating an environment where young people feel well cared for, for its patient and insightful staff and for its approachable leaders. The feedback came from the Care Quality Commission (CQC) as part of its inspection of CAMHS (Child and Adolescent Mental Health Service) services for young people who require inpatient care or support in the community. Read more [here](#).

Diabetes service recognised as among the best in the country

The diabetes service at Sheffield Teaching Hospitals NHS Foundation Trust has been shown to be among the best in the country by the results of a national review of services across England and Wales. Read more [here](#).

COVID-19 data dashboard



The latest Sitrep data for the Yorkshire and Humber region and our four places can be viewed online:

<https://coronavirus.data.gov.uk/details/cases>

**Health and care updates
from NHS E/I**



Updates up to and including Monday 05 December 2022

New name for Improving Access to Psychological Therapies (IAPT) services

NHS England (NHSE) and Health Education England (HEE) are asking people for their views on a new name for Improving Access to Psychological Therapies (IAPT) services. You can give your views by completing [the online survey](#). IAPT supports adults who are struggling with mild to severe anxiety or depression. The service aims to help people get quick and easy access to the best type of therapy for their individual needs. The help available depends on each individual's circumstances. Some people may benefit from a shorter period of help, whereas others may need more long-term support. This engagement aims to get the views of a range of people to help NHSE and HEE re-brand IAPT services and create a more recognisable name. You can complete the survey online until Friday 16 December 2022.

Artificial Intelligence problem-solving appeal

Artificial Intelligence (AI) has the potential to make a significant difference in health and care settings through its ability to analyse large quantities of complex information. There are already great applications of AI technology, and more work is underway to fully harness its benefits and use AI safely and ethically at scale. The NHS Artificial Intelligence Laboratory (NHS AI Lab) was created to address that challenge by bringing together government, health and care providers, academics and technology companies. The NHS AI Lab want health and care colleagues to bring them their challenges, or ideas for AI-driven technology, to see if there is an AI solution. If selected, applicants will be invited to work with the Skunkworks team on a proof of concept project, or offered a series of AI workshops aimed at increasing understanding of AI. AI Skunkworks run short projects at the proof of concept level to experiment with AI and find opportunities to use it in the NHS. Read about their previous projects on the [Transformation Directorate website](#). The deadline for applications is 31 January 2023. To apply, or ask the team any questions, email england.aiskunkworks@nhs.net or see the [Transformation Directorate website](#) for more information.

Free webinar: Your library is online: support for nurses and midwives

The NHS Knowledge and Library Hub is here to help you quickly access the information and evidence you need. It connects you to a wide range of online resources specifically useful for nurses and midwives, during training, in practice and for professional development. For example, you can get access to The Royal Marsden Manual and a large selection of Oxford medical handbooks relevant to your profession or specialism. Using the Hub can also smooth your path to help from your local NHS library team if you have one. Join Alan Fricker, Knowledge and Library Hub manager, to explore how to make the most of the full range of evidence support available to you, as well as how to access and navigate the Hub. There will be time for your questions after an initial introduction. [Book your place](#) - Registration closes on Friday 9 December 2022

[The Knowledge and Library Hub](#) is NHS funded so freely available to staff and trainees.

Free webinar: Giving the Gift of Time to help healthcare teams improve patient outcomes and productivity

By tapping into the services offered by their local NHS knowledge and library teams, NHS organisations can realise significant value and benefits. These services can deliver a minimum economic benefit of £2.40, for every £1 invested. This is by taking the heavy lifting out of putting evidence into practice and giving the gift of time. Join Sue Lacey Bryant, Chief Knowledge Officer and Clare Edwards, Deputy Head of Knowledge and Library Services on Tuesday 24 January 12.30 – 1.15pm. Hear the findings of The Value Proposition: The Gift of Time, an independent report which powerfully demonstrates the economic benefits that NHS knowledge and library services generate for the NHS, such as:

- freeing up time for your clinical and operational staff to focus on patient care
- taking the heavy lifting out of sourcing and sifting the right evidence you require
- providing the evidence for informed decision to improve outcomes, quality of care, patient experience, safety and productivity

[Book your place](#) - Registration closes on Thursday 19 January

Get in touch at helloworkingtogether@nhs.net or call 0114 305 4487



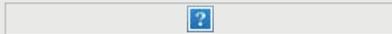
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To: [JOHNSTONE, Sharree \(THE ROTHERHAM NHS FOUNDATION TRUST\)](#)
Subject: 16/12/22: Update from Gavin Boyle, Chief Executive, NHS South Yorkshire
Date: 16 December 2022 10:46:54

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Update from Gavin Boyle, Chief Executive, NHS South Yorkshire

Friday 16 December 2022

Dear Sharree,

Welcome the latest edition of our Stakeholder Bulletin. You will find below the latest information and updates from across South Yorkshire.

I mentioned in previous editions of this bulletin we have been working on developing the South Yorkshire Integrated Care Partnership Strategy. The fantastic work that has taken place to develop this interim strategy is due to be received by the Integrated Care Partnership next week. I refer to this as interim strategy because it will be refined and developed as our partnerships deepen and our understanding of our local communities becomes ever clearer.

As an organisation we aim to incorporate the views of local people into all aspects of our work and our "What Matters to You?" campaign has been running over the last month or so to add to the insights we already have. About 500 individuals and groups contributed to this piece of work to help build our ICP strategy. The strategy will be considered at the public Integrated Care Partnership meeting on 20 December 2023.

Getting this far so quickly has been a real team effort. It is particularly important that we have a sense of our long-term direction because whilst we recognise the need to address immediate priorities, we must also keep our sights on our longer-term goals particularly tackling Health Inequalities and improving population health. I would like to thank everyone who has contributed to the ICP strategy including all our ICP partners, Local Authorities colleagues, NHS partners, VCSE colleagues and the Mayor's team, all who supported and were enthusiastically involved.

Thanks to all partners across SY who are working to mitigate the impacts of industrial action on patients and service users. Although there has been no industrial action among nursing colleagues this week in our system, we are anticipating this for some of our Trusts in the New Year. We are also preparing for next week's proposed action among Ambulance colleagues.

I hope you find this a useful update, this bulletin is circulated to our wider partners in health and care in South Yorkshire to keep everyone informed. If you do have any feedback about what would make it more useful, or anything about which you would like to hear more, please email hellworkingtogether@nhs.net

Thank you

Gavin

New Chief Executive at Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) appointed

Following a national recruitment campaign and rigorous interview process a new Chief Executive for RDaSH has been appointed. Toby Lewis will join in March next year, from his role as a senior visiting fellow at The King's Fund, where his work focuses on inequalities, inclusion, and poverty. Toby will be taking over from Kathryn Singh, who retired from post on 15 December after a remarkable career. Read more [here](#).

South Yorkshire partners come together to the benefit of mental health crisis patients

Adults across South Yorkshire who need a health-based place of safety in a crisis will all receive the same consistent care and approach thanks to a collaboration between public sector organisations in South Yorkshire. Read more [here](#).

The South Yorkshire Integrated Stroke Delivery Network presents at the UK Stroke Forum 2022

The South Yorkshire Integrated Stroke Delivery Network (SY ISDN) attended the annual UK Stroke Forum took place this year in Liverpool, from Tuesday 29 November to Thursday 1 December 2022, hosted by the Stroke Association and the British & Irish Association of Stroke Physicians. The three-day conference is the UK's largest multidisciplinary event for stroke care professionals, working across the whole pathway. The conference aims to provide opportunities for all stroke professionals and researchers to come together so they can learn from each other, share ideas and ultimately improve standards of care for stroke survivors. Read more [here](#).

Launch of South Yorkshire Academy for Population Health and Health Inequalities

We are delighted to announce the launch of South Yorkshire's own Academy for Population Health and Health Inequalities. One of NHS South Yorkshire's top priority is tackling health inequalities and the academy has been created to connect people working in health, care and voluntary sector to help build the knowledge, skills and confidence to address inequalities and improve the health of the people of South Yorkshire. The academy programmes will help NHS South Yorkshire deliver our vision for everyone in South Yorkshire to have the best possible start in life, with support to be healthy and to live well for longer, in a fairer way. The academy website is packed with useful resources and information, along with information on upcoming programmes and learning events. Please visit the [website](#) and get involved.

New Medical Director for Yorkshire & Humber Academic Health Science Network (AHSN)

Graham Walsh has recently been announced as the new Medical Director for Yorkshire & Humber AHSN. Graham has completed his first blog about his new role, which can be read [here](#).

Insight to Action Leadership Programme

Expressions of interest are now open for the second cohort of the Insight to Action leadership programme being delivered by the North East and Yorkshire Leadership Academy, in partnership with the Strategy Unit. The aim of this programme is to develop the leadership and relational skills required to turn population insights into action. The programme is open to groups of health and care leaders, responsible for decision making across different organisations in the same locality. Through the programme they will explore how they can improve their collective decision making for the health and wellbeing of your population. We are inviting applications from groups of three to eight people, approximately two groups per ICS, working in places in the North East and Yorkshire. We welcome participants from ICBs, Local Authorities, Primary Care, Mental Health, Community Services, Acute providers or VCS organisations. Please click [here](#) to submit an expression

of interest. If you have any queries, please contact James Sandy at The Strategy Unit - james.sandy1@nhs.net

Local Place Updates



Barnsley:

New ways of working allow hospital patients to return home

Approximately 80% of people who are assessed as no longer requiring acute level care are now being discharged from hospital on the same day. The discharge to assess model was first introduced in Barnsley during the COVID-19 pandemic when staff identified a greater need to ensure vulnerable patients could be discharged without delays and is now helping more people than ever. A new discharge hub has been introduced which operates seven days a week, allowing patients to be discharged and have an assessment of their needs completed, after leaving hospital. Those who require additional help, will receive support tailored to their individual needs, this could include reablement, neighbourhood rehabilitation services or adult social services. This means that, if a person no longer requires care from the hospital, they can be safely discharged and receive the right care for them at home or an appropriate setting to meet their needs. We will be sharing further details of this work in a future edition of the Barnsley Highlight.

Launch of the new Virtual ward service

Over 100 virtual ward beds will be available to people living in Barnsley by December 2023, meaning those who require additional support with respiratory infections or frailty can now receive the care they need safely and conveniently from their usual place of residence. The virtual ward provides acute level, consultant led care, in the preferred place of care, to people who would otherwise require a hospital bed. Those who are admitted to the virtual ward are given a range of support from face to face appointments to digital monitoring where dedicated staff are on hand to provide specialist advice, treatment and diagnostics. This allows people to receive more timely care, allowing them to live their life independently outside of hospital, whilst still having the right support on hand to manage their acute condition. Patients admitted to the virtual ward will receive dedicated care led by Barnsley Hospital with support in the community from South West Yorkshire Partnership Foundation Trust and Barnsley Metropolitan Borough Council. Since the launch of the virtual wards in June, the team has been working hard on increasing the numbers being treated there with 17 being seen in November. This will rise sharply in December where we will have 20 virtual ward patients being seen at any one time. Feedback from those who have been treated as part of the virtual ward has been positive. The care closer to home board are working to deliver the virtual ward programme.

Rotherham:

New Confidential Digital Mental Health Service for Adults in Rotherham

[Qwell](#), delivered by [Kooth Digital Health](#), is now in place to provide all adults in Rotherham with personalised and confidential digital mental health support. Available immediately via www.qwell.io is accessible to anyone aged 18+. Sitting alongside the self-help and community support, are one-to-one text based sessions with experienced counsellors and wellbeing practitioners. Running from midday to 10pm on weekdays and from 6pm to 10pm on the weekend, appointments can be booked in advance or accessed via a drop-in text-based chat. As a confidential and accessible digital offering, Qwell has been designed to work alongside other established and existing NHS, Local Authority and VCSE services.

Doncaster:

Doncaster and Bassetlaw Teaching Hospitals begins search for a new Non-Executive Director

Doncaster and Bassetlaw Teaching Hospitals (DBTH) is looking for a highly influential, enthusiastic, and motivated individual with great vision, energy, and drive, to join the

Trust's Board of Directors as a Non-Executive Director. More information can be found [here](#).

Sheffield:

Sheffield Children's success at the Sustainability Awards 2022

Congratulations to Sheffield Children's NHS Foundation Trust on their Sustainability Award for the work their respiratory team are doing to promote the environmental impact of inhalers.

Research project offers drop-in psychological help for young people

The Paediatric Psychology team at Sheffield Children's NHS Foundation Trust are now offering drop-in self-referral sessions for young people under 18 who are experiencing psychological difficulties while under the care of a consultant at the hospital for their physical health. Read more [here](#).

COVID-19 data dashboard



The latest Sitrep data for the Yorkshire and Humber region and our four places can be viewed online:

<https://coronavirus.data.gov.uk/details/cases>

Health and care updates from NHS E/I



Updates up to and including Thursday 15 December 2022

NHS marks world first Covid-19 jab with booster plea ahead of Christmas

The NHS has delivered more than 143 million doses of the covid-19 vaccine since the largest and fastest vaccination programme in NHS history began exactly two years ago – on 8 December 2020 in Coventry. Two years on since the NHS delivered the world's first covid jab, kickstarting the most successful vaccine programme in our history, health leaders are now calling on the public to get boosted ahead of Christmas. Read more [here](#).

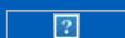
NHS expands mental health crisis services this winter

The NHS is set to boost mental health support for people in crisis to ease demand and pressure on emergency services, as part of extensive winter plans already underway. Read more [here](#).

NHS makes progress on long waits despite winter pressures surge

The NHS has continued to cut long waits for care, as staff continue to contend with record demand for emergency care and increased flu cases in hospital, new figures have shown. Read more [here](#).

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2023/24 priorities and operational planning guidance

23 December 2022

Foreword from the NHS CEO

Thank you to you, and to your teams, for your continued extraordinary efforts on behalf of our patients – particularly over the past weeks as we have prepared for and managed periods of industrial action. There is no denying it has been an incredibly challenging year for everyone working in the NHS, and arguably tougher than the first years of the pandemic.

We have already made real progress towards many of our goals for 2022/23 – in particular in all but eradicating two year waits for elective care and delivering record numbers of urgent cancer checks. This was achieved alongside continuing to respond to the build-up of health needs during the pandemic, an ongoing high level of COVID-19 infection and capacity constraints in social care, increased costs due to inflation and reduced productivity due to the inevitable disruption caused by COVID-19.

2023/24 will also be challenging. Our planning approach therefore reflects both our new ways of working, as recently articulated in the NHS Operating Framework, and an acknowledgement of the continuing complexity and pressure you face.

We will support local decision making, empowering local leaders to make the best decisions for their local populations and have set out fewer, more focused national objectives. These align with our three tasks over the coming year:

- recover our core services and productivity;
- as we recover, make progress in delivering the key ambitions in the Long Term Plan (LTP), and;
- continue transforming the NHS for the future.

To assist you in meeting these objectives, we have set out the most critical, evidence-based actions that will support delivery - based on what systems and providers have already demonstrated makes the most difference to patient outcomes, experience, access and safety.

I look forward to continuing to work with and support you over the year ahead to deliver the highest possible quality of care for patients and the best possible value for taxpayers.

Amanda Pritchard

Our priorities for 2023/24

In 2023/24 we have three key tasks. Our immediate priority is to recover our core services and productivity. Second, as we recover, we need to make progress in delivering the key ambitions in the NHS Long Term Plan. Third, we need to continue transforming the NHS for the future.

The table below sets out our national objectives for 2023/24. They will form the basis for how we assess the performance of the NHS alongside the local priorities set by systems.

Recovering our core services and productivity

To improve patient safety, outcomes and experience it is imperative that we:

- improve ambulance response and A&E waiting times
- reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard
- make it easier for people to access primary care services, particularly general practice.

Recovering productivity and improving whole system flow are critical to achieving these objectives. Essential actions include: reducing ambulance handovers, bed occupancy and outpatient follow-ups relative to first appointments; increasing day case rates and theatre utilisation; moving to self-referral for many community services where GP intervention is not clinically necessary and increasing use of community pharmacies. We must also increase capacity in beds, intermediate care, diagnostics, ambulance services and the permanent workforce. These actions are supported by specific investments, including those jointly with local authorities to improve discharge.

Our people are the key to delivering these objectives and our immediate collective challenge is to improve staff retention and attendance through a systematic focus on all elements of the NHS People Promise.

As we deliver on these objectives we must continue to narrow health inequalities in access, outcomes and experience, including across services for children and young people. And we must maintain quality and safety in our services, particularly in maternity services.

The NHS has an important role in supporting the wider economy and our actions to support the physical and mental wellbeing of people will support more people return to work.

Delivering the key NHS Long Term Plan ambitions and transforming the NHS

We need to create stronger foundations for the future, with the goals of the NHS Long Term Plan our 'north star'. These include our core commitments to improve mental health services and services for people with a learning disability and autistic people.

Prevention and the effective management of long-term conditions are key to improving population health and curbing the ever increasing demand for healthcare services. NHS England will work with integrated care systems (ICSs) to support delivery of the primary and secondary prevention priorities set out in the NHS Long Term Plan.

We need to put the workforce on a sustainable footing for the long term. NHS England is leading the development of a NHS Long Term Workforce Plan and government has committed to its publication next spring.

The long-term sustainability of health and social care also depends on having the right digital foundations. NHS England will continue to work with systems to level up digital infrastructure and drive greater connectivity- this includes development of a 'digital first' option for the public and further development of and integration with the NHS App to help patients identify their needs, manage their health and get the right care in the right setting.

Transformation needs to be accompanied by continuous improvement. Successful improvement approaches are abundant across the NHS but they are far from universal. NHS England will develop the national improvement offer to complement local work, using what we have learned from engaging with over 1,000 clinical and operational leaders in the summer.

Local empowerment and accountability

ICSs are best placed to understand population needs and are expected to agree specific local objectives that complement the national NHS objectives set out below. They should continue to pay due regard to wider NHS ambitions in determining

their local objectives – alongside place-based collaboratives. As set out in the recently published Operating Framework, NHS England will continue to support the local NHS [integrated care boards (ICBs) and providers] to deliver their objectives and publish information on progress against the key objectives set out in the NHS Long Term Plan.

Alongside this greater local determination, greater transparency and assurance will strengthen accountability, drawing on the review of ICS oversight and governance that the Rt Hon Patricia Hewitt is leading. We welcome the review which NHS England has been supporting closely, and we look forward to the next stage of the discussions as well as the final report. NHS England will update the NHS Oversight Framework and work with ICBs to ensure oversight and performance management arrangements within their ICS area are proportionate and streamlined.

Funding and planning assumptions

The Autumn Statement 2022 announced an extra £3.3 bn in both 2023/24 and 2024/25 for the NHS to respond to the significant pressures we are facing.

NHS England is issuing two-year revenue allocations for 2023/24 and 2024/25. At national level, total ICB allocations [including COVID-19 and Elective Recovery Funding (ERF)] are flat in real terms with additional funding available to expand capacity.

Core ICB capital allocations for 2022/23 to 2024/25 have already been published and remain the foundation of capital planning for future years. Capital allocations will be topped-up by £300 million nationally, with this funding prioritised for systems that deliver agreed budgets in 2022/23.

The contract default between ICBs and providers for most planned elective care (ordinary, day and outpatient procedures and first appointments but not follow-ups) will be to pay unit prices for activity delivered. System and provider activity targets will be agreed through planning as part of allocating ERF on a fair shares basis to systems. NHS England will cover additional costs where systems exceed agreed activity levels.

ICBs and NHS primary and secondary care providers are expected to work together to plan and deliver a balanced net system financial position in collaboration with other ICS partners. Further details will be set out in the revenue finance and contracting guidance for 2023/24.

Next steps

ICBs are asked to work with their system partners to develop plans to meet the national objectives set out in this guidance and the local priorities set by systems. To assist them in this, the annex identifies the most critical, evidence based actions that systems and NHS providers are asked to take to deliver these objectives. These are based on what systems and providers have already demonstrated makes the most difference to patient outcomes, experience, access and safety.

System plans should be triangulated across activity, workforce and finance, and signed off by ICB and partner trust and foundation trust boards before the end of March 2023. NHS England will separately set out the requirements for plan submission.

National NHS objectives 2023/24

Area	Objective	
Recovering our core services and improving productivity	Urgent and emergency care*	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
		Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
		Reduce adult general and acute (G&A) bed occupancy to 92% or below
	Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
		Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
	Primary care*	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
		Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
		Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
	Elective care	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
		Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
	Cancer	Deliver the system- specific activity target (agreed through the operational planning process)
		Continue to reduce the number of patients waiting over 62 days
		Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
	Diagnostics	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
		Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
	Maternity*	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
		Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
	Use of resources	Increase fill rates against funded establishment for maternity staff
	Workforce	Deliver a balanced net system financial position for 2023/24
	Mental health	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)		
Increase the number of adults and older adults accessing IAPT treatment		
Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services		
Work towards eliminating inappropriate adult acute out of area placements		
People with a learning disability and autistic people	Recover the dementia diagnosis rate to 66.7%	
	Improve access to perinatal mental health services	
Prevention and health inequalities	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024	
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit	
	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024	
	Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%	
	Continue to address health inequalities and deliver on the Core20PLUS5 approach	

*ICBs and providers should review the UEC and general practice access recovery plans, and the single maternity delivery plan for further detail when published;

Annex

This annex sets out the key evidence based actions that will help deliver the objectives set out above and the resources being made available to support this. All systems are asked to develop plans to implement these. To assist systems in developing their plans a summary of other guidance, best practice, toolkits and support available from NHS England is available on the planning pages of [FutureNHS](#).

1. Recovering our core services and productivity

1A. Urgent and emergency care (UEC)

Key actions:

- Increase physical capacity and permanently sustain the equivalent of the 7,000 beds of capacity that was funded through winter 2022/23
- Reduce the number of medically fit to discharge patients in our hospitals, addressing NHS causes as well as working in partnership with Local Authorities.
- Increase ambulance capacity.
- Reduce handover delays to support the management of clinical risk across the system in line with the [November 2022 letter](#).
- Maintain clinically led [System Control Centres \(SCCs\)](#) to effectively manage risk.

In order to improve patient flow, we all agree we need to reduce bed occupancy to at least 92% ([NHS review of winter](#)), increase physical capacity in inpatient settings to reflect changes in demographics and health demand [[Projections: General and acute hospital beds in England \(2018–2030\)](#)], as well as improve support for patients in the community. NHS England [working with the Department of Health and Social Care (DHSC) and the Department for Levelling Up, Housing and Communities (DLHUC)] will develop a UEC recovery plan with further detail and this will be published in the new year. Delivery of this plan and the objectives set out in this guidance are supported by:

- £1bn of funding through system allocations to increase capacity based on agreed system plans. NHS England anticipates that capacity will be focused on increasing G&A capacity, intermediate and step-down care, and community beds with an expectation that utilisation of virtual wards is

increased towards 80% by the end of September 2023. NHS England will continue share best practice across a range of conditions to support this.

- £600m provided equally through NHS England and Local Authorities and made available through the Better Care Fund in 2023/34 (and £1bn in 2024/25) to support timely discharge. In addition, a £400m ring-fenced local authority grant for adult social care will support discharge among other goals. Further detail will be set out in the revenue finance and contracting guidance for 2023/24.
- An increase in allocations for systems that host ambulance services to increase ambulance capacity.

1B. Community health services

Key actions:

- Increase referrals into urgent community response (UCR) from all key routes, with a focus on maximising referrals from 111 and 999, and creating a single point of access where not already in place
- Expand direct access and self-referral where GP involvement is not clinically necessary. By September 2023, systems are asked to put in place:
 - direct referral pathways from community optometrists to ophthalmology services for all urgent and elective eye consultations
 - self-referral routes to falls response services, musculo-skeletal physiotherapy services, audiology-including hearing aid provision, weight management services, community podiatry, and wheelchair and community equipment services.

Expanding direct access and self-referrals empowers patients to take control of their healthcare, streamlines access to services and reduces unnecessary burden on GP appointments.

NHS England will allocate core funding growth for community health services as part of the overall ICB allocation growth, with £77m of Service Development Funding maintained in 2023/24.

1C. Primary care

Key actions:

- Ensure people can more easily contact their GP practice (by phone, NHS App, NHS111 or online).

- Transfer lower acuity care away from both general practice and NHS 111 by increasing pharmacy participation in the [Community Pharmacist Consultation Service](#).

NHS England will publish the General Practice Access Recovery Plan in the new year which will provide details of the actions needed to achieve the goals above. In addition, once the 2023/24 contract negotiations have concluded, we will also publish the themes we are looking to engage with the profession on that could take a significant step towards making general practice more attractive and sustainable and able to deliver the vision outlined in the Fuller Stocktake, including continuity of care for those who need it. The output from this engagement will then inform the negotiations for the 2024/25 contract.

Delivery of this plan and the objectives set out in this guidance is supported by funding for general practice as part of the five year GP contract, including funding for 26,000 additional primary care staff through the Additional Roles Reimbursement Scheme (ARRS). ICB primary medical allocations are being uplifted by 5.6% to reflect the increases in GP contractual entitlements agreed in the five-year deal, and the increased ARRS entitlements. Data on general practice appointments is being published, including at practice-level, and work is ongoing to improve the quality and use of the data.

1D. Elective care

Key actions:

- Deliver an appropriate reduction in outpatient follow-up (OPFU) in line with the national ambition to reduce OPFU activity by 25% against the 2019/20 baseline by March 2024
- Increase productivity and meet the 85% day case and 85% theatre utilisation expectations, using [GIRFT](#) and moving procedures to the most appropriate settings
- Offer meaningful choice at point of referral and at subsequent points in the pathway, and use alternative providers if people have been waiting a long time for treatment including through the Digital Mutual Aid System (DMAS)

The goals for elective recovery are set out in the '[Delivery plan for tackling the COVID-19 backlog of elective care](#)'. These include delivery of around 30% more elective activity by 2024/25 than before the pandemic, after accounting for the impact of an improved care offer through system transformation, and advice and

guidance. Meeting this goal of course still depends on returning to and maintaining low levels of COVID-19, enabling the NHS to restore normalised operating conditions and reduce high levels of staff absence. We will agree targets with systems for 2023/24 through the planning round towards that goal on the basis that COVID-19 demand will be similar to that in the last 12 months. The contract default will be to pay for most elective activity (including ordinary, day and outpatient procedures and first appointments but excluding follow-ups) at unit prices for activity delivered.

ICBs and trusts are asked to update their local system plans, actively including independent sector providers, setting out the activity, workforce, financial plans and transformation goals that will support delivery of these objectives.

NHS England will allocate £3bn of ERF to ICBs and regional commissioners on a fair shares basis and continue to work with systems and providers to maximise the impact of the three-year capital Targeted Investment Fund put in place in 2022. Further details will be set out in the *Revenue finance and contracting guidance for 2023/24* and *Capital guidance update 2023/24*.

1E. Cancer

Key actions:

- Implement and maintain priority pathway changes for lower GI (at least 80% of FDS lower GI referrals are accompanied by a FIT result), skin (teledermatology) and prostate cancer (best practice timed pathway)
- Increase and prioritise diagnostic and treatment capacity, including ensuring that new diagnostic capacity, particularly via community diagnostic centres (CDCs), is prioritised for urgent suspected cancer. Nationally, we expect current growth levels to translate into a requirement for a 25% increase in diagnostic capacity required for cancer and a 13% increase in treatment capacity.
- Expand the Targeted Lung Health Checks (TLHC) programme and ensure sufficient diagnostic and treatment service capacity to meet this new demand.
- Commission key services which will underpin progress on early diagnosis, including non-specific symptoms pathways (to provide 100% population coverage by March 2024), surveillance services for Lynch syndrome, BRCA and liver; and work with regional public health commissioners to increase

colonoscopy capacity to accommodate the extension of the NHS bowel screening programme to 54 year olds.

The NHS is implementing one of the most comprehensive strategies on early diagnosis anywhere in the world. Cancer Alliances and the ICBs they serve will lead the local delivery of this NHS-wide strategy. NHS England is providing over £390m in cancer service development funding to Cancer Alliances in each of the next two years to support delivery of this strategy and the operational priorities for cancer set out above. As in previous years, the Cancer Alliance planning pack will provide further information to support the development of cancer plans by alliances and these, subject to ICB agreement, are expected to form part of wider local system plans.

1F. Diagnostics

Key actions:

- Maximise the pace of roll-out of additional diagnostic capacity, delivering the second year of the three-year investment plan for establishing Community Diagnostic Centres (CDCs) and ensuring timely implementation of new CDC locations and upgrades to existing CDCs
- Deliver a minimum 10% improvement in pathology and imaging networks productivity by 2024/25 through digital diagnostic investments and meeting optimal rates for test throughput
- Increase GP direct access in line with the national rollout ambition and develop plans for further expansion in 2023/24 (NHS England will publish separate guidance to support the increase GP direct access)

Timely access to diagnostics is critical to providing responsive, high quality services and supporting elective recovery and early cancer diagnosis. NHS England has provided funding to support the development of pathology and imaging networks and the development and rollout of CDCs. £2.3bn of capital funding to 2025 has also been allocated to support diagnostic service transformation, including to implement CDCs, endoscopy, imaging equipment and digital diagnostics.

1G. Maternity and neonatal services

Key actions:

- Continue to deliver the actions from the final Ockenden report as set out in the [April 2022 letter](#) as well as those that will be set out in the single delivery plan for maternity and neonatal services .
- Ensure all women have personalised and safe care through every woman receiving a personalised care plan and being supported to make informed choices
- Implement the local equity action plans that every local maternity and neonatal system (LMNS)/ICB has in place to reduce inequalities in access and outcomes for the groups that experience the greatest inequalities (Black, Asian and Mixed ethnic groups and those living in the most deprived areas).

NHS England will publish a single delivery plan for maternity and neonatal services in early 2023. This will consolidate the improvement actions committed to in Better Births, the NHS Long Term Plan, the Neonatal Critical Care Review, and reports of the independent investigation at Shrewsbury and Telford Hospital NHS Trust and the independent investigation into maternity and neonatal services in East Kent.

To support delivery including addressing the actions highlighted in the Ockenden report NHS England has invested a further £165m through the maternity programme for 2023/24. This is £72m above the £93m baselined in system allocations to support the maternity and neonatal workforce. That investment has increased the number of established midwifery posts by more than 1;500 compared to 2021.

1H. Use of resources

To deliver a balanced net system financial position for 2023/24 and achieve our core service recovery objectives, we must meet the 2.2% efficiency target agreed with government and improve levels of productivity.

ICBs and providers should work together to:

- Develop robust plans that deliver specific efficiency savings and raise productivity consistent with the goals set out in this guidance to increase activity and improve outcomes within allocated resources.
- Put in place strong oversight and governance arrangements to drive delivery, supported by clear financial control and monitoring processes.

Plans should include systematic approaches to understand where productivity has been lost and the actions needed to restore underlying productivity, including, but not be limited to, measures to:

- **Support a productive workforce** taking advantage of opportunities to deploy staff more flexibly. Systems should review workforce growth by staff group and identify expected productivity increases in line with the growth seen.
- **Increase theatre productivity** using the [Model Hospital System](#) theatre dashboard and associated [GIRFT](#) training and guidance, and other pathway and service specific opportunities.

Plans should also set out measures to release efficiency savings, including actions to:

- **Reduce agency spending** across the NHS to 3.7% of the total pay bill in 2023/24 which is consistent with the system agency expenditure limits for 2023/24 that are set out separately. NHS England has published [toolkits](#) to support this.
- **Reduce corporate running costs** with a focus on consolidation, standardisation and automation to deliver services at scale across ICS footprints. NHS England has published annual cost data benchmarking and a [corporate service improvement toolkit](#).
- **Reduce procurement and supply chain costs** by realising the opportunities for specific products and services. Systems should work to the operating model and commercial standards and the consolidated supplier frameworks agreed with suppliers through Supply Chain Coordination Limited (SCCL). Systems should engage with the Specialised Services Devices Programme to leverage the benefits across all device areas.
- **Improve inventory management.** NHS Supply Chain will lead the implementation of an inventory management and point of care solution. National funding will support providers that do not have effective inventory management systems.
- *Purchase medicines at the most effective price point* by realising the opportunities for price efficiency identified by the Commercial Medicines Unit, and ensure we get the best value from the NHS medicines bill. National support to deliver efficiencies will continue to be available for systems through the [National Medicines Value Programme](#).

2. Delivering the key NHS Long Term Plan ambitions and transforming the NHS

2A. Mental health

Key actions:

- Continue to achieve the Mental Health Investment Standard by increasing expenditure on mental health services by more than allocations growth.
- Develop a workforce plan that supports delivery of the system's mental health delivery ambition, working closely with ICS partners including provider collaboratives and the voluntary, community and social enterprise (VCSE) sectors.
- Improve mental health data to evidence the expansion and transformation of mental health services, and the impact on population health, with a focus on activity, timeliness of access, equality, quality and outcomes data.

As systems update their local plans, they are also asked to set out how the wider commitments in the [NHS Mental Health Implementation Plan 2019/20–2023/24](#) will be taken forward to improve the quality of local mental healthcare across all ages in line with population need.

NHS England has allocated funding to grow the workforce and expand services to support delivery of the mental health NHS Long Term Plan commitments. In particular, NHS England will continue to support the growth in IAPT workforce by providing 60% salary support for new trainees in 2023/24. We will also support ICBs to co-produce a plan by 31 March 2024 to localise and realign mental health and learning disability inpatient services over a three year period as part of a new quality transformation programme.

2B. People with a learning disability and autistic people

Key actions:

- Continue to improve the accuracy and increase size of GP Learning Disability registers.
- Develop integrated, workforce plans for the learning disability and autism workforce to support delivery of the objectives set out in this guidance. (The workforce baselining exercise completed during 2022/23 will assist in the development of local, integrated, workforce plans to support delivery.)

- Test and implement improvement in autism diagnostic assessment pathways including actions to reduce waiting times.

NHS England has allocated funding of £120m to support system delivery against the objectives and will publish guidance on models of mental health inpatient care to support a continued focus on admission avoidance and improving quality.

2C. Embedding measures to improve health and reduce inequalities

Key actions:

- Update plans for the prevention of ill-health and incorporate them in [joint forward plans](#), paying due regard to the NHS Long Term Plan primary and secondary prevention priorities, including a continued focus on CVD prevention, diabetes and smoking cessation. Plans should:
 - build on the successful innovation and partnership working that characterised the COVID vaccination programme and consider how best to utilise new technology such as home testing. NHS England will publish a tool summarising the highest impact interventions that can be – and are already being – implemented by the NHS.
 - have due regard to the government’s [Women’s Health Strategy](#).
- Continue to deliver against the five strategic priorities for tackling health inequalities and:
 - take a quality improvement approach to addressing health inequalities and reflect the [Core20PLUS5](#) approach in plans
 - consider the specific needs of children and young people and reflect the [Core20PLUS5 – An approach to reducing health inequalities for children and young people](#) in plans
 - establish [High Intensity Use](#) services to support demand management in UEC.

Funding is provided through core ICB allocations to support the delivery of system plans developed with public health, local authority, VCSE and other partners. The formula includes an adjustment to weight resources to areas with higher avoidable mortality and the £200m of additional funding allocated for health inequalities in 2022/23 is also being made recurrent in 2023/24.

2D. Investing in our workforce

In 2022/23 systems were asked to develop whole system workforce plans. These should be refreshed to support:

- Improved staff experience and retention through systematic focus on all elements of the [NHS People Promise](#) and implementation of the [Growing Occupational Health Strategy](#), improving attendance toolkit and [Stay and Thrive Programme](#).
- Increased productivity by fully using existing skills, adapting skills mix and accelerating the introduction of new roles (e.g. anaesthesia associates, AHP support workers, pharmacy technicians and assistants, first contact practitioners, and advanced clinical practitioners).
- Flexible working practices and flexible deployment of staff across organisational boundaries using digital solutions (e-rostering, e-job planning, Digital Staff Passport).
- [Regional multi professional education and training investment plans \(METIP\)](#) and ensure sufficient clinical placement capacity, including educator/trainer capacity, to enable all NHS England- funded trainees and students to maintain education and training pipelines.
- implementation of the [Kark recommendations](#) and [Fit and Proper Persons \(FPP\) test](#).

NHS England is increasing investment in workforce education and training in real terms in each of the next two years.

2E. Digital

Key actions:

- Use forthcoming [digital maturity assessments](#) to measure progress towards the core capabilities set out in [What Good Looks Like](#) (WGLL) and identify the areas that need to be prioritised in the development of plans. Specific expectations will be set out in the refreshed WGLL in early 2023.
- Put the right data architecture in place for population health management (PHM).
- Put digital tools in place so patients can be supported with high quality information that equips them to take greater control over their health and care.

DHSC recently published strategic plans for digital, data and technology. [Data saves lives](#) and [A plan for digital health and social care](#) set out how digitised services can support integration and service transformation. NHS England will:

- Provide funding to help ICSs meet minimum digital foundations, especially electronic records in accordance with WGLL.
- Procure a [Federated Data Platform](#), available to all ICSs, with nationally developed functionality including tools to help maximise capacity, reduce waiting lists and co-ordinate care.
- Roll out new functionality for the NHS App, to help people take greater control over their health and their interactions with the NHS, including better support to get to the right in-person or digital service more quickly, access to their patient records, improved functionality for prescriptions and improved support for hospital appointments and choice ahead of next winter.
- Accelerate the ambition of reducing the reporting burden on providers and addressing the need for more timely automated data through the [Faster Data Flows \(FDF\) Programme](#).

Funding is allocated to meet minimum digital foundations (especially electronic patient records) and scale up use of digital social care records in accordance with WGLL.

2F. System working

2023/24 is the first full year for ICSs in their new form with the establishment of statutory ICBs and integrated care partnerships (ICPs). Key priorities for their development in 2023/24 include:

- Developing ICP integrated care strategies and ICB joint forward plans.
- Maturing ways of working across the system including provider collaboratives and place-based partnership arrangements.

Improving NHS patient care, outcomes and experience can only be achieved by embedding innovation and research in everyday practice. ICBs have a statutory duty to facilitate or otherwise promote research and the use of evidence obtained from research and to promote innovation, for example AI and machine learning which is driving efficiency and enabling earlier diagnosis.

NHS England will continue to support ICSs to draw on national best practice and peer insight to inform future development.

Joint forward plans

The National Health Service Act 2006 (as amended by the Health and Care Act 2022) requires ICBs and their partner trusts (the ICB's partner NHS trusts and foundation trusts are named in its constitution) to prepare five-year JFPs before the start of each financial year.

NHS England has developed [guidance](#) to support the development of JFPs with input from all 42 ICBs, trusts and national organisations representing local authorities and other system partners, including VCSE sector leaders.

Systems have significant flexibility to determine their JFP's scope as well as how it is developed and structured. Legal responsibility for developing the JFP lies with the ICB and its partner trusts. However, we encourage systems to use the JFP to develop a shared delivery plan for the integrated care strategy (developed by the ICP) and the joint local health and wellbeing strategy (JLHWS) (developed by local authorities and their partner ICBs, which may be through health and wellbeing boards) that is supported by the whole system, including local authorities and VCSE partners.

Delegated budgets

We are moving towards ICBs taking on population healthcare budgets, with pharmacy, ophthalmology and dentistry (POD) services fully delegated by April 2023 and appropriate specialised services delegated from April 2024. This will enable local systems to design and deliver more joined-up care for their patients and communities. NHS England will support ICBs as they take on commissioning responsibility across POD services from April 2023, supporting the integration of services.

Subject to NHS England Board approval, statutory joint committees of ICBs and NHS England will oversee commissioning of appropriate specialised services across multi-ICB populations from April 2023, ahead of ICBs taking on this delegated responsibility in April 2024.

ICBs are expected to work with NHS England through their joint commissioning arrangements to develop delivery plans. These should identify at least three key priority pathways for transformation, where integrated commissioning can support the triple aim of improving quality of care, reducing inequalities across communities and delivering best value. NHS England will provide ICBs with tools and resources to support transformation, and to further develop their understanding of specialised services and enable them to realise the benefits of integration.

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Board of Directors' Meeting 13 January 2023

Agenda item	P10/23
Report	Freedom to Speak up Guardian - Quarter Two Update
Executive Lead	Helen Dobson, Chief Nurse Report prepared by Tony Bennett Lead Freedom to Speak up Guardian
Link with the BAF	U4
How does this paper support Trust Values	Promoting a culture of speaking up within The Rotherham NHS Foundation Trust (TRFT) supports all three of the Trust values of Ambitious, Caring and Together
Purpose	For decision <input type="checkbox"/> For assurance <input type="checkbox"/> For information <input checked="" type="checkbox"/>
Executive Summary (including reason for the report, background, key issues and risks)	<p>To provide the Board of Directors with an update of concerns which would be deemed whistleblowing, raised both to the Freedom to Speak up (FTSU) Guardian and through other official routes and offer a comparison for TRFT against other local and similar sized organisations</p> <p>To provide an update of how the profile of the Speaking up agenda is being raised and embedded within The Rotherham NHS Foundation Trust.</p> <p><u>Summary of Key Points:</u></p> <p>The key points arising from the report are:</p> <ul style="list-style-type: none"> • Further Concerns raised by Stroke Unit staff and update on actions (Appendix 1). • National Guardians Office (NGO) e-learning packages now fully rolled out and 3 year MAST refresher agreed and will roll out during Quarter 3, Trust Compliance of 98.01%. • Regional NGO meeting attended. • NGO published new policy template which is being challenged. • FTSU sessions held with nurse preceptorship group.
Due Diligence (include the process the paper has gone through prior to presentation at Board of Directors' meeting)	This report was presented to the People Committee in December 2022, with no comments forthcoming.
Board powers to make this decision	N/A

Who, What and When (what action is required, who is the lead and when should it be completed?)	No further action required from the Board.
Recommendations	It is recommended that the Board note the Q2 report.
Appendices	Appendix 1 - Listening Event for the Stroke Unit

1. Introduction

The FTSU Guardian's initiative was implemented following the Francis report (2015). The aim of FTSU Guardians is to help create a culture of openness within the NHS, where staff are encouraged to speak up, lessons are learnt and care improves as a result.

The Trust introduced FTSU Guardians (FTSUG) in 2015, with a FTSUG lead appointed in October 2016.

The report aims to provide the Board of Directors with a high level overview of the activity undertaken by the FTSUG during quarter two 2022, highlighting the number of concerns raised, actions taken and resultant learning.

2. Background

This paper provides a review of FTSU concerns raised within the Trust during Quarter Two 2022/23 and an update following Quarter One report. The report also provides an update on the headline data collated and published by the National Guardians Office (NGO) during Quarter One.

3. Reporting and Governance

The FTSUG lead has remained the responsibility of the Chief Nurse. The FTSUG lead is Tony Bennett who covers the role on a 0.4 WTE. Within the North East & Yorkshire region, the average allocated hours for the FTSU lead is 19.5 hours. This ranges from 0 to 37.5 hours. There is no direct correlation between increased hours and improved responses to questions relating to speaking up within the national staff survey.

During Quarter Two, seven concerns have been raised with the FTSU lead, which is a decrease of twelve from Quarter One 2021/22. Two further concerns were raised from staff working on the Stroke Unit which are in addition to the five concerns which were raised by staff during Quarter One. The concerns again related to patient safety and culture. These were escalated to the Chief Nurse and Deputy Chief Nurse. These concerns are still open and work is ongoing with the division to bring a satisfactory outcome. The Deputy Chief Nurse has provided an update in relation to their consultation with staff which can be seen in Appendix 1. The remaining concerns are spread across all divisions and were signposted to HR and Unions as they related to bullying and culture within the divisions.

The FTSUG lead continues to meet quarterly with the Chief Executive, Chief Nurse and Director of Workforce which provides an opportunity for discussion regarding issues raised and potential learning opportunities. The FTSUG lead has also had regular support from the Senior Independent director regarding issues and themes.

The Trust has an overall compliance rating of 98.01% for FTSU Mast e-learning training is up on 0.1% on quarter one, with every Division being above the target of 85%. This may dip slightly over coming months due to FTSU moving from a one-off MAST course to a three year refresher to tie in with national guidance.

Division	165 LOCAL Freedom to Speak Up 1 - Raising a Concern (Whistleblowing) - No Specified Renewal
165 Clinical Support Services L3	99.13%
165 Community Services L3	98.58%
165 Corporate Operations L3	96.89%
165 Corporate Services L3	98.77%
165 Emergency Care L3	97.71%
165 Family Health L3	98.57%
165 Medicine L3	95.60%
165 Surgery L3	98.70%

TRFT has become one of the first Trusts in the region to implement FTSU as a MAST topic with a three yearly refresher period. This will be now be launched during quarter three.

The NGO published the headline national speaking up figures for 2021/22 during quarter one. We are still awaiting the publication of the full paper, which was delayed due to the Prime Ministerial leadership contest. Upon publication, a comparison of the national data and TRFT figures will be included. It is hoped that this comparison will highlight areas for further engagement.

4. National Guardian Office Data

The Trust has submitted data on a quarterly basis to the National Guardian's Office.

4.1 TRFT Comparison with National Data

The value of comparison between Trusts is difficult to determine as a high or low number of concerns does not necessarily provide assurance regarding the speaking up culture of the Trust. The NGO remains keen for Trusts to avoid comparison. It is interesting to note that TRFT has had a reduction in speaking up cases in the first two quarters of 2022-23 compared to 2021-22. This reduction will be reviewed upon the publication of this year's staff survey to establish if FTSU is becoming more common within departments or do TRFT need to take a different approach.

4.2 National Guardian Office Case Reviews

There have been no case reviews published during Quarter Two.

5. Conclusion

A reduced number of concerns have been raised during Quarter Two, however benchmarking the Trust against peers remains a challenge due to the nature of the subject.

Our aim is to be a Trust which promotes an equality of access and an ability to speak openly about what happened with a willingness to learn and take accountability with fairness but not removing accountability. FTSU helps foster a learning culture with a balance of fairness, justice, learning and responsibility. It is not about blame, but it is also not about an absence of responsibility and accountability.

Appendix 1

Report into the Listening Events for the Stroke Unit
Cindy Storer, Deputy Chief Nurse

At the request of the Chief Nurse, the Deputy Chief Nurse, Director of Operations and HRBP for Medicine undertook a series of listening events in August 2022. This was to offer colleagues working on the stroke unit the chance to speak to colleagues unrelated to the ward, with fresh eyes to the issues, who could try and work through the main themes and trends concerning the teams.

In addition to the listening events, some staff chose to speak on a 1:1 basis about the issues and concerns, rather than in a group. This was further backed up by the Director of Operations spending some time on the Stroke Unit with the Therapy team.

Initial conversations focused on safe staffing and not having enough nursing staff. While safe staffing is certainly a challenge and well understood, the main recurring themes staff spoke about are collated below;

Team Development

Staff didn't feel the Stroke Unit worked as a team with work almost silo'd to role title and band. This had led to frustration with some colleagues unable to prioritise as they didn't have a holistic view of all the patients and the ones they were looking after.

There were frustrations between the Healthcare Support Workers (HCSW) and Registered Nurses (RNs) with some HCSW routinely not receiving handover

There were also frustrations between the Therapy teams and nursing teams about perceived lack of safe nurse staffing and perceived unrealistic demands of the Therapy teams.

There was a MDT board round in place pre-Covid but this had been paused over Covid and not re-instated. Staff could not explain why this couldn't just be re-started as an immediate solution to improve communication with in the MDT.

Leadership

Staff gave examples of where situations could and should have been handled by the ward manager and have been left un-managed. Other issues identified included:

- Process for conducting difficult conversations
- Induction process for new starters
- A lack of vision for the unit with misalignment of values and approaches within the senior leadership team

Policy and Process

The Speech and Language Team (SALT) felt unable to communicate dietary changes by updating the communication board above a patient's bed. No one was able to describe why this policy was in place and staff seemed nervous about suggesting change.

Some issues of understanding of Health and Safety Regulations (specifically COSHH) identified.

Communication

Lack of team meetings, inclusive handover, MDT board rounds have contributed towards a group of colleagues, not really working as a MDT. HCSW felt they didn't have a voice with a perception that the registered health care professionals behaved like they were better than them. Most issues could be mitigated and improved with a good handover process for all staff, a daily MDT board round and team meetings.

Staff Development

Staff from the unit were able to describe education and development needs of the team (eg dysphagia training, managing patients with delirium, dementia or neurological changes, mouth care and in some instances moving and handling). When asked what was stopping colleagues from organising some of these education and development needs, no one was sure why they couldn't simply get on with this.

Opportunities to have one MDT establishment were discussed as Therapy colleague's contributions to patient care can be included in the Care Hours per Patient Day (CHPPD).

Feedback to the Senior Management Team

Verbal feedback was provided to the Senior Management Team (SMT) for Medicine and Community (representing AHPs) on 14 November 2022. A full action plan with recommendations was then shared the following day.

The SMT felt the findings and recommendations were all within their gift to change and the move to a newly refurbished ward, an opportunity for a fresh start for the whole MDT.

There was a delay with the Division of Medicine implementing the recommendations from the action plan however they have now commenced work on this. At present of the thirty eight agreed actions, twenty are complete, seventeen are amber and one remains red. This relates to the future of the neuro-rehabilitation service which is a source of concern for some staff within the Stroke Unit.

A further Listening Event will be held at the end of Quarter 4, when all actions should be complete, to assess the impact and confirm if staff feel that this has made a difference.

Board of Directors Meeting

13 January 2023

Agenda item	P11/23
Report	Health Inequalities Update Report
Executive Lead	Michael Wright, Deputy Chief Executive
Link with the BAF	R2
How does this paper support Trust Values	This paper shows how <i>ambitious</i> we are to deliver for our patients and communities and how we're working <i>together</i> with other partners to deliver our goals.
Purpose	For decision <input type="checkbox"/> For assurance <input checked="" type="checkbox"/> For information <input type="checkbox"/>
Executive Summary (including reason for the report, background, key issues and risks)	<p>A Board-level Health Inequalities Task and Finish Group was established in 2021/22 to develop and initiate a programme of work around Health Inequalities, which the Board is committed to delivering on in 2022/23 as per the Operational Plan.</p> <p>This paper provides an overview of the health inequalities agenda nationally, and primarily focusses on updating the Board of Directors around the progress that has been made within the programme of work defined by the Task and Finish Group.</p> <p>The paper notes the progress made across the below programmes of work:</p> <ul style="list-style-type: none"> - Waiting Well - Personalising our Care - Data Analysis - Preventative Activities - Support for Staff - Anchor Institution <p>Good progress has been made across a number of areas, with several innovative initiatives being piloted as part of this programme, including:</p> <ul style="list-style-type: none"> - focussed work to reduce outpatient DNA rates for individuals from the most deprived communities - our participation in the National Digital Weight Management Programme - expansion of the Tobacco Treatment team's remit - the launch of the Learning Disability and Autism Staff Resource folders. <p>Many of these initiatives will take time to demonstrate significant impact on our patients and communities, but have all been driven through the focussed discussions we have had within the Task and Finish Group.</p>

	One newer area of focus within our work relates to the current Cost of Living challenges that many of our patients and our staff are having to manage. The paper provides a brief update on our work in this area, and it is anticipated that this will be a key topic within the next update to the Board of Directors in six months' time, given there are a number of further opportunities we will be exploring.
Due Diligence	This paper has been developed through the Health Inequalities Operational Group.
Board powers to make this decision	In order to be assured of the delivery against our Health Inequalities objectives, the Board needs to be sighted on the progress of the Task & Finish Group.
Who, What and When	The Deputy Chief Executive is the Lead Executive for the Health Inequalities Task and Finish Group, supported by the Director of Strategy, Planning & Performance.
Recommendations	It is recommended that the Board of Directors note the Trust's progress in this programme of work, and are supportive of the plan set out within this paper.
Appendices	Health Inequalities Update

Health Inequalities Update

Introduction

The Covid-19 pandemic has shone a light on the issue of health inequalities within the NHS in particular, and has ensured that a priority has been placed on efforts to reduce health inequalities across the entire healthcare system. The national operational planning guidance for 2022/23 identified addressing health inequalities as one of the ten over-arching priorities for the NHS, following on from the introduction of the Core20Plus5 approach from 2021.

Systems and Places have a leading role to play within this focus on health inequalities, and our partners both at the Rotherham Metropolitan Borough Council (RMBC) including within Public Health, as well as the Integrated Care Board, have significant responsibilities within this area, including management of primary care and a focus on primary prevention across Place. Whilst there is significant work ongoing across the wider Rotherham Place, the Trust wanted to ensure that we had appropriate internal focus on this work, and so the Board established a Task and Finish Group, chaired by our NED Dr Jo Bibby, to develop and oversee a programme of work. The Group are clear that health inequalities are caused by complex interactions between many different factors, and therefore will not be solved by a single organisation's action plan. It is therefore particularly important that our work is connected to the ongoing efforts at Place, and that we seek to work with partners to influence this critical agenda.

This paper provides a brief introduction to the health inequalities agenda nationally, and then focusses on updating the Board on the programme of work which has been developed through the Task and Finish Group.

Context

Health is influenced by a broad range of factors. Wider determinants of health include socioeconomic factors, environmental conditions and the social and community networks we have access to. The Marmot review, published in 2010, raised the profile of wider determinants of health by emphasising the strong and persistent link between social inequalities and disparities in health outcomes. We know that deprivation levels also affect the prevalence of key risk factors, such as smoking, obesity and heart disease, and we have therefore focussed much of our work around targeting patients living in the most deprived areas. However, health inequalities are not inevitable, they are preventable. They are socially determined by circumstances largely beyond an individual's control (such as global economic forces, political priorities and decisions, distribution of power and income).

Even though the drivers of inequalities are rooted in the social, economic and environmental determinants, equity also needs to be addressed within the health and care system. There are inequitable differences in access and quality of health care that we can influence. Some of the most marginalised people in our communities have poorer access to health services, and a poorer experience of services, even

though they may have more complex needs and require more care. Accordingly, without addressing inequitable access and quality, health care services could widen inequalities rather than help to reduce them.

Rotherham is the 44th most deprived Local Authority in the country (out of 317), with the 36th most number of people living within the bottom deprivation decile. This demonstrates how important it is for our communities that we are focussing on taking pragmatic actions to reduce health inequalities in our Place and amongst our communities.

Background

The Health Inequalities Task and Finish Group was established as a task and finish group of the Board of Directors of The Rotherham NHS Foundation Trust (TRFT) to identify and prioritise key actions in order to reduce inequalities in outcomes from care. This follows the national direction of travel, first indicated in the Long Term Plan, and within the NHS's Operational Planning Guidance for 2022-23. The recently published Planning Guidance for 2023-24 asks for continuation of this work.

Recent research by Carnall Farrar and the Institute for Public Policy Research has demonstrated that the South Yorkshire and Bassetlaw ICS has delivered the most effectively on integration and patient outcomes given the level of deprivation across the system¹. The research showed that our ICS is the 4th most deprived ICS in the country, demonstrating the importance of this area of work for our communities, and we know that there is more that we can do to ensure equity of access to our services, and equity of outcomes.

The Task and Finish Group first met in October 2021, and included 6 colleagues from the Board of Directors, as well as the Public Health lead at Rotherham Metropolitan Borough Council (RMBC) and wider Trust colleagues. Following some early research, a number of key themes emerged as areas of focus for the group:

¹ [Revealed: The top-performing ICSs defying deprivation challenges | News | Health Service Journal \(hsj.co.uk\)](https://www.hsj.co.uk/news/10-revealed-the-top-performing-ics-defying-deprivation-challenges-102021)

- *Access*. Improving fair and equitable access to our services and specifically to reflect the impact of the COVID-19 pandemic
- *Person-centred care*. Providing care that is adapted to the circumstances that people are living in and enables them to follow through on the care plans we offer;
- *Prevention*. Building in more preventive activities early on through multiple pathways and seeing care contacts as the Trust's opportunity to promote prevention messages and act on need.
- *Service Users*. Recognising that health inequalities exist within our service users, consider how the Trust can promote better health and wellbeing among the service users, including the benefits to their families and wider community.;
- *Partnership and collaboration*. Ensuring the Trust is actively contributing to and cooperating with the inequalities reduction work of our partners; and
- *Anchor Institution*. In the Trust's role as an 'Anchor' institution, understanding where the opportunities are for the Trust to influence other partners and decision makers to improve the circumstances for healthy and good lives for people in Rotherham;

- *Staff.* Working with our colleagues to encourage more role modelling of positive health behaviours, and supporting our staff to access the support they need to do this.

As a Task and Finish Group, colleagues were identified to lead each of these areas, and work was undertaken to understand what the key opportunities were to reduce the health inequalities in Rotherham. This work supported a tightening of the scope for the group, and ensured that we appropriately prioritised the many potential options for delivery. It also allowed us to identify where work was already underway within Trust BAU processes, such that we didn't need to duplicate the effort within the Task and Finish Group (for example delivery of the Trust's Green Plan).

As part of this scoping and prioritisation work, 6 key deliverables were agreed to be taken forward by the group's members, working with other Trust and place colleagues as appropriate. These were:

- Implement a **waiting well programme** for patients waiting for surgery, including developing an approach to segmentation of the waiting list to test personalised approaches to patient communication, piloting this risk stratification with two specialties
- **Personalise our care** to respond to patient needs, including rolling out communication stations and relevant materials to ensure broader understanding and accommodation of different patient needs
- Undertake a **data analysis** deep dive to better understand specific areas of inequalities in access within the Trust, and identify appropriate resolutions; to include an analysis of frequent attenders in UECC, assessments of DNA rates and waiting times; ensure we build regular review of health inequalities analysis into our normal business as usual processes
- Focus on the expansion of our **preventative activities**, such as QUIT, identifying gaps which could be filled by secondary care provision
- Develop a programme of **support for staff** to reduce health inequalities across our population, including financial assistance support for colleagues
- Drive forward our work as an **anchor institution**, including agreement of an anchor charter

The Task and Finish Group has met monthly since the inaugural meeting, but held its last formal meeting in June as we agreed to integrate this work into our business as usual. Instead, colleagues who are managing the initiatives day-to-day now meet monthly to update on progress and ensure we are delivering as planned. In addition, Dr Jo Bibby has provided regular updates to the Council of Governors, to ensure they are fully sighted on the work to date and the progress being made.

Progress Update – July to December 2022

1) Waiting Well

We know that patients are currently waiting longer than pre-Covid-19 for their treatment with the trust's latest Referral to Treatment performance at 67.8% compared to 91.0% in February 2020 before the pandemic. In non-urgent cases, this may mean patients waiting several months for their procedures.

These extended waits, combined with the impact the pandemic has had on patients' conditions, mean that additional support may be needed for patients whilst they are waiting.

Since the start of the year, a 'Ready Rotherham' brand has been developed to be used to launch a waiting well programme with our communities. It will enable us to easily signpost patients to the appropriate support and assistance, using a specific section of our website. As part of this work, we have developed a 'Directory of Support' for clinicians to use which details what services are available for them to refer patients to in order to access support for their wider needs. A patient-focussed version of this will also be readily available. These are planned to be launched in Q4 following further engagement with clinicians and patients.

Alongside these planned activities, in November 2022, all providers were offered the opportunity to apply to be a pilot Trust for the National Digital Weight Management Programme. The Trust was delighted to be announced as one of ten successful applicants a few weeks later, and is due to begin the programme from January 2023 following initial engagement with the national team in December. The ability to refer into this service means that we now have an additional offer of support for our patients awaiting a hip or knee replacement or hernia repair (with a BMI over 30). Patient-level data on previous activity showed that up to a third of patients receiving these treatments from the Trust were overweight or obese; this targeted pilot will therefore support our patients to improve their fitness for surgery and ultimately support better outcomes following surgery. In addition, approximately 60% of our patients fall into the highest Indices of Multiple Deprivation (IMD 1-4) and evidence shows that deprivation has a significant impact on lifestyle factors such as healthy weight, which is what drives health inequalities between patients given patients may not be deemed suitable for surgery if their weight makes them very high risk. Free resources to support these patients to manage their own health will therefore also help to reduce health inequalities in our community. Initial planning meetings with NHSE are already underway, with a view for the pilot to commence around March/April 2023.

2) Personalise our care

Every day our colleagues focus on ensuring every patient gets the personalised care they need. However, at a Trust level, we are also implementing a number of initiatives to ensure our care recognises the specific needs of our patients, and enables each patient to experience an equally personalised offer of care from our teams. Below are a few examples of the work we have carried out within the lifetime of the programme to date.

Communication Stations:

Communication Stations have now been launched in order to provide staff with resources and training to communicate in a more effective way with anyone with communication needs, as well as other identified vulnerable groups e.g. end of life. The compiling of the resources has prompted cross departmental working like never before on the topic, with Speech and

Language Therapists, procurement, engagement and inclusion, Consultants, Specialist Nurses and audiology contributing.

Translated Bedside Information:

The new Bedside Patient Information folders have now been launched, and are being translated into the top 5 languages of Rotherham to ensure more patients are able to access this information. This followed patient engagement in 2021 which elicited concerns from the local Pakistani population around non-inclusion at TRFT. Training for staff has also been updated to address community concerns.

Learning Disabilities and Autism Staff Resource Folders:

At The Rotherham NHS Foundation Trust, we want to ensure staff:

- are referring anyone with a learning disability or autism to the 'Learning Disability and Autism Team' or encouraging self-referral
- are making reasonable adjustments for them
- are equipped to deal more effectively with the particular needs of each individual

Overall, Rotherham's rates of autism diagnosis are higher than the national average, with most of these being younger people. This may mean a lot of people, especially older people, will not have had a formal diagnosis. Over the next 15 years, a substantial increase in autism diagnoses is expected in the Rotherham area, and we have created targeted resources to support our staff to identify those patients who may benefit from a referral to our specialist team, and also to ensure they are able to appropriately support these patients whilst they are in our care.

In December 2022, our new Learning Disability and Autism Staff Resource Folders were launched at an event at TRFT. These will provide more information to staff on what they can do to support their patients with learning disabilities and autism including how to communicate more effectively. The folders also provide signposting to other useful resources for our teams.

Maternity Voices Partnership

Following the publication of the Maternity Voices Annual Report, a workplan has been produced and shared with our teams, to ensure we can drive improvements over the next year. There is a particular focus on vulnerable groups within the plan, and specifically BAME parents and families. Our clinicians are working hard to improve the experience for BAME parents in 2023/24, beginning with a number of engagement activities to ensure any improvements are co-produced with our communities. As part of this work, we are reviewing our methods of communication with patients, and how we can ensure that information we provide is equally accessible to all parents and families.

3) Data Analysis Deep Dive

The previous paper to the Board of Directors explained that our detailed analysis on our waiting list identified no significant differences in the average length of wait for elective treatment based on patients' levels of deprivation

(drawn from postcode data). Further work was undertaken to identify whether patients from more deprived areas were disproportionately represented within our long waiters, but again, this analysis demonstrated that there is no significant difference for patients from more deprived areas. This analysis now forms part of our monthly Integrated Performance Report to the Board and Finance and Performance Committee, and a live, dynamic report within Power BI has been developed at specialty level to enable teams to interrogate their own data and ensure there are no disparities developing over time.

Within this data, we also reviewed the Did Not Attend (DNA) rates for patients based on deprivation indices, and identified a significantly higher DNA rate for patients from postcode areas identified as within the 20% of most deprived areas (Indices of Multiple Deprivation deciles 1 and 2), when compared to patients from less deprived areas. In response to this, we have established a focussed piece of work to test how we can reduce DNA rates amongst our most deprived communities, given this may be masking extended waits for these patients due to the national rules around Referral to Treatment waiting times regarding clock starts for patients who DNA their first appointment in particular.

As such, the Contact Centre team are now contacting patients by phone from the two most deprived deciles to speak to them about an appropriate time and date for their appointment, rather than automatically appointing them to the next available slot and confirming this via letter. This will enable our team to ensure we are being mindful of patients' other commitments, such as caring responsibilities, work requirements (especially for those people working in jobs where there is no paid time off to attend healthcare appointments) and other relevant factors. To begin with, this pilot is exclusively for Ear, Nose and Throat (ENT) and Cardiology appointments, with results on the impact expected in Q1 of 2023/24, once sufficient patients have been contacted via this new methodology. Given it takes additional time for the Contact Centre to have these discussions (and therefore investment in resource), any further expansion of this would need to be worked through in detail to assess the impact.

4) Preventative Activities

Public Health Consultant:

The Public Health Consultant post was successfully recruited to, with the appointee due to start in March 2023. This post will bring a new dimension to some key related elements of our work, particularly around pathway redesign and ensuring we bring a public health focus to our services. One of the priorities will be for him to review the Trust's outcomes data around a number of our key pathways (such as maternity and diabetes) and identify opportunities for improvement and pathway redesign that will ensure appropriate preventative actions are built in to our offering, in order to reduce health inequalities amongst our communities. The postholder will be a member of the Health Inequalities Task and Finish Operational Group, in order to contribute to our ongoing work across all dimensions.

Tobacco Treatment Service:

The Trust's Tobacco Treatment Service is now fully extended to include all patients aged 12 years and over. The service is able to support any patient under the care of the Trust. Recording of a patient's smoking status is now mandated for all inpatients aged 16 years and over. Patients identified as smokers are reviewed by the Tobacco Treatment Advisors on an OPT OUT basis. Outpatients, Community patient and those aged 12-15 are supported on an OPT IN basis.

Q3 2022 - Smoking status was recorded in 89% of all inpatients (LOS>1)

The service is in discussion with the ICB and Children's Service colleagues regarding the provision of stop smoking support for household members of admitted children. This will aim to promote smoke free homes, reduce passive smoking risk and de-normalise smoking with a view to decreasing future uptake. This work is ongoing and forms part of a robust service improvement plan.

The Tobacco Treatment Advisors have expanded their scope of practice to now provide an enhanced holistic offer to the smoking patients. The advisors have been provided with additional training to provide advice and onwards signposting for a variety of additional health care needs. This includes alcohol misuse, weight management, physical activity and mental health.

The service has identified significant opportunities in enhanced provisions for moderate risk alcohol patients (AUDIT C 5-7) and overweight patients (BMI>25). Early data indicates positive utilisation of this expanded scope of practice.

Of the 467 patients assessed by advisors for tobacco dependence during October and November, 53 (11%) were identified as also having moderate risk alcohol misuse.

The advisors have been able to provide advice and signposting as appropriate to these patients. This is support that would otherwise not have been received as currently only high risk patients (AUDIT C 8-12) are referred to the Specialist Alcohol Liaison Team. The Tobacco Treatment Service continue to develop this enhanced holistic offer within the smoking inpatient population.

5) Support for Staff

Tobacco Treatment Service for staff is well established within the Trust. Since launching in January 2022, 24 staff have been supported by the service. Staff uptake is lower than anticipated but is broadly consistent with uptake rates experienced in other South Yorkshire and Bassetlaw Acute Trusts.

The service has responded to staff feedback and adapted provision to support in ways that better suit their needs. It has been acknowledged the challenges staff face in attending appointments. As such the service now has the flexibility to support staff both face to face and remotely. This includes the option of postage of Nicotine Replacement Therapy (NRT) products to an address of their choice.

In support of the Trust's work towards a smoke free hospital site and culture, the service offer has been extended to all staff that work on our hospital sites, not just those employed by the Trust. The team are working to ensure that service information is distributed widely within the Trust utilising all available communication methods. This includes service information within regular electronic communications, posters and signage, staff inductions and training, recruitment letters and occupational health processes. Gift voucher incentives are utilised during key promotional campaign periods such as New Year and Stoptober. It is hoped that increased uptake rates are realised in the next 12 month period.

Given the recent challenges around inflationary pressures affecting energy and fuel prices, it is clear that many of our staff will be financially disadvantaged in the coming months, and may struggle to manage these additional costs. A programme of work is underway, led by our Head of Equality and Diversity, to implement a series of tangible offers to colleagues to support those who need it. We launched our partnership with 'Wagestream' in June, which gives staff access to a proportion of their pay before payday, if and when they need it. It also provides impartial and tailored financial tips for staff, and enables them to save directly from their salary. The programme is designed to reduce the need for staff to access high-cost loans or utilise other quick cash options, which in the longer-term, will likely leave them in much more difficult situations. There are strong safeguards in place to ensure that the programme itself does not expose colleagues to even greater financial instability.

As well as this specific offer, we will be establishing a Cost of Living group within the Trust, chaired by the Deputy Chief Executive, which will review wider offers of support we can make to staff, in a sensitive and supportive way. This follows a presentation from the Joseph Rowntree Foundation around in-work poverty, supported by NHS Confederation, and will deliver a number of tangible initiatives for staff.

6) Anchor Institution

The majority of our anchor institution work is part of our BAU operating, with the development of an Anchor Charter falling within the health inequalities programme. Teams continue to progress with the agreed areas of work such

as implementation of the Trust's Green Plan and participation in the ICB Procurement programme.

Risks and Challenges

The work we are undertaking within Health Inequalities does not come with additional resources, so for a number of the deliverables, these are being carried out in addition to colleagues' ongoing roles. During the first phase of work, there were times when this created significant challenges to our ability to progress elements of the work. However, the developments within the programme over the last six months have helped to bring the priority areas of work to within our business as usual work as much as possible, with new opportunities such as the National Digital Weight Management Programme benefiting from internal, dedicated, project management resource to support them.

At this stage, a number of areas of the programme are only agreed as pilots, including the expansion of the remit of the Tobacco Treatment Team, the Contact Centre direct contact programme for the most deprived patients and the National Digital Weight Management Programme. It is therefore possible that as we test out these initiatives, we are unable to deliver the impact we plan to, or it is not possible to broaden the scale of the schemes given resource constraints.

Conclusion and Next Steps

The Health Inequalities Task and Finish Group has enabled a full programme of work to be developed around this critical issue, and has brought colleagues together to drive forward an ambitious agenda. The work has already delivered tangible benefits for patients and staff, and with further momentum behind a number of the initiatives, it will also support the wider Place in reducing the health inequalities that affect our communities.

Board of Directors' Meeting

13 January 2023

Agenda item	P12/23
Report	Board Development 2021/22
Executive Lead	Martin Havenhand, Chairman Angela Wendzicha, Director of Corporate Affairs
Link with the BAF	The detail contained within this paper links with all BAF Risks.
How does this paper support Trust Values	The paper supports all Trust values
Purpose	For decision <input type="checkbox"/> For assurance <input type="checkbox"/> For information <input checked="" type="checkbox"/>
Executive Summary (including reason for the report, background, key issues and risks)	<p>During the last two years, the Board has undertaken a detailed programme of development facilitated by external support. The objective has been to develop a high performing unitary board.</p> <p>The following paper provides an overview of the outcome of that development programme, its positive effects and potential future development.</p>
Due Diligence (include the process the paper has gone through prior to presentation at Board of Directors' meeting)	This paper has not been presented at any other Committee prior to Board.
Board powers to make this decision	Not applicable as this paper is for information only.
Who, What and When (what action is required, who is the lead and when should it be completed?)	No action required.
Recommendations	The Board is asked to note that the proposed actions from the discussions during the development session on 9 th December 2022 will be considered at the next Strategic Board Forum on 3 rd February 2023 along with options for future board development.

1.0 Introduction

- 1.1 Successful Boards are those who embrace a culture of continuous improvement and development, underpinned by rigorous evaluation.
- 1.2 Creating opportunities to reflect on performance, practice, processes and effectiveness is something that all Boards should embrace; indeed these are matters that regulators across all sectors encourage.
- 1.3 The following paper illustrates the methodology and outputs resulting from the Board development sessions delivered during the last couple of years. The final development session took place in December 2022 following a review of the progress having been made over the last 2 years.
- 1.4 The aim and purpose of the development session in December 2022 was to reflect on the development achieved by the Board over the previous two years, act as a reminder to the Board of best practice in board behaviours, the practice of scrutiny in addition to the balance between strategy, assurance and culture.
- 1.5 In addition to the above, the Board engaged with a number of live coaching sessions all of which supported the Board to reach an understanding of its current strengths and future development needs.

2. Methodology

- 2.1 All members of the Board, both voting and non-voting took part in an online survey. The questions focused on three themes, namely strategy, culture and assurance. In addition, individual interviews took place that resulted in a thematic analysis of those discussions.

3. Outcomes

- 3.1 There has been a positive change in the way in which the culture of the Board is described. The Board is now described as being committed, transparent, supportive, ambitious, improving and collaborative.
- 3.2 Analysis from the board meeting observation session highlighted that evidence was provided of a culture being weaved through an assortment of items for discussion. However, analysis from the interviews concluded that the Board needs to give more attention to culture which could be facilitated through planned work during seminars.
- 3.3 There was near unanimous views that the pattern, cadence and structure to the board meetings is about right with the caveat that there may still be too many formal reports presented to full board that could usefully be managed at Board Committee level.

3.4 Focusing of committees on assurance has been a significant step forward with the acknowledgment that opportunities for improvement can be found in a further moderation of assurance and development of best practice across committees. A welcome revisit of the chair assurance logs was agreed.

3.5 It is clear that the Board can clearly describe how its vision for the organisation will improve the quality of care provided to patients and deliver better health outcomes for our local population.

4. Recommendations

4.1 The Board is asked to note that the proposed actions from the discussions during the development session on 9th December 2022 will be considered at the next Strategic Board Forum on 3rd February 2023 along with options for future board development.

**Board of Directors Meeting
13 January 2023**

Agenda item	P13/23
Report	Reciprocal mentoring for Inclusion
Executive Lead	Steve Ned, Director of Workforce
Link with the BAF	U4
How does this paper support Trust Values	This paper supports all of the Trust values of Ambitious, Caring and together by creating a reciprocal mentoring scheme where individuals and the Trust can learn lessons to support creating a diverse, inclusive culture.
Purpose	For decision <input checked="" type="checkbox"/> For assurance <input type="checkbox"/> For information <input type="checkbox"/>
Executive Summary (including reason for the report, background, key issues and risks)	<p>This paper provides a review of the background and progress made in respect of the Reciprocal Mentoring Programme at the Trust.</p> <p>Staff survey results have indicated that Black and Minority Ethnic (BAME), Lesbian, Gay and Bisexual* staff, together with Disabled staff have a significantly worse experience of working at the Trust than staff without those protected characteristics.</p> <p>The Trust's 2020 Workforce Race Equality Standard (WRES) Action plan (co-produced with BAME colleagues and approved by the Board of Directors) included an action to introduce reverse mentoring for Board members by December 2021.</p> <p>In 2021 the NHS Leadership Academy advertised their Reciprocal Mentoring For Inclusion Programme and we were accepted as part of it. Unfortunately due to capacity issues the national programme did not happen so we decided to proceed with the programme independently.</p> <p>The programme started early in 2022 and there are currently 25 people registered. Each of them is paired with a partner in progress. Some partnerships are focused on developing the working practises of the individuals within the partnership, with a view to enabling both parties to better contribute to creating an inclusive Trust. Other partnerships are taking forward specific projects, all of which are at different stages of development. The key themes emerging from the programme so far are:</p> <ul style="list-style-type: none"> • The value of creating a psychologically safe space in which conversations about often quite difficult lived experiences can take place, with a commitment to listening with fascination and acting to improve those experiences.

	<ul style="list-style-type: none"> • A strong desire to share learning with the rest of the organisation • A shared understanding that an organisation’s culture can feel very different depending on one’s position within the organisation and background. • A greater understanding of some of the issues facing staff from underrepresented backgrounds within the Trust. <p>Feedback from staff gathered as part of a project undertaken by one of the reciprocal mentoring pairs has been incorporated into a proposed amended version of the Trust’s WRES action plan, which is included as Appendix 1</p> <p>* the staff survey only started collecting data on trans staff experience in 2021, and no local data is available as the number of relevant responses received was below the suppression threshold</p>
<p>Due Diligence (include the process the paper has gone through prior to presentation at Board of Directors’ meeting)</p>	<p>An earlier version of this paper was discussed at Board in December 2022, at which it was decided that recommendations made as part of a project undertaken by one reciprocal mentoring pair should be incorporated into the Trust’s WRES action plan. This paper has been discussed and approved by the Executive team at its meeting held on 5th January, 2023.</p>
<p>Board powers to make this decision</p>	<p>Approval of the WRES action plan (including any amendments) is a matter for the Board</p>
<p>Who, What and When (what action is required, who is the lead and when should it be completed?)</p>	<p>Once approved, the Head of Equality, Diversity and Inclusion will ensure the amended WRES action plan is published on the Trust website. Progress against the action plan will be monitored as originally planned through the People Committee.</p>
<p>Recommendations</p>	<p>It is recommended that the Board of Directors approves the amended WRES action plan and notes the update on the Reciprocal Mentoring for Inclusion Scheme.</p>
<p>Appendices</p>	<p>Appendix 1 – Proposed amended WRES action plan</p>

RECIPROCAL MENTORING FOR INCLUSION

1.0 Background

- 1.1 This paper is a follow-up to a paper discussed in detail at the December 2022 Board of Directors meeting. It is provided to give information about the Trust's Reciprocal Mentoring for Inclusion Programme (RMFIP) and to set out proposed additions to the Trust's Workforce Race Equality Standard (WRES) action plan to incorporate recommendations agreed at the December meeting. The updated WRES plan for approval is at Appendix 1.
- 1.2 The Trust has been carrying out significant inclusion work around race, disability, gender identity and sexual orientation, and has three staff networks: Black and Minority Ethnic (BAME) staff; Disabled; and Lesbian, Gay, Bi-sexual and Trans-gender (LGBT+) (for the purposes of this document, referred to as underrepresented groups). There is a degree of overlap between the membership of the three staff networks, demonstrating that a number of our staff have intersecting protected characteristics.
- 1.3 Staff survey results have indicated that BAME, LGB¹ and Disabled staff have a significantly worse experience of working at TRFT than staff without those protected characteristics.
- 1.4 Through the work the Trust has done around inclusion over the last couple of years, it has been clear that some interventions can support improved experience for all underrepresented groups, but there are also issues that require a more targeted approach.
- 1.5 When deciding on the inclusion criteria for the Trust's RMFIP significant consideration was given to the fact that this is a large, medium-term and resource-intensive programme, and also that the programme itself is generally likely to act as a catalyst, rather than a vehicle, for change. It will do this by developing the awareness of senior partners and the voice of more junior partners, and by all parties committing to take forward ideas discussed during mentoring conversations. This felt like a good opportunity to include all of the Trust's underrepresented staff groups, in order to bring the greatest possible visibility and energy to the Trust's inclusion challenges.

2. Introduction

- 2.1 The Trust's 2020 WRES Action plan (co-produced with BAME colleagues and approved by the Board of Directors) included an action to introduce reverse mentoring for Board members by December 2021.
- 2.2 The Board reaffirmed their commitment to this in October 2020 at an Understanding Privilege and Becoming Anti-Racist workshop.
- 2.3 At the same time, the NHS Leadership Academy was advertising their RMFIP.

¹ the staff survey only started collecting data on trans staff experience in 2021, and no local data is available as the number of relevant responses received was below the suppression threshold

- 2.4 Having researched the scheme on offer from the NHS Leadership Academy, a decision was made to apply for a place, and the Trust was selected. At the time (November 2020), the Leadership Academy envisaged a fairly rapid programme start date (within 6-12 weeks). The involvement of the Leadership Academy led to a series of delays during the programme, and an eventual announcement from the Leadership Academy that they were unable to deliver the programme: this information is provided by way of context to the several long pauses in the timeline below.
- 2.5 A workshop with Board members and potential participants was held in November 2020 to introduce the concept.
- 2.6 A programme of conversations between Board members and potential mentoring partners was arranged and took place during May, June and July 2021. During these conversations, participants were asked to come up with three great ideas for things that they would like to be different at the Trust by the end of the programme.
- 2.7 There was some very positive feedback from both Board members and participants from underrepresented backgrounds around these conversations. There was also some feedback from Board members about the need to ensure that the purpose of RMFIP was clear to all participants, and feedback from some participants from underrepresented groups that there was a need for all Board members to understand the operation of power dynamics and the need to create a psychologically safe environment for discussion around inclusion.
- 2.8 After matching, partners started to meet on a one to one basis with support available as and when required from the Equality, Diversity and Inclusion (EDI) team and the Executive Director of Workforce and all participants were also issued with a programme handbook and resource pack. The Head of EDI also ran a session for some board level participants to support them in forming relationships with their partners in progress.
- 2.9 A series of half-day full-cohort workshops have been organised, the first of which took place in early November and others scheduled for January, March, May and June 2023. Each workshop will involve some educational content around the subject of inclusion, followed by time spent discussing insights from the partners in progress. At the November workshop, the Head of EDI and Munazza Shah, EDI Advisor, led a session around cultural intelligence and conscious decision making.
- 2.10 The key themes emerging so far are:
- The value of creating a psychologically safe space in which conversations about often quite difficult lived experiences can take place, with a commitment to listening with fascination and acting to improve those experiences.
 - A strong desire to share learning with the rest of the organisation

- A shared understanding that an organisation's culture can feel very different depending on one's position within the organisation and background.
- A greater understanding of some of the issues facing staff from underrepresented backgrounds within the Trust.

3. **The partners in progress**

3.1 There are currently 25 people registered on the reciprocal mentoring programme (16 of whom attended the November workshop). Each of them is paired with a partner in progress (one participant is currently without a partner due to their partner having left the Trust). Some partnerships are focused on developing the working practises of the individuals within the partnership, with a view to enabling both parties to better contribute to creating an inclusive trust. Other partnerships are taking forward specific projects, all of which are at different stages of development. Three projects are mentioned below:

3.2 **The projects**

- Understanding BAME staff experience: this was the first project to get off the ground as part of the reciprocal mentoring programme. Precious Keta supported by her partner in progress Martin Havenhand with the engagement of the EDI team have held a number of workshops with BAME colleagues, outputs from which were discussed at the December Board of Directors meeting and led to the additions to the WRES action plan. A small amount of the feedback received during these workshops was entirely around patient care, and so is not suitable for incorporation into the WRES action plan, but will be taken forward by the Director of Nursing.
- Understanding and addressing DNA rates within socio economically deprived communities via an inclusion lens: this project is at a relatively early stage and aims to reduce health inequalities by removing barriers to attendance at scheduled hospital appointments for people from socio economically deprived areas of the borough where DNA rates tend to be significantly higher than in more prosperous areas. At the planning stage, the partners in progress are giving careful attention to how best to engage with these communities to explore the barriers to their attendance.
- Improving workplace experience for Disabled colleagues: this project has focused significantly on reasonable adjustments. So far, it has involved the development of a business case for funding for a pilot project to introduce a workplace disability advisor to support managers and disabled staff to put in reasonable adjustments and to ascertain how procurement process is and equipment reuse can be improved. This pilot launched on the 1st of November and will run for six months. Additionally, this project has involved the development of a new "all about me" staff passport which will be introduced in January.

4. What next?

- 4.1 The current cohort of the reciprocal mentoring programme will end in June 2023.
- 4.2 The planning and delivery of the reciprocal mentoring programme has been incredibly challenging (and at times frustrating) and has provided a huge amount of learning for the programme delivery team, who would very much value the opportunity to take this learning forward into a further cohort.
- 4.3 The programme delivery team plan to follow up with partners in progress from the current cohort at the end of this programme and six- and 12-months post-program to ascertain what the long-term effects of the programme have been.
- 4.4 There has been some informal discussion at Rotherham Place around running a Rotherham health and social care reciprocal mentoring for inclusion programme, which would be led by the Trust and would provide opportunities for partnership working with health and social care partners. This programme would again involve participants from underrepresented groups and senior managers (potentially Divisional leadership colleagues).

5. Recommendations

- 5.1 Introduce a second cohort to the programme.
- 5.2 The programme delivery team to follow up with the current cohort at 6- and 12-months post-programme to ascertain what the long-term effects of the programme have been.
- 5.3 Widen the second cohort to provide a Rotherham health and social care reciprocal mentoring for inclusion programme, which would be led by the Trust and would provide opportunities for partnership working with health and social care partners (subject to agreement at the Place Workforce Enabling Group).
- 5.4 Approve the amended WRES action plan included at Appendix 1.

Emily Wraw

Head of Equality, Diversity and Inclusion

December 2022

Additional support and information provided by Precious Keta and Harjot Khaira

Appendix 1

2022-2023 WRES Action Plan, amended December 2022

WRES Metric	Link to other EDI metrics?	What will we do?	How will we do it?	Lead officer(s)	By when?	Why are we doing this?
1,6,9	WDES	Complete Reciprocal Mentoring For Inclusion Programme cohort 1 and plan cohort 2 as a Place programme. Follow up with cohort 1 participants at 6- and 12-months post-programme to ascertain what the long-term effects of the programme have been.	Completing current programme and using learning from it to inform design of cohort 2	Head of EDI, RMFIP participants	Cohort 2 to launch Q1 2023-24	To support the embedding of inclusion throughout our organisation and the development of diverse leaders
6, 8	MWRES	Embed new national standards for International Medical Graduate induction	Conducting gap analysis against standards and then working to embed	Head of Medical Workforce	End of Q4 2022-23	To ensure that international medical graduates receive an appropriate and comprehensive induction to UK practice, improving career prospects and reducing the risk of GMC referrals.

6, 8	MWRES	Ensure behavioural framework, inclusion and cultural competence are all covered in medical leadership programme	By including appropriate sessions in the programme	Business Manager to Medical Director	End of Q4 2022-23	To promote a culture of inclusion within our medical workforce.
6, 7, 8		Continue Stay and Thrive programme and apply for the NHS pastoral care quality award for international nurses and midwives.	Continuing to engage with internationally educated nurses via listening events and workshops, and using what they tell us to improve our practice	Deputy Chief Nurse	Ongoing throughout duration of action plan (application to be submitted by end of Q4 2022-23)	To ensure we are providing high-quality support to our internationally educated nurses
3	WDES	Develop new staff handbook and ward/department handbook template	Working with stakeholders to ensure relevant and accessible electronic document	Communications Manager, Head of EDI	End of Q4 2022-23	To support staff, and especially neurodivergent staff who may find new workplaces more difficult, to settle into new roles
1, 2	WDES, Gender Pay Gap	Ensure there are specific questions around EDI for interviews for all posts	By developing a question bank and including this in interview packs sent to recruiting managers	Head of EDI, Recruitment Manager, Medical Recruitment Manager	End of Q3 2022-23	To ensure that we are appointing managers and staff who are inclusive

6, 8	WDES	Continue to work with divisions to embed behavioural framework and relevant training	Through behavioural charter sessions and working with divisional leadership teams to meet the learning needs of their areas	Head of EDI, Divisional Leadership Teams	Ongoing throughout period of action plan	To ensure that we create and sustain an inclusive culture throughout the Trust
8	WDES, Gender Pay Gap	Launch All About Me staff passport and associated training	Finalising and launching “All About Me” and associated training	Head of EDI	End of Q3 2022-23	To support staff in communicating their needs to their manager, and to support managers in responding to those needs holistically
7		Recruit to Chair and leadership roles within BAME staff network and review and strengthen staff network input into Trust governance. Ensure staff network leaders have regular opportunities to speak to executive lead to provide straightforward and effective routes to	Recruitment via an expression of interest process, highlighting the facility time that is now available for these roles. Review of which people-focussed governance groups staff	Head of EDI (recruitment) Director of Workforce (governance) Communication and Engagement Manager	End of Q3 2022-23	To support BAME staff having input into decisions that affect their working lives

		<p>escalate issues where needed.</p> <p>Provide effective communications support to staff networks to support them to educate and inform the organisation more widely.</p> <p>Support staff network to develop BAME mutual support directory for staff.</p>	networks could contribute to			
	WDES	Communicate WRES and WDES action plans to senior leaders within the Trust, ensuring that they are aware of their own responsibilities in delivering and further cascading the plans	Via Senior Leaders' Meeting and Team Brief	Chief Executive	End of October 2022	To support delivery of this action plan.
All WRES indicators	WDES	Increase the representation of BME staff within AfC Bands 2,3& 4 making progress towards a	Undertake work with local schools and communities to increase applicants and	Head of EDI, Divisional Leadership Teams	End of Q4 2022-23	To work towards a representative workforce

		representative figure in line with the local community	new starters from the BME community			
1		Ensure the needs of BAME staff are considered in planning Trust events – e.g. provision of “dry” tables at Proud Awards	By seeking feedback from BAME staff network and acting on it	Communication and Engagement Manager	Ongoing	To support inclusion and retention of BAME staff
All WRES indicators	MWRES	Develop proposals for Trust-wide minimum standards for induction and support of internationally recruited staff across all staff groups (planned and unplanned)	Task and finish group to provide recommendations to EDI steering group	Head of Medical Workforce Head of Learning and Development	September 2023	To improve the experience of internationally recruited staff
8		Consider whether annual leave policy adequately meets the needs of staff with family overseas and staff with specific religious needs, alongside the Trust’s operational needs	Feedback to be sought from BAME staff network and discussed with Executive Team	Director of Workforce, BAME staff network chair	End of Q4 2022-23	To ensure we are meeting the needs of BAME colleagues
6,8		Recruit additional Freedom to Speak Up Guardians from amongst BAME staff	Internal recruitment campaign	Lead Freedom to Speak Up Guardian	End of Q4 2022-23	To support BAME staff to speak up
6,8		Identify wards and departments where	Analysis of staff survey results and	Head of EDI, Divisional	End of Q4 2022-23	To support improvements in

		BAME staff report positive experiences of working and seek to understand and share good practice from these areas to support areas where BAME staff experience is less positive	other staff feedback, discussion and sharing at ward managers' meetings	leadership teams		BAME staff experience
All WRES Indicators		Ensure that the experiences of BAME colleagues shared via support workshops linked to the Reciprocal Mentoring for Inclusion Programme are shared with managers and leaders throughout the Trust, in a way that protects the identity of individuals and focusses on supporting improvements in experience	Via Senior Leaders' meeting	Deputy Chief Executive	End of Q4 2022-23	To support improvements in BAME staff experience

Board of Directors' Meeting

13 January 2023

Agenda item	P14/23
Report	National, Integrated Care Board and Rotherham Place Report
Executive Lead	Michael Wright, Deputy Chief Executive
Link with the BAF	<p>R2: There is a risk we will not establish ourselves as leaders in improving the lives of the population we serve because of insufficient influence at PLACE leading to increased ill health and increased health inequalities</p> <p>OP3: There is a risk robust service configuration across the system will not progress and deliver seamless end to end patient care across the system because of a of lack of appetite for developing strong working relationships and mature governance processes leading to poor patient outcomes</p>
How does this paper support Trust Values	Together – the paper demonstrates how the Trust and partners across both Rotherham Place and the wider system work together in providing patient care and also providing mutual support in the continued response to the COVID-19 pandemic and subsequent period of recovery
Purpose	For decision <input type="checkbox"/> For assurance <input type="checkbox"/> For information <input checked="" type="checkbox"/>
Executive Summary (including reason for the report, background, key issues and risks)	<p>The purpose of this report is to provide the Board of Directors with an update on national developments, developments across the South Yorkshire Integrated Care Board (SYICB) and Rotherham Place</p> <p>Key points to note from the report are:</p> <ul style="list-style-type: none"> - Nurses in England, Wales and Northern Ireland have taken part in the largest strike action in NHS history on 15 and 20 December. Additionally, UNISON, Unite and GMB members confirmed strikes on 21 December, which mainly impacted on the Ambulance Service. The strike planned for 28 December was stood down - The Trust continues to work closely with Social Care partners as the discharge to assess model is developed - A lung health service has been established in Rotherham that offers people between the ages of 55 and 74 (current and ex-smokers) a lung health check - Work to tackle health inequalities continues within the Trust and across Rotherham place. The Trust in partnership with Rotherham Metropolitan Borough Council (RMBC) is recruiting a Consultant in Public Health. Following interviews in November, the successful candidate is expected to commence in post on 1 March 2023
Due Diligence (include the process the paper has gone through prior to presentation at Board of Directors' meeting)	The Executive Team receives a weekly verbal update covering key Place and SYICB level activities in addition to specific papers periodically, as and when required

Board powers to make this decision	N/A
Who, What and When (what action is required, who is the lead and when should it be completed?)	The Deputy Chief Executive will provide feedback to the Rotherham Place Board following discussions at the Board of Directors' Meeting
Recommendations	It is recommended that the Board of Directors note the content of this paper
Appendices	Appendix 1 - The Rotherham Plan Appendix 2 - The Rotherham Place Partnership newsletter

1.0 Introduction

- 1.1 This report provides an update on national developments and developments across the South Yorkshire Integrated Care Board (SYICB) and Rotherham Place.

2.0 National Update

- 2.1 Nurses in England, Wales and Northern Ireland have taken part in the largest strike action in NHS history in on 15 and 20 December. Additionally, UNISON, Unite and GMB members confirmed strikes on 21 December, which mainly impacted on the Ambulance service. The Ambulance service strike planned for 28 December was stood down.
- 2.2 Jeremy Hunt as Chancellor asked Patricia Hewitt, the former Labour Health Secretary to undertake a review into the powers and responsibility of Integrated Care Systems. Initial recommendations are expected in late December, with the full report due towards the end of the financial year.

3.0 South Yorkshire Integrated Care Board (SYICB)

- 3.1 The Integrated Care System Design Framework had outlined the requirement for a formal agreement between the voluntary sector and the Integrated Care Systems to engage and embed the voluntary sector in system level governance and decision-making arrangements. Across South Yorkshire, four workshops had taken place with engagement from SYICB and South Yorkshire voluntary sector organisations to develop a memorandum of understanding which includes a vision, defining values and setting out responsibilities for the voluntary sector and the Integrated Care System.
- 3.2 The South Yorkshire Integrated Care Strategy has been in development through quarter three of 2022. It covers the period up to 2030 and is seen as the beginning of a journey with the people and communities of South Yorkshire

4.0 Rotherham Place

- 4.1 **Social Care** - There continues to be significant pressures and challenges within the home care and care home markets in Rotherham. Providers across Social Care are experiencing capacity issues, mainly due to recruitment challenges and this has led to unmet need. In September 2022, the Government announced a commitment of £500 million to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care over the winter period. The main focus is on, although not limited to, a 'home first' approach and discharge to assess (D2A). On 18 November 2022, the Government confirmed that a total allocation of £8.346 million has been provided to NHS South Yorkshire ICB and Rotherham Place will receive £1.652 million of this funding. Rotherham Council has also been allocated £1.121 million of the fund. Therefore, this amounts to a total of £2.773 million of funding for Rotherham Place partners for the remainder of 2022/23. The Trust's Chief Operating Officer, Director of Operations and finance colleagues have been involved in the development of plans to spend the funding at both the Trust and across the wider Rotherham Place.
- 4.2 There continues to also be a focus on the National fair cost of care exercise which commenced in 2022. This will support ongoing sustainability of our markets by moving towards a fair cost of care. Proactive engagement with providers continues to take place to understand the challenges and support required, including support with workforce and recruitment. The Adult Social Care Discharge Funding is being used in

part to support the care market through incentives such as additional payments to ensure timely assessment and discharges to care homes over the Christmas period.

- 4.3 Additional home care bridging capacity is also being procured to expand the number of hours of home care provision to meet the current demand. The proportionate care approach is also being implemented with training to professionals across health and social care well underway and discussions ongoing regarding implementing into Business as Usual training programmes. This will encourage a holistic assessment, considering all aspects of support to provide care including assistive technology.
- 4.4 **The Rotherham Plan** - this provides a framework for partners' collective efforts to create a borough that is better for everyone who wants to live, work, invest or visit the town. The Rotherham Metropolitan Borough Council has led on updating the Rotherham Plan, first developed in 2017, and now sets an ambitious programme of activity through to 2025. Since 2017, partner organisations have delivered on a range of key milestones and actions that were set out in the Plan. This includes: a new university centre, the attraction of major investment highlighted by the opening of Gulliver's Valley theme park, the ongoing town centre development including new housing schemes, integrated health and social care arrangements, a range of employment support programmes, innovative social prescribing practices, and joint commitments on social value across partners. The revised plan is provided at Appendix 1.
- 4.5 A lung health service has been set up in Rotherham. The service offers people aged 55 to 74 who have ever smoked the opportunity to have a lung health check and an assessment of lung cancer risk, including smoking cessation advice and/or referral, while those with a higher risk of lung cancer are offered a low dose CT scan, a lung function test and a blood pressure check. In Rotherham, the eligible population of more than 25,900 people have been identified by GP practices.
- 4.6 From 1 December 2022, Qwell is available to all adults registered with a GP practice in Rotherham. Qwell, delivered by Kooth Digital Health, offers a unique out of office hours' mental health and wellbeing provision that is open 7 days per week, 365 days a year. This ensures those living in Rotherham aged 18+ have access to a welcoming place to seek non-judgemental professional help for any mental health concerns, as and when needed. There are no waiting lists or thresholds to meet, and Qwell is instantly accessible through an internet-connected smartphone, tablet or computer.
- 4.7 Work to tackle health inequalities continues within the Trust and across Rotherham place. The Trust in partnership with Rotherham Metropolitan Borough Council (RMBC) is recruiting a Consultant in Public Health. Following interviews in November, the successful candidate is expected to commence in post on 1 March 2023.
- 4.8 On 24 November, colleagues from the Trust attended the Rotherham Health Select Commission to present and take question on the Trust's annual report for 2021/22.
- 4.9 The Rotherham Place Board met on 16 November, which was immediately followed by the Rotherham ICB Place Committee. The Place Board focussed on the developments associated with the Neuro Development Pathway in Rotherham and received a COVID vaccination update which showed that as at 7 November, 57.4% of the population of Rotherham had received their Autumn booster. This was slightly ahead of the position for South Yorkshire. The ICB Place Committee reviewed the operational performance for Rotherham.

- 4.10 The Rotherham Place Partnership newsletter is provided at Appendix 2. This focusses on key Place led initiatives for November and December 2022.
- 4.11 The Health and Wellbeing Board met on 24 November and the key areas of focus included winter planning and lung health checks.

Michael Wright
Deputy Chief Executive
January 2023

The Rotherham Plan 2025

ROTHERHAM
TOGETHER
PARTNERSHIP





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Foreword

In the five years since we produced the Rotherham Plan, it would be an understatement to say that a lot has happened.

In a positive sense, we have delivered tangible improvements as a partnership, but we have also faced significant challenges: from the lockdowns and restrictions of Covid-19; through a growing national and global recognition of the need to act on climate change; to the rising living costs that are now causing real hardship across our communities.

To reflect this changing picture, we have updated the plan to show where our emphasis lies over the next few years and what we intend to deliver.

But we should also take the time to celebrate what we've already achieved. The next section, ***The story so far***, provides a flavour of this. Rotherham now has a university centre, a major theme park, and further schemes in the town centre and local high streets are taking shape. Building work has begun on the Forge Island leisure development where a cinema, hotel, and five new restaurants have signed contracts for unit space.

Through the Levelling Up Fund, partners including Wentworth Woodhouse, Gulliver's, Maltby Academy, and Magna have secured investment to boost the borough's leisure and tourism sector.

As well as delivering a new urgent and emergency care centre at Rotherham hospital, one of the first major milestones in our plan, NHS partners are using digital channels and technology to make it easier for patients to access the information and support they need. Examples of this are the Rotherhive online wellbeing and mental health resource and the Rotherham health app.

The pandemic didn't derail our progress; on the contrary, it brought us closer together: as partners, as people – as a Rotherham community. From the immense efforts of frontline staff in the NHS and other organisations, to the hundreds who volunteered to help isolated and struggling residents, we showed how this borough responds in times of adversity: with hard work, determination and – above all – compassion.

The rest of this updated plan describes the ongoing journey we are taking and the big themes that unite us all, from spreading opportunity and tackling inequality to responding to climate change and protecting our environment.

Our ambitious regeneration plans are progressing, despite the economic challenges we face, and our strong health and care partnership is enabling us to offer support when and where it is needed to improve people's health and wellbeing.

Through all of this, our partnership is not just across organisations and sectors, but – critically – is with our residents and our communities. We will continue to listen, to engage and to act together to secure Rotherham's economic future, build stronger communities, and enable our residents to live better, healthier and more fulfilling lives.



Cllr. Chris Read,
Chair of the Rotherham
Together Partnership





The story so far

In 2017, local partner organisations, working through the Rotherham Together Partnership, developed and launched the Rotherham Plan.

Setting out an ambitious programme of activity through to 2025, the plan described how partner organisations would deliver improvements for Rotherham people and places by focusing their efforts on:

- Creating more connected neighbourhoods where residents and agencies come together to solve problems and make improvements
- Helping people gain the skills they need to meet their aspirations and support a growing economy

- Acting early to prevent health problems from developing or worsening, enabling people to live happily and independently
- Transforming the town centre into a vibrant place where people feel safe and there is plenty to do and see
- Instilling hope and confidence in Rotherham by highlighting its many strengths, attractions and successes

Much has been achieved over the past five year.

In Rotherham town centre, major new developments are taking shape, part of a raft of regeneration schemes that will deliver benefits across the borough.

Public spaces have been improved, homes schemes delivered, and preparatory work completed on Forge Island, where agreements have also been signed with a cinema operator and major hotel chain.

Partners have signed a social value charter, committing to using their spending power to create opportunities for local people and businesses, with tangible benefits now being felt.

A range of employment programmes are helping people to secure good jobs and progress in their career. For example, the Pathways and Inspire projects have helped over 760 people into employment or training since November 2020.

And the new University Centre Rotherham is at the heart of our commitment to improving skills and creating a genuinely inclusive economy.

Our solid partnership foundations have seen Rotherham stay ahead of the curve in establishing joined up health and social care arrangements, which enabled a swift and effective response to the Covid pandemic.

Rotherham has led the way nationally on social prescribing, which involves staff referring people for community-based support to improve their health and wellbeing. This connects people to local voluntary and community services and activities, helping them become more resilient and able to self-care.

At a neighbourhood level, multi-agency teams are working with communities to respond to local priorities. Police and council officers have joint bases across Rotherham, enabling better sharing of intelligence and resources.

Community organisations continue to play a vital role: ensuring people's voices are heard and providing an essential link between local communities and services.

Confidence in Rotherham is growing. We have attracted investment, hosted major events and have a diverse and proud community.

We continue to face the future with optimism, committed to working together to make a better borough.



Our achievements

Building stronger communities

Three council-police joint neighbourhood teams in place
Jan 2019

Resettled 60 family groups from Ukraine with Rotherham hosts
Nov 2022

Integrated health & social care

Urgent and Emergency Care Centre opens
Jul 2017

First public meeting of integrated health and social care place board
May 2018

Town centre

Rotherham receives £32m for town investment plan
Jun 2021

Wellgate Place, first of 3 housing schemes, completed - May 22

Skills & employment

University Centre Rotherham opens
Sep 2018

Pathways employment support programme starts
Nov 2020

A place to be proud of

Children's Capital of Culture launch festival
Feb 2022

Gulliver's Valley theme park opens
Jul 2020

Our borough



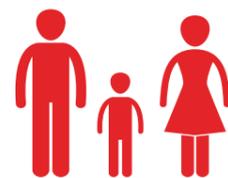
265,800 people, with 47,100 children (under 15) and 68,600 over 60s. The population is ageing with one in four people aged over 60.

Employment rate at 73.9% as of June 2022. This has been growing over the past decade, although is still slightly below the national rate (75.5%).



Full-time weekly pay is £72 lower for Rotherham residents compared to the national average. Within the borough, it is £164.20 lower for women than men, much wider than the Yorkshire & Humber (Y&H) (£111.10) and Great Britain (GB) (£97.40) gaps.

13,300 16-64 year olds are economically inactive due to long-term sickness. This represents 36.3% of those economically inactive overall in Rotherham, compared to around 25% in Y&H and GB.



34.6% of Rotherham children were living in poverty in 2020, based on research from End Child Poverty.

Rotherham's Food in Crisis Partnership, which supports people who are struggling financially, saw a more than four-fold increase in the number of food parcels provided between 2019/20 (4,357) and 2020/21 (19,466).

The 2019 Index of Multiple Deprivation highlighted major pockets of deprivation: 57,560 Rotherham residents (22%) were living in the most deprived 10% of England.



32% of 16-64s have an NVQ4 or above qualification, compared to 38% in Y&H and 43.6% in GB (ONS data 2021).

13,100 16-64s have no qualifications, equating to 8.3%, compared to 7.8% in Y&H and 6.6% for GB.

64.5% of children under 5 achieving "good" level of development, compared to 65.2% nationally.



Rotherham has a vibrant voluntary and community sector with over 1,200 organisations and around 40,000 volunteer roles.

The Rotherham Community Hub, launched in March 2020 as part of the local response to the pandemic, responded to over 7,900 requests for support from residents who were isolated or in need. Over 1,280 people offered their services as volunteers via the Rotherham Heroes programme.

Life expectancy is lower than the national average in Rotherham, 77.5 for men (England average 79.4) and 81 for women (England 83.1.).



Life expectancy is 9.1 years lower for men and 10.5 years lower for women in the most deprived areas of Rotherham, compared to the least deprived.



Emissions decreased by 41% between 2005 and 2020. There was a significant reduction of 10.14% from 2019 to 2020, though this was largely due to the impacts of the pandemic (i.e. unusual reductions in traffic/car travel).

£10.87 million pounds of social value commitments secured through council contracts in 2022.



Rotherham's wealth of green space, in the form of urban and country parks, nature reserves, woodlands and playing fields, is a major asset.

Rotherham has strong transport links and is home to the first tram-train in the country.





Our principles

The principles that underline everything we do as a partnership are:



Connecting organisations and people to share knowledge, skills and resources



Building confident and cohesive communities, where people from different backgrounds can come together



Creating opportunities that benefit all residents, particularly those who are most disadvantaged

In order to have the most impact on the borough and its residents, partners will combine their resources, exploring innovative ways to share knowledge and skills across organisations. Only through concerted efforts, will we be able to combat disadvantage, bring people together and create a proud and healthy borough which offers positive opportunities to its residents.

As a partnership, we will have a clear and open commitment to reducing inequality, fostering good community relations and challenging discrimination. We will work with our communities and organisations across Rotherham to share expertise on equality and diversity so we can be confident leaders, able to respond to challenging issues. This will lay the groundwork for cohesive communities, where people from different backgrounds can come together.

We are committed to working together in partnership and with our communities to identify opportunities and solutions to problems. We know that some individuals and communities face barriers to meaningful participation. As part of our commitment to equality, we recognise that we must promote and use different ways to



engage and involve people. As we focus on expanding opportunities for local residents, we need to ensure that they reach those who are currently most disadvantaged.

In order to realise these principles, we must create the right environment; driving action across all our themes to create safe, healthy and vibrant communities, underpinned by good quality housing, jobs and local infrastructure.





Our plan

The themes below reflect the things that we think are most important to focus on together over the next few years. This is based on the progress we've made so far, the intelligence we've gathered, and the consultation we've carried out with local people and organisations.

By combining our efforts across these themes, underpinned by our principles, we will continue to deliver improvements for local people and places.



A place to be proud of



Inclusive economy



Climate and environment



Health and wellbeing



Building stronger communities





A place to be proud of



Delivering regeneration across Rotherham, inspiring people and creating great places:

- Successful delivery of regeneration schemes
- Diverse cultural events and activities
- Rejuvenating the town centre

Our borough already has much to offer, with many places to go and things to do, from nature reserves, to our wonderful parks and our award winning museum, to historic landmarks such as the recently restored Keppel's Column and the grandeur of Wentworth Woodhouse.

The recent Women's Euros demonstrated our ability to successfully host major events, raising the town's profile and creating a feelgood factor, as well as delivering a boost to local businesses.

Transformation of the town centre is now gathering pace. Attractive open spaces and homes are appearing as we focus on culture, leisure and living. The new cinema and hotel on Forge Island are moving closer to reality and plans are in place for the exciting markets and library redevelopment.

Over £90 million of investment has been secured and a raft of regeneration programmes are in the pipeline or already in delivery across the borough, enhancing existing assets and attractions and creating new ones. This includes funding for improved stables at Wentworth Woodhouse, new exhibitions at Magna and improvements at Thrybergh and Rother Valley country parks.

This regeneration activity is built on partnership working; on public, private and community organisations generating ideas, planning together, and delivering projects.

It is crucial that everyone feels part of what we're doing and can see how it benefits them and their local area, so that it instils hope and confidence.

With that in mind, a number of smaller schemes in towns and villages throughout Rotherham - informed by consultation with residents – will help to create accessible, welcoming, well-connected places, encouraging people to take pride in their communities and spend more time outside in their neighbourhood.

Complementing this will be an ongoing programme of events and activities that and provide further opportunities for people to

come together. This will provide a showcase for local talent and help to increase participation in art, culture and sport.

The Children's Capital of Culture 2025 is an inspiring initiative that is being shaped by our young people. Encompassing a wide range of creative activities and experiences, together with life-changing training and skills opportunities, it is central to our ambition of making Rotherham a place that young people are proud to call home.



What we'll deliver

- Key town centre regeneration schemes, including Forge Island, the markets redevelopment and new central library, new homes and Riverside Gardens
- An inspiring programme of creative events and experiences, led by young people, culminating in Rotherham becoming the world's first Children's Capital of Culture in 2025
- Capital improvement schemes across Rotherham through the Towns and Villages Fund
- Our ambitious Levelling Up Fund projects at Wentworth Woodhouse, Magna and Rother Valley and Thrybergh country parks
- A series of public events and activities in communities across the borough



“I'm proud of the countryside and green spaces, the nice heritage sites and community buildings such as community hubs, libraries and churches”

consultation responses

“My priority would be culture venues - music and arts. Inclusive opportunities for young people to contribute to the place”



Inclusive economy



Creating opportunities for everyone to participate in and benefit from a growing economy:

- Improving skills and raising aspirations
- Targeting support to increase inclusion and spread opportunity
- Social value and a people-centred approach

Pre-Covid, Rotherham had one of the fastest growing economies in the UK and the fastest growing in Yorkshire, consistently topping UK Powerhouse rankings. This was driven, in part, by our expertise in advanced manufacturing and major investment by the likes of McLaren and Rolls Royce.

Whilst this trend was positive, the Covid pandemic caused significant contraction to Rotherham's economy (10.5% fall in its year on year growth rate for Q3 of 2020), with a detrimental impact for people and businesses. It is also clear that not all sections of the community benefited from economic growth.

Around 20% of our residents live in the 10% most deprived areas in the country and over one third of Rotherham children were in relative poverty in 2020. Many households are struggling to make ends

meet with three times as many people relying on food banks compared to before the pandemic.

Our vision is for a fair and thriving economy that provides chances for everyone to get a good quality job or start and grow a business; where people's contributions to the economy secure their economic wellbeing; and where households and businesses can plan confidently for the future.

A core element of this is our joint approach to social value. Partner organisations are 'anchored' in Rotherham, rooted in its communities and with a genuine stake in its future. We will continue to explore ways to use the money we spend, the buildings and space we occupy, and the people we employ to benefit local communities and businesses. For example, by applying local labour clauses to major developments we are making it easier for local people to access jobs and benefit from investment.

At the same time we will promote the Real Living Wage, emphasising the benefits for organisations across Rotherham of being 'good' employers.

The support we provide - with our local and regional partners - to boost skills and overcome barriers, must effectively

target those who are in danger of being left behind. A great example of this is Project Search, which offers internships for students with learning disabilities and autism spectrum conditions.

Further opportunities will be created through Skills Street at Gulliver's, which will focus on training and development in the leisure and hospitality sector, and the new business incubation hub at Manvers, which will offer space and support for up to 38 micro or start-up businesses."

Finally, we recognise the importance of digital connectivity in enabling people to play a full part in society. Not only by finding jobs or cutting costs, but also staying in touch with friends and family and feeling less isolated. The partnership's digital inclusion programme will take action to increase internet access and improve digital skills.

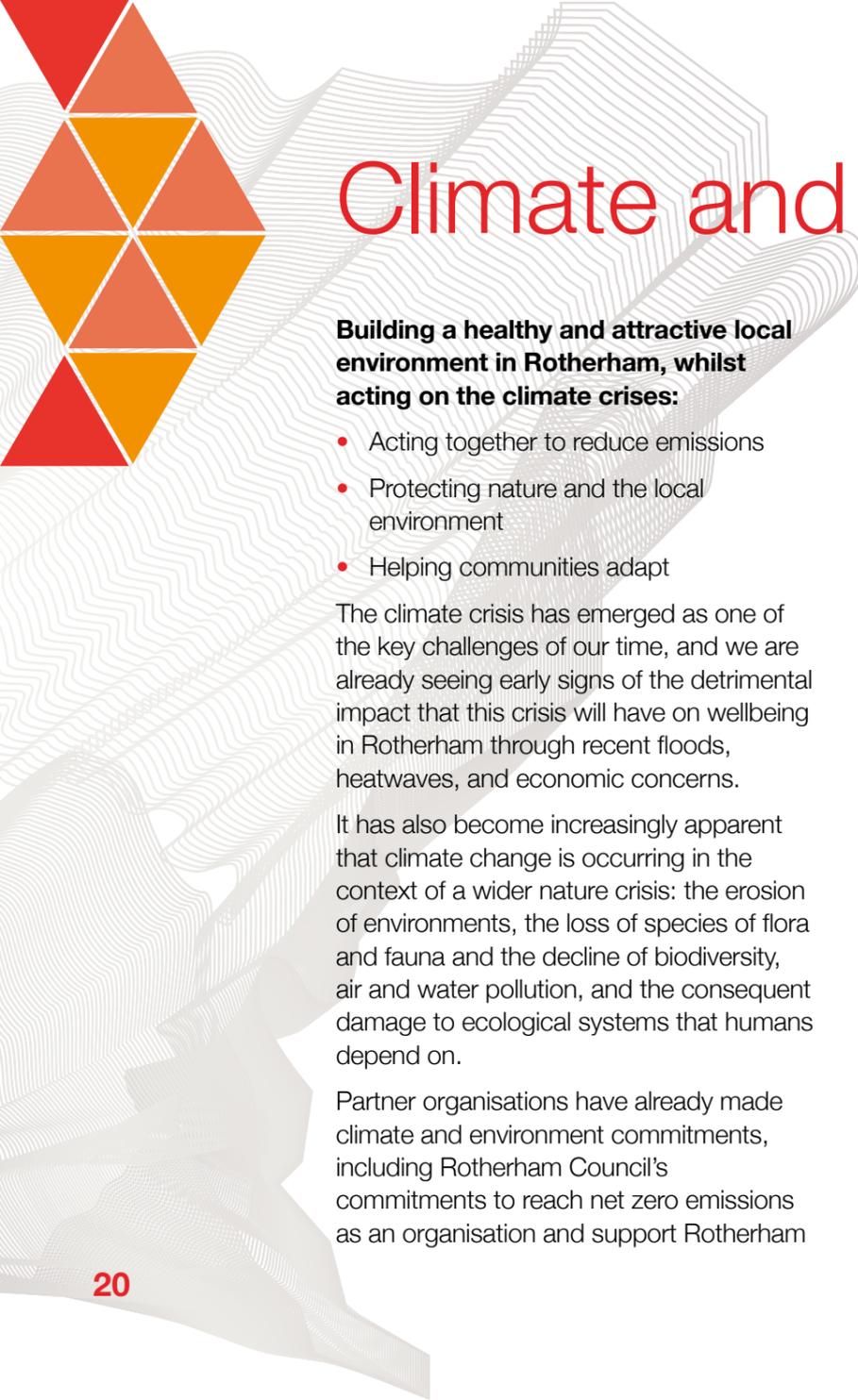


What we'll deliver

- An expansion of the higher-level skills offer at University Centre Rotherham and a curriculum that focuses on reusable and sustainable energy skills
- 'Skills Street' at Gulliver's Valley focusing on training, development and accreditation within the hospitality and leisure sectors
- Employment support programmes (Pathways and Inspire) that reduce barriers to work and help people to progress in their chosen careers
- Improved transport links to connect people to opportunities, including a new tram train stop at Magna
- Work with employers to ensure they have a local labour pool with the required skills and experience to help their businesses to grow
- Joint initiatives and commitments on social value and promotion of the Real Living Wage



“Ensuring that inclusive economy means inclusive across the borough and that those of us on the outskirts, who currently have the least...get significant investment”



Climate and environment



Building a healthy and attractive local environment in Rotherham, whilst acting on the climate crises:

- Acting together to reduce emissions
- Protecting nature and the local environment
- Helping communities adapt

The climate crisis has emerged as one of the key challenges of our time, and we are already seeing early signs of the detrimental impact that this crisis will have on wellbeing in Rotherham through recent floods, heatwaves, and economic concerns.

It has also become increasingly apparent that climate change is occurring in the context of a wider nature crisis: the erosion of environments, the loss of species of flora and fauna and the decline of biodiversity, air and water pollution, and the consequent damage to ecological systems that humans depend on.

Partner organisations have already made climate and environment commitments, including Rotherham Council's commitments to reach net zero emissions as an organisation and support Rotherham

to be net zero by 2040, and the Rotherham NHS Foundation Trust's Green Plan which also aims to reach net zero by 2040.

We will harness these collective efforts to protect Rotherham's natural environment and mitigate the impacts of climate change and the nature crisis, building an adaptation response so that Rotherham can be resilient to future impacts and maintain a healthy and thriving environment.

The iconic canal barrier at Forge Island, for example, will reduce flood risk in the town centre and further schemes are in development. Meanwhile, investment is also being made into renewable energy initiatives in the Borough.

Work is underway to develop a shared vision and strategic approach towards climate and the environment across partner organisations. This will involve agreeing a partnership charter, including shared commitments to reduce emissions and encouraging others to do the same.

Work will also be progressed to better understand the overall nature crisis in its full complexity, so that action is evidence-based. This will build on existing activity

including wild flower and tree planting, with 2,000 trees planted between November 2021 and February 2022 alone.

A crucial aspect is to engage effectively with local organisations and communities to raise awareness of climate and environmental issues. This will enable us to co-produce and jointly deliver action across the borough. Local schools and community groups are already getting involved in tree planting, and Sheffield and Rotherham Wildlife Trust has carried out biodiversity improvements along the River Rother corridor.

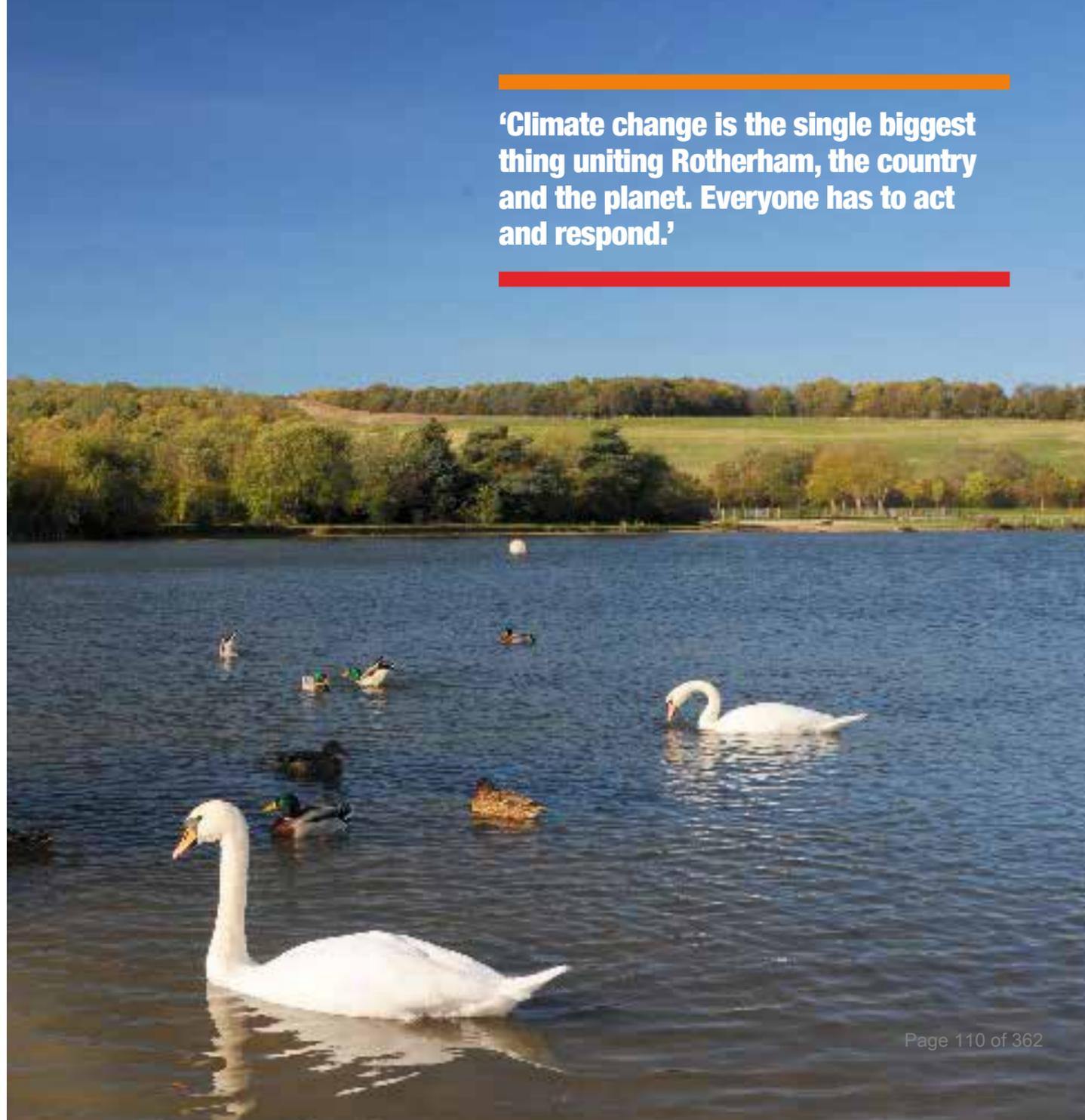
Through this collaborative approach, we aim to tap into the vast pool of collective knowledge, talent and experience, mobilising shared resources and assets to greater effect.

Finally, a critical part of our efforts is to ensure a 'just transition', so that the benefits of climate mitigation and adaptation are capitalised upon for all communities, and the potential risks are effectively addressed and reduced and do not fall disproportionately on particular areas or groups.

What we'll deliver

- The development of renewable energy projects
- Agree a Partnership Charter, with shared commitments to respond to the climate and nature crises
- Support for tree planting, rewilding, and other projects to promote nature recovery and biodiversity
- Reduced risk and impact of flooding in the borough, by investing in alleviation schemes

'Climate change is the single biggest thing uniting Rotherham, the country and the planet. Everyone has to act and respond.'





Health and wellbeing



Enabling people to lead healthy lives, focusing on prevention:

- Improving mental health
- Integrated services focused on individuals
- Embedding prevention and action on inequalities

Good health and wellbeing enable people to lead fulfilling lives and to be actively engaged in their community. In Rotherham, too many people are not in good health and significant differences exist between our most and least deprived communities. The Covid-19 pandemic has had a huge and continuing impact on local communities and services, especially health services. However, through our local health and wellbeing and placeboards, we have shown the strength of partnership working and what we can achieve when combining our efforts.

The impact of the pandemic on mental health has been significant and has made it more difficult for professionals to identify problems at an earlier stage. More people are seeking support for their mental health and an increasing number needing intensive support, including treatment on specialist mental health wards.

We are working with patients and carers to transform mental health services, ensuring people are able to access them as early as possible.

Our ethos as health and care partners is to work together to design joined-up health and social care services around families and individuals, responding to their specific circumstances at exactly the right level of need. By supporting residents early and working with them to find solutions, enabling access to GP services at the right time, and improving our facilities for early diagnosis, we can prevent problems from worsening. This includes opening a new diagnostics centre (a respiratory physiology hub) and day facilities for people with learning disabilities, autism and complex needs.

Education, as well as family and social support networks available to people, have a huge impact on health and wellbeing. Making sure that people have integrated, accessible support when and where they need it is vital. For us as partners, this means developing a family hubs approach: strengthening connections between organisations, developing our digital infrastructure and making it as easy as possible for residents to access our services.

For our fostering service, maintaining our children in care in local family-based homes close to their local community networks and family links is a key principle.

To create a healthy borough where ill health is prevented, we will focus on encouraging and enabling people to be physically active, which has substantial health benefits. We can do this by making sure people feel safe in their local environment, with infrastructure and support in place.

The work we are doing as large-scale ‘anchor’ organisations, recognising our role as major employers and purchasers of goods and services, will also have a considerable impact on people’s health and wellbeing by improving wider factors that impact on health, such as employment and the local environment.



What we’ll deliver

- Transformation of community mental health services with patients and carers
- Opening of day facilities for people with learning disabilities, autism and complex needs
- Family hub approach to provide integrated support to families
- A strategic approach to increase physical activity across the borough, including investing in opportunities for active travel
- A prevention campaign to reduce the harms from smoking, obesity and alcohol and support healthy ageing
- A new diagnostic centre (respiratory physiology hub)



“Try to get people to be more proactive and encourage healthy lifestyles - such as spending time outdoors, walking and exercising”



Building stronger communities



Working with individuals and communities on the things that matter most to them:

- Multi-agency neighbourhood working
- Engaging effectively - listening, responding and co-producing
- Understanding our communities

To achieve a more cohesive and connected Rotherham we will work collaboratively, building on our multi-agency neighbourhood working model, to make the best use of the assets we have in our local areas. This means bringing together everyone - residents, businesses, community and faith groups, councillors, and public sector bodies - to work in partnership, share resources and enable new ideas to develop.

This collaborative approach will ensure all places across the borough benefit from good quality, responsive services, tailored to local circumstances. By designing solutions with people and the agencies that support them, and addressing the root causes, we strengthen our commitment to preventing people's needs from escalating.

We will work closely together with all partners, including local voluntary and community groups, to ensure our public spaces, buildings and other local assets are used effectively to deliver public and community services.

We also want residents and community groups to make the most of enhanced town and village centres, green spaces and neighbourhood hubs such as local libraries and a new multi-use development at Olive Lane (Waverley). To be able to do this, we will continue to work with partners to make communities safer, responding to problems in local neighbourhoods, including anti-social behaviour, as well as tackling hate crime. We will also continue to invest in improving the borough's CCTV camera system, providing a better deterrent to offending and improving feelings of safety.

Building on the community spirit shown during the pandemic, we want to harness the positive aspects of Rotherham, creating a place where everyone feels connected and able to actively participate in their community. This includes working with a wide range of local partners to deliver the Rotherham Show each year; strengthening

community infrastructure; and promoting and celebrating volunteering and its impact, through events such as the annual volunteer walk.

We will continue to improve our understanding of local communities, their diversity, their particular strengths, and the barriers they face. By working in partnership and sharing information, we can provide tailored support to help people participate.

Treating people as equal partners, we will design more of our services together, listening to residents as experts and taking on board their experiences. This includes continuing to work with schools to increase take up of the Rotherham Youth Cabinet's 'Schools' Hate Incident Charter', which contains eleven pledges to tackle hate through education, reporting and taking hate incidents seriously.

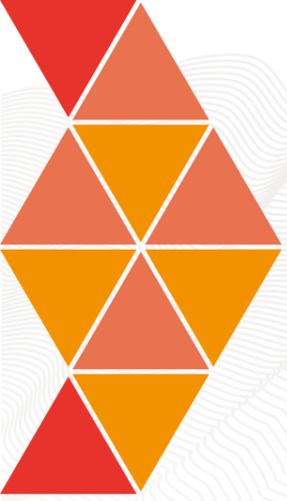
As we strengthen our relationships with communities, we aim to create a virtuous circle, where mutual trust is established, cooperation increases and our collective skills, knowledge and assets are applied to finding effective solutions to the challenges we face together.

What we'll deliver

- A new multi-use development at Olive Lane (Waverley) acting as a vibrant centre at the heart of the community
- Annual Rotherham Show with a wide range of partners
- Support for voluntary and community sector to enable sustainable and resilient community-led local improvement
- Continue to invest in improving the Borough's CCTV camera system.
- Tackling hate crime by engaging with communities and working with schools to increase take up of the Rotherham Youth Cabinet's 'Schools' Hate Incident Charter'.

'The voice of communities is vital – what we do should support all communities and reflect their lived experience. It's important to communicate in the right places, using the right channels and considering issues such as language.'





Delivery

As part of Rotherham Together Partnership, there are several thematic partnerships through which local organisations are working together every day to improve outcomes for local people. These include:

Safer Rotherham Partnership	Health & Wellbeing Board	Business Growth Board	Children & Young People's Partnership	Cultural Partnership
Key aims and outcomes				
Protecting vulnerable children Protecting vulnerable adults Safer and stronger communities Protecting people from violence and organised crime	Children get the best start in life People enjoy the best possible mental health and wellbeing People live well for longer Communities are healthy, safe and resilient	Businesses can flourish and grow People are skilled and enterprising Infrastructure is provided to support growth	Children and young people have a voice and are listened to Children have accessible, fun things to do Places are safe, clean and welcoming Young people can celebrate Rotherham's diversity	Enable everyone to get active, get creative and get outdoors more often

These partnerships will embed the Rotherham Plan principles and themes in their strategies, plans and programmes. Chief officers and partnership chairs will meet regularly to ensure connectivity and coordination across the partnership, with quarterly strategic meetings focusing on progress against the projects and programmes identified for each theme in the plan, as well as key cross-cutting issues such as safeguarding. In addition, two showcase events will be held each year, giving people the chance to hear about what's been delivered and the impact it's had.



The journey to 2025





A place to be proud of

- Key town centre regeneration schemes, including Forge Island, the markets redevelopment and new central library, new homes and Riverside Gardens
- An inspiring programme of creative events and experiences, led by young people, culminating in Rotherham becoming the world's first Children's Capital of Culture in 2025
- Capital improvement schemes across Rotherham through the Towns and Villages Fund
- Our ambitious Levelling Up Fund projects at Wentworth Woodhouse, Magna and Rother Valley and Thrybergh country parks
- A series of public events and activities in communities across the borough



Inclusive economy

- An expansion of the higher-level skills offer at University Centre Rotherham and a curriculum that focuses on reusable and sustainable energy skills
- 'Skills Street' at Gulliver's Valley focusing on training, development and accreditation within the hospitality and leisure sectors
- Employment support programmes (Pathways and Inspire) that reduce barriers to work and help people to progress in their chosen careers
- Improved transport links to connect people to opportunities, including a new tram train stop at Magna
- Work with employers to ensure they have a local labour pool with the required skills and experience to help their businesses to grow
- Joint initiatives and commitments on social value and promotion of the Real Living Wage



Climate and environment

- The development of renewable energy projects
- Agree a Partnership Charter, with shared commitments to respond to the climate and nature crises
- Support for tree planting, rewilding, and other projects to promote nature recovery and biodiversity
- Reduced risk and impact of flooding in the borough, by investing in alleviation schemes



Health and wellbeing

- Transformation of community mental health services with patients and carers
- Opening of day facilities for people with learning disabilities, autism and complex needs
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- A strategic approach to increase physical activity across the borough, including investing in opportunities for active travel
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Building stronger communities

- A new multi-use development at Olive Lane (Waverley) acting as a vibrant centre at the heart of the community
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- Continue to invest in improving the Borough's CCTV camera system.
- Tackling hate crime by engaging with communities and working with schools to increase take up of the Rotherham Youth Cabinet's 'Schools' Hate Incident Charter'.

What we'll deliver



Rotherham Place Partnership Update: November/December 2022 - APPENDIX 2



RotherHive

<https://rotherhive.co.uk/cost-of-living/>

Rotherhive provides a range of verified practical mental health and wellbeing information, support and advice for adults in Rotherham.

There is a new **cost of living** section on the Rotherhive site which provides links to financial support as well as tips on looking after your mental health and wellbeing.

Lung Health Checks - lung cancer currently causes more deaths than any other cancer in the UK and Doncaster has the highest risk rate in South Yorkshire, which led to it being the first area where the NHS South Yorkshire Integrated Care Board and Cancer Alliance introduced the Targeted Lung Health Check service in March last year. But with Rotherham and Barnsley ranked joint second, Parkgate Shopping has become the next site to host Alliance Medical's hi-tech equipment and its team of radiographers.

The service offers people aged 55 to 74 who have ever smoked the opportunity to have a lung health check and an assessment of lung cancer risk, including smoking cessation advice and/or referral, while those with a higher risk of lung cancer are offered a low dose CT scan, a lung function test and a blood pressure check. In Rotherham, the eligible population of more than 25,900 people have been identified by their GP practices.



Nearly 180 cancers were detected in Doncaster, 72% of those patients were suitable for curative treatment.

Rotherham Vaccine Roll out – vaccination of 144,000 people, based on 100% of the eligible population.

Working closely with GP practices and PCN's we have offered coadministration of flu/covid vaccinations to vulnerable cohort in the homes of house bound patients, at care homes for residents & front-line staff, in GP practices and at weekends in mass vaccination sites.

In addition, there has been:

- targeted vaccinations via the vaccination van, supporting walk-ins working with community groups promoting sessions, particularly in areas of inequality
- 'pop up' vaccination sites across the borough, in community buildings
- Dedicated sessions for the homeless
- More targeted approach specifically for serious mental illness (SMI) patients supported by RDASH

For Covid, Rotherham has vaccinated 66% of the total eligible population, in comparison to South Yorkshire average of 63% and a national average of 59.9%.



Qwell - building on the success of the Kooth digital support offer for Children and Young people in 2021, work has taken place with Kooth digital health care to extend the offer by commissioning Qwell for adults from age 18+. From **1st December 2022** Qwell will be available to all adults registered with a GP practice in Rotherham.

Qwell offers a unique out of office hours' mental health and wellbeing provision that is open 7 days per week, 365 days a year. This ensures those living in Rotherham aged 18+ have access to a welcoming place to seek non-judgemental professional help for any mental health concerns, as and when needed. There are no waiting lists or thresholds to meet, and Qwell is instantly accessible through an internet-connected smartphone, tablet or computer.

As a confidential and accessible digital offer, Qwell has been designed to work alongside other established and existing NHS, Local Authority and VCSE services, and delivers a therapeutic model of online counselling, offering personalised, anonymous, mental health support with no waiting list or threshold.

This text-based support is available to adults aged 18+ and includes emotional wellbeing resources, online community, message facility & online counselling with the BACP accredited counsellors. The online counselling team is available from 12 noon to 10pm Monday-Friday and 6pm-10pm at weekends, 365 days a year, providing a much needed out-of-hours service for emotional support in an accessible and convenient way.



Find out more at: <https://www.qwell.io/>

Discharge to Assess Update

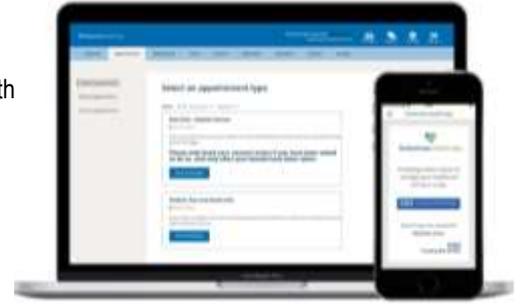
- Therapies are piloting assessment at home
- Home care bridging resource in place, which will be grown in the new year
- Urgent response bridging discharge home
- Limitations due to recruitment challenges, urgent community hub supporting flexible allocation of resource. Daily multi-disciplinary team to identify capacity and flex resource being implemented this week

Virtual Ward Update

- Soft launch started in December piloting step up/step down frailty pathway
- Milestone for first reporting period in December will be achieved and the trajectory will increase in the new year according to capacity and acuity levels
- Recruited to the majority of roles including 2 nurse consultants and circa 15 support workers who will work flexibly across our urgent response provision supporting nursing, therapy and reablement requirements
- Working with the ICB to procure a single remote monitoring solution for Rotherham, Barnsley and Sheffield

The Rotherham Health App (RHA) is a Place-based digital solution, empowering patients to take more control over their health, providing complementary services to the NHS APP, tailored to local pathway needs. It interfaces with a range of local systems across Rotherham Place Partnership, providing a variety of services, from access to GP services, direct booking for Improving Access to Psychological Therapies (IAPT), viewing outpatient appointments, self-referral to health and public health services, such as Get Health such as Rotherhive, GISMO and Kooth. To date the RHA has:

- 45,474 Rotherham patients signed up
- 618,625 medications have been ordered via the platform
- 18,146 GP appointments booked
- 6,820 self-referrals made to alternative services to primary care



Rotherham residents have told us that the App has been beneficial to them, by allowing them to Take better control of their care. Through accessing a range of local services outside normal practice hours, patients can manage their care around their own lifestyles when they want to, rather than at times 'specified' by our services.

Rotherham Patient Flow Command Centre based at Rotherham hospital was recently shortlisted for an HSJ award. The ambition was to create a new clinical operations centre, staffed by health and social care, with embedded real-time and predictive analytics, that connect ambulance, hospital, community and social care data, with connected apps and voice enabled patient care co-ordination.

- Real time analytics accessible any time, any place, any device
- Yorkshire ambulance feed shows who is on the way, with predictive analytics
- A&E dashboard, with drill down to patient level
- E-portering enables patients to be re-prioritised from the command centre to facilitate flow
- On call app with access to real time patient flow metrics
- 'Brewster' provides accessible audio version for those on the move

The Integrated Discharge Team are located in the adjacent room to the Control Centre which facilitates joint discussions.

The Control Centre links into the recently established South Yorkshire System Control Centre.



The Escalation wheel and capacity dashboard provide a holistic view of system pressures, it has:

- 130 users, 37 metrics, 31 live feeds
- Capacity dashboard 70+ users across 8 organisations
- Facilitates strategic and operational decision making for; escalation, performance and commissioning



The **challenges faced by Rotherham Place** are mostly in line with the rest of South Yorkshire:

- Pressure continues to increase across the health and social care system, these include a deterioration in ambulance hand over times, high bed occupancy rates and pressures on the Integrated Discharge Team
- Significant work took place during the reset week to enable the introduction of the new medical SDEC model, however whilst some success was seen challenges remain to ensure sustainability of the model during times of pressure
- Length of stay for 7, 14 and 21 days has reduced meaning the issue is with high volumes of short stay patients
- The significant increase in the number of paediatric attendances linked to potential Strep A has also caused significant challenges
- Work continues to ensure the surge and winter plan is enacted, the Escalation Wheel and the Control and Command Centre provide an oversight of the pressures. There are tiered regular meetings to focus on resolution of any problems, these include executive level escalation meetings three times a week, Tactical Operational meetings four times a week along with participation in the daily South Yorkshire System Control Centre meetings
- Primary Care is under ever increasing pressure, exacerbated by the increased volume of paediatrics.

All partners are experiencing significant issues linked to workforce both in terms of recruitment and the impact of staff absences. This is exacerbated by additional winter pressures in terms of staff sickness and increased numbers of covid / flu in the workforce.

Rotherham is undertaking a centralised spirometry pilot

- Funding from Respiratory Clinical Network to pilot centralised spirometry collaboration between the GP federation and TRFT Medical Physics Department

Workforce - 2 Health Science Apprentices supported/trained via medical physics. Service provides 19.5 hours per week over 3 days – scope to develop hub delivery if continued

Benefits

- Drives up quality – all patients receive the same quality diagnostic
- Cost effective
- Quick documentation – all results sat in the GP clinical record – no waiting
- Time saving for practice nurses to focus on supporting other areas of work
- Demonstrates good partnership working between providers and sets a blueprint for future place collaborations

Results Sept 22 – Nov

- Sept – Nov 288 pts spirometry (diagnostic/reversibility)
- Sept – Nov 56 pts FeNo (fractional exhaled nitric oxide) test

Board of Directors Meeting

13 January 2023

Agenda item	P15/23
Report	Trust Planning Process 2023-24
Executive Lead	Michael Wright, Deputy Chief Executive
Link with the BAF	D5, D6, P1, R2, U4
How does this paper support Trust Values	This paper sets out our approach to Planning for 2023-24, specifically focussing on how we will work <i>together</i> to deliver the requirements. It also details how we want to be <i>ambitious</i> in our plans, whilst ensuring we are realistic in our expectations.
Purpose	For decision <input checked="" type="checkbox"/> For assurance <input type="checkbox"/> For information <input type="checkbox"/>
Executive Summary	<p>This paper is provided in order to ensure Board members are fully sighted on the work that is underway to deliver the requirements of the planning process for 2023-24.</p> <p>The update below provides the Board of Directors with an overview of the Trust's approach to operational planning for 2023-24. It sets the context around the national timetable and expectations for NHS Trusts, and provides further detail on our internal process, including our proposed timetable.</p> <p>A joint letter that was shared with colleagues setting out our approach and expectations around planning this year is included as an appendix, as well as a short, internal summary of the National Planning Guidance which was published on 23rd December 2022.</p>
Due Diligence	Members of the Executive Team have agreed the approach and timetable for Planning 2023-24, with the proposals within this paper shared in a joint letter to Trust colleagues in December. As part of this, Executive Directors have agreed their input and leadership of different elements of the work.
Board powers to make this decision	The Board of Directors need to be assured that there is an appropriate process in place for approval of the Trust's annual planning submissions.
Who, What and When	The Deputy Chief Executive is the Lead Executive for Planning within the Trust, with the Director of Finance, Chief Operating Officer, Director of Workforce and the Director of Strategy, Planning and Performance playing key roles within the process.

<p>Recommendations</p>	<p>It is recommended that the Board of Directors note the Trust's approach to Planning for 2023-24.</p> <p>The Board of Directors is also asked to confirm their preferred process for giving final approval of the Trust's Financial Plan before national submission, as described in section 3.</p>
<p>Appendices</p>	<ol style="list-style-type: none"> 1. Letter to Colleagues setting out Planning Process 2023-24 2. Summary of National Planning Guidance

Trust Operational Planning Process 2023-24

1.0. Background and Context

Historically the NHS (and the Trust) has undertaken an annual planning process which incorporates a wide variety of elements including the Trust's financial plan, our activity plans, our organisational objectives and the agreed quality priorities. To support the completion of this process and the production of this operational plan, National Planning Guidance is published in December.

In the last few years, this process has been severely disrupted by the impact of the COVID pandemic, with variable length planning windows (sometimes half years) and guidance often materially changing within the year. However, as the NHS returns to normal business post-pandemic, there is an expectation that it will return to a more stable planning cycle, starting with 23/24.

This paper provides an update on how the Executive Team's proposed approach to planning this year, based on our current knowledge of the national expectations.

2.0. This Year

This year, the Executive have made a renewed effort and commitment to re-join up the elements of the planning cycle, ensuring (where applicable and possible) there is alignment across the various components. While this commitment has always been in place, it has not always been possible to deliver due to the context set out above, and particularly, due to the sometimes dynamic nature of national expectations.

In triangulating the various elements of our planning submission more fully, there is also a clear recognition that that we need to recognise the Trust's Operational Plan as the totality of these elements and not just the priority delivery elements.

In doing so, Michael Wright, Deputy Chief Executive, and the Executive lead for planning within the Trust has communicated to key colleagues within the Trust in a letter which outlines our process for planning into 2023/24. This letter was co-signed by Sally Kilgariff (Chief Operating Officer), Steve Hackett (Director of Finance) and Louise Tuckett (Director of Strategy, Planning and Performance).

The letter is included as Appendix 1 and sets out the principles of the planning process, the key asks of divisional and corporate teams and a proposed timeline. These are summarised below.

2.1. Principles of Planning

The following principles of being applied to the planning process this year:

- An aim to be both **ambitious and positive**, setting challenging but realistic plans that are not overly cautious and curtail our delivery.

- In asking for ambitious plans we will allow space and an **expectation of describing our risk** to this delivery, so that we can support efforts to mitigate these.
- We will need to be **realistic about what is 'fundable'** and greater prioritisation with a focus on increasing our productivity and optimal utilisation of our resources.
- That the plans need to **set out any significant workforce challenges**, given the key role workforce plays in our plans
- Recognise the expectation national focus on recovery and the need to deliver 104% of 19/20 activity
- That we want to be **more strategic in our planning** and recognise that aspects of our work will go beyond 23/24
- That the plans will be **more than just a summation of divisional plans**, but an opportunity to share and learn across the Trust.
- That the process should be **simple, effective, and supported**.
- That we **reach a single, recognised plan for the Trust**.

2.2. Timeline

The timeline proposed for divisional and corporate colleagues is as follows:

Date	What
16 th Dec	Letter & Templates / Guidance sent to Divisional Leadership Teams
6 th Jan	Return of: <ul style="list-style-type: none"> • Capital Plan Submissions
13 th Jan	Return of: <ul style="list-style-type: none"> • Financial Plan Submissions • CIP Plan Submissions • Cost Pressure Templates • Service Improvement Templates
20 th Jan	GM Meeting to agree prioritisation of cost pressures and service improvements
20 th Jan	Return of: <ul style="list-style-type: none"> • Capacity Plan Submissions • Activity Plan Responses
w/c 23 rd Jan	Check & Challenge Week 1

w/c 30 th Jan	Check & Challenge Week 2
10 th Feb	Final Divisional Submissions
22 nd Feb	FPC Approval of Draft Plans
3 rd Mar	Board Approval of Planning Documents
7 th Apr	Board Approval of Operational Plan Mandates

It is recognised that the timeline above will need to be flexible when needed due to operational pressures and emergent issues.

2.2.1. National Guidance

The National Operational Planning Guidance was published on Friday 23rd December, and an internal summary is shown in Appendix 2. Whilst initially there was a sense that the national guidance may be published earlier this year in order to give trusts more time to digest and incorporate the requirements, this unfortunately was not the case, which meant we needed to begin our processes in advance of the publication.

It is recognised that there was a level of risk in commencing our internal planning process without the national guidance in place. However, the timeline shown above was already incredibly challenging, requiring divisional teams to produce a significant amount of work in a relatively short amount of time, whilst also managing significant operational pressures. It was therefore felt that given that we have a relatively high level of confidence on the key elements of the national guidance (for example submission of a financial plan and an activity plan), it was prudent to start our process earlier in December in order to give divisional and corporate colleagues as much time as possible to pull the relevant information together and coordinate a reasonable and considered response, in line with the principles set out above.

In doing this, we recognise that we will/may need to be agile and responsive to this guidance (and any other national directives which we are set).

3.0. Approval

It is important that within this development process, the Board has the necessary opportunities for oversight, assurance, and approval. This can always be slightly challenging given the need to deliver national deadlines, alongside the timetable of our own internal governance. Whilst there is a hard deadline date for the financial plan to be approved by the end of March 2023, there is more flexibility around other elements of our planning process, which can be approved into 2023/24 without delaying work commencing.

There are two potential options for how we confirm final Board approval of the Financial Plan in particular, as set out below:

- Draft Financial Plan presented to Board of Directors on the 3rd March 2023
- Final Financial Plan approved
 - Option A: Through delegated authority to Finance and Performance Committee on the 29th March 2023
 - Option B: Through an extraordinary board on a date TBC on, or before 31st March 2023, allowing time for any proposed amendments.

The Board of Directors is asked to agree a preferred option for approval of the financial plan.

2023/24 Planning Process

Context

Business planning is an important function for our organisation: the process of coming up with a sensible, coherent, and comprehensive plan for the next year. We need to do this for the Trust as a whole, but also at a Divisional level.

We are conscious that we are working in a challenging environment at the moment: for our teams, services, our Trust and the NHS more broadly. We are seeing this in some of our performance metrics – challenges in achieving our core targets; patients waiting too long for care; and we are not providing the experience of care that we want or need to. We are entering Winter with all of our teams having seen a difficult summer, and so we are acutely aware that we continue to work in an exceptionally busy environment, with a very difficult operational position.

We continue to work in an uncertain environment which will impact on our planning – changing national political context, inflation running high, workforce unrest and many demands on public spending; an NHS overall that has seen substantial investment, but where the 'performance improvement' for that investment is not yet showing; and public goodwill not where it was at the start of the pandemic.

Whilst we await national planning guidance, we should plan to continue to deliver services as required based on the needs of our population and current national expectations, ensuring we deliver the recovery and restoration of NHS services and provide the most timely (and highest quality) healthcare possible. Key to our success against this goal will be planning how we balance the care and quality needs of our population with an expectation of delivery of national standards and a recognition of an obligation to deliver a financially balanced position. This planning process needs to support all teams to find this balance, with a recognition of what our plans mean across all four of these domains – quality, workforce, performance and financial delivery.

Planning Principles

We want to take an **ambitious and positive** approach – and so we need divisions to describe plans which reflect this. We would prefer to set an ambitious target which we get close to achieving; rather than a more cautious position but which – in its caution – ends up curtailing our ambition and delivery.

Recognising that a more ambitious plan will be harder to deliver, **we will create space and an expectation of describing our risks** to delivery, so that we allow time to discuss how best we mitigate and minimise these risks. We know there will be unanticipated challenges during the year, but if we prepare ourselves for as many of these eventualities as we can, it will ensure we can minimise the impact on our teams and our patients, and continue to maximise delivery.

The financial framework within which the Trust operates is expected to remain on a block basis, but we will see reduced funding for COVID and the additional income associated with the Elective Recovery Fund (ERF) is unknown and in no way guaranteed; therefore we **need realism about what is or isn't 'fundable'; greater prioritisation; and serious engagement with our financial plans**. We will need to focus efforts on increasing our productivity and ensuring optimal utilisation of our resources. Innovative schemes which deliver an increase in our efficiency will be welcomed where they demonstrate a clear connection to increased productivity.

Our workforce is a key driver and potential constraint for our plans and delivery. Our **plans need to describe any significant risks that workforce challenges present**, and how these risks will be mitigated. It has been an unprecedented time for the NHS over the last three years, with highs and lows throughout, and we know that our colleagues have lived and breathed that challenge every day. We need to look after our staff as individuals and as teams, and use this planning process to give them the focus and purpose that they very much need at this time.

Whilst our planning process needs to cover all aspects of the care we provide, **we know that there will be a significant focus on recovery in our national submissions and we will be expected to**

deliver more than 104% of our 2019/20 activity – so for now, until we receive further confirmation from the national team regarding the exact expectation, we should plan on the basis of delivering as much activity as we can with the recurrent resources we have, always retaining our focus on quality. Divisions should demonstrate delivery of 2019/20 levels of activity, plus additions for any subsequently agreed, and recurrently-funded growth. We will challenge ourselves (because we will rightly be challenged by others) to demonstrate good use of the resources that we have. Our activity plans need to link to job plans, so that we have confidence in our delivery ability, and to ensure a seamless connection between our workforce resources and our operational commitments.

Restoring full delivery of all of our services such that we are providing more timely access to care across all settings will take longer than a year, and with capital constrained next year; some of our plans are likely to materialise after 2023/24. We want to **bring a more strategic dimension** to our plans, with divisions able to describe the longer term direction for our work. We can support you to do this within your teams.

We want to use this process to deliver **more than just aggregate our divisional plans to create a Trust plan**. The process should offer a space for divisions to ask questions, offer support and shared learning, and ensure we are more than just the sum of our parts (ensuring that corporate services support divisions' ambitions and recognising that there will be programmes of work that span multiple divisions which we need to deliver).

We want our approach to be **simple, effective and supported**. This means we will only ask for information that is useful and used; pre-populate where it's helpful; and set timescales that are realistic and sensitive to other pressures. We will review and consolidate plans into a single, coherent plan and support you to make connections and links across divisions and programmes of work.

Finally, we want to reach **a single, plan that is collectively recognised in the Trust**: one set of activity numbers that we strive to deliver; a prioritised set of schemes and proposals for change; clarity about our risks to delivery and plans for mitigation. The Trust's plan should span all elements of our work – from quality of care to operational delivery, financial planning and workforce expectations. It should tell the story for 2023-24, in terms of how our

Templates

The templates which we require Divisional Teams to complete are below, with the distribution and return dates included so you can plan your team's work accordingly. For each of the above areas for inclusion in plans, separate, more detailed guidance will be available.

- **Divisional Operational Priorities** – this is your 'plan on a page' of your divisional priorities
- **Activity** – we will need activity plans for all divisions, across non-elective and elective care. These will be pre-populated with the national ask (when we receive confirmation of what that is), and we will ask for divisional input on where we need to make changes to ensure the requirements are deliverable. We will not be expecting you to complete a detailed activity template.
- **Capacity** – for elective and planned care, we will need to see service-level capacity plans. These will be based on the capacity templates developed during 2022-23. These plans should link to job plans, but we are aware that these are at different stages of development, so this is likely to be an iterative process. We will utilise the work from Attain to deliver the same output for our Community, Therapies and Dietetics activity.
- **Financial plan** - income and expenditure plan for each division
- **Cost Pressures** – identifying significant areas of cost growth which are unfunded and where consideration needs to be given around additional funding or changes to service delivery
- **Service Improvements** – potential opportunities to develop and improve our services in a measurable way, for consideration of additional funding.
- **CIP plans** - detailing relevant efficiency schemes for divisional teams, and any cross-organisational efficiency programmes that divisions plan to deliver
- **Capital Schemes** - essential schemes only and ranked in order

Template	Distribution date	Submission date	Check and Challenge Forum	Exec Lead
Divisional Priorities	16 th December	20 th January	Divisional Check and Challenge 2	Sally Kilgariff
Activity Plans	23 rd December (subject to National Planning Guidance)	20 th January (subject to National Planning Guidance)	Divisional Check and Challenge 2	Sally Kilgariff
Capacity Plans	22 nd December	20 th January	Divisional Check and Challenge 2	Sally Kilgariff
Cost Pressures	16 th December	13 th January	Divisional Check and Challenge 1	Steve Hackett
Service Improvements	16 th December	13 th January	Divisional Check and Challenge 1	Steve Hackett
Financial Plans	16 th December	13 th January	Divisional Check and Challenge 1	Steve Hackett
CIP plans	16 th December	13 th January	Divisional Check and Challenge 1	Michael Wright
Capital Plans	14 th December	6 th January	Capital Monitoring Group	Steve Hackett

Timetable

The timetable to support the process is set out below. Hopefully in having this in advance, you will have a clear sense of your planning obligations and milestones over the next few months. The process is designed to be supportive, and ultimately to enable proper triangulation of our plans across all domains, as well as to encourage cross-divisional collaboration.

Date	What	What it is
16 th Dec	Letter to Divisional Leadership Teams	Letter outlining planning approach, requirements and timetable
16 th Dec	Templates / Guidance	First set of templates and guidance out to divisional and corporate teams
6 th Jan	Capital Plan Submissions	Return of templates from divisional teams
13 th Jan	Financial Plan Submissions CIP Plan Submissions Cost Pressure Templates Service Improvement Templates	Return of templates from divisional teams
20 th Jan	GM Meeting - Submission Discussion	Discussion of Submissions and prioritisation around cost pressures and service improvements
20 th Jan	Capacity Plan Submissions	Return of templates from divisional teams

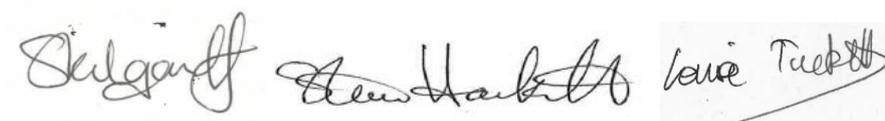
	Activity Plan Responses	Return of narrative setting out delivery challenges to activity requirements by exception
w/c 23 rd Jan	Check & Challenge Week 1	Check and challenge on divisional and corporate financial returns
w/c 30 th Jan	Check & Challenge Week 2	Check and challenge on activity, capacity and divisional priority templates
10 th Feb	Final Submission	Final submission of plans, updated post-check and challenge
22 nd Feb	FPC Approval of Plan	FPC Approval of Financial and Activity Plans
3 rd Mar	Board Approval of Submission of all Planning Documents	Whole Operational Plan (including Activity / Financial Plan) to the Board for approval pre-April

As noted above, this process needs to be useful and productive for us all, and should not be done simply to tick a box. As an Executive Team, we are committed to ensuring we provide an approach which will support this outcome; in return we would ask that you allow the appropriate time and headspace to enable this to be a useful, two-way dialogue which ensures we will develop a comprehensive, ambitious, patient-centred plan for the Trust for 2023-24, with clarity over your divisional responsibilities within that.

Many thanks,



Michael Wright
Deputy Chief Executive – Lead Executive



Sally Kilgariff
Chief Operating Officer

Steve Hackett
Director of Finance

Louise Tuckett
Director of Strategy, Planning & Performance

PLANNING GUIDANCE

2023/24

BRIEFING

Three tasks over the coming year

1. Recover our core services and productivity
2. Make progress in delivering the key ambitions in the Long Term Plan (LTP)
3. Continue transforming the NHS for the future



1. Recovering our core services and productivity

Improve ambulance response and A&E waiting times

Reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard

Make it easier for people to access primary care services, particularly general practice

Essential Actions Include:

- Reducing **ambulance handovers, bed occupancy** and **Out Patient Follow Up (OPFU):New**
- Increase **day case rates & theatre utilisation**
- Increase **capacity in beds, intermediate care, diagnostics**, ambulance services and permanent workforce
- Improve **staff retention** through a systematic focus on all elements of the NHS People Promise
- Continue to **narrow health inequalities** in access and outcomes, including for Children & Young People
- Maintain **quality and safety**, particularly in **maternity services**

2. Delivering the key elements of the LTP & Transforming the NHS

The Goals within the LTP remain the ‘north star’

This includes:

- Improve **MH services** and services with people with **learning disabilities** and **autistic** people
- **Prevention** and effective management of **LTC** – Delivery of the **primary and secondary prevention priorities** within the LTP
- NHSE is leading on the **NHS Long Term Workforce Plan**
- NHSE will continue to work with systems to level up **digital infrastructure** and greater **connectivity** – inc **NHS App**
- Development of a **national improvement offer** to compliment local continuous improvement work

National NHS Objectives 2023/24 (Acute Providers)

Area	Objective
Urgent & Emergency Care	By March 24 76% of patients seen within 4 hrs with further improvement in 24/25
	General & Acute (G&A) Bed occupancy to 92% or below
Community Health Services	Meet or exceed 70% 2hr Urgent Community Response (UCR) Standard
	Reduce unnecessary GP referrals by streamline direct access & set up local pathways for direct referrals
Elective Care	By March 24, eliminate over 65 week waits (except for choice and specific specialities)
	Delivery system specific activity targets
Cancer	Reduce patients waiting over 62 days
	By March 24 meet the faster diagnostic standard so 75% of patients are confirmed within 28 days
	Increase % diagnosed at stage 1 and 2 in line with the 75% early diagnostic ambition by 2028

Area	Objective
Diagnostics	Increase % who have a diagnostic within 6 weeks in line with March 25 ambition of 95%
	Delivery activity levels needs to reduce elective and cancer waits
Maternity	Progress towards national safety ambition
	Increase fill rates against funded establishment for maternity staff
Use of resources	Deliver a balanced net financial position for 23/24
Workforce	Improve retention & Staff attendance

A full list of all objectives inc areas such as MH, Prevention and Primary care is in the full guidance.

Key actions for RECOVERING OUR CORE SERVICES AND PRODUCTIVITY

1A - Urgent and Community Care (UEC)

- Increase physical bed capacity and permanently sustain the equivalent of 7,000 beds that were funded through winter 22/23
- Reduce number of medical fit discharges
- Increase ambulance capacity
- Reduce handover delays in line with Nov 22 letter

1D - Elective Care

- Reduction in OPFU in line with ambition to reduce OPFU activity by 25% against 19/20 baseline by March 24
- Meet the 85% day case and 85% theatre utilisation expectation, using GIRFT to support
- Offer meaningful choice at all points of pathway and use alternative providers for long waits including through the Digital Mutual Aid System (DMAS)

Goals are set out in Delivery Plan letter and includes 30% more activity by 24/25 than before the pandemic

1F - Diagnostics

- Maximise roll out of capacity – delivering the 2nd year of the three year investment plan for establishing Community Diagnostic Centres (CDCs)
- Minimum 10% improvement in pathology and imaging network productivity by 24/25 through digital investment
- Increase GP direct access in line with national roll out

1B - Community Health Services

- Increase referral into UCR from all routes, focus on maximising referrals from 111 and 999 and create a single point of access if not already in place
- Expand digital access and self referral where a GP is not clinically necessary. By Sep 23 we ask that
 - Direct referral for community optometrists to ophthalmology services for all urgent and elective eye consultations
 - Self referral routes to falls responses services, musculo-skeletal physio services, audiology (including hearing aid provision), weight management services, community podiatry and wheelchair and community equipment services.

Key actions for RECOVERING OUR CORE SERVICES AND PRODUCTIVITY

1E - CANCER

- Implement and maintain priority pathway changes
 - Lower GI – at least 80% of FDS referrals are accompanied by a FIT result
 - Skin – teledermatology
 - Prostate – best practice timed pathway
- Increase and prioritise diagnostic capacity, including through CDCs (expectation of a 25% increase in required diagnostic capacity)
- Expand the Targeted Lung Health Check programme and ensure capacity for this
- Commission key services which will underpin progress on early diagnostic inc
 - non-specific symptoms pathways (100% population coverage by March 24)
 - Surveillance services for Lynch syndrome, BRCA and liver
 - Increase colonoscopy capacity to accommodate expansion of NHS bowel screening to 54yr olds

1G - Maternity and neonatal services

- Deliver the final actions from the Ockenden report
- Every woman has a personalised care plan and can make informed decisions
- Implement local equality plans to reduce inequalities in access and outcomes

NHSE will publish a single delivery plan for maternity and neonatal services in early 2023

1H – Use of resources

To deliver a balanced net system financial position for 23/24 we must meet the 2.2% efficiency target agreed with level and improve out levels of productivity

- Understand where productivity has been lost, including
 - Productive workforce – system should review workforce growth by staff group and identify expected productivity increases in line with growth
 - Increase theatre productivity – using Model Health System and GIRFT

Plans should set out measures to release efficiency savings, including ambitions to:

- Reduce agency spend to 3.7% of total pay bill
- Reduce corporate running costs with focus on consolidation, standardisation and automation
- Reduce procurement and supply chain costs
- Improve inventory management
- Purchase medicines at the most effective price point

Key actions for DELIVERING THE KEY ACTION OF THE LTP AND TRANSFORMING THE NHS

2A – Mental Health

- Deliver the investment standard
- Develop a workforce plan across ICS partners
- Improve MH data to evidence impact

2C – Reduce Inequalities

- Update plans with focus on primary and secondary prevention priorities inc CVD, diabetes and smoking cessation
- Deliver against the 5 strategic priorities for health inequalities

2D – Invest in Workforce

- Refresh of system workforce plans, which includes
 - Improve staff experience & retention
 - Increase productivity
 - Flexible working
 - Regional Multi Professional Education and Training Investment Plans (METIP) Plans
 - Implementation of Kark Recommendations and Fit and Proper Persons (FPP) test

2B – Learning Disabilities (LD) and Autistic People

- Improve GP LD registers
- Develop integrated workforce plans
- Test and implement autism diagnostic and assessment pathways to reduce waiting times

2E – Digital

- Use digital maturity assessment to measure progress towards What Good Looks Like and develop plans to close high priority gaps
- Put in place digital architecture for Population Health Management (PHM)
- Digital tools in place for patients to be supported with high quality information to enable greater control of their own care

2F – System Working

- Develop ICP integrated care strategies and ICB Forward plans
- Maturing ways of working across the systems inc provider collaboratives and place-based partnerships

Board of Directors' Meeting
13 January 2023

Agenda item	P16/23
Report	Transition Strategy for the Care of Young People Preparing for Adulthood 2022- 2026
Executive Lead	Helen Dobson, Chief Nurse
Link with the BAF	There is a risk that young people will not effectively transition to adult services
How does this paper support Trust Values	The Transition Strategy supports the Trust aims in providing a collaborative Trust strategy by which to support young people with long term or chronic conditions to transition successfully to adult services, supported by colleagues in both adult and children's services
Purpose	For decision <input checked="" type="checkbox"/> For assurance <input type="checkbox"/> For information <input type="checkbox"/>
Executive Summary (including reason for the report, background, key issues and risks)	<p>The 2021 Care Quality Commission (CQQ) report identified that: The Trust must ensure that transitional care for all young people is in place.</p> <p>Transition has been a long standing issue within the organisation and there are no robust pathways, modelling or systems in place to support effective transition of young people into adult services. Poor transition can lead to declining health care and compliance once young people become adult – effective transition will ensure that all young people have the opportunity to manage and support their health as they move to adulthood.</p> <p>The 2021 SEND (Special Educational Need and/or Disability) inspection also identified in the Written Statement of action that there were four areas of significant concern and one was;</p> <p>The quality of provision for children and young people's preparation for, and transition to adulthood. Although it is appreciated that there is a place based approach to support the Written Statement of Action the TRFT Trust strategy will support this over all place based approach to effective transition.</p>
Due Diligence (include the process the paper has gone through prior to presentation at Board of Directors' meeting)	The Transition Strategy was discussed at Safeguarding Committee on 26 th October 2022 and Quality Committee on 30 th November 2022. It was recommended to submit the strategy to the Board of Directors meeting for final approval with no amendments required.
Board powers to make this decision	This is a Trust wide strategy requiring approval from the Board of Directors.

<p>Who, What and When (what action is required, who is the lead and when should it be completed?)</p>	<p>Implementation of the strategy will be monitored by the Children's Trustwide Steering Group and will report into the Safeguarding Committee. Assurance of implementation of the strategy will be provided to the Quality Committee on a quarterly basis through the report from Safeguarding Committee.</p>
<p>Recommendations</p>	<p>It is recommended that the Board of Directors approve the strategy.</p>
<p>Appendices</p>	<p>Transition Strategy for the Care of Young People Preparing for Adulthood 2022- 2026</p>

The Rotherham NHS Foundation Trust

Transition Strategy for the Care of Young People Preparing for Adulthood 2022- 2026

Contents

1. Introduction
2. Why do we need a transition strategy?
3. What do we know about the needs of our young people?
4. What transition arrangements do we currently provide
5. What does the strategy mean for us?
6. How will we make the changes?
7. How will we know that we have achieved our strategy?
8. References
9. Resources

1. Introduction

Physical, emotional and psychological changes are normal aspects of adolescence. For those young people with any form of disability or long-term condition (LTC), making a successful transition to adult healthcare services can present distinct difficulties.

Transition or Preparation for Adulthood (PfA) is essential in ensuring that a young person has a supported and managed transition from paediatric health care services to adult health care services. A well designed and supportive transition process that involves the young person in decision making will support longer term health care compliance as the young person moves through adolescence and into adulthood.

Young people and their families often find the transition from paediatric services to adult services a daunting and difficult period of time. Services within Children and Young People's Services (CYPS) are often not replicated through the same pathways within adult services, which can often lead to frustration and disengagement from health care services as there is no clear 'hand over' of care. Families and young people often describe that they feel isolated and alone and do not know where to go to get support.

Poor transition in health care can often impact upon all elements of a young person's life and may affect their social, physical, emotional and mental health. Young people will also be transitioning through other elements within their life and at times some of this will be supported by other services for example, from an education and social care perspective. It is intended that although this strategy is supporting their health care transition it will also have a positive impact on other elements of transition within their life.

The Rotherham NHS Foundation Trust is committed to supporting these young people effectively to enable a smooth and collaborative transition to adult services, reflecting the Trusts ambition to be an outstanding organisation and reflecting its core values.

This is a four year strategy designed to support the development required to achieve effective and robust transition pathways across paediatric and adult services, making sure that young people are supported and engage in their health care as they move to adulthood while ensuring that staff have the skills, knowledge and resources required to support these young people and their families.

This strategy will also support the wider Place Based priorities, priority five within the Children and Young People's section of the Place Plan focuses specifically on Transitions to Adulthood. Transitions was also identified as a 'Must Do' action by the CQC following the 2021 inspection as well as being identified in the Written Statement of Action (WSoA) from the joint OFSTED CQC SEND inspection which took place in 2021. The WSoA sets out actions for all partners and The Rotherham Foundation Trust will be expected to implement changes to support the Trust transition work. Progress towards achieving improvements will be monitored by NHSE and Department of Education.

2. Why do we need a transition strategy?

Since 2016, transition to adult services has been covered by NICE guidance, which the Trust is not currently compliant with (Transition from children's to adults' services for young people using health or social care services, 2016, NG 43). This is on the risk register and as an organisation TRFT is compliant with only a small number of elements within each section, Transition Strategy 2022

mainly from a paediatric perspective. From an organisation perspective the Trust is not fully compliant in any of the standards, however, it is envisaged that this four year strategy will significantly support the organisation in ensuring that compliance with national standards is achieved.

When considering the transition journey; for young people with Education, Health and Care Plans (EHCP) this must happen from year 9 (Children and Families Act, Part 3: Children and young people with special educational needs and disabilities, 2014), for young people leaving care, transition must happen from age 15-and-a-half. It is acknowledged that young people will develop socially and emotionally at different stages during their teenage years and it is essential that this is taken into consideration when planning transition. All young people with a disability or LTC who do not have an EHCP also need to be considered for transition, even if this is to transition back into primary care for ongoing care and support.

Nationally there are recommended standards in relation to transition. The 'Ready Steady Go' (Nagra et al 2015) model is the most widely utilised nationally, working with young people from the age of 14 to start discussions around their health and transition to adult services. This then moves through a range of 'steps' where joint clinics between paediatric and adult services take place towards the final goal of successfully transitioning to adult services.

Locally the Rotherham Joint Strategic Needs Assessment (JSNA, 2019) identifies Rotherham as the 44th most deprived local authority out of 326. Poverty increases the risk of poor health outcomes, therefore ensuring that effective transition processes are in place is essential in supporting young people who are already at risk of poor health outcomes.

3. What do we know about the needs of our patients and staff?

3.1 Our patients' needs

There are approximately 1300 young people aged between 14 and 19 years of age who are under paediatric services as they have a LTC or complex needs requiring a range of input from various paediatric teams. It is acknowledged that some of these young people present with a single condition which is not complex or severe and can therefore be discharged back to primary care. However, there will also be young people who have:

- Lifelong or progressive conditions which require support from specialist teams: effective transition into adult services is vital to maintain the young person's health and functioning and to promote self-management.
- Complex and multiple health conditions: these young people will need to transition to multiple adult teams within TRFT and there may also be the need to liaise with specialist or tertiary centres. Good co-ordination of services around the young person is essential – and currently families tell us that this is not done effectively within health services.

Even those young people who do transition back to Primary Care need to have a defined structured pathway to support this, ensuring that they are included in decision making around their healthcare and feel supported as they move from paediatric services.

3.2 Our staff needs

Although patient care is our core business within the Trust, transition and the skills and knowledge around this is potentially limited across all colleagues within TRFT. Nationally there is a plan being developed to create a national training package in relation to transition with different tiers of training depending on the level of interaction with young people. The local tertiary hospital (Sheffield Children's Hospital) has developed a standalone online training module for transition and this is for all staff across the organisation.

It is envisaged that the CQC will be proposing that in future inspections transition will be a focus, emphasising adult services input in relation to transition and caring for young people as opposed to being mainly focused on children's and young people's services. This strategy covers all divisions within the Trust, which will enable all colleagues to support young people and their families effectively through their transition journey.

4. What transition arrangements do we currently provide?

Transition services within TRFT are currently fragmented, with no standardised approach to transition. There is no definitive pathway being used across all conditions or complex needs and there is a lack of an embedded 'passport' to support transition.

However, there are some small areas of effective embedded working; young people who are frequent attenders on the Paediatric Intensive Care Unit (PICU) at Sheffield Children's Hospital (SCH) to TRFT anaesthetists. This ensures that a MDT meeting can be arranged in relation to this young person so that when they can no longer go on to the PICU at SCH they have a named doctor who has taken responsibility for their care and has uploaded their health 'passport' on to the electronic patient health record.

Young people with significant complex needs and their families often feel very frightened by the prospect of transition, with CYPS often keeping these young people within the children's services case load as there is an inability to effectively transition to adult services because no reciprocal service is available. What many families and young people find difficult is that within CYPS the children's nursing service, and to some extent the paediatricians, manage many if not all aspects of the young person's care with a named consultant. However within adult services there isn't a similar replicated service. Each element of the young person's care is managed by different professionals, therefore there is a lot of support and signposting required to manage expectations within transition and also the need for a defined point of contact to support the young person and their family.

Work has commenced with regard to transition pathways for young people with long term conditions, however these pathways have not become embedded into service delivery and a refresh and gap analysis is needed to enable further work to become embedded into practice.

The complex nature of transition lends itself to having a defined transition lead within organisations to ensure that, in the first instance parents and young people have a point of contact and that pathway modelling can be progressed, with input across both CYPS and adult services. At present TRFT does not have a defined transition role which sets the organisation as an outlier against others within the region and nationally.

There is no defined flagging system within the electronic patient records systems that highlights that a young person will need transition to adult services or that they are part of the transition process already.

5. What does the strategy mean for us?

The strategy sets out our ambitions as an organisation in ensuring that a definitive transition pathway is created and embedded into practice across both the community and acute elements of the organisation. A detailed plan will underpin this strategy to ensure that it is implemented into the day to day practice of all staff within the Trust. This will enable young people and their families to feel supported through their transition journey and their ongoing health needs are met through individualised care planning and they have been fundamental in developing this plan.

Specifically the ambitions we aim to achieve are that we will:

- Develop a database of young people commencing on their transition journey which tracks their journey until they transition fully to adult services.
- Create a pathways 'blueprint' for services that will be developed based on the patient's conditions in relation to transition, this will be based on a defined transition model.
- Consult with young people about how they see transition services supporting them and gain feedback in relation to their transition journey.
- Ensure that each young person who is able to participate in their decision making will be involved in decisions and make informed choices about their own care.
- Provide each young person with a written transition plan and communication 'health passport' to ensure that all relevant professionals have access to information about that young person.
- Ensure that within both adult and children's services the young person will have a named worker who they have as a point of contact – ideally this would be a key worker who supports across the services alongside specialities.
- Provide each young person with written advice and support preparing them for transition into adult services including consent, confidentiality and advocacy.
- Work with commissioners to ensure that appropriate commissioned services are in place to support a young person once they become an adult.
- Ensure that staff have appropriate training in relation to transition, enabling them to communicate clearly and effectively with the individual person and their family in both adult and children's services.
- Ensure that the Trust works proactively with other colleagues within the Rotherham Place, to ensure that young people are supported appropriately in their transitional journey and that their voice is heard throughout this journey. Ensuring they have

holistic planning so that that inequalities in health are managed proactively for this cohort of the population.

- Ensure that all young people are cared for and seen in the most appropriate environment for their needs as they move through their transition journey.

6. How will we make the changes?

To support the identified ambitions each ambition will have actions within them to develop the transition strategy ensuring this becomes embedded into practice across the Trust

Ambition 1

Ambition 1: To develop a database for young people who are beginning their transition journey which tracks their journey until they fully transition to adult services.

- 1) Individual services within Family Health will collate a database of young people aged 14-18 who have a long term condition, or additional health need including young people with complex needs. This will also include the services they are receiving support from and enable a gap analysis to be undertaken, from which pathways can be developed.
- 2) Through this process we will identify gaps in service provision both from a children's and adult's service perspective. The Trust will work with commissioners and all partner agencies in relation to the gap analysis created, to ensure that patients are able to access appropriate services.
- 3) Within the database it will be clear who the primary medical and nursing teams taking responsibility for the young person will be, adding additional services and teams who will support once transitioned to adult services.
- 4) Create flags within all the electronic patient record systems that will be added to children's and young people's records. Once the young person turns 13 this will place them in a 'holding area' for the transitions database and then transfer them over once they reach 14.
- 5) The database will track the young person's journey through the defined transition pathway with key milestones for transition evidenced.
- 6) Young people on the transition database will have an identifiable marker if they are also being supported by partner organisations through their transition. Their key worker will be identified to enable a collaborative, cohesive approach to the young person's transition.



Ambition 2

Ambition 2: To create a pathways ‘blueprint’ for services which will be developed based on the patients conditions in relation to transition, which is based on the defined transition model.

- 1) We will review all current transition pathways to ensure that we are using the most appropriate expertise, and we will work with partners to identify any gaps, this includes identifying if there is no pathway in place.
- 2) We will undertake a scoping exercise to see if the nationally recognised ‘Ready, Steady Go’ approach will best meet the needs of TRFT’s transition pathway. We will also explore other pathways that have been developed nationally and choose the most supportive pathway adapting as required to enable the best fit for Rotherham.
- 3) We will create a ‘blueprint’ for a transition model which can be adapted by each service to best support the needs of that cohort of young people.
- 4) Services will work collaboratively to create a specific pathway based on either a specific long term condition, complex needs or additional health needs.
- 5) We will ensure that young people’s feedback is collated in relation to the transition pathways, to ensure that the pathways created meet the needs and requirements of the young person and their family.
- 6) We will review the governance arrangements in place to ensure that all partners involved in the care of transitioning young people are able to meet and discuss issues as they arise and improve services.
- 7) We will explore opportunities to work with our partners and neighbourhood networks in Rotherham to improve outcomes for young people transitioning to adulthood.



Ambition 3

Ambition 3: To consult with young people about how they see transition services supporting them and gain feedback in relation to their transition journey.

- 1) We will review our current systems of patient engagement to ensure that they are representative and to gain an understanding as to what young people and their families need from their transition journey.
- 2) We will work proactively with the Engagement and Inclusion Lead to understand the different forums we can actively engage in with young people and their families in relation

Transition Strategy 2022

Review Date September 2026

to feedback. Taking into consideration that different conditions may require different methods of feedback.

- 3) We will review the ways that we engage with patients and the public to ensure that the engagement is meaningful and takes many different forms, levels and formats, to ensure we reach as many patients and stakeholders as possible when undertaking service development.
- 4) We will work with partner organisations to make sure that young people feel supported across the Place in relation to transition, and that their feedback is captured and collated collaboratively to ensure that we have partnership learning in relation to transition and that this feeds into the wider Place vision in relation to transition



Ambition 4: To ensure that each young person able to participate in their decision making will be involved in decisions and can make informed choices about their own care.

- 1) We will capture the young person’s voice in decision making at all contacts and ensure this is documented and identified within records, acknowledging that this decision may change over time.
- 2) We will explore with health informatics how we can audit this to ensure this is being undertaken.
- 3) We will use complaints and other informal feedback mechanisms to triangulate information and improve services.
- 4) Should the young person have conflicting views with their parent/carer then these will be worked through in a supportive manner ensuring that this is documented, incorporating guidance in relation to competency and capacity assessments.
- 5) We will utilise shared principles which reflect national guidance using shared language and approach.



Ambition 5: Each young person will have a written transition plan and a ‘health passport’ to ensure that all relevant professionals have access to information around that young person.

- 1) Working collaboratively with the learning disability Matron, we will develop a health passport to reflect what is already used in adult services so that there is no duplication, ensuring a seamless transition to adult services.
- 2) The health passport will support the 'Tell It Once' approach advocated by the SEND inspection report.
- 3) We will work with the parent-carer forum and other feedback forums to develop the content of the health passport, ensuring that the voice of the young person is captured.
- 4) We will explore the digital solutions available in relation to the health passport so that a contemporaneous record is in place which can be updated as required and is a 'live' document.
- 5) We will use a range of user friendly formats for the health passport.



Ambition 6: Within each service, in both adult and children's services, the young person will have a named worker who will be a point of contact; ideally this will be a key worker who supports across the services alongside specialities.

- 1) We will develop a business case to create a key worker for transitional care who will support the transformation strategy and support the young people as an identified point of contact, initially working with specific cohorts of young people to develop blueprints for transition and then developing this across all pathways.
- 2) Each young person will have a named case-load holder within each service as a point of contact in both adult and children's services, who will support the key worker for transitional care.
- 3) The transitional key worker will initially be intrinsic to the development of the transitions database.
- 4) We will work with commissioners to ensure that services are commissioned appropriately within both adult and children's services, enabling transition to be effective with the capacity to support the transition journey.
- 5) All divisions will have transition on their governance agendas as a standing agenda item.



Ambition 7: Each young person will have written advice and support preparing them for transition into adult services, including consent, confidentiality and advocacy.

- 1) We will create appropriate user friendly literature to ensure young people and their families can understand the process once pathway modelling has been completed.
- 2) The 'literature' may take different forms including online, leaflets and 'app' based.
- 3) The Trust will have a front facing online offer in relation to transition which can be accessed through the Trust hospital webpage – this will also sign-post to other transition pathways in place across the Rotherham Place. The online offer will be linked across the place to provide a standardised approach.



Ambition 8: To ensure that the Trust works with commissioners to provide assurance that appropriate commissioned services are in place to support a young person once they become an adult.

- 1) We will work proactively with commissioners, once a gap analysis has been undertaken, to ensure that all young people's needs are fully met through their transition journey and when under the care of adult services.
- 2) If a young person needs additional support we as partners will ensure that they have a point of contact in relation to this.
- 3) We will ensure that as partners the young person and their family are updated in relation to their care needs and how they will be met as they transition into adult commissioned services.



Ambition 9 To ensure that staff have appropriate training in relation to transition enabling them to communicate clearly and effective with the young person and their family in both adult and children's services.

- 1) We will undertake a training needs analysis of the education and staff training requirements in the organisation and ensure that this is delivered, monitored and reported on a regular basis.
- 2) We will review the training needs and potentially have a tiered approach to training based on contact with young people.
- 3) We will review the training offered locally and nationally including the national training being created currently and how this will be recorded.
- 4) We will work with the wider Place to look at other partnership training in development, including training identified within the WSoA.



Ambition 10: The Trust will work proactively with other colleagues within the Place to ensure that young people are supported appropriately in their transitional journey and that their voice is heard throughout this journey.

- 1) The Trust will proactively engage in supporting the wider Place in achieving the actions created in the Written Statement of Action which came from the 2021 SEND inspection report.
- 2) The Trust will ensure that developments and changes to pathways are shared across the Place and link into other work on going.
- 3) The Trust will privately engage with the Place Based Preparation for Adulthood meetings with education and social care.

Looking beyond the Place the Trust will send updates and present at the regional transition meetings and network in relation to good practice and showcase the work which the strategy is achieving.



Ambition 11: To ensure that all young people are cared for and seen in the most appropriate environment for their needs as they move through their transition journey.

- 1) The Trust will explore whether an adolescent inpatient area will support young people more appropriately when compared to an adult inpatient area or children's ward area.
- 2) We will take service user feedback based on inpatient stay into consideration when considering an adolescent area.

- 3) We will review outpatient areas with services users to ensure that the most appropriate spaces are being utilised which are age appropriate.
- 4) We will develop outpatient areas based on feedback to ensure they are appropriate for young people on their transitional journey.

7. How will we know that we have achieved our strategy?

This strategy and implementation plan will be monitored through the Trust governance processes, including Divisional governance meetings, and corporately through our Children's Trustwide Steering Group, Mental Health Steering Group and Operational and Strategic Safeguarding Groups, which feed in to the Trust Board through the Quality Committee. From a Place perspective this will be monitored through established committees which support the wider Place based transition work, including but not exclusively Preparation to Adulthood and the SEND WSoA.

Monitoring implementation of the strategy will be undertaken through a number of means including:

- Patient and service user feedback.
- Staff feedback.
- Audit.

8. References

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Nagra A, McGinnity P, Davis N, Salmon AP. (2015). Implementing transition: Ready Steady Go. *Archives of Disease in Childhood - Education and Practice*, 100(3), 313-320.

9. Resources

Care Quality Commission. (2014). *From the pond into the sea*. [pdf] London: Care Quality Commission. Available at: https://www.cqc.org.uk/sites/default/files/CQC_Transition%20Report_Summary_lores.pdf

Ready Steady Go. Available at: <https://www.readysteadygo.net>

Board of Directors Meeting

13 January 2023

Agenda item	P17/23
Report	Integrated Performance Report – November 2022
Executive Lead	Michael Wright, Deputy Chief Executive
Link with the BAF	D5, D6, P1, R2
How does this paper support Trust Values	The Integrated Performance Report supports the Trust's <i>Ambitious</i> value in ensuring we are constantly striving to deliver stronger performance across all of the core domains.
Purpose	For decision <input type="checkbox"/> For assurance <input checked="" type="checkbox"/> For information <input type="checkbox"/>
Executive Summary (including reason for the report, background, key issues and risks)	<p>The Integrated Performance Report (IPR) is the monthly summary of Trust performance across the four domains of Operational Delivery, Quality, Finance and Workforce. This month's report relates to November 2022 data wherever it is available. It highlights performance against agreed national, local or benchmarked targets. Statistical Process Control charts are included against key metrics.</p> <p>The regular assessment of inequalities of access to care within our elective care portfolio is provided within this report.</p> <p>There are a number of Statistical Process Control (SPC) charts included at the end of this report. These have been created using new software which the Trust has recently procured and so look different to previous documentation. As such, a brief explanation of the key elements of the SPC charts is included at the back for reference.</p>
Due Diligence	<p>The Finance and Performance, Quality Committee and People Committees have received the relevant elements of the Integrated Performance Report or identical information, with the Executive Directors approving the content for their domain.</p> <p>Work is underway to refresh the IPR in time for the start of reporting of 2023-2024 data.</p>
Board powers to make this decision	In order to be assured of the performance of the organisation, the Board needs to have visibility of the Trust's performance against core metrics.

Who, What and When	The Deputy Chief Executive is the Lead Executive for reporting on the performance of the organisation through the Integrated Performance Report on a monthly basis.
Recommendations	It is recommended that the Board of Directors note the Trust's performance against the metrics presented in the Integrated Performance Report and receive assurance on the basis of this report.
Appendices	Integrated Performance Report – November 2022

Integrated Performance Report Commentary

OPERATIONAL PERFORMANCE

Urgent & Emergency Care and Flow

- Demands on urgent care were particularly challenging in October and November, with the Trust being on level OPEL 4 for a number of weeks during this period. Whilst attendances were on a par with 2021, they were 14% up on 2019/20 and admissions were 7% higher than last year and 24% above 2019/20 levels for those two months. However, the vast majority of the increase in admissions was driven by zero length of stay activity, which demonstrates the value of the assessment units in the last few months, and the increased levels of activity they are managing.
- The numbers of long length-of-stay (21+ day) patients fell slightly in October and November, but remained at the equivalent of two wards of patients. Regular meetings with partners including social care have taken place, to escalate key issues and take action to address the challenges.
- The proportion of ambulances exceeding a one hour handover in November exceeded 21%, equating to more than 11 ambulances a day waiting more than 60 minutes in the month. It is worth noting that the Trust was still in the middle of the pack within North East and Yorkshire for ambulance handover delays despite this deterioration. The Trust implemented the cohorting approach agreed with Yorkshire Ambulance Service whenever it was appropriate. Despite all of these increased challenges, the proportion of patients waiting over 12 hours in A&E remained at similar levels to previous months.
- These figures demonstrate the intense challenges experienced in the Trust in this month, through the combination of high demand at the front door, the ongoing Covid-19 demand, new flu-demand and high levels of staff sickness. These led to increasing complexity around cohorting of patients within the Trust, in order to minimise the cross-infection risk to both staff and other patients, particularly given the two strains of Flu that we are managing for.

Elective Care

- The size of the waiting list again remained relatively stable for the third consecutive month, although this still represents growth of over 30% compared to a year ago. Across October and November there were just under 700 more patients referred to our services than the same months in 2019 (a 4% increase), which will continue to put further pressure on the waiting list.

Of particular note, our Cardiology, Colorectal Surgery and Rheumatology services have seen more than a 20% increase in referrals in those two months. Based on historic conversion rates within Colorectal Surgery, over 40% of those patients will likely require at least one daycase or inpatient stay, where pathways tend to be lengthened.

- The RTT position has deteriorated significantly over the last year, driven for the most part by capacity challenges within a few of the larger specialties as well as the constraints on our elective capacity for a number of weeks due to the closure of the Orthopaedic elective ward in months where it would normally run at full capacity, and the continued pressures on general surgical elective beds leading to relatively high numbers of cancellations on the day.
- With the ongoing capacity constraints and operational pressures noted above, we have seen a further rise in the number of 52+ week waiters, with a further 18% growth in these patients over the most recent 2 months. However, we have eliminated all 104 week waits for patients as per the national requirement, with only 5 patients currently waiting over 78 weeks. The Trust has committed to eliminating all waits of over 78 weeks by the end of the year, and is in discussions with other trusts in South Yorkshire regarding provision mutual aid where they are struggling to make the same commitment.

Cancer

- The performance within cancer has radically changed since the previous update to the Board, with a halving of the number of patients waiting over 62 days compared to the end of September. That has been driven by a reduction in the number of Lower GI patients waiting over 62 days, delivered through a combination of an increase in endoscopy capacity, an unwavering focus on strong PTL management with clear escalation processes in place, a new locum in place to cover the vacant consultant post and a collective commitment from the clinicians to demonstrate improvements in the number of patients waiting a long time for treatment. The Lower GI Pathway Review Workshop in early November harnessed the enthusiasm from all stakeholders and an improvement action plan has been agreed by attendees, focussed on eliminating delays in the first month of the pathway.
- The Faster Diagnosis Standard (FDS) was not met for another month, driven by challenges in Lower GI and Urology in particular. The two new Cancer Improvement Officers – funded by non-recurrent Cancer Alliance monies – are due to focus on the first half of these cancer pathways within Lower GI and Urology, as these are our two areas of greatest challenge. However, in Urology in particular there is a need to redesign the pathway and ways of working in order to meet the standard consistently, which will take a number of months to put in place following detailed review of existing processes against the national pathways.

QUALITY SUMMARY

Mortality

- The latest Dr Foster data has now been updated to August 2022 for the HSMR and June 2022 for the SHMI. As per the previous position, the HSMR is currently within the 'as expected' category. However, when all Covid-19 activity is excluded from the HSMR, the figure falls to 95.3, well within the 'as expected' category. The in-month HSMR for August 2022 was 114.4, which is statistically within the 'as expected' band. If the regional HSMR values are ranked (lowest to highest) the Trust's HSMR is 7th of 21 acute, non-specialist NHS providers.
- For the 12 month period there were 3 HSMR diagnosis groups that had a relative risk banded as statistically 'higher than expected' - Congestive heart failure, non-hypertensive; Other circulatory disease and Liver disease, alcohol-related. There will be a review of a sample of these cases. A business case has been approved for a change to the way in which we complete and compensate our clinicians for the structured judgement reviews.
- Crude mortality was 3.7% over the 12-month period, compared to 3.3% regional average (acute, non-specialist Trusts) and 3.2% national average (acute, non-specialist Trusts).

Patient Safety

- There was 1 incident deemed to be severe or above in November and 1 in October, and these have all been investigated at Harm Free Care and Serious Incident (SI) panels as appropriate. Staffing levels continue to be affected due to the Covid-19 pandemic and increased prevalence of flu, with the challenges around the proportion of trained nursing staff compared to plan during the day and overnight continuing, as well as the HCA workforce overnight, such that only 82% of the HCA numbers planned were on shift during the days. Notably, the numbers of falls did increase in November, with an increase in the number moderate or above harms as well.
- The increased complaint level has been sustained throughout the post Covid period It is being driven by delays to elective recovery work, additional activity resulting in extra beds being utilised and reduced staffing levels. All complaints are answered within agreed time scales and the learning from complaints is shared through divisional governance meetings. It is hoped that the increased emphasis the Trust has given to Patient Experience will help to reduce the number of complaints received but it is acknowledged that there is not likely to be a significant decrease whilst current pressures on service remain.

- TRFT remains a significant outlier for Care Hours per Patient Day. Whilst it is recognised that some of this is being driven by absence from work due to sickness, training and maternity leave, it should be noted that our funded establishments have been reviewed by the Chief Nurse and are appropriate, and our vacancy position is better than it has been for a number of years. However, a number of initiatives are underway to improve this including active recruitment schemes and a renewed focus on retention of existing staff. This applies to both the registered and non-registered workforce. A Workforce Matron has now been appointed to lead this work and a new Safe Staffing Policy is being finalised to provide greater clarity and ensure we are in line with national guidance and policies. It should be acknowledged that a significant factor in the CHpPD data is the operational pressures the Trust has been operating within as additional, unfunded bed capacity will be having a detrimental impact on the overall figure. A full review of the existing process has identified no immediate data quality issues based on the data recorded in e-roster, but it is recognised that there is further work to do amongst some teams to ensure e-roster is reflective of our actual staffing positions.

WORKFORCE SUMMARY

Recruitment and Retention

- Overall vacancies for Nursing & Midwifery deteriorated slightly to approximately 87 WTE. However, there are still candidates going through the external recruitment process and newly qualified nurses/midwives who are currently awaiting confirmation of registration who have not been included in the above figures. The Trust held a Health Care Support Worker recruitment event on the 30th November, where we have offered 12 Health Care Support Worker's a post across the Trust. The Trust has agreed a winter incentive with NHS Professionals which is due to run from 1st December 2022 to 31st March 2023, in order to support increased fill rates of shifts for our clinical staff.
- Following identification of high vacancy rates in key teams within Estates and Facilities, The recruitment team are due to meet with the team to look at how they can support with their recruitment, including exploring the option of a rolling advert to ensure there is a strong pipeline of domestics.
- 12 month rolling turnover was at 12%, which is above our target level. However, almost 14 WTE were successful in gaining promotions, including 5 WTE in Band 3 admin and clerical roles, which will support with retention of experienced colleagues within the Trust.

Sickness

- Monthly sickness absence rate (inc COVID-19) decreased by 0.7% to 6.6%, with sickness across Community Services, Medicine and Surgery the most pronounced. Long-term sickness continues to be a challenge, with a number of colleagues off work for prolonged periods due to stress and anxiety. All colleagues are offered support via the Occupational Health programme which is contracted through Sheffield Teaching Hospitals NHS Foundation Trust, with positive early feedback received on the new provider. The revised national Covid-19 sickness guidance has now come into full effect.

Appraisals and Mandatory Training

- Overall appraisal rolling 12 month compliance rate for the month of November is 86% which is a 2% increase on October but below the Trust's target of 90%. Only the Division of Surgery is achieving the target, with 92% of colleagues receiving their appraisal as required by this date.
- Core MaST compliance has improved to 92% and is 7% above the Trust target (85%). All Divisions are above the Trust target for core training, with all divisions except Corporate Operations, Community Services and Medicine also delivering the target within job-specific MaST. Overall, this is a fantastic achievement given the staff sickness challenges and ongoing pressures. Managers continue to receive regular reports on training by staff member, so that appropriate escalation can occur when colleagues fail to complete the required training.
- A Band 6 development programme for A3/A4 has been kicked off, with sessions on inclusive leadership running in November. In addition, the first full cohort workshop was held within the Reciprocal Mentoring programme, focussed on cultural intelligence and conscious decision making, as well as discussions around how to share learning from the programme.
- The second cohort of Quality Service Improvement and Redesign (QSIR) trainees completed their training in November, which is a significant milestone in our Quality Improvement journey. The final cohort is due to begin their training programme in Q4.

FINANCE SUMMARY

The Finance summary commentary is included within the separate Finance Report.

Board of Directors

Integrated Performance Report - November 2022

Provided by

Business Intelligence Analytics, Health Informatics



PERFORMANCE SUMMARY

Quality	Operational Delivery	Finance	Workforce	Activity
Mortality	Planned Patient Care	Financial Position	Workforce Position	Acute
Infection Prevention & Control	Emergency Performance			Community Services
Patient Safety	Cancer Care			
Maternity	Inpatient Care			
Patient Feedback	Community Care			

CQC DOMAINS

Responsive	Effective	Safe	Caring	Well Led
Planned Patient Care	Mortality	Infection Prevention & Control	Patient Feedback	Workforce position
Emergency Performance	Inpatient Care	Patient Safety		Financial Position
Cancer Care		Maternity		
Community Care				

Trust Integrated Performance Dashboard - Operations												
KPI	Reporting Period	Type of Standard	Target 22/23	Benchmark	Previous Month (3)	Previous Month (2)	Previous Month (1)	Current Month	YTD	Same Month Prev. Yr	Trend	Data Quality
Planned Patient Care												
Waiting List Size	Nov 2022	L	26,300		25,372	25,733	26,281	26,117	26,117	20,489		
Referral to Treatment (RTT) Performance	Nov 2022	N	92%		70.1%	66.8%	68.3%	67.8%	71.1%	82%		
Number of 52+ Weeks	Nov 2022	L	130		183	217	244	259	259	44		
Number of 78+ Weeks	Nov 2022	L	0		4	9	7	5	5	0		
Number of 104+ Weeks	Nov 2022	N	0		0	0	0	0	0	0		
Overdue Follow-Ups	Nov 2022	L	-		16,379	16,433	15,741	14,917	14,917	10,340		
First to follow-up ratio	Nov 2022	B	2.4		2.37	2.36	2.21	2.36	2.31	2.92		
Day case rate (%)	Nov 2022	B	80%		88.2%	84.2%	85.1%	85.4%	85.8%	87%		
Diagnostic Waiting Times (DM01)	Nov 2022	N	1%		12.6%	11.9%	9.1%	9.5%	9.3%	11%		
Diagnostic Activity Levels	Nov 2022	L	9605		8,213	8,906	8,760	9,080	9,080	8153		
Emergency Performance												
Number of Ambulance Handovers > 60 mins	Nov 2022	N	0		169	314	259	358	1,884	307		
Ambulance Handover Times % > 60 mins	Nov 2022	N	0%		9.8%	19.0%	15.5%	21.1%	108.7%	17%		
Number of Ambulance Handovers 30-60 mins	Nov 2022	N	-		240	251	259	292	2,065	272		
Ambulance Handover Times % 30-60 mins	Nov 2022	L	5%		13.9%	15.2%	15.5%	17.2%	118.4%	15%		
Average Time to Initial Assessment in ED (Mins)	Nov 2022	N	15		25	33	38	37	26	28		
Proportion of patients spending more than 12 hours in A&E from time of arrival	Nov 2022	L	2%		11.1%	13.8%	13.2%	12.7%	11.3%	10%		
Number of 12 hour trolley waits	Nov 2022	N	0		0	10	0	0	0	0		
Proportion of same day emergency care	Nov 2022	L	33%		43.2%	43.0%	41.4%	39.6%	41.0%	42%		
Cancer Care												
2 Week Wait Cancer Performance	Oct 2022	N	93%		68.4%	74.2%	76.8%	76.5%	77.5%	97%		
2 Week Wait Breast Symptoms	Oct 2022	N	93%		91.7%	84.6%	100.0%	100.0%	91.0%	95%		
31 day first treatment	Oct 2022	N	96%		95.8%	99.0%	100.0%	100.0%	98.2%	93%		
62 Day Performance	Oct 2022	N	85%		70.3%	70.5%	68.3%	75.2%	71.5%	72%		
The number of cancer 62-day pathways waiting 63 days or more after an urgent suspected cancer referral	Nov 2022	L	105		103	138	100	69	69	-		
28 day faster diagnosis standard	Oct 2022	N	75%		70.0%	68.0%	68.5%	68.9%	69.4%	66%		
Inpatient Care												
Mean Length of Stay - Elective (excluding Day Cases)	Nov 2022				4.22	2.74	2.82	2.47	2.88	3.06		
Mean Length of Stay - Non-Elective	Nov 2022				6.10	6.23	6.08	5.93	5.90	5.52		
Length of Stay > 7 days (Snapshot Numbers)	Nov 2022	L	142		210	218	204	177	177	204		
Length of Stay > 21 days (Snapshot Numbers)	Nov 2022	L	42		83	80	64	59	59	66		
Right to Reside - % not recorded (Internal Performance from May)	Nov 2022	B	0%		7.8%	6.8%	5.6%	7.3%	7.3%	7%		
Discharges before 5pm (inc transfers to Dis Lounge)	Nov 2022	L	70%		56.3%	59.1%	57.5%	60.4%	57.9%	55%		
Outpatient Care												
Did Not Attend Rate (OutPatients)	Nov 2022	B	6.2%		9.0%	8.9%	9.6%	9.0%	9.5%	9%		
% of all Outpatient activity delivered remotely via telephone or video consultation	Nov 2022	N	25%		13.6%	15.7%	15.8%	14.5%	14.9%	17%		
Number of patient pathways moved or discharged to PIFU, expressed as a proportion of all outpatient activity.	Nov 2022	N	5%		0.6%	1.0%	1.0%	1.2%	0.7%			
Community Care												
MusculoSkeletal Physio <4 weeks	Nov 2022	L	80%		16.5%	13.0%	9.4%	11.6%	13.5%	16%		
% urgent referrals contacted within 2 working days by specialist nurse (Continence)	Nov 2022	L	95%		52.9%	43.4%	67.5%	69.8%	54.1%	79%		
A&E attendances from Care Homes	Nov 2022	L	144		152	137	143	136	136	159		
Admissions from Care Homes	Nov 2022	L	74		109	86	91	93	93	72		
Patients assessed within 5 working days from referral (Diabetes)	Nov 2022	L	95%		87.5%	100.0%	80.0%	83.3%	83.9%	88%		
Urgent 2 Hour Community Response	Nov 2022	L	70%		71.3%	88.8%	77.5%	n/a	n/a	0%		

Trust Integrated Performance Dashboard - Quality

	Reporting Period	Type of Standard	Target 22/23	Benchmark	Previous Month (3)	Previous Month (2)	Previous Month (1)	Current Month	YTD	Same Month Prev. Yr	Trend	Data Quality
Mortality												
Mortality index - SHMI	Jun 2022	B	As Expected		106.4	105.0	104.8	105.2	--	115.5		
Mortality index - HSMR (Rolling 12 months)	Aug 2022	B	As Expected		99.9	100.8	101.1	102.9	--	121.5		
Number of deaths (crude mortality)	Nov 2022		-		69	78	98	89	698	110		
Infection, Prevention and Control												
Clostridium-difficile Infections	Nov 2022		-		0	5	5	4	24	2		
Clostridium-difficile Infections (rate)	Nov 2022		-		18.9	21.5	23.5	24.8	24.8	14.1		
MRSA Infections (Methicillin-resistant Staphylococcus Aureus)	Nov 2022	L	0		0	0	0	0	0	0		
MRSA Infections (Methicillin-resistant Staphylococcus Aureus) (Rate)	Nov 2022		-		0	0	0	0	0	0.7		
E.coli blood bacteraemia, hospital acquired	Nov 2022		-		2	4	4	3	32	6		
CPE Infections, Hospital Provider	Nov 2022		-		0	0	0	0	0	-		
GRE Infections	Nov 2022		-		0	0	0	0	0	0		
Patient Safety												
Incidents - severe or above (one month behind)	Oct 2022	L	0		1	2	1	1	10	3		
% Potential of Under Reporting of Pt Safety Incidents	Nov 2022		-		52	54	54	57	53	52		
Number of Patient Harms	Nov 2022		-		682	713	742	818	5,571	627		
Number of Patient Harms (Moderate and above)	Nov 2022		-		13	18	13	23	135	34		
Number of Patient Falls	Nov 2022		-		101	99	95	115	825	83		
Number of Pressure Ulcers (G3 and above)	Nov 2022		-		1	2	1	8	19	1		
Medication Incidents	Nov 2022		-		91	99	111	119	912	96		
Readmission Rates (one month behind)	Oct 2022	L	7.6%		7.3%	8.5%	8.4%	7.4%	8.0%	8.6%		
Venous Thromboembolism (VTE) Risk Assessment	Nov 2022	N	95.0%		95.4%	96.4%	97.5%	96.7%	96.6%	93.0%		
Number of complaints per 10,000 patient contacts	Nov 2022	L	8		12.47	11.00	9.38	12.61	10.87	10.45		
Proportion of complaints closed within 30 days	Nov 2022	L	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
Hip Fracture Best Compliance	Nov 2022	L	65.0%		86.7%	75.0%	91.7%	73.1%	73.1%	71.0%		
F&F Postive Score - Inpatients & Day Cases	Nov 2022	N	95.0%		96.8%	96.7%	98.3%	96.9%	97.3%	97.6%		
F&F Postive Score - Outpatients	Nov 2022	N	95.0%		97.1%	97.8%	97.0%	96.3%	97.2%	98.1%		
F&F Postive Score - Maternity	Nov 2022	N	95.0%		99.0%	96.5%	97.4%	98.2%	97.8%	96.9%		
Care Hours per Patient Day	Nov 2022	L	7.3		6.0	6.3	6.2	6.3	6.3	6.4		
Maternity												
Bookings by 12 Week 6 Days	Nov 2022	N	90.0%		91.8%	92.6%	91.6%	94.9%	92.2%	92.6%		
Babies with a first feed of breast milk (percent)	Nov 2022	N	70.0%		55.1%	56.2%	58.1%	57.4%	57.7%	58.6%		
Stillbirth Rate per 1000 live births (Rolling 12 months)	Nov 2022	L	4.66		2.32	2.32	2.31	2.71	2.71	3.62		
1:1 care in labour	Nov 2022	L	75.0%		97.6%	97.0%	94.8%	95.6%	96.5%	96.4%		
Serious Incidents (Maternity)	Oct 2022	L	0		0	0	0	1	1	0		
Moderate and above Incidents (Harm Free)	Oct 2022		-		0	0	0	0	0	0		
Consultants on labour (Hours on Ward)	Nov 2022		-		62.5	62.5	62.5	62.5	62.5	--		
% women on continuity of care pathway	--											

Trust Integrated Performance Dashboard - Workforce

	Reporting Period	Type of Standard	Target 22/23	Benchmark	Previous Month (3)	Previous Month (2)	Previous Month (1)	Current Month	YTD	Same Month Prev. Yr	Trend	Data Quality
Workforce												
Whole Time Equivalent against plan - Total	Nov 2022		-		-427	-435	-437	-459	-459	-279		
Whole Time Equivalent plan - Nursing	Nov 2022		-		-91	-81	-77	-87	-87	-23		
Total Headcount	Nov 2022		-		4,944	4,937	4,962	4,957	4,957	4,905		
Vacancy Rate - TOTAL	Nov 2022		-		9.43%	9.66%	9.63%	10.09%	10.09%	6.39%		
Vacancy Rate - Nursing	Nov 2022		-		6.71%	5.95%	5.69%	6.35%	6.35%	1.79%		
Time to Recruit	Nov 2022	L	34		36	36	35	35	35	30		
Sickness Rates (%) - inc COVID related	Nov 2022	L	3.95%		6.14%	6.67%	7.31%	6.62%	6.94%	6.83%		
Turnover	Nov 2022		0.63%		0.98%	1.19%	1.35%	0.74%	0.74%	0.80%		
Appraisals complete (% 12 month rolling)	Nov 2022	L	90.00%		74.00%	79.00%	84.00%	86.00%	86.00%	82.00%		
Appraisals Season Rates (%)	Nov 2022	L	90.00%		64.00%	74.00%	82.00%	85.00%		-		
MAST (% of staff up to date)	Nov 2022	L	85.00%		89.00%	92.00%	92.00%	92.00%	92.00%	88.00%		
% of jobs advertised as flexible	Nov 2022		-		97.73%	89.80%	87.13%	n/a	--	-		

Trust Integrated Performance Dashboard - Finance

Apr 22 - Sept 22

	In Month Plan £000s	In Month Actual £000s	In Month Variance £000s	YTD Plan £000s	YTD Actual £000s	YTD Variance £000s	Forecast V £000s
I&E Performance (Actual)	(123)	(399)	(276)	(119)	1	120	(1,497)
I&E Performance (Control Total)	(267)	(543)	(276)	(1,952)	(1,832)	120	(1,643)
Efficiency Programme (CIP) - Risk Adjusted	882	725	(158)	5,256	4,521	(735)	(938)
Capital Expenditure	997	380	617	5,337	4,688	649	0
Cash Balance	(804)	4,180	4,985	20,438	28,703	8,265	1,548



Trust Integrated Performance Dashboard - Activity



Trust Integrated Performance Dashboard - Activity

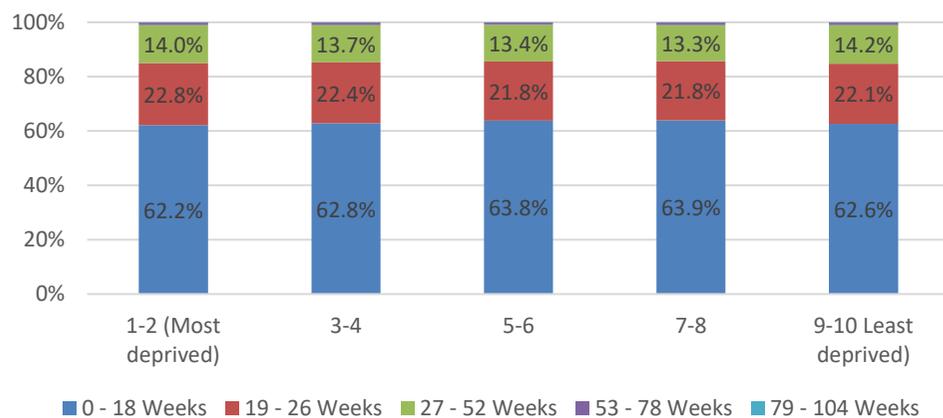
ACTIVITY			
OUTPATIENTS			
	Activity 22/23	Activity 19/20 (WDA)	As % of 2019/20 WDA
November	23,664	21,776	9%
YTD monthly average	21,199	22,204	-5%
DAYCASES			
	Activity 22/23	Activity 19/20 (WDA)	As % of 2019/20 WDA
November	2,352	2,110	11%
YTD monthly average	1,850	2,078	-11%
ELECTIVE ACTIVITY			
	Activity 22/23	Activity 19/20 (WDA)	As % of 2019/20 WDA
November	386	410	-6%
YTD monthly average	303	379	-20%

Trust Integrated Performance Dashboard - Health Inequalities

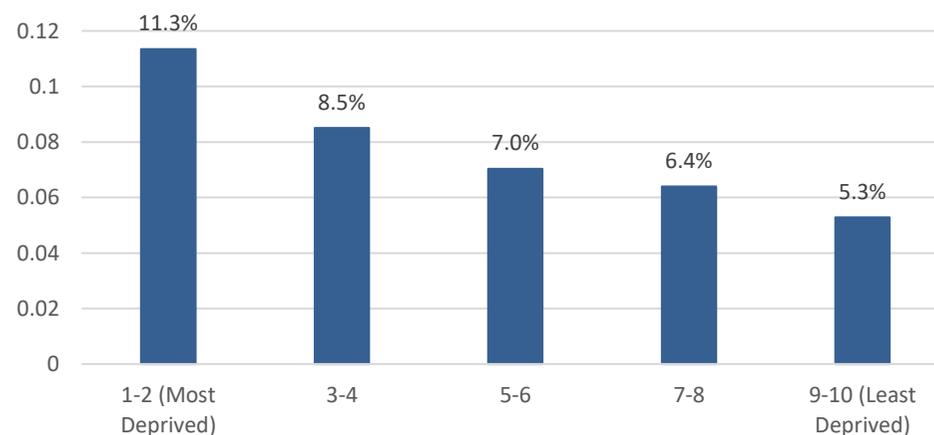
RTT Snapshot 27/11/22

IMD Quintile	Patients on Waiting List	Median Wait (Wks)	% of All RTT Patients	% of Rotherham Population	% Proportion Difference to Rotherham Population
1-2	8839	11	36.7%	36.0%	0.7%
3-4	5674	11	23.5%	23.2%	0.3%
5-6	3805	11	15.8%	15.2%	0.6%
7-8	4402	10	18.3%	19.5%	-1.2%
9-10	1394	11	5.8%	6.0%	-0.2%
Total	24095	11	100.0%	100.0%	0.0%

Patients on Waiting List by IMD Quintile & Waiting List Group



Percentage of Outpatient DNA's by Deprivation Quintile During November



Safer Staffing

Trust Wide Scorecard Rolling 12 Months & Year End position 21/22	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Daily staffing -actual trained staff v planned (Days)	86.74%	89.65%	87.75%	87.62%	86.48%	86.33%	84.11%	83.95%	81.92%	83.54%	82.43%	83.69%	84.87%
Daily staffing -actual trained staff v planned (Nights)	86.32%	87.50%	87.06%	86.41%	84.29%	88.00%	85.52%	86.36%	81.28%	84.30%	90.41%	86.89%	83.94%
Daily staffing - actual HCA v planned (Days)	101.90%	94.90%	90.63%	89.55%	89.47%	96.05%	95.88%	91.45%	80.37%	83.13%	83.46%	86.96%	82.06%
Daily staffing - actual HCA v planned (Nights)	95.29%	90.95%	89.28%	89.06%	92.35%	89.51%	91.18%	94.30%	81.54%	83.77%	89.86%	93.64%	90.73%
Care Hours per Patient per Day (CHPPD)	6.4	6.5	6.2	6.5	6.2	6.5	6.5	6.6	6.3	6.0	6.3	6.2	6.3

Perform	Assure	Description
		Special cause of a concerning nature where the measure is significantly HIGHER . This occurs where there is higher pressure in the system or deteriorating performance. This system is not capable. It will FAIL the target without system change.
		Special cause of a concerning nature where the measure is significantly HIGHER . This occurs where there is higher pressure in the system or worse performance. However despite deterioration the system is capable and will consistently PASS the target.
		Special cause of a concerning nature where the measure is significantly HIGHER . This occurs where there is higher pressure in the system or worse performance. This system will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Special cause of a concerning nature where the measure is significantly LOWER . This occurs where there is deteriorating performance. This system is not capable. It will FAIL the target without system change.
		Special cause of a concerning nature where the measure is significantly LOWER . This occurs where there is deteriorating performance. However the system is capable and will consistently PASS the target.
		Special cause of a concerning nature where the measure is significantly LOWER . This system will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Common cause variation, no significant change. This system is not reliably capable. It will FAIL to consistently meet target without system change.
		Common cause variation, no significant change. The system is capable and will consistently PASS the target.
		Common cause variation, no significant change. This system will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Special cause of an improving nature where the measure is significantly HIGHER . This occurs where there improving performance. However the system is still not capable. It will FAIL the target without system change.
		Special cause of an improving nature where the measure is significantly HIGHER . This occurs where there is improving performance. The system is capable and will consistently PASS the target.
		Special cause of an improving nature where the measure is significantly HIGHER . This occurs where there improving performance. This system will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Special cause of an improving nature where the measure is significantly LOWER . This occurs where there improving performance. However the system is still not capable. It will FAIL the target without system change.
		Special cause of an improving nature where the measure is significantly LOWER . This occurs where there is improving performance. The system is capable and will consistently PASS the target.
		Special cause of an improving nature where the measure is significantly LOWER . This occurs where there improving performance. This system will not consistently hit or miss the target. (This occurs when target lies between process limits).



Arrows show direction of travel. Up is Good, Down is Good

SPC Rules

A single point outside the control limits

Whenever a data point falls outside a process limit (upper or lower) something unexpected has happened because we know that 99% of data should fall within the process limits.

Consecutive points above or below the mean line

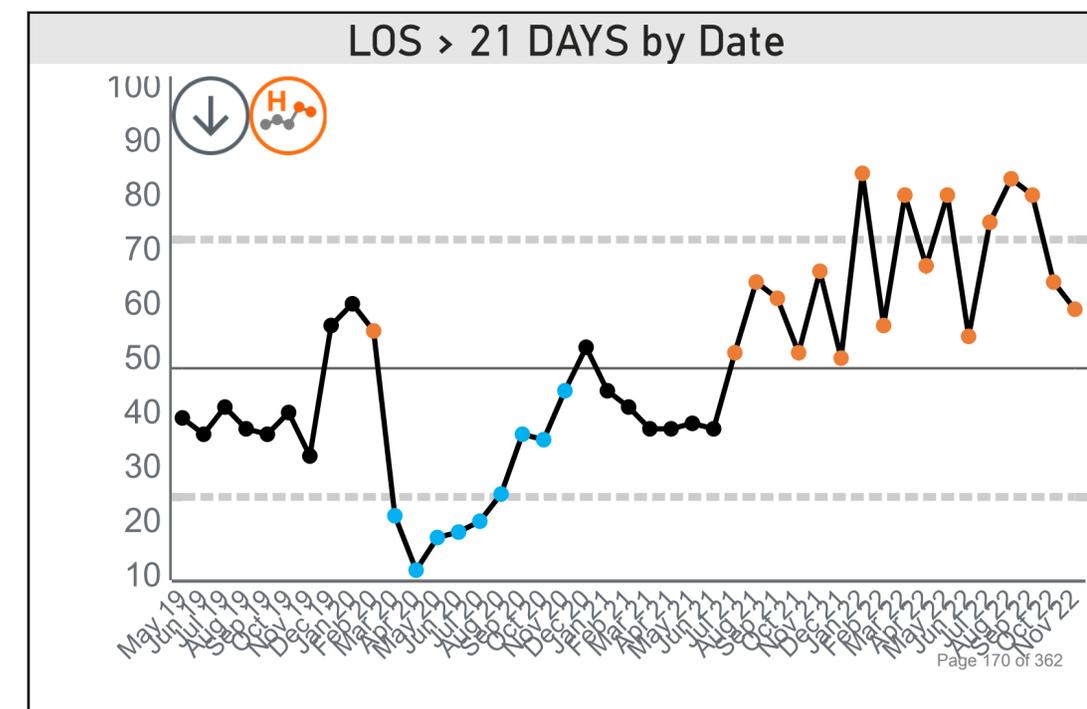
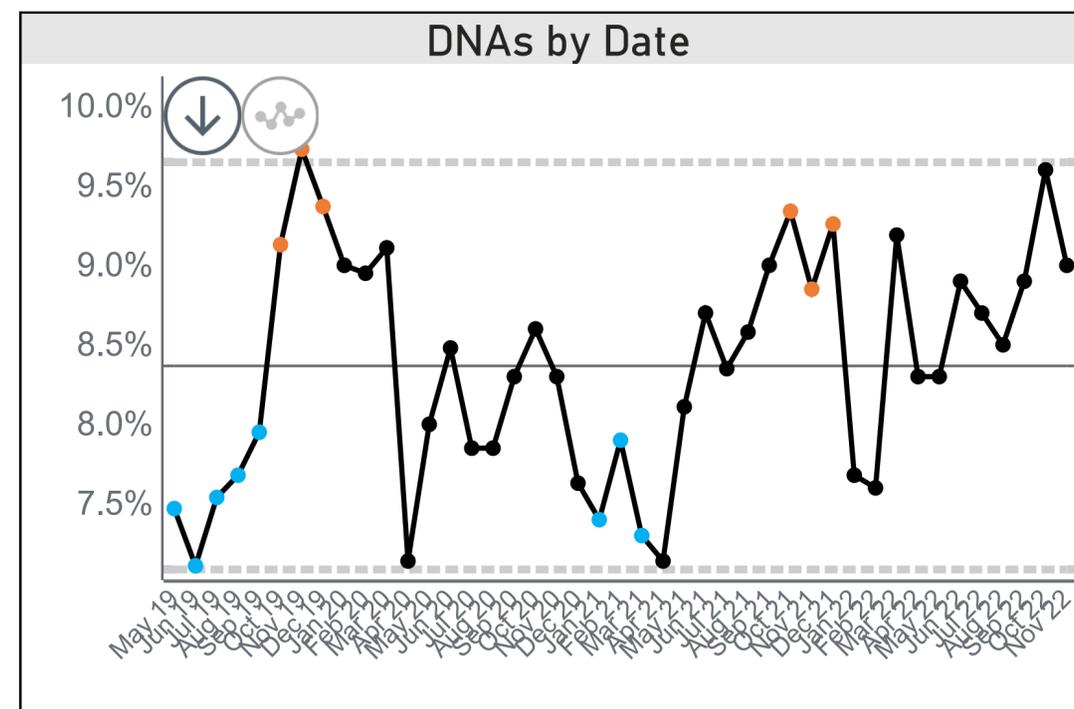
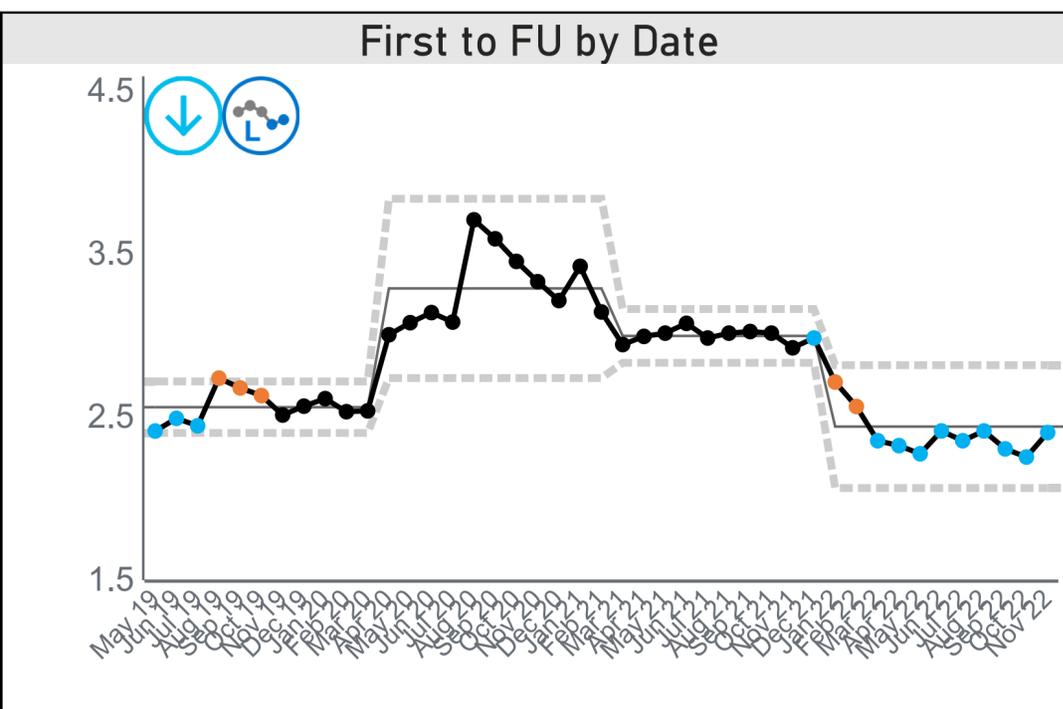
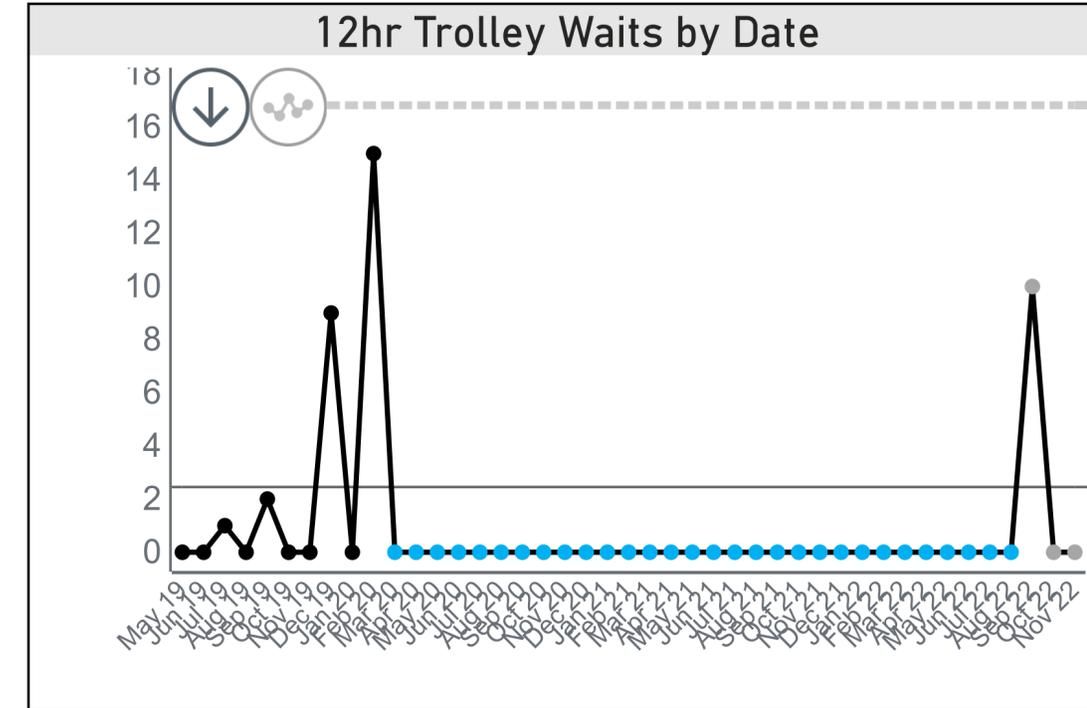
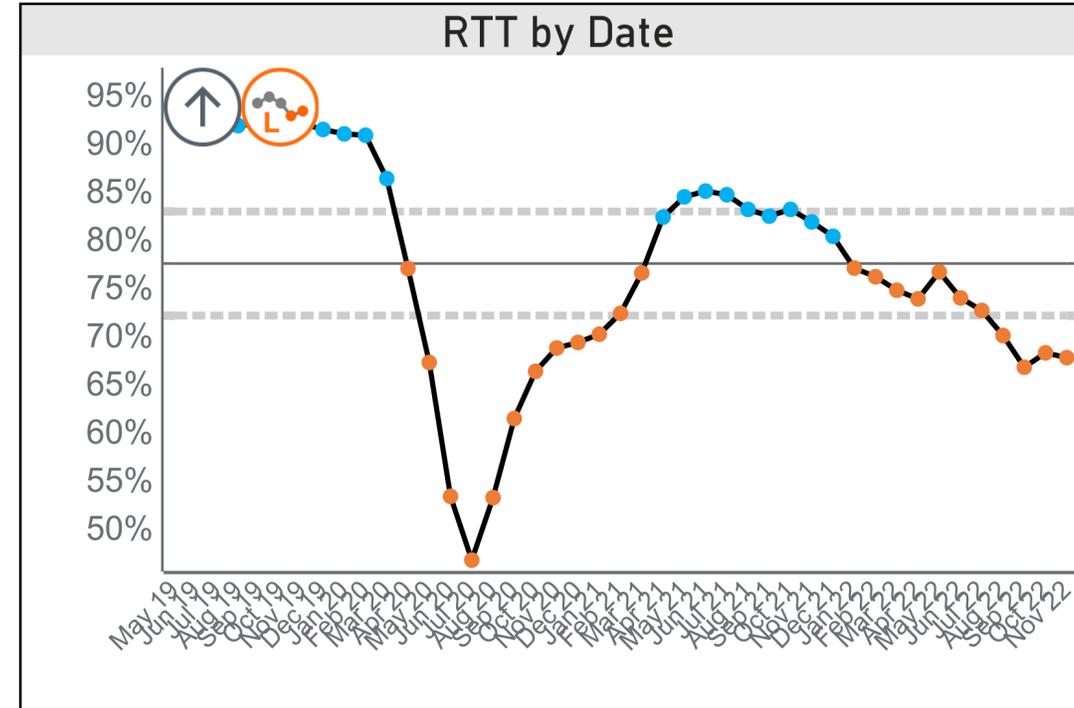
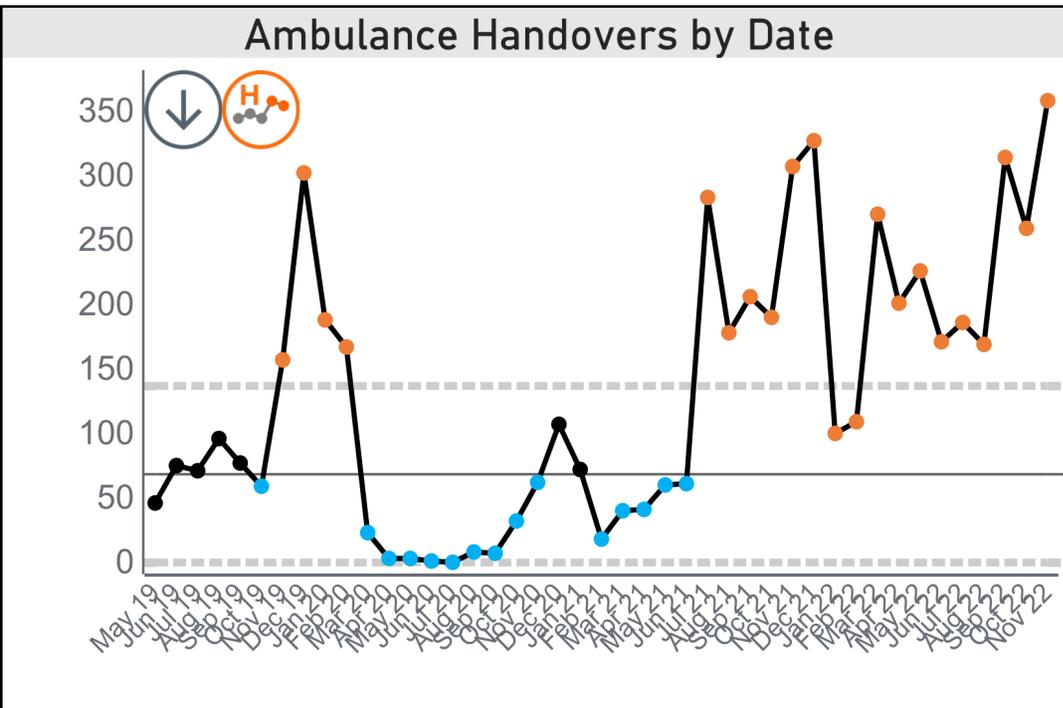
A run of values above or below the average (mean) line represents a trend that should not result from natural variation into the system

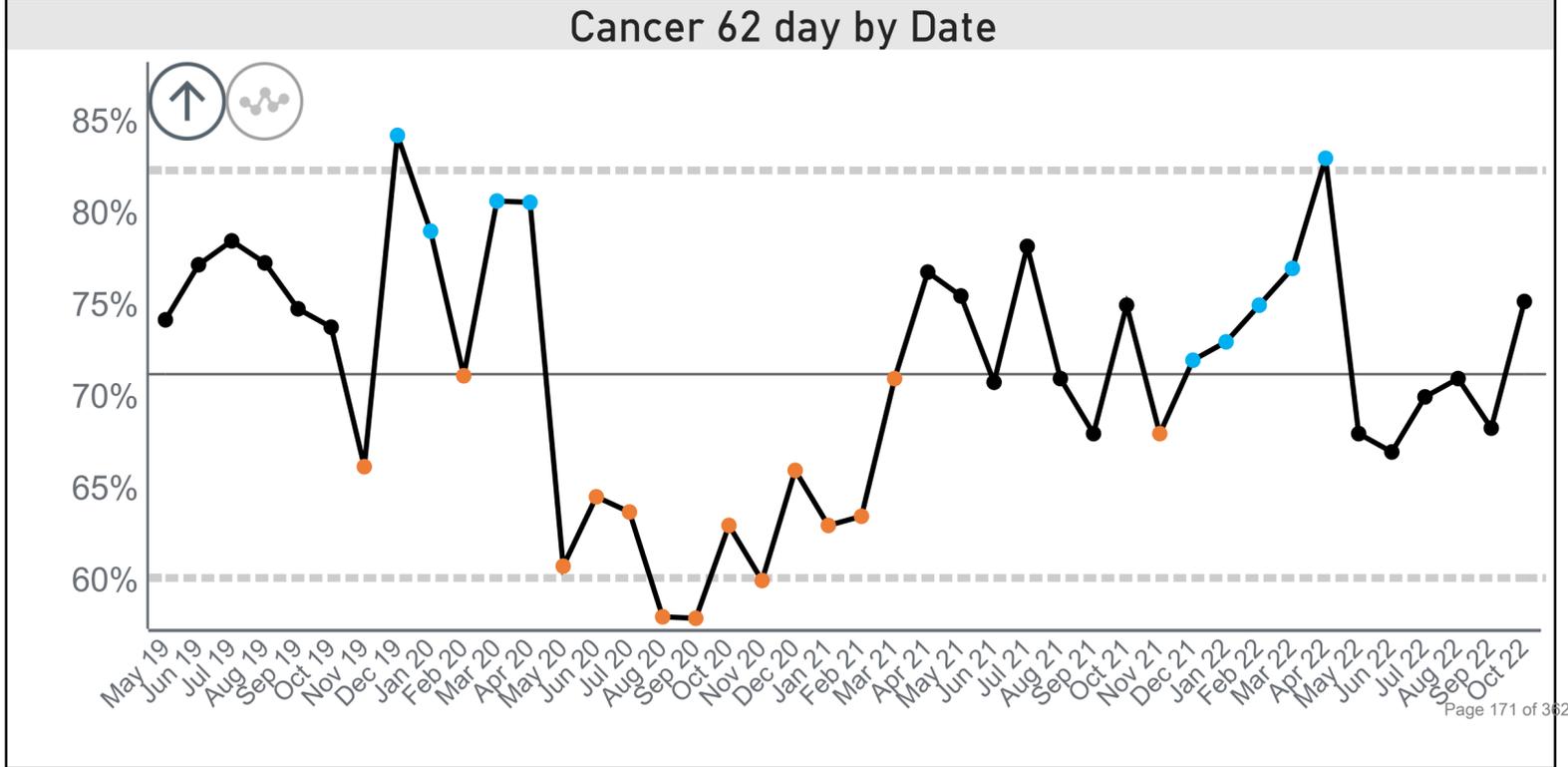
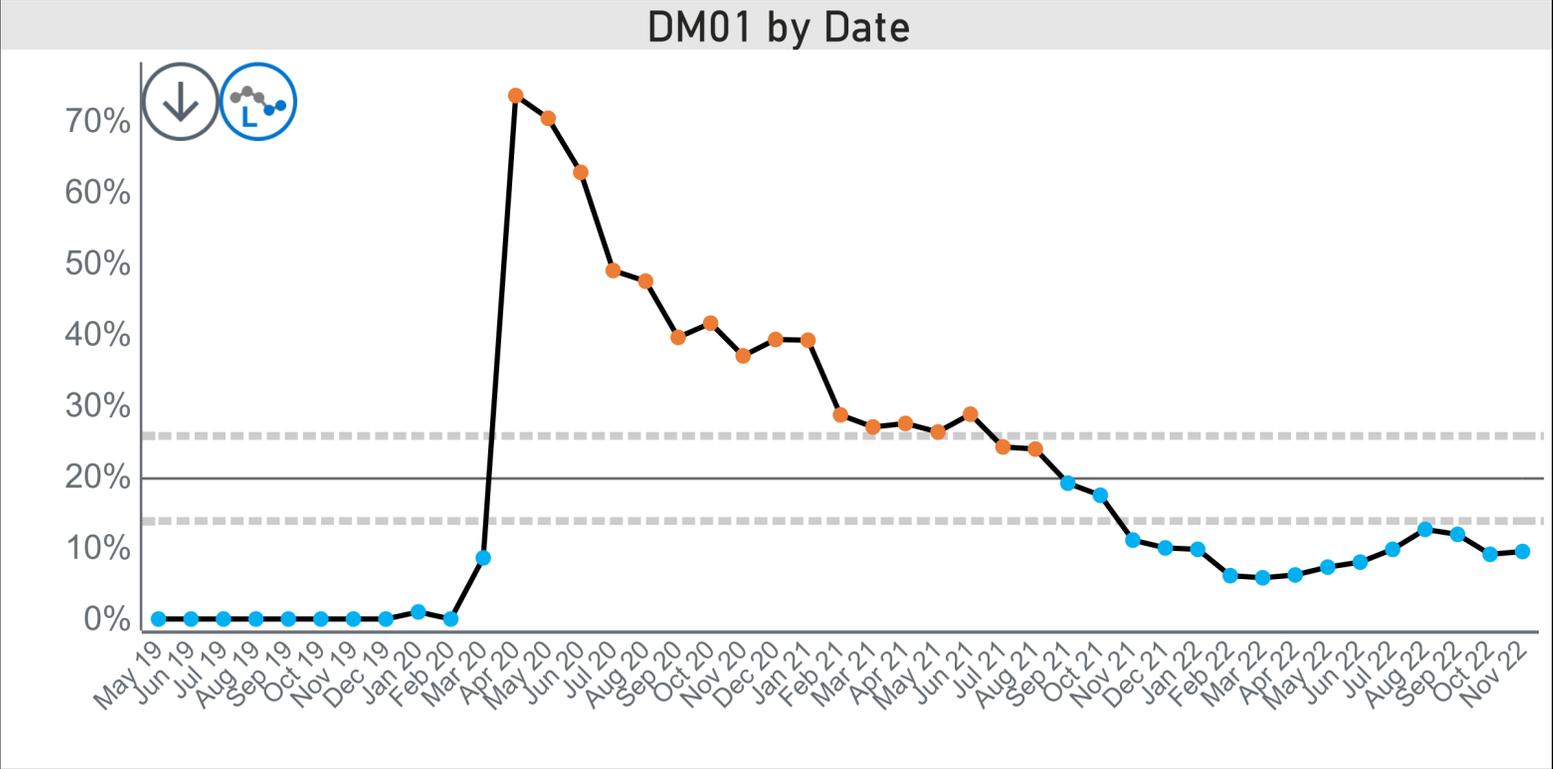
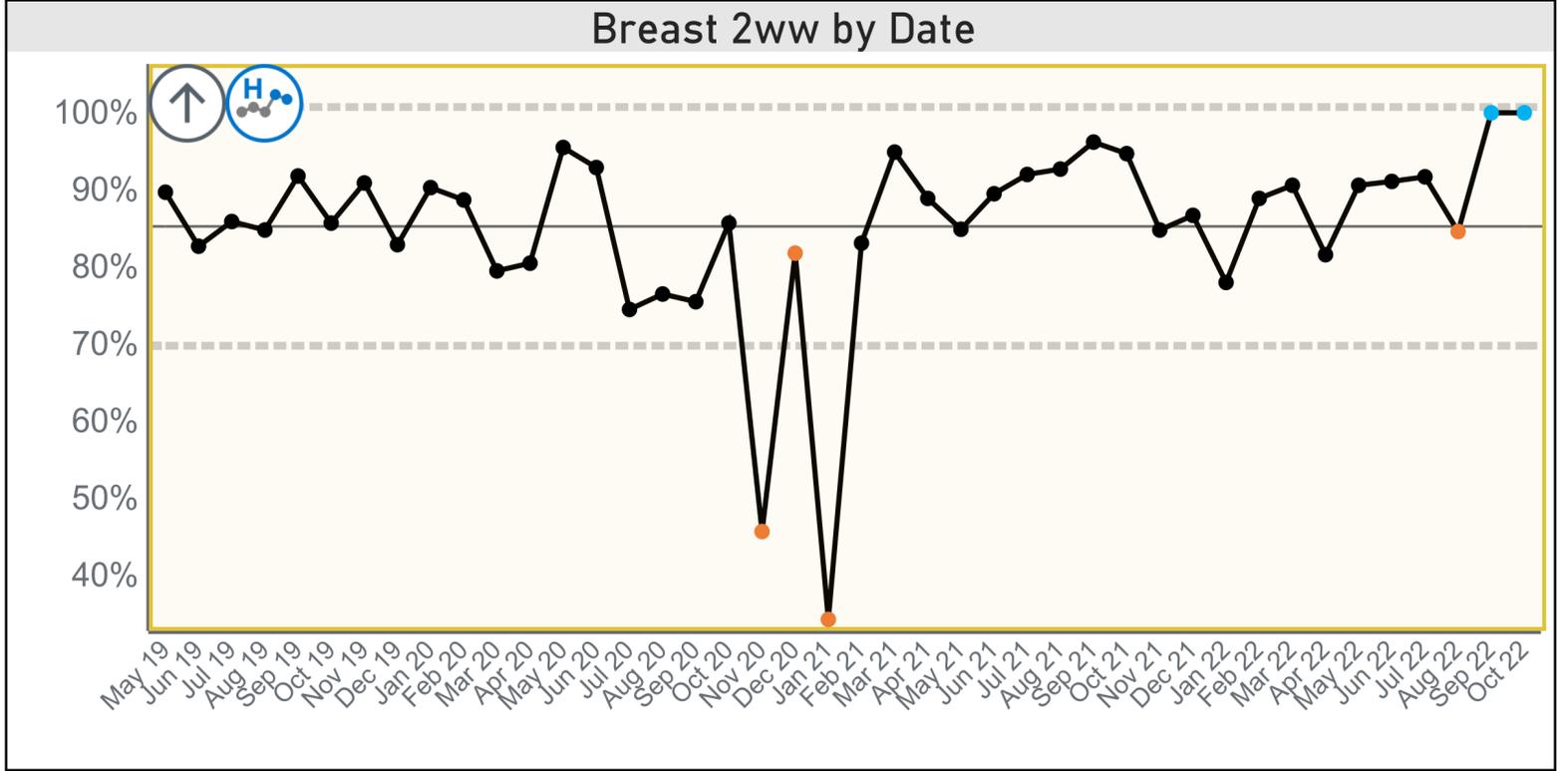
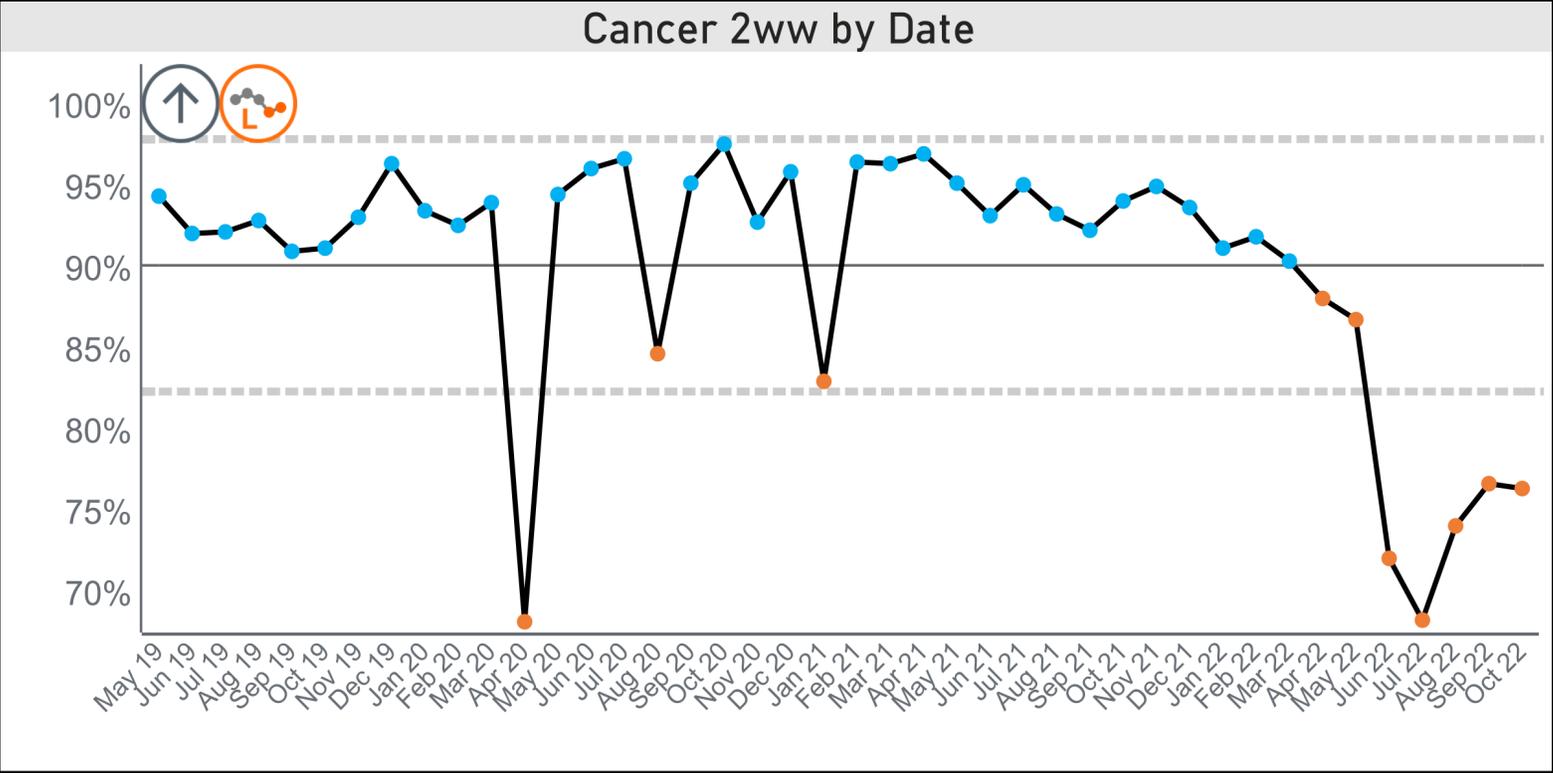
Consecutive points increasing or decreasing

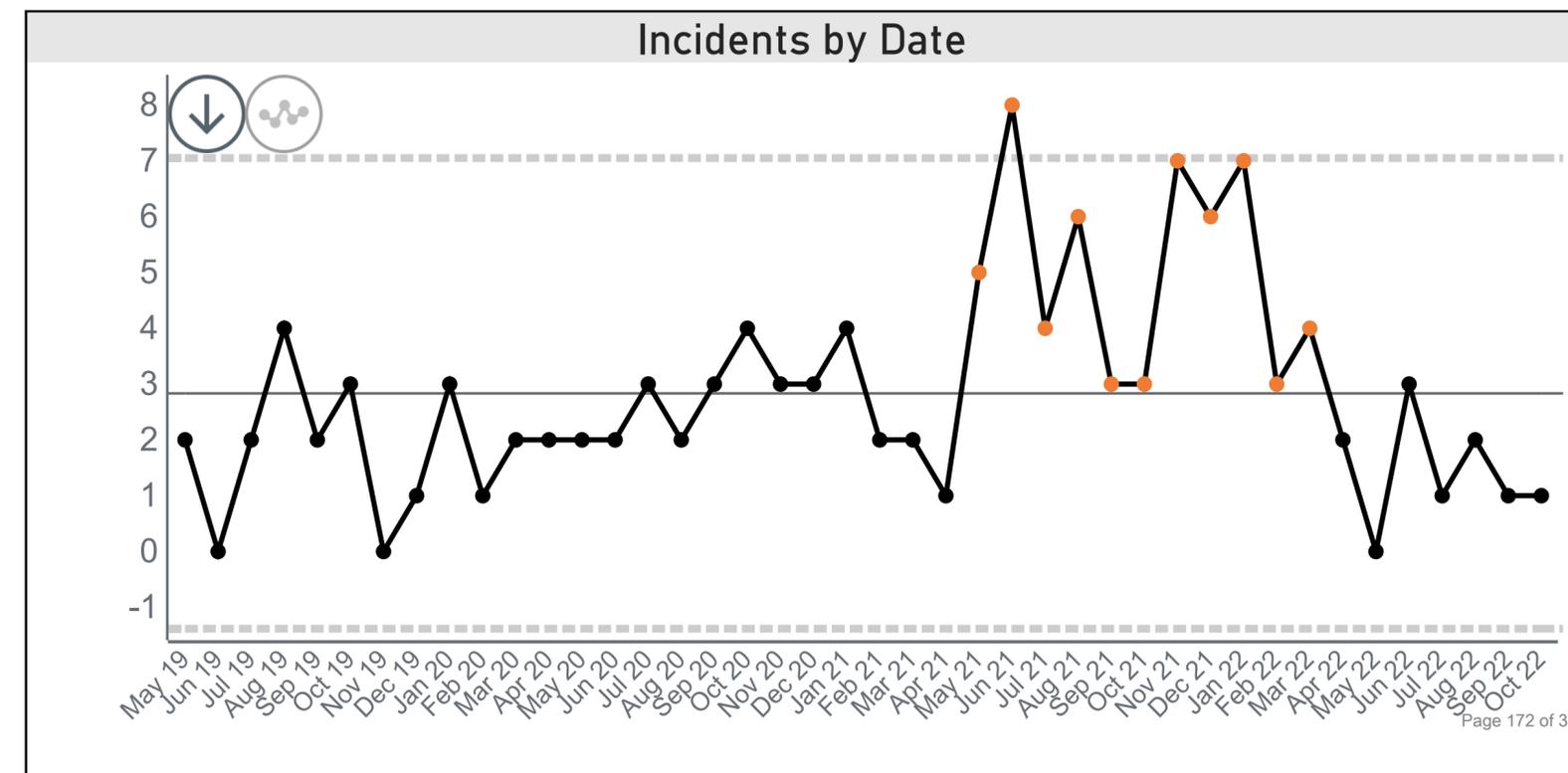
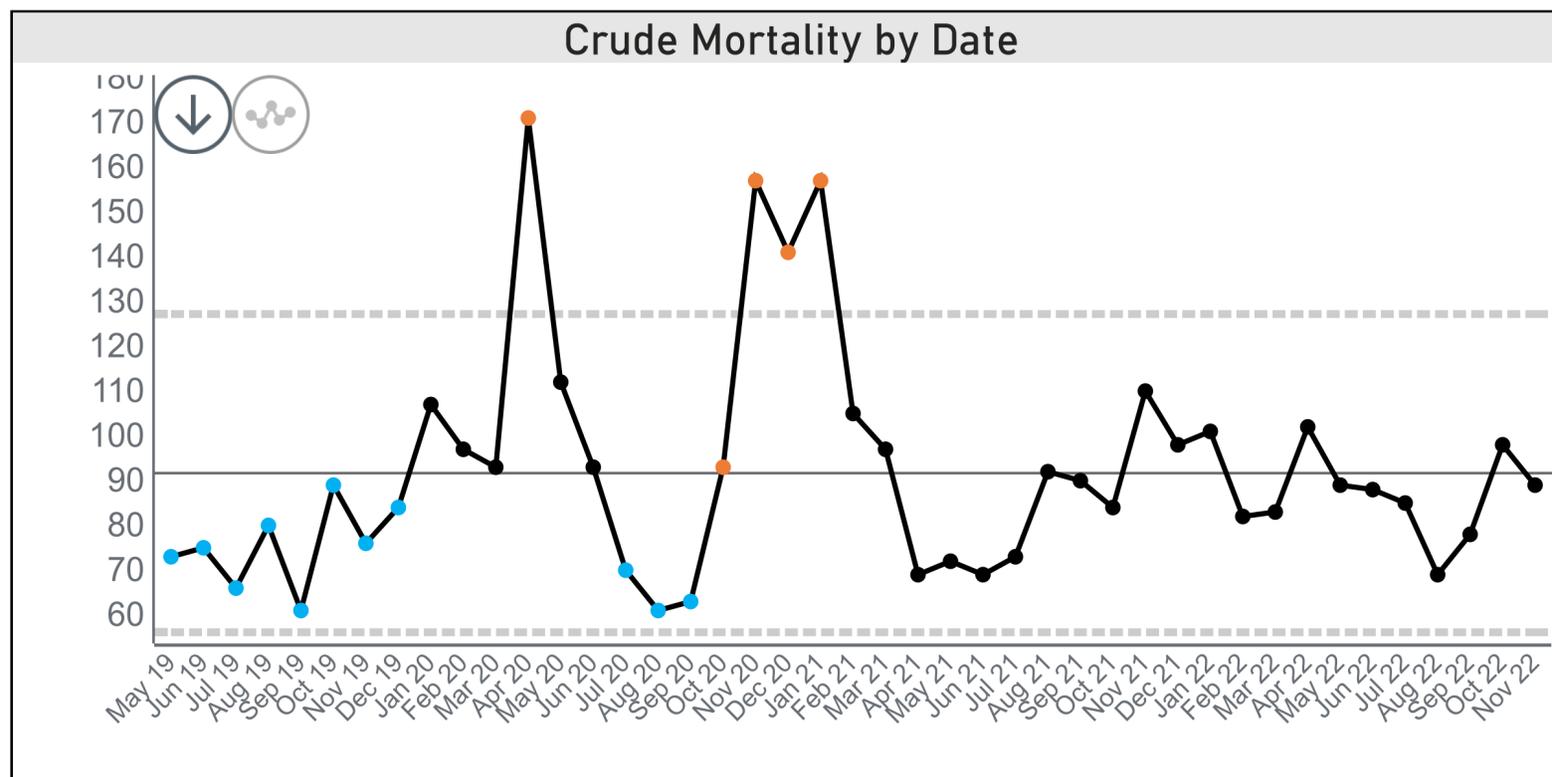
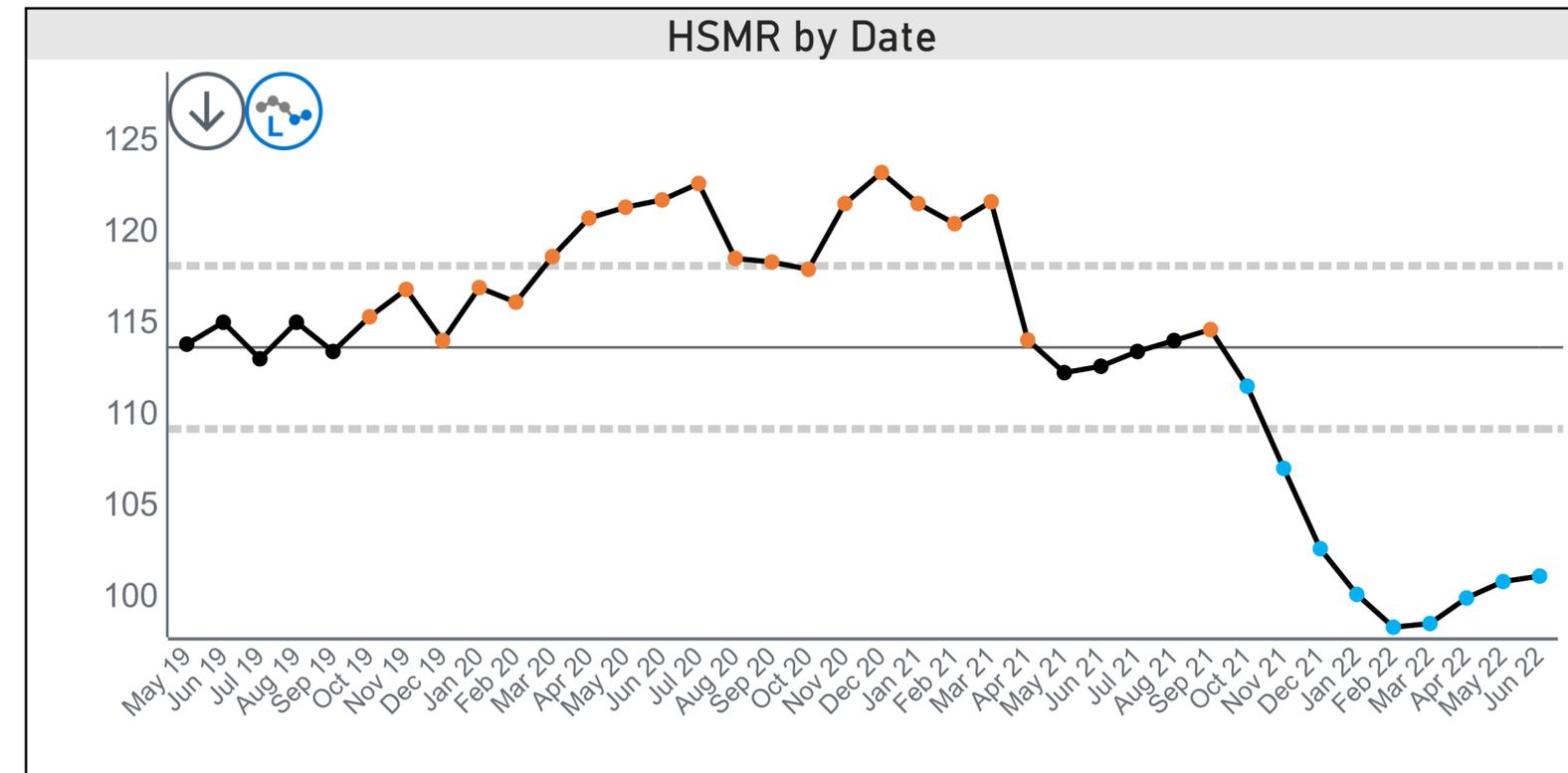
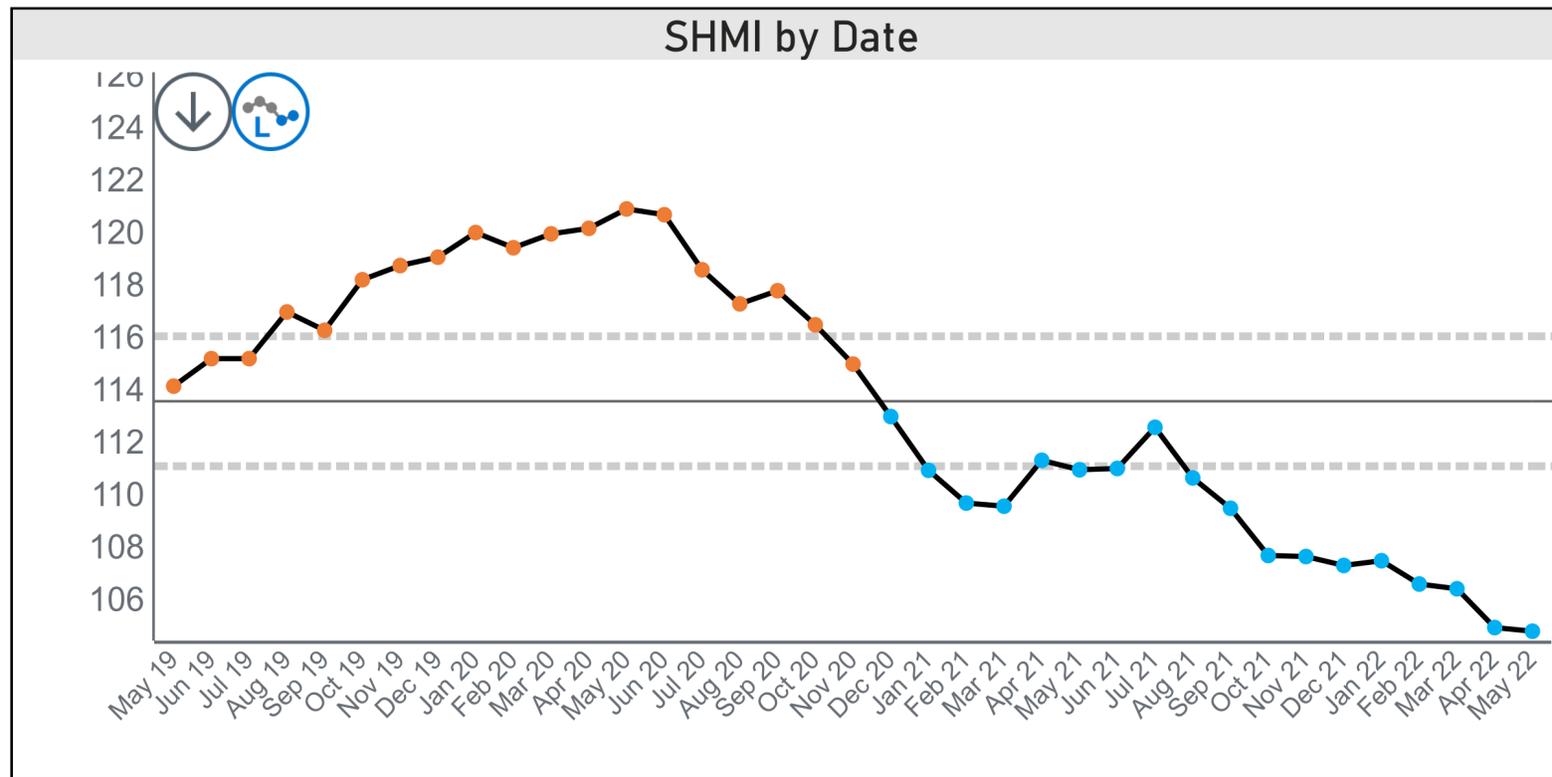
A run of values showing continuous increase or decrease is a sign that something unusual is happening in the system.

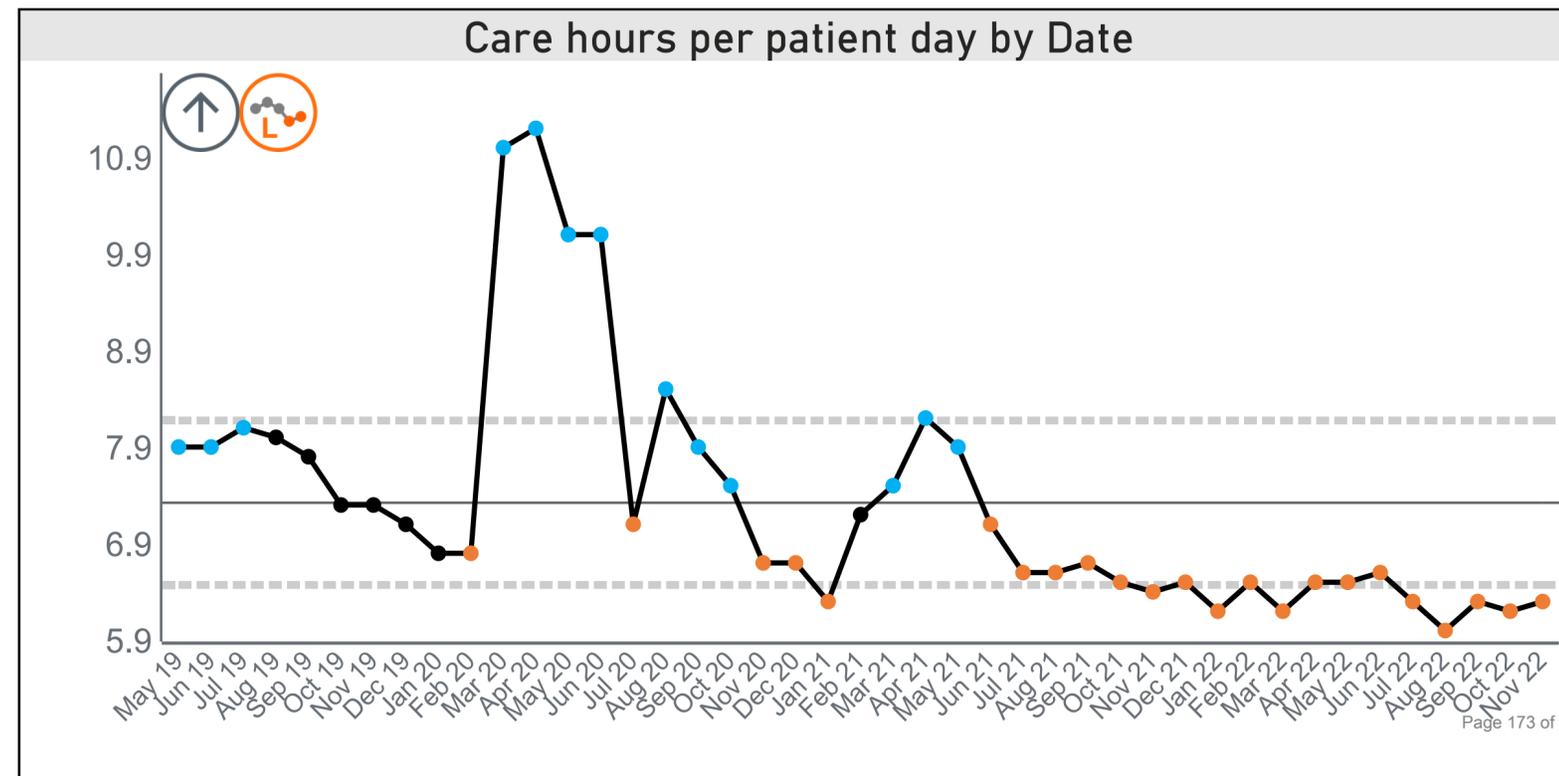
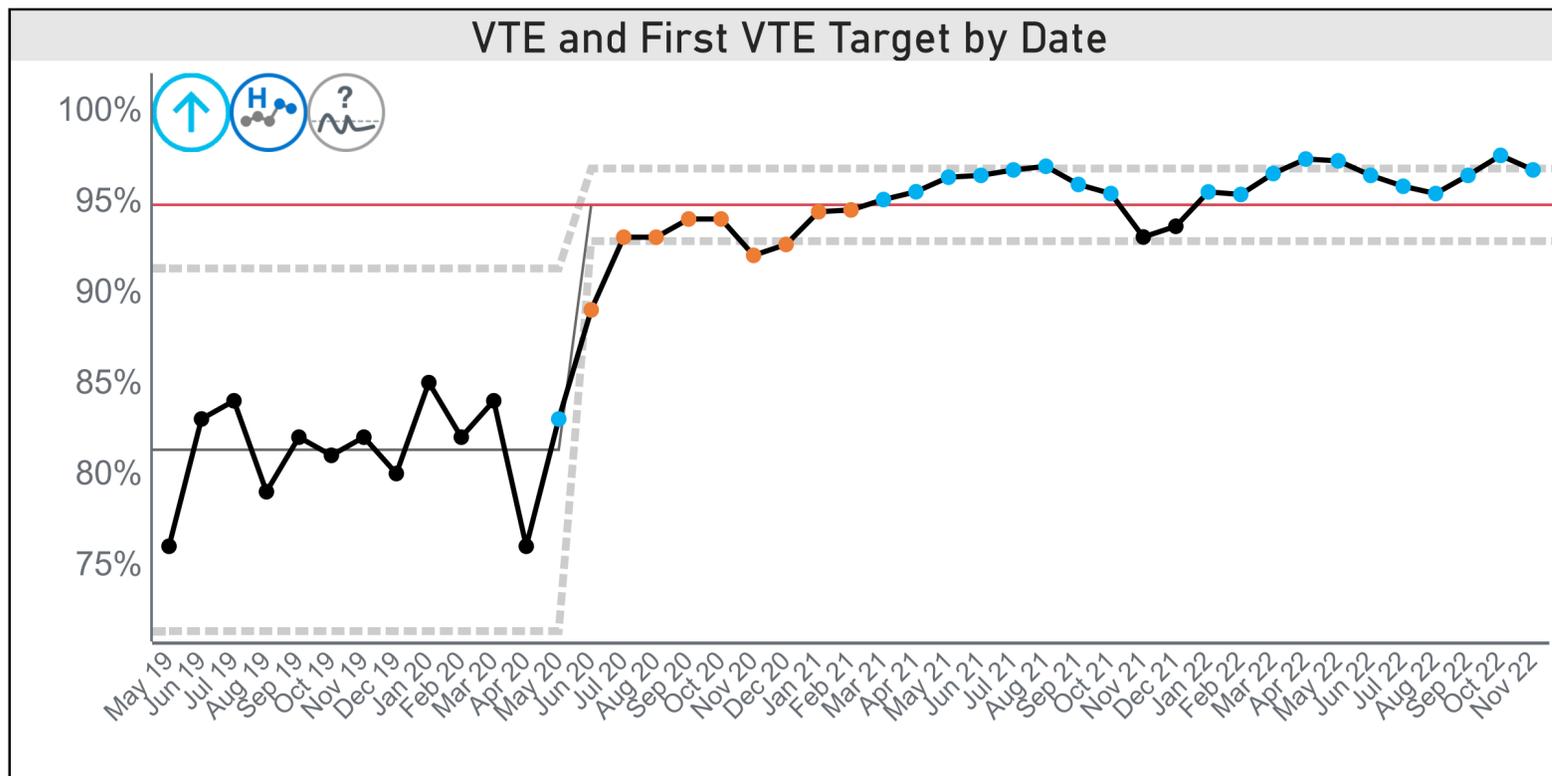
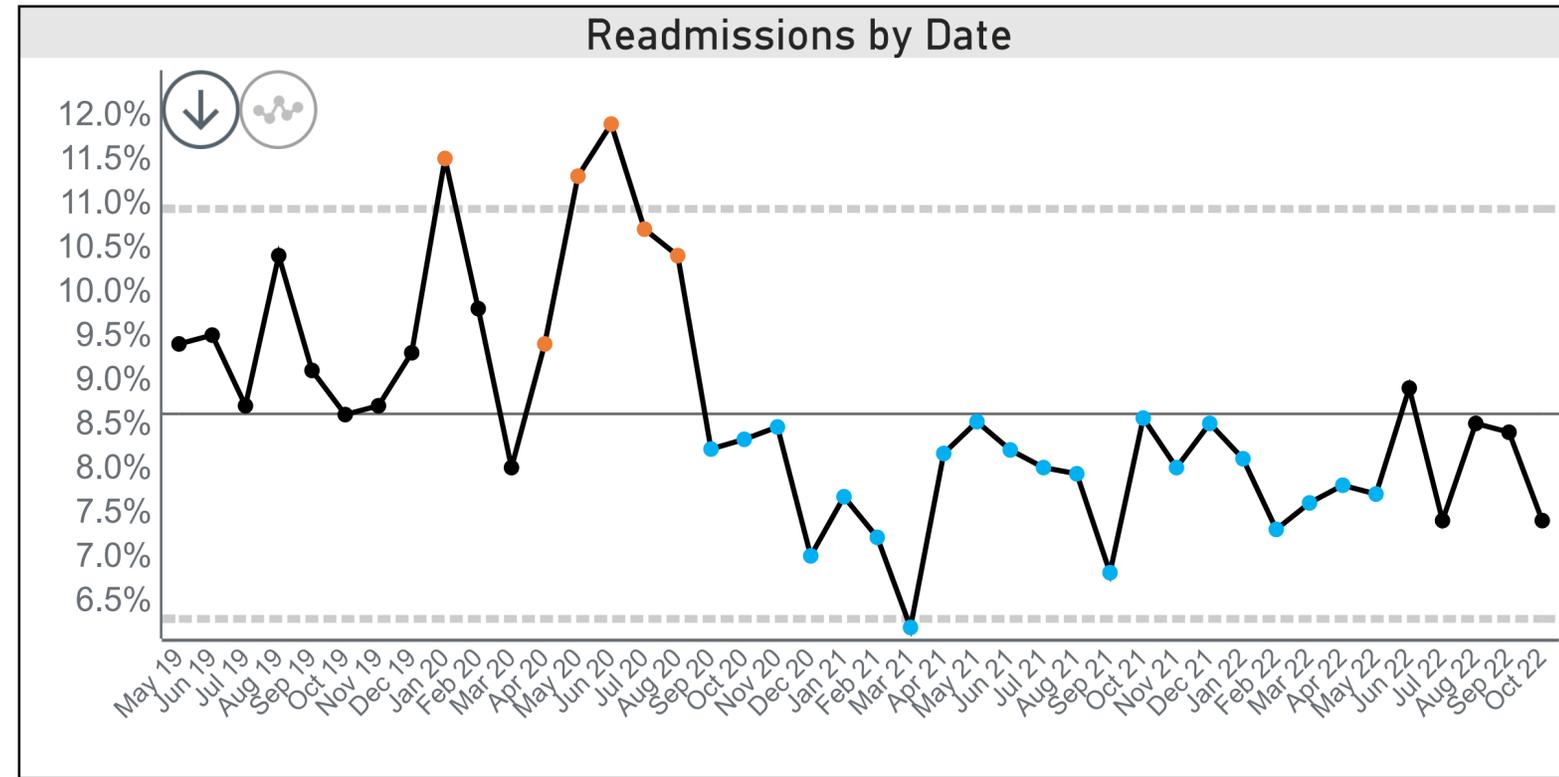
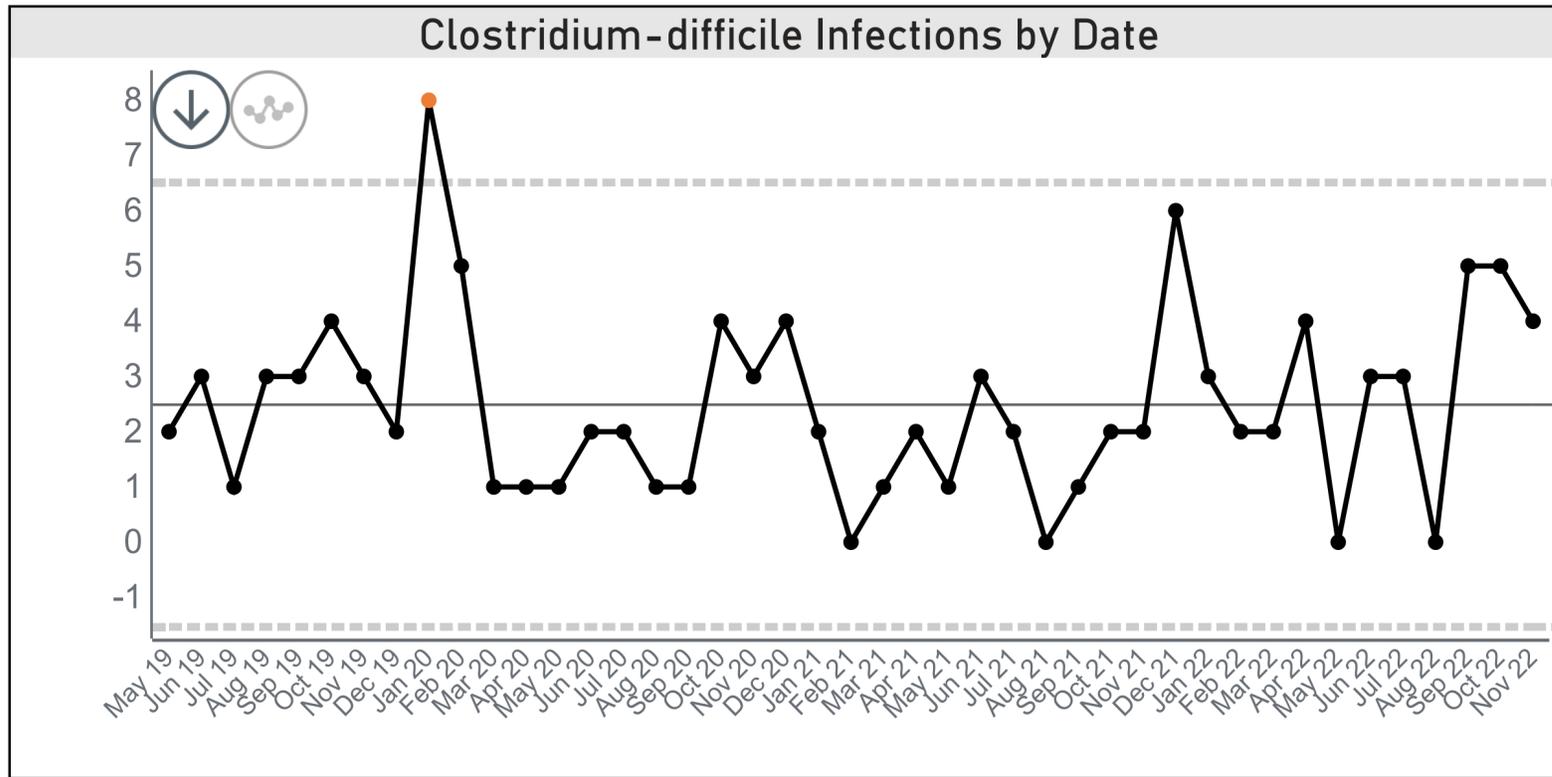
Two out of three points close to the process limits

A pattern of two points in any three consecutive points close (in the outer third to the process limits).









Board of Directors' Meeting
13 January 2023

Agenda item	P18/23
Report	Operational Performance Report
Executive Lead	Sally Kilgariff, Chief Operating Officer
Link with the BAF	OP3: robust service configuration across the system will not progress and deliver seamless end to end patient care across the system D5: we will not deliver safe and excellent performance
How does this paper support Trust Values	Ambitious: Ensuring the Trust is delivering high quality services Caring: Ensuring patients are seen within the appropriate time frames Together: Working collaboratively with partners to achieve standards
Purpose	For decision <input type="checkbox"/> For assurance <input checked="" type="checkbox"/> For information <input type="checkbox"/>
Executive Summary	<p>This report is presented to the Board of Directors for information regarding the Trust's performance against key operational performance metrics along with a high level summary of the position, as at the end of November 2022.</p> <p>The attached summary provides detail on the key operational indicators which NHS England and the ICB are using to monitor the performance of the Trust. There are 5 core metrics, that the national team are requesting regular Board-level review and scrutiny:</p> <p>Three metrics relating to urgent care:</p> <ul style="list-style-type: none"> - Hours lost to ambulance handover delays per day - Adult general and acute type 1 bed occupancy - Percentage of beds occupied by patients who no longer meet the criteria to reside <p>Two key elective care metrics:</p> <ul style="list-style-type: none"> - The number of 78 week waiters by March 2022 (targeting elimination) - The number of GP-referred patients over 62 days on the cancer PTL <p>For each of these metrics the trust has agreed trajectories for the levels of performance that needs to be delivered by March 2023.</p> <p>In addition, the national team are requesting that Executive and non-Executive colleagues are aware of the Trust's capped theatre utilisation, given the impact on elective recovery.</p> <p>The attached summary shows the position against each of these metrics. The Finance and Performance committee have received a more detailed update on</p>

	<p>each of these, along with the actions we are taking to improve our performance and ensure delivery of the year-end targets.</p> <p>The Trust is on track to achieve four of the five metrics, with ambulance handover times being the one which is most challenged and at risk of not being delivered being. This is largely driven by the pressures on urgent care and capacity within the UECC. The Trust remains committed to reducing ambulance handover times and is taking action both internally and with partners to improve flow out of the department and reduce delays.</p>
<p>Due Diligence (include the process the paper has gone to prior to presentation at FPC Meeting)</p>	<p>This report is a high level of summary of the more detailed operational update that has been discussed at The Finance and Performance Committee in December 2022, with key escalations covered by the Chairs log.</p>
<p>Board powers to make this decision</p>	<p>The Board has delegated authority to the Finance and Performance Committee to review and feedback to the board any assurance issues, and breaches in SO, SFIs, scheme of delegation etc.</p>
<p>Who, what and when (what action is required, who is the lead and when should it be completed?)</p>	<p>A monthly report is provided to the Finance and Performance Committee and to the Board of Directors and any actions required are the responsibility of the Chief Operating Officer with support from colleagues.</p>
<p>Recommendations</p>	<p>It is recommended that the Board of Directors note the report.</p>
<p>Appendices</p>	<p>1. Operational Recovery Update</p>

Urgent and Emergency Care and Flow

- System remained pressured with bed occupancy above 95% with additional inpatient capacity open on our Same Day Emergency Care (SDEC) unit
- Operated predominately at OPEL level 3 and 4 throughout the month
- Deterioration in Ambulance handover delays due to system pressures
- Improvement in the number of long stay patients and number of patients on the Integrated Discharge Team caseload
- SDEC did not operate out of its usual residence impacting on the ability to extend the opening hours and support patients with a 0 day length of stay
- Stroke ward relocated, additional moves required to increase bed capacity as described in Winter plan
- Reset week supported operational flow and discharge, improved access to diagnostics for urgent and emergency care areas, reduction in LOS and reduction in discharge delays
- Discharge to assess begun with a slow graduated start

Elective Care and Recovery

- Activity delivery at its highest level since pre-Covid in daycases and since September 2021 in outpatients and inpatients. This is despite intense operational pressures which led to cancellations of some lists and certain individual patients
- PTL size remained relatively stable at approximately 26,000; long waiters continue to increase, although signs of 52+ week waiters reducing slightly in most recent data
- Number of 78+ week wait patients at 5 in latest submitted data, with most recent figure at 3. Potentially 78-week waiters down to 60 (assuming no further activity happens beyond now)
- 62-day PTL size is now at 60, against original trajectory of 75 and revised trajectory of 105, due to significant improvements in Lower GI position. End of year target now considered deliverable
- Theatre Utilisation submission has had revisions to ensure increased accuracy of reporting of performance; SRO appointed as main contact for national programme

National Key Metrics – Performance Against Trajectories

Performance is on track across four out of the five nationally submitted metrics, with ambulance handovers the only area of significant challenge currently

Bed occupancy							
General & Acute (G&A) Bed Occupancy – based on KH03 data submission							
	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Trajectory	95.6%	95.0%	93.2%	93.2%	94.0%	93.2%	92.6%
Actual	92.6%	92.2%	91.6%				

78 week waiters							
Number of patients waiting 78 weeks or more							
	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Trajectory	35	25	20	15	10	5	0
Actual	9	7	5				

Right to Reside							
Number of Patients with No Right to Reside							
	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Trajectory	65	65	65	62	59	56	53
Actual	56	57	52				

Cancer patients waiting over 62 days following a GP referral						
Number of patients on a cancer pathway waiting over 62 days (GP referrals)						
	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Previous plan	75	70	64	60	58	56
Revised plan	110	105	100	80	70	56
Actual	98	69				

Ambulance handovers							
Daily Average Hours Lost from Ambulance Handovers							
	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Trajectory	18.0	15.0	15.0	13.0	13.0	10.8	10.8
Actual	24.0	20.7	24.5				

Theatre Utilisation						
Capped theatre utilisation (elective only)*						
	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
National target	85%	85%	85%	85%	85%	85%
Actual	79%	78%				

* For the purposes of this report, Capped Theatre Utilisation is estimated from Model Health System weekly figures, assuming an average distribution of lists across all four weeks e.g., if the four weeks are 75%, 80%, 78%, 79%, the reported figure for the month will be estimated at 78%

Board of Directors' Meeting
13 January 2023

Agenda item	P19/23
Report	Operational Objectives 2022/23 Review
Executive Lead	Michael Wright, Deputy Chief Executive
Link with the BAF	P1, R2, OP3, U4, D5, D6
How does this paper support Trust Values	<p>Ambitious – The paper provides detail of the delivery of the ambitious operational objectives for 2022/23.</p> <p>Together – colleagues work together to ensure that the continual monitoring and assurance of operational objectives is underpinned by robust governance arrangements.</p>
Purpose	<p>For decision <input type="checkbox"/> For assurance <input checked="" type="checkbox"/> For information <input type="checkbox"/></p>
Executive Summary	<p>The purpose of this paper is to present to the Board of Directors a review of progress against the 2022/23 Operational Plan priorities and associated programmes as at Months 7 and 8.</p> <p>At the end of Month 8, ten programmes are individually BRAG rated green (on track) and three are BRAG rated amber (not on track).</p> <p>There were no escalations reported during October and November to the Executive Management Team.</p> <p>The single minor exception to plan is noted under the Key Changes section of the highlight report (Appendix 1) relating to Priority 1: Quality. An internal decision has been taken to move the key milestone relating to the development of the trust Quality Improvement Policy and Guidance from December to March due to the new Head of Quality joining the trust in January 2023. This change does not present a significant risk to programme delivery overall and as such does not affect rag status at the end of month 8.</p>
Due Diligence	<p>The content of individual monthly highlight reports has been presented to Quality Committee and Finance and Performance Committee meetings held in December 2022. Papers were, however, not called for consideration at the People Committee in relation to Priority 4: Us due to the running of a development workshop in place of the usual agenda. The People Committee papers have, however, been reviewed by the Executive Lead and Senior Responsible Officer as well as the Chair of the committee prior to submission to Trust Board for information.</p>

Board powers to make this decision	The principal purpose of the Board is to support the timely delivery of the Trust's strategic objectives / Annual Operational Plan, whilst being assured as to compliance with appropriate statutory and legislative requirements, such as those determined, inter alia, by the Care Quality Commission (CQC).
Who, What and When	Individual Executive Directors act as Executive SROs (Senior Responsible Officers) for each area for ensuring achievement of the Operational Objectives and priorities and are responsible for realising the relevant milestones.
Recommendations	It is recommended that Board consider any actions or additional assurance required as a result of this report.
Appendices	1: Operational Objectives 2022-23 Programme Highlight Reports (October – November 2022)

1.0 Introduction

1.1. The Operational Plan for 2022/23 is built around 5 key priorities aligned to the Trust's strategic PROUD framework:-

- **P1 Patients:** Empower our teams to deliver improvements in care
- **P2 Rotherham:** Ensure equal access to services
- **P3 Our Partners:** Work together to succeed for our communities
- **P4 Us:** Commit to a focus on workplace wellbeing and compassionate Leadership
- **P5 Delivery:** Implement sustainable change to deliver high quality, timely and affordable care

1.2 The priorities are supported by 13 operational programmes that have been set out in formal mandates agreed at the Trust Board meeting held in May 2022.

1.3 The delivery and monitoring of the programmes utilises a standardised Highlight Report (see Appendix 1) so that the Trust can maintain a clear line of sight on progress.

1.4 This paper presents a high level update on progress during Months 7 and 8 against the thirteen programmes of work and reports, by exception, any areas of concern with recommendations for continuance into the next planning cycle.

2.0 Progress against Operational Objectives and Priorities

2.1 Each of the programmes supporting the delivery of the Trust's Operational Objectives and Priorities have been BRAG rated (Blue, Red, Amber, Green) as to their status at the end of November 2022 as illustrated below:

- Completed/Closed
- On track
- Not on track
- Significantly not on track

2.2 The following tables provide the summary position at Months 7 and 8 on each of the programmes of work with their respective BRAG rating. More detailed highlight reports are attached at Appendix 1.

PRIORITY 1 Patients - Empower our teams to deliver improvements in care

Programme	Scope	Summary Position	Status
P1.1 Implement a Quality Improvement Methodology in the Organisation	Agree our organisational approach to quality improvement by evaluating and agreeing the Trust model to be used, launch our new Quality Improvement approach across the Trust and begin implementation.	<p>The new Head of Quality Improvement joins the trust on 3rd January 2023. The first two QSIR (Quality, Service Improvement and Re-design) Associates have successfully completed their training and were part of the delivery team for Cohort 2. 43 people have now completed the QSIR 5 day training programme (Practitioner level) and have initiated their individual projects. 31 people are booked to undertake Cohort 3 which will complete in March 2023. 74 practitioners will therefore have completed by the end of 2022/23. Expressions of interest have been circulated for individuals who have completed Cohort 2 to undertake the assessment (Associate level).</p> <p>It is expected that there will then be a minimum of 6 individual members of the trust Quality Improvement Faculty increasing our ability to provide the training in house through 2023/24 onwards with a plan to increase to a minimum of 10, providing resilience across the team. The plan is to provide three Practitioner training programmes each year with approximately 100 places available. We are working in conjunction with Barnsley trust to ensure a consistent approach to Quality Improvement across both organisations. It is likely that we will develop a joint Faculty to provide mutual support in the future. It is hoped that once evidence of improvement becomes more visible locally the culture and approach to improvement will increase and empower individuals to initiate improvement in their own work areas.</p>	GREEN
P1.2 Embed effective quality governance processes and practices across our organisation	Reset our quality governance expectations and embed revised, effective practices and processes across our organization, restructuring relevant teams as appropriate.	The Data Analyst role is progressing through recruitment processes. The job description and person specification for the Head of Governance is now completed and signed off. Arrangements regarding transfer of budget for Head of Governance have not been finalised therefore recruitment will be delayed until January 2023. The interim Deputy Director of Quality Assurance will remain in post until the Head of Governance is appointed. The governance realignment paper was presented to Executives in October as planned allowing the restructure to commence in January 2023.	GREEN
P1.3 Deliver the Trust Quality Priorities	Deliver the 9 Quality Priorities for 2022-23	This sub-programme is out of scope for Operational Plan highlight reporting to Quality Committee therefore BRAG status will be provided for assurance purposes only for the remainder of this year.	GREEN

PRIORITY 2 Rotherham - Ensure Equal Access to Services

Programme	Scope	Summary Position	Status
P2.1 Ensure equal access to services and reduce health inequalities in Rotherham	Uphold the requirements set out in the NHS national planning guidance 2022-23 and NHS Long Term plan in relation to health inequalities and service provision and take proactive action to improve health equity across Rotherham, building our services to be inclusive and accessible for those that need them and encouraging our colleagues to instill positive	Development of "Waiting Well directory of services" underway, with wider supporting communications and webpage planned to go live from January. Healthy Hospitals have also broadened the scope of the service they provide to patients by including additional healthy weight focussed discussions with QUIT (stop smoking) patients, who may also benefit from this support/intervention. The administrative IMD (Index of Multiple Deprivation) segmentation pilot has also been agreed for ENT (Ear, Nose and Throat) and Urology; with patients continuing to be booked in order, but with high IMD patients identified as requiring a phone call and more detailed discussion to book appointments.	GREEN

Programme	Scope	Summary Position	Status
	health behaviors in themselves and our patients.	Following a successful bid to be included in an NHSE (NHS England) Digital Weight Management Pilot for certain Orthopaedic and General Surgery patients, we will be engaging with NHSE on the development plans during December and January. Patient Communication Stations have now been launched across the site. These contain resources to help hearing impaired people with hearing aid batteries and chargers as well as information on how to fix hearing aid issues. They also contain assistive resources provided by Speech and Language Therapy such as picture cards, alphabet and pain charts. Learning Disability Folders will be officially launched at an event to be held in the Lecture Theatre on 23 rd December with the Learning Disability and Autism Team and the Chairman in attendance. To spread the word about best practice for the care of autistic people and the hearing impaired a recruitment campaign for Learning Disability Champions will start in the new year, gearing up towards the launch of the new Oliver McGowan mandatory training in 2023.	
P2.2 Implement year one of our Green Plan	Implement the ambitions set out within our Green Plan and move towards delivering on the NHS net Zero Challenge reducing the environmental impact of the Trust	The Green Delivery Plan review is ongoing with a view to completion by the end of the year. The Public Sector Decarbonisation Fund (PSDF) project is in delivery with an anticipated completion date of March 2023. The PSDF phase 3 scheme which includes replacement of 350 windows is scheduled to complete in December. The air source heat pump for the old Greenoaks building will complete in February and the heating controls work will be completed by March 2023. There is a potential risk to completing the heating controls work on time due to accessibility arising from site activity constraints, however, there are no foreseeable resource issues.	GREEN
P2.3 Enhance our digital services to support patients and their families across Rotherham	Advance our digital offer to patients and their families, and ensure this supports our communities to better manage their interactions with us	The number of Rotherham Health App registrations has exceeded the original target ahead of plan. The application team have completed their training and are working on the Meditech build for the Maternity patient portal and the associated process maps have been created and reviewed. The Netcall two week wait letters are being delayed slightly as the service want to see improved rate of take up by patients on the initial letters before enabling another letter set.	GREEN

PRIORITY 3 Our Partners - Work Together to Succeed for our Communities

Programme	Scope	Summary Position	Status
P3.1 Deliver the new Urgent Community Response 2 hour standard	Work with partners to develop an affordable 7 day model which supports avoidable admission and timely discharge to the right place providing the right treatment, care and support for individuals.	All milestones have been met on time and benefits realisation is progressing well. The national data set indicates an increase of 500 referrals between July and September (there is a 2 month time lag) and over 1,000 contacts. The gap between local and national reporting has significantly reduced indicating improved data quality. The 70% response time threshold has been consistently met since launching in April 2022.	GREEN
P3.2 Ensure discharge arrangements are highly effective and sustainable through working with partners in Rotherham	Acute and community discharge pathways, Health and care intermediate care pathways, Commissioned community bed base, therapy provision and Care homes where it is the patients normal place of residence	A cross system discharge reset week has been held to establish a firm basis for winter. This included ensuring the acute bed base is re-set to free up capacity for same day emergency care and improve flow through the hospital. The community focus was on testing the discharge to assess model and improving information flows. Analysis of outcomes is underway and an action plan will be developed. A soft launch of the discharge to assess model has begun with therapy trialling assessments in patients homes. The project status remains on amber due to recruitment issues.	AMBER

Programme	Scope	Summary Position	Status
		Over 350 hours of additional home care resource was commissioned, but the supplier defaulted and an alternative had to be sourced. This will be on-boarded w/c 5 December. Recruitment to joint health and social care workers has been successful and is coming on stream. Once the additional resource is in place this will free up rapid response capacity to provide more bridging.	

PRIORITY 4 Us – Commit to a Focus on Workplace Wellbeing & Compassionate Leadership

Programme	Scope	Summary Position	Status
P4.1 Improve our staff facilities and increase the wellbeing support available to our staff	Design wellbeing facilities available across all areas of work that will enable staff to take a break in an environment that supports their general health and wellbeing.	The national flu and Covid vaccination campaigns have been successfully rolled out and the National Staff Survey questionnaires have been distributed as planned. The Estates department has identified eight areas including pharmacy, endoscopy and Keppel ward that require refurbishment of staff rest rooms, kitchens and toilets this year. In November the trust's Capital Monitoring Group allocated £55,000 in order to allow Estates to plan the refurbishment work which will be scheduled for completion by the end of March 2023. The Head of Engagement will meet with Estates during the next two to three months to explore options around setting up a staff Health and Wellbeing Hub next year.	GREEN
P4.2 Divisional leadership teams will undertake a bespoke leadership development programme	All divisional leadership teams will participate in a programme designed to ensure that they are able to take greater responsibility for the continuous improvement of employee welfare and engagement, communication and performance ownership as well as partnership development and working better together	The revised scoping document for the joint Rotherham/Barnsley triumvirate leadership programme has been drafted. Colleagues from Rotherham and Barnsley met with the Chief Executive to discuss the scope and timing. Rotherham's procurement department are ready to progress the search for an appropriate supplier. This will follow on from the recently delivered Team at the Top development programme.	GREEN

PRIORITY 5 Delivery : Implement Sustainable Change to Deliver High Quality, Timely and Affordable Care

Programme	Scope	Summary Position	Status
P5.1 Shorten elective waiting times for patients, modernise our outpatient services and improve theatre throughput	Restore and improve the efficiency of our theatre pathways, through innovation and improvement including waste reduction where possible and realign our Outpatient (OP) capacity, growing our use of tools such as Advice and Guidance and improve our efficiency	Outpatients: There are now 8 specialities utilising Patient Initiated Follow Up appointments, with the remaining 6 due to start in the next reporting period. Respiratory and Orthopaedics have not yet started but PIFU (Patient Initiated Follow Up) is implemented in Respiratory within the sleep clinic. The Management of Leave Policy for Senior Medical Staff is in the process of being updated. Corresponding process changes will be made when the new policy is formally published. Clinical Triaging is slightly behind due to the complexities of the eRS/ Meditech integration. Issues have been addressed and a plan is in place to roll-out to other areas smoothly. Cardiology has commenced clinical triaging and ENT (Ear, Nose and Throat) are due to start on 14th December. Improvements in reporting clinic utilisation has continued with the aim of providing greater clarity and accuracy to inform decision making. Following the successful implementation of the outpatient booking system, reporting functionality is now available from "Bookwise", including short notice clinic cancellations.	AMBER

Programme	Scope	Summary Position	Status
		<p>Theatres: The Internal Audit draft report which supports the current plans around the theatre utilisation programme has been received although it is narrower in focus than originally envisaged. Significant developments have been undertaken in relation to the Theatre Utilisation Power Business Intelligence dashboard which has now been re-launched with operational teams. Amendments have been made to the theatre data fortnightly national submission to ensure quality issues were resolved and accurate reporting on utilisation was taking place. Outline areas of focus for the programme are now defined, with initial scoping agreed for December. Provisional data suggests November capped theatre utilisation which is at its highest level since May 2021.</p>	
<p>P5.2 Increase the use of same day emergency care and shorten waiting times for patients in UECC</p>	<p>Release pressure on Urgent and Emergency Care services and reducing waiting times for our patients in UECC by ensuring care is provided in the right place, at the right time, including establishing a consistent approach to our same day emergency care pathways.</p>	<p>During the last period, a plan was agreed with target timescales, to enact the SDEC (Same Day Emergency Care) business case, increase SDEC opening hours and enable the implementation of Acute Gynaecology Assessment Unit (AGU) (incorporating requirements for 2 weekly reporting to NHS England and the Integrated Care Board (ICB)). This included plans for a system wide Rotherham Reset from 23 November. As a result; On Monday morning 28 November, during Rotherham Reset, we were in a position to move back onto the SDEC footprint (having successfully deescalated inpatients). However by Monday afternoon, significant operational pressures meant that SDEC again had inpatients; increasing to 16 by the end of the week. Operational pressures continued, with the Trust operating at Operational Level 4 and in a Business Continuity Incident from 6 December. Rotherham Reset did however result in the AGU going live, with steaming from UECC and direct General Practitioner (GP) referrals. Engagement also commenced around the Standard Operating Procedure for Same Day Emergency Care provision (across all areas) and the SDEC Frailty implementation group transitioned into wider SDEC working group, including key discussions around community pathways and various SDEC access pathways in November – with ongoing development of pathways planned for next period.</p>	<p>GREEN</p>
<p>P5.3 Implement new systems to better understand the costs of our service delivery at patient level</p>	<p>Redesigning our approach to transformational efficiency to deliver financial savings Allow for a better and 'live' understanding of the financial viability of our services through patient level information so that we can gain a clear understanding of those that provide a contribution / benchmark well to the organisation and those that do not.</p>	<p>A number of large scale efficiency schemes are under development and are being taken forward through Efficiency Board to provide assurance / oversight on delivery. They are currently: (1) eRoster, (2) Stock Management, (3) Service Specifications Review, (4) Diagnostic Testing, (5) Pharmacy Invest to Save, (6) Digital Self Check-in and (7) Printing. Some broad financial savings have been identified (e.g. £500,000 non-recurrent CIP delivered in 22/23 for Stock Management), along with some initial areas of improvement e.g. Roster duties not finalised (forced completion by HR to ensure they hit payroll on time) has reduced from 20,011 shifts in May to 13,917 shifts in October (a 30% decrease), short notice Agency costs (excluding Medical & Dental) have reduced from 2,585 hours in May to 819 hours in October (a 68% decrease), following a desktop exercise looking at a sample of Pathology tests that have been repeated outside out national guidance, variable cost savings of £66,000 per annum have been identified. The Service Sustainability Reviews have now been completed. In early 23/24 engagement work will take place to further refine and improve the process as it moves to an annual requirement. Patient Level Information and Costing System (PLICS) – staffing structure to support the management of PLICS approved. An advert went out for recruitment but there was limited response. Agreed with the Director of Finance to re-advertise. Timescales to be reassessed based on the response to the new advert.</p>	<p>AMBER</p>

3.0 Conclusions

- 3.1 The Board Assurance Committees play a key role in ensuring effective oversight and delivery of the Operational Plan. Updates are provided bi-monthly to assurance committees where discussions take place around progress and any specific exceptions to plan that may impact on achievement of objectives and benefits.
- 3.2 In October the Quality Committee and Finance and Performance Committee considered reports on progress in all of their associated areas and confirmed the following with recommendations for action as deemed applicable.

4.0 Quality Committee

- 4.1 The Quality Committee held on 21 December considered the highlight reports for the period October to 2022 (see Appendix 2) in relation to the following areas of work which are currently BRAG rated GREEN:-
- P1.1 Agree and implement the Trust's agreed approach to Quality Improvement
 - P1.2 Reset our quality governance expectations
- 4.2 The Committee received the report and took the paper as read.
- 4.3 The Quality Committee were **assured** by the report and the progress made to date.

5.0 People Committee

- 5.1 The bi-monthly highlight report covering the period October and November for the following two areas of work was not presented at the People Committee Meeting held in December due to a development workshop taking place instead of the usual agenda.
- P4.1 Improve our staff facilities and increase the wellbeing support available to our staff
 - P4.2 Divisional leadership teams will undertake a bespoke leadership development programme
- 5.2 The Executive Lead and Senior Responsible Officer signed off the highlight reports (see Appendix 1) and the Chair of People Committee has also reviewed the update. The report will be formally presented to People Committee in January 2023 for assurance purposes.
- 5.3 Both programmes are currently on track for delivery and are BRAG rated GREEN.
- 5.4 Representatives from the Trust met with colleagues from Barnsley Hospital NHS Foundation Trust on 4th January to review the scope for both trusts to run a joint leadership development programme. Suppliers have been identified to bid for the work. It was noted that Rotherham's Fiona Reed Development Programme was a fairly extensive programme that has recently completed. This programme has also been complimented by further additional facilitated sessions commissioned by the Chief Operating Officer.

6.0 Finance and Performance Committee

6.1 The Finance and Performance Committee held on 21st December considered the highlight reports for the period October – November 2022 (see Appendix 1) in relation to the following areas of work:-

- P2.1 Ensure equal access to services and reduce health inequalities in Rotherham
- P2.2 Implement year one of our Green Plan
- P 2.3 Enhance our digital services to support patients and their families across Rotherham
- P 3.1 Deliver the new Urgent Community Response 2 hour standard
- P 3.2 Ensure discharge arrangements are highly effective and sustainable through working with partners in Rotherham
- P 5.1 Shorten elective waiting times for patients, modernise our outpatient services and improve theatre throughput
- P 5.2 Increase the use of same day emergency care and shorten waiting times for patients in UECC
- P5.3 Implement new systems to better understand the costs of our service delivery at patient level

6.2 The Committee received the report and took the paper as read.

6.3 The Committee discussed at length the ongoing site pressures and in particular their concerns about ambulance handovers and the current position regarding delays in discharging patients.

6.4 The Committee was therefore not assured on the current position but was assured that there was recognition of what needs to be done in order to ensure that we continue to provide a safe service to our patients.

7.0 The Board of Directors is asked to note the content of this report.

Michael Wright
Deputy Chief Executive
January 2023



Operational Objectives 2022 - 23

October - November 2022

Appendix 1: Programme Highlight Reports

Board of Directors Meeting

13th January 2023

OPERATIONAL PLAN 22/23 HIGHLIGHT REPORT: OCT - NOV 2022



The Rotherham
NHS Foundation Trust



Priority:	P1 Patients : Empower our Teams to Deliver Improvements in Care
Programme:	P1.1 Agree and implement the Trust's agreed approach to Quality Improvement P1.2 Reset our quality governance expectations P1.3 Deliver the 9 Quality Priorities
Executive Lead:	Helen Dobson, Chief Nurse
SRO:	Victoria Hazeldine, Deputy Chief Nurse/Elaine Jeffers, Deputy Director of Quality Assurance

Programme Overview:	<p>This Priority is aligned to the Trust's Strategic Ambition "Patients" as well as the Trust's Quality Strategy. It seeks to deliver improvements in our care for patients and is divided into the following key areas of work:</p> <p><u>Standardize our Quality Improvement approach and implement this in order to improve our quality of care for patients:</u> (1) Agree a suitable QI methodology for TRFT, (2) Commence the establishment a QI Faculty for TRFT, (3) Commence the implementation of QI practices and processes across TRFT (using agreed methodology), (4) Improve on national staff survey results Q3d "I am able to make suggestions to improve the work of my Team/Department and Q3e "I am involved in deciding on changes introduced that affect my work area/team/Department</p> <p><u>Revise our internal Quality Governance structures and processes:</u> (1) Review of clinical governance and quality assurance structures across TRFT, (2) Restructure our resources to establish a corporate clinical governance and assurance team at TRFT</p> <p><u>Deliver our Quality Priorities:</u> This will be out of scope for Operational Plan highlight reporting to Quality Committee (reported directly at agreed frequencies)</p>
Summary Position:	<p>Standardise our Quality Improvement approach: The new Head of Quality Improvement joins the trust on 3rd January 2023. The first two QSIR (Quality, Service Improvement and Re-design) Associates have successfully completed their training and were part of the delivery team for Cohort 2. 43 people have now completed the QSIR 5 day training programme (Practitioner level) and have initiated their individual projects. 31 people are booked to undertake Cohort 3 which will complete in March 2023. 74 practitioners will therefore have completed by the end of 2022/23. Expressions of interest have been circulated for individuals who have completed Cohort 2 to undertake the assessment (Associate level). It is expected that there will then be a minimum of 6 individual members of the trust Quality Improvement Faculty increasing our ability to provide the training in house through 2023/24 onwards with a plan to increase to a minimum of 10, providing resilience across the team. The plan is to provide three Practitioner training programmes each year with approximately 100 places available. We are working in conjunction with Barnsley trust to ensure a consistent approach to Quality Improvement across both organisations. It is likely that we will develop a joint Faculty to provide mutual support in the future. It is hoped that once evidence of improvement becomes more visible locally the culture and approach to improvement will increase and empower individuals to initiate improvement in their own work areas.</p> <p>Revise our internal Quality Governance structures and processes : The Data Analyst role is progressing to recruitment. The job description and person specification for the Head of Governance is now completed and signed off. Arrangements regarding transfer of budget have not been finalised therefore recruitment will be delayed until January 2023. Whilst recruitment is ongoing the interim Deputy Director of Quality Assurance will remain in post. The governance realignment paper was presented to Executives in October as planned allowing the restructure to commence in January 2023.</p> <p>Deliver our Quality Priorities : See separate report prepared by the by Deputy Director of Quality Assurance</p>



P1.1 Agree and implement the Trust's agreed approach to Quality Improvement. P1.2 Reset our Quality Governance expectations. P1.3 Deliver the 9 Quality Priorities

<p>Activities completed October - November:</p>	<ul style="list-style-type: none"> • Standardise our Quality Improvement approach: First two QSIR Associates complete training and assessment. Appoint Head of Quality Improvement post. Cohort 2 complete QSIR Practitioner training. Communicate expressions of interest for QSIR Virtual programmes (December and January sessions). Continue development of Quality Improvement page on the trust's Hub. • Revise our internal Quality Governance structures and processes: Advertise Data Analyst role (October). Start recruitment process for Head of Clinical Governance role (November). Present paper outlining internal governance realignment to Executives (October). • Deliver our Quality Priorities : See separate report
<p>Activities planned for December - January:</p>	<ul style="list-style-type: none"> • Standardise our Quality Improvement approach: Meetings to be held on a one to one basis with Cohort 2 to identify additional resource or support required for their individual projects. New Head of Quality Improvement commences in January with a view to handover from the Deputy Director of Quality Assurance. Revisit Cohort 1 projects to review progress. • Revise our internal Quality Governance structures and processes: Recruit Head of Governance in January and commence governance team restructure.
<p>Key changes October - November</p>	<p>Milestone description - Standardised QI Policy and Guidance in place – internal decision to delay until March following the commencement of the new Head of QI in January. This movement does not affect delivery of any other key milestones or benefit metrics therefore does not require formal escalation to Executives.</p>
<p>Risks:</p>	<p>Unable to recruit to key posts on time</p>
	<p>Issues:</p>

OPERATIONAL PLAN 22/23 HIGHLIGHT REPORT: OCT - NOV 2022



The Rotherham
NHS Foundation Trust



Priority:	P.2 Ensure Equal Access to Services
Programme:	P 2.1 Ensure equal access to services and reduce health inequalities in Rotherham P 2.2 Implement year one of our Green Plan P 2.3 Enhance our digital services to support patients and their families across Rotherham
Executive Lead:	Michael Wright, Deputy Chief Executive
SRO:	Louise Tuckett, Director of Strategy, Planning and Performance

Programme Overview:

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society, which lead to inequality of access to services. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and well-being. As such, we must ensure that: we uphold the requirements set out in the NHS national planning guidance 2022-23 and NHS Long Term plan in relation to health inequalities and service provision, we take proactive action to improve health equity across Rotherham, building our services to be inclusive and accessible for those that need them and encouraging our colleagues to instill positive health behaviors in themselves and our patients, we implement the ambitions set out within our Green Plan and move the organisation towards delivering on the NHS net Zero Challenge reducing the environmental impact of the Trust and we advance our digital offer to patients and their families, and ensure this supports our communities to better manage their interactions with us.

Summary Position:

Health Inequalities – Development of “Waiting Well directory of services” underway, with wider supporting communications and webpage planned to go live from January. Healthy Hospitals have also broadened the scope of the service they provide to patients by including additional healthy weight focussed discussions with QUIT (stop smoking) patients, who may also benefit from this support/intervention. The administrative IMD (Index of Multiple Deprivation) segmentation pilot has also been agreed for Ear, Nose and Throat and Urology; with patients continuing to be booked in order, but with high IMD patients identified as requiring a phone call and more detailed discussion to book appointments. Following a successful bid to be included in an NHSE Digital Weight Management Pilot for certain Orthopaedic and General Surgery patients, we will be engaging with NHSE on the development plans during December and January. Patient Communication Stations have now been launched across the site. These contain resources to help hearing impaired people with hearing aid batteries and chargers as well as information on how to fix hearing aid issues. They also contain assistive resources provided by Speech and Language Therapy such as picture cards, alphabet and pain charts. Learning Disability Folders will be officially launched at an event to be held in the Lecture Theatre on 23rd December with the Learning Disability and Autism Team and the Chairman in attendance. To spread the word about best practice for the care of autistic people and the hearing impaired a recruitment campaign for Learning Disability Champions will start in the new year, gearing up towards the launch of the new Oliver McGowan mandatory training in 2023.

Green Delivery Plan – The Green Delivery Plan review is ongoing with a view to completion by the end of the year. The Public Sector Decarbonisation Fund (PSDF) project is in delivery with an anticipated completion date of March 2023. The PSDF phase 3 scheme which includes replacement of 350 windows is scheduled to complete in December. The air source heat pump for the old Greenoaks building will complete in February and the heating controls work will be completed by March 2023. There is a potential risk to completing the heating controls work on time due to accessibility arising from site activity constraints, however, there are no foreseeable resource issues.

Rotherham Health App – The number of Rotherham Health App registrations has exceeded the original target ahead of plan. The application team have completed their training and are working on the Meditech build for the Maternity patient portal and the associated process maps have been created and reviewed. The Netcall two week wait letters are being delayed slightly as the service want to see improved rate of take up by patients on the initial letters before enabling another letter set.



Proud



P 2.1 Ensure equal access to services and reduce health inequalities in Rotherham

P 2.2 Implement year one of our Green Plan

P 2.3 Enhance our digital services to support patients and their families across Rotherham

Activities completed in October/ November:

- Healthy Hospitals expansion to broaden to include healthy weight focus with QUIT patients
- Completion of guide to waiting well referral options to be shared with clinical teams (currently in development)
- Agreement of how ways to implement the waiting well offer through patient pathways
- Confirmed methodology and implementation plan for administrative/Index of Multiple Deprivation (IMD) segmentation
- Review of current processes to consider patients' holistic needs and how these are applied to patient pathways/prioritisation
- Submission of expression of interest for NHSE Digital Weight Management Pilot – now confirmed as one of 10 trusts to be successful nationally
- Public sector decarbonisation fund project work is progressing including installation of new windows
- Health Informatics Application team training on Maternity portal and start configuration
- Continue build on 2 week wait letters (digital correspondence)

Activities planned for December/ January:

Health Inequalities:

- Confirm successful expression of interest for NHSE Digital Weight Management Pilot (acceptance notification received on 2nd December)
- Engagement and implementation of waiting well offers (Directory of Services) and associated communications
- Implementation/monitoring of Administrative/Index of Multiple Deprivation (IMD) segregation pilot
- Agreement on methods of data capture for waiting well intervention and holistic considerations when adding patients to wait list
- Development and planning of NHSE Digital Weight Management Pilot
- Launch Learning Disability Folders at an event to be held in the Lecture Theatre on 23rd December (Chairman and Learning Disability and Autism Team in attendance)
- Start recruitment process for Learning Disability Champions
- Update translation materials for bedside folders ready for printing

Green Delivery Plan:

- Green delivery plan and Public Sector Decarbonisation Fund Phase 3 implementation work to continue progress in accordance with plan (includes replacement of 350 windows).

Rotherham Health App:

- Continue Meditech build on Maternity patient portal
- Commence work on another letter set for Netcall 2 week wait letters

Key changes in October/ November:

- None

Risks:

- Inability to run full pilot of administrative segmentation due to capacity constraints with the Contact Centre to make additional phone calls (Health Inequalities)
- Completing the heating controls work on time due to accessibility arising from site activity constraints (low) (Green Plan)

Issues:

- Printing delay regarding bedside folders due to updating translation requirements (Health Inequalities)

Priority:	P.3 – Our Partners – Work Together to Succeed for Our Communities
Programme:	P3.1 Deliver the new Urgent Community Response 2-hour standard P3.2 Ensure discharge arrangements are highly effective and sustainable through working with partners in Rotherham
Executive Lead:	Michael Wright, Deputy Chief Executive
SRO:	Jodie Roberts, Deputy Chief Operating Officer



Programme Overview:	<p>The Rotherham Urgent and Community Transformation programme is part of the Rotherham Integrated Health and Social Care plan which aims to support Primary Care, Mental Health and the Voluntary Sector to develop and deliver more integrated health and care. The current priorities are aligned to the NHS Long Term Plan, Better Care Fund objectives and the Aging Well projects which sit within this. These include the nationally mandated standards to:-</p> <ul style="list-style-type: none"> • Deliver the new Urgent Community Response 2-hour standard • Embed the necessary actions and ways of working from the discharge priorities across Place
Summary Position:	<p>Effective and Sustainable Discharge A cross system discharge reset week has been held to establish a firm basis for winter. This included ensuring the acute bed base is re-set to free up capacity for same day emergency care and improve flow through the hospital. The community focus was on testing the discharge to assess model and improving information flows. Analysis of outcomes is underway and an action plan will be developed. A soft launch of the discharge to assess model has begun with therapy trialling assessments in patients homes. The project status remains on amber due to recruitment issues. Over 350 hours of additional home care resource was commissioned, but the supplier defaulted and an alternative had to be sourced. This will be on-boarded w/c 5 December. Recruitment to joint health and social care workers has been successful and is coming on stream. Once the additional resource is in place this will free up rapid response capacity to provide more bridging.</p> <p>Two hour urgent response All milestones have been met on time and benefits realisation is progressing well. The national data set indicates an increase of 500 referrals between July and September (there is a 2 month time lag) and over 1,000 contacts. The gap between local and national reporting has significantly reduced indicating improved data quality. The 70% response time threshold has been consistently met since launching in April 2022.</p>

P3.1 & P3.2 – Deliver the new urgent community response 2 hour standard, ensure discharge arrangements are highly effective and sustainable through working with partners in Rotherham

Activities completed in October/ November:

Sustainable discharge

- A cross system discharge reset week has been held
- Work continues on the criteria led discharge pilot
- The discharge to assess pilot has been initiated including:
- Trialling therapy assessments at home
- Allocating integrated discharge resource to the urgent community hub to support multi-disciplinary working and allocation of the right level of care for patient needs
- Recruiting to additional therapy, home care hours and a community discharge flow co-ordinator is in progress
- Engagement sessions have been held via established medical and nursing groups to brief ward based colleagues on discharge to assess
- Additional discharge co-ordinator roles have been agreed and are being advertised

Urgent Community Response

- Benefits realisation continues to be positive with the national 70% threshold met each month. The gap between local reporting and national figures has been significantly reduced and there is a positive growth trajectory
- The urgent community hub has gone live to facilitate admission avoidance and discharge with nurses, therapists, reablement, integrated discharge and a social prescribing resource all now co-located. Two nurse consultants are in post and a new operational lead will start in February 2023.
- Nine clinical conditions identified in the national guidance are part of the 2 hour response. Diabetes and catheter care will be included in reports in the new year when the urgent team move onto a single urgent unit on the electronic patient record system.

Activities planned for November/ December

Sustainable discharge

- Identification and approval of prioritised costed plans to be submitted to NHSE for additional national discharge monies, with performance monitoring
- Continuation of criteria led discharge pilots
- Review and action plan reset week, with follow up week planned for January
- Expansion of the discharge to assess pilot including:
- On-boarding of additional home care hours, care support workers and discharge-co-ordinators
- Completion of recruitment to therapy roles and flow co-ordinator
- Embedding multi-disciplinary team working in the urgent community hub

Urgent Community Response:

- On-boarding of urgent diabetes and catheter care in the new year as part of the system development of the urgent team

Key changes in October/ November

- Soft launch of discharge to assess model
- Reset week

Risks:

- Insufficient clinical capacity for leadership and implementation
- Insufficient Business Intelligence / system resource to develop and implement the required changes and reporting needs. **Closed**, these roles have been recruited to and are in place

Issues:

- We continue to experience challenges in recruitment in relation to qualified nurses, therapists, home care and reablement. A range of strategies are in place and the position is improving
- System pressures have reduced access to clinical/professional expertise for development and change activity
- Multiple national /ICB requirements are increasing the demands on Place based staff and particularly clinical /professional expertise

OPERATIONAL PLAN 22/23 HIGHLIGHT REPORT: OCT - NOV 2022



The Rotherham
NHS Foundation Trust



Priority:	P.4 US - Commit to a focus on workplace wellbeing and compassionate leadership
Programme:	P4.1 Improve our staff facilities and increase the wellbeing support available to our staff P4.2 Divisional leadership teams will undertake a bespoke leadership development programme
Executive Lead:	Steve Ned, Director of Workforce
SRO:	Paul Ferrie, Deputy Director of Workforce

Programme Overview:	<p>2.1 Workplace Wellbeing - Staff health and wellbeing remains a key area of focus for the Trust as outlined in the People Strategy 2020-2023 Staff Engagement objectives. Wellbeing initiatives implemented last year, particularly building on experience learned through Covid, are set to continue with a view to providing a supportive and holistic approach to staff wellbeing across the trust. Through staff survey results and listening to staff in open discussions about what is important and what effect the workplace has on their overall wellbeing it is apparent that there is a lack of local facilities which would enable staff to take time out from their place of work, not only for refreshment breaks but also to have the option to step into a "calmer" space that will help them re-balance and return to their work location feeling re-energised.</p> <p>2.2 Compassionate Leadership - The Trust aims for senior leaders within its six divisions to take greater responsibility for the continuous improvement of employee welfare and engagement, communication and performance ownership as well as partnership development and working better together. The investment in a development programme again this year will enable the trust to meet the objectives set out in this mandate and through a formal tender process engage a new provider, building on last year's work provided by Team at the Top.</p>
Summary Position:	<p>2.1 Workplace Wellbeing – The national flu and Covid vaccination campaigns have been successfully rolled out and the National Staff Survey questionnaires have been distributed as planned. The Estates department has identified eight areas including pharmacy, endoscopy and Keppel ward that require refurbishment of staff rest rooms, kitchens and toilets this year. In November the trust's Capital Monitoring Group allocated £55,000 in order to allow Estates to plan the refurbishment work which will be scheduled for completion by the end of March 2023. The Head of Engagement will meet with Estates during the next two to three months to explore options around setting up a staff Health and Wellbeing Hub next year.</p> <p>2.2 Compassionate Leadership – The revised scoping document for the joint Rotherham/Barnsley triumvirate leadership programme has been drafted. Colleagues from Rotherham and Barnsley met with the Chief Executive to discuss the scope and timing. Rotherham's procurement department are ready to progress the search for an appropriate supplier. This will follow on from the recently delivered Team at the Top development programme.</p>



P4.1 Improve our staff facilities and increase the wellbeing support available to our staff and P4.2 Divisional leadership teams will undertake a bespoke leadership development programme

<p>Activities completed in October/ November:</p>	<ul style="list-style-type: none"> • Roll out Covid and Flu vaccination campaigns • Distribute National Staff Survey 2022 • Associate Director of Strategy, Planning and Delivery to escalate status of this programme to Executives through formal change request process 	
<p>Activities planned for December/ January:</p>	<ul style="list-style-type: none"> • Head of Engagement and Director of Estates and Facilities to commence discussions around the potential to set up a staff health and wellbeing hub next year • Confirm joint Leadership and Development programme with Barnsley NHS Foundation Trust, identify costings and appropriate supplier 	
<p>Key changes in October/ November:</p>	<p>The following key changes to the delivery plan were agreed by the Executive Management Team in October:-</p> <ul style="list-style-type: none"> • Agree with Divisions their priorities for refurbishment (all sites) – end November 2022 • Agree capital funding via Capital monitoring group within 2022/23 capital funding envelope – end November 2022 • Refurbish agreed areas to improve staff wellbeing – end March 2023 • Continue to explore options around a health and wellbeing hub (a business case brief will be taken forward to ETM in 2023-24 – not for delivery this year). 	
<p>Risks:</p>	<ul style="list-style-type: none"> • Leadership programme starts later than planned resulting in delayed changes to desired behaviours/compassionate leadership – Executive decision in October 2022 to re-schedule completion date to October 2023 – risk closed. • Delays starting leadership programme impacts on funding availability as budget is re-allocated to other schemes – Executive decision to develop the programme jointly with Barnsley and confirm costs/provider aligned to change of delivery plan agreed in October – risk closed. • Preferred option for “wellbeing centre” is deemed too expensive due to cost improvement pressures this year – Executive decision to explore this option in 2023-24. Business case brief to be developed towards the end of 2022-23 – risk closed. 	<p>Issues: None</p>

OPERATIONAL PLAN 22/23 HIGHLIGHT REPORT: OCT - NOV 2022



The Rotherham
NHS Foundation Trust

RAG STATUS

Priority:	P5 Delivery – Implement Sustainable Change to Deliver High Quality, Timely and Affordable Care
Programmes:	P5.1 Shorten elective waiting times for patients, modernise our outpatient services and improve theatre throughput, P5.2 Increase the use of same day emergency care and shorten waiting times for patients in UECC, P5.3 Implement new systems to better understand the costs of our service delivery at patient level
Executive Leads:	P5.1/P5.2 Sally Kilgariff, Chief Operating Officer, P5.3 Steve Hackett, Director of Finance
SROs:	P5.1 Louise Tuckett, Director of Strategy, Planning and Performance, P5.2 Jodie Roberts, Deputy Chief Operating Officer, P5.3 Mark Bloy, Deputy Director of Finance

Programme Overview:

Elective recovery is a key priority for the NHS, but there will be significant challenge in meeting the expectations set out within the NHS planning guidance unless we make fundamental changes to our services and ways of working. As well as our day-to-day delivery of the recovery programme, we will need to: Restore and improve the efficiency of our theatre pathways, through innovation and improvement including waste reduction where possible and realign our Outpatient (OP) capacity, growing our use of tools such as Advice and Guidance and improve our efficiency. Release pressure on Urgent and Emergency Care services and reducing waiting times for our patients in UECC by ensuring care is provided in the right place, at the right time, including establishing a consistent approach to our same day emergency care pathways. Redesigning our approach to transformational efficiency by implementing a greater focus on a longer term, transformational approach to efficiency to deliver our financial savings and sustainability of services to allow for a better and 'live' understanding of the financial viability of our services through patient level information so that we can gain a clear understanding of those that provide a contribution / benchmark well to the organisation and those that do not.

Summary Position:

Theatres: The Internal Audit draft report which supports the current plans around the theatre utilisation programme has been received although it is narrower in focus than originally envisaged.. Significant developments have been undertaken in relation to the Theatre Utilisation Power Business Intelligence dashboard which has now been re-launched with operational teams. Amendments have been made to the theatre data fortnightly national submission to ensure quality issues were resolved and accurate reporting on utilisation was taking place. Outline areas of focus for the programme are now defined, with initial scoping agreed for December. Provisional data suggests November capped theatre utilisation which is at its highest level since May 2021.

Outpatients: There are now 8 specialities utilising Patient Initiated Follow Up appointments, with the remaining 6 due to start in the next reporting period. Respiratory and Orthopaedics have not yet started but PIFU is implemented in Respiratory within the sleep clinic. The Management of Leave Policy for Senior Medical Staff is in the process of being updated. Corresponding process changes will be made when the new policy is formally published. Clinical Triaging is slightly behind due to the complexities of the eRS/ Meditech integration. Issues have been addressed and a plan is in place to roll-out to other areas smoothly. Cardiology has commenced clinical triaging and ENT are due to start on 14th December. Improvements in reporting clinic utilisation has continued with the aim of providing greater clarity and accuracy to inform decision making. Following the successful implementation of the outpatient booking system, reporting functionality is now available from "Bookwise", including short notice clinic cancellations.

Same Day Emergency Care (SDEC): During the last period, a plan was agreed with target timescales, to enact the SDEC business case, increase SDEC opening hours and enable the implementation of Acute Gynaecology Assessment Unit (AGU) (incorporating requirements for 2 weekly reporting to NHSE and the Integrated Care Board (ICB). This included plans for a system wide Rotherham Reset from 23 November. As a result; On Monday 28 November (morning), during Rotherham Reset, we were in a position to move back onto the SDEC footprint (having successfully deescalated inpatients). However by Monday afternoon, significant operational pressures meant that SDEC again had inpatients; increasing to 16 by the end of the week. Operational pressures continued, with the Trust operating at Operational Level 4 and in a Business Continuity Incident from 6 December. Rotherham Reset did however result in the Acute Gynaecology Assessment Unit going live, with steaming from UECC and direct GP referrals. Engagement also commenced around the Standard operating procedure for Same Day Emergency Care provision (across all areas) and the SDEC Frailty implementation group transitioned into wider SDEC working group, including key discussions around community pathways and various SDEC access pathways in November – with ongoing development of pathways planned for next period.

Sustainability: A number of large scale efficiency schemes are under development and are being taken forward through Efficiency Board to provide assurance / oversight on delivery. They are currently: (1) eRoster, (2) Stock Management, (3) Service Specifications Review, (4) Diagnostic Testing, (5) Pharmacy Invest to Save, (6) Digital Self Check-in and (7) Printing. Some broad financial savings have been identified (e.g. £500k non-recurrent CIP delivered in 22/23 for Stock Management), along with some initial areas of improvement e.g. Roster duties not finalised (forced completion by HR to ensure they hit payroll on time) has reduced from 20,011 shifts in May to 13,917 shifts in October (a 30% decrease), short notice Agency costs (excluding Medical & Dental) have reduced from 2,585 hours in May to 819 hours in October (a 68% decrease), following a desktop exercise looking at a sample of Pathology tests that have been repeated outside out national guidance, variable cost savings of £66k per annum have been identified. The Service Sustainability Reviews have now been completed. In early 23/24 engagement work will take place to further refine and improve the process as it moves to an annual requirement. Patient Level Information and Costing System (PLICS) – staffing structure to support the management of PLICS approved. An advert went out for recruitment but there was limited response. Agreed with the Director of Finance to re-advertise. Timescales to be reassessed based on the response to the new advert.



P5.1 Shorten elective waiting times for patients, modernise our outpatient services and improve theatre throughput

<p>Activities completed in October/ November:</p>	<p>Theatres</p> <ul style="list-style-type: none"> Reinstate Theatre Utilisation Meeting internally - informally launched within Surgery – to be expanded trust wide from January now that the Theatre Utilisation Dashboard is available Review Theatres Booking Assistant to identify impact on current capacity and demand within theatres - this has been delayed but with a new lead analyst in place but will be completed in Quarter 4 before planned implementation in 2023/24. <p>Outpatients</p> <ul style="list-style-type: none"> PIFU commenced in Respiratory and Orthopaedics (Rheumatology to follow early next year) ENT triage pilot to go live Implemented Short Notice clinic cancellation reporting capabilities (following implementation of new outpatient booking system “Bookwise”) Review of current clinic utilisation metrics Process to be developed with General Managers/Deputy General Managers for consultant Annual Leave booking (new Medical Staff attendance policy to be introduced early next year and workshop to take place by the end of March to review clinic utilisation) Update presented by the Chief Operating Officer at the Council of Governors Meeting
<p>Activities planned for December/ January:</p>	<p>Theatres</p> <ul style="list-style-type: none"> Monthly reporting on theatres utilisation and day case rates to Finance and Performance Committee to begin with (Board to follow in January). Theatre Utilisation Meetings to be expanded Trust-wide. <p>Outpatients</p> <ul style="list-style-type: none"> Roll out clinical triaging to a further 4 specialties Implement PIFU in a further 6 areas Set a date for a workshop with Divisional General Managers to discuss short notice cancellations and clinic utilisation Understand next steps to implement consistent approach to Advice & Guidance including analysing data to highlight areas to improve responsiveness
<p>Key changes in October/ November:</p>	<ul style="list-style-type: none"> None
<p>Risks:</p> <ul style="list-style-type: none"> Lack of Engagement Lack of required Health Informatics Resource, Significant Operation Pressures Workforce Issues – Anaesthetic Sickness (new) 	<p>Issues:</p> <ul style="list-style-type: none"> Accessing suitable data for Outpatients Benchmarking and Metrics to be configured Delays continue in Patient Initiated Follow Up (PIFU) implementation due to site pressures and associated re-prioritisation of work plans

P5.2 - Increase the use of same day emergency care and shorten waiting times for patients in UECC

Activities completed in October/ November:

- Plan in place to enact Same Day Emergency Care (SDEC) business case, increase SDEC opening hours and enable implementation of Acute Gynaecology Assessment Unit (including 2 weekly reporting to NHSE and Integrated Care Board)
- Commenced review of Acute Surgical Unit pathways and utilisation
- Commenced engagement around Standard Operating Procedure for Same Day Emergency Care provision (across all areas) – currently in draft form
- Transitioned SDEC Frailty implementation group into wider SDEC working group, including key discussions around community pathways and various SDEC access pathways in November.
- Agreement in principle for barn door pathways trial for SDEC (discussed at Overarching SDEC Pathways Group meeting 24 October), subject to Integrated Care Board trial outcomes
- AGU live from 28 November (supported by System Reset Week) - subject to operational pressures

Activities planned for December/ January:

- Continuing to work towards delivery of SDEC / Pathways implementation plan
- Acute Gynaecology Assessment Unit, Acute Surgical Assessment Unit and Acute Medical Unit (SDEC) pathways established / documented
- Communications internally and externally (GPs) on current referral pathways
- Finalise Standard Operating Procedure for Same Day Emergency Care provision (across all areas)
- Meeting with Yorkshire Ambulance Service on direct access (following discussions at Pathways Group in November)

Key changes in October/ November:

- SDEC / Pathways implementation plan in place
- Transitioned SDEC Frailty implementation group into wider SDEC working group, including key discussions around community pathways and various SDEC access pathways in November.
- AGU live from 28 November (supported by System Reset Week) - subject to operational pressures

Risks:

- Specialties do not support the pathways/processes that will circumvent UECC
- Risk of continuing rising COVID cases. Number of inpatients with Covid-19 as of 8am, 7/12/22: **24**
- Risk of rising Flu cases. Number of inpatients with flu as of 8am, 7/12/22: **30 - new**

Issues:

- Lack of shared ownership of acute pathways
- UECC is treated as default location for all urgent care needs
- Operational pressures; the Trust was at Operational Level 4 and in a Business Continuity Incident from 6 December.

P5.3 - Implement new systems to better understand the costs of our service delivery at patient level

Activities completed in October/ November:

- Paper delivered to the October and November Efficiency Boards, and to Finance and Performance Committee, on Medium-Large Scale Efficiency Schemes progress
- Pharmacy invest to save post advertised – provisional start date of March 23
- Initial advert for staffing recruitment to support roll-out of PLIC (Patient Level Information Costing)

Activities planned for December/ January:

- Paper to be delivered to the December and January Efficiency Boards on Medium-Large Scale Efficiency Schemes progress
- Recruitment to the Pharmacy invest to save post
- Further advert for PLIC staffing recruitment
- Reassessment of PLIC timeline, based on response to the job advert

Key changes in October/ November:

Risks:

- It is unlikely that large scale efficiency schemes will deliver significant savings in 22/23. Most likely to start delivering in 23/24

Issues:

PLIC - a new timeline will be developed and monitored against and this will be based on the internal work required (including recruitment) to deliver the programme. Provisionally working towards reports being available into 23/24

Board of Directors' Meeting 13 January 2023

Agenda item	P20/23
Report	Finance Report
Executive Lead	Steve Hackett, Director of Finance
Link with the BAF	D6: We will not be able to deliver our services because we have not delivered on our Financial Plans for 2022/23 in line with national and system requirements leading to financial instability and the need to seek additional support.
How does this paper support Trust Values	<p>This report supports the Trust's vision to always ACT the right way and be PROUD to provide exceptional healthcare to the communities of Rotherham by adhering to the core values – (A)mbitious, (C)aring and (T)ogether and focussing on our strategic ambitions:</p> <ul style="list-style-type: none"> (a) (P)atients - We will be proud that the quality of care we provide is exceptional, tailored to people's needs and delivered in the most appropriate setting for them; (b) (R)otherham - We will be proud to act as a leader within Rotherham, building healthier communities and improving the life chances of the population we serve; (c) (O)ur partners - We will be proud to collaborate with local organisations to build strong and resilient partnerships that deliver exceptional, seamless patient care; (d) (U)s - We will be proud to be colleagues in an inclusive, diverse and welcoming organisation that is simply a great place to work; (e) (D)elivery - We will be proud to deliver our best every day, providing high quality, timely and equitable access to care in an efficient and sustainable organisation. <p>Exercising strong financial management, control and governance is a key component element in the Trust achieving these ambitions.</p>
Purpose	For decision <input type="checkbox"/> For assurance <input checked="" type="checkbox"/> For information <input type="checkbox"/>
Executive Summary (including reason for the report, background, key issues and risks)	<p>This detailed report provides the Board of Directors with an update on:</p> <ul style="list-style-type: none"> • Section 1 – Financial Summary for April to November 2022: <ul style="list-style-type: none"> ○ A summary of the key performance metrics linked to income and expenditure, capital expenditure and cash management. • Section 2.1 – Income & Expenditure Account for April to November 2022:

- Financial results for the first eight months of the financial year 2022/23.

- A deficit to plan of £276K in month but still a year to date surplus to plan of £120K year to date;
- A similar surplus to the (external) control total in month and year to date. The control total is what the Trust's performance is measured against with NHSE/I, having normally adjusted for depreciation on donated assets. The figures are significantly different this year (year to date) due to non-cash income for the take-on of donated finance leases under IFRS 16 (£685K) as at 1st April 2022 and a contribution to capital expenditure (£1,515K) for the Public Sector Decarbonisation scheme.

- Section 2.2 – Income and Expenditure Account Forecast Out-Turn

- An initial forecast out-turn up to 31st March 2023 of £1,497K deficit to plan and equally the control total: an in-month improvement of £146K.
- At this point the Trust will be reporting externally to the ICB and NHS England that it will be delivering to plan, rather than the current forecast above.
- All services must strive to deliver a significant improvement against the Efficiency Programme (CIP) - both in year and full year effect - as this is pivotal to ensuring achievement of the plan and to ensure a robust financial baseline for the 2023/24 financial year.

- Section 3 – Capital Expenditure 2022/23

- Results for the first eight months of the financial year 2022/23 show expenditure of £4,804K year to date compared to a budget of £5,337K: an under-spend of £533K. However, these results are after actioning capital to revenue transfers of £642K in month, as agreed by the Director of Finance in order to free up resources for further in-year priority capital commitments.
- The forecast out-turn for the full financial year is indicating expenditure in line with the Trust's CDEL value i.e. £13,761K.

- Section 4 – Cash Flow 2022/23

- A cash flow graph showing actual and forecast cash movements between April 2021 and March 2023. This includes:
 - Actual month-end values for April 2021 to November 2022, with a closing cash position of £28,703K as at 30th November 2022 - £8,265K better than plan;

	<ul style="list-style-type: none"> - Planned month-end values for December 2022 to March 2023; and - Forecast month-end values for the same period with a forecast closing cash position as at 31st March 2023 of £21,064K, which is £1,548K better than plan.
Due Diligence (include the process the paper has gone through prior to presentation at Board of Directors' meeting)	<p>This report to the Board of Directors has been prepared directly from information contained in the Trust's ledgers and is consistent with information reported externally to NHS England.</p> <ul style="list-style-type: none"> ○ The overall financial position for I&E has been reviewed collectively by and agreed with the senior Finance Team together with the Director of Finance. ○ CIP performance has been discussed with the CIP (Efficiency) Board chaired by the Deputy Chief Executive. ○ The capital expenditure position has been discussed and reviewed by the Capital Planning & Monitoring Group, chaired by the Director of Finance. ○ More comprehensive and detailed reports of the financial results have been presented to Finance & Performance Committee and the Executive Team.
Board powers to make this decision	<p>Within Section 4.5 of Standing Financial Instructions – Budgetary Control and Reporting – paragraph 4.5.1 states that <i>“The Director of Finance will devise and maintain systems of budgetary control. These will include:</i></p> <p>(a) <i>Financial reports to the Board, in a form approved by Finance & Performance Committee on behalf of the Board.”</i></p>
Who, What and When (What action is required, who is the lead and when should it be completed?)	<p>Further action, as discussed at the monthly performance meetings and with Finance and Performance Committee is noted, as per Section 2.4 of the report and will be reported verbally to the Board at the meeting.</p>
Recommendations	<p>It is recommended that the Board of Directors note the content of the report.</p>
Appendices	<p>None.</p>

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;
- Capital expenditure;
- Cash management.

Key Headlines	Month			YTD			Forecast	Prior Month
	P £000s	A £000s	V £000s	P £000s	A £000s	V £000s	V £000s	FV £000s
 I&E Performance (Actual)	(123)	(399) ●	(276)	(119)	1 ●	120	● (1,497)	● (1,643)
 I&E Performance (Control Total)	(267)	(543) ●	(276)	(1,952)	(1,832) ●	120	● (1,497)	● (1,643)
 Capital Expenditure	997	380 ●	617	5,337	4,688 ●	649	● 0	● 0
 Cash Balance	(804)	4,180 ●	4,985	20,438	28,703 ●	8,265	● 1,548	● (2,413)

- 1.2 The Trust has over-spent against its I&E plan in November 2022, leading to a cumulative under-spend of £120K year to date. The control total is what the Trust's performance is measured against with NHS England, having normally adjusted for depreciation on donated assets. The figures are significantly different this year due to non-cash income for the take-on of donated finance leases under IFRS 16 (£685K) as at 1st April 2022 and a contribution to capital expenditure (£1,515K) for the Public Sector Decarbonisation scheme included in the year to date values.
- 1.3 The forecast out-turn is showing a deficit of £1,497K to plan, which is an improvement of £146K on last month's forecast. The Trust will be reporting delivery of the plan externally, given that it is only Month 8 and has sufficient uncommitted reserves to offset this amount, if necessary. All services must strive to deliver a significant improvement against the Efficiency Programme (CIP) - both in year and full year effect - as this is pivotal to ensuring achievement of the plan and to ensure a robust financial baseline for the 2023/24 financial year.
- 1.4 Capital expenditure appears to be behind plan in month but this is after actioning capital to revenue transfers of £642K to allow additional priority capital commitments to be made in year. Future expenditure will still need to be closely monitored by the Capital Planning & Monitoring Group chaired by the Director of Finance, who is confident of delivering against the Trust's CDEL value of £13,761K.
- 1.5 The cash position at the end of November 2022 is still very strong. A further increase in cash in month now shows the Trust at £8,265K above plan year to date. This strong position is expected to be maintained throughout the financial year and the latest forecast assumes a year-end position better than plan at £21,064K, even after assuming reserves will be used to cover the forecast out-turn deficit on I&E in order to deliver in line with plan.

2. Income & Expenditure Account

2.1 In Month and Year to Date Performance for Month 8 (November 2022)

- 2.1.1 The table below shows the financial results both in month and year to date. The Trust has delivered a deficit to plan in November 2022 of £276K, yet still resulting in a year to date surplus to plan of £120K.

Summary Income & Expenditure Position	AP £000s	Month			YTD			2022/2023 Monthly Trend / Variance
		P £000s	A £000s	V £000s	P £000s	A £000s	V £000s	
Clinical Income	309,677	26,786	26,879	92	207,452	207,783	331	
Other Operating Income	26,479	2,170	2,294	124	18,104	18,553	449	
Pay	(225,635)	(19,384)	(19,441)	(57)	(151,616)	(152,268)	(652)	
Non Pay	(90,742)	(8,467)	(9,049)	(583)	(60,504)	(61,758)	(1,255)	
Non Operating Costs	(4,684)	(390)	(343)	47	(3,123)	(2,945)	178	
Reserves	(15,373)	(838)	(738)	100	(10,433)	(9,365)	1,068	
Retained Surplus/(Deficit)	(278)	(123)	(399)	(276)	(119)	1	120	
Adjustments	(2,407)	(143)	(143)	(0)	(1,833)	(1,833)	(0)	
Control Total Surplus/(Deficit)	(2,685)	(267)	(543)	(276)	(1,952)	(1,832)	120	

2.1.2 Clinical Income has remained relatively consistent with plan in month and remains ahead of plan year to date, relating to additional income for direct and specialised commissioning (£176K), additional out of area treatments (£41K) and patient charges (including insurance) claims (£80K).

2.1.3 Other Operating Income has increased against budget in month and therefore, continues to exceed the plan year to date. The latter is a reflection of increased income from research, education & training (£223K), staff recharges (£284K) and non-clinical services recharges (£234K) across various services. Some of these will be a direct offset to additional expenditure incurred. This is being offset by reduced income from car parking charges from patients and visitors (£216K), which is currently well below pre-covid levels.

2.1.4 Pay costs are virtually on plan in month yet over-spending year to date by £652K. As in previous months, under-spends on substantive staff across most services is being offset by over-spends on bank and agency staffing. However, the Trust also has an outstanding CIP target of £1,782K year to date, which is clearly a significant contributory factor to the cumulative position. However, the rate of under-spend on substantive staffing together with the over-spend on bank costs have significantly improved in month.

2.1.5 Non Pay costs have significantly over-spent in month increasing the year to date over-spend to £1,255K (+2%). In month this linked to increased expenditure on clinical supplies (£265K) and premises (260K). Year to date the main areas of over-spend are in general supplies & services (£219K); establishment costs (£304); transport (£317K) and premises (£596K) offset by an under-spend on depreciation charges of £281K.

2.1.6 Non Operating Costs reflect continuing increases on interest receivable on cash balances held with Government banking services.

2.1.7 £100K and £1,068K has now been released from Reserves in month and year to date to reflect the level of over-delivery on CIPs that is not credited against divisional targets, to maintain consistency with the previous months' reported and forecast positions.

2.2 Forecast Out-Turn Performance to 31st March 2023

2.2.1 The table below shows the forecast out-turn for the financial year 2022/23. The Trust is forecasting to deliver a £1,616K deficit to plan during the remainder of the financial year resulting in a forecast out-turn deficit of £4,182K or £1,497K adverse variance to plan. This represents a marginal £146K improvement upon last month's forecast.

Summary Income & Expenditure Position	AP £000s	FO (Full Year) £000s	AV (YTD) £000s	FV £000s	TV £000s	2022/2023 Monthly Trend / Variance
Clinical Income	309,677	310,236	331	229	560	
Other Operating Income	26,479	27,203	449	275	724	
Pay	(225,635)	(228,208)	(652)	(1,921)	(2,573)	
Non Pay	(90,742)	(92,689)	(1,255)	(693)	(1,947)	
Non Operating Costs	(4,684)	(4,414)	178	92	271	
Reserves	(15,373)	(13,904)	1,068	401	1,469	
Retained Surplus/ (Deficit)	(278)	(1,775)	120	(1,616)	(1,497)	
Adjustments	(2,407)	(2,407)	(0)	0	(0)	
Control Total Surplus/ (Deficit)	(2,685)	(4,182)	120	(1,616)	(1,497)	

2.2.2 Clinical Income is forecast to increase above plan from further specific additional income expected from commissioners.

2.2.3 Other Operating Income is forecasting increases in income from education & training (£152K), staff recharges (£157K) and both SLA and non-SLA non-clinical income recharges (£101K), which is being offset by still further reductions in car parking income being below plan (-£115K) for patients and visitors, although the rate of under-performance on the latter is decreasing. A lot of this additional income will equally be offset by further increases in pay and non-pay expenditure.

2.2.4 Pay is showing a very significant deterioration in performance but this does include, as yet, unidentified annual CIP budget reductions of £3,675K - £1,893K relating to the final four months of the year. There is also an anticipated increase in bank expenditure over and above substantive recruitment.

2.2.5 Non Pay costs are similarly showing a significant deterioration in performance, linked to unidentified CIP budget reductions of £2018K, but also continued increasing costs in the current areas of over-spend, but most notably within premises.

2.2.6 Non Operating Costs reflect increased income from interest receivable on money deposited with Government banking services that continues to increase due to continued buoyant cash balances and now increased interest rates.

2.2.7 Performance on Reserves improves significantly reflecting the full year effect of the over-delivery on CIPs that are not credited against divisional targets.

2.2.8 The Trust will not be submitting a forecast adverse variance to plan to the ICB or NHS England, but assumes appropriate management action and the use of Reserves will enable the Trust to deliver its overall plan as a minimum by 31st March 2023 i.e. a year end deficit of £2,685K.

2.2.9 Cost containment and CIP delivery will need to be managed proactively across all services, with clear action plans being developed and implemented if the Trust is to deliver against its overall plan and successfully transfer into the next financial year.

3. Capital Programme

3.1 In Month and Year to Date Performance for Month 8 (November 2022)

3.1.1 During November 2022 the Trust incurred capital expenditure of £496K against a budget of £997K representing an under-spend of £501K, resulting in a year to date under-spend

of £533K (10%), as shown in the table below. However, this is after actioning capital to revenue transfers of £642K in month, as agreed by the Director of Finance as part of a planned £1,000K transfer by the year end. This will help utilise some of the uncommitted revenue reserves and free up capital resources for further in-year priority capital commitments.

Scheme Categories	AP	Month 8			YTD		
		P	A	V	P	A	V
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Estates Strategy	6,844	751	815	(64)	2,722	3,541	(819)
Estates Maintenance	1,720	88	(46)	134	542	383	159
Information Technology	1,691	26	(274)	300	1,109	226	883
Medical & Other Equipment	3,506	132	57	75	964	860	104
Contingency	0	0	(57)	57	0	(205)	205
Surplus/(Deficit)	13,761	997	496	501	5,337	4,804	533
IFRS16 Adjustment	0	0	0	0	0	17,760	(17,760)

3.1.2 Within these reported figures there are credits relating to accruals that have dropped out where expenditure was lower than the accrual raised at year end and VAT adjustments. This leaves a balance showing against Contingency of £205K.

3.1.3 From the 1st April 2022, the Trust has adopted IFRS16, in line with other NHS organisations. This is a technical accounting standard requiring any assets acquired by the Trust via leasing arrangements to be brought onto the balance sheet (if not already). The figures were increased in prior months by £1,592K as a consequence of lease periods being clarified (extended) and actual property rent increases being applied from 1st April 2022. These assets, totaling £17,760K will need to be accounted for in the capital expenditure position, but will not impact on the Trust's initial overall CDEL position – effectively being managed centrally at a national level.

3.2 Forecast Out-Turn Performance to 31st March 2023

3.2.1 The table below shows the capital expenditure forecast out-turn for 2022/23 with the Trust forecasting to use all its CDEL capacity and spend in line with budget on its capital programme, having got back on track last month with its overall spending profile. Additional commitments have already been agreed by the Director of Finance to utilise the extra planned £1,000K of resources freed up from capital to revenue transfers.

Scheme Categories	AP	F		FOT	V
	£000s	M1 - M8	M9 - M12		
	£000s	£000s	£000s	£000s	£000s
Estates Strategy	6,844	3,541	3,508	7,049	(205)
Estates Maintenance	1,720	383	1,572	1,955	(235)
Information Technology	1,691	226	1,553	1,779	(88)
Medical & Other Equipment	3,506	860	2,835	3,695	(189)
Contingency	0	(205)	(512)	(717)	717
Surplus/(Deficit)	13,761	4,804	8,957	13,761	0

3.2.2 The position in the table shows that further credits of £512K are required (shown against the Contingency forecast) in order to ensure that expenditure remains within budget; this

figure is expected to fluctuate over the next few months as accruals drop out, and the balance of capital to revenue transfers is identified and transacted. The ICB has already confirmed that a small over-spend against the Trust's current CDEL limit is manageable and the Trust certainly has the cash resources to fund any such over-spend, should it materialise.

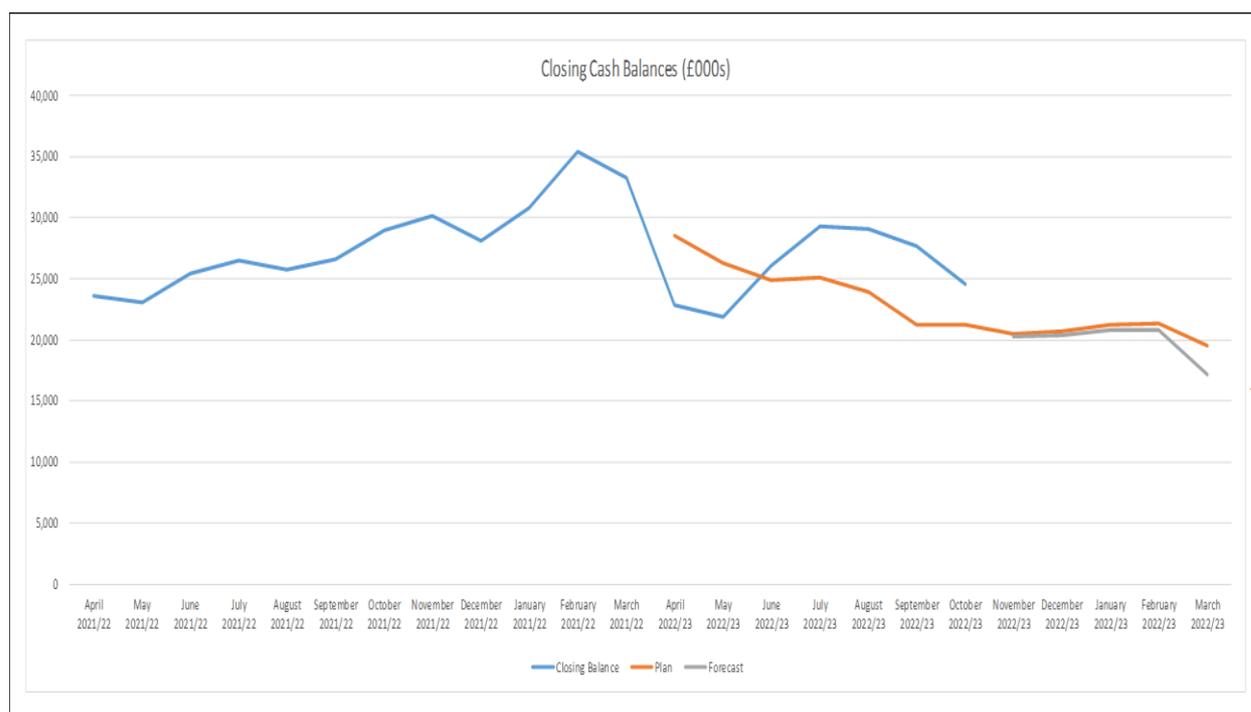
3.2.3 Since the start of the financial year, the Trust's plan has increased by £1,028K in relation to agreed memoranda of understanding (MOUs) funded via additional Public Dividend Capital:

- (a) Community Diagnostic Centre - £930K
- (b) Training equipment in Endoscopy - £47K
- (c) Upgrade to the MRI Scanner - £28K
- (d) Radiology home working stations - £23K

3.2.4 Management of the capital programme is important given that any under-spend cannot be carried forward across financial years and there are still risks to delivery approaching the year-end. Capital Planning & Monitoring Group, chaired by the Director of Finance is responsible for overseeing the capital programme and is constantly reviewing progress with individual scheme managers, who are providing a level of assurance around successful delivery.

4. Cash Management

4.1 Cash remains buoyant as at 30th November 2022 (£28,703), which is £8,265K better than plan primarily due to significant non-committal of Reserves linked to elective recovery costs and associated loss of income. The latter will not now occur, as nationally it has been confirmed that there will no clawback of income for under-performance in the second half of the financial year. Confirmation of the same had previously been confirmed by NHS England for the first half of the financial year. Additionally the Trust also made net payments to suppliers of £4,452K in the first week of December 2022, representing a timing differential which artificially inflated the current month-end position.



- 4.2 The forecast suggests that cash balances will continue to remain buoyant throughout the remaining four months of the year. Reduced depreciation charges and an increase in stock values will negatively impact upon cash, but this is likely to be more than offset by an increase in creditors above plan in the short-term leading to a forecast closing balance at 31st March 2023 of £21,064K.
- 4.3 Cash will be boosted further if the Trust is required and can deliver a break-even position, but this will be subject to further discussions with the ICB, which may or may not happen in the coming months.
- 4.4 The Committee will still need to closely monitor cash balances throughout the year in light of these risks and opportunities and any subsequent requirement to improve against its current plan.

Steve Hackett
Director of Finance
15th December 2022

Board of Directors' Meeting

13 January 2023

Agenda item	P21/23
Report	Nursing Workforce Safeguards Gap Analysis
Executive Lead	Helen Dobson, Chief Nurse
Link with the BAF	P1: There is a risk that we will not embed quality care within the 5 year plan because of lack of resource, capacity and capability leading to poor clinical outcomes and patient experience for our patients.
How does this paper support Trust Values	<p>Ambitious – aiming to achieve full compliance against national standards for safe staffing</p> <p>Caring - supporting health and wellbeing of staff to improve retention and providing a set of metrics to ensure patients are safe and have a positive experience</p> <p>Together – the actions and recommendations are Trust wide to support all areas employing clinical staff</p>
Purpose	For decision <input type="checkbox"/> For assurance <input checked="" type="checkbox"/> For information <input type="checkbox"/>
Executive Summary (including reason for the report, background, key issues and risks)	<p>The Developing Workforce Safeguards Document (NHSI, 2018) provides a comprehensive set of guidelines on workforce planning and includes new recommendations on reporting and governance approaches.</p> <p>The document also shares best practice on workforce decision-making, including stronger Board engagement and is set against existing safe staffing guidelines and resources.</p> <p>This gap analysis is a national tool, shared by the Chief Nursing Officer (CNO) safe staffing fellows, to help underpin and guide the continuing development of safe staffing, against the national standards. The paper also includes an action plan of potential areas for development and where future reporting of safe staffing against quality outcomes will be reported.</p> <p>In brief, the headlines are:</p> <ul style="list-style-type: none"> • Establishment Setting process • Ward to Board reporting • Safer staffing requirements and monitoring • Recruitment & Retention • Rostering • Temporary staffing (and notably a 33% reduction in agency usage over the past 6 months) • National Programmes

	<ul style="list-style-type: none"> • International Recruitment • Professional Nurse Advocate (PNA) expansion to get to 1 PNA to every 20 RNs <p>The paper was presented to Quality Committee in December 2022 after concerns around low Care Hours per Patient Day (CHPPD) rates and the potential risks to patient safety and experience. The Committee fed back positively around the paper, noting where good systems were in place and the future plans now in place to provide assurance around safe staffing processes and the links to patient safety and experience outcomes to patients.</p> <p>The twice yearly Nurse Staffing establishment paper will recommence in 2023/24 using these new, evidence based tools to ensure findings are valid and reliable.</p>
<p>Due Diligence (include the process the paper has gone through prior to presentation to the meeting)</p>	<p>The paper was presented to Quality Committee in December 2022</p>
<p>Powers to make this decision</p>	
<p>Who, What and When (what action is required, who is the lead and when should it be completed?)</p>	<p>The paper and action plan are for noting. Ongoing monthly reporting of safe staffing has been agreed to go through the Quality Committee from January 2023 (each bi-monthly report will contain 2 months data).</p>
<p>Recommendations</p>	<p>The Board of Directors to note the contents of the paper</p>

Safer Staff – A diagnostic Review Tool

North East and Yorkshire Region

Trust Name: The Rotherham NHS Foundation Trust

Completion Date:

Completed by: Cindy Storer, Deputy Chief Nurse. Caroline Mackintosh, Safe Staffing Matron.

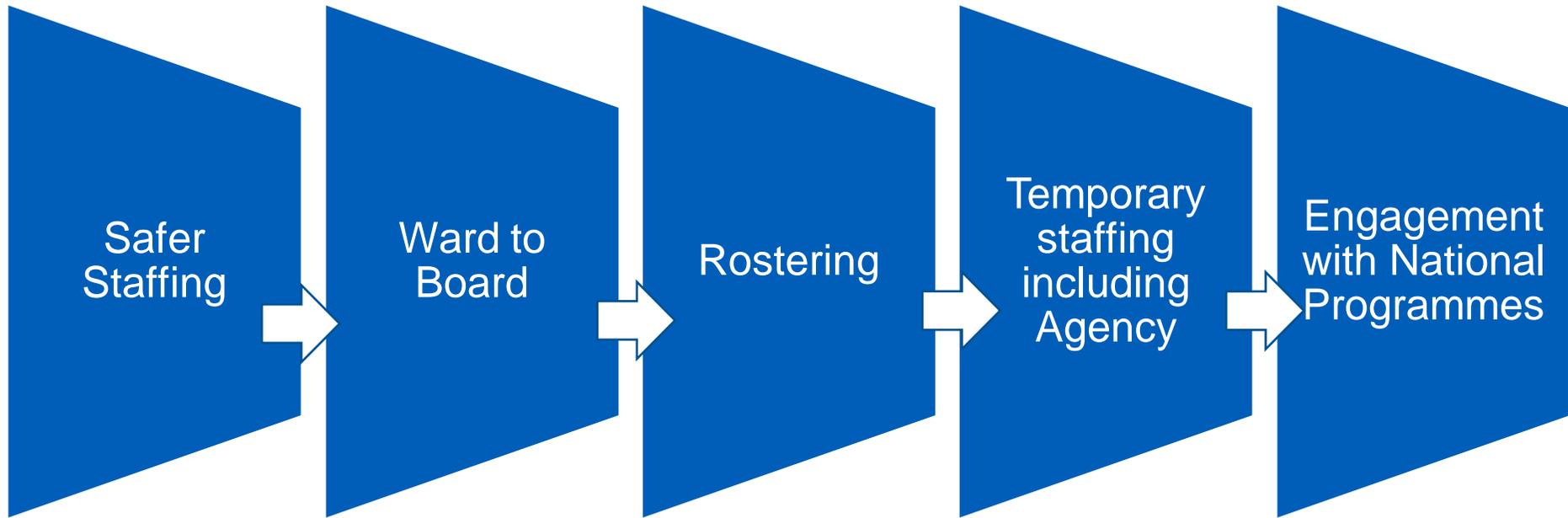
This work book supports the user in completing a robust diagnostic of the quality assurance process aligned to National Quality Board and workforce safeguards to support safe staffing

Safe, Effective, Caring, Responsive and Well- Led Care		
Measure and Improve -patient outcomes, people productivity and financial sustainability- -report investigate and act on incidents (including red flags) - -patient, carer and staff feedback-		
-implement Care Hours per Patient Day (CHPPD) - develop local quality dashboard for safe sustainable staffing		
Expectation 1	Expectation 2	Expectation 3
Right Staff 1.1 evidence based workforce planning 1.2 professional judgement 1.3 compare staffing with peers	Right Skills 2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention	Right Place and Time 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency

NHS England and NHS Improvement



This document will work through 5 key elements to assess compliance with national guidance:



Developing Workforce Safeguards

The Developing workforce safeguards document (NHSI, 2018) provides a comprehensive set of guidelines on workforce planning and includes new recommendations on reporting and governance approaches. The document also shares best practice on workforce decision-making, including stronger board engagement and is set against our existing safe staffing guidelines and resources.

A gap analysis is provided in Appendix A, this will also help underpin and guide the continuing document.

The document can be found at:

<https://www.england.nhs.uk/wp-content/uploads/2021/04/Developing-workforce-safeguards.pdf>

SAFER staffing

The National Quality Board (NQB) guidance states that all providers:

- Must deploy sufficient suitably qualified, competent, skilled and experienced staff to meet care and treatment needs safely and effectively
- Should have a systematic approach to determining the number of staff and range of skills required to meet the needs of people using the service and keep them safe at all times
- Must use an approach that reflects current legislation and guidance where it is available.

The three principles of safe staffing:



Resources

NQB (2013) How to ensure the right people, with the right skills, are in the right place at the right time – A guide to nursing, midwifery and care staffing capacity and capability.

<https://www.england.nhs.uk/wpcontent/uploads/2013/11/nqb-how-to-guid.pdf>

NQB (2016) Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time – Safe sustainable and productive staffing.

<https://www.england.nhs.uk/wpcontent/uploads/2013/04/nqb-guidance.pdf>

Licenses can be obtained at:

[SNCT/MHOST Licence form | mysite \(innovahealthtec.com\)](#)

Evidence based establishment setting (endorsed by NICE)	Licensed/ Commissioned Y/N	Licences renew date	When were last reviews undertaken	When were last training sessions delivered?	Any local changes made to the toolkit Y/N	Notes	RAG
Adult in patient/AAU	SNCT 4 th October 2022	SNCT 4 th October 2023	Plan to take place 4 times in 2023. January, April, July, October	15 November 2022 18 November 2022 29 November 2022 1 December 2022		Training took place locally by Cindy Storer and Caroline Mackintosh For all Ward managers and 2 deputies in each ward/team Separate training to be organised for Matrons Caroline Mackintosh to meet with those who didn't achieve 5 out of 6 and look at some current patients	
Children's and young people	SNCT 4 th October 2022	SNCT 4 th October 2024	Plan to take place 4 times in 2023. January, April, July, October	7 th November 2022		4 staff trained including Matron for safe staffing	
Maternity	Y	Annual	2022	Delivered by Birthrate +		Using Birthrate + with new updated version	
Mental Health (MHOST – SNCT)	N/A						

Theatres (AfPP)	TBC						
Critical Care (GPIC2)	TBC						
Neonates	SNCT 4 October 2022	SNCT 4 October 2024	Plan to take place 4 times in 2023. January, April, July, October	7th November 2022		4 staff trained including Matron for safe staffing	
Community Nursing Safe Staffing Tool	Y	September 2025	N/A	N/A		Licences signed and plans to implement Community Nursing Safe Staffing Tool (CNSST) IN 2023	
Emergency Department (SNCT)	SNCT 17 th December 2021	SNCT 17 th December 2023		21 st September 2022 (4 staff) 21 st October 2022 (1 staff) 14 th November (4 staff)	N	Tool to be implemented from 30 th January 2023.	

Are CNS teams job planned and establishments reviewed?	Not at present but this is being built into the 2023/24 workplan using the Apollo Nursing Resource https://www.apollonursingresource.com/	
Does organisation have any CNO safe staffing fellows?	Yes – two Cindy Storer (Deputy chief Nurse) Sarah Petty (Head of Midwifery)	
Who is the Organisations nursing work force lead?	Cindy Storer (Deputy Chief Nurse)	

Ward to Board reporting

It is critical that boards oversee workforce issues and grasp the detail of any risk to safe and high quality care. NQB highlighted that boards are accountable for ensuring their organisation has the right culture, leadership and skills for safe, sustainable and productive staffing. While ultimate responsibility for safe staffing rests with the chief executive, boards are also responsible for proactive, robust and consistent approaches to measurement and continuous improvement, including the use of a local quality framework for staffing that will support safe, effective, caring, responsive and well-led care. This also reflects CQC's 'well-led' requirements.

Effective governance gives board's confidence about maintaining and continually improving both the delivery and quality of their services, despite rising demand, cost pressures, advancing science, changing expectations, tough economic circumstances and the complexity of the healthcare system.

This next section will consider the organisations ward to board reporting and complete a gap analysis against the Developing Workforce Safeguards, for which there are 14 elements (appendix A).

	Compliant Y/P/N	Comments	RAG
Staffing reports			
Is there evidence of daily escalation of staffing shortfalls	Y	Daily staffing meetings (Monday to Friday) 8.15am and 3.45pm. Joint MS teams channel for all Ward managers, Matrons and above to view site staffing each day Discussed overview at Bronze meetings	
Is there evidence of local quality governance meetings?	Y	Divisions all have Clinical Governance Meetings and use a variation of the Quality and Governance Heat Map as first produced by Surgery.	
Evidence of escalation from local governance meeting upwards where appropriate	p	Monthly Nursing, Midwifery and Student Support Group has been developed. This will feed into People Committee from January 2023.	
Is there a holistic performance dash board	P	A Trust wide Quality and Governance Heat Map has now been agreed. Quotes are under development to integrate this into Power Bi to have a live Trust dashboard. Divisions continue to use their own versions of a HeatMap	
Is there evidence of monthly reporting to Board and visible on Trust website	P	CHPPD report is published monthly on the trust website: Safe staffing levels Rotherham NHS Foundation Trust (therotherhamft.nhs.uk) CHPPD fill rates are reported to Board through the IPR for oversight but no paper to provide the analysis as yet. New paper being developed to go to People Committee every other month.	
Have 6 monthly acuity & dependency review taken place (consider all areas) and reported to board and visible on Trust website	P	Reviews were taking place using the commercial product Health Roster, which is out of the licence agreement. Through a joint piece of work with NHSE and Imperial licences, the SNCT is freely available to acute Trusts for establishment setting.	

		Licences have been signed for Adult inpatients, Children and Young People and UECC New process planned for 2022 to 2024 see appendix one for detail	
Is there evidence of annual workforce planning	P	Safer Nursing Care Tool stipulate that we need to complete two Acuity and Dependency reviews before undertaking workforce planning utilising the data collected and analysed. Will review the initial collections from January 2023 with ward managers/matrons and feedback to divisions and board. May/June reports will be completed for both collections and workforce planning can take place formally.	
Is there a declaration via annual governance statement	Y	Annual Single Oversight Framework process in place	
What is the UNIFY process for reporting/oversight/sign off	Y	Current process- CHPPD unify report prepared from roster by Matron (safe staffing) Deputy Chief Nurse signs off for external reporting. New Trust wide heatmap template has been agreed and will be built into power Bi – to go live from April 2023.	
Does the organisation monitor CHPPD? If so, how is this reported?	Y	Monthly report pulled together on CHPPD for monthly reporting to model hospital. Same data is included in the IPR for Board. From January 2023,	
SAFER staffing requirements and monitoring			
Is there a safe staffing policy?	Y	Policy currently being updated and following trust process for sign off	

(embed)			
Is there red flag reporting system?	P	Red Flags can be set up in Safe Care but this isn't yet fully in use across the Trust. Current Health Roster team have been asked to prioritise roll out of electronic rostering in other areas first. Datix system in use for when harms occur Heat maps in use in some divisions but not available trust wide yet	
Is there evidence that the red flag process embedded and reported as per local policy?	P	Heatmaps in use within some divisions. New Trust wide heatmap template now agreed and being built into Power BI This will be presented and discussed monthly at the nursing, midwifery and student support group.	
Are patient safety and quality metrics are used? If so, what are these?	P	Are to be added to heat maps when developed Heat maps in place within divisions but variable in content - trust wide heat map to be developed by Power BI. Plan is to test heat map in Quarter 4 and go live Quarter 1 2023	
Are these metrics shared? If so, how?		Shared within divisions currently Trust wide heat map to be developed by Power BI. Plan is to test heat map in Quarter 4 and go live Quarter 1 2023	
Is workforce triangulated against these?	P	Yes but plan as above	
Is there a planned cycle of peer reviews?	p	Peer reviews will take place cross divisions for the SNCT data collection	

<p>Have staff been trained to complete these reviews (completion of the inter rater reliability scores)</p>	<p>Y</p>	<p>UECC (training provided by NHSE) 8 RNs trained and passed inter reliability scores - with 2 more attending this month C&YP (trained by NHSE) – 3 RNs trained with one to have a resit Adult inpatient and assessment areas – training provided in house over 6 sessions. 44 RNs have received the training. 19 RNs have passed but 25 RNs to re-sit and this will be arranged on a 1:1 basis</p> <p>B5 now has the ward manager booked on (but no-one else) and Rockingham and Critical Care ward managers are also booked on 22nd December. All of Medicine have attended the training.</p>	
<p>Is there evidence of these reviews reporting to board?</p>	<p>P</p>	<p>Twice yearly board reports have been happening but Jan 2023 will be missed due to signing the SNCT licences and the training and implementation plan to complete in line with the licence. No Establishment reviews will be coming to Board in January 2023 due to implementation of new SNCT tool.</p>	
<p>Have results of these reviews been considered as an annual review with finance teams</p>	<p>P</p>	<p>Previous process was to share Safe Care results with the divisions and for them to complete relevant reviews/ business cases for establishment changes. Moving forward the corporate coordination of the establishment reviews will be built into the forward plan.</p>	
<p>Are QIAs in place for skill mix changes and new roles or newly established areas:</p>	<p>P</p>	<p>Annual Establishment Review Template added to update of safe staffing policy. Approved at People Committee in November and for DRG on 16 December 2022</p>	
<p>Any quality dash boards in place that cross check staffing and skill mix against other efficiency quality and safety metrics</p>	<p>P</p>	<p>Heat maps in use within divisions but not a consistent template for across the Trust. New Trust wide template agreed and quotes to build into Power Bi being obtained.</p>	

		Plan is to test heat map in Quarter 4 and go live Quarter 1 2023	
Recruitment and retention			
Is vacancy and turn over reported monthly to board	Y	Monthly reports provided by HR	
Is consideration of age profiles and retirements considered and evidenced when planning staffing.	Y	Data is available and has been used for previous reporting	
What % of students are recruited at the end of training	Y	The average number of NQN recruited by the Trust each year is around 40	
Consider national initiatives (see national programmes section)	Y	National Benchmark for Retention of Nurses and Midwives completed and sent to the ICB lead. Full action plan, slide deck and poster to share with clinical teams developed to ensure we can demonstrate what steps are being taken to retain our nursing and midwifery workforce	

Rostering

Lord Carter's 2016 and 2018 reports on operational productivity in the NHS recommend all NHS provider organisations use an e-Rostering system for all clinical staff groups.

NHSE/I recognise the importance of e-Rostering as a tool to improve workforce productivity

This next section considers the organisations compliance with these recommendations made in the below documents.

[Resources](#)

E-rostering guidance (September 2020)
<https://www.england.nhs.uk/wp-content/uploads/2020/09/e-rostering-guidance.pdf>

E-Rostering the clinical workforce: levels of attainment and meaningful use standards
https://www.england.nhs.uk/wp-content/uploads/2020/09/E-rostering_meaningful_use_standards.pdf

Nursing and midwifery e-rostering: a good practice guide.
https://www.england.nhs.uk/wpcontent/uploads/2020/08/20190903_UPDATED_Nursing_Midwifery_E-Rostering_Guidance_September_2019.pdf

Rostering processes	Y/P/N	Comments	RAG
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Do you have an electronic rostering system?	Y	Allocate healthroster			
If so which electronic rostering system is used					
Is manger/auto/self-rostering in place	Y	Mix of auto and manager roster No self rostering currently			
What is the coverage of electronic rostering in the organisation	Y	Total coverage for all teams (clinical and non-clinical) within TRFT. All inpatient areas have full erostering in place Other areas are not using the rosters for daily working hours but for annual leave and unavailability's			
Is there a single roster policy/process in place	Y	Policy in place			
Isa there an agreed roster approval and sign off process. If so, what is this	Y	1. eRoster Review and Approve Meeting (ward manager – Matron) 2. Divisional Workforce Oversight Meeting (Matron to HoN/GM/HRBP/FM) 3. eRostering Workforce Group (Execs and Deputies)			
What is compliance with this and how is it measured?	Y	Monthly report from eroster measures KPIs in place including release of roster dates (expected 6 weeks before rota start date)			
How is real time rostering managed (absence and staff movement)	Y	Surgery- a mix of real time and retrospective Family health-Mainly real time changes but may be retrospective especially over a weekend Medicine- a mix of real time and retrospective UECC- a mix of real time and retrospective			
Is there non clinical time planned, what activity does this include?	Y	Study Days Management Days			
What KPIs used – do these reflect efficiency, effectiveness, safety?	<table border="1" style="width: 100%; background-color: black; color: white;"> <tr> <td style="text-align: center; width: 50%;">KPI</td> <td style="text-align: center; width: 50%;">Standard</td> </tr> </table>			KPI	Standard
KPI	Standard				

	<table border="1"> <tr> <td>Lead time: the duration of time measured in days between publication and the first date of the roster period</td> <td>6 weeks</td> </tr> <tr> <td>Finalisation</td> <td>Monthly for all rostering units</td> </tr> <tr> <td>NET hours</td> <td>Individuals and units to operate within a range that equates to no more than two shift lengths per employee</td> </tr> <tr> <td>Annual leave</td> <td>9-14%</td> </tr> <tr> <td>Study leave</td> <td>3%</td> </tr> <tr> <td>Sickness</td> <td>4%</td> </tr> <tr> <td>Total leave</td> <td>21%</td> </tr> </table>	Lead time: the duration of time measured in days between publication and the first date of the roster period	6 weeks	Finalisation	Monthly for all rostering units	NET hours	Individuals and units to operate within a range that equates to no more than two shift lengths per employee	Annual leave	9-14%	Study leave	3%	Sickness	4%	Total leave	21%
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NET hours	Individuals and units to operate within a range that equates to no more than two shift lengths per employee														
Annual leave	9-14%														
Study leave	3%														
Sickness	4%														
Total leave	21%														
How are these KPIs reported in the organisation?	Monthly report at the eRostering Workforce Group. Also covered in the Nursing, Midwifery and Student Support Group														
What is the staffing headroom percentage and make up?	21% 14% annual leave 4% sickness 3% study leave														
What is the rostering team size and function	The rostering team have 5 staff which includes 1 WTE administrator. The team configure, maintain and provide training on the Health Roster system They also provide day to day support to managers and teams on the use of the system														
What training/updates are offered?	MS teams training sessions for new managers on eroster absence and shift rostering There are also a number of video guides on the use of health roster available via the trust intranet														

Temporary Staffing

All NHS trusts are asked to take a 'bank first' approach to recruiting temporary staff, and only use agencies as a last resort, in order to recognise potential savings which could be better used to deliver patient care.

Rostering processes	Y/N/P	Comments	RAG
How do you get temporary staffing (i.e local bank...)	Y	NHS Professionals	
Is there a temporary staffing policy? (embed)	Y	Policy currently being updated and following trust process for sign off	
What is the fill rate for requested temporary staffing and what is the process	Y	Weekly exec meeting with NHSP to track fill rate and any issues with temporary staffing - week 12 December 2022 RNs and RMs: 46% bank, 14% agency, 43% unfilled HCSW: 59% bank, 0% agency, 41% unfilled AHP: 55% bank, 40% agency, 6% unfilled HCS 32% bank, 68% agency, 0% unfilled A&C 76% bank, 20% agency, 7% unfilled Support Staff 54% bank, 4% agency, 43% unfilled	
Are there any plans to reduce temporary staffing costs?	Y	Golden Key process implemented in the summer of 2022 to ensure that executives (or those with delegated responsibility) are the only ones who can authorise third tier agency. This has seen a 33% reduction in costs for agency workers. There are potential gains to be made with a new process for removing padlocks for first and second tier agency but the timing will be critical for success and should be out of the winter months to implement.	

		<p>Other initiatives such as an enhanced Care Policy (to have a process for assessment of patients at risk, steps to be taken to de-escalate and then how to request additional staff above agreed hands per shift)</p> <p>Proactive recruitment into vacant posts – including some joint work for Cleaners and Porters to become a pipeline for HCSW</p> <p>Key retention of staff actions (e.g flexible working, health and wellbeing etc to reduce vacancy position)</p>	
Is there any off framework agency use? If so what are the triggers?	Y	Escalation for Golden Key removal to the agreed areas (UECC, Critical Care and Paediatric Nursing) in place since summer 2022.	
What is the agency sign off process	Y	Shifts automatically sent to agency via NHSP system if not covered within 48 hours of shifts start time	
Bank office team - ownership, support, working hours	Y	NHS Professionals. Office based within the trust. Cover provided via national offices 24 hours a day. On site 8-4. Attend daily staffing huddle at 8.15am	

[National programmes](#)

There are a number of national initiatives (below) that have been introduced to help increase recruitment, minimise vacancies, and decrease reliance on temporary staff, in order to provide greater continuity of care for patients.

These national initiatives will enable us to deliver the NHS People Plan (underpinning the NHS Long term plan), ensuring there is a growing workforce to keep up with growing demands.

Resources:

The NHS People Plan:

<https://www.england.nhs.uk/publication/we-are-the-nhs-people-plan-for-2020-21-action-for-us-all/>

The NHS Long Term Plan:

<https://www.longtermplan.nhs.uk/>

The Interim People Plan

<https://www.longtermplan.nhs.uk/publication/interim-nhs-people-plan/>

Health Care Support Worker (HCSW) Programme:

<https://www.england.nhs.uk/nursingmidwifery/healthcare-support-worker-programme/>

Consider	Comments	RAG																														
Does the organisation promote the HCSW programme and career development?	<p>Monthly Trust wide recruitment now established since September 2022</p> <p>New taster sessions available to book through event bright when each advert is live https://www.therotherhamft.nhs.uk/News/Current/Are_you_interested_in_a_career_in_healthcare/</p> <p>Each new HCSW completed a 5 day Care Certificate</p> <p>New National HCSW day is celebrated each November</p> <p>New Career pathway for HCSW developed as part of a range of graphics for nurses and midwives</p>																															
What is the current HCSW vacancy rate/how does this compare to the last two years?	<p>The vacancy rate for October 2022 is higher (also increase in budgeted establishment) with the main concern being attrition of HCSW</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">Oct-20</th> <th colspan="4">Oct-22</th> </tr> <tr> <th colspan="3">WTE</th> <th rowspan="2">Vacancy Rate</th> <th colspan="3">WTE</th> <th rowspan="2">Vacancy Rate</th> </tr> <tr> <th>Budgeted</th> <th>In Post</th> <th>Vacancy</th> <th>Budgeted</th> <th>In Post</th> <th>Vacancy</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">356.20</td> <td style="text-align: center;">341.14</td> <td style="text-align: center; color: red;">-15.06</td> <td style="text-align: center;">-4.23%</td> <td style="text-align: center;">394.77</td> <td style="text-align: center;">323.93</td> <td style="text-align: center; color: red;">-70.84</td> <td style="text-align: center;">-17.94%</td> </tr> </tbody> </table>	Oct-20				Oct-22				WTE			Vacancy Rate	WTE			Vacancy Rate	Budgeted	In Post	Vacancy	Budgeted	In Post	Vacancy	356.20	341.14	-15.06	-4.23%	394.77	323.93	-70.84	-17.94%	
Oct-20				Oct-22																												
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Budgeted	In Post	Vacancy		Budgeted	In Post	Vacancy																										
356.20	341.14	-15.06	-4.23%	394.77	323.93	-70.84	-17.94%																									
What is the process for recruitment into trainee Nurse Associate roles	<p>We aren't currently recruiting TNA – but there are plans for a business case to consider employment of more Trainee Nurse Associates.</p> <p>We would then use NHS Jobs to advertise and support the recruitment process</p>																															

International Recruitment:

<https://www.england.nhs.uk/nursingmidwifery/international-recruitment/>

Consider	Comments	RAG
Is the organisation engaging with offering International recruitment	Yes	
How many international recruits are now in post/planned?	The trust currently has 133 international nurses working within the trust and are awaiting 2 Paediatric Nurses to commence.	
What is the retention rate?	To date the trust has employed 140 international nurses. 133 remain employed by the trust which is a retention rate of 95%	
What local support is offered?	Support from arrival in England provided by Education and Development Team. Staff in the team provide induction, training and pastoral support as well as preparing the recruits for their OSCE assessments A member of the team travels with the recruits when they take their OSCE	
Are any international recruits PNAs?	Yes 4	

Professional Nurse Advocacy (PNA)

<https://www.england.nhs.uk/nursingmidwifery/delivering-the-nhs-ltp/professional-nurse-advocate/>

Consider	Comments	RAG
Is there a Trust strategy against national guidance?	Engagement session for all Trust PNAs held on 1 December to help develop Trust wide strategy, against national guidance	Yellow
Who is the Trust lead	Cindy Storer, Deputy Chief Nurse	Green
How many trained PNAs are in the organisation?	7 Qualified PNA (PG cert)	Green
How many more are in training	23 PNA in training from September 2022 11 to commence training in January 2023	Green
What supervisory time are PNAs given	Not agreed formally currently – working up a fair and reasonable policy. Suggestion from other Trusts is up to 4 hours a month	Yellow
What governance mechanisms are in place for reporting	KPI as set by NHSE below; Numbers of Clinical Restorative Supervisions Numbers of Carer Conversations Numbers of Quality Improvement Projects Microsoft teams channel set up for each PNA to record their own data each month. This is then checked and submitted on the PWR by the Matron for Safe Staffing each month	Green

Action Plan

This action plan will report to and be monitored through the Nursing, Midwifery and Student Support Group

Area of improvement	Action	Lead	Date	Update
On-going plan to ensure staff are trained in use of the SNCT	Complete current training and Keep up to date list of everyone trained in use of the SNCT and ensure an annual refresher is planned for new ward managers and people in leadership positions.	CS/CM	January 2023	Review every January
Community Nursing Safe Staffing Tool with NHS	Part of cohort 2 for the national roll out of the community nursing safe staffing tool	CS/CM/HoN for community	March 2023	Review every March 2023
Non ward based nurses and job planning	All non-ward based nurses to have a job plan using Apollo nursing tool https://www.apollonursingresource.com/	CS/CM	September 2023	September 2024
Standardised job descriptions for nursing teams	Look at all current JDs and consider how to standardise them across the Trust. Staff nurse, deputy ward manager, ward manager, specialist nurse, ACP, research nurse, education nurse,	CS/CM	September 2023	September 2024
Monthly safe staffing report to go to People Committee	Develop monthly safe staffing report to go to People Committee every other month (will include 2 months date each report),	CS/CM	January 2023	September 2023
Progression of Quality and Safety HeatMap Trust wide	Standard template agreed. Informatics team are waiting a quote from Power Bi to build this into the live system. Test in Q4 and live by April 2023	CS/ Informatics team	January 2023	March 2023

Consider roll out of SafeCare to capture Red Flags	Safe Care roll out needs support from HealthRoster to roll out but no decision yet made on when they should prioritise	CS	January 2023	September 2023
Launch new Safe Staffing policy	New Safe Staffing policy to be finalised at the document review group (DRG) in December 2022 This will include the QIA process for any changes to establishment	CS/CM	January 2023	September 2023
Implement Retention Plan and key initiatives to make a difference	National Retention Bench mark completed Action Plan completed Slide Deck to offer Retention Master Classes Completed Poster to share with all nursing colleagues on key retention improvements almost finalised	CS	December 2022	June 2023

Safer Nursing Care Tool – Implementation Forward Plan 2022 to 2024

- SNCT Training for Adult Wards Nov/Dec 2022
- **SNCT January 2023 (4 weeks)**
- Data analysis and feedback February 2023
- **SNCT April 2023 (4 weeks)**
- Data analysis, feedback and establishment review May 2023
- July 2023 Board report with current findings and new process
- **SNCT July 2023 (4 weeks)**
- Data analysis and feedback August 2023
- **SNCT October 2023 (4 weeks)**
- Data analysis, feedback and Inpatient Establishment Setting November 2023
- Board Report with results and establishment proposal January 2023
- **SNCT January 2024 (4 weeks)**
- Data sharing Feb 2024
- **SNCT June 2024 (4 weeks)**

- Board paper July 2024
- Data analysis, feedback and Inpatient Establishment Setting September 2024
- Board Paper January 2025

Board of Directors' Meeting

13 January 2023

Agenda item	P22/23
Report	Maternity Safety including Ockenden – Monthly Update
Executive Lead	Helen Dobson, Chief Nurse
Link with the BAF	P1: There is a risk that we will not embed quality care within the 5-year plan because of lack of resource, capacity and capability leading to poor clinical outcomes and patient experience for our patients.
How does this paper support Trust Values	High Standards for the services we deliver, aim to be outstanding, delivering excellent and safe healthcare
Purpose	For decision <input type="checkbox"/> For assurance <input checked="" type="checkbox"/> For information <input type="checkbox"/>
Executive Summary (including reason for the report, background, key issues and risks)	<ul style="list-style-type: none"> It is a national requirement for the Board of Directors to receive a monthly update on Maternity Safety. The Ockenden 4 pillars provide an update on Maternity Safety. This paper will include the evidence for the Maternity Incentive scheme sign off achieving the 10 Safety actions for The Maternity Incentive Scheme (MIS) Year 4. The monthly feedback from Maternity and Neonatal Safety Champions/Maternity Voice Partnership is included in the paper.
Due Diligence (include the process the paper has gone through prior to presentation at Board of Directors' meeting)	This paper has been prepared by the Head of Midwifery and shared through Maternity and Family Health Divisional Governance, the Maternity and Neonatal Safety Champions and Quality Committee.
Board powers to make this decision	The Board of Directors are required to have oversight on the maternity safety work streams.
Who, What and When (what action is required, who is the lead and when should it be completed?)	Helen Dobson, Chief Nurse, is the Board Executive Lead. The Head of Midwifery attends Trust Board monthly to discuss the Maternity Safety agenda.
Recommendations	It is recommended that the Board of Directors are assured by the progress and compliance to date with the Maternity Safety Work streams.
Appendices	<p>All appendices are located in the Reading Room</p> <ol style="list-style-type: none"> 1. Birthrate plus Acuity Data for November 2022 2. Greenoaks Rotherham MVP Survey 3. CNST Presentation and Evidence for Board approval for CEO Sign off. 4. Trust Board Declaration Form

Maternity Safety (including Ockenden Update)

1. Introduction

- 1.1 A confirm and challenge meeting was undertaken on the 25th October 2022 by the LMNS for the 15 Immediate and Essential actions from the Ockenden Final report to review any themes and trends for the System. Verbal feedback on the day was positive and the Division is awaiting the formal report. The Division continues to work on driving improvement in response to the Second Ockenden (March 2022) and East Kent Report (October 2022).

2 Safe Staffing

- 2.1 The bi-annual Maternity workforce paper has been completed and will be included in the Trust inpatient safe staffing report for January 2023 and was discussed at December 2022 Board for Maternity services.
- 2.2 Appendix 1 provides the acuity data for Labour Ward demonstrating that the midwifery staffing met the acuity for 84% of the time in November. The confidence factor in completion had reduced to 76% therefore, this has been discussed with the teams and all coordinators now have the app on their phones so that they can complete the acuity more easily and in real time.
- 2.3 In November 2022, there was 1 Datix reporting that the Labour Ward Co-Ordinator was not supernumerary. This has been reviewed and as the Co-ordinator did not have a caseload of her own it met the revised Maternity Incentive scheme guidance stating that the role of the Co-ordinator is to provide support to other midwives and oversight of the labour ward.
- 2.4 Medical staffing: No Datix reports were submitted in November 2022 to escalate any concerns regarding compliance with mandatory Obstetric escalation. There were no Red Flags reported to escalate the non-compliance with the mandatory twice-daily consultant Ward Rounds. The Consultant Obstetricians provide on call support on site for 3 trainee Doctors at ST3/4 who have not achieved their competencies. This is referred to as entrust ability.

2.5. Workforce Data November 2022

Maternity unit closures	1	Datix / Birth rate plus x1 Divert for 4 hours due to capacity and acuity. No women required divert
Utilisation of on call midwife to staff labour ward	0	Birth-Rate Plus data
1-1 care in labour	100%	Data from Birth-Rate Plus acuity tool
Supernumerary labour ward co-ordinator	100%	Data from Birth-Rate Plus acuity tool/ Datix x1 datix submitted, data verified the Coordinator did not have a caseload.
Staff absence	6.7%	HR data, short and long term sickness
Obstetric compliance at mandatory consultant escalation	100%	No Datix incidents reported
Compliance with twice daily face to face ward round	100%	Birth rate plus data, no red flags reported

2.6 Obstetric cover gaps: The table below illustrates the locum breakdown:

Grade	No of Shifts	Reason	Internal / External
ST1/2	21	5 x sickness 9x vacancy 7 x reduced duty	9 x internal 12 x external
ST3/7	25	4 x sickness 13 x vacancy 6 x entrust ability	11 x internal 14 x external
Consultant	40	6 x vacancy 8 x annual/study leave 18 x additional ANC 8 x entrustability	40 x internal

3. A Well-Trained Workforce

3.1 Maternity Services have a local training plan in place to meet the core competency framework as outlined in MIS year 4. Training compliance has been a challenge due to the on-going sickness and absence gaps maintaining safe staffing. The revised Maternity Incentive scheme guidance has been published in October 2022 revising the period for the training period from **90% during the 18 months in order to declare compliance acknowledging Covid-19 pressure (May 2022) to any 12-month consecutive months within the period from 1st August 2021- 5th Dec 2022**. This has been validated by the Maternity Incentive scheme and this can be a different consecutive period for each staff groups as long as the training is multidisciplinary. Consequently, the training target of 90% has been achieved for all required disciplines.

3.2. CNST Training data

Obstetric Consultants	90% Sept 21-Aug 22	92%
Obstetric Registrars	90% Sept 21-Aug 22	100%
Obstetric Trainees	90% Sept 21-Aug 22	92%
Midwives	90% Dec 21-Nov 22	90%
Clinical Support staff	90% Dec 21-Nov 22	97%
Anaesthetists	90% Dec 21-Nov 22	90%

4. Learning from Incidents:

4.1 During November 2022, there were 119 incidents reported on Datix for Obstetrics, of which 118, 81% of the incidents reported were no harm and 19% were low harm incidents.

4.2 The tables below represent the distribution of the areas for Incident reporting, Labour Ward being the highest due to the number of reporting triggers. There was one serious incident logged in November and this was following a birth where the mother sustained a shoulder dystocia, which has consequently led to the baby sustaining nerve damage. The family have been offered support through the process and they have been signposted to the national Erbs Palsy group to support them with advice and support for ongoing care.

	Number of Incidents
Labour Ward (Delivery Suite)	55
Wharnccliffe Ward	36
Antenatal Clinic	7
Patients Home	5
Obstetric Theatre	4
Wickersley Health Centre - Dr Reddy	3
Day Surgery Theatre 1	1
Early Pregnancy Assessment Unit (EPAU)	1
Greenoaks	1
Greenside Surgery - Dr Collinson	1
High Street Surgery - Dr Hirst	1
Market Surgery - Dr Polkinghorn	1
Pregnancy Advice Centre	1
Rawmarsh Surgery	1
The Village Surgery - Dr Wilson	1

- 4.3 The top 5 incidents are represented in the table below, with admission demonstrating the highest number of incidents triggered which is attributed to admissions to the neonatal unit and readmissions of babies to maternity for review of weight loss or jaundice.

Detail	Number of Incidents
Admission	26
Adverse events that affect staffing levels	18
Laboratory investigations	9
Administration of assessment	7
Labour or delivery - other	7

- 4.4 The Maternity service promotes an open and honest reporting structure, and the maternity specific trigger list provides guidance on the incidents in Maternity that require reporting. The Maternity service facilitates a multi-disciplinary weekly incident review meeting providing the forum for discussion and further investigation into moderate harm incidents and monitoring themes and trends in incidents, which are discussed and escalated through the Maternity and Divisional governance meetings. Moderate harm incidents are escalated to the Trust Harm Free meetings where the cases are shared, assessing whether the incident requires further investigation or whether a declaration of a serious incident was required.
- 4.5 Perinatal Deaths: In November, there were three perinatal deaths reported which have been investigated through Harm Free and will be investigated using the Perinatal Mortality Review Tool. The three perinatal deaths include an antenatal Stillbirth at 37/40 weeks pregnant following a history of reduced foetal movements, a neonatal death at 27+5 weeks gestation (baby was found to have undiagnosed abnormalities) and a further neonatal death at 12 days the mother birthed in a tertiary unit following premature labour at 24/40 gestation. The stillbirth figures are represented below:

Number of stillbirths	1	Dashboard data
Stillbirth rate per 1000 births Rolling 12 months	2.71	Dashboard data

5. Listening to Women

- 5.1 An increase in complaints has been noted in November 2022 with four formal complaints being logged for Maternity Services. Face-to-face meetings are offered as a first response to any complaints to offer a responsive and compassionate approach. Complaints in the Division are triangulated with outcome data and incidents to monitor themes and trends. Learning is shared with teams through learning points and MAST training on the clinical supervision session.
- 5.2 The Division continues to work with the MVP. In November, the MVP undertook a survey on the patient experience for Greenoaks (Appendix 2). The results were positive overall and the areas for action will be discussed at the monthly service improvement meeting and shared with teams through Safety Champions and Maternity Governance.

6. Maternity Incentive Scheme

- 6.1 The Division has conducted three confirm a challenge meetings to present the evidence and assurance for compliance with all safety actions. These have been conducted within the Divisional Triumvirate, the Local Maternity System and Maternity and Neonatal Safety Champions where Sue Cassin, the Chief Nurse for the Rotherham Place attended. Appendix 3 provides the presentation and the evidence presented by the Head of Midwifery and Clinical Lead, Olanike Bika to Executive team on 1st December 2022. Following this meeting, an executive lead has been assigned to each safety action to go through the evidence for each action for wider understanding and assurance.

Executive	Safety Action	Family Health Lead
Michael Wright	9& 10	Sarah Petty
Steve Ned	9&10	Sarah Petty
Steve Hackett	1,7&8	Sarah Petty
Helen Dobson	1, 7&8	Sarah Petty
Susan Douglas	6	Radhika/ Nike
Sally Kilgariff	6	Radhika / Nike
Angela Wenzicha	4&5	Sarah Petty
Jodie Robert	4& 5	Sarah Petty
Louise Tuckett	3&4	Verity Gough
Ian Hinnitt	3&4	Verity Gough
James Rawlinson	2	Sarah Petty

The evidence and presentation (Appendix 3) has been through Quality Committee and shared through Trust Board on 9th December 2022. The Division are declaring compliance with all ten Maternity safety actions following the assurance process.

- 6.2 The Trust Board declaration (Appendix 4) form is required to be submitted to Trust Board with an accompanying presentation detailing position and progress with the maternity safety actions. This is to confirm that the Trust Board can be satisfied with the evidence provided, giving their permission for the Trust's Chief Executive (CEO) to sign the Board declaration form prior to submission to NHS Resolution. In addition, the CEO of the Trust will ensure that the Accountable Officer (AO) for the Integrated Care System is appraised of the MIS safety actions' evidence and declaration form. The submission date is the 2nd February 2023.

Sarah Petty
Head of Nursing and Midwifery
Family Health Division

Subject:	Finance & Performance Committee CHAIR'S ASSURANCE LOG Quorate: Yes	Ref: P23/23(i)	Board of Directors 13 January 2023
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: Finance & Performance Committee	Date: November & December 2022	Chair: Nicola Bancroft & Martin Temple
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Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
1	Operational Performance Update	<p>The Committee welcomed the reports relating to the operational activity noting they were very clear and provided the Committee with a good understanding of the performance of the Trust.</p> <p>The Committee noted the challenging position in November around the 62 day cancer target but the forecast was that it would be met. The position was noted to have improved in November.</p> <p>In addition, there was confidence that the Trust would meet the year-end target for both Elective and 78 weeks targets.</p> <p>The Committee noted the challenges with ambulance handovers due to ongoing site pressures.</p>	Board of Directors	Not Assured on the current position due to ongoing operational pressures but Assured there was a recognition of action that needs to be taken.
2	Divisional Performance Escalations Summary	<p>The Committee noted that a number of Divisional Performance meetings had been stood down in December due to significant operational pressures. For those that had taken place the approach taken in December was reflections on achievements during the past year.</p> <p>There was limited assurance around delivery of some Divisional financial control totals and the impact of actions being taken.</p>	Board of Directors	Limited Assurance

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
3	Integrated Financial Performance Report	<p>The Trust remains in a positive financial position albeit the risk around future financial sustainability remains as described in BAF Risk D7.</p> <p>The Committee noted that early discussions will take place with the Trust Board in order to understand the draft financial and performance plans for 2023/24.</p>	Board of Directors	Assured
4	Cost Improvement Programme (CIP) Update report	<p>Agreed all services must strive to deliver a significant improvement against the Efficiency Programme (CIP) both in year and full year effect, as this was pivotal in ensuring achievement of the plan and to ensure a robust financial baseline for the 2023/24 financial year.</p> <p>The Committee noted that Divisions had been asked to concentrate on schemes that can deliver from January onwards in order to improve the overall year end position.</p>	Board of Directors	Assured that progress had been made and the Trust was close to achieving the stretch target
5	Procurement 6 month update	<p>Acknowledged that although the department had gradually returned to business as usual processes following the pandemic, the global situation was vastly different than it was in 2019. The global supply issues were having a profound effect on Trust's ability to effectively manage change to more cost-effective products.</p>	Board of Directors	Assured

Subject:	Quality Committee CHAIR'S ASSURANCE LOG Quorate: Yes	Ref: P23/23(ii)	Board of Directors 13 January 2023
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: Quality Committee	Date: November 2022 & December 2022	Chair: Dr Runit Shah
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Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
1	Chief Nurse and Medical Directors Highlight Report	<p>The Committee welcomed the evolving Highlight Report from the Chief Nurse and Medical Director which provided the Committee with an overview of strategic developments.</p> <p>The Committee noted the increased attendances within UECC which had impacted on the overcrowding risk. In mitigation, the GP Out of Hours Service has been moved to the Theatre Admissions Unit which has helped reduce the overcrowding and improved patient experience.</p>	Board of Directors	Assured.
2	Performance Report (Quality Metrics)	The Committee noted the increase in Clostridium Difficile infections and issues raised around cleanliness receiving assurance that a comprehensive cleaning programme is in place throughout all areas.	Board of Directors	Limited Assurance on infection rate but Assured on the processes in place to improve cleanliness.
3	Infection Prevention & Control Committee & Quality Priority	<p>The Committee noted that the Quality Priority remained at Amber due to the issues relating to cleanliness and increasing in infection rates.</p> <p>The Committee noted the actions already undertaken including the use of external cleaning contractors, the escalation of issues</p>	Board of Directors	Limited Assurance

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
		<p>to the Chief Executive and Executive Team meeting on a weekly basis. Also noted the use of an external cleaning specialist who will be auditing cleanliness and providing an audit report for further improvements.</p> <p>An improvement plan is in place which is expected to support an improved position in Quarter 4.</p>		
4	Safeguarding Committee & Quality Priority	The Committee received assurance that all risks were being mitigated and that the Quality Priority relating to Safeguarding was on track to be delivered within the timescale.	Board of Directors	Assured
5	Safeguarding Annual Report	The Committee requested further information on the outcome of the investigations of the 10 unexpected deaths as highlighted within the report. The Chief Nurse agreed to provide this at the next quarterly safeguarding reporting cycle to the Committee.	Board of Directors	Assured on the processes in place to support delivery of robust safeguarding arrangements.
6	Transition Strategy	Approved the strategy for submission to the Board of Directors for final approval.	Board of Directors	Recommend to Trust Board for approval
7	Health & Safety Committee Quarterly Report	The Committee noted the progress made in completing the action plan following the December 2021 Health and Safety Executive visit. In addition, the position around Health and Safety Mandatory training was noted.	Board of Directors	Assured
8	Update Patient Safety Committee & Quality Priorities	Both Quality Priorities linked to the Patient Safety Committee were discussed and noted that both were RAG rated Red. There was confidence that the position relating to ensuring digitally requested investigations are reviewed and acted upon could be recovered.	Board of Directors	Assured on the plan to improve the position.

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
		The Committee requested the rating for the digital identification of clinically unwell patients will be reviewed due to the work that has now progressed on this.		
9	MAST Briefing Paper	<p>Concerns has previously been raised at the Committee in relation to the accuracy of the data produced for Mandatory training compliance. It was noted that such issues have not been raised where compliance is not an issue.</p> <p>The Committee acknowledged that whilst there were exceptional cases of incorrect recording of MaST training, the ESR system provided an accurate summary of training when undertaken correctly.</p>	Board of Directors	Assured
10	Operational Plan: Quality Improvement & Quality Priority	<p>The Committee noted that QSIR is on track with Cohort 3 to start imminently. It is expected that there will be 74 QSIR Practitioners by the end of March 2023.</p> <p>Quality Governance is also matching expectation with the new Lead for Quality to commence in post on 3rd January 2023, and it is expected further improvement work will progress swiftly.</p>	Board of Directors	Assured
11	Clinical Effectiveness Committee & Quality Priority	<p>The Committee noted the position in relation to compliance with audits and review of NICE Guidance requesting timescales and RAG rating for completion of audits to be presented in the next report.</p> <p>The Committee was not fully assured by the report and progress against the Quality Priority around learning from deaths, recognising there had been a reduction in support which was</p>	Board of Directors	Limited Assurance

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
		being rectified as a result of an approved Business Case for additional resource.		
12	Review of Committee and Terms of Reference	<p>The Committee spent time discussing how the changes made 6 months ago had impacted on the Committee. All agreed that the Committee constitution allowed for greater discussion and agreed to maintain the current membership and attendees for the next 6 months.</p> <p>The Committee approved no changes required to the current Terms of Reference</p>		Recommend Terms of Reference to the Board

Subject:	PEOPLE COMMITTEE CHAIR'S ASSURANCE LOG Quorate: Yes	Ref: P23/23(iii)	Board of Directors: 13 January 2023
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: People Committee	Date: 16/12/2022	Chair: Jo Bibby
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Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
1	Report from Guardian of Safe Working Hours	<p>It was reported consistently high intensity applies to most junior trainees in Medicine and was sometimes flagged as unsafe.</p> <p>New rotas had been in place from August for the FY1s in Medicine, and had not resulted in breaches of maximum hours.</p> <p>Agreed that the Director of Workforce would discuss the report with the Guardian of Safe Working Hours and request further information for the committee on allocation within the medical workforce, exception reporting, potential fines to the Trust and how junior doctors could be supported more.</p>	Board of Directors	Assured
2	Freedom to Speak Up Report	<p>Trust had an overall compliance rating of 98.01% for Freedom to Speak Up Mast e-learning, with every Division being above the target of 85%.</p> <p>A series of successful listening events had been held to help the Trust collate and understand common themes and trends relating to freedom to speak up. Recommendations had been made to divisional management and the Deputy Chief Nurse was awaiting divisional updates regarding actions taken.</p>	Board of Directors	Assured

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
		It was suggested that there was a link made to the recommendations that came out of the reciprocal mentoring report presented to Board the previous week.		
3	Risk Register	An update was provided for RISK6801 (rated 12) regarding potential industrial action and the December 2022 position of the RCN and RC of Midwives not to strike at TRFT, however a risk remains regarding junior doctors and Physiotherapists with the risk remaining under constant review by the Director and Deputy Directors of Workforce.	Board of Directors	Assured
4	Board Assurance Framework	<p>BAF risk U4 – ‘There is a risk that we do not develop and maintain a positive culture because of insufficient resources and the lack of compassionate leadership leading to an inability to recruit, retain and motivate staff’.</p> <p>It was agreed to increase the risk rating to 12 for BAF risk U4 to reflect the changing position within the trust workforce.</p> <p>BAF risk D5 – ‘There is a risk we will not deliver safe and excellent performance because of insufficient resource (financial and human resource) leading to an increase in our patient waiting times and potential for patient deterioration and inability to deliver our Operational Plan’</p> <p>It was also agreed that the Gap 6 relating to BAF risk D5 would now be presented to the People Committee as it related to Trust Workforce and the TRFT recovery plan.</p>	Board of Directors	Assured
5	Workshop Update	The Committee Chair led the workshop covering the BELL Framework and its four areas of Build, Engage, Lead and Learn	Board of Directors	Not applicable

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
		<p>and how they align to the People Strategy, and looking to incorporate into how the committee works and seeks assurance.</p> <p>The Committee agreed that it was a productive session with a number of potential actions raised, the work is in progress and moving forward as expected.</p>		

Board of Directors Meeting
13 January 2023

Agenda item	P24/23
Report	Board Assurance Framework
Executive Lead	Angela Wendzicha, Director of Corporate Affairs
Link with the BAF	The paper links with the entire Board Assurance Framework.
How does this paper support Trust Values	The Board Assurance Framework is a key element that provides evidence of good governance and therefore supports all three core values Ambitious, Caring and Together.
Purpose	For decision <input checked="" type="checkbox"/> For assurance <input checked="" type="checkbox"/> For information <input type="checkbox"/>
Executive Summary (including reason for the report, background, key issues and risks)	<p>The development of the new Board Assurance Framework has continued on a monthly basis. The People Committee, Quality Committee and Finance and Performance Committee have each reviewed the Strategic Board Assurance Risks aligned to them as follows:</p> <p>People Committee: Discussed and approved the position in relation to Strategic Risk U4.</p> <p>Finance and Performance Committee: Discussed and approved the position in relation Strategic Risk D5 and D6 and the new BAF Risk D7 relating to future financial risk.</p> <p>Quality Committee: Discussed and approved the position in relation to Strategic Risk P1.</p> <p>The Board will continue to review and approve the recommended scores for Strategic Risks R2 and OP3.</p> <p>The attached report illustrates the position in relation to the Board Assurance Framework to the end of Quarter 3 (December 2022).</p>
Due Diligence	The Board Assurance Framework position has been discussed at the relevant Board Committees in addition to receiving further scrutiny at the Audit and Risk Committee on 28 October 2022. The Audit and Risk Committee will further review in January 2023.
Board powers to make this decision	In accordance with the approved Matters Reserved to the Board, Internal Controls – the Board is required to ensure the maintenance of a sound system of internal control and risk management, including: <i>“Approval of the Board Assurance Framework”</i>

Who, What and When	The Director of Corporate Affairs will work with Executive colleagues in order to review and update the Board Assurance Framework on a monthly basis.
Recommendations	The Board is asked to : <ul style="list-style-type: none"> • Discuss and agree the position in relation to the Board Assurance Framework
Appendices	Board Assurance Framework

1. Introduction

- 1.1 The development of the new Board Assurance Framework (BAF) to align with the new 5 Year Strategy was commenced during Quarter 1. During this period, the Board approved a total of six Strategic Board Assurance Risks that will be monitored via the relevant Board Assurance Committees on the monthly basis with final approval by Trust Board on a quarterly basis. As discussion around the BAF strengthened, a new BAF risk D7 was developed in Quarter 2 in recognition of the future risk to the Trust's financial position.
- 1.2 The following report illustrates the discussion and decisions taken by the relevant Board Assurance Committees during Quarter 3.
- 1.3 The Board Assurance Framework was discussed at that Audit and Risk Committee on Friday 28 October 2022 concluding that the Committee was assured around the development and evidence of discussions around the BAF which was supported by colleagues from Internal Audit. The updated Board Assurance Framework will be further scrutinised at the next Audit and Risk Committee in January 2023.

2. Outcome of the Reviews carried out in Quarter 3.

P1: There is a risk we will not embed quality care within the 5 year plan because of lack of resources, capacity and capability leading to poor clinical outcomes and patient experience.

Risk aligned to the Quality Committee

- 2.1 The Chief Nurse and the Medical Director are the Executive Director leads for Strategic Risk P1. As part of the continuing review of the BAF, monthly discussions take place with the Chief Nurse, Medical Director and Director of Corporate Affairs. The Quality, Risk and Compliance Manager also attends to facilitate the linkage with the BAF and the current Risk Register.

Updates to the Controls and Mitigations

- 2.2 **C1:** Due to operational pressures in December 2022, the CQC Delivery Group did not meet however the work associated with this has continued with alternative sign off at the Executive Team meeting.
- 2.3 **C2:** There are some imminent changes to the oversight of the outputs from the Tendable Audit programme and whilst it is not expected to affect the completion of the audits, it may impact on the development of reports in the short term.
- 2.4 **C8:** The new process for Panel sign off for final Serious Incident Investigation Reports has been introduced and will commence from January 2023.

Updates to the Gaps in Controls and Mitigations

- 2.5 **G1:** It is envisaged the recruitment to Medical Director for Quality Improvement (2PA's) will be completed by June 2023.
- 2.6 **G2:** The programme for Quality Service Improvement and Redesign (QSIR) has continued with Cohort 3 now fully recruited to, therefore this gap has closed.

- 2.7 **G4:** It is expected that recruitment for resource to support completion of the Structured Judgement Reviews will be completed by the end Quarter 4.
- 2.8 **G7:** The second Resuscitation Officer is in post and there is evidence to support increasing compliance numbers.

3. **Review of the Risk Score relating to P1**

- 3.1 The initial score agreed for Quarter 1 was a score of 16 whereby the consequence was graded as a 4 (Major), defined in accordance with the 2008 Risk Matrix for Risk Managers as 'noncompliance with national standards with significant risk to patients if unresolved, low performance rating, critical report'. It is proposed the consequence score remains the same at 4 (Major).
- 3.2 The initial likelihood score agreed for Quarter 1 was 4 (Likely) defined in accordance with the aforementioned matrix as 'will probably happen/recur but is not a persisting issue. It is proposed that likelihood score remains the same at 4 (Likely).
- 3.3 The Board approved the risk appetite pertaining the Quality is Very Low (Score 1-5). The Quality Committee has noted that the current risk score is out with the agreed risk appetite. In addition, a review has taken place in relation to the target score and the likely timeframe for achieving this. Following discussion, it has been proposed that the current target score remains at 12 with an expectation this is achieved by the end Quarter 4. Whilst this remains outside of the agreed risk appetite, the BAF risk is aligned to the Five Year Strategy of which the Trust is currently in Year One. This position will be reviewed again going into Year Two of the Strategy.

Taking the above into consideration, it is recommended the risk score remains at **16**.

R2: There is a risk we will not establish ourselves as leaders in improving the lives of the population we serve because of insufficient influence at PLACE leading to increased health inequalities.

Risk aligned to the Board

4. It is recommended that the score remains at **12**.

OP3: There is a risk that robust service configuration across the system will not progress and deliver seamless end to end patient care across the system because of lack of appetite for developing strong working relationships and mature governance processes leading to poor patient outcomes.

Risk aligned to the Board

5. It is recommended that the score remains at **12**.

U4: There is a risk that we will not develop and maintain a positive culture because of insufficient resources and the lack of compassionate leadership leading to an inability to recruit, retain and motivate staff.

Risk aligned to People Committee

- 6.1 The Director of Workforce is the Executive Director lead for the current BAF Risk U4. As part of the review process, the Director of Corporate Affairs and the Quality, Compliance and Risk Manager met with the Director of Workforce throughout Quarter 3 on a monthly basis with the last review being in December 2022. The result being there were no changes to the controls and mitigations nor were there any additional gaps in controls identified.
- 6.2 Following discussions at the Finance and Performance Committee in November 2022, a new gap in controls and assurance for BAF Risk D5 (Delivery) was identified, namely Gap 6 that related to challenges around sufficient workforce to support the recovery plan. It was identified that whilst locum and insourcing had been arranged, there is a need for a longer term plan to recruit a sustainable workforce. As a result, oversight of Gap 6 will be aligned to the People Committee thus demonstrating cross Committee communication relating to risks.
- 6.3 The BAF Risk U4 was initially graded with a consequence of 4, which in accordance with the aforementioned risk matrix relates to uncertain delivery of key objectives/service due to lack of staff, unsafe staffing levels or competence (>5 days), very low staff morale and no staff attending mandatory/key training. The likelihood was deemed to be a score of 3 which is 'possible, might happen or recur occasionally.'
- 6.4 Consideration has been given to the consequences of the Strategic Risk U4 which will be low morale, lack of staff retention and remains at a score of 4. Given the additional controls and mitigations in place, the likelihood of the risk materialising had previously been reduced to a score of 2 which is 'unlikely, do not expect it to happen/recur but it is possible it may do so.
- 6.5 Following further discussions at the People Committee in November and the subsequent Gap 6 within BAF Risk D5 relating to the challenges around sufficient workforce to support the recovery plan, it is recommended that the likelihood score is increased to 3 (Possible – expected to occur at least monthly). This has resulted in an increased score at the end Quarter 3 of 12.
- 6.6 The Board will note that despite the increase in risk score, the risk remains within the current approved risk appetite.

D5: There is a risk that we will not deliver safe and excellent performance because of insufficient resource (financial and human resource) leading to an increase in our patient waiting times and potential for patient deterioration and inability to deliver our Operational Plan.

Risk aligned to Finance and Performance Committee

- 7 The Director of Finance and the Chief Operating Officer are the Executive Director leads for Strategic Risk D5. As part of the deep dive review process, the Director of Corporate Affairs and the Quality, Compliance and Risk Manager met with the Director of Finance and Chief Operating Officer monthly throughout Quarter 3 resulting in the following amendments:

- 7.1 **G1:** Additional capacity for winter is in place for December to mitigate the gap around insufficient acute inpatient beds with further capacity being available in January 2023.
- 7.2 **G2:** The gap in relation to lack of clarity on the national programme around right to reside is recommended to close and the guidance has been received and monitoring is in place.
- 7.3 **G6:** As discussed in section 6.5 above.
- 8 The initial score agreed for Quarter 1 was a score of 9 whereby the consequence was graded as a 3 (Moderate) defined, in accordance with the 2008 Risk Matrix for Risk Managers as 'late delivery of key objectives/service due to lack of staff, unsafe staffing levels or competence (>1day); low staff morale; poor staff attendance for mandatory/key training. It is proposed that the consequence remains at 3(Moderate).
- 9 The initial likelihood score of 3 (Possible) defined as 'might happen or recur occasionally was agreed during Quarter 1. In light of the increased waiting times within UECC and the gap relating to a robust PTL Group, the likelihood score has been increased to 4 (Likely) in that it will probably happen/recur, but it is not a persisting issue/circumstances.
- 10 As a result the revised score for Strategic Risk D5 has remained at the increased score of **12**.

D6: There is a risk that we will not be able to deliver our services because we have not delivered on our Financial Plans for 2022-23 in line with national and system requirements.

Risk aligned to Finance and Performance Committee

- 11 The Director of Finance is the Executive Director Lead for Strategic Risk D6 and monthly reviews take place with the Director of Corporate Affairs. Following the last review in December 2022, it was agreed there had been no material change to the risk and as such it should remain at a score of **9**.

D7: There is a risk that we will not be able to sustain services in line with national and system requirements because of a potential deficit in 2023-24 leading to further financial instability.

- 12 BAF Risk D7 is a new risk identified during Quarter 2 that looks ahead to the potential future financial situation for the Trust. A number of gaps in controls have been identified and the risk continues to be under review as the financial picture changes.
- 13 Given the current position, the risk has been graded initially at **15** and following further discussion it is recommended the score remains at 15 due to the continued lack of certainty around the future financial risk.

Recommendations

The Board is asked to:

- Discuss and note the progress made in the development of the Board Assurance Framework;
- Note the recommendations from the Assurance Committees in relation to the risk scores for the end Quarter 3.

Angela Wendzicha
Director of Corporate Affairs
06 January 2023

Board Assurance Framework Overview for Quarter 3

Ambition	Strategic Risk			Original Score LxC	Score Q1	Score Q2	Target Risk Score	Movement	Risk Appetite/ Risk Tolerance	
	There is a Risk that....	Because.....	Leading to.....							
Patients: <i>We will be proud that the quality of care we provide is exceptional, tailored to people's needs and delivered in the most appropriate setting for them.</i>	P1: we will not embed quality care within the 5 year plan	..of lack of resource, capacity and capability	..poor clinical outcomes and patient experience	4(L)x 4(C)=16	10	10	10	3(L)x4(C) =12		Moderate (12-15)
Rotherham: <i>We will be proud to act as a leader within Rotherham, building healthier communities and improving the life chances of the population we serve.</i>	R2: we will not establish ourselves as leaders in improving the lives of the population we serve	..of insufficient influence at PLACE	..increased ill health and increased health inequalities	3(L)x4(C) =12	12	12	12	2(L)x4(C) =8		Moderate (12-15)
Our Partners: <i>We will be proud to collaborate with local organisations to build strong and resilient partnerships that deliver exceptional, seamless patient care.</i>	OP3: robust service configuration across the system will not progress and deliver seamless end to end patient care across the system	..of lack of appetite for developing strong working relationships and mature governance processes	..poor patient outcomes	3(L)x4(C) =12	12	12	12	2(L)x4(C) =8		Moderate (12-15)
Us: <i>We will be proud to be colleagues in an inclusive, diverse and welcoming organisation that is simply a great place to work.</i>	U4: we do not develop and maintain a positive culture	..of insufficient resources and the lack of compassionate leadership	..an inability to recruit, retain and motivate staff.	2(L)x4(C) =12	12	8	12	2(L)x4(C) =8		Moderate (12-15)
Delivery: <i>We will be proud to deliver our best every day, providing high quality, timely and equitable access to care in an efficient and sustainable organisation</i>	D5: we will not deliver safe and excellent performance	..of insufficient resource (financial and human resource)	..an increase in our patient waiting times and potential for patient deterioration and inability to deliver our Operational Plan.	4 (L)x3(C) = 12	9	12	12	2(L)x2(C) =4		Low (6-10)
	D6: we will not be able to deliver our services	..we have not delivered on our Financial Plans for 2022-23 in line with national and system requirements	..financial instability and the need to seek additional support to deliver our services.	3(L)x3(C) = 9	9	9	9	2(L)x2(C) =4		Low (6-10)
	D7: we will not be able to sustain services in line with national and system requirements	...of a potential deficit in 2023/24	...further financial instability.		3(L)x 5(C) = 15		15	15	3(L)x5(c) =15	

Strategic Theme: Patients Risk Scores											
BAF Risk Ref	Initial Score	Current Score	Target Score	Risk Appetite/Risk Tolerance	Risk Movement			Board Assurance 2022-23			
<p>Strategic Ambition: Patients: We will be proud that the quality of care we provide is exceptional, tailored to people's needs and delivered in the most appropriate setting for them</p> <p>Link to Operational Plan: P1: Empower out teams to deliver improvements in care</p>	P1	4(L)x4(C)=16	16	3(L)x4(C) =12 Achieve target score by end Quarter 4	<p>Moderate (12-15) Very Low (1-5)</p>		Current	Q1	Q2	Q3	
BAF Risk Description								16	16	16	16
BAF Risk Description						Linked Risks on the Risk Register & BAF Risks			Assurance Committee & Lead Executive Director		
P1: There is a risk that we will not embed quality care within the 5 year plan because of lack of resource, capacity and capability leading to poor clinical outcomes and patient experience for our patients.						Risk 5485; Risk 6614; Risk 6545; Risk 6623; Risk 5950; Risk 6075; Risk 6591; Risk 6668; Risk 4897; Risk 6142; Risk 6638; Risk 5238; Risk 5761; Risk 6569.			Quality Committee Chief Nurse and Medical Director		
Controls and Mitigations (what have we in place to assist in securing delivery of our ambition)		Assurance Received (what evidence have we received to support the control)		Date Assurance Received	Confirmed By:	Assurance Level Level 1 = Operational Level 2 = Internal Level 3 - Independent					
C1	CQC Delivery Group in place with oversight of 'must do and should do' actions from the 2021 CQC Report	Receipt of monthly assurance reports relating to progress against actions	November 2022	Deputy CEO	Level 1					December meeting cancelled due to operational pressures however, work will continue outside the meeting with sign off by the Executive Team Meeting.	
		Quality Assurance Report to Quality Committee (Quarterly)	November 2022	Chief Nurse	Level 1						
		Monthly reporting to CQC in relation to Conditions on Registration.	November 2022	Chief Nurse	Level 1						
C2	Established Tendable Audit Programme	Outcome reports received by Quality Committee		Chief Nurse	Level 1					Imminent changes to the oversight of the audits will not affect the completion of the audits but may impact on the reporting.	
		Audit reporting programme now established, now included in Patient Experience Committee report to Quality Committee – next report due November 2022	November 2022	Chief Nurse	Level 2 – Medication Safety Audit completed						
C3	Agreed Quality Priorities in place	Progress reports received by Quality Committee quarterly	December 2022	Chief Nurse	Level 1 Progress reports on Quality Priorities presented within each quarter						
C4	Implementation of actions following Patient Surveys	Progress reports received by Patient Experience Committee and monitored via Quality Committee	November 2022	Chief Nurse	Level 1						
C5	Coordinated approach for learning from deaths	360 Assure Report with Limited Assurance	July 2022	Medical Director	Level 3 (negative) Business Case has been agreed relating to resources.						
C6	Partnership working with Barnsley NHSFT	Quarterly peer reviews carried out re Quality Assurance (Q1 – Surgery)	Quarter 1	Chief Nurse/Medical Director	Level 1 – Awaiting final outcome report Medicine will be reviewed in December 2022 -revised date needs agreeing						
C7	Quality Improvement & Quality Governance	Bi-monthly updates to Quality Committee	December 2022	Chief Nurse	Revised Quality Improvement and Quality Assurance Report due in October 2022 will incorporate the CQC assurance report.					Presented in October and will continue quarterly.	

	Health Professionals and Non-registered workforce	Development of Trust wide Education Plan for Nurses, Midwives, Allied Health Professionals, and Non-Registered workforce linked to Training Needs Analysis	Deputy Chief Nurse	July 2022	September 2022 Extend to December 2022			
		Additional Clinical Education posts from CPD funding on a temporary basis.	Deputy Chief Nurse	July 2022	November 2022		Completed	
G6	Lack of central Quality Governance Department	Task and Finish Group established to identify the structure required.	Chief Nurse	June 2022	August 2022		Completed	
		Review of reporting structure for Divisional Governance Leads	Chief Nurse	July 2022	September 2022		Completed	
		Recruit into key posts to support the central Governance Team	Chief Nurse	August 2022	October 2022		Business case approved Executive Team Meeting 15 September 2022, follow up paper to identify governance structure to ETM 20/10/2022.	
G7	Lack of clarity on mandatory training compliance relating to resuscitation training	Quality Committee to receive a deep dive report at the next Committee in August 2022. Recruitment in progress for a second Resus trainer.	Interim Medical Director	July 2022	October 2022		Business case approved in principle On the August Committee Agenda – Training Needs Analysis to be agreed Second Resus Officer appointed, to start November 2022	
G8	Safeguarding: Evidence required on adherence to relevant policies and procedures	Annual Self-Assessment submitted to RMBC.	Chief Nurse	August 2022			Completed – positive written feedback received	
		Confirm and Challenge Meeting	RMBC & Chief Nurse	12 September 2022			Completed	
		External Review Commissioned by the Trust of Safeguarding	Chief Nurse	September 2022	Report due in October 2022		External review took place 05/10/2022, positive preliminary feedback received for Maternity and Paediatrics. Opportunities identified for improvements in Adults	
G9	Lack of evidence of outputs from Clinical Audits	Review and monitor via the new Clinical Effectiveness Committee	Interim Medical Director	September 2022	TBC following Clinical Effectiveness Committee		First meeting in September 2022 Completed	
G10	Backlog of review of NICE Guidance	Plan to be established for compliance and monitored via Clinical Effectiveness Committee	Interim Medical Director	September 2022	TBC following Clinical Effectiveness Committee in September 2022.		Initial Report to be sent to Quality Committee Next report to Quality Committee December 2022	
G11	Potential industrial action	Gap in lack of agreed plan at local and national level	Director of Workforce	Planned ballots underway				
G12	Increased CQC scrutiny	5 non urgent conditions on UECC Weekly reporting required for AMU	Chief Nurse	Weekly and monthly	October 2022 Ongoing		AMU weekly reporting requirement now closed with no further action. Monthly reporting re evidence from UECC continues.	
G13	Extended period of working at Escalation Level 4	Completing pre-set requirements for escalation levels including Strategic and Tactical Meetings, and Business Continuity arrangements	Chief Operating Officer					
G14	Organisational position against Journey to Good Strategy.	Map all Divisions against Journey to Good (linked to C9)	Chief Nurse	November 2022	January 2023			
G15	Quality Priorities for 2023-24	Process to be established	Chief Nurse, Medical Director	End December 2022	End March 2023			

G16	Successful recruitment to support Learning from Deaths process	Complete recruitment process	Medical Director	November 2022	End December 2022		
G17	Increased outbreak of CPE Infection	Weekly Incident meetings in place	Chief Nurse	Ongoing	Ongoing		Weekly oversight meetings have ceased and moved to Heads of Nursing with oversight at ETM.

Strategic Theme: Patients		Risk Scores				Risk Movement				Board Assurance 2022-23			
BAF Risk Ref	Initial Score	Current Score	Target Score	Risk Appetite/Risk Tolerance					Current	Q1	Q2	Q3	
Strategic Ambition: Rotherham: <i>We will be proud to act as a leader within Rotherham, building healthier communities and improving the life chances of the population we serve.</i> Link to Operational Plan: R2: <i>Ensure equal access to services</i>	R2	3(L)x4(C)=12	12	2(L)x4(C) =8	Moderate (12-15)					12	12	12	12
						Linked Risks on the Risk Register & BAF Risks				Assurance Committee			
R2: There is a risk that we will not establish ourselves as leaders in improving the lives of the population we serve because of insufficient influence at PLACE leading to increased ill health and increased health inequalities					Risk				Trust Board Deputy Chief Executive				
Controls and Mitigations (what have we in place to assist in securing delivery of our ambition)		Assurance Received (what evidence have we received to support the control)		Date Assurance Received	Confirmed By:	Assurance Level Level 1 = Operational Level 2 = Internal Level 3 - Independent							
C1	Trust is a current member at PLACE Board	Trust Board receives reports from PLACE Board		May	Board minutes	Level 1							
C2	Trust is a member of Prevention and Health Inequalities Group			July		Level 1							
C3	Trust is a member of the Health and Wellbeing Board			July		Level 1							
C4	Deputy Chief Executive attends the Health Select Commission			July									
C5													
C6													
C7													
Gaps in Controls or Assurance Quarter 1 2022-23		Actions Required		Action Owner		Date Action Commenced		Date Action Due		Progress Update			
G1	Trust to be a member of the PLACE Committee of the ICB once established.			Deputy Chief Executive		Ongoing				Awaiting final confirmation from external source			
G2	Unknown entity around the ICB governance which is continuing to evolve and mature.			Deputy Chief Executive		Ongoing				Paper expected for the September Board			
G3	Incomplete data driven identification of Health Inequalities across elective and non-elective pathways.			Deputy Chief Executive				End Quarter 1					

Strategic Theme: Patients Risk Scores										
BAF Risk Ref	Initial Score	Current Score	Target Score	Risk Appetite/Risk Tolerance	Risk Movement	Board Assurance 2022-23				
Strategic Ambition: Our Partners: We will be proud to collaborate with local organisations to build strong and resilient partnerships that deliver exceptional, seamless patient care. Link to Operational Plan: P3: Our Partners: Work together to succeed for our communities.	O3	3(L)x4(C)=12	12	2(L)x4(C) =8	Moderate (12-15)		Current	Q1	Q2	Q3
							12	12	12	12
BAF Risk Description						Linked Risks on the Risk Register & BAF Risks				Assurance Committee
O3: There is a risk that robust service configuration across the system will not progress and deliver seamless end to end patient care across the system because of lack of appetite for developing strong working relationships and mature governance processes leading to poor patient outcomes.						Risk				Audit Committee and Trust Board Interim Chief Executive & Deputy Chief Executive
Controls and Mitigations (what have we in place to assist in securing delivery of our ambition)		Assurance Received (what evidence have we received to support the control)		Date Assurance Received	Confirmed By:	Assurance Level Level 1 = Operational Level 2 = Internal Level 3 - Independent				
C1	The Trust is a member of the South Yorkshire & Bassetlaw Acute Federation and Chaired by the Trust Chair	Monthly Reports received by the Trust Board				Level 1				
C2	Shared Chief Executive function between the Trust and Barnsley NHSFT	Completed		01 September 2022 substantive		Level 1				
C3	Existing collaboration with Barnsley on some clinical services					Level 1				
C4	Existing collaboration with Barnsley around Procurement function	In place. Reports to Finance and Performance Committee				Level 1				
C5										
C6										
Gaps in Controls or Assurance Quarter 1 2022-23		Actions Required		Action Owner		Date Action Commenced	Date Action Due	Progress Update		
G1	ICB becomes a legal entity on 01 July 2022	Confirmation required of emerging governance arrangements		Deputy CEO			September 2022	Paper to September Board.		Completed
G2										

C6	Establishment Control Panel for recruitment of staff.	Meets on a weekly basis and reports into the Operational Workforce Group	October 2022	Ongoing activity	Level 1			
C7	Internal Audit Review of E-Roster	Report from 360 Assurance with Significant Assurance	July 2022	Final report received.	Level 3			
C8	Additional staff engagement sessions	Funding secured and sessions confirmed led by Head of Engagement reporting to the Operational Workforce Group TRFT part of the national 'Flex for the Future'	July 2022		Level 1			
C9	Reciprocal Mentoring Programme in place	Progress reports to People Committee Workforce Enabling Group Second cohort to include external stakeholders from PLACE Reciprocal Mentoring Workshop completed. Reciprocal Mentoring Workshop Report to Trust Board	8 Sept 2022 November 2022 December 2022	Ongoing	Level 1 Level 1 Level 1			
C10	Compassionate Leadership Joint session with Barnsley FT led by Professor Michael West.	Report to People Committee in July 2022	July 2022	Report received	Level 1			
C11	Executive Team approved funding for protected time for Trade Unions and staff side Chairs	Report to Executive Team	July 2022	Action completed	Level 1			

Gaps in Controls or Assurance Quarter 1 2022-23		Actions Required	Action Owner	Date Action Commenced	Date Action Due	Progress Update
G1	Additional staff engagement sessions	Funding application for NHS Charities Together for psychological support Psychologist job now out for advert	Head of Engagement	June 2022	July 2022	Action completed and moved to an Assurance Level in July 2022 (C8)
G2	Leadership Programme in place	Identify suitable leadership development programme provider.	Deputy Chief Executive	Scope to be revised and intensive programme to be agreed.	End November 2022	Awaiting final sign off by Deputy CEO.

Strategic Theme: Delivery Risk Scores										
BAF Risk Ref	Initial Score	Current Score	Target Score	Risk Appetite/Risk Tolerance	Risk Movement			Board Assurance 2022-23		
Strategic Ambition: Delivery: We will be proud to deliver our best every day, providing high quality, timely and equitable access to care in an efficient and sustainable organisation Link to Operational Plan: D5: Implement sustainable change to deliver high quality, timely and affordable care	D5	3 (L)x3(C)=9	4 (L)x3=12	2x2=4 2x3=6 by end Quarter 4	Minimal (1-5) Very low (1-5)		Current	Q1	Q2	Q3
							12	9	12	12
BAF Risk Description						Linked Risks on the Risk Register & BAF Risks		Assurance Committee & Lead Executive Director		
D5: There is a risk we will not deliver safe and excellent performance because of insufficient resource (financial and human resource) leading to an increase in our patient waiting times and potential for patient deterioration and inability to deliver our Operational Plan.						Risk 4897; Risk 6469; Risk 5761 and Risk 6569		Finance and Performance Committee Director of Finance & Chief Operating Officer		
Controls and Mitigations (what have we in place to assist in securing delivery of our ambition)		Assurance Received (what evidence have we received to support the control)		Date Assurance Received	Confirmed By:	Assurance Level Level 1 = Operational Level 2 = Internal Level 3 - Independent				
C1	Monitoring waiting times of patients in UECC	Metric included in the Integrated Performance Report Weekly report to ETM Daily review of position and weekly through the ACT meeting and ETM		November December 2022	Minutes of F&P & ETM minutes	Level 1				
C2	Divisional Performance meetings chaired by the Deputy CEO.	Monthly reports within IPR to Finance and Performance Committee and Board Divisional Performance meetings with each CSU		November December 2022	Chair's Log	Level 1				
C3	Monitoring right to reside and Length of Stay data	Monthly reports to Finance and Performance Committee and Board Weekly Length of Stay reviews Discharge Group chaired by Director of Operations & Deputy Chief Nurse		November 2022	Minutes of F&P Weekly ETM minutes	Level 1				
C4	Dental and medical workforce vacancy panel chaired by the Medical Director	Additional sessions for dental and medical workforce Additional sessions to address where there is greater need Report through to People Committee		July 2022	Notes of the panel	Level 1		Deputy CEO to chair		
C5	Admission avoidance work remains ongoing	New Rotherham Urgent and Emergency Care Group established from September 2022, this replaced A&E Delivery Board and Urgent and		November 2022		Level 1		A&E Delivery Board		

		Community Transformation Group. It is chaired by the Deputy Pace Director and deputy chair COO, part 2 focuses on transformation and is led by TRFT Deputy CEO and Director of Adult Social for RMBC.						
C6	Executive Team oversight	Weekly receipt of Performance Report and Recovery Report	December 2022	ETM minutes weekly	Level 1			
C7	New weekly Acute Performance Meeting chaired by CEO	Weekly oversight	December 2022		Level 1			
C8	Delays on patient discharge increasing length of stay in hospital and therefore the number of patients with no right to reside due to delays by external partners	Escalation meetings with external partners. Oversight through the new Rotherham Place Urgent and Emergency Care Group (Previously the A&E Delivery Board)	COO	Ongoing				Regular meetings established to ensure oversight of actions required in response to current pressures, also to fast track changes to discharge to assess pathways for winter Currently meetings three times a week with action notes by PLACE and ICB team
Gaps in Controls or Assurance Quarter 1 2022-23								
		Actions Required	Action Owner	Date Action Commenced	Date Action Due		Progress Update	
G1	Insufficient acute inpatient beds	Finalise Business Cases and service model for SDEC (Completed and approved by FPC in September 2022) and AGU	COO	Q1	Q4		No need for business case for AGU; Implementation Plan required for the service model Increase in bed base as part of the Winter Plan Additional capacity for winter in place in December with additional capacity in January 2023	
G2	National programme around Right to Reside under review	Receipt of National Guidance Clarity now received through guidance on 6 key metrics for winter, measured through assurance framework Link to C3 – both internal and external monitoring in place	COO				Close as no longer a gap as guidance received with monitoring in place	
G3	Ring-fence interim frailty assessment beds	ICS SDEC pathways confirmed.	COO		Q4		Frailty model and delivery plan commenced with weekly engagement meetings	
G4	Insufficient oversight of waiting lists	Establish PTL Group to develop robust patient targeted list	COO & Director of Operations	Q2	End Q2		Weekly access meeting commencing w/c 10/10/2022 Weekly meetings in place - no longer a gap	
G5	Absence of movement nationally to urgent care metrics	Trust continuing to operate as a Field Test site.	COO	Ongoing	TBC nationally		Lack of clarity given new Health Minister announcement regards remaining with 4 hour standard Indications from NHSE are to move away from the 4 hour targets and for new urgent care metrics to be introduced – awaiting final position.	

							Latest position likely to move back to 4 hour target – awaiting planning guidance and timeframes.	
G6	Challenges around sufficient workforce to support the recovery plan	Locum and Insourcing arranged Longer term plan required to recruit a sustainable workforce (link with BAF Risk U4)	Divisional Leads	Ongoing			<p>Director of Corporate Affairs discussed with Director of Workforce and will further assess need for a new BAF risk relating to a sustainable workforce.</p> <p>Discussion has taken place resulting in the agreement that the People Committee has sight of the BAF Risk and has oversight of the actions to mitigate this gap once confirmed with the Divisional leads.</p>	

Strategic Theme: Delivery		Risk Scores				Risk Movement		Board Assurance 2022-23				
		BAF Risk Ref	Initial Score	Current Score	Target Score	Risk Appetite/Risk Tolerance			Current	Q1	Q2	Q3
<p>Strategic Ambition: Delivery: We will be proud to deliver our best every day, providing high quality, timely and equitable access to care in an efficient and sustainable organisation</p>		D6	3x3=9	3x3=9	2x2=4 2(L)x 3(C)=6 Plan to meet by late Quarter 3, early Quarter 4	Low (6-10)			9	9	9	9
<p>Link to Operational Plan: D5: Implement sustainable change to deliver high quality, timely and affordable care</p>												
BAF Risk Description							Linked Risks on the Risk Register & BAF Risks		Assurance Committee & Lead Executive Director			
There is a risk we will not be able to deliver our services because we have not delivered on our Financial Plans for 2022-23 in line with national and system requirements							No Risks on the Risk Register graded 15 and above linked with D6 BAF Risk		Finance and Performance Committee: Steve Hackett, Director of Finance			
Controls and Mitigations (what have we in place to assist in securing delivery of our ambition)		Assurance Received (what evidence have we received to support the control)		Date Assurance Received	Confirmed By:	Assurance Level Level 1 = Operational Level 2 = Internal Level 3 - Independent						
C1	Finance and Performance Committee oversee budget reports	Budget reports presented to Finance and Performance Committee		December 2022	Minutes of F&P	Level 1						
C2	System wide delivery of Recovery On plan with mitigations in place to manage winter pressures.	Director of Finance attends South Yorkshire DoF Group		December 2022		Level 1						
		Monthly Finance Report to CEO Delivery Group		December 2022	Minutes	Level 1						
C2		South Yorkshire Financial Plan Delivery Group				Level 1						
		Team in place		N/A	N/A	Level 1						
C3	Suitably qualified Finance Team in place	Team in place		N/A	N/A	Level 1						
C4	Established Capital Monitoring Group	Capital and Revenue Plan signed off by Board		November 2022	Board of Directors minute							
C5	Current Standing Financial Instructions in place	Reviewed and approved by Board		November 2021	Board of Directors minute	Level 1						
C6	Internal Audit Reports	Internal Audit Financial Reports		July 2022	Report Report	Level 3						
		Review of HFMA Improving NHS Financial Sustainability checklist		December 2022			Level 3					
C7	Monthly challenge on performance	Monthly Divisional Assurance meetings		November 2022	Chair's Log to F&P							
C8	Clarity on Financial Forecast	Financial forecasts completed for Divisional and Corporate areas monitored within Finance Report		August 2022	Minutes of F&P	Level 1						
C9	Divisional Budgets signed off	Monitoring via Finance Reports		July 2022	Reports to F&P	Level 1		Moved from Gap 2 in July 2022				

C10	Final CIP Plan signed off	Monitoring via monthly reports	July 2022	Reports to F&P	Level 1		Moved from Gap 3 in July 2022
C11	Elective Recovery Fund payback	Changing guidance on ERF means financial risk of having to repay income is removed	October 2022	Report to F&P	Level 1		Financial risks have been mitigated around the Elective Recovery Fund, loss of income and pay award due to a change in national rules.
Gaps in Controls or Assurance Quarter 1 2022-23		Actions Required	Action Owner	Date Action Commenced	Date Action Due	Progress Update	
G1	Lack of final sign off for submitted financial plan	Budget sign off required at System level	Director of Finance	Revised financial plan approved at Board in June 2022	June 2022	Signed off and complete	
G2	Final CIP required	Internal CIP requires final sign off	Director of Finance	Included within approved financial plan	June 2022	Signed off and complete Moved to control C10 July 2022	
G3	Divisional Budget sign off	Complete Divisional Budget sign off	Director of Finance	Director of Finance planning to sign off 24/06/2022	June 2022	SH awaiting last two budgets Moved to control C9 July 2022.	
G4	Financial forecasts come to fruition	Monthly check and challenge with relevant Divisions and Corporate areas.	Director of Finance	July 2022	March 2023		

Strategic Theme: Us		Risk Scores					Board Assurance 2022-23			
BAF Risk Ref	Initial Score	Current Score	Target Score	Risk Appetite/Risk Tolerance	Risk Movement	Current	Q1	Q2	Q3	
<p>Strategic Ambition: <i>Delivery: We will be proud to deliver our best every day, providing high quality, timely and equitable access to care in an efficient and sustainable organisation.</i></p> <p>Link to Operational Plan: D7: Implement sustainable change to deliver high quality, timely and affordable care</p>	D7	3(L)x5(C)=15	3 (L) x 5(C) =15	1(L)x5(C) =5 For further review end February when Planning Guidance received	Low (6-10)					
BAF Risk Description						Assurance Committee				
D7: There is a risk that we will not be able to sustain services in line with national and system requirements because of a potential deficit in 2023/24 leading to further financial instability.						Finance and Performance Committee Director of Finance				
Controls and Mitigations (what have we in place to assist in securing delivery of our ambition)		Assurance Received (what evidence have we received to support the control)		Date Assurance Received	Confirmed By:	Assurance Level Level 1 = Operational Level 2 = Internal Level 3 - Independent				
C1	Improvement of clinical productivity to levels experienced in 2019/20 without central funding for outsourcing clinical activities	Monthly Elective Programme Meeting chaired by Sally Kilgaraff		November 2022		L1				
C2	CIP Track and Challenge in place			November 2022	ETM minutes	L1				
C3										
C4										
C5										
Gaps in Controls or Assurance Quarter 1 2022-23		Actions Required		Action Owner	Date Action Commenced	Date Action Due	Progress Update			
G1	Unsustainable agency spend (Risk Now)	Weekly Agency Group meets, chaired by Michael Wright		Deputy CEO	Q1	Ongoing				
G2	Recurrently deliver CIP in 2023/24 (Risk Now)	CIP Group Monthly. PMO tracking CIP delivery. CIP report to F&PC monthly.		Deputy CEO	Q1	Ongoing				
G3	Adherence to expenditure Run Rate as per financial plan (Risk Neutral)	Monthly budget reports. Expenditure profile produced monthly throughout year. Reserves Policy in place. F&PC oversight. Internal audit systems budgetary control audit. External audit annual accounts.		Director of Finance	Q1	Ongoing				

G4	Potential reduction of cash balances due to expenditure higher than income which would result in late payments to suppliers. Impact to invest in capital projects. (Future Risk)	Situation acceptable currently, future risk	Director of Finance				For Gaps G4-G7 awaiting further national guidance to fully assess the position.	
G5	Loss of £4m Covid funding without ability to improve productivity back to 2019/20 levels (Future Risk)	Future income risk	Director of Finance					
G6	Increased cost improvement programme due to national reductions in funding to the South Yorkshire allocation linked to funding formula suggesting South Yorkshire is overfunded. (Future Risk)	Future income risk	Director of Finance					
G7	TRFT does not get access to any growth money allocated to PLACE. (Future Risk)	Future income risk	Director of Finance					
G8	Risk that payment by results returns on elective activity with a lack of understanding of the potential impact on elective activity.	Deputy Director of Finance assessing the potential impact in conjunction with the planning guidance expected by the end Quarter 3.	Deputy Director of Finance					

Board of Directors' Meeting

13 January 2023

Agenda item	P25/23
Report	NHS England Safeguarding Review
Executive Lead	Helen Dobson, Chief Nurse
Link with the BAF	P1: There is a risk that we will not embed quality care within the 5 year plan because of lack of resource, capacity and capability leading to poor clinical outcomes and patient experience for our patients.
How does this paper support Trust Values	Demonstrates ambition to manage quality and delivery of good care.
Purpose	For decision <input type="checkbox"/> For assurance <input type="checkbox"/> For information <input checked="" type="checkbox"/>
Executive Summary (including reason for the report, background, key issues and risks)	<p>The purpose of this paper is to provide an overview of the commissioned NHS England Safeguarding Review in October 2022 and plans for next steps.</p> <p>The key points arising from the report are:</p> <ul style="list-style-type: none"> • Methodology of Review • Initial feedback • Next steps
Due Diligence (include the process the paper has gone through prior to presentation at Board of Directors' meeting)	This paper has not been presented to any other meetings.
Board powers to make this decision	To note the report.
Who, What and When (what action is required, who is the lead and when should it be completed?)	No action required.
Recommendations	It is recommended that the Board of Directors note the initial feedback and future commitments for improvement.
Appendices	N/A

1. Background

This report aims to inform the Board of Directors of the commissioned NHS England Safeguarding Review within The Rotherham NHS Foundation Trust (TRFT) in October 2022 and advise of the next steps for further partnership working with NHS England on our improvement journey.

Subsequent to the CQC Action Plan in relation to safeguarding, the improvement work completed in relation to this and the redesign of safeguarding activity delivery, the Deputy Chief Nurse commissioned a review of safeguarding through NHS England. The purpose of the review was to evaluate our current position, identify areas of good practice and those areas of improvement.

2. Methodology

The review on the 19th October was a team approach with an improvement framework focus. The team provided by NHS England were separated into three key workstreams, with each person taking a lead on one of those areas. These included:

- Maternity
- Children and Young People (CYP)
- Adults - Mental Capacity Act/ Deprivation of Liberty / Liberty Protection Standards (MCA / DOLS / LPS).

The NHS England Review Team had key lines of enquiry when looking at all elements of safeguarding. The key lines of enquiry were:

- Leadership
- Training
- Governance
- Monitoring and Board assurance
- Collaboration with external stakeholders
- Internal learning/ Improvement
- Compliance with national standards

During the onsite visit, the team conducted one-to-one meetings with the Chief Nurse, Medical Director, Deputy Chief Nurse, Head of Safeguarding and the lead nurses for Safeguarding.

They also ran a number of Focus Groups. These included both Medical and Nursing colleagues from a range of clinical areas.

In order to prepare for the visit, a number of key documents were shared with the team.

- Governance structures
- Sample of Board Minutes/ Group/Workstream Minutes & Quality reports
- Improvement Action Plan(s)
- Case examples – used to demonstrate learning
- Training information
- Policy documents – safeguarding related
- Audit Programme – output from audits in the last 24 months
- Corporate risks – relating to safeguarding MCA/DOLS /LPS

3. Interim Feedback

The initial feedback provided identified some key areas of improved practice which were maternity, paediatrics, good ownership of safeguarding issues demonstrated throughout the Trust and how the safeguarding team provided support for complex cases.

Areas to consider for improvement were identified as:

- Increased capacity within the safeguarding team to support the adult agenda and LPS
- Expectations for Divisions
- Accountability
- Impact statements
- Co-produced frameworks against impact statements
- Medical engagement
- Benchmarking against external data
- Accessible ways of feedback
- Deep Dive programme
- Peer reviews
- Making safeguarding personal
- Wider sharing of feedback

4. Next Steps

NHS England and the Deputy Chief Nurse will be working closely on a programme of improvement work for 2023. This will include further on site visits to follow complete patient pathways for paediatrics and adults from the UECC to discharge. This programme of work and a formal feedback report will be made available to the Trust before February 2023.

Ongoing performance against identified improvement areas will be monitored monthly through the Operational Safeguarding Group and reported quarterly to the Safeguarding and Quality Committees.

Victoria Hazeldine
Deputy Chief Nurse
January 2023

Board of Directors' Meeting

13 January 2023

Agenda item	P26/23
Report	Safeguarding & Vulnerabilities Team Annual Report 2021/22
Executive Lead	Helen Dobson, Chief Nurse
Link with the BAF	
How does this paper support Trust Values	<p>This paper supports the Trust's ambition to continually improve the quality of care that is delivered and supports the Trust's Ambitious value through the management of quality standards and delivery of a Robust safeguarding arrangements.</p> <p>Caring is demonstrated by the activity to provide safe care to our patients and Together shown by our partnership working, both within and external to the Trust.</p>
Purpose	For decision <input type="checkbox"/> For assurance <input checked="" type="checkbox"/> For information <input type="checkbox"/>
Executive Summary (including reason for the report, background, key issues and risks)	<p>This report summarises the key activities of the Safeguarding & Vulnerabilities Team during 2021-2022. The report contains information on safeguarding activity, safeguarding key performance indicators and standards as well as summarising partnership activity and key developments throughout the year.</p> <p>The report details the risks and mitigations over the year and ends by focusing on the future priorities of the safeguarding team to support the delivery of robust safeguarding arrangements throughout the Trust. Following presentation at the Board of Directors, the report will be published on the Trust's public website.</p>
Due Diligence (include the process the paper has gone through prior to presentation at Board of Directors' meeting)	<p>This paper was presented to the Safeguarding Committee on 26 October 2022 and Quality Committee on 30 November 2022.</p>
Board powers to make this decision	No decision required.
Who, What and When (what action is required, who is the lead and when should it be completed?)	For assurance.
Recommendations	It is recommended that the Board of Directors' note the report.
Appendices	Safeguarding Annual Report

Safeguarding & Vulnerabilities Team

Annual Report

2021 / 2022



RESPECT
EQUALITY
FAIRNESS
PARTNERSHIP
DIGNITY
ACCOUNTABILITY
PROPORTIONALITY
EMPOWERMENT
LEADERSHIP
PROTECTION
PREVENTION
REGULATION

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INTRODUCTION AND OVERVIEW

This Annual Report seeks to inform the Trust Board of the safeguarding activity within The Rotherham NHS Foundation Trust (TRFT) during the period 2021/2022.

Additionally the report aims to:

- Provide assurance to the Trust Board that the Trust is fulfilling its statutory obligations
- Assure service commissioners and regulatory bodies that the Trust's activity over the year has developed in terms of preventing abuse and reducing harm to vulnerable service users
- To inform the Board and wider Trust staff of the activities and function of the Safeguarding & Vulnerabilities Team, and of the progress with the Safeguarding work plan, which enables the TRFT Strategy for Safeguarding Vulnerable Services Users (Appendix 1) to be fully realised and embedded within the organisation.

The report incorporates Adult and Children Safeguarding. The Named Professional from each specialist area has inputted to the content. The Integrated Safeguarding & Vulnerabilities Team is managed by the Head of Safeguarding with executive leadership of the Chief Nurse and Deputy Chief Nurse (Refer to Appendix 3 - Management and Professional Leadership Chart). The governance and assurance arrangements within Safeguarding remain robust and are outlined within Appendix 4 (TRFT and Partnership Organisational Governance Structure).

21-22 saw the continued impact of Covid-19 on services Trustwide as well as the CQC return visit in May 2021 which resulted in the additional actions for the Trust.

This Annual Report sets out to identify and describe the key risks that were managed during the year and provides a summary of some the key activities undertaken each quarter. In addition, as part of the summary and conclusion, it describes the key priorities and areas identified for improvement in relation to safeguarding activity for implementation during 2022/2023.

The Report provides an overview of activities over the last 12 months in relation to:

Adult Safeguarding Activity

Learning Disability Service

Child Death Review

Children Safeguarding Activity

Looked after Children

Governance

Risks and Mitigations

Partnership Working

Jean Summerfield, Head of Safeguarding

Safeguarding & Vulnerabilities Team

Lynda Briggs, LAC Lead

*Elaine Jeffers, Deputy Director of Governance
& Quality Improvement*

ADULT SAFEGUARDING ACTIVITY

A blended approach to training delivery was in place during 21/22 with the offering of internal face-to-face training (dependent on Covid restrictions), e-learning and external taught sessions with Rotherham Metropolitan Borough Council (RMBC).

Bespoke training sessions have been delivered throughout the Trust with the Safeguarding Champions to ensure that key messages are delivered in a useful way to support implementation of improvements.

Mental Health training is provided in partnership with RDaSH.

A robust training programme is in place for Prevent; This is included in the Trust Induction programme. Training arrangements for this are regularly updated, in line with Government guidance. The Trust provides a return to the National Prevent Data Set quarterly to demonstrate compliance with the national requirements.

The allocation of training requirements allocated to staff is regularly reviewed, in line with the Safeguarding Adults Intercollegiate document. This is done in partnership with Learning & Development to ensure that TRFT staff MaST requirements appropriately reflect their roles and give staff the appropriate knowledge, skills and competence.

Training compliance is monitored via Safeguarding Key Performance Indicators and the Safeguarding Standards set by the Clinical Commissioning Group (CCG), now the Integrated Care Board (ICB). These are reviewed at the monthly Operational Safeguarding Group which reports to the Strategic Safeguarding Group, held quarterly.

2021/2022 saw an increase in patients admitted due to poor mental health. TRFT have continued to work in partnership with RDaSH to ensure that, for this group of patients, there is parity of esteem between their mental and physical health needs.

This reflects the national picture and may be linked to Covid19.

The Safeguarding Team are members of the newly formed Mental Health Steering Group, which is working to develop and implement an action plan to underpin the [Mental Health Strategy](#).

Adult Safeguarding Training Compliance – Figures at 31/03/2022

Adult Safeguarding Training	Rag Rating	Percentage Achieved 2020/2021	Percentage Achieved 2021/2022
Level 1	Green	100%	91%
Level 2	Green	82.42%	88%
Level 3	Green	100%	100%
Level 4	Green	100%	100%
Prevent Level 1 & 2	Green	91.13%	94%
Prevent Level 3	Green	89.72%	94%
Mental Health L1	Green	98%	94%
Mental Health L3	Red	26.09%	53%

KEY PERFORMANCE INDICATORS (KPI) & STANDARDS

Adult Safeguarding is required to satisfy the requirements of KPIs and Safeguarding Standards, as set by the Clinical Commissioning Group (CCG). These include offering assurance on a diverse range of safeguarding activity throughout the Trust.

Both the Safeguarding Standards and the Key Performance Indicators are reported quarterly to the Trust Safeguarding Strategic Group and Partners, including representation from the Clinical

Commissioning Group, RMBC, Rotherham Children Safeguarding Partnership and Rotherham Safeguarding Adult Board are members.

An exception report is included at Appendix 5.

SAFEGUARDING ADULTS REVIEWS (SAR)

One Rotherham SAR was conducted in 21/22. This patient had minimal contact with TRFT services, and the internal management review did not suggest any immediate actions for TRFT. The multi-agency action plan is in development through the Rotherham Safeguarding Adult Board's (RSAB) SAR group. The SAR noted issues related to self-neglect, multi-agency communications, and referral pathways. The recommendations will focus on strengthening multi-agency arrangements linked to these work streams. All learning from the review is shared appropriately across the Trust, either by being incorporated into training or by the use of 7-minute briefings.

TRFT contributed to two Doncaster SARs, by providing information linked to TRFT contact. Again, the reviews of TRFT contact did not suggest any immediate actions for the Trust.

DOMESTIC HOMICIDE REVIEWS

The statutory requirement related to domestic homicide reviews came into force in April 2011. The purpose of a DHR is to establish what lessons can be learned from the circumstances of the death and the way in which local professionals and organisations worked individually and together to safeguard victims (the victims also include bereaved children, parents and other kin). The focus is a multiagency approach with the purpose of identifying learning.

TRFT contributed to one case, managed by Sheffield SAB in the 2021/2022 period. There were no internal recommendations for TRFT from the internal management review. The multi-agency report is in progress. Any actions from this will be monitored through the Operational Safeguarding Group.

The Trust is represented at the Domestic & Sexual Abuse Priority Group by the Head of Safeguarding.

PARTNERSHIP WORKING – ADULT SAFEGUARDING

The Trust is represented at the Rotherham Safeguarding Adult Board by the Chief Nurse. Her deputy is the Head of Safeguarding.

There is representation at all four sub-groups of the Board to ensure that TRFT has a voice in shaping Adult Safeguarding arrangements across Rotherham.

As per Rotherham Safeguarding Adult Procedures, the Trust receives concerns raised about the safety and well-being of adults at risk (of neglect or abuse). For 2021/2022, 711 were received, equating to approximately 60 per month. This represents a 16% increase on figures for 20/21 (603). Of these, a proportion (405) were passed to partner organisations to screen. These are cases where the concerns did not involve care delivered by TRFT, or which required joint-screening.

The Adult Safeguarding Team continues to work in partnership with RMBC to provide 'health' input for safeguarding investigations. This involves offering support to RMBC colleagues around investigations, Decision Making Meetings (DMM) and preparations for Outcomes Meetings (OM), even where there is no TRFT involvement. This represents the Trust's continued commitment to partnership working.



In 2021/2022 no safeguarding concerns involving Trust services required progression to an OM. This means that these concerns were managed and resolved in the initial concern stage.

An 82 year old patient (M) arrived via Ambulance into UECC. M appeared frail and unkempt and was very ill. TRFT staff identified concerns regarding the care she had received at home and shared appropriate information with partner agencies including RMBC, SPY and YAS.

This resulted in a safeguarding investigation and an assessment of her care needs. A multi-agency approach was taken including a referral to the Vulnerable Adult Risk Management group.

TRFT staff were praised for their vigilance and professional curiosity, and the Trust was able to share this all Trust staff to promote learning from good practice.

The Trust is represented at the Rotherham Multi-Agency Risk Assessment (MARAC) meetings. The HARK (Harassment, attack, rape, kick) form is now established in UECC and has been positively received. This was a specific measure taken to abbreviate the form which has resulted in better reporting within UECC. The use of this form is being reviewed to ensure staff are supported to provide reliable information which will enable our partner agencies to protect victims of domestic abuse.

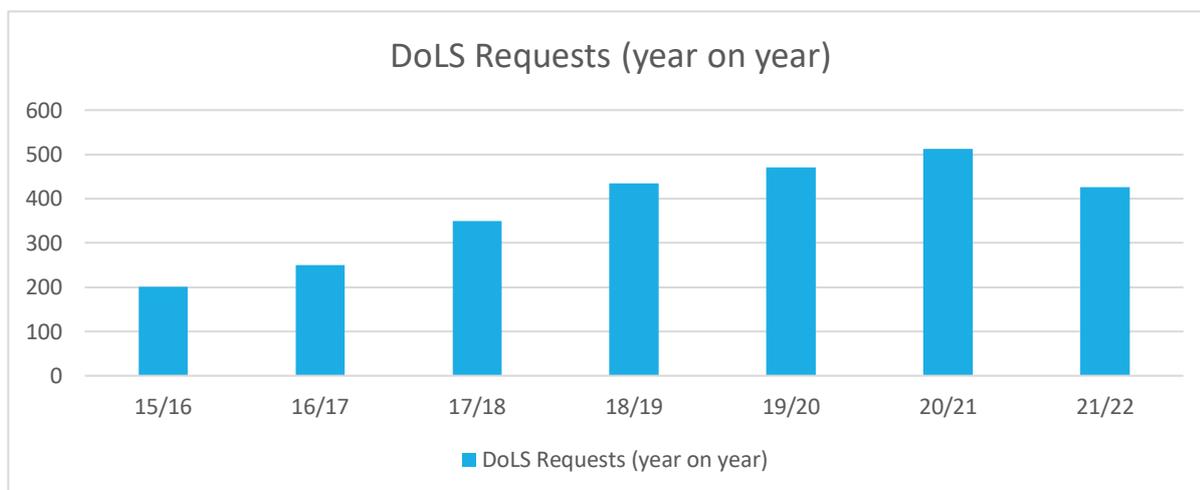
The management of patients who lack capacity to consent to care and treatment within the hospital continues to be a priority for TRFT. Work continues to embed improvements made regarding the implementation of the MCA.

For the first time since its implementation, Adult Safeguarding saw a decrease in activity of 16% in Deprivation of Liberty Safeguards (DoLS) requests to 426. During Covid 19, the requirements for requesting DoLS were relaxed, which may account for the decrease. Of the DoLS requests, only one was authorised by RMBC.

The Adult Safeguarding Team continue to provide leadership and support to ensure the processes are embedded fully across the Trust.

The Mental Capacity Act has been reviewed and amended (MCA(A) 2019). The expected change from DoLS to Liberty Protection Standards (LPS) was delayed, likely due to Covid. The consultation was announced in March 22 and will run until July 2022, with the implementation of the LPS expected to run from April 23. This will continue in parallel with the DoLS process until March 2024.

TRFT has successfully recruited to a 1WTE Band 8A MCA Lead/Named Nurse Adult Safeguarding post, leading the LPS project plan and ensuring that we are prepared for the coming changes and will be able to meet the statutory requirements.



LEARNING DISABILITY SERVICE

The Learning Disability (LD) Team at TRFT continues to grow and strive to deliver excellent standards of care for people with LD and/or Autism and implement the Trust's Strategy for people with LD and/or autism (Appendix 2). Within the Team we now have one Nursing Associate and one Assistant Practitioner, who both specialise in LD and Autism.

This growth in the team allows us to visit, review and assist more people who are using the Trust services, in turn, improving the standard of care they receive and improving the experience for them. We continue as a Team and Trust to develop bespoke pathways, making individual 'reasonable adjustments' for people coming into the Trust. These are especially successful with patients coming through on our day surgery pathways, with patients and their teams/families giving excellent feedback.

The Team also visits people who have been discharged from hospital, to look to plan, prevent or minimise repeat admissions to hospitals, working with primary care and RDaSH Trust. The matron for Learning disabilities and Autism is an Independent Nurse prescriber which also helps to minimise readmission and aids a more robust community plan for our patient group.

We have a flagging system within the Trust for people with a Learning Disability, this helps to identify where reasonable adjustments need to be made and also champions the use of the Hospital passport. This is a holistic assessment for people with a Learning Disability. As a Trust we are currently implementing a flagging system for autistic people, to ensure they have reasonable adjustments to their care pathway.

The LD Team are supporting our Urgent and Emergency Care Centre (UECC) to gain Autism Accreditation. This scheme is through the National Autistic Society and will help to raise the standard of care and the experience we give to patients and visitors with Autism. All of the autism awareness training that will be associated with this programme will be delivered by 'experts with experience'. This is also a project that we hope to extend through all wards and departments. We are also supporting our UECC colleagues by creating a low stimulus room for people with learning disabilities, Autism and other complex presentations who would benefit from a low stimulus environment.

We are continuing to progress how we develop from feedback given to us from our patients, families and carers. We now have representation on our LD and autism sub-group from the parent of an individual with neuro-diverse needs and Autism. We continue to develop and welcome new members to this group. It is vital that patient experience directly shapes and improves the services within the Trust. This group feeds directly into the Trust Patient Experience Group.

Around the Trust, the LD Team have also increased the amount of information boards there are in relation to LD and/or Autism. These act as a visual reminder to staff and visitors to the Trust regarding the LD Team and give information about the hospital passport, how to contact the team, and how we can give help and support.

As a Trust we annually complete the Learning disability Standards for Acute Trusts. These include a self-assessment data collection around various health sections. These standards also include data around autistic people.

Our Team is involved with the LD Mortality Reviews (LeDeR). These are reviews of deaths of people with Learning Disabilities, and since April 2022 this includes the deaths of autistic people. This is positive for our Trust to be able to learn from the thematic data this produces and improve our services accordingly.

The LD Team at TRFT continues to work in partnership with local organisations within the third sector. We work closely with Speak Up, a Rotherham advocacy organisation which employs staff and has volunteers with Autism and LD, service providers such as Voyage, Exemplar, Mencap and our Local Authority.

We hope to appoint a medical lead from the Trust for the LD Team in the near future. Having expert medical oversight will be a hugely positive achievement for patient care at TRFT and will provide clinical guidance for the Team.

The Team offers bespoke training within the Trust around LD and Autism. This training offer also extends to our local universities, for both undergraduate adult nursing programmes, postgraduate nurse training and Trainee nursing associate programmes. This year we are also offering some bespoke

training from Speak Up, our local advocacy organisation in Rotherham for people with Learning disabilities and autistic people. The training will be delivered by experts by experience. As a Trust we are awaiting the implementation of the Oliver McGowan training, which is the mandatory training for all Health and Social Care professionals on Learning Disabilities and Autism.

P was diagnosed around the age of 11 yrs old with Asperger's, and now at the age of 60 years, struggles with his physical and mental health. His elderly mother is unable to be as involved in providing care as she was before.

Due to intensive support from a variety of TRFT staff, P has been supported to access health care and address the health issues, which in turn, has improved his mental health.

Specialised plans were agreed in partnership with him and his carers to access services, which served to reduce his anxiety about treatment.

Reasonable adjustments were made to accommodate P's stay in hospital and the Urgent Care Team showed great leadership and compassion for his complex case.

P is now engaging with healthcare in the community and is happy to accept help and support.

CHILD DEATH REVIEW

The child death review (CDR) service has continued to develop innovative practice and review during the last year and continues to attract interest from local and national Trusts to discuss and emulate the model we have embedded in Rotherham.

The CDR service aims to learn from all child deaths whilst delivering an excellent service for bereaved parents and carers.

In 2021/2022 Rotherham recorded 23 child deaths in total, this is more than double the child deaths reported in the last two years and the highest number of deaths since 2012/13, when 28 child deaths were recorded. It is hard to provide a rationale for the increase in the number of deaths, some suggestions being the lifting of Covid19 restrictions. It is hoped, going forward, the National Child Mortality Database (NCMD) may be able to offer some narrative.

Deaths of Children Resident in Rotherham 2021-22

Expected Deaths	Unexpected Deaths	Year Total
13	10	23

Notification of Rotherham Child Deaths by Age Group

% of death notifications by age group - CDOP



% of death notifications by age group - National (England)



What have we achieved?

All cases requiring a Joint Agency Response (JAR) have had a case discussion meeting held within three working days of the child death. These meetings have had excellent multi-agency attendance and contribution.

A Pathologist has been in attendance at all Child Death Review meetings (CDRM) when a post – mortem has been performed. This has received positive feedback from pathology services and their contribution at the CDRM has been of value. The CDRMs for all child deaths have worked effectively in terms of attendance and participation.

The work of the keyworker has proved insightful into the worries, fears and issues parents hold onto following the unexpected death of their infant/child. The service continues to be available Monday– Friday, 9am – 5pm. The keyworker is the “voice of the parent” at all professional meetings.

Direct contact and liaison with the NCMD Programme has proved valuable in supporting the child death review service to remain compliant with CDR statutory guidance e.g. a grading system used to identify modifiable factors; reporting death occurring overseas.

As a result of learning from a specific child death and audit, there has been increased awareness of the CDR process in TRFT’s Urgent and Emergency Care Centre and maternity services, resulting in timely initiation of relevant processes.

Following attendance at a NCMD workshop on charging policy for pregnant overseas women, TRFT reviewed their process and in conjunction with our finance team and maternity services, developed a SOP to improve the sharing of information between professionals, ensuring identified pregnant women receive appropriate, timely support and have their physical and emotional health needs met.

An effective pathway has been developed for sharing learning from CDOP within TRFT and the wider partnership.

The Lead Nurse continues to offer bespoke training within the Trust about the Child Death Review process and supports paediatric and obstetric SHO, Registrar induction days and the appointment of new Consultants in these fields.

What have we found difficult?

Six unexpected deaths occurred within a period of six weeks; this placed an exceptionally high level of stress on the key members of the team and highlighted the need for access to quality clinical psychological support.

RMBC requested a change in how child death review and CDOP administrative support was delivered and requested to separate the two posts (TRFT CDR admin previously sat with RMBC CDOP admin post, funded by TRFT). This disrupted the service briefly, created gaps in sharing of information and duplicated work in some areas. However, new staff are now in post and the service is working to embed the new arrangements.

What are our plans for 2022-2023?

The TRFT CDR service plans for the future include:

- To facilitate an on-line CDOP Learning Event, “Making a Difference to Child Death,” for multi-agency front line professionals working with children and families
- To improve communication with, and understanding of, the Coroner’s service. We will invite the Coroner’s officers to JAR and CDR meetings and set out an information sharing agreement in relation to meeting minutes, post-mortem reports, outcome of inquests etc. This will include identifying learning opportunities and supporting practitioners to improve knowledge and understanding of the Coroner’s service
- To contribute to the co-ordinated Multi-agency SY and Bassetlaw Joint Safe Sleep Guidance and promote training to help develop a shared understanding about a safer sleep environment, enabling practitioners to reflect on their individual role in promoting safer sleep messages and recognising risk. To support this, TRFT will re-visit use of Safe Sleep Assessment Tool
- Develop standards for the keyworker service, and with reference to evidence-based research, seek formal parental/carer feedback on the keyworker service
- To participate in further thematic reviews with our Regional partners
- Lead Nurse Child Death Review will continue to contribute to the TRFT self-assessment in relation to Bereavement Care Standards and identify actions for TRFT
- Clarify role of the medical examiner and impact of “*National Medical Examiners Good Practice Series: Medical examiners and child deaths*” (The Royal College of Pathologists, 2022), on the child death review process
- CDOP will consider how we support and influence future strategies to reduce the harm of social deprivation.

SAFEGUARDING CHILDREN ACTIVITY

Mandatory training remains a key priority. The development of our new training strategy, ‘Think Family’, commenced in the last quarter of 2020/21, with a focus on joint training for children’s and adults’ competencies, meaning staff can acquire competencies in level 2 and level 3 at the same time, dependent on job role and requirements. This was launched in April 2021 and reviewed throughout the year.

Overall, training compliance at levels 1, 2, and 3 have remained consistent, around the 80%-90% compliance, which is all the more remarkable considering the additional pressures that the Trust has faced with COVID 19. The monitoring of training compliance continues via the Operational Safeguarding Group and Strategic Safeguarding Committee. Assurance is provided to the Quality Committee from the data provided by Electronic Staff Record (ESR).

Safeguarding Children Training Compliance - Figures at 31/03/2022

Children Safeguarding Training	Rag Rating	Percentage Achieved 2021/2022	Percentage Achieved 2020/2021
Level 1	Green	88%	76%
Level 2	Yellow	83%	84%
Level 3	Green	86%	84%
Level 4	Green	100%	80%

All TRFT E-learning packages and face to face training are compliant with intercollegiate guidance. There has been a continued emphasis on additional opportunities to support a blended approach to learning with 'bespoke' opportunities including attendance at safeguarding meetings, practitioner learning events, tailored feedback supervision sessions, incident review, 'stop the shift' presentations and Safeguarding Awareness Week with the key themes of Domestic Abuse, Child Sexual Exploitation and gender bias.

The Named Nurses conducted a joint review of staff MaST competencies with the Learning and Development team. It was recognised that due to the variety of routes that staff can use to gain their competencies over the three year period as per Royal College of Paediatrics & Child Health (RCPCH) 'Intercollegiate Document' (2019), continual review and progression would be required to ensure the accuracy of the data obtained.

SAFEGUARDING CHILDREN DEVELOPMENTS

In 2021/2022 a key focus has continued to be the development and upskilling of the TRFT work force in order to increase practitioner confidence and competence in managing safeguarding children concerns.

Following on from previous serious incidents, a key priority for the safeguarding team over the past year has been to work with paediatric and UECC medical and nursing staff to consider the pathway for non-mobile children when they present with an injury to TRFT. The review of this process resulted in further partnership working to update the Tri-X multiagency procedures. This ensured that TRFT are working in line with national guidance.

The TRFT safeguarding team have also been benchmarking against other areas nationally through the national Named Safeguarding Professional's Network. Work is in progress to complete this pathway and reduce the level of risk identified.

The safeguarding team have implemented a number of 'Stop The Shift' sessions focusing on key messages e.g. Discharge Planning Meetings, Multi Agency Processes, 16 and 17 year olds admissions and Practice Resolution. During Covid all multi-agency meetings have taken place via Teams which has benefited service users by having the right people there at the right time to co-ordinate safe plans for discharge.

This has been progressed by the development of designated Safeguarding Children Champions across acute and community service areas. There has been wider development of standardised safeguarding children's competencies within key service areas to enhance level 3 skills and knowledge.

In addition to the Safeguarding Champions, the team have also provided training to support additional staff to become Safeguarding Children's Supervisors. This serves to complement the safeguarding supervision offer across the Trust and support compliance for staff working with children.

Daily Safeguarding Children Huddles have been embedded in the acute children's services, maternity, UECC and children's ward which support meaningful case discussions and case escalations. This has emphasised that safeguarding is a core business across the children's pathway. The huddles have also been extended to the fracture clinic and SCBU, with work ongoing to embed weekly/monthly huddles within community children's services.

The use of paper safeguarding records was reviewed and electronic safeguarding records for children and families were created through joint working with IT teams. Ward managers and paediatric practice educators agreed to implement these, with bespoke training delivered to staff. This will be extended to SCBU during 2022.

The safeguarding team have been upskilling staff to demonstrate within their documentation their consideration of safeguarding, their use of safeguarding processes and the completion of referrals. This includes demonstrating the 'voice of the child' and alignment of decisions made with the threshold descriptors.

Ongoing audits of this have demonstrated that the quality of TRFT referrals to the MASH service has improved. UECC staff in particular have demonstrated the embedding of the TRFT 'Think Family' ethos as they consistently refer adults-at-risk who have dependent children.

Safeguarding 7-minute briefings continue to be produced on a monthly basis, providing an opportunity to disseminate key, current information across the Trust. Alongside these, appreciative enquiries are also produced which highlight areas of good practice to share across the workforce. This allows the safeguarding team to promote positive safeguarding messages to engage and encourage staff with the safeguarding processes.

The safeguarding team are responsible for reviewing and updating safeguarding policies. The Trust's Female Genital Mutilation (FGM) policy has been updated in line with recent changes to national guidance. Amendments were made to TRFT's Surrogacy Policy following changes to national guidance. These were reviewed by the Trust's legal team to support the transition. The Trust's Child Protection Medical Assessment Policy has also been developed in line with the national standards and a training package for medical colleagues developed in conjunction with new starter training to reinforce multiagency processes. This is co-delivered with RMBC Children's Social Care, service manager and safeguarding team. Other policies that have been reviewed include the Domestic Abuse Policies which have been merged into one policy which includes pregnant women, Perplexing Presentations and Fabricated illness. All are in line with new national requirements.

A new policy was developed following the CQC inspection which identified the need for a more robust safeguarding system to identify vulnerable 16 and 17 year olds admitted to adult wards. The policy underpinned work undertaken, which involved building mandatory safeguarding checks into the Meditech patient record admission template to prompt staff to request safeguarding checks which would provide information of known risks or vulnerabilities to support the assessment of the child and ensure any emerging concerns were actioned appropriately.

It is key that, although required infrequently, staff on adult wards are aware of who to go to for support and advice in the event of a vulnerable child being cared for on their ward. With this in mind, the safeguarding team will continue to raise the awareness of child safeguarding processes across adult wards.

KEY PERFORMANCE INDICATORS (KPI) & STANDARDS

Children's safeguarding are required to provide assurance through the KPIs and Safeguarding Standards, as set by the Clinical Commissioning Group (CCG, now ICB). These include offering assurance on a diverse range of safeguarding activity throughout the Trust, including supervision and training, division specific activity, e.g. LAC health assessments, CSE referrals and Child Protection Medicals.

Both the Safeguarding Standards and the Key Performance Indicators are reported quarterly to the Trust Strategic Safeguarding Committee. This meeting includes representation from the Clinical Commissioning Group, Local Authority, Local Children Safeguarding Partnership and Local Safeguarding Adult Board are members.

Following a review of the terms of reference of the Operational and Strategic Safeguarding meetings, individual Divisions of the Trust will take ownership of their individual KPIs and standards and will report monthly to the Operational Group to present their information.

SAFEGUARDING PRACTICE REVIEW

Within this annual report year there has been one serious child safeguarding incident. This was considered at the Rotherham Partnership's Practice Review Sub group but was not required to be

reviewed by the National Panel. This case did not meet the criteria for a Safeguarding Practice Review. An action plan was created and monitored through the Operational Safeguarding Group and the partnership Practice Review group. All actions were completed in a timely manner and the resulting developments to practice implemented. Whilst the actions have been completed this incident currently remains as an ongoing investigation with the Police.

There have been no TRFT serious incidents (SIs) involving children in this reporting period. However, action plans from serious incidents from the last reporting year have been progressed and learning disseminated across the Trust.

A 17 year old Mother attended UECC with her 8 week old baby, as her child was unsettled and crying. Mother herself was able to disclose her own poor mental health and suicidal thoughts with feelings that she was not coping. Mother also reported domestic abuse in her current relationship. Both mother and child were seen as individual patients within the department resulting in both being admitted to the children's ward – recognising mother as a child in her own right. There was positive multiagency working, with a joint assessment being undertaken by midwifery, 0-19 service and the perinatal mental health team on the ward. A referral was made to children's social care and the practice resolution process followed due to initial differing professional views. Staff successfully identified parental and the child's vulnerabilities identified, ie teenage parent, new-born baby, mental health concerns and domestic abuse

From this TRFT were able to reduce the risk of harm by recognising the vulnerabilities and ensuring a safe plan resulting in better outcome for mother and child

SAFEGUARDING SUPERVISION

During 2021/22 the Safeguarding Supervision model has continued to be embedded across the Trust. In this reporting period, the Safeguarding Team have coordinated 1:1, group and adhoc safeguarding supervision sessions on a monthly basis. Due to Covid 19 restrictions, the group supervision sessions were completed virtually with additional access to video cases to support staff with maintaining their required compliance.

The Children's Safeguarding Supervisors' training was provided to create additional supervisors. This supports the offer of safeguarding supervision across the Divisions with more scope for additional sessions within the departments, which will subsequently support compliance. The challenge has been finding practitioners who have a keen interest but who will also be supported by their managers to undertake this additional role. To reflect staff movement and changes in role, the team aim to provide at least 2 sessions a year to train new supervisors.

Compliance with the safeguarding supervision requirement continues to be monitored through the Operational Safeguarding Group. There have ongoing challenges with this related to the accuracy in recording staff who require supervision. This has been identified and is part of the safeguarding risk register. Ongoing work, in conjunction with relevant Divisions, Learning & Development and our safeguarding team continues to ensure that the requirements are correctly aligned.

The safeguarding supervision of medical colleagues has been a key priority. The team have progressed work to establish a standardised, consistent approach, using the TRFT agreed supervision model 'signs of safety', with an offer of a monthly session provided by the Named Doctor and supported by a Named Nurse. Supporting this is the work done with our Consultants across UECC and Paediatrics to highlight the importance of, and the benefits to the Trust and the patients. Work towards improved compliance will continue in 22/23.

Child Protection Medical Assessment Peer review, set up in October 2021 to provide an additional layer of support and supervision to medical paediatric colleagues of all different training and competence levels, has been reviewed with very positive impact statements. This reinforces learning, not only for completing the medical assessment itself, but in the use of the 'Think Family' approach, and supports a wider consideration of any issues and concerns.

PARTNERSHIP WORKING – SAFEGUARDING CHILDREN

Partnership working, as directed by Working Together to Safeguard Children (2018), and the Children Acts (1989 & 2004), underpins the ethos and values of the Safeguarding Children's Team.

The Trust is represented at executive level by the Chief Nurse, or her deputy, the Head of Safeguarding, who attend the Rotherham Safeguarding Children Partnership (RSCP) and Rotherham Adult Safeguarding Board (RSAB) meetings. The Safeguarding Named Nurses and Named Midwife attend the safeguarding delivery groups of the RSCP, in line with Section 11 of the Children Act 2004 requirements. Actions and information is reported back to TRFT's Safeguarding Operational Meeting, with any future plans for single or joint working e.g. injuries in children, safeguarding risk assessment tool, parent/ carer child protection enquiries process leaflet.

In the reporting period the Children's Safeguarding Team have continued to work closely with our RSCP and Local Authority colleagues to improve the outcomes for children and young people. This has enabled joint priority setting, supporting the Partnership to respond to emerging themes, thereby ensuring safeguarding processes are robust and effective.

The Multi Agency MASH 'baby clinic' was commenced in the first quarter, which has evaluated very well from professionals. This provided an early opportunity to identify those families who required either additional Early Help (EH) support or a social care assessment based upon the history and identified risks. Alongside this, as part of a practice review, the bespoke EH midwifery pathway was established, allowing for midwifery staff to refer to EH, either for universal services or for targeted support, and ensuring that this was able to be offered, with recognition from EH colleagues of the challenges faced by midwives in completing a full EH assessment. This was launched at the end of February 2022, with joint training sessions delivered by Early Help and the TRFT safeguarding team to midwives to discuss the rationale of the bespoke pathway.

The Rotherham Maternity Hope Box initiative was launched in February 2022 to provide support to women who are having (or are at risk of having) their baby taken into care following birth. The initiative is to positively acknowledge that the women have become mothers even without the presence of their child. All women who are potentially at risk of having their unborn baby removed will be offered a box which contains items to support positive memories of their child. Bespoke leaflets will be provided with the boxes in order to support the needs of the mother and promote their own wellbeing. The impact will be evaluated throughout the next year with support from the vulnerability midwives.

TRFT Partnership arrangements are evidenced by TRFT's engagement with our Local Authority (LA) partners as well South Yorkshire Police (SYP), Rotherham Clinical Commissioning Group (RCCG) and other Health providers.

During Covid 19 lockdown an additional weekly 'Vulnerabilities' meeting was commenced to ensure partners were working effectively, able to respond to any new need and could consider new arrangements of working. This meeting continues, now fortnightly, and has provided positive opportunities to enhance provision and care for children. In addition, the TRFT monthly Partnership Operational Meeting continued with a virtual meeting to continue with the ethos of collective, solution-focused actions. There have been a number of positive joint work streams, for example section 85 arrangements to provide information to the Local Authority where a child has been in hospital for 3

months or more, assaults pathway, genital injury and Sexual Assault Referral Centre (SARC) processes and new starter training improvements.

Active partnership working with the Multi-Agency Safeguarding Hub (MASH) continues. TRFT has a substantive post in MASH, and is represented at all relevant MASH meetings.

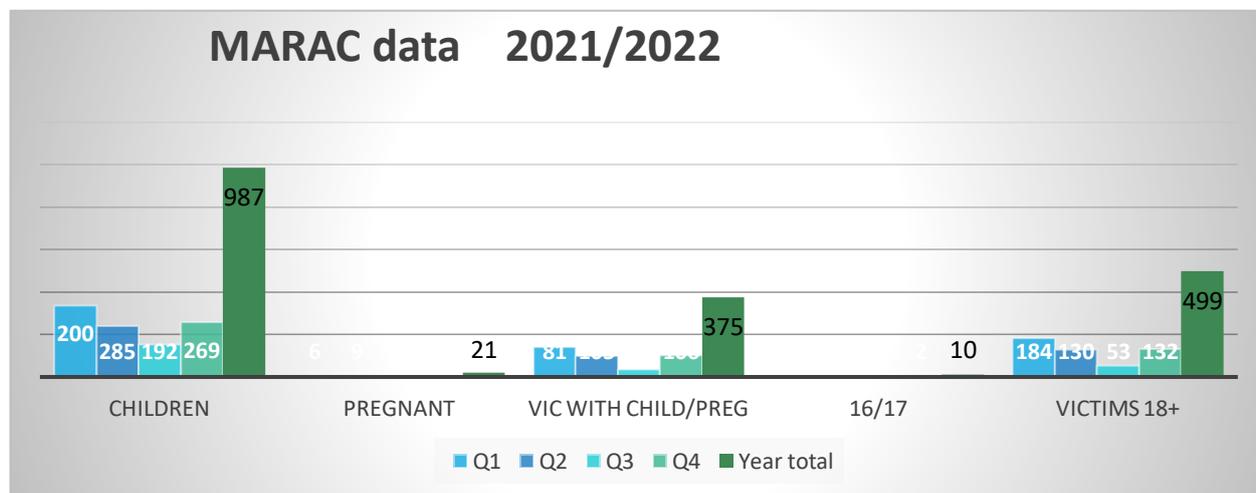
During this annual report period there have been 319 initial Child Protection Case Conferences (a 24.4% decrease on the previous year) and 641 Review Child Protection Case Conferences (a 12.7% decrease) that health staff have contributed to.

Legal statements were completed on 124 children (an increase of 4.8%) by TRFT colleagues. The Safeguarding team have reviewed and updated the guideline for safeguarding legal statements and attendance at court. Further work is to be undertaken to refresh the bespoke training package, to support the staff with legal statements and quality-assuring skills.

The Trust is represented at MARAC for both adult and children’s cases by the Safeguarding Children’s Team, who provide health representation in high risk domestic abuse cases which involve children, pregnant women and victims aged 16-17yrs.

A total of 987 cases were brought to MARAC, overall, 509 victims, in 21/22.

Approximately 41 cases were discussed per fortnightly meeting, and information about the family reviewed and shared to enable the multi-agency management of the risk related to each case. This represents a 5.5% increase on last year’s figures. The local area increase, initially apparent during the early weeks of the Covid 19 pandemic and subsequent lockdown, has continued, and is reflected nationally. MARAC meetings were maintained virtually through ‘Teams’ meetings to ensure continuity of risk assessment and safety planning for the high-risk cases.



LOOKED AFTER CHILDREN

The Looked After Children (LAC) and Care Leavers service sits within Family Health, and is made up of a dedicated team of doctors, nurses and admin staff. There are strong, positive links with the safeguarding team, and performance reporting is provided for the Strategic Safeguarding Committee.

- **Performance**

The achievement of the 20 working day target is reliant on joint working with our partners, in particular, prompt notification of a child becoming looked after from Rotherham Metropolitan Borough Council

(RMBC). Significant partnership work has taken place, and is on-going with partner agencies to support the timeliness of LAC accessing Initial Health Assessments (IHA). Tables below show the percentage of IHAs completed within 20 days and the percentage completed excluding factors that were outside TRFTs control.

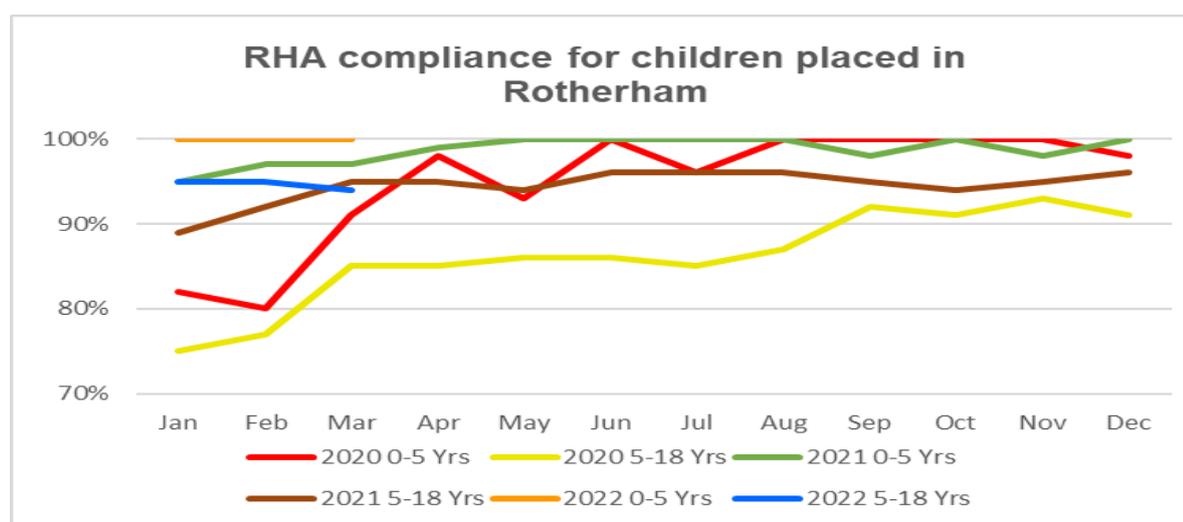
Q	Target	21/22 - Achieved	21/22 excluding factors outside of TRFT's control
Q1	95%	65%	94%
Q2	95%	59%	100%
Q3	95%	66%	100%
Q4	95%	80%	95%

In Q1, the 1 IHA completed outside 20 day target that was within TRFTs control was due to the baby being on SCBU following birth. Baby was seen when appropriate to do so on day 23. This was done late in the baby’s best interest.

In Q4, the 2 IHAs completed outside the 20 day target that were within TRFTs control were due to 2 unaccompanied asylum seeking children requiring interpreters and a double clinic slot. The first available appointments were given to meet their needs on day 26.

The data shows that TRFT has made significant improvements, and is performing well. There is commitment and working together from the whole service and management to improve and maintain performance, and pride is taken in the achievements made.

Throughout a child’s time in care following the IHA, review health assessments (RHAs) are undertaken 6 monthly on those children under 5 years and annually for those over 5 years.



The above graph highlights the improvements made for those children placed in Rotherham, whose RHAs are undertaken by the TRFT LAC team. The nurses have shown adaptability, tenacity and a passion for our Looked After Children throughout the pandemic, working in new ways and with restrictions. Despite these challenges, the team have improved and maintained performance as shown. When the young people who decline their health assessment are deducted from the data, the figures

Thank you for being at the meeting today! Your presentation, attention to the detail, and the passion that shone through, blew me away, I was so proud of the work you talked about so well. Suzy, Suzanne Joyner, Strategic Director Children and Young Peoples Services.

Sorry I had to leave, but echo Suzy's feedback and thanks. Rebecca Wall, Interim Assistant Director – Children's social care

Lynda and her gang have made a real difference to the kids and all the teams massively appreciate what they do. Thanks Sharon

Sharon Sandell, Service Manager Leaving Care and Family Activity Base.

have been consistently between 98% and 100%, with small numbers completed out of timescale due to a variety of reasons, including Covid isolation, holidays and making multiple attempts to engage some young people who may struggle to be available at planned times.

It is noted that some of the children who decline are in long term foster placements, have stability and therefore do not want to feel different to their peers. However, if they do have a specific health need, a focussed piece of work around that particular health need may be completed instead.

There are children who become Looked After due to receiving 75 nights or more respite. Their parents may decline the assessment as other health professionals are already involved and their health needs are being met by the usual reviews of their, often complex, health needs.

For some children/young people, they are not in the right place, emotionally, and therefore not engaging well. If there is no access when visited, our nurse will offer several further appointments, or may request consent from the young person to speak with carers to review their health needs. All children and young people, their carers and associated professionals have open access to health advice and support from the nursing team.

The close partnership work with RMBC has continued, and the service has received positive feedback from a session in which the Lead Nurse LAC co-delivered a presentation to local councillors regarding the needs of Looked After Children and the role of the dedicated nursing team:

- **Service update**

This has been a further year of growth and service improvement for the Looked After Children (LAC) and Care Leavers Nursing Team. We have recruited 3 more Band 6 Nurses, however, one of the posts was secured by our Band 5 Staff Nurse, who has demonstrated progression within the role. We look forward to the positive impact that the 2 new staff will bring to the team based on their past knowledge and experience.

Role specific training has completed within the team and we continue to utilise our team meetings for professional development; this is an integral part of our service. The team has now benefitted from almost a year of a monthly supervision/support session from a practitioner within the trauma and resilience team. This year has included training and clinical supervision in relation to vicarious trauma as our staff work in a highly emotive area of practice where trauma is a significant feature. We have

also explored themes and specific cases, where feedback has been transferred into practice. Team members value this support greatly, and are benefitting from the additional knowledge gained through these sessions.

Following on from our team's engagement with the RMBC baby carers' support group, it became clear that common themes were being raised where carers required clarity and additional knowledge. For this reason, and in liaison with the Fostering Service in RMBC, a team member compiled a "Guide for Baby Carers". This has gone through TRFT governance process and is available for baby carers, social workers and fostering social workers to utilise as a consistent, reliable resource for health information. This document is also to be promoted during the training process of foster carers. This document, with embedded links, will be updated as any new guidance is released, therefore ensuring that carers have up to date, evidence based, health information to access alongside the support they receive from the Looked After Children's Nurse allocated to any baby in their care. This has been very well received.

A significant project that the LAC team and the Health Improvement Team have participated in is a dental project for Looked After Children. In partnership with foundation dentists, the 'Smile' dental project was developed where LAC in Rotherham were referred to a newly qualified dentist within 8 practices across Rotherham. This project has enabled some of our most vulnerable children and young people to access this valued service. The success of this is being continued and adapted, and we are linking with colleagues across South Yorkshire to have an equitable, robust service to support our vulnerable cohort across the region. There is a commitment from all areas to work together, and create a regional pathway and service that we can be proud to have played a part in.

The number of children coming into care has stabilised over this financial year, and is gradually decreasing. Courts resuming has meant that adoption processes are now being finalised, therefore the children are ceasing to be LAC.

Family, community and professional support being more readily available to parents as restrictions have lifted may have positively impacted on the number of children being brought into care, which we saw significantly increase during lockdown.

Following the successful South Yorkshire and Bassetlaw Looked After Children's Conference in March 2020, a second bid was made, and again this was agreed and funded by NHSE Safeguarding North region. The event took place on 16th March, which again was held virtually. We had excellent speakers that were care experienced adults, which gave great insight into how much difference a supportive professional can make to a young person. The Named Nurses from across the region also spoke of the importance of a high quality health assessment. The event was a huge success, and it is hoped that this will be an annual event. This event enhanced knowledge and understanding for the needs of Looked After Children. Training has also been undertaken by the team in relation to trauma informed care. The passion and insight that the guest speakers and trainers spoke with has left a lasting positive mark within the team and reminds us of the importance of our role.

Due to the close working relationships developed with the Speech & Language therapists within the virtual school in Rotherham, and their knowledge and involvement with LAC, a screening tool was devised in relation to speech, language and communication that is being used at the IHA, there are current South Yorkshire wide planning meetings looking at how this can be implemented across the region at RHA as a screening and monitoring tool. As Rotherham have led on this, the nursing team will pilot the screening tool at RHA.

As restrictions have lifted and some level of normality is resuming, plans are in place for developing drop in sessions to take place in the residential children's homes and in the care leaver's base.

Meetings have taken place with managers in RMBC, who are very keen to engage with this, and we are linking with a group of young people to help guide the way this is delivered.

Positive feedback has been received from an experienced foster carer:

We have also enjoyed linking on 2 occasions with the Exec Board at TRFT to give insight into the service we deliver, this was very well received, and real interest and support for the team was felt. A recent bid to TRFT Hospital Charity to fund a health related activity to a planned summer festival for Looked After Children and Care Leavers in Rotherham has been supported by the Executive Team.

This has been another exciting, challenging and positive year for the Looked After Children and Care Leavers' Nursing Team, and we are passionate about the specialist care we deliver and are committed in continuing to develop and improve in our service delivery.

SAFEGUARDING GOVERNANCE ARRANGEMENTS

Over the last 12 months the focus on a robust Trust safeguarding and external governance structure has continued (Refer to Appendix 4).

The responsibilities of all staff employed by the Trust for safeguarding children and adults are documented in the TRFT Safeguarding Policy. In addition to this there are a number of supporting policies and procedures which guide and support Trust staff.

The Chief Executive is the accountable officer. The Safeguarding Executive lead is the Chief Nurse and the Corporate/Operational Lead for Safeguarding is the Head of Safeguarding.

The Trust has two specific Safeguarding meetings: a monthly Operational Safeguarding Group now chaired by the Deputy Chief Nurse and a quarterly Safeguarding Strategic Group, chaired by the Chief Nurse, reporting to the Quality Committee. The arrangements for the chairing and governance of both groups were reviewed in 2020 and again in 2021 following CQC's inspection.

The role of the Strategic Safeguarding Group is to ensure processes within the Trust are in line with the current legal framework and national guidance, promoting the well-being and safeguarding of vulnerable patients whilst in the care of the Trust. In addition to Trust colleagues, membership includes representation from external partners from the Clinical Commissioning Group (now the Integrated Care System [ICS]), the Rotherham Safeguarding Adult Board, the Rotherham Safeguarding Children Partnership (RSCP), RMBC Children and Adult Safeguarding and Public Health. This Group seeks to provide assurance on all matters relating to safeguarding and reports to the Board of Directors via the Quality Committee.

TRFT are represented on the Rotherham Safeguarding Adult Board and on the Rotherham Safeguarding Children Partnership by the Chief Nurse. The deputy for these meetings is the Head of Safeguarding.

There are a number of Safeguarding Board/Partnership delivery groups that have TRFT representation from named professionals within the team. The Performance and Quality Sub group of the Rotherham Safeguarding Adult Board is chaired by the Head of Safeguarding.

A summary report regarding key points from these delivery groups is submitted to the Operational Safeguarding Group to share information and to provide transparency and joined up working.

A 'Safeguarding Strategy on a page' is in place and sets out our strategic direction of Safeguarding. This is underpinned by a robust work plan. This was considered an excellent approach and the same approach is used for other Trust Service Strategies. The strategy will be reviewed in 22/23 to reflect emerging issues.

The Trust is required to satisfy the requirements of the Safeguarding Key Performance Indicators (KPI) and Safeguarding Standards, as set by the Clinical Commissioning Group. These include offering

assurance on a diverse range of safeguarding activity throughout the Trust and are reported quarterly. Over the year the CCG has commended the Trust for the development of such a robust assurance system and process.

There have been no safeguarding related Serious Incidents since February 2020. The safeguarding team review all datix related to safeguarding issues, and provide a monthly report to the TRFT Harm Free meeting. This report identifies any learning, good practice, any escalations and identifies any themes for training and support.

CARE QUALITY COMMISSION

The Trust was inspected by the Care Quality Commission (CQC) in May/June 2021. Three Core Services were visited – Urgent and Emergency Care (UECC), Children and Young People and Maternity Services.

A number of issues relating to Safeguarding were raised within the final report with a Section 29a Regulatory sanction being imposed in UECC. A key component of the Section 29a related to the identification of patients with potential safeguarding concerns, the accurate and timely referral into the appropriate pathway, the associated documentation and importantly compliance with the relevant safeguarding mandatory training.

CQC re-visited UECC in March 2022 and recognised the significant work that had been undertaken across the department, in particular the introduction of safeguarding safety huddles, the improvement in safeguarding referrals and stakeholder and partner working.

Although the Trust recognised that safeguarding mandatory training compliance is not yet at the Trust required standard despite the expiry of the Section 29a a further condition has been imposed against the Trust Registration. Since March, there has been sustained improved compliance with an expectation that the condition will be removed within the 2022/23 year.

The Safeguarding Team work closely with colleagues in UECC, providing advice, support and guidance, in particular in providing real time feedback on safeguarding issues and supporting the provision of evidence to demonstrate improvement and changes in practice where necessary.

The Trust has continued to strengthen the governance arrangements in relation to safeguarding with a Safeguarding Operational Group and Safeguarding Committee well-embedded into the Trust Governance Framework. The groups have executive oversight and report directly to the Board Assurance Quality Committee.

To further support the improvement work a Safeguarding Improvement Plan is in place, incorporating all issues identified by CQC and other intelligence sources. Progress against actions are monitored via the Operational Group and the Trust CQC Delivery Group chaired by the Chief Executive/Deputy Chief Executive and again reporting directly to the Quality Committee and Board of Directors.

RISKS AND MITIGATION

The following risks were identified and/or managed throughout the last 12 months. Performance is reviewed and risks are monitored through the Operational Safeguarding Group and the Strategic Safeguarding Group.

All risks are included on the Chief Nurse Risk Register and managed accordingly.

1. Safeguarding MaST Training Compliance
2. Management of injuries to infants under 2 years, including non-mobile babies
3. Providing appropriate care for patients with complex mental health needs
4. Recording arrangements of Safeguarding Supervision compliance is unreliable.

5. Child Protection E-MARF forms process – Closed Q1
6. Implementation of the MCA (Closed November 2021)

Description of Risk and Control Measures

1. Safeguarding MaST Training Compliance

The risk is in relation to TRFT colleagues not accessing the required level of safeguarding training, which may impact on their competence when required to assess safeguarding risk for children and adults. This is now viewed as a managed risk, with a current risk score an approved risk with a score of 6 (moderate risk).

Mitigations: The Safeguarding Team continue to receive monthly compliance reports. Colleagues receive a three-monthly reminder to complete their training from ESR.

The training offer during COVID has continued as predominantly E-Learning, with some face-to-face sessions being offered as restrictions eased. The Think Family training days have been well received. The E-learning package remains in place to provide core competency updates for safeguarding children and adults, with the complementary packages to support the additional hours required.

Training compliance is monitored and escalated via the Operational and Strategic Safeguarding Groups, and Divisional Leads have sight of compliance data.

2. Management of injuries to infants under 2 years, including non-mobile babies

There is a risk of injuries in infants under two years, including non-mobile babies, being inappropriately clinically managed and not giving appropriate consideration to wider safeguarding issues which may be present. The concerns involve staff potentially failing to recognise wider concerns related to injuries in this group of patients and staff potentially failing to follow local policy and procedure when these cases present. This is particularly relevant where there may be temporary/Locum staff who are unfamiliar with TRFT policy and process for managing these issues. This carries a risk that appropriate single and multi-agency intervention to reduce risk and prevent further injuries to this group may be delayed. This is being managed as an approved risk, with a risk score of 8 (high risk).

Mitigations: The 'Bruising in non-mobile babies' pathway has been developed and agreed with our partner agencies. This is now included in the Rotherham M/A procedures which have been updated and recirculated.

The safeguarding team has provided significant support to staff regarding the appropriate management of these cases.

Case supervision and daily safeguarding Huddles have been implemented within UECC, Children's Ward, SCBU and Midwifery. There has been significant work to embed the use of body-mapping across these services which are monitored through audit within the department but also via an independent audit from the safeguarding team.

TRFT new starter training has been refreshed for medical colleagues and use of case scenarios to reinforce multiagency safeguarding procedures.

It is expected that with the embedding of the above mitigations, this risk can be considered for closure by Q2 of 22/23.

3. Providing appropriate care for patients with complex mental health needs

This risk refers to concerns that TRFT do not have a workforce with the skills, knowledge and competence to manage patients who present with complex mental health needs. There is a risk that the mental health needs of the patient may not be recognised and appropriate support may not be provided in a timely manner.

This may result in worsening of the patient's mental health, and an increase in behaviours that challenge the skills and knowledge of TRFT staff, potentially resulting in harm to the patient. This will also impact on staff. This is being managed as a new risk, with a risk score of 9 (high risk).

Mitigations: The Trust has introduced a Mental Health Steering Group (MHSG) which is driving forward work to ensure staff are able to recognise and respond to those people who may be experiencing poor mental health.

A Mental Health Strategy has been agreed, and the MHSG will develop an action plan to underpin the implementation of this.

TRFT are working in partnership with the Rotherham, Doncaster & South Humber (RDaSH) Trust to improve awareness of poor mental health and how this may manifest in patients, allowing staff to implement appropriate care strategies.

4. Recording arrangements of Safeguarding Supervision compliance is unreliable.

This risk lay in the unreliability of the information produced by ESR related to Safeguarding Supervision compliance and was added in June 21.

The assurance required by monitoring bodies as well as by our internal TRFT process cannot be provided as the information supplied by ESR on the report is not reliable or accurate. This is now viewed as an approved risk, with a risk score of 8 (high risk).

Mitigations: Work has been ongoing with our colleagues in Learning & Development to improve this. The Safeguarding Supervision Policy has been reviewed and staff lists have been considered to ensure there is appropriate allocation of this expectation on ESR. Additional Safeguarding Supervision training has been provided to increase the Trust's ability to implement the supervision programme. Divisional Leads have been involved closely in reviewing allocation, adding further rigour to the allocation of supervision.

Risks closed in 21/22

Child Protection E-MARF forms process

The risk related to a breakdown in the process of receiving a receipt when sending safeguarding referrals, required for the child's records, was resolved in Q1. The mitigations put in place were found to be effective and worked to remove the risk.

Implementation of the MCA

The risk related to providing evidence to support the continued and consistent implementation of the MCA & Deprivation of Liberty Safeguards (DoLS) throughout the Trust. This risk was closed in November 21 as the risk score had been significantly reduced as a result of the mitigations in place.

Mitigations: The input from the Adult Safeguarding team continued through the year to support and develop staff across the Trust to evidence their use of the MCA and DoLS in practice, and to be. A variety of training was provided throughout the period to support staff. Work was progressed to add the MCA templates to the electronic patient record (EPR) and sessions provided across the Trust to ensure staff were competent and confident in using the new format to record mental capacity assessments and best interest decisions.

SUMMARY AND CONCLUSION

TRFT Safeguarding and Vulnerabilities Team continue to engage with Trust services and partner agencies throughout the Borough to develop and progress the safeguarding service to ensure our organisation, staff and patients are safe at all times. The workload has continued to increase across adults and children's work streams in relation to changes to legislation and national statutory guidance, but also due to the increased demand locally for safeguarding input across a wide range of areas, the actions required to implement the CQC Improvement Plan and accommodating the continued demands placed on our service, and the NHS, by Covid-19.

In spite of these challenges, the Safeguarding & Vulnerabilities Team have continued to improve the support available across the Trust, assisting TRFT staff to incorporate safeguarding into their daily work load and ensuring good outcomes.

The Safeguarding team are committed to ensuring all systems and processes support the early identification of safeguarding concerns and promote an approach which has the voice of the child or adult at risk at the forefront of care delivery throughout the Trust. The positive impact of the CQC implementation plan is now evidenced by the improved engagement and ownership of safeguarding matters across all Divisions of the Trust.

Improvements in governance arrangements are set to continue following the review of the Terms of Reference of both Trust safeguarding groups to ensure that these meetings deliver on their objectives and can offer assurance on safeguarding activity throughout the Trust.

Covid-19 continues to impact on all services. The team have adapted to the constraints and adopted positive strategies to ensure the continued progressing of the safeguarding agenda, both within our Trust and externally with our partners.

The positive aspects, improved attendance at meetings and stronger links with our LA and multi-agency partners, are continuing and support robust arrangements to safeguard children and adults at risk.

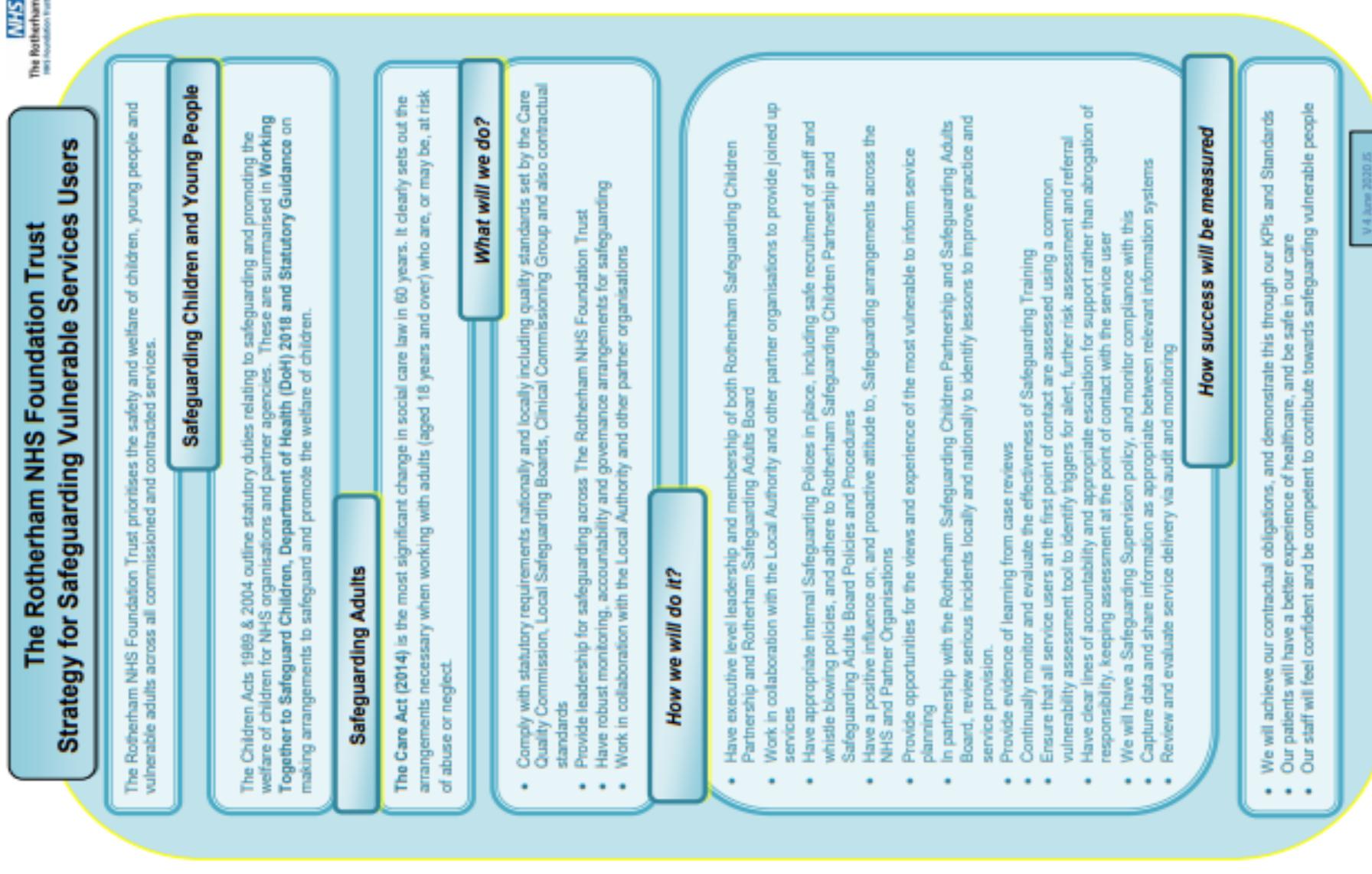
What were last year novel training approaches, are now embedded, with virtual safeguarding supervision, Teams training and Teams meetings now 'business as usual', ensuring that the business of safeguarding within TRFT continues to be seen as a priority and maintains the focus in the coming year.

FUTURE PRIORITIES

The Safeguarding Team have identified a number of key priorities for 2022-2023 to strengthen safeguarding arrangements for the Trust:

- To achieve all safeguarding contracting Standards and Key Performance Indicators.
- To improve the evidence available demonstrating compliance with the MCA & DoLS requirement and transition to the Liberty Protection Safeguards (LPS) arrangements.
- To progress a business case to improve the ability of the Adult Safeguarding Team to implement the LPS safely.
- To continue to work towards Autism Accreditation for UECC to ensure that this patient group has access to high standards of care.
- To work collaboratively with our Partners to identify and manage demands on services as a consequence of Covid 19.
- To progress the Trust-wide improvement plan in partnership with divisional leads.
- To support divisions to improve the service offered to patients who have poor mental health by partnership working with RDaSH.

- To continue to develop workforce competence through developing knowledge and skills within the adult and children's safeguarding champions.
- To continue to work with divisions and IT to develop the e-safeguarding templates on Meditech and support with the implementation for use in practice.
- To develop an audit plan which will evidence compliance with safeguarding policy, procedure, training and supervision and which will demonstrate the embedding of improvements throughout the Trust.
- To raise awareness among senior staff in how to recognise and respond to emotional distress and poor mental health in staff.
- To review and refresh, with Partners, the neglect strategy and consider the arrangements for multiagency training for neglect and include the Graded care profile 2 for children and families tool.
- Ongoing work continues with the partnership to complete the update of the multiagency procedures for bruising and injury in non-mobile children and cascade information out to the teams.
- Exploitation of children remains a key priority for work to be completed collectively with the partnership and ongoing work in TRFT to develop practitioner's awareness in identification of risks from outside the family unit. A multiagency audit is planned and will identify the response and intervention / safety planning with families
- In light of the national review of Star and Arthur we will review the co-location arrangements of health teams across the borough to provide assurance that the teams are strengthened in line with national requirements.
- Ensure the new social care pathway is as robust as previous arrangements. To embed with the TRFT workforce that the requirement is to document the referral or any escalations in order for the safeguarding team to measure the quality of the referral and any escalation of risks in order to achieve practice resolution..
- . Further work is to be undertaken to refresh the bespoke training package, to support the staff with legal statements and quality-assuring skills this will be delivered by the Safeguarding Children's Team.



The Rotherham NHS Foundation Trust Strategy for People with a Learning Disability/and or Autism

The Rotherham NHS Foundation Trust is committed to providing excellent standards of care to people with a Learning Disability/and or Autism. Providing person centered holistic care, based on individual needs.

What is a Learning Disability?

It can be defined as a significant reduced ability to understand new or complex information, to learn new skills (significantly impaired intelligence). Coupled with a reduced ability to cope independently (impaired social/adaptive functioning), which started before adulthood (onset before aged 18) – with a lasting effect on development.

National drivers

- Progress on improving nursing for people with Learning Disabilities (DOH 2014)
- The Equalities Act 2010, MCA 2005, DOLS 2007 & The Bubb report 2014.
- NHSI Learning Disability Improvement Standards for NHS trusts 2018 & NHS long term plan 2019

What we will do?

- We will comply with statutory requirements nationally and locally including quality standards set by the Care Quality Commission, Local Safeguarding Boards and Clinical Commissioning Groups
- We will provide leadership and support for patients with a Learning Disabilities/and or Autism within The Rotherham NHS Foundation Trust
- We will ensure that our Learning Disability Service has robust performance monitoring systems, through the Safeguarding Groups, to ensure we are delivering a high quality service
- We will ensure reasonable adjustments are made for people with a Learning Disability and/or Autism

How we will do it?

- Have executive level leadership via the Chief Nurse as the Executive Lead for vulnerable people.
- Work in collaboration with the Local Authority and partner organisations such as RDaSH, Advocacy groups and provider services, enhancing joined up working.
- Have appropriate internal Safeguarding Polices in place including whistle blowing policies and adhere to the Trust Learning Disability/and or Autism policy.
- Have a positive influence and proactive attitude on improving health and well-being outcomes for people with Learning Disabilities/and or Autism across NHS and Partner Organisations
- Provide opportunities for the views and experience of people with a Learning Disability/and or Autism to inform service planning and development, linking in with partnership agencies.
- Ensure all individuals with a diagnosed Learning Disability have an Hospital Assessment in place and has input/advice on their individual care pathway from the Lead Nurse in Learning Disabilities
- Provide evidence of learning from serious case reviews associated with patients with a Learning Disability and/or Autism.
- Continually monitor and evaluate the effectiveness of Safeguarding Training
- Ensure that all service users at the first point of contact are identified as having a Learning disability/and or Autism, that reasonable adjustments are made, that risk assessments are completed and a that a referral to the Lead Nurse in Learning Disabilities is made.
- To continue to promote the role of the Learning Disability Champion on each ward and Department, to advocate for and ensure the additional needs of a person with Learning Disability/and or Autism are met.
- Provide regarding Learning Disabilities/and or Autism and monitor the effectiveness of this.
- To ensure the information we provide to people with a Learning disability/and or Autism is in an accessible /appropriate format for that individual.
- Review and evaluate service delivery via audit and monitoring to ensure we are providing a high quality service.

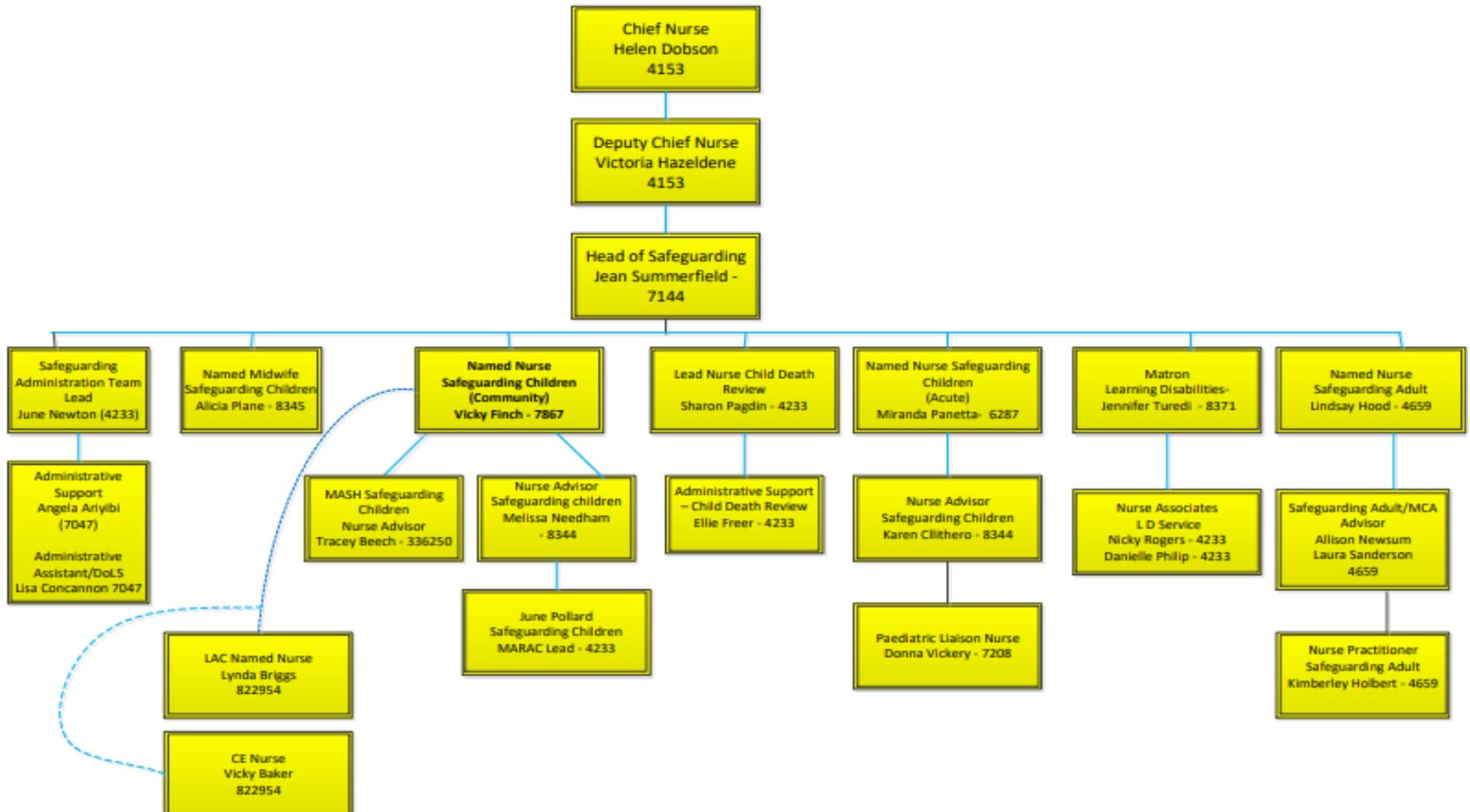
How success will be measured

- We will achieve our contractual obligations, and demonstrate this through our KPIs and Standards
- Our patients will have a better experience of healthcare, and be safe in our care
- Our staff will feel confident and be competent to care for patients who have a Learning Disability and/or Autism

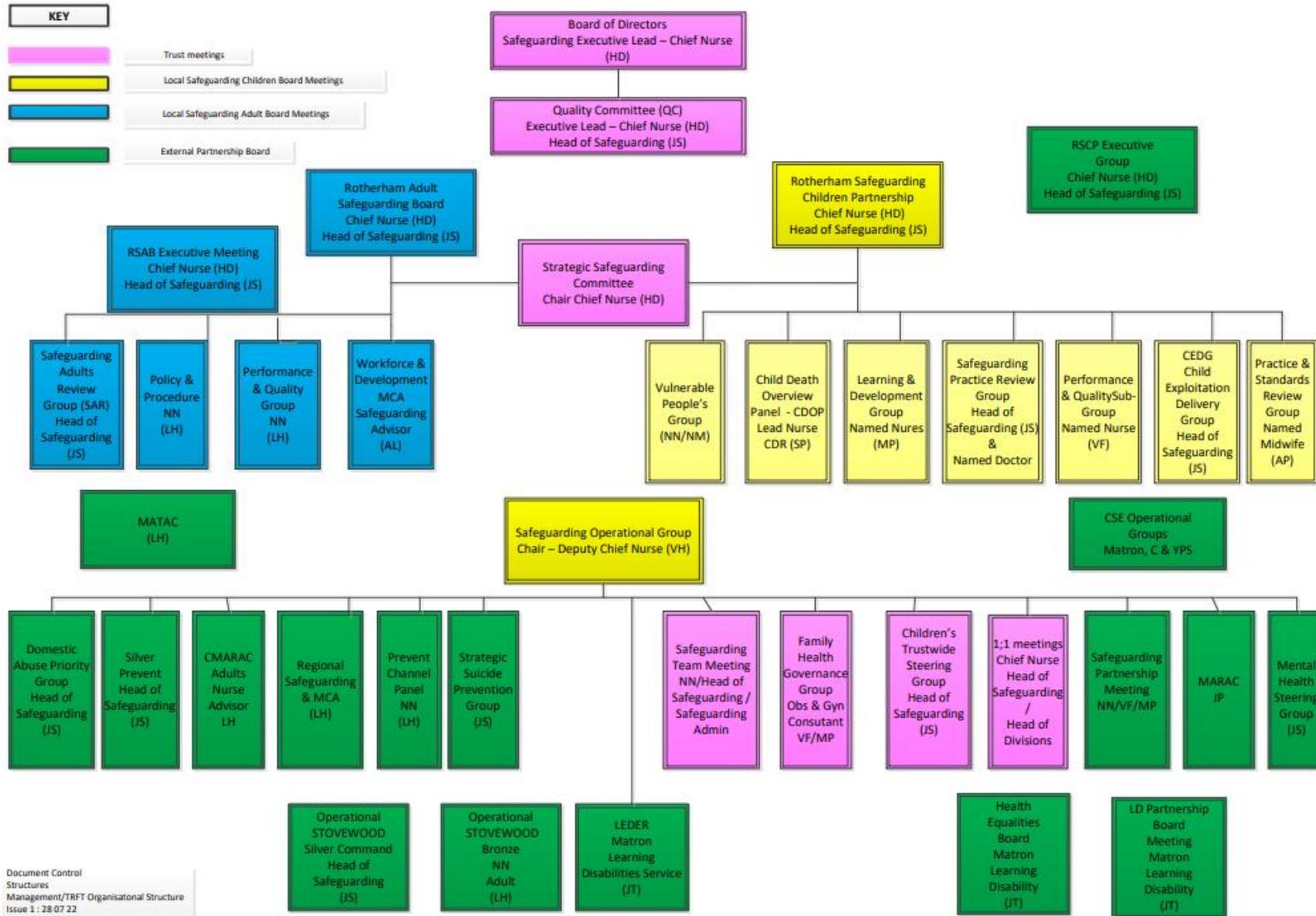
V 4 June 2020 JS & JT

APPENDIX 3

MANAGEMENT AND PROFESSIONAL LEADERSHIP – SAFEGUARDING & VULNERABILITIES TEAM



APPENDIX 4



Document Control
Structures
Management/TRFT Organisational Structure
Issue 1 : 28/07/22

SAFEGUARDING STANDARDS – EXCEPTION REPORT

APPENDIX 5

This exception report includes areas of non-compliance over the financial year 21/22. It serves to demonstrate progression, and identifies areas for future development, which will be incorporated into the work streams.

Safeguarding Standards	Q1	Q2	Q3	Q4	
Standard 5 - Training					
<p>5.1 The provider will ensure that all colleagues and volunteers undertake safeguarding training appropriate to their role and level of responsibility and that this will be identified in an organisational training needs analysis and training plan. This training needs to include:</p> <ul style="list-style-type: none"> ● LAC ● Prevent ● FGM ● CSE ● MCA/DoLS ● Domestic Abuse ● Modern Slavery (including Human Trafficking) ● Neglect & Self Neglect 					<p>Ref 574 Safeguarding Vulnerable People Policy</p> <p>All new starters receive safeguarding introductory presentation with Q & A from safeguarding team on induction. New and existing staff receive an annual leaflet on safeguarding which satisfies level 1 training, and which is accompanied by a brief e-assessment which provides the Trust with more robust data re compliance.</p> <p>Extensive collaborative work continues to ensure that staff have the appropriate level of children's and adult's safeguarding training assigned to them, as agreed by the subject matter expert and the local manager in line with the release of both the Adult and Children's Intercollegiate documents.</p> <p>In respect of level two safeguarding adults training, elearning options have been put in place and additional units attached for MCA.</p> <p>In respect of Level two and Level three children's training, eLearning modules are in place with the additional option for face to face multi-agency training at L3.</p> <p>Additional bespoke training is offered to support learning and any current topical themes.</p> <p>PREVENT training is aligned with Children's safeguarding training requirements in line with the most recent NHS England guidance.</p>
<p>5.3 The Provider will ensure that all colleagues undertake safeguarding training in line with national and local expectations. This includes safeguarding updates as a minimum of 3 yearly and an annual written update. The provider will ensure that all Board level staff receive additional to the level 1 requirement, safeguarding training as per Intercollegiate documents (children & adults).</p>					<p>Provision is in place for all relevant training for all colleagues, however training figures, although excellent in some areas, need further progress.</p> <p>Training has been reviewed during March 2021 with a programme identified for the year for Level 2 Adults and Children, and Level 3 children and Level 2 adults full day training.</p> <p>In April the 'Think Family' full day training was launched, which underpins the 'Think Family' strategy adopted by the Trust.'</p> <p>This evaluates well and staff feel this gives them the skills, confidence and competence to fulfil their roles.</p> <p>MaST is registered as a risk on the Corporate Risk register, ensuring that there is Corporate oversight of this issue.</p>

GLOSSARY

CCG	Clinical Commissioning Group
CDR	Child Death Review
CDOP	Child Death Overview Panel
CDRM	Child Death Review Meetings
CSE	Child Sexual Exploitation
CQC	Care Quality Commission
CYPS	Children & Young Peoples Service
DHR	Domestic Homicide Reviews
DMM	Decision Making Meetings
DoLS	Deprivation of Liberty Standards
E-MARF	Electronic Multi Agency Referral Form
EPR	Electronic Patient Record
ESR	Electronic Staff Record
HARK	Harassment, attack, rape, kick
ICB	Integrated Care Board
IHA	Initial Health Assessment
JAR	Joint Action Review
KPI	Key Performance Indicator
LAC	Looked After Child
LD	Learning Disability
LeDeR	People with a learning disability and autistic people - Research
LPS	Liberty Protection Standards
MARAC	Multi Agency Risk Assessment Conference
MASH	Multi Agency Safeguarding Hub
MaST	Mandatory and Statutory Training
MCA	Mental Capacity Act
MHSG	Mental Health Steering Group
NCMD	National Child Mortality Database
NHSE	National health Service England
OM	Outcome Meetings
RDaSH	Rotherham Doncaster and South Humberside NHS Trust
RHA	Review Health Assessment

RMBC	Rotherham Metropolitan Borough Council
RSAB	Rotherham Safeguarding Adult Board
RSCP	Rotherham Safeguarding Children Partnership
SAR	Safeguarding Adults Review
SCBU	Special Care Baby Unit
SHO	Senior House Office
SI	Serious Incident
TRFT	The Rotherham NHS Foundation Trust
UECC	Urgent Emergency Care Centre

Board of Directors' Meeting 13 January 2023

Agenda item	P27/23
Report	Responsible Officer Q2 2022/23 Review
Executive Lead	Dr Jo Beahan, Medical Director & Responsible Officer
Link with the BAF	P1; U4
How does this paper support Trust Values	Demonstrates that medical staff are supported and engaged by the Trust to ensure that they have opportunity to reflect on clinical practice.
Purpose	For decision <input type="checkbox"/> For assurance <input checked="" type="checkbox"/> For information <input type="checkbox"/>
Executive Summary (including reason for the report, background, key issues and risks)	<p>The purpose of this report is to present to the Board details of activity related to Medical Appraisal and Revalidation, as per NHS England and GMC regulations.</p> <p>Key points:</p> <ul style="list-style-type: none"> • NHS England released guidance on a new appraisal format and the Trust's platform Allocate for appraisals has been updated as per the guidance. • As of 30th September 2022, 268 doctors were on Prescribed Connection to The Rotherham NHS Foundation Trust (TRFT). • Majority of the appraisals took place on time. There were a couple postponed due to illness and one due to lack of engagement. The Responsible Officer (RO) has met with this doctor and progress is being monitored. • The RO has encouraged Doctors to complete annual multi-source feedback from patients and colleagues, with the minimum requirement being one cycle every 3 years which is being actively enforced. • The Trust currently has 22 Appraisers, out of a required 27, and will be advertising for new Appraisers in January. • Deputy Appraisal Lead post had been advertised and 2 candidates have applied. The post has been put on hold for the moment. • Training for Appraisers continued throughout 2021/22 and further training will be arranged for the new appointees once in post. • First Quarter 2022/23 appraisal performance: <ul style="list-style-type: none"> ○ 50 doctors were due their appraisal ○ 47 have completed their appraisals on time and 1 postponed as Appraiser was on sick leave and other doctor on paternity leave. ○ 1 Doctor due to revalidate has insufficient evidence for a recommendation to be made. Process for non engagement being followed. ○ Appraiser Refresher course took place been in September 2022. It was well attended with excellent feedback

<p>Due Diligence (include the process the paper has gone through prior to presentation at Board of Directors' meeting)</p>	<p>Not applicable - presented to the Board on a quarterly basis, but no other Committee. However, this report will be presented to the quarterly RO's Advisory Group (ROAG) moving forward.</p>
<p>Board powers to make this decision</p>	<p>N/A</p>
<p>Who, What and When (what action is required, who is the lead and when should it be completed?)</p>	<p>The Medical Director/Responsible Officer is aware of the one outliers and has commenced appropriate interventions.</p>
<p>Recommendations</p>	<p>It is recommended that the Board notes the quarterly data.</p>
<p>Appendices</p>	<p>1. Medical Appraisal Figures for Q2 2022/23</p>

1.0 Introduction

NHS England has continued to focus on appraisal as being supportive and reflective conversations, with less emphasis on written documentation. The new appraisal guide follows on from the 2020 template incorporating specific additional questions around personal wellbeing and a greater focus on reflections and colleague and patient feedback. This has been included within our appraisal dialogue and is in the current appraisal document in the allocate platform. Change to the platform has taken place and appraisers have been notified of this.

2.0 Performance

- 2.1 The processes of Appraisal and Revalidation are well embedded within the Trust and this is reflected in the figures for 2021/22, which demonstrates continued good engagement of 94%.
- 2.2 We currently have 22 appraisers, with a target of 27. Interviews took place in October and 1 candidate has been appointed and is due to complete training in February. Additional posts will be advertised in January.
- 2.3 A Deputy Medical Appraisal Lead was to be appointed in October 2022, the post has been put on hold till a review of roles has been completed.
- 2.4 Feedback has been set up to complete on all appraisals done on allocate platform. Feedback from completed appraisals for 2021/22 was extremely good, particularly with regard to the quality of interaction between the doctor and their appraiser. Of note, were the comments about how the doctors felt supported and encouraged. The new appraisal platform has been implemented and after a few teething problems been a success.
- 2.5 Flows of information to doctors regarding complaints, compliments and incidents remains variable and some doctors have highlighted the difficulty in easily accessing this information. This is being picked up by the Medical Director, supported by the appointment of her new Business Manager, in order to improve flows of information to doctors to support their reflection and learning.
- 2.6. An updated Appraisal Policy has written and amended following comments from involved colleagues. It has now been shared with the JLNC for approval before sending for ratification at the Document Ratification Group (DRG).JLNC was unavoidably cancelled on 19/12/22.
- 2.7 The Medical Director's Business Manager has composed a new 'Revalidation Checklist' to support the Medical Director in making positive recommendations for revalidation to the GMC as part of her Responsible Officer role. This has been used to good effect. Revalidation recommendations have been reviewed and made up to the end of the year.
- 2.8 Communication with the GMC regarding concerns has continued throughout this time via the ELA network.

3.0 Conclusion

- 3.1 The appraisal is an appraisee led and supportive process. The appraisers are focused on helping colleagues and ensuring that health and well-being is explored and supported.

**Dr Jo Beahan
Medical Director & Responsible Officer
December 2022**

Appendix 1

Indicator		Q1 01/07/2022 – 30/09/2022
1	<p>Number of doctors¹ due to hold an appraisal meeting in the reporting period</p> <p>Note: This is to include appraisals where the appraisal due date falls in the reporting period or where the appraisal has been re-scheduled from previous reporting periods (for whatever reason). The appraisal due date is 12 months from the date of the last completed annual appraisal or 28 days from the end of the doctor’s agreed appraisal month, whichever is the sooner.</p>	50
1.1	Number of those within #3 above who held an appraisal meeting in the reporting period	47
1.1.2	Number of doctors revalidated	12
1.1.3	Number of doctors deferred (one for health reasons and other new to the trust with insufficient evidence)	2
1.2	Number of those within #3 above who did <u>not</u> hold an appraisal meeting in the reporting period [These to be carried forward to next reporting period]	3
1.2.1	Number of doctors ¹ for whom the reason is both understood and accepted by the RO	2
1.2.2	Number of doctors ¹ for whom the reason is either <u>not</u> understood or accepted by the RO	1

Board of Directors Meeting 13 January 2023

Agenda item	P28/23
Report	Guardian of Safe Working Report - Q2 2022/23
Executive Lead	Dr Jo Beahan, Medical Director
Link with the BAF	P1; U4; D5
How does this paper support Trust Values	Ambitious - for improvement in working conditions and patient safety. Caring - for colleagues and patients. Together - solutions are proposed after discussion has identified problems.
Purpose	For decision <input type="checkbox"/> For assurance <input type="checkbox"/> For information <input checked="" type="checkbox"/>
Executive Summary (including reason for the report, background, key issues and risks)	<p>Under the 2016 Junior Doctor Contract, a quarterly report from the Guardian of Safe Working is required to provide assurance to the Board that working in the Trust is safe. The Contract specifies maximal shift durations, total hours per week and hours worked without breaks.</p> <p>This quarter, the number of exception reports has increased but is broadly similar to the same quarter last year.</p> <p>The intensity of working is consistently high and is sometimes flagged as unsafe by the most Junior Trainees in Medicine. New rotas have been in place from August for the FY1s in Medicine, and have not resulted in breaches of maximum hours</p> <p>Overall hours worked are not unsafe.</p>
Due Diligence (include the process the paper has gone through prior to presentation at Board of Directors' meeting)	<p>The report collates information from the Allocate system for exception reporting, the monthly Junior Doctors' Forum meetings, personal communication and assorted email correspondence.</p> <p>It has been prepared by Dr Gerry Lynch, The Rotherham NHS Foundation Trust's (TRFT) Guardian for Safe Working, and sponsored by Dr Jo Beahan, Medical Director.</p>
Board powers to make this decision	N/A
Who, What and When (what action is required, who is the lead and when should it be completed?)	Dealing with the issues raised in the Junior Doctor Forum (JDF) which takes place monthly. JDF attendees include medical staffing, Medical Director, Director of Medical Education and Guardian of Safe Working.
Recommendations	It is recommended that the Board notes this report.
Appendices	

1. Exception Report (ER) Quarterly update

In the last quarter, as at 8th October, 36 doctors (23 FY1, 4 FY2, 4 CT/ST1, 1 ST3 and 1 ST2, 1 ST4, 2 ST6) submitted 136 exception reports related to hours worked. There were 2 Exception Reports related to education and 2 to service support. 1 Exception Report for pattern was re-assigned to hours.

Total overtime hours claimed for were 163.25 for normal time and 6.25 for premium time hours.

3 immediate threats to safety were logged: 2 from AMU and 1 from Medicine for the elderly. Feedback was sought from 2 trainees where the concerns were unclear and a third was escalated by the educational supervisors and highlighted by the Guardian of Safe Working/Director of Medical Education to divisional managers and workforce teams.

Educational supervisors have again struggled to keep pace with the volume of Exception Reports and Medical Workforce/Guardian of Safe Working have dealt with the majority for payment.

No fines have been issued for persistent hours worked over contractual maxima or for missed breaks.

2. Exception Report Quarterly details (as of 8/10/22)

Working hours:

(Sub) Specialty	Exceptions	Daytime Hours	Nighttime hours
Cardiology	1	1	
Acute Medicine (AMU)	26	37.5	
General medicine	47	55.25	
Diabetes	3	5.5	
Care of the elderly	4	3	
Respiratory	9	8	
Medical Division total	90	110.25	
Anaesthesia	1	1	
Emergency medicine	1	0	1
General surgery	28	24.5	1.5
Urology	2	2.75	
Paediatrics	13	21.75	3.75
Obstetrics/Gynaecology	1	3	0
Total	136	163.25	6.25

3. Qualitative examples from Exception reports

“My first ward day - I was supposed to attend an induction for medicine between 1230 and 1400, having never worked in the Trust before. Minimum staffing for the team is 4, but only 3 of us actually on the rota (myself and two locum doctors). Consultant had 77 patients; this is entirely unsafe for 3 juniors. I was unable to attend the induction due to the significant patient load....”

“Bloods came back late and showed a patient with CRP of ~400, reviewed patient and did septic screen...”

“Big influx of patients from different wards due to new COVID positive pts, low staffing...”

4. Actions to mitigate

Achieving a minimum of five trainees on AMU for the majority of time has helped to ease workload pressures.

The clinical lead for medicine has led much work to revise rotas and increase cover where most needed.

Adverts are out for a range of Consultant and Clinical Fellows in medical subspecialties.

Medical Workforce manage rota gaps and source Locums to the best of their ability, moving trainee doctors to where need is greatest on a daily basis, factoring in absences and patient numbers.

Discussions about induction and MAST streamlining are happening between the Director of Medical Education and Medical Director.

The Guardian of Safe Working has raised any serious problems highlighted in Exception Reports as soon as possible to the divisional leadership in medicine, as well as to medical workforce where appropriate; in particular any which might pose genuine immediate threats to safety.

Regular discussion of all concerns at the JDF attended by representatives from Medical Workforce, Divisions, Medical Director, Director of Medical Education and Guardian of Safe Working include missed inductions, ability to complete mandatory training, availability of IT and printers, and problems with rotas and staffing.

The Director of Medical Education and Foundation Director are also instrumental in raising issues coming to their attention and all have open door availability to trainees for support.

The Divisional Director for Urgent & Emergency Care has diary time set aside to meet with trainees.

Dr Gerry Lynch
Guardian of Safe Working
December 2022

Board of Directors' Meeting
13 January 2023

Agenda item	P29/23
Report	Mortality & Learning From Deaths Report – 2022/23 Quarters 1 & 2
Executive Lead	Dr Jo Beahan, Medical Director
Link with the BAF	<p>U4: There is a risk that we do not develop and maintain a positive culture because of insufficient resources and the lack of compassionate leadership leading to an inability to recruit, retain and motivate staff.</p> <p>D5: There is a risk that we will not deliver safe and excellent performance because of insufficient resource (financial and human resource) leading to an increase in our patient waiting list backlog and potential for patient deterioration and inability to deliver our Operational Plan.</p> <p>D6: There is a risk that we will not be able to deliver our services because we have not delivered on our Financial Plans for 2022-23 in line with national and system requirements leading to financial instability and the need to seek additional support to deliver our services.</p>
How does this paper support Trust Values	<p>Ambitious – demonstrates that the Trust strives to deliver the highest standards and quality of care possible and to have a Hospital Standardised Mortality Ratio (HSMR) & Summary Hospital Level Mortality Indicator (SHMI) both below 100.</p> <p>Caring – demonstrates that the Trust strives to give outstanding, compassionate care, including around end of life care.</p> <p>Together – demonstrates that the Trust strives to ensure that quality improvement and the learning from deaths is achieved through a multidisciplinary approach.</p>
Purpose	<p>For decision <input type="checkbox"/> For assurance <input checked="" type="checkbox"/> For information <input type="checkbox"/></p>
Executive Summary (including reason for the report, background, key issues and risks)	<p>HSMR – The Rotherham NHS Foundation Trust's (TRFT) latest rolling 12-month HSMR value is 100.8. TRFT are in the 'As Expected' band.</p> <p>TRFT has the 2nd lowest HSMR in the Yorkshire & Humber region for Non Specialist Acute Trusts.</p> <p>SHMI – TRFT's latest rolling 12-month SHMI value is 103.9. TRFT are in the band 2 'As Expected' band.</p> <p>Mortality Metrics 2022/23 Quarters 1 & 2</p> <p>The HSMR data release in April 2022 (latest month Dec 2021) saw TRFT move from the 'Higher than Expected' Band to the 'As Expected' band. Since then TRFT has remained comfortably within this band with an HSMR either just above or below 100.</p>

	<p>The SHMI has seen steady decreases for releases in 2022/23, remaining in the 'As Expected' band.</p> <p>The Trust continues to use Mortality indicator data to identify potential areas of poor care for investigation and also its coding data to benchmark the Trust's performance against other Trusts.</p> <p>The team continues to work to Improve the quality and completeness of clinical coding.</p> <p>17/18 SJRs required for learning disability deaths have been completed in 2021/22.</p> <p>Congestive heart failure has flagged as a consistently high HSMR. All deaths have had a specialty led review and all deemed unavoidable.</p> <p>Learning From Deaths - 2022/23 Quarters 1 & 2</p> <p>The Trust is aware of its shortcoming in its Learning from Deaths programme. The Trust is being assisted by 360 Assurance with regard to the governance of the programme. The Trust joined NHS England & Improvement's <i>Better Care Tomorrow: Learning from Deaths</i>, programme, which focuses on the completion of good quality Structured Judgement Reviews, and how they can be used to learn and drive improvement.</p> <p>Both improvement projects have action plans which were agreed in 2021/22. These are currently being implemented and will be finalised in 2022/23. 13/15 actions from the 360 audit update have been completed with the outstanding 2 due March 2023.</p> <p>Good progress has been made on learning from deaths with the key outstanding action is the completion of quality SJRs to identify themes and learning.</p>
<p>Due Diligence (include the process the paper has gone through prior to presentation to the meeting)</p>	<p>This data is also presented to the Trust's Mortality Group, the Clinical Effectiveness Committee and the Quality Committee.</p>
<p>Powers to make this decision</p>	<p>N/A</p>
<p>Who, What and When (what action is required, who is the lead and when should it be completed?)</p>	<p>The Trust continues to work to establish a robust Learning from Deaths programme where both good and poor practice is identified. The purpose is to identify problems in care which might have contributed to the death, and to learn in order to prevent recurrence. Reviews and investigations are only useful for learning purposes if their findings are shared and acted upon.</p> <p>Learning from Deaths is co-ordinated and run through the Trust's Mortality Group, chaired by the Medical Director, with oversight and</p>

	<p>assurance through the Trust's new Clinical Effectiveness Committee and Quality Committee.</p> <p>The Trust aims to understand its Mortality Indicators and to use them to assist the Learning from Deaths process, in order to indicate areas where TRFT may have problems in care and needs to investigate.</p> <p>Recruitment of clinicians to undertake SJRs is currently underway with an expectation that by the end of Q4 this will be In place.</p>
Appendices	

1.0 MORTALITY INDICATORS

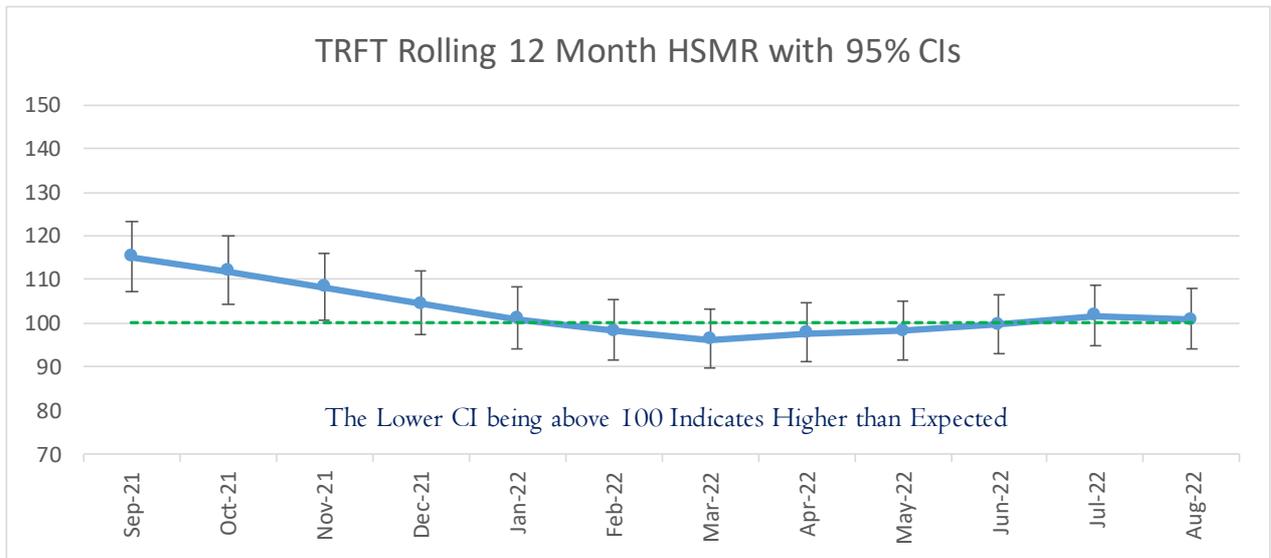
1.1 Hospital Standardised Mortality Ratios (HSMR), produced by Dr Foster

Latest month's data available for The Rotherham NHS Foundation Trust (TRFT): **Aug 2022**

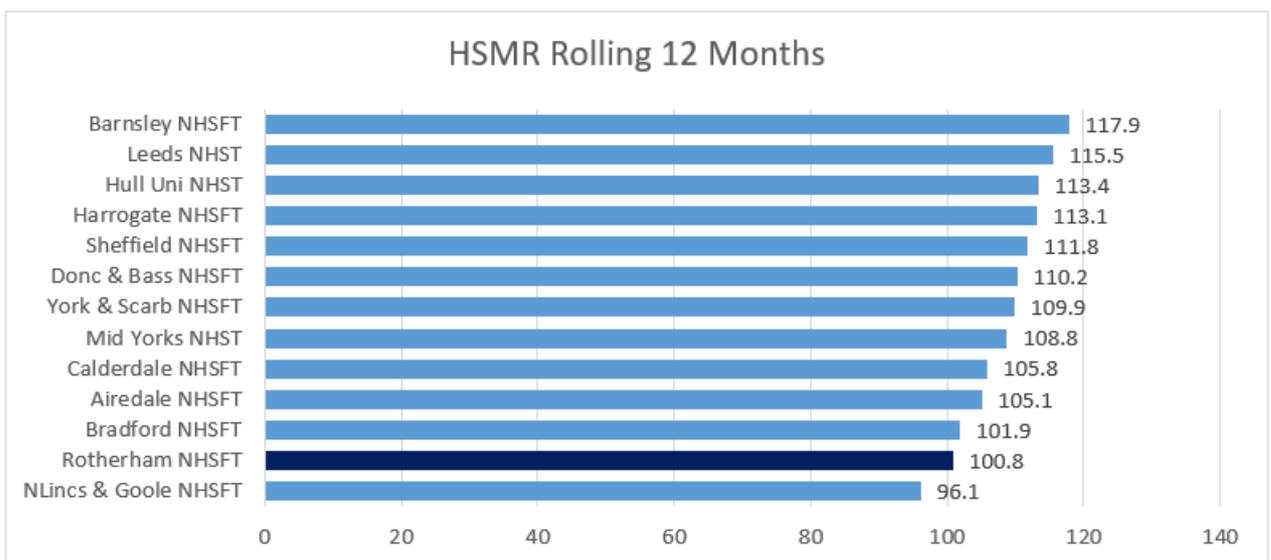
TRFT's latest rolling 12-month HSMR value is **100.8**. TRFT are in the 'As Expected' band and have the 2nd lowest HSMR in the Yorkshire & Humber Region for Acute Non Specialist Trusts.

1.2 HSMR Rolling 12-Month Trend

This chart shows that for the last 8 data releases, TRFT's HSMR has been stable and close to 100.



1.3 Yorkshire & Humber Regions General Trusts, HSMR Sept 2021 – Aug 2022



1.4 Summary Hospital-Level Mortality Indicator (SHMI), produced by NHS Digital

Latest Month's Data Available for TRFT: **July 2022**

TRFT's latest rolling 12-month SHMI value is **103.9**. TRFT remains in the 'As Expected' band.

The main difference between the SHMI and the HSMR is that the SHMI includes deaths that occurred within 30 days of a hospital discharge.

2.0 MORTALITY INDICATORS - RECORDING AND THE CLINICAL CODING OF DIAGNOSES AND PROCEDURES

Clinical coding is the process whereby information from the hospital case notes for each patient are expressed as codes; this includes the operation/treatment, diagnosis, complications and co-morbidities.

To ensure that the number of 'Expected Deaths' calculated in the HSMR and SHMI accurately reflects TRFT's inpatient case mix, the following clinical recording/coding factors are important:

- Capture of all relevant Co-Morbidities
- Recording of a definitive diagnosis in the 1st or 2nd Episode of care, where possible
- Capture of Palliative Care (HSMR Only)

2.1 SHMI Coding Indicators (Aug 2021 - July 2022)

NHS Digital's SHMI Coding/Data Quality indicate that TRFT has a good depth of coding, indicated by a high number of Co-Morbidities per Non-Elective admission (2nd highest in the region).

TRFT has the highest rates of signs and symptoms and invalid codes recorded in the Primary Diagnosis. This could indicate a problem with data quality or timely diagnosis of patients. Investigations have determined that TRFT have been sending incomplete data extracts to NHS Digital for the data that is used to derive mortality metrics. This problem has been rectified. These 2 coding indicators are also affected by the high number of short stay episodes in TRFT's Acute Medical Unit, which means definitive diagnoses aren't recorded in episodes 1 or 2.

The Palliative Care metrics indicate that TRFT's Palliative Care coding rate for all spells is average for the region. For deaths, TRFT is the 2nd highest in the region and just above the national average.

Coding affects the expected rate for both SHMI and HSMR.

Yorks & Humber Non Specialist Acute Trusts	% of Spells: Primary Diagnosis is a Sign & Symptom	% of Spells: Invalid primary diagnosis code	MEAN Secondary Diagnoses per Spell Non Elective	% of Spells with palliative care	% of deaths with palliative care
Rotherham NHSFT	17.1	3.5	7.0	1.8	43
NLincs Goole NHSFT	16.5	0.1	5.3	1.4	21
Airedale NHSFT	15.0	0.0	4.7	0.9	21
Harrogate NHSFT	14.7	0.1	4.6	1.9	36
Barnsley NHSFT	13.1	0.1	7.3	1.4	25
York & Scarb NHSFT	12.9	0.1	5.1	1.4	29
Bradford NHSFT	12.6	0.4	4.1	1.0	29
Donc & Bass NHSFT	10.1	0.0	5.0	2.4	44
Mid Yorks NHST	9.9	1.0	6.0	1.6	35
Sheffield NHSFT	9.0	0.1	5.1	2.1	40
Calderdale NHSFT	8.8	*	6.0	1.8	33
Leeds NHST	7.0	*	6.0	2.1	35
Hull Uni NHST	6.5	0.6	5.9	2.4	33
England	13.5	0.9	5.7	1.9	40

2.2 Clinical Coding – Mortality Indicator Work

The Clinical Coding Team continue to have an important contribution to the Trust's understanding of Mortality Indicators and the investigation of Mortality Alerts.

Reducing Multi Short Duration Consultant Episodes (CEs) in AMU

The Team have been involved in a working group looking at ways to reduce the amount of short stay Consultant Episodes in the Acute Medical Unit. A process has been agreed to limit the episodes of care during an AMU ward stay to 1. A new episode of care will be generated when the patient is transferred to a ward under the care of a specialty Consultant.

Clinical Coding Reviews – Mortality Alerts

The Team complete in-depth Clinician Coding Reports for deaths, which contribute to a Diagnosis Group Alert.

These reviews can determine how many of these deaths could or should have been allocated to another Diagnosis Group, which attract a higher risk score. The reviews can determine the cause of this:

- The lack of a correct recording of the diagnosis in the Medical Records
- The diagnosis wasn't available in the 1st two Consultant episodes of the admission (only the first two episodes count for the risk score)
- Omission from a Clinical Coder

3.0 LEARNING FROM DEATHS IMPROVEMENT PROGRAMMES

TRFT is involved in two Learning from Deaths Improvement Programmes, which complement each other. The review with 360 Assurance focuses on reporting and governance for the Learning from Deaths programme. The outcome is to maximise the transparency and competence of the governance process.

The 2nd review programme with NHS England/Improvement focuses on the operational side. The key feature of this programme is to move TRFT to their SJR+, cloud-based system. This system has an enhanced SJR form, and an analytical reporting tool. The anticipated outcome from this audit is better quality and complete SJRs from which learning can be extracted and disseminated.

3.1 Update - 360 re Audit Update

After the January 2022 Re-Audit, 15 action points were agreed, with due dates ranging from April 2022 to March 2023.

13 had dates before the end of October 2022. These have all been completed, although completed, work is required to put some of these actions points on sustainable footing going forward.

There are now 2 action points outstanding. Both have a due date of 31/03/2023. These will be looked at during January and February.

3.2 Update - NHSE/I Better Care Tomorrow LFD Improvement Programme (SJR+)

The current process for completing SJRs at TRFT isn't delivering timely good quality SJRs for the Trust. It was agreed, with NHSE/I programme leads, to pause the project, allowing TRFT to review other processes that are delivering for other Trusts and to decide upon a better process.

A Business Case was approved in Nov 2022 which funds protected time for a smaller group of trained reviewers. The posts went to go out to advert in December. Once the reviewers are determined, the move to SJR+ and the training of reviewers will happen during Jan and February 2023.

The project plan had a date of 28/03/2023, for the move to SJR+. This will and has to be met because the funding for the Better Care Tomorrow's intensive support for Trusts moving to SJR+ is being stopped at 31/03/2022. In light of this the Team are running extra training sessions in Jan, Feb and March.

4.0 STRUCTURED JUDGEMENT REVIEW (SJR) REPORT

SJRs All Adult Inpatient Deaths

Month of Discharge	Adult Inpatient Deaths	SJR Requested	SJR Completed	SJR Outstanding	Overall Care Score < 3	Avoidability Score < 4
Oct-21	83	31	26	5	1	0
Nov-21	108	23	21	2	1	0
Dec-21	95	20	17	3	0	0
Jan-22	100	31	23	8	0	0
Feb-22	80	15	10	5	0	0
Mar-22	81	14	6	8	0	0
Apr-22	102	25	12	13	1	0
May-22	85	29	11	18	0	0
Jun-22	87	27	9	18	1	0
Jul-22	85	24	14	10	0	0
Aug-22	67	16	10	6	0	0
Sep-22	78	19	6	13	0	0
12M Total	1051	274	165	109	4	0
2022/23 Q1	274	81	32	49	2	0
2022/23 Q2	230	59	30	29	0	0

Care Score	1 - Very Poor	2 - Poor	3 - Adequate	4 - Good	5 - Excellent
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Avoidability Score	1 - Definitely avoidable	2 - Strong evidence	3 - Probably (more than 50:50)	4 - Possibly (less than 50:50)	5 - Slight evidence	6 - Definitely not avoidable
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4.1 Timeliness of SJR Completions

Financial Quarter	SJR Requested	SJRs Completed	% Completed	Completed Within 60 Days of Death	% Completed Within 60 Days of Death
2021/22 Q3	74	64	86.5%	30	40.5%
2021/22 Q4	60	39	65.0%	18	30.0%
2022/23 Q1	81	32	39.5%	21	25.9%
2022/23 Q2	59	30	50.8%	14	23.7%

Update

The June 2022 death with an Overall Care Score of 2 was for a patient with Learning Disabilities. The death was reviewed by the SI Panel and determined to be an incident with a Low Degree of Harm. The Matron for Learning Disabilities & Autism is leading an After Action Review, being held on 05/12/2022.

The 90% target for completing all SJRs within 60 days isn't being met and is unlikely to be met using the current multi-clinician rota system. An alternative model has been agreed with a smaller number of trained clinicians with protected time. This is expected to commence in Feb 2023.

A Thematic Analysis exercise has been drafted for the free text comments in TRFTs Q1 & 2 2022/23 SJRs. Free texts comments have been allocated to categories based on the area of health care they refer to and whether they are positive or negative or neutral. This draft has been sent to the Interim Medical Director and Mortality Leads for comment. Once approved this report will be distributed to the appropriate Trust groups

4.2 Learning from Deaths - Learning Disabilities and Leder Reviews

The LeDer Programme is a Commissioner-led review of deaths for patients with Learning Disabilities and Autism (autism was included from April 2022), regardless of the place of death. Provider Trusts are frequently asked to assist with a LeDer review when they have been involved in care provision for that patient.

Deaths for patients are identified by a Learning Disability Flag in MediTech, indicated by the Medical Examiner after a scrutiny, a request from the Matron for Learning Disabilities and Autism, or by a request from the ICB LeDer Team.

SJRs for Learning Disability deaths are identified and marked as priority for the Divisions to complete.

Month of Discharge	SJR Requested	SJR Completed	SJR Outstanding	Overall Care Score < 3	Avoidability Score < 4
Oct-21	0	0	0	0	0
Nov-21	2	2	0	0	0
Dec-21	3	3	0	0	0
Jan-22	5	5	0	0	0
Feb-22	2	2	0	0	0
Mar-22	1	1	0	0	0
Apr-22	0	0	0	0	0
May-22	1	1	0	0	0
Jun-22	2	2	0	1	0
Jul-22	0	0	0	0	0
Aug-22	1	1	0	0	0
Sep-22	1	0	1	0	0
12M Total	18	17	1	1	0

Update

TRFT is improving its completion rate and timeliness for SJRs for Learning Disability Deaths. The outstanding September 2022 SJR is being chased up.

TRFT is looking to add an Autism Flag in MediTech, which will be pulled into the Mortality Insights Reports. Work is ongoing between, the Health Informatics Team, the MediTech Team and the Matron for Learning Disabilities & Autism.

5.0 LEARNING FROM DEATHS IN THE DIVISIONS

Monthly Mortality meeting continue to be held in the Divisions of Medicine and Surgery where reviewed deaths are presented and discussed. However, they are not in the SJR format and therefore are not feeding into the Learning from Deaths data collection. This is impeding TRFT's ability to maintain an overview and identify themes.

SJR are being discussed where the Overall Care Score is poor or/and the death is judged to have likely Avoidable. A decision is made as to whether a referral to the SI Panel is appropriate and what learning can be taken be from these reviews. The Divisional Mortality Groups continue to present summary reports at the Trust Mortality Meeting.

5.1 SJR Scores & Themes: 2022/23 Quarters 1 & 2

Summary (58 completed at 30/11/2022)

69% of SJRs had an Overall Care Score of Good or Excellent. 1 SJRs had an Overall Care Score of poor. This SJR followed the Trust's process for SJRs with an Overall Care Score less than 3. T includes a review and discussion at the Divisional Mortality Group, followed by the Trust-wide Mortality Group, and an escalation to the Serious Incident panel if required.

0 death were judged to have likely been avoidable.

9 SJRs identified Problems in Health Care (16). This number is likely to be artificially low due to the current brevity of SJR completion at TRFT. It is believed that the introduction of SJR+ (and supportive SJR training) in early 2023 will result in an increased number of problems being identified and encourage more narrative detailing the problem. This increase will enhance the learning available to TRFT from its SJRs.

SJR Scores 2022/23 Quarters 1 & 2

Overall Care Score	SJR
1 - Very Poor	0
2 - Poor	1
3 - Adequate	5
4 - Good	23
5 - Excellent	17
Not Recorded	12
Total	58

Avoidability	SJR
1 - Definitely avoidable	0
2 - Strong evidence of avoidability	0
3 - Probably avoidable (more than 50:50)	0
4 - Possibly avoidable (less than 50:50)	3
5 - Slight evidence of avoidability	3
6 - Definitely not avoidable	46
Not Recorded	6
Total	58

Problems In Healthcare Breakdown	Problems
1 Assessment Investigation Or Diagnosis	4
2 Medication IV Fluids Electrolytes Oxygen	2
3 Treatment And Management Plan	6
4 Infection Control	0
5 Operation Invasive Procedure	1
6 Clinical Monitoring	1
7 Resus Following Cardiac Respiratory Arrest	1
8 Other	1
Total	16

Initial Phase Care Score	SJR
1 - Very Poor	0
2 - Poor	1
3 - Adequate	4
4 - Good	33
5 - Excellent	15
Not Recorded	5
Total	58

On Going Care, Care Score	SJR
1 - Very Poor	0
2 - Poor	2
3 - Adequate	8
4 - Good	25
5 - Excellent	17
Not Recorded	6
Total	58

Care During A Procedure Care Score	SJR
1 - Very Poor	0
2 - Poor	0
3 - Adequate	0
4 - Good	15
5 - Excellent	5
Not Recorded	38
Total	58

Perioperative Care Score	SJR
1 - Very Poor	0
2 - Poor	0
3 - Adequate	0
4 - Good	8
5 - Excellent	2
Not Recorded	48
Total	58

End Of Life Care Score	SJR
1 - Very Poor	0
2 - Poor	2
3 - Adequate	3
4 - Good	19
5 - Excellent	26
Not Recorded	8
Total	58

Thematic Analysis of SJR Narrative/Comments

Thematic analysis is a method of analysing and coding qualitative data to determine themes. Thematic analysis of SJRs involves analysing the free text comments and assigning these comments to codes. In this analysis the comments are assigned to a code based on whether they are positive, negative and what factor the positive or negative comment relates to.

Whilst most SJRs completed in 2022/23 Q1 & 2 don't contain this information, we have been able to analyse the comments we do have. The table below details the Categories these fall into. These comments will be disseminated to relevant Groups with the Trust.

2022/23 Q1&2 TRFT Free Text Negative Care Comments by Category

Category	Comments
Communication	12
Delay/Omission/Interpretation - Tests/Results/Monitoring	9
Delay /Omission/Choice Medication or Treatment	7
Delay/Omission Assessment/Opinion/Review	7
End of Life / Palliative Care	6
Delay /Omission - Escalation	4
Location of Care/Bed Availability/Inappropriate Moves	4
Do Not Attempt CPR	2
Medical History	2

Good Care

SJR's are a useful tool to identify both good and poor care. Most SJR's highlighting examples of poor care include many more instances of good care within them. These comments will be disseminated to relevant Groups with the Trust.

6.0 CONCLUSION

Mortality and the Learning from Deaths will continue to be one of the Trust's top Quality Improvement priorities.

The Trust's aggregate HSMR and SHMI scores are both comfortably in the As Expected band. The Diagnostic Group, Congestive Heart Failure (non hyper-tensive) has had a consistently high HSMR during the last few month. A clinical specialty led review of 24 deaths has been undertaken, whose results are expected in the next few weeks. 6 completed SJR's were reviewed and all of these deaths were judged to have been unavoidable.

Other Diagnostic Groups which the Mortality indicators, flag for investigation, are having Clinical Coding Reviews and SJR's completed. Reassuringly none of these reviews are identifying avoidable deaths.

The Trust's Learning from Deaths programme is undergoing a major change in early 2023, moving to a process of having SJR's completed by a dedicated small team of trained reviewers. The correct implementation of this process will see quick improvements in the timeliness and quality of its SJR's.

The SJR's that are being completed are now being reviewed and analysed. The care scores, and the problems identified, together with narrative, are starting to be shared within the Trust, with the groups that can consider the implementation of actions to prevent reoccurrence. This aspect of the Learning from Deaths programme will continue to be developed in 2023.

John Taylor
Learning From Deaths and Mortality Manager
December 2022

Board of Directors' Meeting

13 January 2023

Agenda item	P30/23
Report	Terms of Reference
Executive Lead	Angela Wendzicha Director of Corporate Affairs
Link with the BAF	P1: There is a risk we will not embed quality care within the 5 year plan because of lack of resource, capacity and capability leading to poor clinical outcomes and patient experience.
How does this paper support Trust Values	The documents support all Trust values.
Purpose	For decision <input checked="" type="checkbox"/> For assurance <input type="checkbox"/> For information <input type="checkbox"/>
Executive Summary (including reason for the report, background, key issues and risks)	<p>The Board Committees carried out a review of their respective Terms of Reference during 2022.</p> <p>The following approved Terms of Reference are presented to Board for final ratification:</p> <ul style="list-style-type: none"> • Audit and Risk Committee • Quality Committee
Due Diligence (include the process the paper has gone through prior to presentation at Board of Directors' meeting)	The Terms of Reference have been discussed and approved at the respective Committees.
Board powers to make this decision	The power to make the decision is held within the Scheme of Delegation.
Who, What and When (what action is required, who is the lead and when should it be completed?)	Following final ratification the Terms of Reference will be published on the Trust website.
Recommendations	It is recommended that the Board confirm final ratification of the attached Terms of Reference.
Appendices	<ul style="list-style-type: none"> • Audit and Risk Committee Terms of Reference • Quality Committee Terms of Reference

Audit and Risk Committee Terms of Reference

Name and Designation of Author	Angela Wendzicha, Director of Corporate Affairs
Approved by	Audit Committee Trust Board
Approving evidence	Minutes of the meeting July 2022 Minutes of the Board meeting held on []
Date approved	
Review date	June 2023
Review frequency	Annual
Target audience	Audit and Risk Committee Members and Attendees
Links to other Procedural Documents	
Protective Marking Classification	Subject to the Freedom of Information Act

Date	Version	Author Name & Designation	Summary of amendments
February 2021	1		
July 2022	2	Angela Wendzicha, Director of Corporate Affairs	Full review following feedback on suggested amendments October 2021

Version Control

Title	Audit and Risk Committee Terms of Reference
Constitution	1.1 The Audit and Risk Committee (“the Committee”) is constituted as a standing committee of the Board of Directors (“the Board”) of The Rotherham NHS Foundation Trust (“the Trust”).
Authority	<p>2.1 The Committee is authorised by the Board to consider any matter within its Terms of Reference and be provided with the Trust resources to do so.</p> <p>2.2 The Committee has the right of access to all information that it deems relevant to fulfil its duties which may require any Trust colleague to attend a meeting of the Committee to present information or answer questions on a matter under discussion.</p> <p>2.3 The Committee is authorised by the Board to obtain external professional advice and to invite external consultants with relevant experience and expertise to attend if it considers this necessary or expedient to exercise its functions.</p> <p>2.4 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions. This may include establishing task and finish groups as required to assist in discharging its responsibilities.</p> <p>2.5 The Committee has no executive powers other than those set out in these Terms of Reference.</p> <p>2.6 The Committee is authorised to meet via a virtual/remote meeting.</p> <p>2.7 The Committee is authorised in exceptional circumstances to conduct discrete business outside of its scheduled meetings where it is not practicable to convene a full meeting. The process to be followed is set out in Section 17.7.</p>
Purpose & Duties	3.1 The Board has approved the establishment of the Committee for the purpose of advising the Board of Directors and providing an

independent and objective review on the adequacy of Trust's system of internal control, including audit arrangements (internal and external), financial systems, financial information, assurance arrangements including governance, risk management and compliance with legislation.

The Committee will discharge this purpose through the following duties:

3.2 Integrated Governance, Risk Management and Internal Control

3.2.1 On behalf of the Board, the Audit Committee shall review the adequacy of the establishment and maintenance of an effective system of integrated risk management and internal control, across the whole of the Trust's activities (including those of any subsidiary, either currently in existence or to be established) that support the achievement of the organisation's strategic objectives.

3.2.2 In particular, the Committee, will review the adequacy and effectiveness of:

- the Trust's general risk management structures, processes and responsibilities, including the production of all risk and control related disclosure statements, (in particular, the Annual Governance Statement) together with any accompanying Head of Internal Audit Opinion, prior to endorsement by the board;
- the risk management strategy, structures, processes and responsibilities for identifying and managing key risks facing the organisation;
- the Board Assurance Framework and ensure its presentation at the Board at intervals determined by the Board in addition to ensuring the Board Assurance Framework is adapted to recognise the impact of the Covid-19 Pandemic on the Strategic Priorities;
- the underlying assurance processes that indicate the degree of achievement of the organisation's objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
- the policies and procedures for all work related to anti-fraud, bribery and corruption as set out by the NHS Counter Fraud Authority;
- the work of counter-fraud services; to ensure that there is an effective LCFS established by management that meets mandatory requirements and provides appropriate independent assurance to the Committee, Chief Executive and Board;
- the policies for ensuring that there is compliance with relevant regulatory, legal and code of conduct requirements as set out in regulators' standards and guidance;
- the operational effectiveness of policies and procedures; and
- the financial control systems.

3.2.3 In carrying out this work, the Committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

3.2.4 These will be evidenced through the Committee's use of an effective assurance framework to guide its work and the audit and assurance functions that report to it.

3.3 Internal Audit

3.3.1 Internal Audit primarily provides an independent and objective opinion to the Accountable Officer, Board and the Audit Committee on the degree to which risk management, control and governance support the achievement of the Trust priorities.

3.3.2 The Committee shall ensure that there is an effective Internal Audit function established by management that meet the Public Sector Internal Audit Accounting Standards 2017, that utilises an independent risk based approach.

3.3.3 In addition, the Committee will:

- consider the appointment of the internal audit service, the internal audit fee and any questions of resignation or dismissal and make appropriate recommendations to the Board;
- following consultation with all executive and Non-Executive Board members, approve the internal audit programme and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the assurance framework;
- consider the major findings of internal audit investigations (and management's response) and report progress on material matters to the Board;
- ensure co-ordination and co-operation between the Internal and External Auditors to optimise the use of audit resources;
- ensure that the Internal Audit function is adequately resourced and has appropriate standing within the organisation;
- review and approve the Internal Audit Plan, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework;
- receive and review the annual report of the Internal Auditor and agree actions in response to this;
- review annually the effectiveness of Internal Audit; and
- meet in private with the internal auditor to discuss issues or matters arising.

3.4 External Audit

3.4.1 The Committee shall review and monitor the external auditors' independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the external auditors and consider the implications and management's responses to their work. This will be achieved by:

- A report by the Committee to the Council of Governors in relation to the performance of the External Auditors, including details such as the quality and value of the work, and the timeliness of report and fees, to enable the Council of Governors to consider whether or not to re-appoint them. The Committee should also make recommendation to the Council of Governors about the appointment, re-appointment and removal of the External Auditor and approve the remuneration and terms of engagement of the External Auditor;
- discussion and agreement with the External Auditor, before the annual audit commences, of the nature and scope of the audit, as set out in the annual plan;
- reviewing with the external auditors their evaluation of audit risks and assessment of the organisation and the impact on the audit fee;
- review and monitoring of External Audit reports, including the report to those charged with governance (before its submission to the Board) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses;
- review and monitor the External Auditor's independence, objectivity and effectiveness, particularly with regard to non-audit services that may be provided to the Trust;
- developing and recommend to the Board as required, the Trust's formal policy on the provision of non-audit services by the External Auditor, including approval of non-audit services by the Committee and specifying the types of non-audit service to be pre-approved, and assessment of whether non-audit services have a direct material effect on the audited financial statements ;
- satisfy itself that there are no relationships between the auditor and the Trust (other than in the course of business) which could adversely affect the auditor's independence and objectivity; and
- meet as required in private with the external auditor to discuss issues or matters arising.

3.5 Other assurance functions

3.5.1 The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance of the organisation.

3.5.2 These could include any reviews undertaken by regulators (such as NHSEI and the Care Quality Commission), NHS Resolution and professional bodies with responsibility for the performance of staff or functions (such as Royal Colleges and accreditation bodies).

3.5.3 The Audit Committee will also receive and review annual reports from the board's committees in support of the annual governance statement prior to them being submitted to the Board.

3.5.4 The Committee will provide assurance to the Board that the organisation is properly managing its cyber risk, including appropriate risk mitigation strategies.

3.5.5 The Committee will provide assurance to the Board that the Trust is properly managing its cyber risk including any appropriate risk mitigation strategies. The Committee will receive reports that controls are in place for, protect from, and respond to cyber-attacks including management of the consequences of a cyber-security incident. In doing so, the Committee will satisfy itself that there is capable management resource in place to deal with cyber security matters. The Committee will receive assurance that the Trust has an incident response plan in place to deal with cyber security matters and that the workforce have been briefed and trained about cyber security.

3.5.6 The Committee will review the complete Board Assurance Framework (BAF) document on a quarterly basis prior to its submission to the Board.

3.6 Financial Reporting

3.6.1 The Committee shall monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance.

3.6.2 The Committee should ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

3.6.3 The Committee shall review the Annual Report and Financial Statements before submission to the Board, focusing particularly on:

- the wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Committee;
- changes in, and compliance with, accounting policies, practices and estimation techniques;
- unadjusted mis-statements in the financial statements;
- significant judgments in the preparation of the financial statements;
- significant or proposed adjustments resulting from the audit;
- letters of representation;
- explanations for significant variances;

- qualitative aspects of financial reporting; and
- the rigour with which the Auditor has undertaken the audit.

3.7 Counter Fraud

3.7.1 The Committee shall satisfy itself as to having adequate arrangements in place for counter fraud that meets the NHS Counter Fraud Functional Standards.

3.7.2 The Committee will refer any suspicions of fraud, bribery, and corruption to the Trust's Counter Fraud Specialist or the NHSCFA.

3.8 Annual Report

3.8.1 The annual report shall include a separate section to cover the work of the Committee in discharging the responsibilities outlined above.

The annual report should :

- explain the significant issues that the Committee considered in relation to the financial statements, operations and compliance, and how these issues were addressed;
- explain, if the auditor (internal / external) provides non-audit services and how auditor objectivity and independence is safeguarded;
- the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and
- include details of the full auditor (internal / external) appointment process where relevant.

3.9 Whistleblowing Policies

3.9.1 The Committee shall review the Trust's arrangements for its employees to raise concerns, in confidence, about possible wrongdoing in financial reporting and control, clinical quality, patient safety or other matters.

3.9.2 The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action, and reassure individuals raising concerns that they will be protected from potential negative repercussions.

3.10 Collaborative Working

3.10.1 The Audit Committee will:

- seek clarity and understanding around what the local arrangements are for collaborative working having regard for the Trust as the sovereign organisation

	<ul style="list-style-type: none"> • in seeking clarity, the Committee will understand the shared decision making arrangements; • will seek clarity on the accounting arrangements being put in place and; • will seek clarity on any proposals to agree risk appetites and tolerances. <p>11. <u>Other matters</u></p> <p>The Committee shall:</p> <ul style="list-style-type: none"> • review the appropriateness of single tender actions which have been approved by the Executive; • give due consideration to laws and regulations, and the provisions of The NHS Foundation Trust Code of Governance; and • committee members shall receive the development and training that they need to fulfil their role on the Committee. <p>The Committee will also:</p> <ul style="list-style-type: none"> • Review the BAF risks delegated to the Committee for review, and make recommendations to the Board for any required changes of risk score or content.
Membership	<p>12.1 The Committee members shall be appointed by the Board and shall comprise three Non-Executive Directors, one of whom must have relevant and current financial experience.</p> <p>12.2 The Board shall appoint the Chair and Vice Chair of the Committee from its Non-Executive Directors.</p> <p>12.3 The Trust Chair shall not be a member of the Committee.</p>
Attendees	<p>13.1 Attendees to include:</p> <ul style="list-style-type: none"> • Director of Finance who will be the Lead Executive • Chief Nurse • Director of Corporate Affairs • Representatives from Internal and External Audit • Attendance at least two meetings per annum (to be agreed with the Committee Chair) will be required by the Trust's Counter Fraud Specialist. <p>13.2 The Chief Executive may be invited to attend the Audit Committee, at least annually to discuss with the Audit Committee the process for assurance that supports the Annual Governance Statement.</p> <p>13.3 Other Executive Directors or their colleagues may be invited to attend for specific agenda items.</p>

Quorum	<p>14.1 A quorum shall be made up of two members.</p> <p>14.2 No business shall be transacted by the Committee unless a quorum is present.</p> <p>14.3 Those in attendance or observing do not count towards the quorum.</p>
Observers	<p>15.1 Meetings are not open to members of the public, however two Governors, representing the Council of Governors, may attend Committee meetings as observers, once confidentiality agreements have been signed on an annual basis. As observers Governors may not participate in the meeting unless specifically invited to do so by the Chair of the Committee.</p> <p>15.2 However, the Chair reserves the right to hold all, or part of the meeting in private without Governors observing if deemed appropriate.</p> <p>15.3 A copy of the agenda will be provided on the day to Governors who are observing the meeting. All papers will be returned to the secretary of the meeting at the end of the meeting.</p>
Frequency of Meetings	<p>16.1 Meetings will take place at least five times per financial year, but may be held more frequently should circumstances require (which will be determined by the Chair of the Committee).</p> <p>16.2 At least once a year, the Committee shall meet privately with both Internal and External Audit without the presence of management.</p>
Meeting administration	<p>17.1 Notice of meetings will be given at least seven working days in advance unless members agree otherwise.</p> <p>17.2 The Chair of the Committee, Lead Executive and the Director of Corporate Affairs will meet to agree the agenda for each meeting based on the Annual Work Plan and any other urgent business.</p> <p>17.3 Administrative support to the Committee will be provided by the Corporate Governance Department. The agenda and papers will be circulated three working days prior to the meeting. Any amendments to the agenda can only be carried out with the agreement of the Committee Chair and Lead Executive.</p> <p>17.4 Draft minutes and action log will be circulated by the administrative support within five working days of the Committee and approved by the Committee Chair within fifteen working days of the meeting.</p> <p>17.5 It is an unusual for business to be required to be carried out outside of scheduled Committee meetings. For business that is required to be carried out by the Committee, outside of the scheduled meetings an extra ordinary Committee will be convened.</p>

<p>Operational Groups which report into the Committee/Group</p>	<p>Risk Management Committee is the operational group reporting into the Committee.</p> <p>The Chair from the Risk Management Committee will provide a quarterly report the Committee.</p>
<p>Monitoring and review</p>	<p>The Committee's Terms of Reference will be subject to annual review.</p> <p>The Committee will undertake an annual review of its performance, via a self-assessment by its members with any agreed actions reported to the Board.</p>

Quality Committee Terms of Reference

Name and Designation of Author	Angela Wendzicha, Director of Corporate Affairs
Approved by	Quality Committee Trust Board
Approving evidence	Minutes of the meeting held on 30 November 2022 Minutes of the Board meeting held on []
Date approved	30 November 2022
Review date	October 2023
Review frequency	Annual
Target audience	Quality Committee Members and Attendees
Links to other Procedural Documents	Standing Orders of the Trust Board
Protective Marking Classification	Subject to Freedom of Information Act

Date	Version	Author Name & Designation	Summary of amendments
June 2021	1.0		
July 2022	2.0	Angela Wendzicha, Director of Corporate Affairs	Full review

Version Control

Title	Quality Committee Terms of Reference
Constitution	1.1 The Quality Committee (“the Committee”) is constituted as a standing Committee of the Board of Directors (“the Board”) of The Rotherham NHS Foundation Trust (“the Trust”).
Authority	<p>2.1 The Committee is authorised by the Board to consider any matter within its Terms of Reference and be provided with the Trust resources to do so.</p> <p>2.2 The Committee has the right of access to all information that it deems relevant to fulfil its duties which may require any Trust colleague to attend a meeting of the Committee to present information of answer questions on a matter under discussion.</p> <p>2.3 The Committee is authorised to instruct external professional advice and to invite external consultants with relevant experience and expertise to attend if it considers this necessary or expedient to exercise its functions.</p> <p>2.4 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions. This may include establishing task and finish groups as required to assist in discharging its’ responsibilities.</p> <p>2.5 The Committee is authorised, in exceptional circumstances to conduct discrete business outside of its scheduled meetings where it is not practicable to convene a full meeting. The process to be followed is set out in Section 10.7.</p> <p>2.6 The Committee is authorised to meet via a virtual/remote meeting.</p> <p>2.7 The Committee has no executive powers other than those set out in these Terms of Reference.</p> <p>2.7 The Committee has the authority to approve Policy documents delegated from the Trust Board.</p>

<p>Purpose & Duties</p>	<p>3.1 The Board has approved the establishment of the Committee for the purpose of ensuring the highest standard of care is provided to patients consistently across the organisation, that the Trust continually improves the standard of care delivered whilst achieving good outcomes for our patients.</p> <p>3.2 The Committee will support the timely delivery of the Trust's Strategic Ambitions and relevant section of the Operational Plan giving detailed consideration to the Trust's Quality and safety issues whilst being assured as to compliance with appropriate regulatory and statutory requirements. The Committee will discharge its purpose through the following duties:</p> <ul style="list-style-type: none"> • Seek assurance on the implementation of the Trust's Quality Priorities against agreed milestones; • Seek assurance of the Operational Objectives delegated from the Board; • Seek assurance of the Trust Safeguarding arrangements; • Oversight of the Risk Register and Board Assurance Framework aligned to the Quality Committee, making any recommendations to the Trust Board; • Seek assurance on the implementation of Quality, Service, Implementation Redesign (QSIR); • Seek assurance on the completion of actions required following Regulatory Inspections; • Oversee the production of and make recommendations to the Board for the approval of the Annual Quality Report; • Seek assurance that the registration criteria of the Care Quality Commission continue to be met; • Seek assurance by way of deep dives on any matters the Committee considers it has not received sufficient information or assurance; • Seek assurance that robust arrangements are in place for the review of patient safety incidents (including near misses), complaints/concerns, claims and reports from HM Coroner and that they remain fit for purpose; • Seek assurance that progress in being made against reviews relating to NICE Guidance; • Seek assurance in relation to management of Health & Safety; • Seek assurance through quarterly reports to the Committee by its sub-committees, namely; <ul style="list-style-type: none"> • Patient Experience & Inclusion Committee • Patient Safety Committee • Safeguarding Committee • Infection Prevention & Control Committee • Medication Safety Committee
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	<ul style="list-style-type: none"> • Clinical Effectiveness Committee • Health and Safety Committee <p>In addition to the above, the Committee will:</p> <ul style="list-style-type: none"> • Consider matters referred to the Committee by the Board or other Board Assurance Committees; • Consider matters escalated to the Committee by its own sub-committees; • Support the Board in promoting within the Trust a culture of open and honest reporting of any situation that may threaten the quality of patient care in accordance with the Trust's Freedom to Speak Up Policy. • Review the Board Assurance Framework and make any recommendations to the Board for any required changes of risk score or content
Reporting to	<p>4.1 The Committee is accountable to the Board.</p> <p>4.2 The Committee shall report to the Board on how it discharges its responsibilities.</p> <p>4.3 The Chair of the Committee will bring to the attention of the Board any items that the Quality Committee considers the Board should be aware of through the Chair's report to the Board.</p> <p>4.4 The minutes of the Committee's meetings shall be formally recorded and submitted to the Board, once approved by the Chair.</p> <p>4.5 The Committee will consider matters referred to it for action by the Audit Committee, People Committee or Finance and Performance Committee.</p> <p>4.6 The Committee will, on an exception basis, report into the Audit Committee any identified unresolved risks arising within these Terms of Reference.</p> <p>4.7 The Committee will report to the Board annually on its work in support of the Annual Governance Statement. The annual report should also describe how the Committee has fulfilled its terms of reference and provide details of any significant issues that the Committee has considered and how these were addressed.</p> <p>4.8 The Chair of the Committee will provide a quarterly report on the Committee's activities to the Council of Governors.</p>
Membership	<p>5.1 The Committee members shall be appointed by the Board and shall consist of:</p> <ul style="list-style-type: none"> • Four Non-Executive Directors (one of whom must have a relevant clinical background) • Chief Nurse, who will act as Lead Executive; and • Medical Director

	<p>5.2 Members who are unable to attend the meeting can send a Deputy with the prior approval of the Chair; such Deputy must have the ability and authority to make decisions and contribute fully to the business of the Committee.</p> <p>5.3 The Board shall appoint the Chair and the Vice Chair of the Committee from its Non-Executive Directors.</p>
Attendees	<p>6.1 Attendees to the Committee to include:</p> <ul style="list-style-type: none"> • Director of Corporate Affairs • Quality, Compliance and Risk Manager • Deputy Medical Director • Deputy Chief Nurse (Quality) • Deputy Chief Nurse (Staffing and Patient Experience) • Interim Deputy Director of Quality Assurance <p>6.2 Other members of staff will be invited to attend to present for specific agenda items.</p> <p>6.3 The Chief Executive Officer or other Executive Directors may be invited to attend for specific agenda items.</p>
Quorum	<p>7.1 A quorum shall be made up of three members comprising at least two Non-Executive Directors and one Executive Director.</p> <p>7.2 No business shall be transacted by the Committee unless a quorum is present.</p> <p>7.3 Those in attendance or observing so not count towards the quorum.</p>
Observers	<p>8.1 Meetings are not open to the public, however, two Governors, representing the Council of Governors, may attend Committee meetings as observers, once confidentiality agreements have been signed on an annual basis. As observers, Governors may not participate in the meeting unless specifically invited to do so by the Chair of the Committee.</p> <p>8.2 The Chair reserves the right to hold all, or part to the meeting in private without governors observing if deemed appropriate.</p> <p>8.3 A copy of the agenda will be provided on the day to the Governors who are observing with all papers returned to the Committee Secretary at the end of the meeting.</p>
Frequency of Meetings	<p>9.1 Meetings shall be held monthly.</p>

	9.2 Additional meetings may be held after consultation with the Chair
Meeting administration	<p>10.1 Notice of meetings will be given at least seven working days in advance, unless members agree otherwise.</p> <p>10.2 The Chair of the Committee, Lead Executive and the Director of Corporate Affairs will meet to agree the agenda for each meeting.</p> <p>10.3 The Lead Executive Director for the Committee will be supported by the Director of Corporate Affairs in the management of the Committee's business in addition to drawing the Committee's attention to best practice, national guidance and other relevant documents.</p> <p>10.4 Administrative support to the Committee will be provided by the Corporate Governance Department.</p> <p>10.5 The agenda and papers will normally be circulated four working days prior to the meeting to all Committee members and those in attendance. Those individuals presenting papers will be provided with a copy of the final paper.</p> <p>10.6 Draft minutes and action log will be produced by the Corporate Governance Department and provided to the Executive Lead and Chair within 3 working days of the Committee. Draft minutes will be approved by the Chair within 5 working days of the meeting. Action logs will be circulated to all those who have an action to complete.</p> <p>10.7 For business conducted outside of the scheduled meetings, the following must apply:</p> <ul style="list-style-type: none"> • The business to be conducted must be set out in formal papers accompanied by the usual cover sheets clearly setting out the nature of the business to be conducted and the proposal which members are being asked to consider; • The papers will be forwarded to the Committee by the Corporate Governance Department; • The Committee will be expected to respond, subject to availability, by e-mail to the full distribution list with their views within 3 working days of receipt of the paper; • For a decision to be valid, responses must be received from a quorum. • The Director of Corporate Affairs will summarise the conclusion reached and these will be presented to the next scheduled meeting.
Operational Groups which report into the Committee/Group	<p>The operational groups which report into the Committee are:</p> <ul style="list-style-type: none"> • Patient Experience & Inclusion Committee • Patient Safety Committee • Safeguarding Committee • Infection Prevention & Control Committee

	<ul style="list-style-type: none"> • Medication Safety Committee • Clinical Effectiveness Committee • Health and Safety Committee <p>The Director responsible for each area shall provide a quarterly report to the Committee.</p>
<p>Monitoring and review</p>	<p>The Committees Terms of Reference will be subject to annual review. Proposed variations will require approval of the Board.</p> <p>The Committee will undertake an annual review of its performance, via self-assessment by its members and attendees. Any agreed actions will be reported to the Audit Committee and Trust Board.</p>

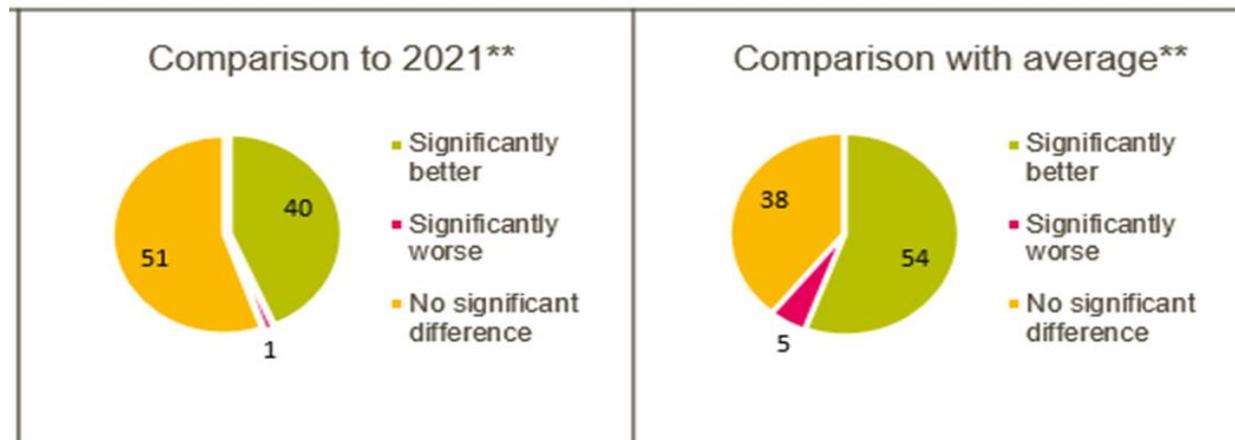
Council of Governors

1. Escalation of staff survey concerns
2. High level of sick absence
3. Health and Wellbeing

1. NSS 2022 - Trust response rate overview

- The table below highlights the Trust's staff survey response rate over the last 5 years.

	2018	2019	2020	2021	2022
TRFT	38.5%	48.0%	52.2%	59.7%	61%
Median	43.6%	46.9%	45.4%	51.1%	46%
Worst	24.6%	27.2%	28.1%	36.5%	26%



- We have maintained or improved on 91 questions, worse on 1 from last year.
- Compared to the Picker average, TRFT have maintained or improved performance on 92 questions.
- 5 questions compared to our Picker peers have deteriorated.

NHS People Promises	Actions since last survey
	<ul style="list-style-type: none"> • We adopted the Compassionate Leadership ethos. Prof Michael West presented a compassionate leadership workshop delivered to the senior leadership team • Colleagues from the Trust have been trained in “compassionate leadership footprint” - development of an alumni is underway • There was more involvement with staff networks during the year to co-produce WRES, WDES action plans as well as increased presence at relevant forums/meetings across the Trust.
	<ul style="list-style-type: none"> • Greater emphasis and more timely recognition of employees and good work at divisional level – local schemes. • Increased number of nominations for PROUD awards • Corporate recognition through external sources e.g. HSJ, World Admin Day, Apprenticeships of the Year, Digital CE of the Year
	<ul style="list-style-type: none"> • Increased staff engagement with the NSS over the last 3 years and introduction of the People Pulse (NQPS) • Enhanced and encouraged colleagues to have a voice (e.g. re-modelling Team Brief, strengthened the role of FTSU) • Introduced and implemented Quality Service Improvement & Redesign (QSIR) methodology, this work will continue.
	<ul style="list-style-type: none"> • In line with the Operational Plan the Trust secured funds to offer a significant number of health resources e.g. resilience hub, healthy body healthy mind healthy eating, F2F counselling, sports activities, complimentary therapies, Therapy Huskie • Presenteeism – the Trust has championed self-care, compassion and mindfulness. • New NHS Occupational Health provision to enhance staff wellbeing experience and support.
	<ul style="list-style-type: none"> • Use of PRINT psychometric to understand team dynamics and team effectiveness, delivered to over 300 colleagues. • Introduced a supported internship programme, securing substantive employment for some students. • Introduction of the Reciprocal Mentoring programme including Board level participation.
	<ul style="list-style-type: none"> • Focus on flexible/agile working as the Trust recovers from the pandemic - Working Group was established to listen and drive improvements including policy review, manager & staff lived experience – e.g. enhanced automation of forms / processes • Audit and service improvements on use and standardisation of rosters with good internal audit feedback and improved metrics.
	<ul style="list-style-type: none"> • Teams have asked to create their own Behavioural charter(s) aligned to the organisation’s Behavioural Framework. • Wide stakeholder engagement principles have been applied for several projects and corporate plans e.g. new 5-year Proud strategy, Appraisal. • Increased the opportunity for teams/depts to access OD interventions e.g. hosting engagement & listening events to shape and improve service delivery.

2. Sick Absence – ongoing support & actions

A deep dive paper for attendance management will be presented to the January PC; however, listed below are a number of actions in place to support short/long term sick absence.

- Launch of new Managing Attendance Policy in June 2020 (review 2023)
- Stakeholder engagement sessions to shape the new attendance policy
- Launch of new Managing Attendance Policy Guide/Toolkit including template letters, checklists etc.
- Managing attendance training delivered on a quarterly basis to managers or on a bespoke basis to areas; and can be accessed online
- Trust signing up to the Dying to Work Charter
- Long term sickness casework tracker to support the proactive management of long term sickness cases in divisions
- Regular meetings held with managers and ER Advisors to discuss long and short term sickness cases

2. Sick Absence – ongoing support & actions

- Stress Risk Assessments for work related stress
- Launch of new occupational health service with Sheffield Teaching Hospitals
- Launch of new EAP service provided by Vivup and promotion of this on the staff intranet
- Expanded the Trust's well-being offering including face to face counselling sessions and referral to long Covid clinics
- Early intervention in long term sickness cases through referrals to occupational health or EAP particularly for stress and musculoskeletal cases.
- ER team providing support in interpretation of the interim Covid 19 terms and conditions provided by NHS employers. This included the producing of a regular FAQ document for staff and management.

2. Sick Absence – ongoing support & actions

- ER team has changed the current structure of the team to provide more Advisor time dedicated to sickness management
- Covid 19 and Flu vaccinations offered to all colleagues.
- Old Greenoaks being a designated staff wellbeing centre (BC brief being developed)
- ER team targeting areas with high absence to provide advice and support to areas and to understand the reasons why.
- Absence workforce data available on the staff intranet for managers to access
- Introduction of hybrid working and use of teams for colleagues
- Introduction of Health & Well-being Champions in divisions and areas
- Introduction of a Workplace Disability Advisor to support with reasonable adjustments process
- All LTS cases reviewed by Divisions at their local performance meetings

3. Health and Wellbeing– ongoing support & actions

Colleagues have told us that the following impacts on health and wellbeing that if addressed, would make a difference:

- Staff moves (ward staff to manage capacity)
- Changing room and lockers for colleagues
- Hot food out of hours (in addition to the vending options)

With regard to staff moves – the Trust is actively working on the following to reduce the need for moves:

- recruit to all vacancies (e.g international recruitment, proactive recruitment of student nurses and a rolling Healthcare Support Worker recruitment programme, which includes taster sessions before the interview)
- Launching the new Retention of Nurses plan through the new Retention workshops, starting February 2023
- If staff are moved – the Trust is developing health and wellbeing checks by the staffing bleep holder to ensure the staff member receives a thank you.
- The Trust is also looking if it would be feasible to try and limit the number of wards a staff member can be moved to so they can develop relationships with a smaller number of wards.

3. Health and Wellbeing– ongoing support & actions

In 2021/22 the Trust spent £555k on staff wellbeing projects including:

- A number of refurbished kitchens and rest rooms
- New locker facilities

This year, the Trust has committed £300k on further staff wellbeing projects, including staff room upgrades and staff shower and changing facilities.

Hot food out of hours – ISS, the Trusts catering partner has committed a to commence a trial commencing the first week in February for an out of hours hot food counter service from the servery, between 10.00pm and 2.00am.

Board Planner

Event/Issue		2022		2023						2024	
Action tracker log no.	TRUST BOARD MEETINGS	Sept	Nov	Jan	Mar	May	July	Sept	Nov	Jan	March
			4	9	3	5	7	8	3		
		M6	M8	M10	M12	M2	M4	M6	M8	M10	M12
	Lead										
PROCEDURAL ITEMS											
	Welcome and Apologies	Chair	•	•	•	•	•	•	•	•	•
	Quoracy Check	Chair	•	•	•	•	•	•	•	•	•
	Declaration of Conflicts of Interest	Chair	•	•	•	•	•	•	•	•	•
	Minutes of the previous Meeting	Chair	•	•	•	•	•	•	•	•	•
	Action Log	Chair	•	•	•	•	•	•	•	•	•
	Matters arising (not covered elsewhere on the agenda)	Chair	•	•	•	•	•	•	•	•	•
	Chairman's Report (part 1 and part 2)	Chair	•	•	•	•	•	•	•	•	•
	Chief Executive's Report (part 1 and part 2)	CEO	•	•	•	•	•	•	•	•	•
STRATEGY & PLANNING											
	TRFT Five Year Strategy 6 month Review	CEO		•			•			•	
	Operational Plan: 6 Month Review	DCEO		•			•			•	
	Annual Operational Planning Guidance	DoF			•					•	
	Winter Plan	COO		•						•	
	Digital Strategy	CEO			•dfd	•		•			•
	Estates Strategy	DoF			•dfd	•		•			•
	Risk Management Policy	DoCA			•dfd	•					
	People Strategy	DoW									
	Quality Improvement Strategy.	CN								•	
	Public and Patient Involvement Strategy	CN									
SYSTEM WORKING											
	SYB ICS and ICP report	DCEO	•	•	•	•	•	•	•	•	•
	SYB ICS CEO Report (included as part of CEO report)	CEO		•	•	•	•	•	•	•	•
	Partnership Working	NED			•		•		•		
CULTURE											
	Patient Story	CN		•		•		•		•	•
	Staff Story	DoW			•		•		•		
	Annual Staff Survey	DoW			•		•				
	Staff Survey Action Plans	DoW									
	Freedom to Speak Up Quarterly Report	ChN	•		•		•		•		
	Gender Pay Gap Report and Action Plan	DoW				•					•

Event/Issue

			2022		2023						2024	
			Sept	Nov	Jan	Mar	May	July	Sept	Nov	Jan	March
Action tracker log no.	TRUST BOARD MEETINGS		M6	M8	M10	M12	M2	M4	M6	M8	M10	M12
		Workforce Race Equality Standards (WRES)	DoW							•		
	Workforce Disability Equality Standard Report (DES)	DoW							•			
	Public Sector Equality Duty Report	DoW							•			
ASSURANCE												
	Integrated Performance Report:	COO	•	•	•	•	•	•	•	•	•	•
	Quarterly Medical Workforce Data	MD										
	Maternity including Ockenden	CN	•	•	•	•	•	•	•	•	•	•
	Safe Staffing Nurse review (6 monthly)	CN			•		•		•		•	
	Reports from Board Assurance Committees	NEDs	•	•	•	•	•	•	•	•	•	•
	Finance Report	DoF		•	•	•	•	•	•	•	•	•
	Operational Update, Including Recovery and Winter Update	COO			•	•	•	•	•	•	•	•
ASSURANCE FRAMEWORK												
	Governance Report	DoCA		•	•	•	•	•	•	•	•	•
	Board Assurance Framework	DoCA	•	•	•	•	•	•	•	•	•	•
	Quarterly Risk Management Report	DoCA			•		•	•		•		•
	Annual Review of risk appetite	DoCA								•		
	Assurance Board Committee ToRs	DoCA										
	Health and Safety Annual Report	DoE						•				
	Quality Assurance Report (1/4)including Care Quality Commission update	CN	•	•		•	•		•	•		•
	Annual Report from SIRO	DCEO					•					
	Safeguarding Annual Report	CN			•						•	
POLICIES												
	Health and Safety Policy (review date Oct 2023)	DoE							•			
	Freedom to Speak Up Policy (Updated when National Policy available)	CN										
	Management of Complaints and Concerns Policy (review due June 2023)	CN					•					
	Procurement Policy (due for renewal March 2023)	DoF			•							
	Risk Management Policy	DoCA			•							

Event/Issue

		2022		2023						2024	
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Action tracker log no.	TRUST BOARD MEETINGS	M6	M8	M10	M12	M2	M4	M6	M8	M10	M12
REGULATORY AND STATUTORY REPORTING											
	Annual Report and Audited Accounts	DoF									
	Audit Committee Annual Report	Com Chair									
	People Committee Annual Report	Com Chair									
	Finance and Performance Committee Annual Report	Com Chair									
	Quality Committee Annual Report	Com Chair									
	Nomination and Remuneration Committee Annual Report	Com Chair									
	Annual Quality Account (approval)	CN									
	Data Security and Protection Toolkit Recommendation Report	SIRO									
	NHSI: Licence Condition G6(3) certification	DoCA									
	NHSI: Licence Condition FT4(8) certification (duty to comply with governance arrangements)	DoCA									
	NHSI: Licence Condition re compliance with Training of Governors	DoCA									
	Quarterly Report from the Responsible Officer Report (Validation)	MD									
	ANNUAL Responsible Officer report (Validation)	MD									
	Quarterly Report from the Guardian of Safe Working	MD									
	ANNUAL Report from the Guardian of Safe Working	MD									
	Quarterly 'how we learn from deaths' report	MD									
	ANNUAL 'how we learn from deaths' report	MD									
	Emergency preparedness, resilience and response (EPRR) assurance process sign off	COO									
	Regulatory/Statutory Positions (annual)	DoCA									
	Serious Incidents and Legal Report	CN / DoCA									
BOARD GOVERNANCE											
	Executive Team Meetings report	CEO									
	Assurance Committee Chairs Logs	NEDs									
	Register of Sealing (bi-annual review)	DoCA									
	Register of Interests (bi-annual review)	DoCA									
	Register of use of electronic signature (bi-annual review)	CoCA									

Event/Issue

Event/Issue		2022		2023						2024	
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Action tracker log no.	TRUST BOARD MEETINGS	M6	M8	M10	M12	M2	M4	M6	M8	M10	M12
		Review of Board Feedback	DoCA			•					
	Review of Board Assurance Terms of Reference	DoCA		•							
	Review of Standing Financial Instructions	DoF		•dfd	•						
	Review of Scheme of Delegation	DoF		•dfd	•						
	Review of Standing Orders	DoCA		•dfd	•						
	Review of Matters Reserved to the Board	DoCA		•dfd	•						
	Annual (re)appointment of Senior Independent Director (requires Governor input) included in Chairs Report	Chair					•				
	Annual (re)appointment of Board Vice Chair (part of Chair's report)	Chair	•				•				
	Annual Board Meeting dates - approval	DoCA					•				
	Escalations from Governors	Chair		•	•		•	•	•		
	Remuneration Committee Chair Assurance Report	Chair							•		
	Nomination Committee Chair Assurance Report	Chair									
	Review of Board Planner	Chair	•	•	•	•	•	•	•	•	•
	Annual Refresh of Committee membership (part of Chairs Report)	Chair	•				•				
	Audit Committee minutes	Chair		•			•	•		•	
	Quality Committee minutes	Chair	•	•	•		•	•	•	•	•
	People Committee	Chair	•	•	•		•	•	•	•	•
	Finance and Performance Committee minutes	Chair	•	•	•		•	•	•	•	•
	Nomination Committee minutes (ad hoc)	Chair	•	•			•	•	•		
	Remuneration Committee Annual Report	Chair		•							
	Remuneration Committee minutes (ad hoc)	Chair	•	•			•		•		
Business Cases for consideration by Board value in excess of £1m											
	Award Supply Contract: orthopaedic Hips and Knees Prosthesis		•								
	Orthopaedic Centre			•							
	LIMS			•							
	Board feedback			NB	SK	DS	JBe	MT	MW	RS	SH