

Board of Directors (Public)

The Rotherham NHS Foundation Trust

Schedule	Friday 7 July 2023, 9:00 AM — 12:00 PM BST
Venue	Boardroom, Level D
Organiser	Angela Wendzicha

Agenda

9:00 AM PROCEDURAL ITEMS

P95/23. Chairman's welcome and apologies for absence
For Information - Presented by Martin Havenhand

P96/23. Quoracy Check
For Assurance - Presented by Martin Havenhand

P97/23. Declaration of interest
For Assurance - Presented by Martin Havenhand

P98/23. Minutes of the previous meeting held on 05 May 2023
For Decision - Presented by Martin Havenhand

P99/23. Matters arising from the previous minutes
For Assurance - Presented by Martin Havenhand

P100/23. Action Log
For Assurance - Presented by Martin Havenhand

9:05 AM OVERVIEW AND CONTEXT

P101/23. Report from the Chairman
For Information - Presented by Martin Havenhand

P102/23. Report from the Chief Executive
For Information - Presented by Richard Jenkins

CULTURE

9:15 AM P103/23. Patient Story
For Information - Presented by Helen Dobson

9:35 AM P104/23. Patient Experience Annual Report
For Assurance - Presented by Helen Dobson

9:45 AM P105/23. End of Life Annual Report
For Assurance - Presented by Helen Dobson

STRATEGY

9:55 AM P106/23. Estates Strategy
For Decision - Presented by Steve Hackett

SYSTEM WORKING

10:05 AM P107/23. Integrated Care Board & Rotherham PLACE Report
For Assurance - Presented by Michael Wright

10:15 AM P108/23. Partnership Report
For Assurance - Presented by Michael Wright

10:25 AM ASSURANCE

P109/23. Integrated Performance Report
For Assurance - Presented by Michael Wright

P110/23. Operational Performance Update
For Assurance - Presented by Sally Kilgariff

P111/23. Infection Prevention and Control Annual Report
For Assurance - Presented by Helen Dobson

10:45 AM BREAK

10:50 AM P112/23. Safe Staffing and Establishment
Presented by Helen Dobson

11:00 AM P113/23. Finance Report
For Assurance - Presented by Steve Hackett

11:10 AM P114/23. Maternity Safety, including Ockenden monthly update (in
attendance Sarah Petty)
For Assurance - Presented by Helen Dobson

11:20 AM P115/23. 2023-24 Operational Plan priorities
Presented by Louise Tuckett

11:30 AM P116/23. Board Committees Chairs Assurance Logs - Committee
Chairs and Lead Executives

- i. Finance and Performance Committee
 - ii. Quality Committee
 - iii. Audit and Risk Committee
 - iv. People Committee
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REGULATORY COMPLIANCE RISK AND ASSURANCE

11:35 AM P117/23. Provider Licence
For Assurance - Presented by Angela Wendzicha

GOVERNANCE

11:40 AM P118/23. Board Assurance Framework
For Decision - Presented by Angela Wendzicha

11:45 AM P119/23. Corporate Governance Report
For Information - Presented by Angela Wendzicha

11:50 AM Verbal

P120/23. Review of Annual Board Planner
For Assurance - Presented by Martin Havenhand

P121/23. Any Other Business
Presented by Martin Havenhand

P122/23. Date of next meeting - Friday, 08 September 2023

**MINUTES OF THE PUBLIC BOARD OF DIRECTORS MEETING HELD ON FRIDAY,
05 MAY 2023 IN THE BOARDROOM, LEVEL D**

Present: Mr M Havenhand, Chairman
Mrs H Craven, Non-Executive Director
Mrs H Dobson, Chief Nurse
Dr J Beahan, 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
Mr M Temple, Non-Executive Director
Mr M Wright, Deputy Chief Executive

In attendance: Mrs Z Ahmed, Associate Non-Executive Director
Mr I Hinitt, Director of Estates and Facilities
Mr J Rawlinson, Director of Health Informatics
Mrs L Tuckett, Director of Strategy Planning and Performance
Ms A Wendzicha, Director of Corporate Affairs
Mrs J Roberts, Director of Operations/Deputy COO
Miss M Gibbons, Interim Corporate Governance Manager (minutes)
Ms J Turedi, Matron (item P72/23)
Dr G Lynch, Guardian of Safe Working (item P89/23)

Apologies: None noted

PROCEDURAL ITEMS

P64/23 CHAIRMAN'S WELCOME AND APOLOGIES FOR ABSENCE

Mr Havenhand welcomed all those present, with no apologies for absence noted as above. Ms Wendzicha introduced Mr Wolfe as the newly appointed Deputy Director of Corporate Affairs who is currently shadowing her and Miss Gibbons, Interim Corporate Governance Manager.

P65/23 QUORACY CHECK

The meeting was confirmed to be quorate.

P66/23 **DECLARATIONS 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.

Mrs Tuckett's interest in terms of her part-time secondment at the Department of Health and Social Care as the Expert Adviser on Elective Care, was noted.

Ms Wendzicha's interest in terms of her role as Director of Corporate Affairs of the Trust and interim Director of Corporate Affairs at Barnsley Hospital NHS Foundation Trust, was noted.

Mr Havenhand, Chair of Yorkshire Ambulance Service (YAS)

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

P67/23 **MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting held on 13 January 2023 were agreed as a correct record of the meeting.

P68/23 **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.

P69/23 **ACTION LOG**

The Board of Directors reviewed the action log, and agreed closure of log numbers 24 and 25. The remaining open actions were scheduled for closure future meetings.

Action 16: Ms Wendzicha confirmed that now all amendment to statutory and governance documents had been completed work remains ongoing to the constitutional documents with an expectation they will be presented at Executive Team Meeting and Audit and Risk Committee in July and Board in August where necessary. The Board agreed the revised date.

Action 22: Ms Z Ahmed to arrange the feedback outside the Board meeting then close the action.

OVERVIEW AND CONTEXT

P70/23 REPORT FROM THE CHAIRMAN

The Board of Directors received and noted, for information, the Chairman's Report.

P71/23 REPORT FROM THE CHIEF EXECUTIVE

The Board of Directors received for information the report from the Chief Executive noting a number of items are dealt with in detail within the papers.

Discussion ensued in relation to the proposed filming by Channel 5 in the Urgent and Emergency Care Centre. Ms Ahmed sought clarity on the impact of filming, and questioned whether representation of the BAME community could be incorporated. Dr Jenkins confirmed that the filming was intended to show emergency services overnight and therefore we cannot guarantee who will be in the department at the time of filming but hopefully this will represent the community we serve.

Industrial Action

Mr Ned updated the Board on the current industrial action. The pay offer has been accepted on a majority basis, however it was noted the Royal College of Nursing (RCN) have not accepted the pay offer and may yet ballot for further industrial action. The British Medical Association (BMA) has not reached a resolution as yet and talks remain ongoing. The BMA will be taking strike action 15 May to 27 June.

CULTURE

P72/23 Staff Story

The Board welcomed Ms Turedi, Matron for Learning Disability and Autism who provided an overview of how the Trust supports patients with Learning Disabilities and Autism highlighting their experiences of poorer health outcomes.

Ms Turedi further highlighted the Hospital Passports that enable individual care need to be identified without the need for repetition. Mr Temple asked how the passport is kept up to date seeking clarity on whether the team works closely with the speciality trust to ensure it is

completed and updated. Ms Turedi confirmed the document goes with the patient wherever they go and is regularly updated. Additional initiatives were highlighted, all of which go towards supporting the patients whilst attending hospital.

The Board of Directors thanked colleagues for attending adding their support for the continued good work.

P73/23 **National Staff Survey**

Mr Ned introduced the Annual Staff Survey report to the Board noting the report has previously been presented to the Confidential Board (whilst embargoed), Executive Team, Senior Leadership Team and People Committee.

An overview of the report highlighted the following:

- The Trust response rate of 61% was the highest achieved for the Trust
- The Trust is scoring higher than average in all elements relating to the People Promise
- The Trust needs to improve on the advocacy section which scores below average

Dr Jenkins highlighted the improvements (the Trust was in the bottom 10% four years ago) made in the staff survey results over the years we are not complacent and there remains work to do.

The Board noted the findings of the 2022 national staff survey in addition to the areas where focus is required.

P74/23 **Freedom to Speak Up Annual Report**

The Board of Directors welcomed to the meeting Mr Bennett, Lead Freedom to Speak Up Guardian.

The Board of Directors received the Annual Report presented by Mr Bennett. It was noted there had been a decrease in concerns raised from 45 reported in the previous year to 23 concerns raised in 2022-23 the rationale being that it was thought staff are more comfortable raising concerns directly with managers with the staff survey scores around Freedom to Speak Up improving to support the rationale.

Training compliance remains high at 98% against a target of 85%. It was acknowledged that whilst the staff survey results around Freedom to Speak Up were positive, there is work to do in raising awareness of

Freedom To Speak Up for staff within BAME, Disability and LGBTQ+ backgrounds and Mr Bennett will continue to work with the Trust Equality and Diversity Lead to promote a positive culture.

Ms Ahmed questioned if it was hard for international nurses to raise concerns with Mr Bennett highlighting that quite a few International Nurses had raised concerns and there is an ongoing dialogue with this cohort of staff.

Mr Temple noted the successes in staff feeling able to go through the normal management route albeit the numbers are small for the total staff numbers.

Mr Malik sought clarity on how raising concerns through this route is aligned with other issues such as complaints and it was noted that Mr Bennett attends the Patient Safety Committee to enable the triangulation to take place.

The Board of Directors noted the Annual Report from the Freedom to Speak Up Lead.

P75/23

Improving Medical Engagement

Dr Beahan presented the Improving Medical Engagement Survey (MES) 2022 which highlighted poor levels and a deteriorating picture from the 2017 report. Medical engagement is a high priority for the Trust and the roadmap has been created with four key components relating to leadership, culture, involvement and management practices.

The overall goal is to keep the engagement going. Currently there are no plans to re-run the Medical Engagement survey for a year. In the Pulse check quarterly report only 10 Doctors completed it, last time the Doctor's results were poorer than any other staff group.

Dr Jenkins highlighted that doctors are unhappy with industrial action at the moment as well, which will not be helping morale. However, four Consultants from other Trusts including an A&E Consultant and Gynaecology Consultant have joined Rotherham in the last week.

The Board of Directors noted the content of the report and the progress made in relation to improvements in medical engagement.

STRATEGY AND PLANNING

P76/23

Delivery Plan Year 1 Update

The Board of Directors received the report detailing the update to the Delivery Plan for Year 1.

Mrs Tuckett highlighted the following areas to the Board:

- Progress had been made in relation to Quality Improvement, delivering month on month;
- Majority of the delivery priorities are on track with 11 out of 19 rated as 'green';
- Three Priorities were rated 'amber' where work is partially complete

Mrs Craven raised concern in relation to the progress that has been made with the increase in work that will be required going into next year as the deliverables for the next year will include the 'amber' rated schemes from Year 1. Mrs Tuckett confirmed that these will come back to Board in June for further consideration.

The Board of Directors noted the report.

P77/23 **Operational Objectives 2022/23 Review**

The Board of Directors received the report on the Operational Objectives Review 2022-23 as presented by the Deputy Chief Executive.

Mr Wright presented the Operational Objectives 2022/23 Review to the Board. The overall performance has been positive with oversight through the Board Assurance Committees.

The Board of Directors noted the content of the report acknowledging the work that had been completed during the last year.

P78/23 **Operational Plan 2023/24 Approval of Mandates – Verbal**

Mr Wright provided a verbal update to the Board in that the meeting to sign off the amendments to the Mandates had yet to take place with a request from Mr Havenhand that this is arranged quickly to ensure the amendments are agreed in a timely way.

SYSTEM WORKING

P79/23 **National Integrated Care Board and Rotherham Place**

Mr Wright introduced the report providing the Board of Directors with an overview of developments across South Yorkshire Integrated Care Board and Rotherham Place.

Mr Wright highlighted that colleagues from the Trust attended the Health Select Commission on 30 March 2023 and provided an update on our maternity services; Healthwatch Rotherham also presented their findings following a review of maternity services which provided positive feedback from sixteen service users.

The Board of Directors noted the report.

ASSURANCE

P80/23 Integrated Performance Report

The Board of Directors received the Integrated Performance Report (IPR) which provided an overview of the organisational position.

Mr Wright highlighted that whilst sickness absence remains above our target in all Divisions, with the exception of Corporate and Emergency Care, the rate had fallen by 0.6% in March. In addition, the Trust has welcomed 58 new starters, including 9 newly qualified staff and 11 nursing and midwifery staff.

The Board of Directors noted the Integrated Performance Report.

P81/23 Operational Performance Report

The Board of Directors received the Operational Performance Report presented by the Chief Operating Officer.

Mrs Kilgariff presented the Operational Performance Report to the Board for assurance noting the Trust had recently been operating at Opel Level 2 and improvements had been seen in terms of flow in addition to improvements in handover times.

It was noted that the Trust delivered on the national expectation to eliminate waits over 78 weeks in addition to meeting our trajectory to significantly reduce the number of patients waiting over 62 days on a GP-referred cancer pathway.

Mrs Roberts provided an update to the Board of Directors on the recent industrial action. It was further highlighted that the Trust presented in conjunction with colleagues from Rotherham Place to the National Team from NHSE around discharge. Positive feedback was received in relation to working relationship at Place level in addition to positive feedback around the future aspirations and development plans.

The Board of Directors noted the content of the Operational Performance Report and Mr Havenhand thanked the team for their continued hard work.

P82/23 **Finance Report**

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

Mr Hackett confirmed that the current financial position had been discussed in detail at the Finance and Performance Committee with the following areas of note for the Board:

- The Trust has over-spent against its Income and Expenditure plan leading to a cumulative over-spend of £7,417K year to date.
- Capital expenditure is ahead of plan
- The cash position at the end March 2023 was strong with a closing position of £24,536K which is £4,840K better than plan
- All financial targets were met.

The Board of Directors noted the Finance Report and Mr Havenhand thanked Mr Hackett and his team for their hard work.

P83/23 **Maternity Safety, Including Ockenden Monthly update**

The Board of Directors received the report relating to Maternity Safety as presented by the Chief Nurse.

Mrs Dobson highlighted that the Three Year Delivery Plan for Maternity and Neonatal Services was published at the end March 2023, amalgamating three years of learning from a number of key national reports. This outlines the following four themes:

- Listening to women and families with compassion
- Supporting our workforce
- Develop and sustaining a culture of safety
- Meeting and improving standards and structures

The Division continues to work through the requirements of the Delivery Plan.

Sickness levels within the service have reduced and the Division has commissioned a full establishment/case-mix review.

In terms of Serious Incidents, Mrs Dobson highlighted one was declared in March 2023 and the family continue to be supported through the process.

One complaint had been received in March 2023, submitted via the Care Quality Commission and further details will be provided to the Board in due course.

The Board of Directors noted the detailed update on progress.

Assurance Framework

P84/23 Board Committee Chairs Assurance Logs

i Finance and Performance Committee

Mr Temple provided an overview of the report highlighting the Divisional presentation from Urgent and Emergency Care Centre (UECC) acknowledging the difficulties the department has faced in the past. However it was clear that morale is much improved with an increase in recruitment. Overall, operational and financial performance has been good but the key issue for the Trust is how we keep the momentum going for sustained improvements.

ii Quality Committee

Dr Shah introduced the report highlighting that progress had been made in terms quality in general notwithstanding a number of minor issues with resuscitation training but additional resuscitation officers were in place now.

iii People Committee

Dr Bibby provided an overview of the report noting that the workforce report had been refreshed.

iv. Audit and Risk Committee

Mr Malik provided an overview of the report to the Board highlighting that although the outputs from 360 Assurance are going well, there are a number of assignments still requiring completion. In addition, the audit timetable looks on track.

P85/23 Quality Assurance

The Board of Directors received the Quality Assurance report as presented by the Chief Nurse.

Mrs Dobson informed the Board that the Quality Assurance Team have not met formally as a delivery group to formally to approve any transitional changes from the CQC Delivery Group to Quality Assurance.

Quality Improvement continues to embed within the organisation with Cohort 3 completing their training at the end March 2023.

The Board of Directors noted the ongoing progress in relation to quality improvement.

P86/23 **Corporate Governance Report**

Ms Wendzicha noted the most relevant update for the Board relates to the new Code of Governance, dealt with at Item P91/23 below.

P87/23 **Board Assurance Framework**

The Board of Directors received the report detailing the 2023-24 Board Assurance Framework (BAF) for the beginning of Quarter 1.

Ms Wendzicha further added that the monthly meetings with the Executive Director leads continue following which additional scrutiny takes place at the relevant Board Assurance Committees.

The Board of Directors approved the recommendations to reduce the BAF Risk scores for P1, R2 and O3 in addition to the increase in score for BAF Risk D5 again in addition to that approved at the recent Finance and Performance Committee due to the operational impact of the industrial action.

P88/23 **Responsible Officer Q3 2022-23 Review**

The Board of Directors received the report from the Responsible Officer as presented by the Medical Director.

Dr Beahan highlighted that there had been an improvement in the number of appraisal completed in a timely manner and a new appraisal and revalidation manager had been appointed.

P89/23 **Guardian of Safe Working Report**

The Board of Directors received the Guardian of Safe Working report as presented by Dr G Lynch.

It was noted that the number of exception reports and associated overtime hours had decreased and that regular engagement takes place at the Junior Doctor Forums.

Mr Malik sought clarity on the description of the intensity of working being described as 'unsafe' with Dr Lynch adding that reported by the Junior Doctors. The Board acknowledged the ongoing support to doctors in training.

The Board of Directors noted the content of the report and supported the recommendations within the paper.

P90/23 **Mortality and Learning from Deaths**

The Board of Directors received the Mortality and Learning from Deaths report as presented by the Medical Director.

It was noted that HSMR remains in the 'as expected' band and that the Structured Judgment Review + system will allow the Trust to better learn from deaths.

The Board of Directors noted the content of the report.

BOARD GOVERNANCE

P91/23 **Code of Governance**

The Board of Directors received the report detailing the gap analysis relating to the updated Code of Governance presented by the Director of Corporate Affairs.

Ms Wendzicha highlighted that the Trust continues to be required to 'comply' or 'explain' compliance against each of the Provisions, additional requirements have been added as described within the report.

The Board of Directors noted the content of the report, noting the current review of the Board Committee Terms of Reference will take into account the additional requirements.

P92/23 **Review of Annual Board Planner**

The Board of Directors noted the content of the forward work plan.

P93/23 **Any other Business**

It was acknowledge that this was the last Board meeting for Mr Ned before he leaves the Trust in his capacity as Joint Director of Workforce, remaining at Barnsley Hospital NHS Foundation Trust.

On behalf of the Board of Director, Mr Havenhand thanked Mr Ned for all the work he had carried out whilst undertaking the Joint role and wished him well for the future.

P94/23 **Date of Next Meeting**

The next meeting of the Board of Directors will be held on Friday 07 July 2023 commencing at 09:00 hours in the Boardroom.

The meeting of the Board of Directors held in public 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 August Board	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; The 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. Number of revised documents submitted to the March 2023 meeting. Date amended to March ETM and April Board. Reviews ongoing To be presented at relevant Committees in July and August Board.	Open
2022								
16	09-Sep-22	IPR	P140/22	Refresh of IPR, with Board colleagues to communicate key areas for inclusion	DoSPP	03/02/23- 07/04/2023	A refresh of the IPR is underway, with a new IPR due to go live for 2023/24 data. A Board session was held in February to discuss a new approach to reviewing data at Board level, with a further session planned for April to review draft IPR options. Work done by PM committee changes are needed adding to the matrix and coming to the Board in June. Not expecting a significant refresh, just minor changes. To be closed at July meeting.	Open
2023								

Log No	Meeting	Report/Agenda title	Minute Ref	Agenda item and Action	Lead Officer	Timescale/ Deadline	Comment/ Feedback from Lead Officer(s)	Open /Close
23	03.03.23	IPR	P46/23	To share the audited information related to DNAs as part of the health inequalities programme	DoSPP	07-Jul	To be included in next update report in relation to health inequality programmes	Open
26	03.03.23	Risk Management Policy	P54/23	Consideration to be given to adding a further category to the risk appetite in relation to inequalities	DoCA	07-Jul	Complete	Recommend to close

Open
Recommend to close
Complete

Board of Directors' Meeting

07 July 2023

Agenda item	P102/23
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.</p> <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. Update from Gavin Boyle, Chief Executive, SY ICB 2. SY Acute Federation Annual Report 3. SY Acute Federation Clinical Strategy

1.0 Activity

1.1 **Activity:** The Trust saw Junior Doctors taking industrial action for a 72-hour period from 14th to 17th June 2023. This resulted in rescheduling of outpatient appointments and elective procedures to enable the Trust to safely manage emergency pathways. Significant planning prior, during and following the action took place to ensure all our staff working and participating in the industrial action were supported throughout the whole period. Recovery plans were in place to support the period following the industrial action to return to business as usual as quickly and safely as possible.

1.1.1 Focus remains on elective and cancer recovery for this financial year in order to achieve 103% of pre-pandemic baseline activity. The national team have identified six key priorities for elective recovery over the next year, these being:

1. Excellence in basics
2. Performance and Long waits
3. Outpatient productivity
4. Cancer pathway redesign
5. Activity
6. Choice

1.1.2 The National Director of Elective Recovery and Performance and the Deputy Director of Recovery (NHSE) were welcomed to the Trust on 27 April 2023, in order to understand a local perspective on elective recovery. The visit enabled colleagues from NHSE to see how the Trust was managing elective recovery / demand.

1.1.3 The Trust has identified three main transformation programmes, the Outpatients Transformation programme, the Theatre Utilisation programme and the Implementation of the four-hour standard, to support the Trust performance and delivery of key national targets.

1.2 **Recovery:** The national expectations for elective recovery in 2023/24 require the Trust to eliminate all patients waiting over 65 weeks for their treatment. Whilst we have relatively low numbers of patients waiting this long for their treatment (just under 30), the recent growth in the size of the waiting list is a concern as we look to the next two years of recovery expectations. Despite these concerns and regarding future performance, the Trust is currently delivering Referral to Treatment (RTT) performance in the top quartile of all Acute Trusts based on the latest published national data (April 2023). The approach to mutual aid across the SYB for this year is under development, led by Chief Operating Officers.

1.2.1 Activity in April and May was below 2019/20 levels, in part due to the cessation of the additional activity that took place in Q4 but also due to the ongoing gaps within our own teams against 2019/20 availability. In particular, the Trust had challenges around ensuring appropriate levels of anaesthetic resource to deliver the planned theatre activity. There are some mitigations now in place through insourcing of Consultant Anaesthetists, but this is still insufficient to bridge the gap. Discussions are ongoing around further options for how we can mitigate this in the short-term and the longer-term. In the meantime, significant focus on our operational productivity continues, with the Trust's Theatres Transformation Programme launching in May and the Outpatient Programme being re-focused to ensure improvements in our clinic utilisation and reduction in outpatient follow-up demand.

1.3 **Urgent and Emergency Care Activity (UEC):** The Trust operated at OPEL level 1/2 throughout the month of April and May 2023. Work is continuing across the Trust to

deliver the four-hour access standard with a trust wide implementation plan to support. Nationally, a target has been set to achieve 76% of all patients being seen, treated, admitted or discharged from the emergency department within 4 hours by March 2024 although the Trust plans to achieve this by end October 2023. All Senior Leadership teams across the Divisions have come together in order to engage and discuss the reintroduction of the standard.

- 1.4 **NHS Response to COVID-19: Stepping Down from NHS Level 3 Incident:** The NHS has formally stepped down on the Covid-19 Incident following an announcement by the World Health Organisation that Covid-19 is no longer a public health emergency of international concern. Stepping down the incident is done in the knowledge that Covid-19 as a health issue itself, as well as the wider long-term impact of the pandemic, will continue to be significant for years to come. New waves and novel variants will continue to impact services, as well as staff absences, and we will also need to continue to provide services for those suffering the effects of 'long Covid'. The NHS Chief Executive and the NHS Chief Operating Officer have delivered a message of thanks for all NHS staff, which has been shared.

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

- 2.1 I attach (appendix 1) the ICB Chief Executive update for May 2023. There was no update for June.
- 2.2 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. A detailed update is provided by the Deputy Chief Executive in his report to the Board of Directors. I have met with Councillor Victoria Cusworth who leads on children and young people for RMBC.
- 2.3 I also attach (Appendix 2) the South Yorkshire and Bassetlaw Acute Federation annual report for 2022/23 which has now been published and highlights a range of achievements for patients and staff and an overview of the progress made during the last twelve months
- 2.4 The Clinical Strategy developed by the South Yorkshire and Bassetlaw Acute Federation and mentioned in my last report has now been approved (Appendix 3). It sets out the five-year vision and is designed to provide a framework which supports clinical teams to collaborate to provide the safest, highest quality, and most effective care. It aligns with and supports the wider work of the Integrated Care Board 5-year Joint Forward Plan and the South Yorkshire Integrated Care Partnership Strategy.

3.0 People

- 3.1 A number of consultants have been offered a post as part of the formal recruitment process and have accepted. The following individuals commenced in post during May and June:
- Mr Luke Wheldon, General Surgery
 - Dr Sean Clinton, Anaesthetics
 - Dr Amy Needham, Anaesthetics
 - Dr Karim Sabir Abdul, Cardiology
 - Dr Gemma Hartshorne, UECC

We also have a number of other Consultants that have been offered and accepted posts and due to commence in post in during August and September 2023.

3.2 The monthly staff Excellence Awards winners for the months of April 2023 and May 2023 were:

April 2023

- Individual Award: Lauren Barlow, Digital Sister, Critical Care
- Individual Award: Rachid Kassimi, Support Worker, Community
- Team: Ultrasound
- Public: Maternity

May 2023

- Individual: Lucy Richardson, Healthcare Support Worker, Community
- Team: Contact Centre
- Public: Eye Clinic

3.3 The annual Trust Proud Awards ceremony for 2023 took place on 9th June 2023 at Magna. The event was well attended and it was fantastic night of celebrations and an opportunity for staff to have some well-earned fun. The winners of this year's Proud Awards are:

Chairman's Award

Lynsey Maton, Interim Head of Nursing, UECC

Chief Executive's Award

Amy Mills, Head of E-Rostering

NHS75 Award from outstanding contribution to the NHS

Dr Bijoy Mondal, Consultant Community Physician

Public Recognition – in partnership with Bauer Media Audio

Stroke Therapy Team

Non-Clinical Team of the Year

Sterile Services

Inspiring Leader

Tom Nield, Head of Nursing, Surgery

Diversity and Inclusion

Day Surgery Bespoke Elective Pathway

Learner of the Year

Benjamin Proctor, Healthcare Support Worker, AMU

Quality Improvement

Care Homes Team Occupational Therapists

Unsung Hero

Julie Foster, Programme Office Manager

Clinical Team of the Year

Ward A1

Governors' Award for Living the Values

Hannah Hall, Engagement and Inclusion Lead

Outstanding Volunteer

Diane Schofield, Volunteer, Stroke Unit

Excellence Award – Team of the Year

Emergency Preparedness, Resilience & Response

Excellence Award – Individual of the Year

Munazza Shah, Equality, Diversity and Inclusion Advisor

Excellence Award – Public Excellence

Maternity

Congratulations and well done to all our nominees, shortlisted and winners. I look forward to next year's event, which has already been scheduled to take place on Friday 14th June 2024.

- 3.4 July marks 75 years of the NHS and as part of the Trust's commemorative celebrations we will be burying a time capsule to be opened in 2098 (75 years from now). Staff have been asked to submit memorabilia to be considered to go into the capsule, such as photographs, letters predicting the future, old uniforms etc and it will be buried in the Health and Well-Being garden. A number of other celebrations are taking place in the Trust and the community including inpatient tea parties. We also have five members of staff attending a celebration service at Westminster Abbey.

4.0 Industrial Action

- 4.1 The Trust continued to plan for Industrial action following the further action announced by the BMA for Junior Doctors that took place from 14th to 17th June 2023. I would like to thank all colleagues who supported the significant amount of planning and preparation for industrial action and those colleagues who undertook additional or alternative duties during the action to support the Trust.
- 4.2 We continue to work together with our local union representatives to plan how services will operate during any period of disruption. It has been announced that a further five days of Industrial Action by Junior Doctors is scheduled to take place in July, followed by two days by Consultants. The Royal College of Nursing repeat ballot has not supported further industrial action and a ballot of members of the Society of Radiographers is awaited.
- 4.3 I would like to reassure the public that they should continue to come forward for emergency services as normal during future industrial action. Rotherham Hospital is committed to continue to provide essential services and to keep disruption in affected services to a minimum.

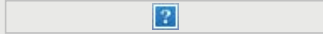
Dr Richard Jenkins
Chief Executive
July 2023

From: [SY ICB Communications](#)
To: [JOHNSTONE, Sharree \(THE ROTHERHAM NHS FOUNDATION TRUST\)](#)
Subject: 11/05/23: Update from Gavin Boyle, Chief Executive, NHS South Yorkshire
Date: 11 May 2023 11:32:30

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Update from Gavin Boyle, Chief Executive, NHS South Yorkshire

Thursday 11 May 2023

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.

It has certainly been a busy time for us all over recent weeks with continuing strikes, two Bank Holidays and the King's Coronation all taking place. I would like to thank all colleagues and partners who took part in the extensive planning to keep our system running across South Yorkshire over this time, covering things such as our on-call rotas and support incident management. It really is a true testament to our well-established partnerships and how we all collaborate together during busy and difficult times.

Onto some exciting news, over the last couple of weeks we have begun the roll out of our new unique branding for NHS South Yorkshire Integrated Care Board (ICB). A new graphic logo has been developed by our own communications team to represent our four places and will now be used alongside our official NHS logo across all our corporate communications.

Many of you will be aware that as of the 1 April Pharmacy, Optometry and Dentistry services are now planned locally in South Yorkshire. NHS South Yorkshire ICB is now responsible for the commissioning of community pharmacy, community optometry and NHS dental care services across our system. These services have previously been commissioned and managed by NHS England. This change allows us to consider how those services can best serve our local communities and how the Integrated Care Strategy, recently launched by the Integrated Care Partnership, can support this. Staff at NHS England who are currently responsible for commissioning and managing these services will continue to do so as part of the delegation agreement. It is anticipated that these staff will transfer to NHS South Yorkshire later this year. We are currently working together with NHS England to support the transition.

Elsewhere across South Yorkshire, I'm delighted that a colleague of ours, Karen Smith, NHS South Yorkshire's Voluntary, Community and Social Enterprises (VCSE) Strategic Programme Lead spoke at the recent All-Party Parliamentary Group on Health & the Natural Environment. Karen spoke about green social prescribing, the practice of supporting people to engage in nature-based interventions and activities, and for the past two years South Yorkshire has been a test and learn site in a national £6m cross-governmental project to prevent and tackle mental ill health through green social prescribing. We've got an ambition in South Yorkshire to increase access to green social prescribing, and also to specifically engage people adversely impacted by Covid-19 and at risk of health inequalities, such as minority ethnic communities, young people and others. The programme has helped more than 2,000 people in the last year and there has been some real success stories. You can hear a few of those who have been supported in their own words, by watching this short video [here](#). My thanks to Karen and all those colleagues involved.

And finally, we need your help! We want to hear from you - our colleagues working in health, wellbeing and social care in South Yorkshire. Following the launch of our [Integrated Care Partnership Strategy](#), we are continuing the 'Tell us what matters to you' conversation to help us write our 'Joint Forward Plan' which will set out how the NHS in South Yorkshire will change to deliver our strategy and work over the coming years. Please tell us 'What matters to you about your health and wellbeing', what matters to your communities, how can we make services better quality and more accessible for you, and how health services can help you to live a healthier, happier life. We also want to hear from as many of our citizens as possible so please share this with your friends and family and ask them to get involved. You/ they can do this by filling in the survey [here](#).

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 syicb.communications@nhs.net

Thank you

Gavin

Updates From Across South Yorkshire



South Yorkshire NHS organisations recognised in national award

Two South Yorkshire NHS organisations have recently been recognised in the prestigious national HSJ Digital Awards 2023. Read more [here](#).

Have your say on the Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) crisis mental health services.

RDaSH are currently providing people with the opportunity to feedback on the trusts crisis mental health services and is welcoming views from users from the past two years. For further information click [here](#).

South Yorkshire Voluntary, Community and Social Enterprise (VCSE) Alliance Event

The South Yorkshire Voluntary, Community and Social Enterprise sector (VCSE) Alliance is hosting its third event on Wednesday 14 June 2023 at the Eco-Power Stadium (formerly known as Keepmoat Stadium), Doncaster, DN4 5JW. Further details on the event will be circulated in due course however if you do wish to find out more please contact Karen Smith, VCSE Alliance Lead, NHS South Yorkshire: k.smith60@nhs.net

Launch of The Yorkshire and The Humber Maternal Medicine Network

The Yorkshire and Humber region has come together to form the Y&H Maternal Medicine Network. It is one of 14 across England, which have been developed in response to the NHS long term plan (2019) ambition to reduce maternal mortality by 50%. The network aims to provide equitable and expert care and support to women with pre-existing or pregnancy induced medical conditions, before during and after pregnancy. Find out more [here](#).

Local Place Updates



Barnsley:

Developing integrated front door options for urgent and emergency care

Members of the Urgent and Emergency Care Board in Barnsley held a workshop with the Emergency Care Improvement Support Team (ECIST) from NHS England to explore what integrated front door options we could introduce in Barnsley to improve urgent and emergency care services. The workshop itself looked at some recommendations set out by ECIST in a recent appraisal report they produced which considered our local context in line with national policy and best practice. The report outlines three possible options that we will be looking to consider, including:

1. A more robust and self-sustaining primary care model / development of a primary care hub
2. Development of an Urgent Treatment Centre (UTC)
3. Development of an UTC supported by an overarching system single front-door

As part of the workshop the team discussed these options and what they might look like in Barnsley. A follow up report will be produced by ECIST and ongoing sessions will be held with partners, staff and members of the public to consider the best approach. Additionally, Barnsley Hospital has launched its Back to Basics campaign which is their internal focus as a whole hospital to improve the 4-hour emergency care standard. The "Back to basics" campaign will make information more visible to everyone working at the hospital to improve patient flow, safety and care.

New care training programme launched in Barnsley

In Barnsley, a workforce partnership group has been working to provide new opportunities for those who might be considering a career in care. A new care training programme has launched targeting those wanting to take their first steps into a rewarding career area. Find out more about the training programme [here](#) or email adultlearning@barnsley.gov.uk

Doncaster:

Doncaster and Bassetlaw Teaching Hospitals' (DBTH) appoints its first-ever Chief Nursing Information Officer

Following a robust selection process, Deanne Driscoll has been appointed Doncaster and Bassetlaw Teaching Hospitals' (DBTH) first ever Chief Nursing Information Officer (CNIO). A new and innovative role, the CNIO is responsible for providing strategic and operational leadership in the development, deployment, and integration of clinical information systems for the organisations 3,000 nursing, midwifery and allied health professional colleagues. Read more [here](#).

New Delivery Suite opens at Doncaster Royal Infirmary

After several months of refurbishment works and a £2.5million investment, the new Central Delivery Suite and Triage area at Doncaster Royal Infirmary has officially opened. Read more [here](#).

Safe Haven bus to be on the road in Doncaster

Doncaster has a new initiative which aims to offer residents who may be party-goers over the upcoming bank holiday weekends a safe haven in the town centre to help reduce chances of being victims of crime, read more [here](#).

Rotherham:

New beginnings for NHS charity's Purple Butterfly Appeal

A new bereavement suite created to provide comfort to parents who sadly lose a baby has been completed as a result of generous donations to the Rotherham Hospital and Community Charity's successful Purple Butterfly Appeal. Read more [here](#).

Sheffield:

Sheffield Teaching Hospitals to test use of smart technologies to support recovery of heart attack patients

Sheffield Teaching Hospitals NHS Foundation Trust is to play a leading role in a major trial assessing the use of smart technologies to support the recovery of heart attack patients. The Trust is one of three trusts nationally, alongside Imperial College Healthcare NHS Trust

and Northumbria Healthcare NHS Foundation Trust, to trial a new digital care platform which will enable cardiac rehabilitation services to be delivered to patients in their own homes through mobile apps, Fitbits and novel digital technologies. Read more [here](#).

Double honours for innovative AI technology which speeds up heart diagnosis

A team of scientists, clinicians and heart imaging specialists from Sheffield Teaching Hospitals NHS Foundation Trust have received a double award nomination for developing an artificial intelligence tool which is able to spot heart damage in seconds. 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



NHS delivers one million spring covid jobs

The NHS Covid-19 Vaccination Programme has vaccinated more than one million people with a spring covid dose in just over a week since the campaign formally launched outside of care homes. Read more [here](#).

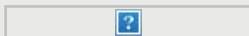
Faster diagnostic tests for cancer patients in latest NHS drive

Hospitals are being asked to work towards a 10-day turnaround when delivering diagnostic test results to patients who have received an urgent referral for suspected cancer, as part of new plans to see and treat people for cancer as early as possible. Read more [here](#).

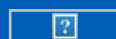
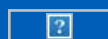
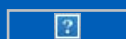
NHS to expand soups and shakes for people with type 2 diabetes

Thousands more people with type 2 diabetes across England will benefit from NHS soup and shake diets, as new data shows its effectiveness at helping people lose weight. Read more [here](#).

For more NHS England news click [here](#).



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Annual Report

2022/2023



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Lead Chair and Lead Chief Executive's Statement

Welcome to the South Yorkshire and Bassetlaw Acute Federation's Annual Report for 2022/23 which provides an overview of the progress made during the last 12 months.

Since the last South Yorkshire and Bassetlaw Acute Federation Annual Report, we have seen the introduction of new legislation to formalise integrated health and care systems in order to make it easier for organisations to deliver joined up care for their populations Health and Care Act 2022 ([legislation.gov.uk](https://www.legislation.gov.uk)). In it there is an emphasis on provider collaboration in recognition that the systemic challenges facing health and care organisations are more likely to be overcome through partnership working. Under this new legal framework, the Acute Federation, a provider collaborative of five acute Trusts in South Yorkshire and Bassetlaw, has made strides towards putting in place systems to strengthen our partnership working. This builds on South Yorkshire and Bassetlaw hospitals' history of working together and the success of collaborative working during the COVID-19 pandemic.

Our achievements in 2022/23 span a range of improvements for patients and staff. This year has seen the expansion of diagnostic testing capacity through the launch of three new Community Diagnostic Centres – at the Barnsley Glass Works centre, at the Breathing Space in Rotherham and at the Montagu Hospital in Mexborough - which will provide fast, convenient access to testing for the people of South Yorkshire and Bassetlaw. Elective care capacity is being increased for patients with the establishment of the Sheffield Elective Orthopaedic Centre at the Royal Hallamshire Hospital and forthcoming Montagu Elective Orthopaedic Centre.

To better enable collaboration across the Trusts, the Acute Federation has supported digital integration through a range of IT projects. Agfa Xero will enable clinicians to view medical images such as x-rays, CT and MRI scans across South Yorkshire and Bassetlaw hospitals. The clinical decision support system, iRefer, is being rolled out, starting in Rotherham, and will provide doctors and other health professionals with evidence-based guidelines to help decide the most appropriate imaging to perform in almost any clinical scenario. And digital solutions mean that patients are increasingly able to view details of their appointments, results and hospital letters online, with some able to rearrange appointments and provide updates to their clinician.

A network agreement is now in place for the single South Yorkshire and Bassetlaw Pathology service. Pathology services, involved in around 80% of diagnostic and treatment decisions, help in the study, diagnosis and management of disease and this project should benefit both patients and staff by ensuring patients receive an equal level of service and staff are part of a supportive, resilient team. And progress has been made towards standardising high-quality care through greater adherence to Getting it Right First Time (GIRFT) standards. To support our staff, we have invested in South Yorkshire training academies to increase access to high quality training and to make it easier for staff to work across the system as a networked workforce.

Progress in these areas has been supported through strong engagement with patients and the public to ensure we design and deliver services that meet their needs and help them to make informed decisions about their care.

Finally, our collaborative procurement efforts, working with the mental health Trusts in the system, have seen us make efficiency gains of £527,000 in collaborative efficiencies with an overall SYB Trust procurement saving of £2.96m.

This success has been achieved despite the difficult circumstances facing the NHS which include ongoing recovery of planned care following the pandemic, increased demand for healthcare services, growing financial pressures and industrial action.

This report sits alongside the Acute Federation's recently published [Clinical Strategy document](#) which aims to provide a framework for clinical collaboration because we know that strong clinical engagement and support for integrated working will be critical to the success of the Acute Federation.

We're proud of the last year's progress and grateful to all of the staff who have made it happen. However, we know that there is more to do in 2023/24 to capitalise on our alliance to deliver high quality, timely and efficient services for the 1.5 million people living in South Yorkshire and Bassetlaw.

Annette Laban

Annette Laban, Lead Chair for the South Yorkshire and Bassetlaw Acute Federation and Chair of Sheffield Teaching Hospitals NHS Foundation Trust

Ruth Brown

Ruth Brown, Lead Chief Executive for the South Yorkshire and Bassetlaw Acute Federation and Chief Executive of Sheffield Children's NHS Foundation Trust

Who we are and what we do

The South Yorkshire and Bassetlaw (SYB) Acute Federation is made up of five acute NHS Trusts: Barnsley Hospital NHS Foundation Trust, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, The Rotherham NHS Foundation Trust, Sheffield Children's NHS Foundation Trust and Sheffield Teaching Hospitals NHS Foundation Trust. Together we have committed to using our collective expertise and resources to ensure the people of SYB have prompt access to excellent healthcare through:

- Working together to drive the quality of care to be amongst the best in the country
- Taking a proactive approach to reduce health inequalities for the populations we serve
- Collaboratively developing our colleagues and teams so that we have happy staff
- Being a great partner to the rest of the health and care system in SYB
- Supporting each other to achieve all the NHS waiting time standards for local people
- Seeking innovative ways to more effectively use the NHS pound so there is enough resource for the whole system

The Acute Federation is led by the Trust Chairs and Chief Executives, alongside a range of professional partnership groups and is supported by a Managing Director and programme team.

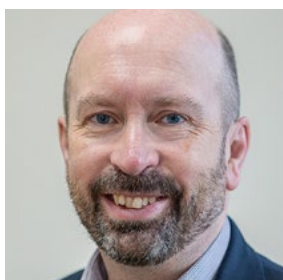


Dr Richard Jenkins, Chief Executive

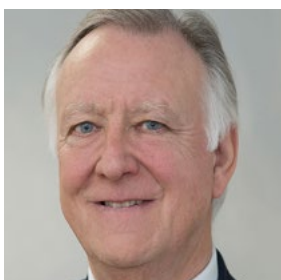


Sheena McDonnell, Chair

NHS
Barnsley Hospital
NHS Foundation Trust



Dr Richard Jenkins, Chief Executive



Martin Havenhand, Chair

NHS
The Rotherham
NHS Foundation Trust



Richard Parker OBE, Chief Executive



Suzy Brain England OBE, Chair

NHS
Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust



Kirsten Major, Chief Executive



Annette Laban, Chair

NHS
Sheffield Teaching Hospitals
NHS Foundation Trust



Ruth Brown, Chief Executive



Sarah Jones, Chair

NHS
Sheffield Children's
NHS Foundation Trust

Medical Directors

Chief Operating Officers

Chief Information Officers

Chief Nurses

Strategy Directors

Acute Federation Board & System Delivery Group

Acute Federation Support Team

Finance Directors

Board Secretaries

Progress against our 2022/23 priorities

2.1.1 Elective care recovery

Aim	Progress
To recover the elective waiting list to a safe and sustainable position in line with the national 18 week wait target.	Whilst there is still much to do to recover elective care waiting lists to pre-pandemic levels, the South Yorkshire Integrated Care System is in the top quartile in England for performance against the national referral to treatment target.

Increasing activity and expanding service capacity

There have been a range of successes in 2022/23 which will expand elective capacity over the next year and beyond, helping to put our ability to deliver high quality care for patients on a sustainable footing.

This includes two new elective orthopaedic centres in Sheffield and Doncaster.

Sheffield and Montagu Elective Orthopaedic Centres

Following an investment of £5.5 million capital funding, phase 1 of the Sheffield Elective Orthopaedic Centre (SEOC) opened on 3 April 2023 at the Royal Hallamshire Hospital with the theatre assessment unit admitting all elective orthopaedic inpatients and day case patients. The facility will be the new home for elective lower limb, foot and ankle, shoulder and elbow and knee surgery, with emergency orthopaedic and trauma care, spinal and limb reconstruction continuing to be delivered at the Northern General Hospital. Two additional theatres opened in April 2023 and new ward facilities and an enhanced care unit will follow in July 2023 and investment to increase staff numbers is ongoing.

The Montagu Elective Orthopaedic Centre (MEOC) is the product of a collaboration between Barnsley Hospital NHS Foundation Trust, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and The Rotherham NHS Foundation Trust. An investment of £14.9 million will create a state-of-the-art hub in Mexborough with two theatres and 12 beds. Construction will commence in June 2023 and clinical service design and recruitment is underway for a scheduled opening in the winter of 2023. This centre is expected to provide around 3,400 high-volume low complexity orthopaedic procedures per year once it is fully operational. It will help reduce surgical waiting times for patients requiring ortho-

paedic procedures and release capacity at the host hospitals for other elective waiting list work.

Outpatient service improvements

General Practitioners (GPs) are increasingly able to access advice from another clinician or specialist to help identify whether a referral to an alternative service is required for a patient, and if so, to determine the most clinically appropriate pathway.

- The volume of specialist advice provided as a proportion of outpatient appointments has increased from 9% to 18.3% throughout 2022/23; more patients should be getting the right care from the right person in the right place as a result.
- We are giving patients more control over their follow-up care by expanding the use of patient initiated follow up (PIFU) across more clinical specialities and offering the opportunity to more patients (up from 1.66% to 2.15% of out-patient pathways) with work continuing to roll this out further. PIFU enables patients to avoid the inconvenience of appointments that are of low clinical value whilst enabling them to be seen quickly when they need to.

Getting it Right First Time

Trusts are using the national Getting It Right First Time (GIRFT) metrics in certain specialties to support clinical teams to discharge patients into the care of their GP where, if required, a patient can access medical support in an environment closer to home.

Throughout 2022/23 there have been targeted pieces of work to increase capacity whereby updating current practice and reducing inefficiencies has improved productivity.

- To reduce Did Not Attend (DNA) rates we have

introduced two-way text reminders for appointments in most services, where patients not only receive a reminder for their appointment but are also able to reply if the appointment is no longer required or they can not attend. This contributed to a reduction in DNA rates by almost 8% in one Trust, enabling them to utilise capacity for almost 2,200 patients across SYB.

- By optimising and coordinating booking, scheduling and theatre processes, Trusts have been able to safely increase the number of procedures on theatre lists and waiting times for patients are reducing as a result.
- Theatre productivity has also improved, with one Trust improving its Day case rates (enabling patients to return home on the day of surgery rather than staying overnight) in two procedures by 25% and 38% thus releasing hospital beds for other patients with a greater clinical need. One Trust has doubled the number of patients added to their theatre lists, increasing utilisation (use of allocated theatre time) by 8%. Two Trusts have increased the number of patients requiring cataract procedures on theatre lists by 60%. This is reducing the length of time patients wait for their procedures.
- For cataract surgery, all Trusts are now using similar on-the-day pre-procedure checks which have reduced the number of patient appointments being cancelled on the day.



Primary and secondary care collaborative meetings continue to be held between Trusts to ensure patients are seen closer to home where possible, in services such as Ophthalmology, where local optometrist representatives are working closely with Trust Ophthalmology consultants, commissioning and contracting colleagues to ensure patients receive a streamlined service and only attend hospital when clinically necessary.

Digital integration for joined up patient care

The year has also seen progress towards digital integration in elective care.

- To improve collaboration between hospital Ophthalmology departments and Optometry/Optician practices in the community, the EyeV electronic eye referral system is planned to go live in Sheffield in the first quarter of 2023/24. The system manages the clinical and administrative functions needed to deliver joined up high quality clinical services.



2.1.2 Diagnostic service recovery

Aim	Progress
Recovery of diagnostic waiting lists to a safe and sustainable position – within 6wks of referral - and delivery of Cancer Best Practice Timed Pathways.	Whilst there is also much to do to recover diagnostic waiting times to pre-pandemic levels, South Yorkshire and Bassetlaw has made progress towards the national target that 95% of patients should receive their test within 6 weeks of referral by March 2025. By February 2023 14.2% of patients were waiting over 6 weeks for a diagnostic test, a reduction from 27.7% in March 2022.

Endoscopy service expansion

Endoscopy, which enables a clinician to look inside the body in order to diagnose a health problem, is forecast to be the most challenged diagnostic service at system level over the next year and significant efforts continue to increase staff and facilities to address this.

- Expansion of the Endoscopy service at the Royal Hallamshire Hospital in Sheffield has been achieved using £4 million of capital funding combined with investment in additional staffing. The new unit opened in April 2023 and at full capacity will be able to undertake more than twice as many procedures as the previous unit. This will help reduce waiting times for patients and provide capacity to support the expansion of the Bowel Scope Screening Programme planned across England.

Community Diagnostic Centres

South Yorkshire and Bassetlaw patients are benefiting from faster and more convenient access to diagnostic tests following significant investment into three new Community Diagnostic Centres (CDCs).

- The first of its kind, a CDC sited in a town centre retail and leisure facility opened in the Barnsley Glassworks in April 2022 with capital investment of just under £3 million. The design and location of the CDC is proving very popular with patients and by encouraging attendance for scans and blood tests, it is expected to help with earlier detection of disease. Over 40,000 diagnostic tests were completed at Barnsley Glassworks in 22/23. With a further £1.4 million capital investment throughout 2023/24 and additional staff, the centre will offer a wider range of diagnostic tests and by 2024 will be completing more than 6,000 tests a month.
- Respiratory physiology testing services commenced at the Breathing Space CDC, Badsley Moor, Rotherham on 3 April 2023. Investment

into facilities and equipment is supporting the provision of diagnostic testing needed for patients living with long-term respiratory conditions such as emphysema and chronic obstructive pulmonary disease (COPD); about 6000 tests will be completed in the first year. By increasing capacity and supporting testing in primary care/community settings, the CDC will help to enable early, accurate diagnosis to inform proactive treatment and modify interventions that contribute to improved outcomes.

- Over £16 million is being invested to create a large CDC at Montagu Hospital, Mexborough, that will provide Endoscopy services, MRI and CT scanning, cardiac and respiratory testing alongside blood and other diagnostic tests. The range of testing is opening in a phased approach as the building work and staff recruitment is completed. Endoscopy service provision will commence in Autumn 2023 and building for the medical imaging unit that will include CT and MRI, is due to be completed by July 2024. Over 8,000 tests were undertaken at the CDC in 23/24 and full implementation will see this increase to well over 30,000 in 23/24 and more thereafter. All South Yorkshire and Bassetlaw patients that require cardiac MRI testing currently have to travel to Sheffield however, with the investment into this technology at Montagu CDC, many patients will benefit from shorter travel times, helping to reduce health inequalities.

In 2023/24 the Acute Federation will work with the Integrated Care Board and Yorkshire and Humber Academic Health Science Network to evaluate the impact of the CDCs and future work will involve ensuring GP Direct Access to diagnostic tests is consistent across the region.

Pathology Network

Through the SYB Pathology Transformation Programme the five Acute Federation Trusts have developed ambitious plans to bring their separate laboratory services into a single service, hosted by Sheffield Teaching Hospitals NHS Foundation Trust on behalf of all, with a unified workforce delivering equitable access to high quality laboratory services across our network. Pathology involves the examination of tissues, organs, blood, other bodily fluids and autopsies in order to study, diagnose and manage disease and inform treatment decisions. Pathology is key to NHS services delivering essential patient care and is involved in around 80% of diagnostic and treatment decisions.

This work has been underpinned by a robust shared governance model and a collaborative principles-led approach, with plans shaped by extensive consultation with practitioners through expert reference groups. The programme has secured one of the largest national investments in digital infrastructure- £22 million- to be invested in a single Laboratory Information Management System (LIMS) to replace the currently separate individual systems, and to provide digital sharing of pathology images between sites.

Workforce development

There are a range of initiatives designed to improve recruitment and retention of staff and develop specialist skills in diagnostic methods.

- The SYB Ultrasound Teaching Academy continues to deliver additional activity to enable more clinicians to develop ultrasound skills with positive feedback from students. Our focus in the next year will be to ramp up the Academy's capacity.
- Discussions are also underway with the Allied Health Professionals Faculty regarding hosting a SYB radiographer bank which will enable easier access to healthcare professionals when they are needed.
- We are also contributing to scoping for a Pan-Yorkshire Endoscopy Academy.



Feedback from one of our trainee Sonographers:

“I would just like to say the help and guidance I received in regards to my scanning was very good. I found it very beneficial scanning with both Michelle and Richard. During my time scanning with the academy, I have adapted many skills which have helped me to develop as an aspiring sonographer. I have also had the opportunity to spend some time at Sheffield Teaching Hospital and this has allowed me to see how different trusts operate. I am really thankful to have had this opportunity and think this would be very beneficial for future students.”

Digital integration

The ability to access IT systems across organisations and share data are key enablers to collaboration and so has been a priority in 2023/24. Progress has been made across a number of projects.

- Currently, a patient's medical image e.g. x-ray, MRI and CT is stored locally where the scan is taken and manual processes may be needed so that a clinician working in another SYB location can view it. To avoid the delay and inefficiency associated with such manual processes, the five Trusts agreed to procure and implement a common IT solution; four Trusts are already linked up with the final one expected to be live soon. In addition, an options appraisal is underway to help align image storage, workflow management and reporting IT systems across the five Trusts with the aim of enabling cross-site reporting, globalised scheduling and system use of capacity (including that at CDCs). The Acute Federation is working towards a common solution for Picture Archiving System (PACS) and Radiology Information System (RIS) to support these aims.
- Funding has been secured to support Artificial Intelligence (AI) research and pilots to support rapid and accurate diagnosis e.g. to test multiple AI algorithms on the early detection of lung cancer on chest X-ray.

Digital Referral System

The South Yorkshire & Bassetlaw Imaging Network is working with all acute providers on the utilisation

of Clinical Decision Support (CDS). iRefer is a CDS software tool that works within existing referral platforms to provide advice and guidance on the most appropriate diagnostic pathway into Imaging. CDS software is seen as key to ensuring patients receive the correct diagnostic test, first time, while also ensuring appropriate use of available capacity and rolling this out across SYB will mean patients receive

the same standard of referral using evidence-based guidelines. Implementation is underway with Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust, Barnsley Hospital NHS Foundation Trust and The Rotherham NHS Foundation Trust, with systems expected to go live throughout 23/24.

DIGITAL REFERRAL SYSTEM PATIENT STORY

The ability to instantly share Radiology images across multiple providers, via the Agfa Xero Exchange Network, not only provides benefits to clinicians but also improves care delivered to patients.

"I brought my son into A&E for suspected shunt malfunction yesterday. We suspected a shunt malfunction previously (twice resulting in revision) however I've always taken him straight to Sheffield [Children's] Hospital.

"The care we received yesterday - and knowing that images can be seen straight away now by neuros [Neurosurgeons] - has given me the reassurance that, should the situation arise again, I can confidently bring him to Grimsby and get good care. This care he received was incredible and it made a very worrying time a lot less stressful."

2.2 Hosted clinical networks

Aim

Review existing hosted networks for Gastroenterology; Maternity; Paediatrics; Stroke services; Urgent and Emergency Care to ensure they are as effective and efficient as possible.

2.2.1 Stroke

The **South Yorkshire Integrated Stroke Delivery Network (SY ISDN)** supports national and local stroke priorities with both a strategic and operational focus. The ambition of the SY ISDN is to ensure that people within the region have equal and fair access to the highest quality stroke care across the whole pathway with good clinical outcomes, experience and safety. The ISDN brings people together empowering them to transform, innovate and develop Stroke services, improving outcomes for all involved.

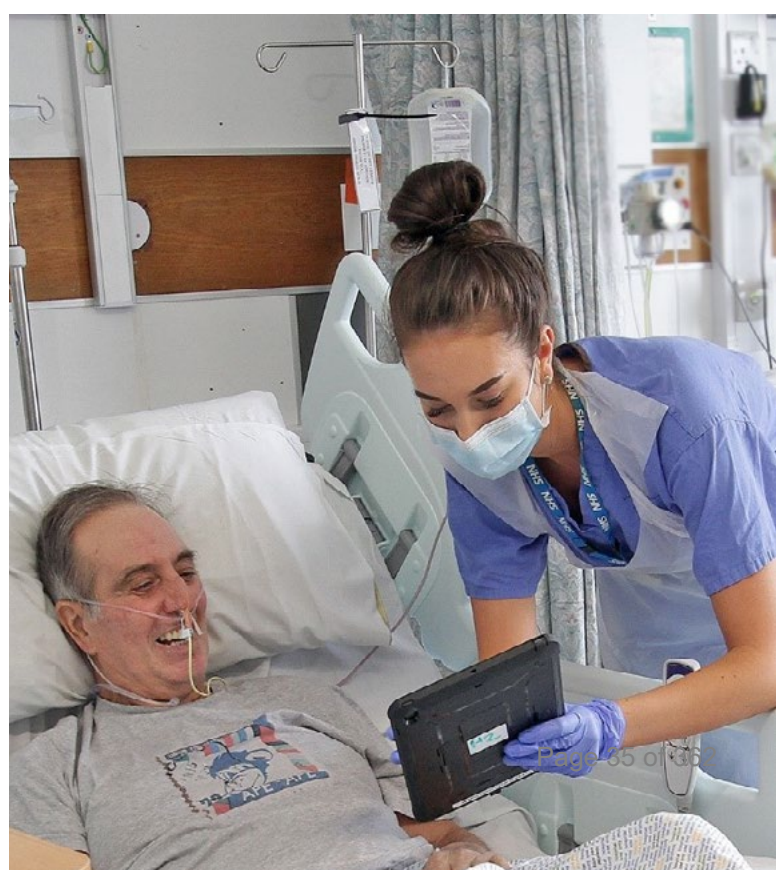
The SY ISDN listens to and acts on the views of those people with lived experience of stroke, and they are at the heart of all the network does. Since the network was launched in 2020, it has successfully implemented shared clinical pathways and protocols, developed workforce capacity support and implemented a new Telemedicine system. The network has also secured funding to pilot pre-hospital stroke video triage, expand the use of stroke AI and improve stroke rehabilitation pathways. SY ISDN has established a regional Stroke Survivor and Carer Panel which continues to be an integral part of the network.

Through 2022/23, the network and its partners have continued to improve the urgent diagnosis and treatment pathway.

- The Hyper Acute Stroke Unit transformation is now well embedded and access to Mechanical Thrombectomy and CT Perfusion has been expanded this year into weekday evenings to give eligible patients a better chance of receiving clot removing treatment to prevent longer term disability.
- The Acute Bundle of Care for Intracerebral Haemorrhage (ABC) has been launched which standardises the management of those with haemorrhagic stroke leading to improved outcomes.
- Work has also been undertaken to refine Carotid Endarterectomy pathways to speed up referral to intervention times.
- Focus on rehabilitation pathways and collaborative gap analysis work of stroke rehabilitation and life after Stroke service has been undertaken. The findings from this work have helped to shape

quality improvement work for 2023/24 which include a focus on social prescribing, psychological support, vocational rehabilitation, stroke reviews and aligning services to new guidance.

- This year the ISDN has taken an active role in the implementation of the national Patient Reported Experience Measure Survey with all organisations in the regional participating. This will provide invaluable insights into the experience of those with lived experience of stroke and findings will be cascaded in 2023/24.
- Through 2022, the ISDN worked in collaboration with the Local Knowledge and Intelligence Service to co-produce a SYB Stroke Health Inequalities Report to help inform targeted prevention and awareness raising work. This has provided us with new insight on which populations in the region are more at risk of stroke, experience stroke or have poorer outcomes.
- Finally, the SY ISDN has focused on the development of the stroke workforce hosting a regional conference, a bespoke leadership programme and regional training series.



Stroke Awareness Campaign

The SY ISDN has worked with young people at a local school on a Stroke Awareness project. A targeted campaign in Barnsley place has been launched and more community stroke teams are adopting blood pressure checks into routine practice. Data is being used to engage with Primary Care Networks and patients and the public, and strong links have been established with the SY Prevention Programme with plans to roll this out further in 2023/24.

Key priorities for Stroke services over the next few years include:

- Expanding Mechanical Thrombectomy services into weekends and then 24 hours day.
- Implementing the National Optimal Stroke Imaging Pathway (NOSIP)
- Improving Thrombolysis rates.
- A continued focus on improving the quality of Stroke services.
- Improving access to Transient Ischaemic Attack Clinics.
- Working to prevent more strokes and raise awareness of stroke across the region.
- Delivering the SY Cardiovascular Disease Plan in collaboration with the prevention and cardiac programmes.
- Aligning Stroke Rehabilitation services to national guidance and in particular the Integrated Community Stroke Services Model.
- Delivering the Social Prescribing in Stroke project which will embed social prescribing link workers into Integrated Community Stroke Service teams across the region.
- Developing and implementing the SY ISDN Workforce Strategy.

STROKE PATHWAY PATIENT STORY

'I had my stroke whilst at work in Barnsley and luckily my colleagues recognised the symptoms I was having as stroke. They rang 999 and the ambulance crew contacted the Hyper Acute Stroke Unit at Pinderfields Hospital using the 'pre-alert' system.

I was quickly taken to the stroke unit and received a 'clot busting' treatment called thrombolysis. I stayed in hospital for a few days and when I went home, I had help from the Community Stroke Team.

They were brilliant. I have made a good recovery, but I still struggle with the symptoms I have been left with.'

2.2.2 Paediatrics

The SYB Acute Federation is host to one of 11 specialist children's hospitals in England which offers the region clear opportunities to innovate in the field of Paediatric care.

The acute providers have established 'Level 1 Hosted Networks', which support working across the system on matters related to workforce, clinical standardisation and innovation. The Level 1 networks focus on supporting all Trusts equally. Two specific networks were developed and continue to function well; The Care of the Acutely Ill Child Network and the General Surgery and Anaesthesia Network. Both networks focus on building and maintaining a standardised approach to acute Paediatric services through the development of shared guidelines, joint training and education, consider system solutions to increasing waiting times and workforce pressures, the development of the Healthier Together website. These networks create a platform for building relationships across organisations a key enabler for creating at pace a SYB children's emergency surgery pathway to support acute Trusts at the height of the pandemic.

Acute Trusts have also explored 'Level 3 Hosted Networks', which involve a greater degree of integration between two or more Trusts. The aim of the Level 3 network is to allow one Trust which has a particular strength in a specialty to support one or more other Trusts in this area.

The Sheffield Children's NHS Foundation Trust and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust have been building relationships to develop a Level 3 hosted network for acute Paediatric services. Their achievements include:

- **Joint working to address elective surgery waiting times**
Clinicians and managers from the two Trusts have explored the possibility of developing a shared plan to reduce waiting times for Ear, Nose and Throat day surgery. This has laid the groundwork for sharing resources and risk management in readiness for future collaboration.
- **Building a sustainable pathology workforce**
Three Joint Learning Event sessions took place during 2022 for pathology clinical leads and children's clinical directors across both organisations to share knowledge and insight and build working relationships to enable joint working. These sessions were extremely well attended with very positive feedback.
- **Bassetlaw Emergency Village (BEV)**
The Paediatric network clinical leads have played a key role in supporting the design and development of the children's ward at the new BEV which will benefit hundreds of children each

year. They have been instrumental in the Clinical Senate planning process, became active members of the clinical working groups and have ensured that the right experts are engaged in the development at the right time. The network leads contributed and supported the BEV public engagement consultation and contributed to the final business case. They have also worked to strengthen anaesthetist capability to ensure capacity by developing and implementing the Anaesthesia Training Plan.

- **Nurse Education**
The nurse educators across both Trusts have worked together to agree competency and training requirements for triage and are currently working together with Barnsley and Rotherham nurse educators to ensure the training requirements to support children and young people with special educational needs and disabilities are being met in acute Trusts.
- **Complex System Leaders Face to Face Workshops**
A series of workshops to support collaboration across the two Trusts designed for senior leaders, surgeons and for nurse educators has been delivered. Attendees found workshops extremely helpful giving staff a deeper understanding of how working together will benefit the children and young people using their services.



2.3 Clinical service development

During the year the SYB Acute Federation identified a number of clinical specialities expected to benefit from collaboration.

2.3.1 Urology

Aim

To work collaboratively across Urology services to improve the quality, safety and efficiency of care provided to patients across SYB and Chesterfield, an important partner in the local area.

Progress

- We have taken a network approach to getting the best outcomes for our patients following GIRFT principles to reduce variation, standardise care and give patients the best experience first time round.
- Work is well underway to create a collaborative clinical pathway on a regional basis to put in place sustainable on-call rotas. As part of this we are focused on agile staff working to ensure we deliver care closer to the patient wherever possible, with some of our Urologists already moving around the SYB and Chesterfield network to provide expert support and advice to clinical teams on complex procedures.
- Clinical leads have agreed new parameters for standards of care in the treatment of benign prostatic hyperplasia which should enable productivity improvements to free up time for patient care, and a range of GIRFT metrics for measuring progress have been identified.

We are now focused on ensuring capacity and demand for Urology services is evenly matched across the network to realise the patient benefits of collaboration.

2.3.2 Rheumatology

Aim

To work collaboratively across Rheumatology services to improve the quality, safety and efficiency of care for patients across SYB.

Progress

The focus of this workstream has been on:

- Demand management standardising and optimis-

ing GP referrals to reduce unnecessary activity beginning with a standard referral form for GPs across South Yorkshire and Bassetlaw and learning from each other on best practice in patient triage.

- Workforce resilience Developing workforce models which give greater service resilience across the patch.
- Workforce sustainability in the longer-term Work with NHS England's workforce, training and education teams on the future pipeline for rheumatology in South Yorkshire.
- Productivity Benchmarking SY Trusts against, and working towards GIRFT best practice.

2.3.3 Gastrointestinal bleeds

Aim

To work collaboratively across Gastrointestinal Bleed (GI) services to improve the quality, safety and efficiency of care provided for patients across SYB.

Progress

- Work to strengthen SYB GI Bleed services is being taken forward by the Endoscopy Network. Endoscopy is the main tool for helping doctors to identify for gastrointestinal bleeding. The Endoscopy Workforce Group is supporting the development of a workforce strategy.
- Progress continues on the Pan Yorkshire Training Academy for Endoscopy which is due to be mobilised in shadow form from June 2023.
- A preliminary evaluation of the GI Bleeds arrangements was carried out and a more detailed evaluation is required to include the number of patients transferred, the impact both positive and negative on patients and also what is considered best practice in other areas looking at a variety of models e.g. individual rotas/mixed approach/system rotas.

2.4 Clinical Strategy

<h3>Aim</h3>	<h3>Progress</h3>
<p>To develop a framework which enables our clinical teams to collaborate to provide the safest, highest quality, and most effective care.</p>	<p>The Clinical Strategy has been developed in collaboration with clinicians and operational managers across the patch and sets out the five-year clinical services framework for the SYB Acute Federation in its role to support acute service development and delivery. It aligns with and supports the wider work of the Integrated Care Board 5-year Joint Forward Plan and the South Yorkshire Integrated Care Partnership Strategy.</p>

Clinical Strategy in summary



This Clinical Strategy sets out the clinical services framework for the Acute Provider Federation in its role to support acute service development and delivery.

It is a framework which supports clinical teams to collaborate to provide the safest, highest quality, and most effective care. It aligns with and supports the wider work of the Integrated Care Board 5 year Joint Forward Plan and the South Yorkshire Integrated Care Partnership Strategy.

[The full strategy document can be found here](#)

Our purpose:



The five-year vision

Services at different hospitals across South Yorkshire play complementary roles as part of a **collaborative model**. Patients experience **high standards of care**, no matter which hospital they attend; with constant energy on driving down unwarranted variation.

Shared care to be developed further across primary and secondary care including Mental Health services

Standardisation for **better outcomes and patient experience**, and taking action on health inequalities

Life stages recognised as an important framework for end to end pathways, to support more proactive planning and working

Patients can **move seamlessly** from one hospital to another in order to access specialist care or faster treatment



A networked workforce build the system for developing opportunities for clinicians to gain experience/ support patient services across South Yorkshire

Resilience and sustainability priority criteria for the system, future models of care incorporating new ways of working

Greater **interoperability** across the organisations so that our staff can seamlessly access and share electronic patient information and records

Best use of our **collective estate** to offer choice, access and state of the art facilities

Models of care that optimise new technologies, innovative ways of working and environmental sustainability, learn from new research evidence and change how, where and when we deliver services

Examples of collaborative working

- South Yorkshire and Bassetlaw Cancer Alliance** There are many examples of joint working and redesigned services/pathways across cancer sites that are system-wide, from prevention and screening, inpatient pathways for specialist and non-specialist cancers, through to palliative and End of Life care
- The Children and Young People's Alliance** has supporting networks that focus on the acutely ill child, surgery and anaesthetics and wider collaborative working
- South Yorkshire Integrated Stroke Delivery Network** has evolved with successes in shared clinical pathways/protocols, involvement and support to patients and their families, workforce capacity support, developments in video triage, use of Artificial Intelligence and work on health inequalities
- The South Yorkshire Pathology Network** has achieved the national vision to consolidate and optimise local workforce, capacity and support a future model for networked delivery
- South Yorkshire Integrated Care Board Networks** are in place e.g. in respiratory, cardiology and dermatology to optimise end to end pathways from primary prevention to tertiary care and are working to improve access to cardiac rehabilitation services, improve cardiovascular disease detection and prevention and achieve early diagnosis and treatment of heart failure
- 2023/24 priorities** We will continue to prioritise rheumatology, urology, gastrointestinal bleeds, elective and diagnostics recovery. This will happen alongside acute paediatrics, with system-wide clinical working groups addressing end to end pathway opportunities and challenges, from immediate priority areas to future models of care

Strategic objectives

Maximising digital transformation and partnership approaches to innovation

- Look for new ways of delivering care, further use of research and technology to future-proof changes in care delivery including new diagnostics, treatments, drugs and Artificial Intelligence
- Find ways to collaborate and help unlock barriers to collaboration, e.g. IT access, clinical information sharing, funding mechanisms
- Develop further partnerships with academic institutions industry and delivery partners to further research and innovation
- In designing new service models we will look to support the best use of our collective estate to offer choice, access and state of the art facilities

Delivering more coordinated care through maximising the opportunities for our collective workforce

- Through the clinical working groups proactively share opportunities to work collaboratively
- Ensure that clinical leadership development is part of the Acute Federation Organisational Development programme
- Develop system-wide training and education plans to support future models of care
- Support the standardisation of new roles
- Develop and share the learning and insight from collaborative pathways to encourage best practice and continued relationship building
- Develop further the relationships with academic institutions to support future workforce models
- Work together to maximise the retention of trainees offering a wide range of placements, job plans and career progression

Enabling clinically-led standardisation of best practice acute care across South Yorkshire and Bassetlaw

- Create the evidence base, criteria and clinical discussion on areas for collaborative concern and opportunity for development
- Bring together expert and wide clinical knowledge to support service improvement and develop future models of care
- Support the infrastructure to develop further patient and public involvement
- Enable the spread of best practice and provide benchmarks for services
- Develop models that provide clarity on services provided at Place and at wider scale across South Yorkshire and Bassetlaw

2.5 Financial improvement

We know that working together to share resources flexibly and align support services, where it makes sense to do so, will give us the best chance of enhancing productivity and value for money across SYB. Progress has been made in a number of areas.

2.5.1 Medical Agency

Aim

To reduce the numbers of vacancies for clinical roles and shift away from the use of medical agency and higher cost locum arrangements.

Progress

This year our nursing and medical leaders have worked as a network to focus on reducing variation in medical agency pay rates and standardise, where it makes sense to do so. They have shared best practice on permanent recruitment and retention of staff. This includes career development opportunities across the patch through joint appointments, where it is agreed there is a mutual benefit, matching capacity to demand through system-wide recruitment exercises such as in midwifery, recruitment from overseas and innovation in workforce and care models.

Developing a networked clinical workforce will be an important area of focus through the Clinical Strategy implementation in 2023/24.

2.5.2 Procurement

Aim

To reduce the cost of service provision through a set of targeted interventions which standardise goods and services and produce efficiencies.

Progress

We have achieved £527,000 in collaborative efficiencies with an overall SYB Trust procurement saving of £2.96m which is 83.95% of the target set in an extremely challenging year. This has been reached through:

- Implementation of a joint e-Tendering and Contract Management platform – Atamis- across the seven provider Trusts and Integrated Care Board

in South Yorkshire.

- Rolling out a joint Work Planning Tool across 80% of SY ICS organisation with final 20% onboarding due in the first quarter of 2023/24.
- Delivering 85% of the recommended Procurement Target Operating Model objectives set by NHS England, the second highest in the country.
- Establishing a Consumables Resilience Group which manages, mitigates and works to prevent supply disruption issues across the South Yorkshire Integrated Care System and supports clinical staff to deliver uninterrupted high-quality patient care.
- Delivery of a collaborative procurement project on Hip and Knee procedures leading to cost pressure avoidance of £500,000 and delivery of Cost Improvement Programmes (CIP) saving £1.18m across the patch through clinically-led standardisation and product rationalisation across the Hips and Knees range. This flagship procurement exercise has taken two years to complete and involved over 40 clinicians from SYB Acute Trusts and Chesterfield Royal Hospital NHS Foundation Trust.
- Developing shared career opportunities across teams and supporting staff to progress and move across Trusts ensuring skills remain in South Yorkshire.
- Establishing a bi-monthly Procurement Newsletter to share useful across the SY Integrated Care System procurement community.
- Utilising a shared work environment on the NHS Futures platform for sharing information, storing data and a means for collaborative working across multiple organisations.

Because of this we have been in a strong position to nominate teams and individuals for national Healthcare Supply Association awards.

2.5.3 Hospital transfer waits

Aim

To improve operational efficiency and reduce bed days by reducing delays for inter hospital transfers.

Progress

A policy has been developed to standardise inter-hospital transfers of patients across SYB acute Trusts and rapidly escalate delays where necessary. The policy outlines the expectations of the transferring and receiving Trusts where a patient requires ongoing hospital care. It sets the timescales and escalation processes that should be undertaken to

ensure patients are returned to their local Trust in a timely manner and when the patient is clinically safe to be transferred. The policy also includes full contact details for out of area agency contact details, these details are for patients who no longer require ongoing hospital care, but do require community care e.g. Physiotherapy and Occupational Therapy. This policy ensures patients are returned to their local Trust in a timely manner making it easier for family and friends to visit, the policy will also help to minimise delays in patients returning home or to other accommodation.

Operational management of this process will be via a single online dashboard which will allow operational teams to oversee medically fit patients being transferred to their destination.

2.6 Acute Federation organisational development – enabling collaboration

Aim

To build the SYB Acute Federation into an innovative value-adding partnership, a single point of contact for the ICB, a trusted partner to other provider collaboratives and be nationally recognised as a pioneering example of acute care integration.

Progress

This year the members of the Acute Federation have agreed their model of collaboration is one of purposeful active federation. Our shared principles are:

- We operate with mutual accountability.
- We are open with each other.
- We trust each other.
- We collectively hold high ambitions for the Federation.
- We are clear on our shared purpose.
- We support each other to 'land', in each other's organisations, decisions where one of us takes a cost for the team and in the interests of the people of SYB.
- We believe – and act – that we are mutually dependent in this interconnected system that is SYB.
- We communicate regularly and openly with each other.
- We talk positively and appreciatively about each other behind each other's backs.
- We know – and act – that our common purpose is in service of the health and wellbeing of the population of SYB.
- We ask for help from each other... and we readily offer help to each other across organisations.

In 2023/24 we intend to implement an organisational development plan that will help to further embed a collaborative culture across the members of the Acute Federation, break down organisational barriers and enable staff to work in partnership where it makes sense to do so, for the benefit of our patients.



The year ahead

Building on the progress made against priorities in 2022/23 the SYB AF's priorities for 2023/24 align with the South Yorkshire Integrated Care Partnership's strategy Integrated Care Partnership Strategy :: SYB ICS (syics.co.uk) for improved care and outcomes and include:

3.1 NHS recovery

We will continue to work together to recover elective and diagnostic services and reduce waiting times for patients, with specific focus on Orthopaedics, Ophthalmology, Ear, Nose and Throat and General Surgery.

3.2 Clinical Strategy

We will implement the Acute Federation clinical strategy to deliver improvements in care quality for the people of South Yorkshire & Bassetlaw, reduce unwarranted variation between providers, address inequalities in access and improve our resilience and efficiency. The Clinical Strategy covers:

- Clinical services which have been identified as likely to benefit from system collaboration. This will mean continuation of work on Urology, Rheumatology and GI Bleeds, spreading learning from collaboration e.g. Pathology Transformation Programme, Montagu Elective Orthopaedic Centre and developing a methodology for clinical service improvement across providers
- Clinical workforce – develop a networked workforce for resilience and sustainability.
- Clinical enablers: digital, technology, estates and innovation – we will focus on greater interoperability and data sharing across providers, better use of collective estate and models of care that optimise new technologies.

3.3 Innovative commissioning and financial models to improve efficiency and value for money

We will further explore opportunities to improve financial efficiency and integrate commissioning.

3.4 Flagship national innovator

Flagship national innovator scheme: Acute Paediatrics Innovator Programme – we will accelerate the design and implementation of the South Yorkshire & Bassetlaw collaborative model for acute Paediatric services as part of NHS England's national innovator scheme. The aim is to ensure timely access, outcomes and experience and reduce health inequalities for children and young people.

3.5 Engagement to drive collaboration

We will work with our staff on continued organisational development to strengthen the culture of collaboration.



South Yorkshire & Bassetlaw
Acute Federation

Clinical Strategy

in summary



South Yorkshire & Bassetlaw Acute Federation

Our purpose:

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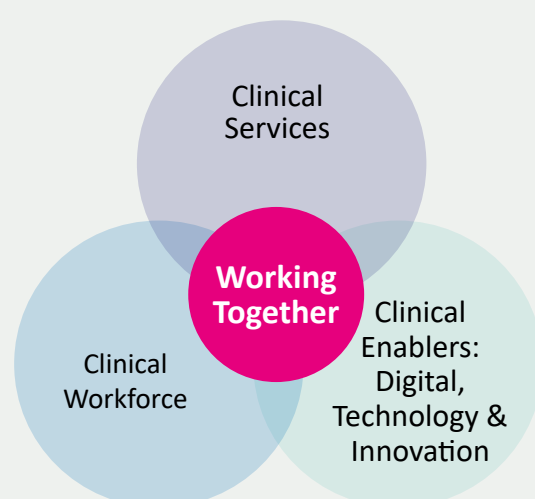
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Examples of collaborative working

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Clinical Strategy

2023-2028



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Introduction

The Acute Federation is made up of the five acute NHS Trusts in South Yorkshire and Bassetlaw:

- Barnsley Hospital NHS Foundation Trust
- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
- The Rotherham NHS Foundation Trust
- Sheffield Children’s NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust

This Clinical Strategy sets out the clinical services framework for the Acute Provider Federation in its role to support acute service development and delivery across South Yorkshire and Bassetlaw.

It is a framework which supports clinical teams to collaborate to provide the safest, highest quality, and most effective care. It aligns with and supports the wider work of the Integrated Care Board 5 year Joint Forward Plan and the South Yorkshire Integrated Care Partnership Strategy.

This means that the focus of this strategy is equally on the what and the how. The success of this strategy lies in our approach to change and how we work as a system or network of organisations to bring about change.

Our Purpose

We will use our collective expertise and resources to ensure the people of South Yorkshire and Bassetlaw have prompt access to excellent healthcare through:

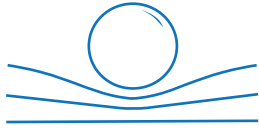


Principles for the Clinical Strategy:

- Equitable access to services underpins everything we do
- Evidence-based methods of treating patients will support changes to improve the quality of care we offer our patients
- Having effective pathways of care within and across organisations supports the best, high quality care
- Workforce flexibility across organisations will be promoted to optimise patient flow
- Collaborative working will be clinically led, supporting the capability for clinical teams to work as a system to improve standards
- Clinical teams will use technologies and new approaches wherever appropriate
- We should design to optimise patient time, choice and safety with both local service delivery and services delivered at scale
- We will actively work with primary, community and mental health services to help focus on what we do best and support shifts to care closer to home

Why Now? Why a Clinical Strategy?

The rationale for developing a clinical strategy for the Acute Provider Federation is based on a number of key factors:



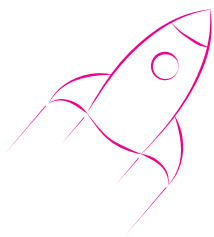
Resilience

Through collaboration we can provide greater sustainability for vulnerable services, help to alleviate workforce pressures and provide wider training, education and career opportunities. We have a history of supporting each other, through the pandemic we were able to support with changes to care protocols and pathways and supported staff working across organisations. There is a need and urgency to continue to develop this collaborative way of working to maximise the opportunities we have as a health and care system.



Health Inequalities have been increasing

Greater collaboration across acute providers can support a more equitable offer and access to services for South Yorkshire and Bassetlaw patients. From the impact of the Covid-19 pandemic, we need to ensure that through our recovery, we find ways to offer services to mitigate differences in access in both secondary and tertiary care.



Design for the future

Primary/secondary/tertiary boundaries are shifting and will continue to shift. We need to plan for this across South Yorkshire and Bassetlaw, providing the collaborative architecture across organisations for clinicians to design and develop future models of care, agreeing what stays local for District General Hospitals at Place level, what can scale and have criteria to support priority decisions and models of care.



Value for money

There is an increasing need to ensure the best use of local resources. Through collaboration we have the scope to optimise resources and move away from competing for the same resources.



Innovation

There is a greater opportunity for innovation, research and development and the use of our estate through collaborative approaches, to develop further links with partner organisations, academic institutions to benefit wider population groups.

Key Considerations

The context for this five year clinical strategy is:

- System level focus – this strategy does not cover all acute services provided by every organisation. This strategy focuses on the areas that will benefit from wider scale working and collaborative solutions across South Yorkshire.
- Recovery is not a quick fix and will need strategic and system responses, beyond stabilising services. NHS recovery will require transformation and more collaborative solutions.
- Clinical Involvement: The process for the development and continued involvement of clinical staff will require a supportive infrastructure, resources and relationships to develop collaborative ways of working.
- This Clinical strategy is a five year framework and the clinical priorities highlighted will be reviewed on an annual basis.
- Accountability for operational performance is primarily at the organisational level in support of improving system performance
- Patient engagement and involvement will be focused in the specific clinical service areas. We have linked into existing South Yorkshire wide engagement and feedback and we will continue to work with patients and the public in the future.

As such this clinical strategy reflects the local health and care environment which is characterised by:

- Co-evolving organisations that have many interdependencies and have a history of collaborative working, with the opportunity to further learn and share best practice together
- Mature organisations that are bound by their own statutory requirements within in a public sector that is complex and under continued pressure influencing the pace of change and public expectations

A changing and challenging environment

The impact of Covid-19

COVID-19 has had a radical impact on the NHS. It continues to pose major clinical challenges e.g. a large number of long-waiters is likely to be a key strategic recovery challenge in the years ahead. It has reinforced the importance of investing in the wellbeing of our workforce. It has deepened collaboration across South Yorkshire, e.g. with greater mutual aid, and the need to address the challenges of recovery as a system. It has shone a light on the major health inequalities that have continued to increase over the past years and are predicted to continue to grow with the current economic climate. This is a period in which all Trusts face a major financial challenge to bring cost and income into line.

Deepening integration

Integrated Care Systems were put on a statutory footing with the establishment of Integrated Care Boards during 2022, building on the years of partnership working across this area. All local health and care organisations are operating at system level across South Yorkshire and at Place, local areas of Sheffield, Barnsley, Rotherham and Doncaster. Efforts to better integrate physical and mental health services continue to progress. The NHS England specialised budget will be devolved during 2023.

Public attitudes

The views of the public (our current and future patients, workforce and funders) continue to shift. Environmental sustainability continues to rise steadily as a public concern. There has been renewed public attention on inequalities e.g. with the Black Lives Matter campaign, and the health inequalities COVID-19 highlighted. And while there was huge public support for the NHS during the pandemic, we will need to watch for the impact of long waiting times on public perceptions of the health service.

Changes within the wider provider landscape

In the last few years the collaborative models for provider organisations have continued to evolve with Mental Health, Autism and Learning Difficulties Alliance, Primary Care Provider Collaborative, Cancer Alliance, Children's and Young People Network, clinical specialty networks such as Stroke, Pathology and Endoscopy.

The scope and potential for collaborative working means that there are strong interdependencies with organisational strategies and joint opportunities to tackle health inequalities.

Advances in science and technology

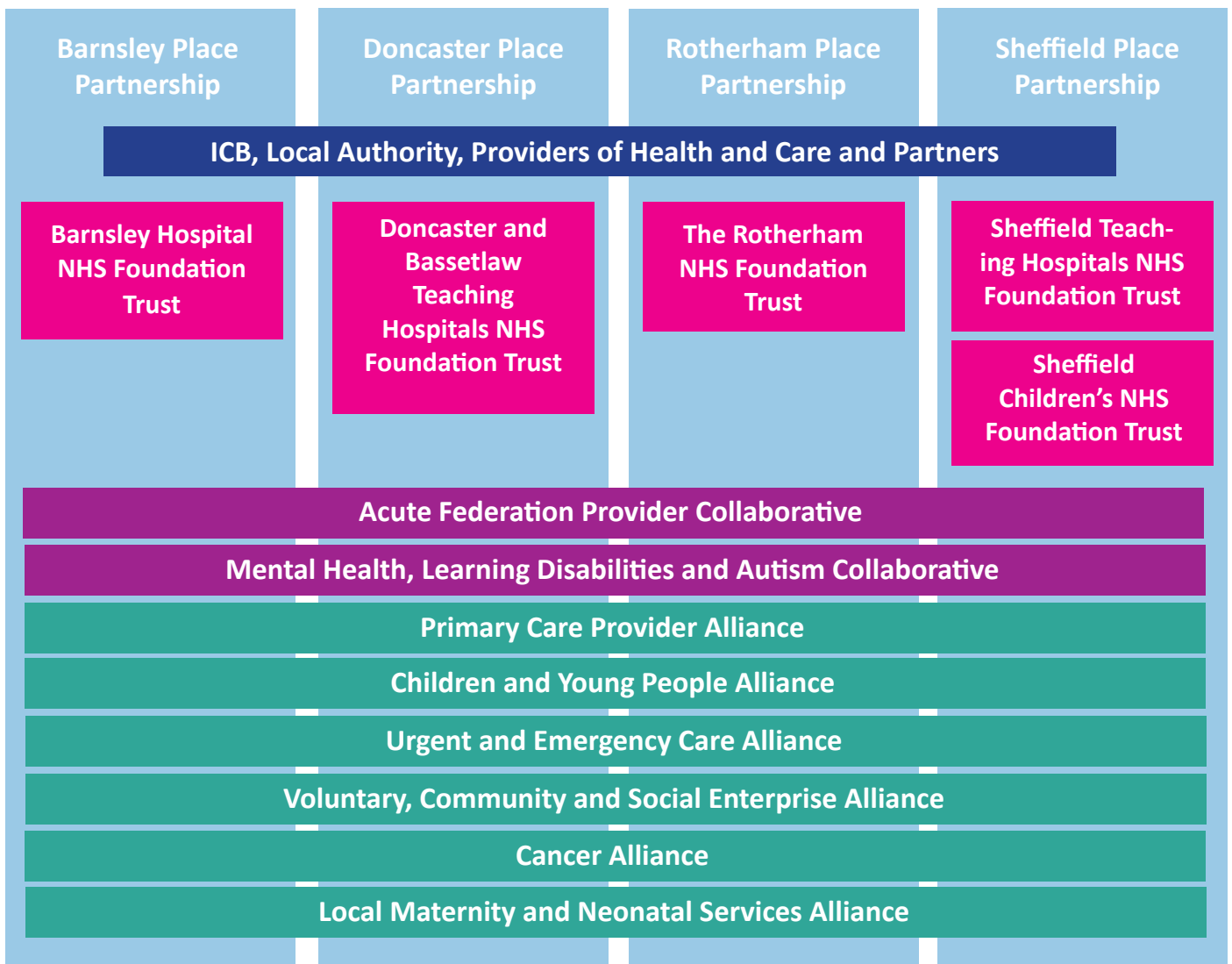
Technological and scientific advances continue to change the way the NHS operates, and to create new opportunities for the future. For instance, developments in artificial intelligence, genomics, robotics and new treatments. These will impact on what is offered and delivered, how services are developed and delivered and where and when services are offered and delivered.

Drivers for change

There are key policy and strategic drivers across health and care sectors providing the direction of travel, nationally and locally, such as the Health and Social Care Act outlining the duty to collaborate, the Integrated Care Board's vision to shift to system level provision of care and single commissioning arrangements, the South Yorkshire Integrated Care Partnership Strategy and the South Yorkshire Integrated Care Board's Five Year Joint Forward Plan.

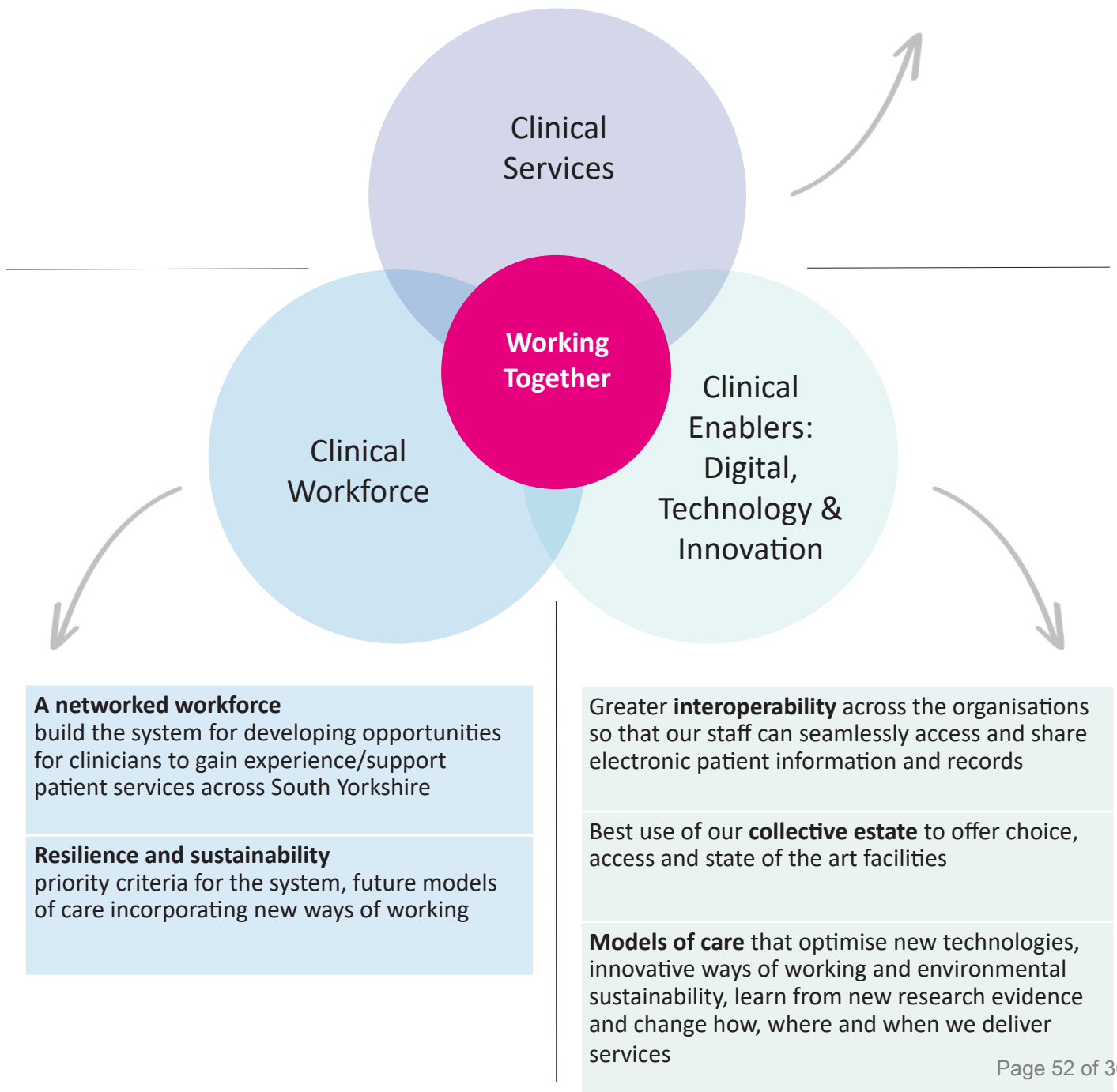
Local Landscape

This Clinical Strategy recognises the local health and care environment and has been written with a focus on what, where and how the Acute Provider Federation can add value and work with other partner organisations as part of the South Yorkshire system.



The Five-Year Vision

Services at different hospitals across South Yorkshire play complementary roles as part of an acute federation collaborative model	Shared care to be developed further across primary and secondary care including Mental Health services	Life stages recognised as an important framework for end to end pathways, to support more proactive planning and working
Patients experience high standards of care , no matter which hospital they attend; with constant energy on driving down unwarranted variation across the system	Standardisation for better outcomes and patient experience , and taking action on health inequalities	Patients can move seamlessly from one hospital to another in order to access specialist care or faster treatment



Examples of Collaborative Working Across South Yorkshire and Bassetlaw

The Acute Federation is building upon a history of collaborative working in South Yorkshire and Bassetlaw. There are many examples of collaboration that have become established ways of working with services being co-developed and delivered across organisations.

The examples below illustrate how collaboration can develop from a national drive or from a local need for change. From each of these examples there is learning: the importance of having the time and space for people to come together, the leadership and commitment for changes to be supported and being able to demonstrate improved outcomes and changes for local people and patients.

Supporting Infrastructure

The South Yorkshire & Bassetlaw Cancer Alliance has a well established collaborative way of working with the supporting infrastructure including Clinical Delivery Groups and Patient Advisory Board. There are many examples of joint working and redesigned services/pathways across cancer sites that are system-wide, from prevention and screening, inpatient pathways for specialist and non-specialist cancers, through to palliative and End of Life care.

Children and Young People's Alliance

The Children and Young People's Alliance has supporting networks that focus on the acutely ill child, surgery and anaesthetics and wider collaborative working. The Alliance extends to a very wide range of partnership organisations across health and care (over 250 individuals). During the pandemic the Alliance helped to redesign pathways to support the continuation of paediatric surgery and services in a safe and coordinated way with a step change in collaborative working.

2022/23 Priorities

For 2022/23 the Acute Federation prioritised rheumatology, urology, gastrointestinal bleeds, elective and diagnostics recovery. This work will continue into 2023/24 alongside acute paediatrics, one of the national provider collaborative innovator projects with system-wide clinical working groups addressing end to end pathway opportunities and challenges, from immediate priority areas to future models of care. The infrastructure is emerging with the aim for wide clinical engagement across all professions.

Integrated Stroke Delivery

The South Yorkshire Integrated Stroke Delivery Network supports national and local stroke priorities with both a strategic and operational focus. Since the hosted network was launched in 2020, the network has evolved with successes in shared clinical pathways/protocols, involvement and support to patients and their families, workforce capacity support, developments in video triage, use of Artificial Intelligence and work on health inequalities. It has embedded the Hyper Acute Stroke Unit transformation and expanded the Mechanical Thrombectomy service. The priorities over the next few years from an acute point of view are further expanding thrombectomy services into weekends (and then to 24/7) and implementing the National Optimal Stroke Imaging Pathway (NOSIP).

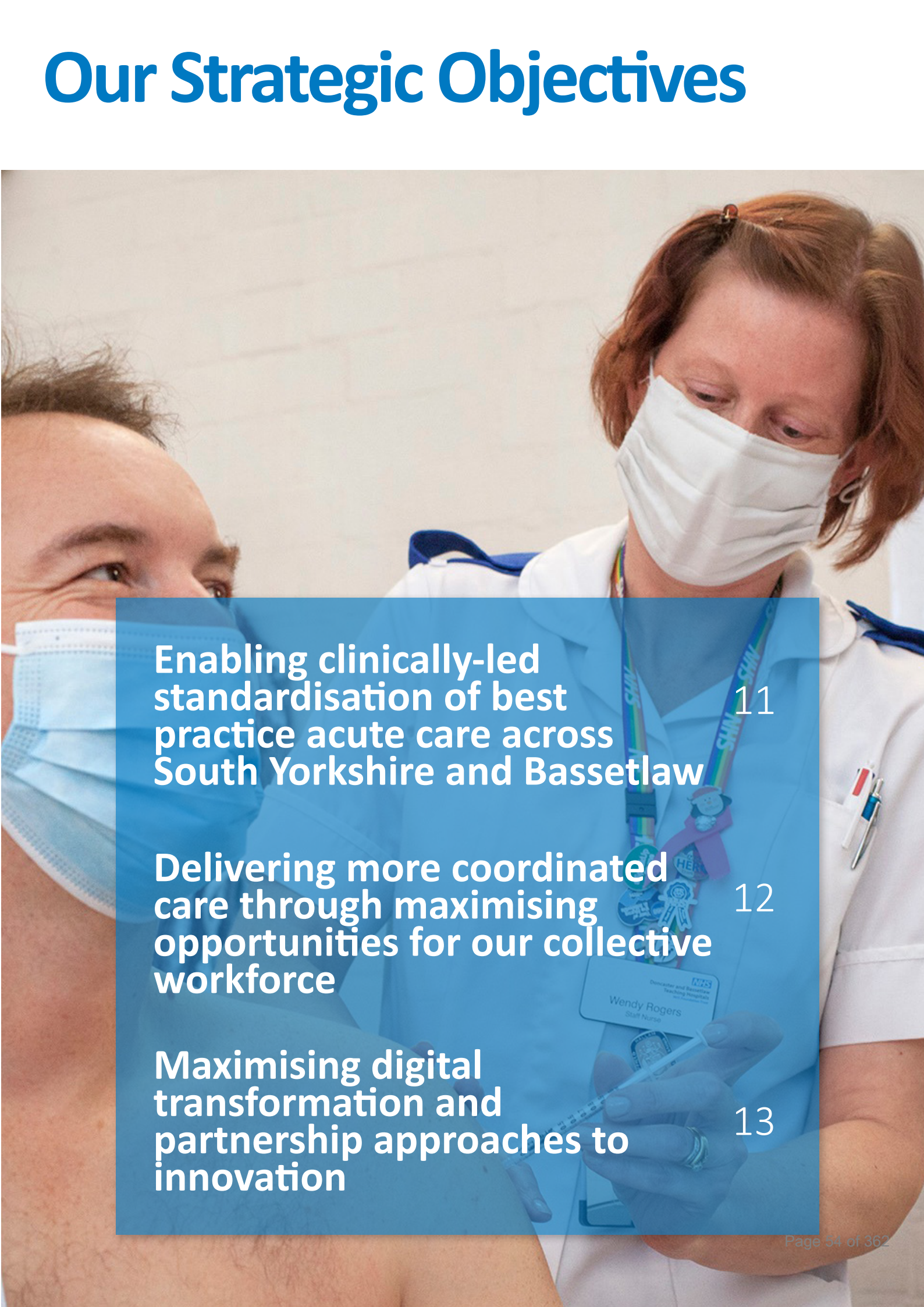
Pathology Network

The local South Yorkshire Pathology Network has achieved the national vision to consolidate and optimise local workforce, capacity and support a future model for networked delivery. There has been a collaborative principles-led approach to the development of the network. Innovation has been a key design factor alongside workforce development, training and education for local staff.

South Yorkshire Integrated Care Board Networks

South Yorkshire Integrated Care Board Networks are in place e.g. in respiratory, cardiology and dermatology to optimise end to end pathways from primary prevention to tertiary care and are working to improve access to cardiac rehabilitation services, improve cardiovascular disease detection and prevention and achieve early diagnosis and treatment of heart failure.

Our Strategic Objectives

A photograph of a healthcare professional, a nurse, wearing a white lab coat and a white surgical mask. She is focused on preparing a syringe. A patient, also wearing a light blue surgical mask, is looking towards the nurse. The nurse has a lanyard with a badge around her neck that reads 'Wendy Rogers Staff Nurse' and 'Doncaster and Bassetlaw Teaching Hospitals'. The background is a plain, light-colored wall.

**Enabling clinically-led
standardisation of best
practice acute care across
South Yorkshire and Bassetlaw**

11

**Delivering more coordinated
care through maximising
opportunities for our collective
workforce**

12

**Maximising digital
transformation and
partnership approaches to
innovation**

13

Enabling clinically-led standardisation of best practice acute care across South Yorkshire and Bassetlaw

Why is this important?

The success of the acute provider federation lies in our approach to change and how we work as a system or network of organisations to bring about change. Having our clinicians design and lead the change helps to ensure we remain focused on patient outcomes, using an evidence based approach to deliver high quality care.

What we will do:

- Create the evidence base, criteria and clinical discussion on areas for collaborative concern and opportunity for development
- Bring together expert and wide clinical knowledge to support service improvement and develop future models of care
- Support the infrastructure to develop further patient and public involvement
- Enable the spread of best practice and provide benchmarks for services
- Develop models that provide clarity on services provided at Place and at wider scale across South Yorkshire and Bassetlaw

How we will do this:

- Each year the Acute Federation members will identify a small number of clinical services that would benefit from South Yorkshire and Bassetlaw collaboration based on the Inclusion Criteria set out on page 15

What we will measure:

- Service changes and improvements as a result of the clinical working group development
- Impact on patient flow and patient waiting list reduction across the system
- System achievement of national standards including Getting it Right First Time (GIRFT)
- Business case benefits and any return on investment
- Movement towards environmental sustainability and Net Zero ambitions of the NHS

Clinical representation Includes:

- Medical colleagues
- Nursing colleagues
- Allied Health Professionals
- Healthcare Scientists
- Pharmacists

Each clinical group should have chair and co-chair representing different clinical professions.

Patient and public representation will be considered by each clinical group.

Delivering more coordinated care through maximising the opportunities for our collective workforce

Why is this important?

Our workforce across South Yorkshire and Bassetlaw is a critical factor in being able to develop, deliver and sustain services. There are greater opportunities for access to shared training, education and career opportunities to support future models of care.

What we will do:

- Through the clinical working groups proactively share opportunities to work collaboratively across organisations
- Ensure that clinical leadership development is part of the Acute Federation Organisational Development programme
- Develop system-wide training and education plans to support future models of care
- Encourage and support the standardisation of new roles
- Develop and share the learning and insight from collaborative pathways to encourage best practice and continued relationship building
- Develop further the relationships with academic institutions to support future workforce models
- Work together to maximise the retention of trainees offering a wide range of placements, job plans and career progression

How we will do this:

- Build the system for developing opportunities for clinicians to gain experience/support patient services across South Yorkshire and Bassetlaw
- Develop system wide education and learning plans to support the models of care
- Commission joint education programmes with academic institutions

What we will measure:

- Number of joint appointments that support system wide models of care
- Increase in retention and recruitment linked to models of care
- Number and impact of shared education and training programmes



Maximising digital transformation and partnership approaches to innovation

Why is this important?

Local health needs and services will continue to change. Changes in technology and ways of delivering services will require models of care that are resilient, maximise the skills of our workforce and support pathways of care across primary, acute, tertiary and mental health care. Locally we could do much more to maximise learning and spread from innovation.

What we will do:

- Look for new ways of delivering care, further use of research and technology to future-proof changes in care delivery including new diagnostics, treatments, drugs and Artificial Intelligence
- Find ways to collaborate and help unlock barriers to collaboration, e.g. IT access, clinical information sharing, funding mechanisms
- Develop further partnerships with academic institutions industry and delivery partners to further research and innovation
- In designing new service models we will look to support the best use of our collective estate to offer choice, access and state of the art facilities

design and development with an agreed system approach to change management

- Align with the Integrated Care System digital programmes to ensure we maximise the opportunities
- Develop business cases that support system-wide working and the commissioning of networked solutions

What we will measure:

- Business cases and benefits that support use of digital solutions and new technologies to deliver care
- The return on investment for any system wide change

How We will do this:

- Support the approach to clinical involvement



Milestones timeline

As part of the implementation of the strategy, there will be clinical area workplans with more detailed milestones and success measures.

2023

- Implementation of the clinical working groups and clinical leadership programme
- Design future models for urology, rheumatology, paediatrics, elective care, gastrointestinal bleeds
- Agreed workplans in place for the priority areas
- Recover elective and diagnostic services and reduce waiting times for patients, with specific focus on orthopaedics, ophthalmology, ear nose and throat and general surgery
- Increased rollout of collaborative clinical decision making systems across providers

2024

- Implementation of models of care
- Year 2 clinical service priority areas agreed and future models of care designed
- Framework for greater shared staff learning/opportunities across the Acute Federation.
- Implement Acute Federation commissioning model starting with acute paediatrics and develop a methodology which can be applied to other services
- Data strategy to support provider collaboration

2025

- Improved recruitment and retention in key clinical services across South Yorkshire and Bassetlaw. i.e. sonographers, radiographers
- Improved equity of diagnostics access and provision across South Yorkshire and Bassetlaw

2026

- New models of care across acute paediatrics and surgical services to support unwell children to reduce waiting times and ensure every child receives the same high quality of care
- Networked models of care for urology and rheumatology implemented

2027/28

- Improved service resilience and sustainability across SYB for priority services
- Improved system-wide access to acute provider services and improved equity of access to services
- Greater standardisation of clinical services to support improved outcomes
- Interoperability of key clinical information systems to support system working
- Improved recruitment and retention
- Care models- that optimise new technologies, best practice ways of working, remove unnecessary or duplicative care, new roles and change how, where and when we deliver services

Clinical Services Inclusion Criteria

Criteria for Priority Services	Key Questions
Alignment with overall South Yorkshire and Bassetlaw Acute Federation objectives	<ul style="list-style-type: none"> • Meets one or more of the 6 aims of the South Yorkshire and Bassetlaw Acute Federation objectives • Aligns with the three objectives of the Clinical Strategy
Impact and value for money	<ul style="list-style-type: none"> • A provider collaborative approach is appropriate to the need(s) defined • The unique benefit of the approach is clear • The outcome could not be achieved within individual organisations or opportunity would be maximised by collaborative working • There is relevant guidance or metrics against which progress can be measured • Successful achievement of the project is likely within the time and money available • The project represents good value for money • There are opportunities to increase productivity or efficiency through economies of scale
Need	<ul style="list-style-type: none"> • Evidence that there are risks to future service delivery, care quality or patient outcomes identified through Horizon Scanning or other means • Evidence that care quality and patient outcomes are of current concern • Evidence of unacceptable variation in care quality and patient outcomes • Evidence of variation in patient access and waiting times or long waiting lists which would benefit from mutual aid • Clinical improvement(s) to be achieved by the proposed project are clearly defined
Innovation and Learning	<ul style="list-style-type: none"> • Evidence of good or excellent practice in a number but not all clinical services where learning could be shared • There are new technologies that would benefit patients and staff by wider dissemination
Professional and patient/carer support	<ul style="list-style-type: none"> • There is evidence that patients/carers support the need(s) identified • There is evidence that professionals support the need



Horizon Scanning: Process

We will consider PESTLE factors (Political, Economic, Social, Technology, Legal Environmental) when horizon scanning for new challenges and opportunities within this framework for clinical collaboration.

Political	Economic	Social	Technology	Legal	Environmental
<ul style="list-style-type: none"> • Collective action • Education and training • Healthcare funding settlements • Decisions on social care funding and future • Pension Tax policy 	<ul style="list-style-type: none"> • Cost of living • Deprivation and inequalities • Educational attainment • Employment • Energy • Long COVID and early retirement • Population health • Reduced quality and quantity of employment • Supply chains • The workforce 	<ul style="list-style-type: none"> • Aging population, increased chronic conditions, morbidity, mortality • Attitudes on personal responsibility • Attitudes on 'risky' behaviours • Consumer experiences impacting expectations of health and care • Mental health • Obesity • Understanding of societal causes of health • Willingness to risk pool • Willingness/ability to spend on private care • Unexpected demographic shocks 	<ul style="list-style-type: none"> • 5G and hyperconnectivity • AI (assistants, imaging, patient flow, records processing, predictive health, chat) • Automation • Diagnostics • Implants • Gene editing (e.g. CRISPR) • Genomics and personalised medicine • Live, big data • mRNA technology • Pharmaceutical innovation • Predictive health • Robotics for surgery, delivery and maintenance • Wearables 	<ul style="list-style-type: none"> • Changes to employment law • Contracting and commercial expertise • Multinational corporations (MNCs) entering health (profit driven motives, legal shields) • Strikes and pay deals • Responsibility in cases of automation, AI and robotics error 	<ul style="list-style-type: none"> • Air quality • Antimicrobial resistance (AMR) • Impacts of climate uncertainty and damage on: public health, transport, supply chains, estates and building security, housing, food production • Novel diseases and further pandemics (Zoonotic, thawing pathogens) • Sustainable/ ethical products and resources • Extreme weather events



South Yorkshire & Bassetlaw
Acute Federation

Board of Directors' Meeting

7 July 2023

Agenda item	P104/23
Report	Annual Patient Experience Report
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 annual Patient Experience Report provides an overview of activity to promote and improve patient experience during 2022/3. This includes thematic learning from complaints, concerns, compliments, FFT, external feedback, CQC surveys and our internal Trust Tendable audit data. Performance metrics for 2022/3 are also included.</p> <p>Quality Improvements to support Patient Experience that have been enacted during the year are shown.</p> <p>The report demonstrates the considerable developments that have been made to improve patient experience during the year and it is hoped to build upon this further in 2023/4.</p>
Due Diligence (include the process the paper has gone through prior to presentation to the meeting)	<p>Patient Experience Group - April 2023</p> <p>People Committee – June 2023</p>
Board powers to make this decision	The Board of Directors has the authority to approve publication of this report.
Who, What and When (what action is required, who is the lead and when should it be completed?)	Subject to Trust Board approval, the Report will be published on the Trust website.

Recommendations	The Board of Directors are asked to approve the Annual Patient Experience Report for publication on the Trust website.
Appendices	None

A young woman with her hair in a bun, wearing glasses and a dark blue nurse's uniform with white piping, sits with her hands clasped. To her left, the back of an elderly patient's head and shoulder is visible, wearing a patterned hospital gown. The background features a wall with a large, light-colored geometric pattern of overlapping circles.

The Rotherham NHS Foundation Trust
***Patient Experience
Annual Report
2022/23***



1. Introduction

1.1 Good experience of care, treatment and support is increasingly seen as an essential part of excellent health and social care service, alongside clinical effectiveness' and safety. A person's experience starts from their very first contact with the health and social care system, right through to their last and includes end-of-life care.

1.2 The Local Authority Social Services and National health Service Complaints (England) Regulations (2009), Section 18 confirms the requirements for an annual report, specifying the number of complaints received, the subject matter of complaints and the way in which the complaint was handled. There is, however, no stipulation in the legislation that the annual report should only include complaints.

1.3 This report provides a summary of patient complaints received between 1 April 2022 and 31 March 2023 and includes details of the numbers of concerns received during the year, performance in responding to complaints, Parliamentary and Health Service Ombudsman (PHSO) investigations and action taken by the Trust in response.

1.4 In the vast majority of cases patients, relatives and carers are satisfied with the care, treatment and services they receive. On the occasions where a patient, relative or carer is dissatisfied, it is important that they feel comfortable in raising their concerns so that the Trust can resolve any misunderstandings or failings and ensure that learning and improvements take place. Complaints are considered a vital source for identifying how services can improve.

1.5 The Trust continues to focus strongly on improving patient experience and this continues to develop and evolve. The Trust is committed to resolving any concerns at the earliest opportunity and all colleagues are encouraged to manage concerns raised in an effective and timely manner rather than letting them escalate to a formal complaint. This is often achieved through the patient, relative or carer discussing their concerns directly with the service. Patient care is at the heart of what we do, and we are committed to improving the experience of our patients, but we know that we do not always get it right. This is why it is important to us that people find it easy to raise their concerns and complaints with us and that they feel their feedback is welcomed and dealt with in a timely manner.

1.6 Should the patient or carer feel that their concern should be formally investigated, they are able to make a formal complaint. The Trust's Patient Experience Team is accessible through email, in writing, telephone, NHS UK, Care Opinion and in person. The Trust aims to provide a response in as timely a manner as possible, setting an internal benchmark of 30 working days. The Trust also aims to remedy complaints locally through investigation and conciliation meetings, when appropriate. However, if the complainant remains dissatisfied, they have the right to refer their complaint to the PHSO as the second stage of the complaint process.

2. Purpose

2.1 The Patient Experience quarterly reports provide the Patient Experience Group/ Patient Experience and Inclusion Committee and then the Quality Committee with information relating to all the patient experience feedback received, leading to this annual report, presented to the Board of Directors. This includes:

- Headlines for the year
- Complaints; numbers and top ten themes
- Concerns; numbers and top ten themes
- Compliments; numbers and top themes
- Friends and Family Test
- Social media patient feedback
- Headlines and analysis from the monthly patient experience audits
- CQC surveys
- Improvement work and feedback

2.2 This insight helps identify key priorities and outcomes that are measures through patient experience feedback and will outline our intention to implement and monitor performance, while demonstrating learning that has taken place across the Trust.

3. Context

3.1 The Trust's Concerns and Complaints policy describes the roles and responsibilities of colleagues in ensuring all concerns and complaints are handled as quickly as possible and in line with appropriate national guidance. The policy applies to all hospital and community services, sites, departments and areas within the organisation, buildings or the environment and to all permanent and temporary staff working within the Trust. The Trust's procedure invites both concerns and formal complaints and in line with national guidance uses the following definitions:

3.2 Concerns: A concern can be defined as a matter of interest, importance or anxiety which can be resolved to the individual's satisfaction within a short period of time without the need for formal investigation and formal correspondence. These are dealt with as proactively and as quickly as possible "real time". This may include meetings or telephone calls with an appropriate senior manager. We aim to resolve a concern within 10 working days although the vast majority can be resolved in a much shorter timescale.

3.3 Formal complaints: A complaint can be defined as an expression of dissatisfaction with the service provided or not provided or the circumstances associated with its provision which requires an investigation and a formal response in order to promote resolution between the parties concerned. They are processed through a formal




procedure which involves a written acknowledgement, conciliation meeting or written response from the head of the relevant service, together with a cover letter from the Chief Executive. We aim to respond to all formal complaints within 30 working days. If the complaint is complex, multi-faceted or involves several organisations a timescale of 40 or 60 working days can be allocated.

4. Data Collection, Analysis and Reporting

4.1 Data is recorded on the 'Complaints' module within Datix which allows for analysis against a defined set of categories. As part of the Trusts reporting mechanisms a quarterly Patient Experience Report is provided to the Quality Committee and South Yorkshire Integrated Care Board (ICB). Complaints and Patient Experience are also a monthly standing agenda item on the Divisional Performance dashboard, Patient Experience Group¹ (PEG) and Organisational Learning Actions Forum (OLAF). A sample of complaint files are also reviewed on a quarterly basis by a Non-Executive Director which also forms part of this annual report.

¹ PEG is accountable to the Patient Experience and Inclusion Committee which reports directly to the Quality Committee.

5. Headlines in 2022-2023

<p>Welcoming complaints in a positive way</p>  <p>An effective complaint system goes out of its way to create a positive environment in which complaints are welcomed and resolved at the earliest opportunity.</p>	<p>3,438 Compliments were received.</p> <p>282 Formal Complaints were received.</p> <p>2192 Concerns were received.</p>
<p>Promoting a just and learning culture</p>  <p>An effective complaint handling system promotes a culture that is open and accountable when things do not go as they should. It puts in place clear ways to demonstrate how the organisation uses learning to improve.</p>	<p>Of the complaints closed:</p> <p>78 of the complaints were upheld.</p> <p>132 partly upheld.</p> <p>82 were not upheld.</p> <p>8 Divisional presentations were heard through the Patient Experience Group (PEG).</p>
<p>Being thorough and fair</p>  <p>An effective complaints system makes sure staff take a thorough, proportionate and balanced look into the issues raised by a complaint. It makes sure people receive a fair and open answer to their questions based on the facts and takes full accountability for mistakes identified.</p>	<p>Total number of re-opened complaints was 40 (13.7%).</p> <p>100% of Complaints were acknowledged in 3 working days.</p> <p>Complaint responded to in the agreed timescale was 100%.</p>
<p>Giving fair and accountable responses</p>  <p>An effective complaints handling system enables staff to give a fair and balanced account of what happened and what conclusions they have reached.</p>	<p>We continue to work on triangulating data on complaints that also resulted in moderate or severe harm.</p> <p>There have been 37 disclosure requests relating to complaints this year.</p> <p>2 complaints have been accepted for investigation by the PHSO.</p>

6. Complaints and Concerns

6.1 In 2022/3, the Trust received 282 formal complaints and 2,192 concerns. The table below compares the number of complaints and concerns received in the last three financial years. There was an increase of 1% in the total number of complaints and concerns from 2021/22

	2020/21	2021/22	2022/23
Formal complaints	234	266	282
Concerns	1533	2171	2192
Total	1767	2,437	2,474

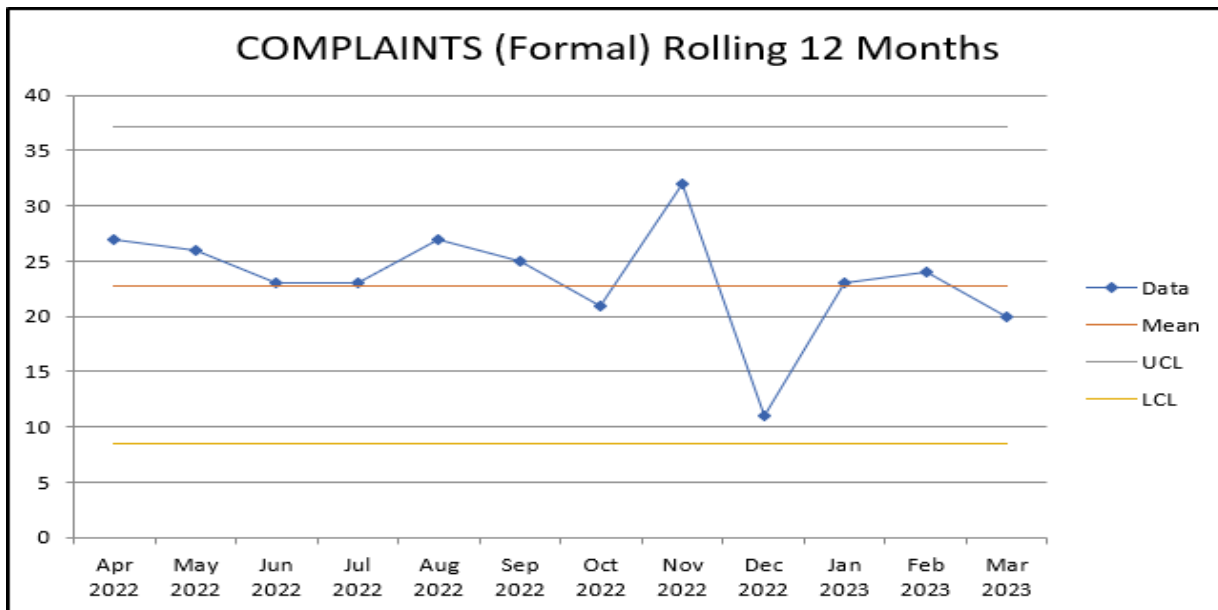
6.2 To compare the number of complaints and concerns to the patient attendances, the figure below breaks down the increase in attendances and ratio of complaints and concerns.

	2020/21	2021/22	2022/23
Inpatient Episodes			
Number of inpatient complaints	147	133	138
Inpatient Episodes	59,679	69,128	73,131
Complaints per 1000 episodes	2.46	1.92	1.89
Outpatient Attendances			
Number of outpatient complaints	51	48	50
Outpatient Attendances	226,770	272,257	250,232
Complaints per 1000 attendances	0.22	0.18	0.20
ED Patient Attendances			
Number of ED complaints	20	67	75
ED Attendances	75,889	95,438	92,333
Complaints per 1000 attendances	0.26	0.70	0.81

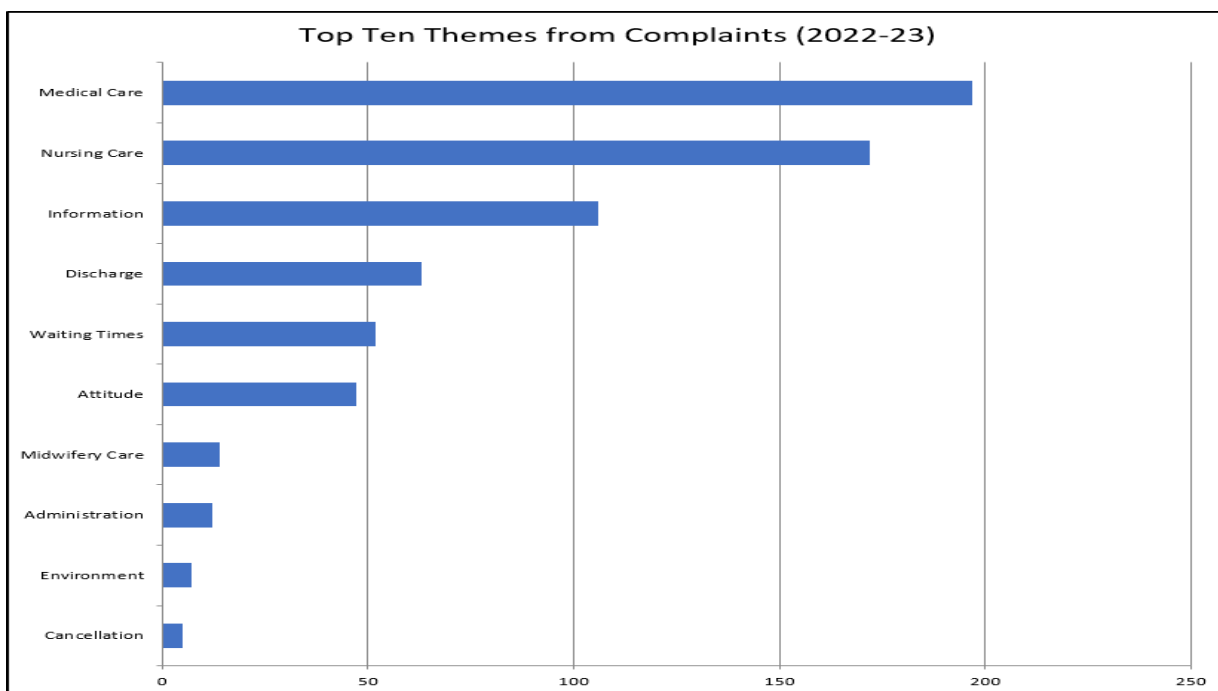
- Inpatient episodes have increased over the past three years, but the number of complaints has decreased per 1000 episodes.
- Outpatient attendances and complaints per 1000 episodes has remained static.
- UECC attendances have risen over the past two years but so have the number of complaints.
- The remaining 19 complaints this year did not fit specifically into these categories for example corporate functions or Community Care.

6.3 Formal Complaints

There were 282 formal complaints received in 2022/23. This gives a rolling average of 22.79 complaints a month using Statistical Process Control (SPC). There is a pattern of decreased complaints in December each year which can be associated with the Christmas period.



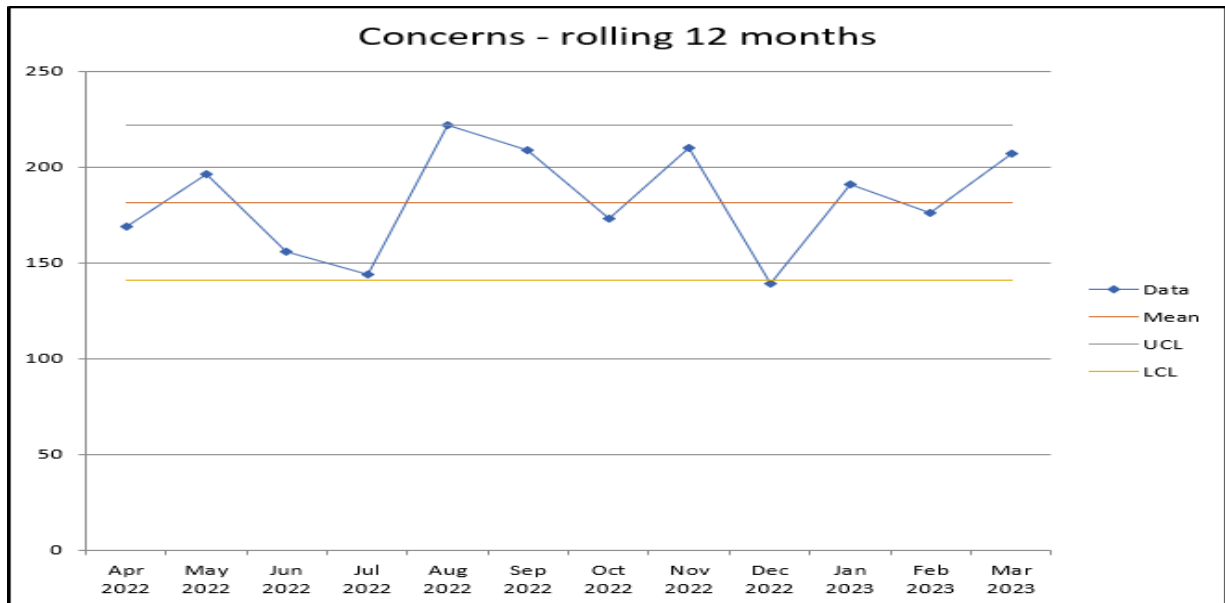
6.4 Themes from formal complaints



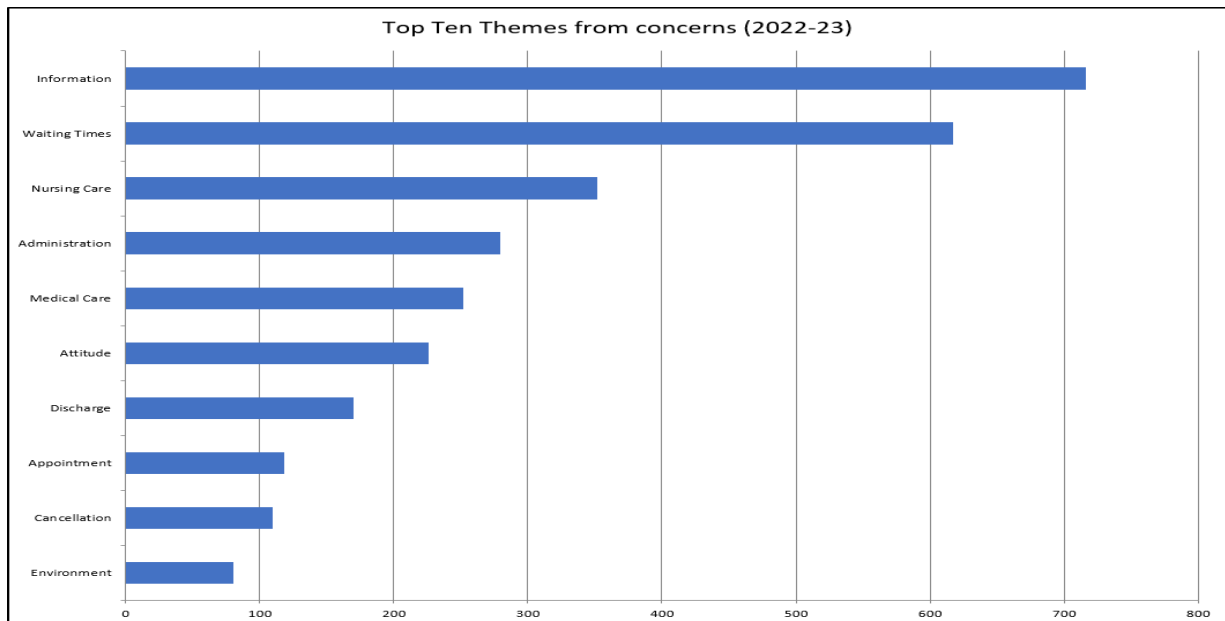
Data shows that the top five themes of formal complaints are primarily linked to medical care, nursing care, information/communication provided, discharge and waiting times. Other factors also influenced the number of complaints received, such as attitude, environment, Midwifery care and administration.

6.5 Concerns

There were 2192 concerns being received during 2022/3, giving a rolling average of 181.63 concerns a month using SPC. A similar pattern of decreased concerns is also noted for the month of December.



6.6 Themes from Concerns

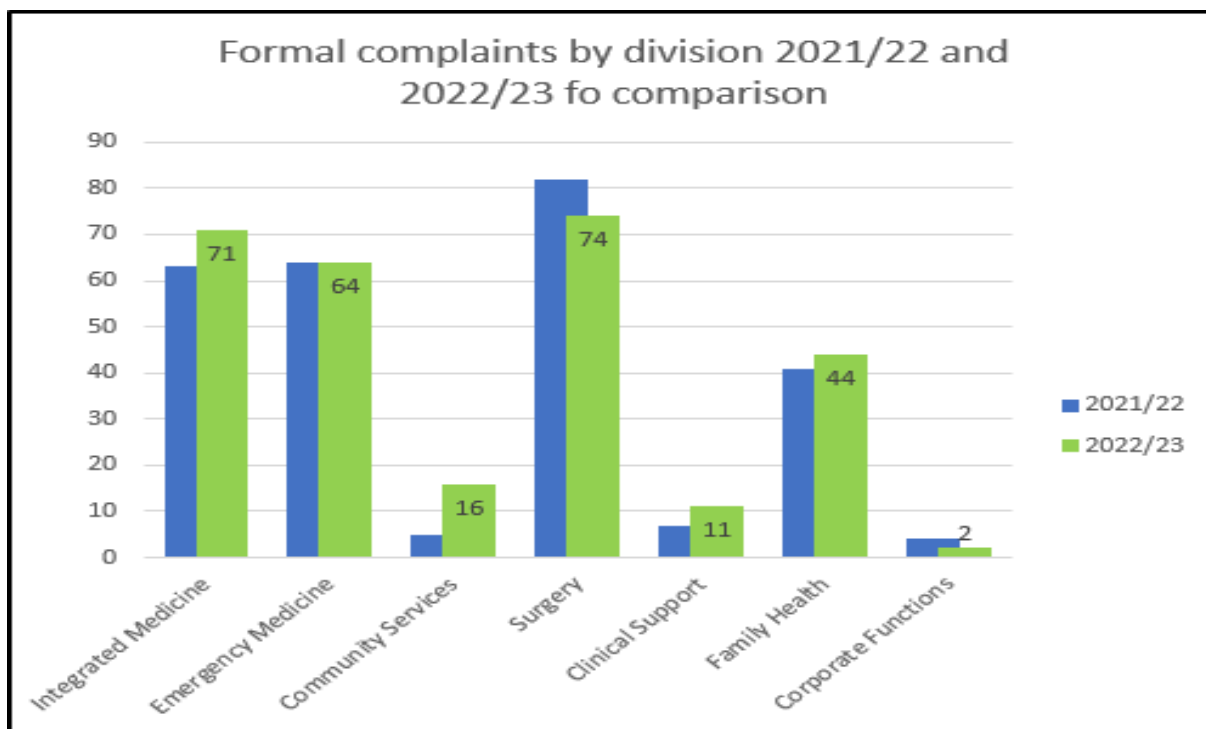


Concerns are primarily linked to the lack of information/communication, followed by waiting times, nursing care and administration. Other factors also influenced the number received, such as attitude, discharge process, appointment waits, cancellation and environment.

7. Complaints by Division and Speciality

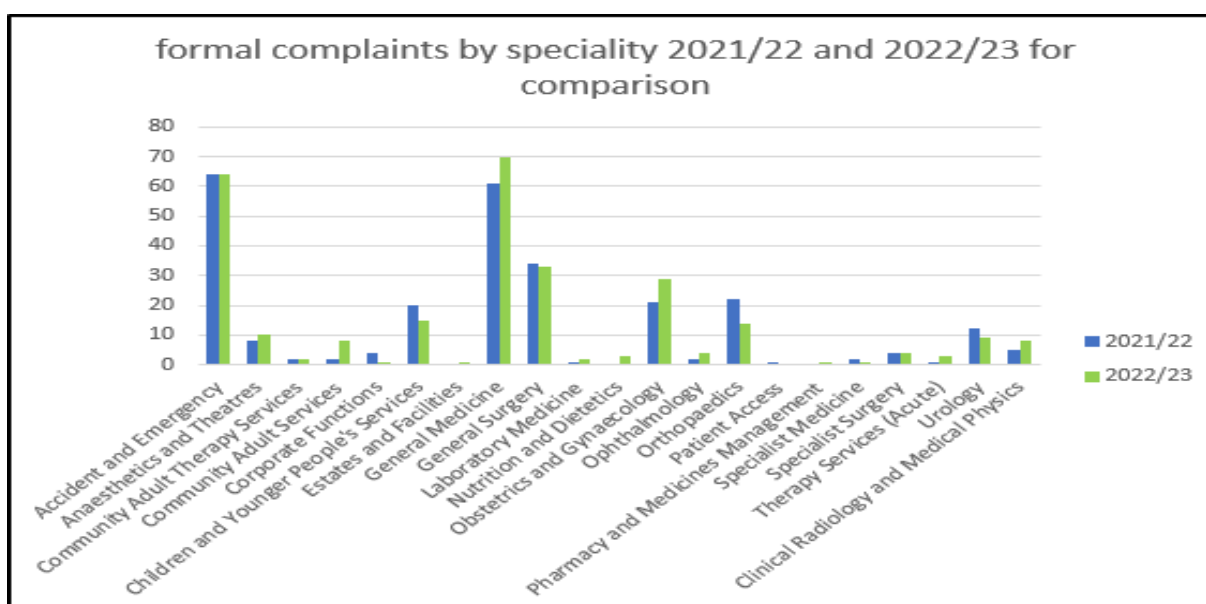
7.1 Complaints by Division

The surgical division received the most formal complaints during 2022/3 (75) followed by medicine (71) and UECC (64).



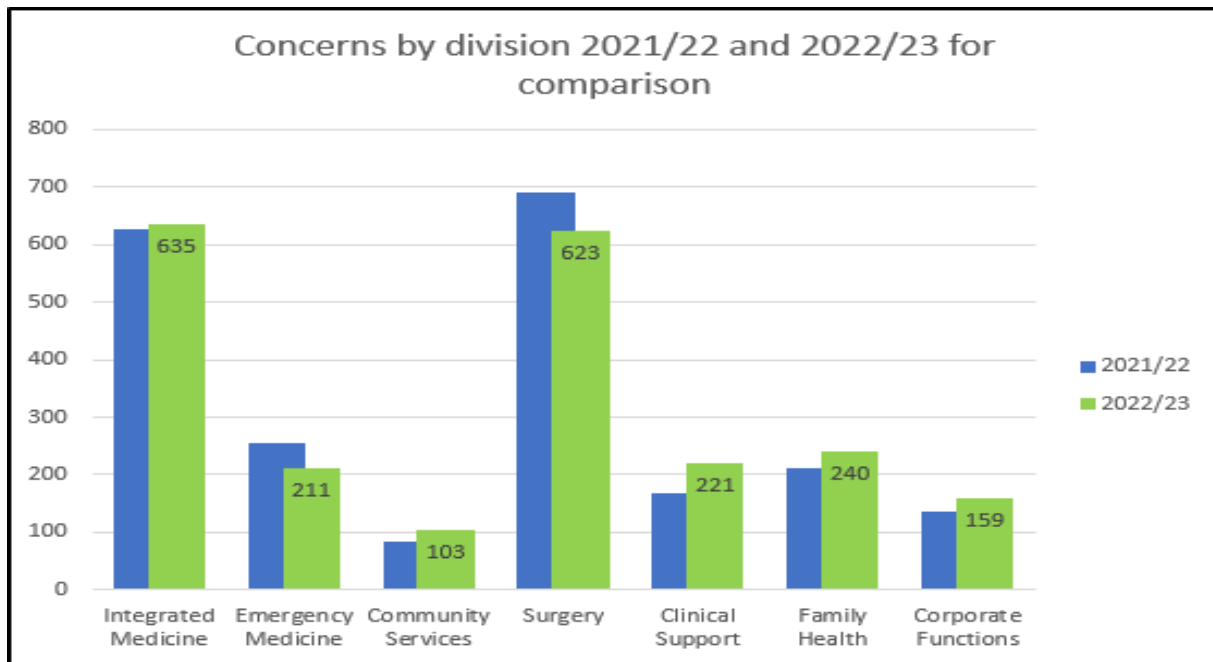
7.2 Complaints by speciality

General Medicine received the greatest number of formal complaints, in comparison and similar in numbers to that of 2021-22 Urgent and Emergency Care (UECC) also received comparable data. Community Adult Services, Obstetrics and Gynaecology and Clinical Radiology and Medical Physics experienced a slight increase. However, it should be noted that Orthopaedics, Urology and Children and Younger Peoples Services (CYPS) experienced a decrease in the number received.



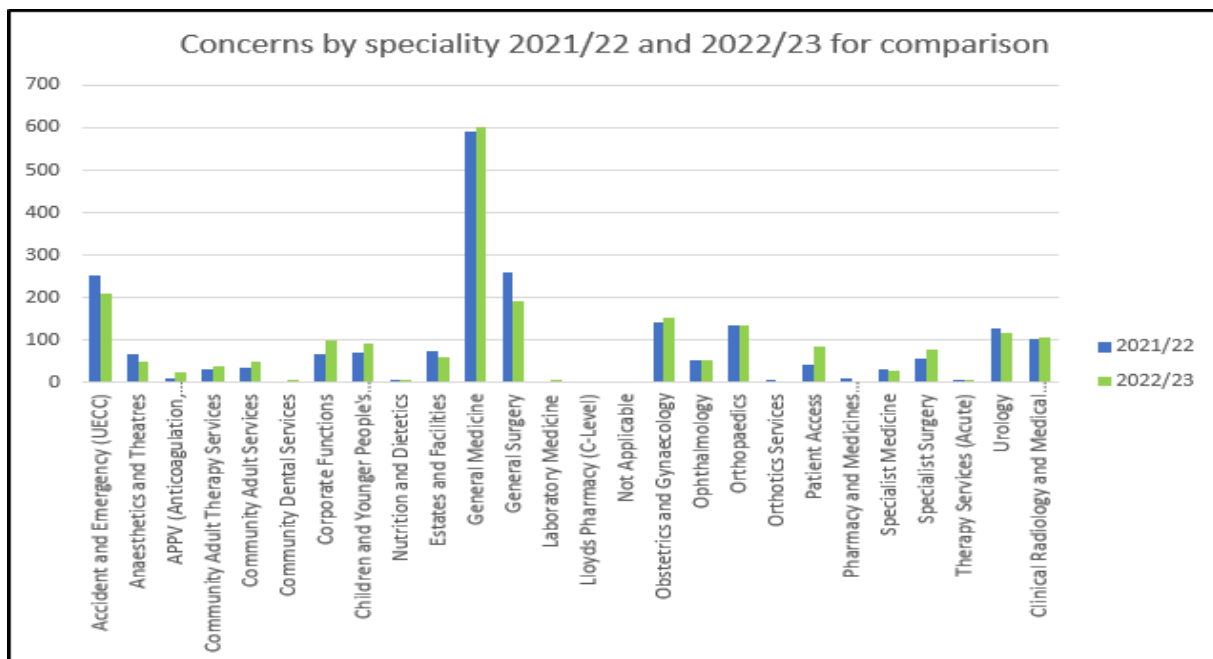
7.3 Concerns by Division

Medicine received the highest number of concerns closely followed by Surgery. As with formal complaints the divisions of Clinical Support, Family Health, and Community Services all experienced an increase in 2022-23.



7.4 Concerns by Speciality

There has been no significant increase in the number of concerns received by any speciality. However, it is evident that there has been a decrease in the numbers received by UECC, Corporate Functions and General Surgery and Patient Access.



8. Grading and risk rating

8.1 Complaints are triaged on receipt using the National Patient Safety Agency (NPSA) risk rating matrix guidance. This is a systematic and effective method of identifying risks. It also encompasses the processes of risk analysis and risk evaluation with colour rated scoring, green being minor through to red being major.

8.2 The initial grading is determined by the Patient Experience Team based on the content of the complaint and is reviewed by the division for appropriateness. As part of this triage, complaints that highlight potentially Serious Incidents (red rated) or have Care Quality Commission (CQC) involvement are discussed with the Deputy Chief Nurse upon receipt and are routinely reviewed by colleagues they may also be linked to a patient safety investigation under the Duty of Candour (DoC).

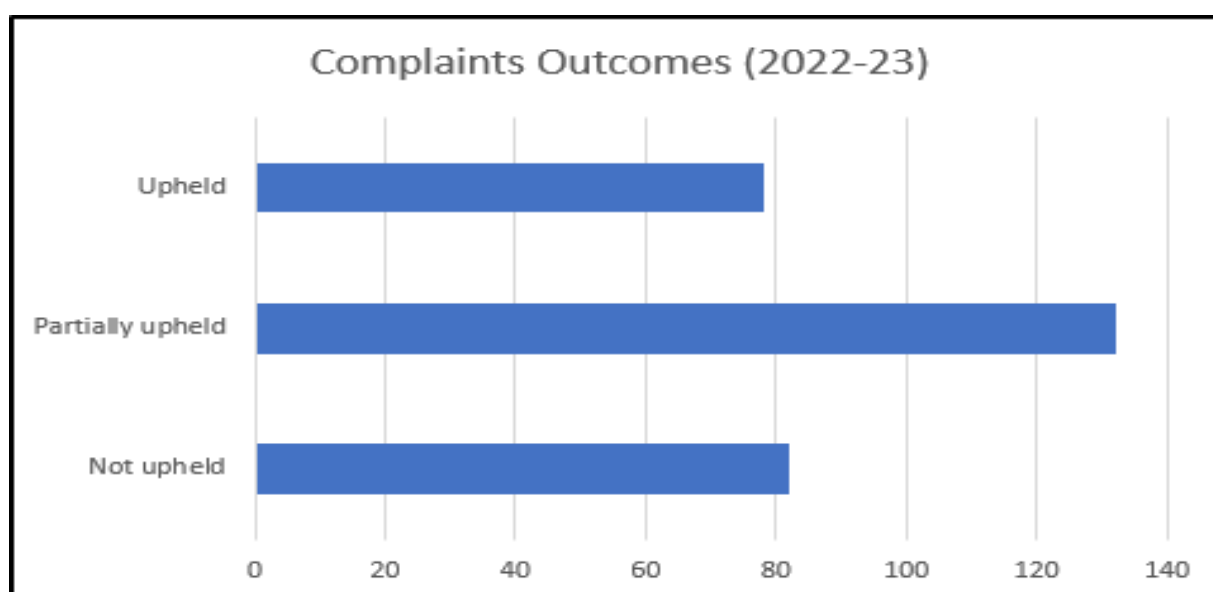
8.3 There was one red complaint in 2022/3. This was investigated as a serious incident, which would include a formal duty of candour to the patient and or family. An explanatory letter is sent to all complainants in these circumstances to explain that their complaint is being investigated through a different process.

Year	Green	Yellow	Amber	Red
2020/21	2.1%	65.0%	32.5%	0.4%
2021/22	0.8%	69.9%	29.3%	0.0%
2022/23	0.0%	62.0%	37.6%	0.4%

9. Complaint outcomes

9.1 Once the local resolution stage has been completed, then the appropriate or lead Division will determine if the complaint was upheld, partially upheld or was not upheld. This is in line with the Parliamentary Health Service Ombudsman (PHSO) and Care Quality Commission (CQC) standards.

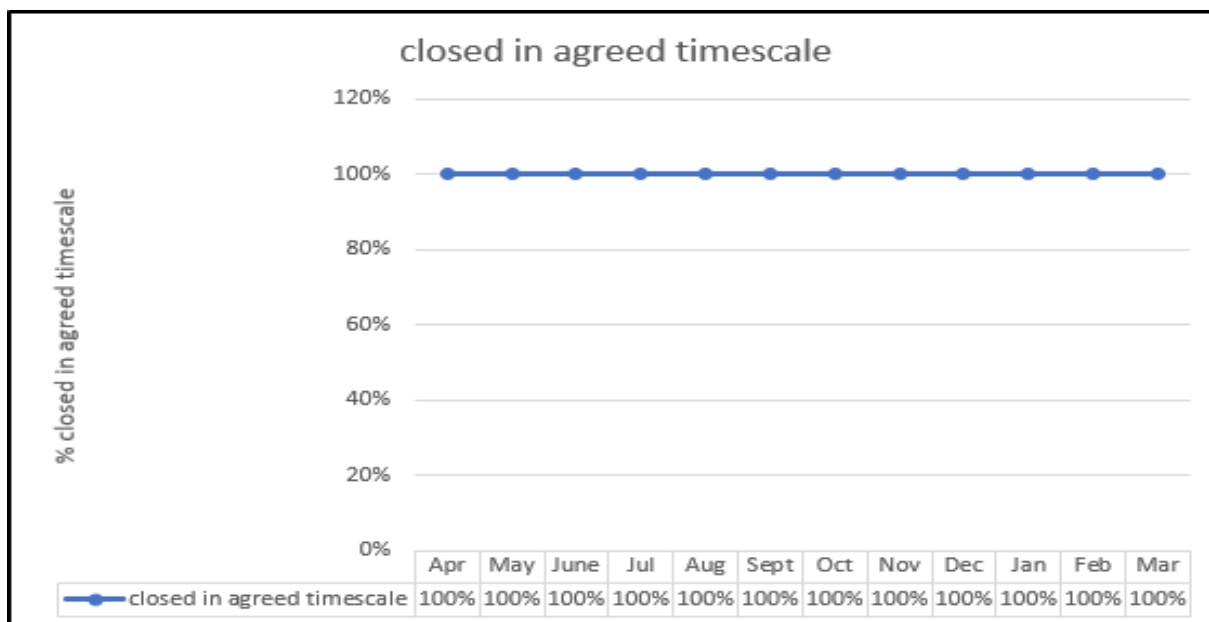
9.2 Of the 292 formal complaints closed in 2022-23, 26.71% (78) were upheld, 45.21% (132) partially upheld and 28.08% (82) not upheld.



10. Responding to Complaints within the agreed timescale

10.1 The Trust complaints policy aims to respond to all formal complaints within 30 working days and the responsibility for ensuring timely responses is shared between the patient experience team and divisions. If the complaint is complex multi-faceted or involves several organisations a timescale of 40 or 60 working days can be allocated.

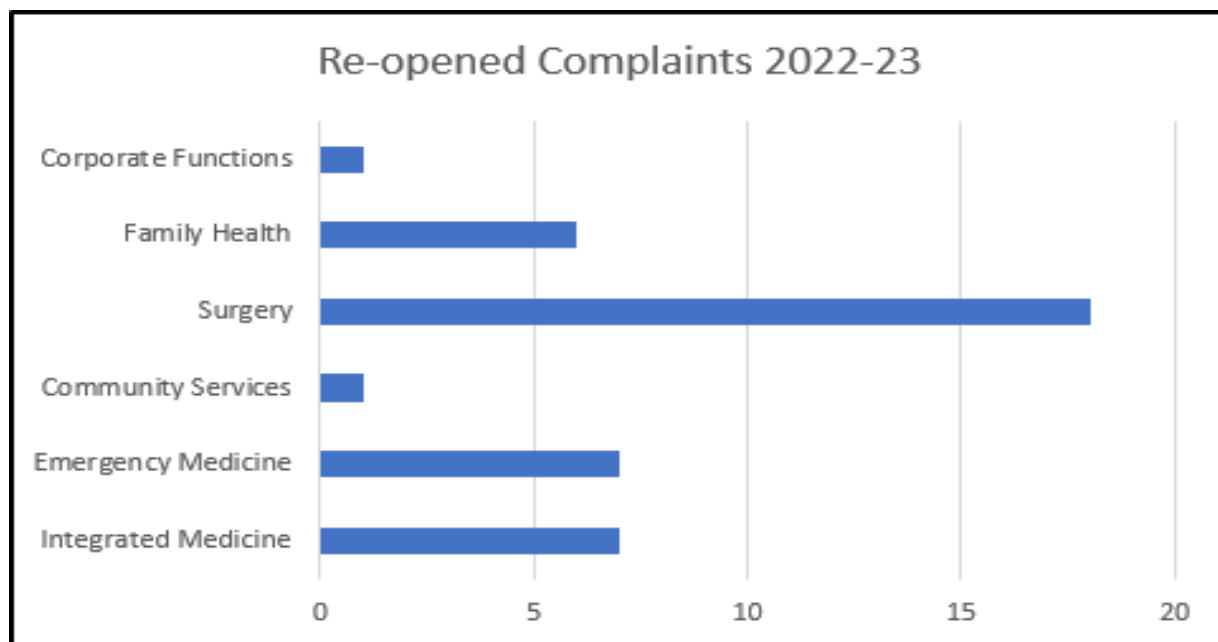
10.2 In 2022-23 the Trusts target remained unchanged to respond to 95% of complaints within the agreed timeframe. It should be noted that for the year the Trust exceeded this target by reaching 100%, which was an increase from 2021-22 from 98.58%



11. Complaints returned for further local resolution.

11.1 Complaints returned for further local resolution can be an indicator of how well a response is explained, how comprehensive the complaint investigation and response has been, or how satisfied complainants are. Re-opened complaints need additional time and focus, and where possible and if not already provided, these discussions need to take place through the conciliation process. Complaints can be re-opened many months after the response has been closed, which can sometime be in the new financial year.

11.2 Out of the 292 formal complaints closed in 2022/3, 13.7% (40) were re-opened. This was a slight increase compared to the financial year of 2021-22 of 36. The Division of Surgery received the greatest number of re-opened complaints.



12. Parliamentary Health Service Ombudsman (PHSO)

12.1 Although we aim to resolve all complaints at a Trust level, once local complaints resolution is complete, if the complainant remains dissatisfied, they may ask the PHSO for consideration of their case by providing details of the way in which they consider that the Trust has failed to answer the issues.

12.2 Following full investigation, the PHSO will either uphold the complaint or recommend action to take place for resolution to occur; partially uphold or not uphold the complaint and no further action required.

12.3 There are many factors that influence the number of complaints and the PHSO advises that this data should not be treated as an attempt to rank the performance of Trusts across England. Organisational size, specialities, and patient demographics all have an impact on the number of complaints about different Trusts. The accessibility of each Trust's complaints service and how well a Trust signposts to the PHSO service, may also have had an impact.

12.4 below shows that two cases were received for investigation in quarter 4 of 2022-23 which remain open, and one case was closed.

Speciality	Primary subject matter	Outcome	Recommendations
9604 General Medicine	Concerns regarding care and treatment provided. Patient passed away.	Closed	Upheld Apology and offer financial redress. Retrospective investigation and action plan completed and shared with family.
10933 UECC	Complaint made regarding the care and treatment received by the child. Patient passed away.	Ongoing	
12352 Specialist Surgery	Concerns regarding management of throat cancer.	Ongoing	

13. Review of closed Complaints

13.1 On quarterly basis a review of the complaints closed within the financial year is undertaken by one of the Non-Executive Directors (NED) of the Board on a rotating basis. The NED randomly selects several files from the complaints closed, by Datix number. The analysis includes subject areas, structure and content of the complaint files, timeliness and quality and actions of the investigation.

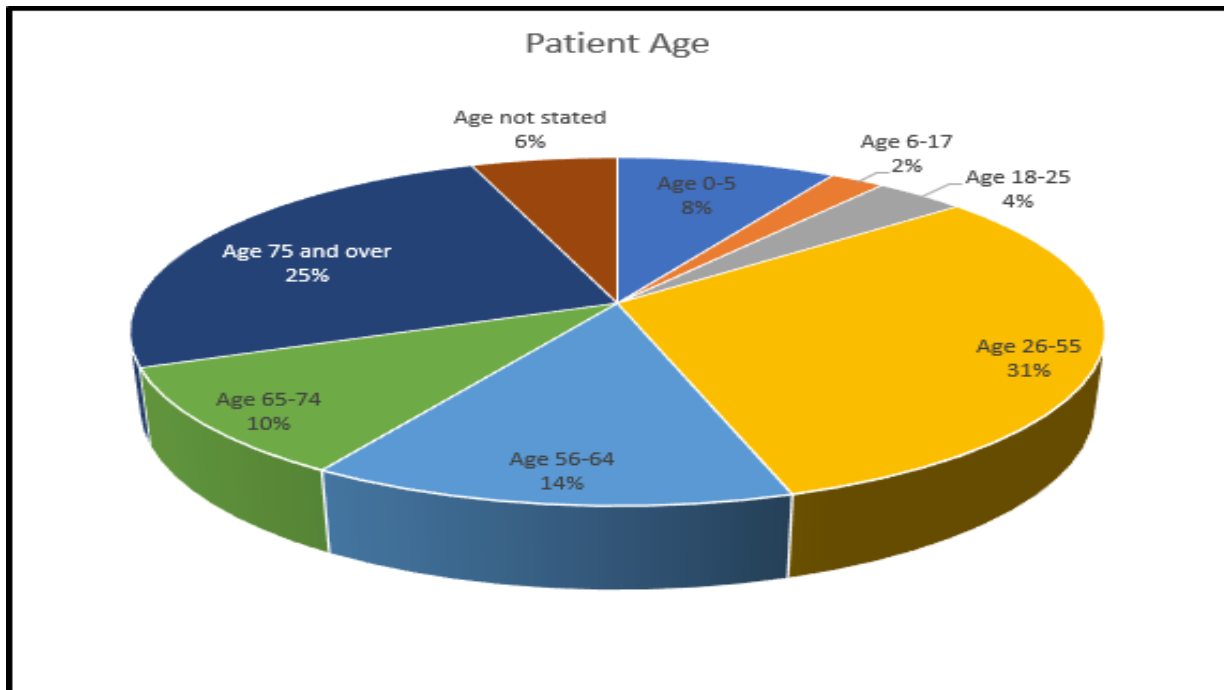
13.2 For each quarterly review the main areas of complaint were identified; although it should be noted that clearly some of the complaints had multiple areas of concern.

13.3 From the reviews undertaken it was evident the structure, timeliness of handling and responding to the complaints was compliant with the Trust complaints policy. The files managed by the PET were well organised and contained copies of all correspondence and the letters of response were generally of good quality. Concerns were raised around the action plans and evidence of agreed actions being closed.

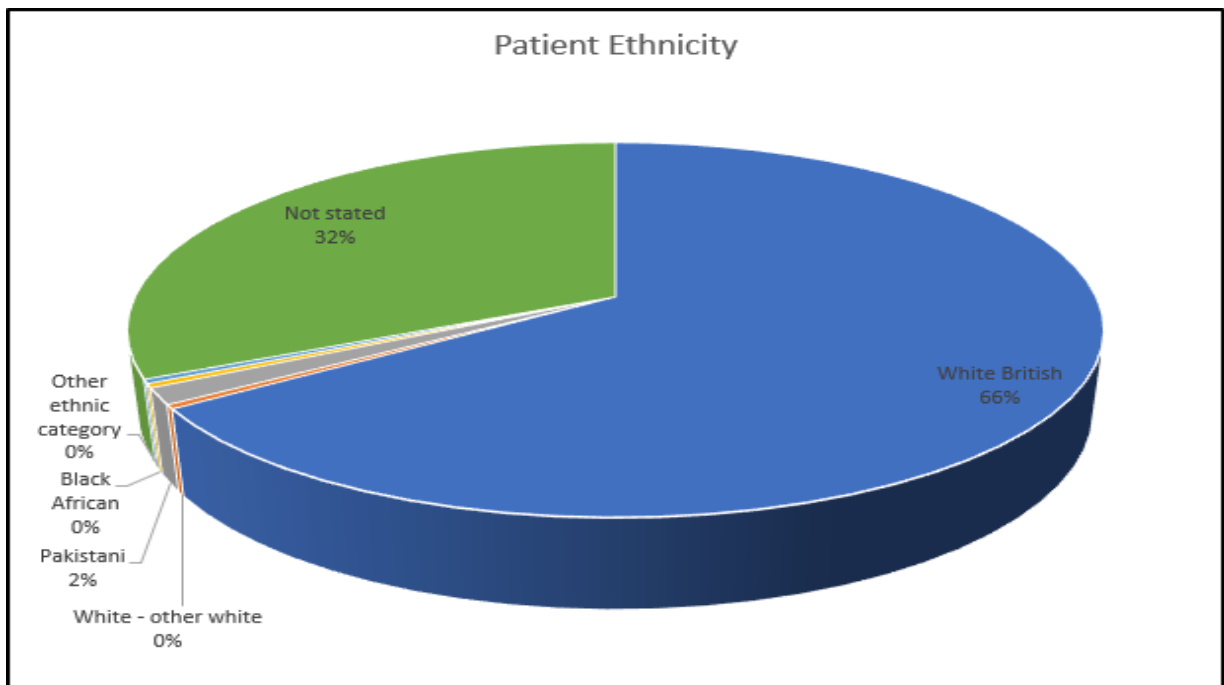
13.4 The Head of Patient Experience and Engagement has reviewed the process for gathering learning and completion of actions through the Organisational Learning Action Forum (OLAF) tracker with individual Divisions to ensure that they notify the Quality, Governance and Assurance Team once all actions are complete is embedded practice. Work is ongoing to develop an action plan module through Datix-Web where actions can be added and evidenced when closed.

14. Demographics

14.1 The age of the patients making formal complaints is demonstrated in the figure below.



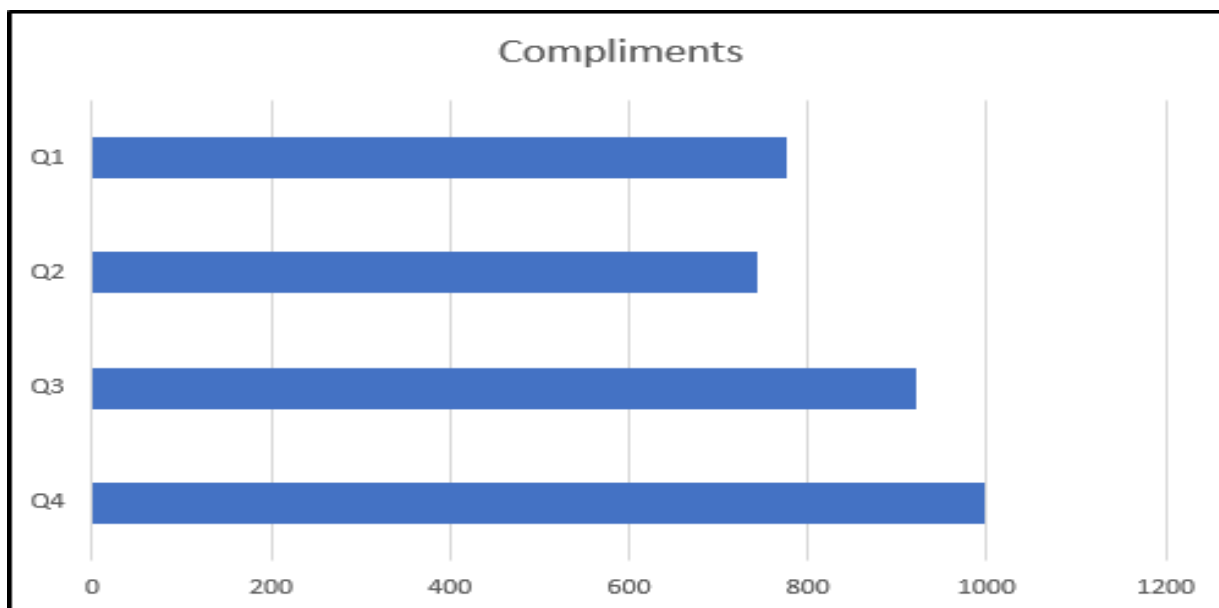
14.2 The ethnicity of patients making formal complaints is below. This also mirrors the demographic responding to the CQC patient surveys.



15. Compliments

15.1 Our staff strive to deliver exceptional care and a positive experience for all of our patients. When this is recognised by patients and families in the form of a compliment, this valuable insight also helps us understand what is important to patients and how we can share learning in a positive way.

15.2 The Trust received 3,438 compliments in 2022-23. These were generated by various expressions of gratitude including thank you cards, letters, or positive reviews posted on the NHS website and token gifts such as Chocolates or biscuits. Feedback via the Patient Experience Team is shared with staff/team(s) involved and recorded.

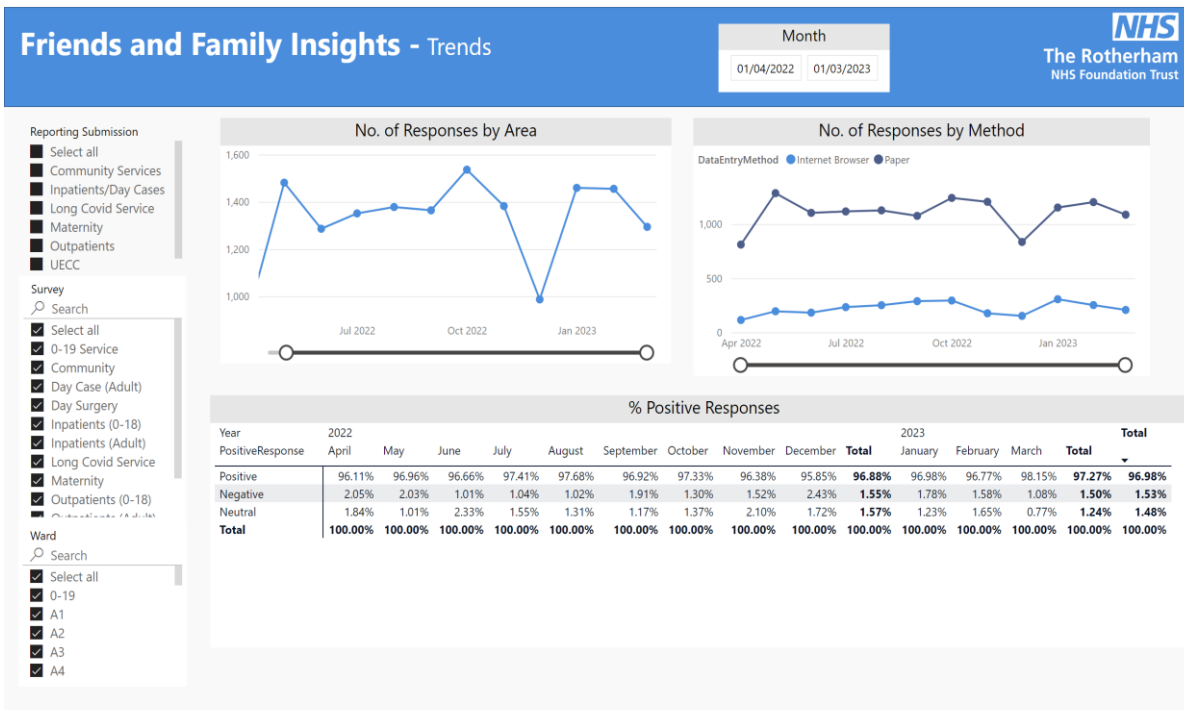


15.3 Work on ongoing to record all compliments to Datix so the data can be captured and recorded in the same format as complaints and concerns. When patients tell us care has gone well, this always reflects the individuals the patient has come into contact with. Porters, hostesses, cleaners, nurses, therapists, doctors and receptionists are named as helping to put patients at ease, provide the right information, being kind, supportive and caring for people.

We know that kind, friendly, responsive colleagues, working to put patients first, helps to make the patient experience a positive one, even when the patients' outcomes aren't always what they would have wanted.

16 Friends and Family Test

16.1 There were 15,900 responses for the Friends and Family Test (FFT) in the year. Of these responses, 96.95% were positive, 1.56% negative and 1.49% neutral. The detail of the FFT data is shared at the FFT Steering Group and the Patient Experience Group, with a summary below:



17. External Feedback narrative for the year

17.1 We received 42 comments via Care Opinion and NHS UK, using the star classification as a type of rating system of one to five, with five being the highest rating. In total we had 26, 5* ratings, 3, 4* ratings and 13, 1* ratings. Below is a sample of the feedback received. The majority of poor star ratings were due to the waiting times in UECC.

Department	Number of Stars	Theme
SCBU	*****	Reassuring and sympathetic staff kept family updated and involved. Trusted them with my and babies' life. Amazing team of individuals
Out-patients	*****	The nurses kept moving me through the different appointment stages and zero time was wasted. The consultant was the most polite and pleasant man, this is what prompted me to come and look where I could leave some feedback.
Endoscopy	*****	Staff members were so lovely and made it a good experience. Truly amazing team and really helped make me feel comfortable and safe.
Car Parking	****	Cars are parking anywhere (not in parking bays) and blocking cars in that have parked correctly.
UECC	****	I needed to attend UECC and was met with kindness and care from the first contact. All were polite and most importantly they took the time to listen.
B10	****	The care by all the staff was exceptional and anything required was dealt with.
UECC	*	Long wait to be seen and then told no specialist available for presenting symptoms (ophthalmology) and sent to Sheffield.
Community Physiotherapy Centre	*	Impossible to contact, I have been trying to contact the community centre uncountable times to rebook my husband's physio appointment, and frustratingly the phone has been solidly engaged.
UECC	*	Arrived at 11pm and posted on NHS choices the following morning at 9am – still waiting to be seen with no update.

18. The National CQC Patient Experience Surveys for Acute Trusts

18.1 The Maternity Survey 2022 was carried out by Picker, on behalf of the Trust. 299 patients were invited to take part in the survey and 166 completed the questionnaire (response rate 65%). 94% were mothers who had previously given birth and 22% of respondents said they had a long-term condition.

18.2 The Trust scored no areas of statically significant improvement, with nine out of 53 scores significantly worse than the organisational average.

18.3 The Adult Inpatient Survey 2021 received June 2022 was carried out by Picker, on behalf of the Trust. 1250 patients were invited to take part in the survey and 449 completed the questionnaire (response rate 38%). 82% of participants said they had a long-term condition.

18.4 The Trust scored no areas better than expected. 38 areas about the same and 9 areas worse than expected.

18.5 Throughout 2022, Divisions have been invited and attended a facilitated workshop, provided by Picker to go through the results and statistical significance.

18.6 Findings from all of these surveys are triangulated against other sources of patient feedback including patient's giving compliments, raising concerns or complaints, data from the Friends and Family Test (FFT), feedback from local and national advocacy services, healthcare experience websites and social media.

19. Making Sense of the Data

19.1 Acknowledging there are lots of sources of patient experience feedback available to divisions, including CQC surveys, FFT, Complaints, Concerns and Compliments as well as the Trust monthly patient experience survey – this can sometimes make it more difficult to understand the types of responses required for different issues raised.

19.2 The Improvement Academy were already working with the Trust's Acute Medical Unit (AMU) and Orthopaedic Theatres, using the Yorkshire Patient Experience Toolkit. This is a six-step process, designed to support front line teams to collect and use patient experience feedback.

19.3 A meeting was held with the Improvement Academy Patient Experience Team on 26 May 2022 to discuss how to embed the framework across the Trust. Using this established evidence base.

19.4 Using the Yorkshire Patient Experience Toolkit (PET+), Division's present triangulated data on patient experience, rather than individual action plans on a six-monthly rotation to the Patient Experience Group.

19.5 During 2022/3 the following Divisions presented their patient experience learning, using the Yorkshire Patient Experience Toolkit (PET+). Family Health presented twice and included demonstration of excellent engagement with patients to further shape services and improvements. UECC presented once, demonstrating an understanding of the themes and trends with a clear plan to focus on older frail people and those living with Dementia, while also addressing feedback from people in the waiting room. Surgery presented learning from Orthopaedics and Medicine presented learning from their

complaints. CSS and community both presented their division learning with further developments to follow after each time.

20. Thematic analysis from patient experience data

Building on the analysis throughout the year on complaints, concerns, compliments, CQC surveys and Tendable surveys, nine core themes were identified to help build a Quality improvement plan.

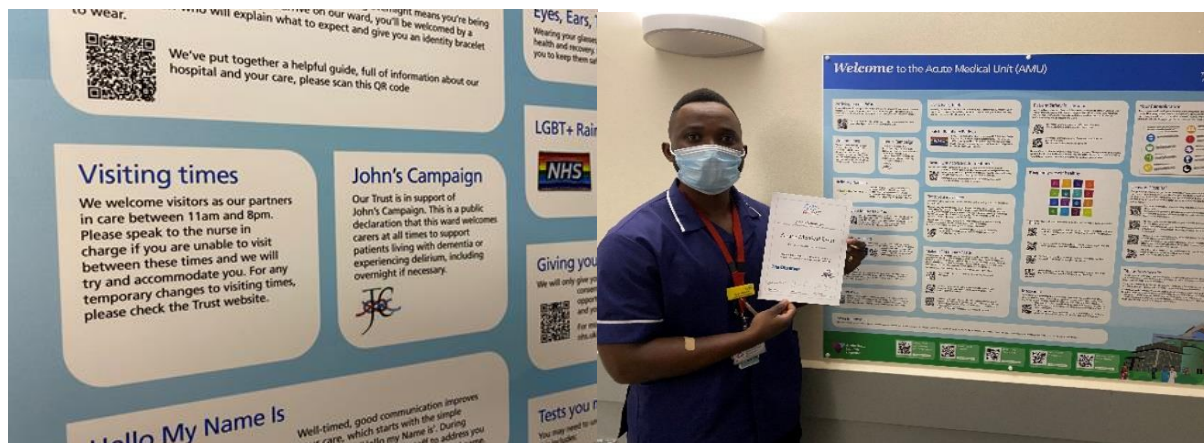
1. Enable visitors and carers to be more included.	2. Develop a range of patient information	3. Promote Inclusion and improve accessible information
4. Improve hydration and nutrition	5. Improve Patient Feedback in real time	6. Improve frailty pathway and improve end of life care
7. Reduce Noise at Night	8. Safe Staffing on Wards	9. Discharge

21. Patient Experience Quality Improvement Plan

21.1 From the nine core themes, individual quality improvements were developed, and a completed improvement delivered every month throughout 2022/3. Work was shared and agreed through the patient experience group, demonstrating that each improvement was in direct response to what patients were telling us was important to them.

21.2 April 2022

Standardised visiting times were brought in on all the adult inpatient wards (11 am – 8pm and the Trust signed up to John’s Campaign to welcome carers of people living with Dementia



21.3 May 2022

The Sleep Helps Healing (Shh) campaign was launched to help reduce noise at night and support therapeutic working environments for colleagues. A range of visual pull up banners were provided to each ward as well as a Sound Ear, which lights up when noise reaches a level that would wake a sleeping patient.



21.4 June 2022

To support improvements in patient hydration and nutrition, the new traffic light water jug system was introduced. This is a simple, visual way of being able to tell at a glance how much water a patient has had to drink in a day. The old 'Protected Mealtimes' was dropped in favour of the more family inclusive 'Making Mealtimes Matter'.

hydrated healthier patients

Water Jug Lids

Patients in hospital are at risk of dehydration. By using a simple, visual way of monitoring how much patients are drinking, we can work together to prevent dehydration, improving cognition, reducing falls and acute kidney injury (AKI).

Different colour jug lids show how much patients are drinking.

Daily Routine

- 7.30am** Ward Hostess will give every patient a 750ml jug of water with a RED lid
- 12.00pm** HealthCare Support worker will check every patients water jug
 - If jug is empty, refill and change the lid to AMBER (update fluid balance chart if applicable. Document in care plan)
- 2.30pm** Healthcare support worker will check every patients water jug.
 - If jug is empty and the lid is AMBER, refill and change to GREEN
 - If jug is empty and the lid is RED change to AMBER
 - If lid is still RED, inform nursing staff (update fluid balance chart if applicable. Document in care plan)

Healthcare Support workers should flag those patients who still have a red lid on their jug after the 2.30pm round to the nursing staff.

Nursing staff should ensure there is a clinical review of the patient if still on a RED lid after 2.30pm

What type of drinks should I offer?
Both hot and cold drinks count towards the daily fluid intake a patient needs. Offer tea, coffee, hot chocolate, water, cordial, fruit juice, smoothies or milk. Please seek advice if the patient is nil by mouth, on thickened fluids or has a fluid restriction.

Why is hydration so important?
Keeping fluids at healthy levels reduces the following in patients: Dizziness, Headaches, Confusion, Falls, Acute Kidney Injuries, Pressure Ulcers, Infections (UTIs and GNBs), Constipation, Length of stay

Who needs to get involved?
Each of us can play a role in reducing the harm associated with dehydration. Please encourage your colleagues, patients' families and carers to help patients stay hydrated by offering them a drink with each contact.

#Firstthinkthirst

21.5 July 2022

To try and reduce lost dentures, hearing aids and glasses, new Eyes, Ears, teeth bags were introduced as single patient use storage for patients. This simple storage system was designed to influence the human factors in keeping glasses, hearing aids and dentures safe.



21.6 Quarterly Inpatient Tea-Parties

To help embed the new traffic light water jug system and making mealtimes matter – themed inpatient tea parties were introduced. These helped link patients to events in the local community (Queens Jubilee, Macmillan Coffee Morning, Remembrance and nutrition and hydration week), while also encouraging ward teams to get creative with how they encourage social dining.



21.7 August 2022

The new Welcome Boards to all clinical areas were co-produced with 33 different designs, including the improvements introduced so far throughout the year. Over 90 boards were placed around the Trust and updated after some planned ward moves.



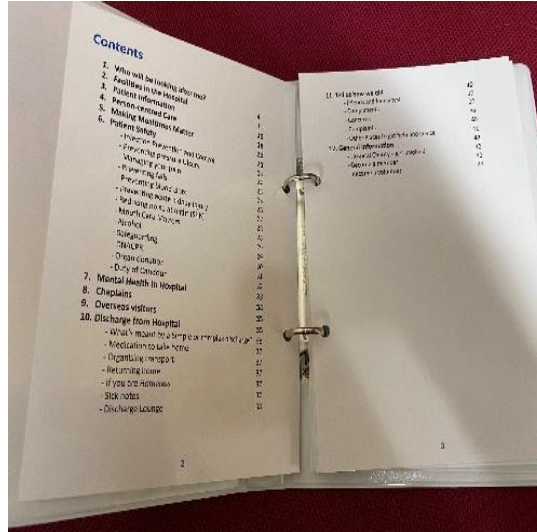
21.8 September 2022

Veteran Aware Accreditation was achieved, and the award received at the Veteran Covenant Healthcare Alliance (VCHA) national conference in Birmingham. The plaque was unveiled on Remembrance Day in November.



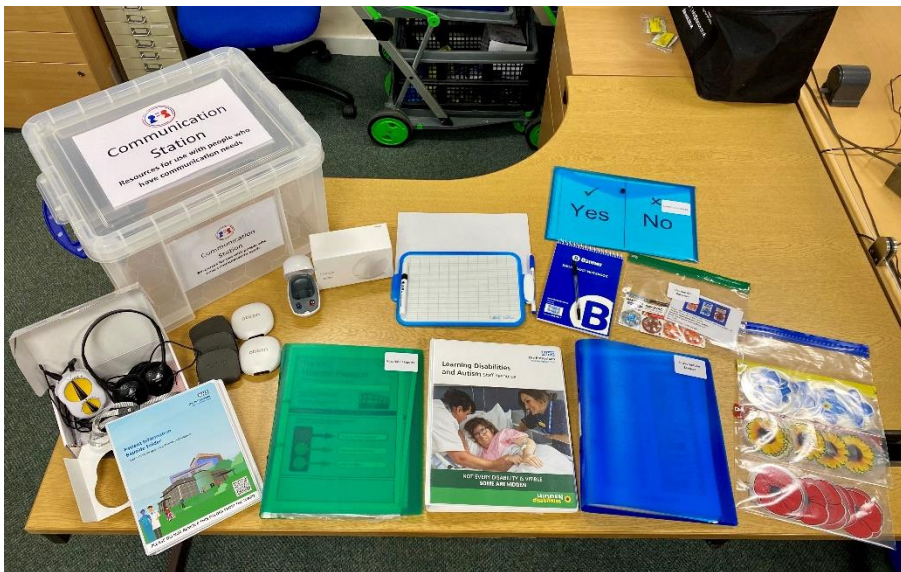
21.9 October 2022

Following digital publication of the new bedside book on the Trust website, the hard copies of the English version were received. This standardised book helps to explain some of what patients and families need to know about being an inpatient in the hospital.



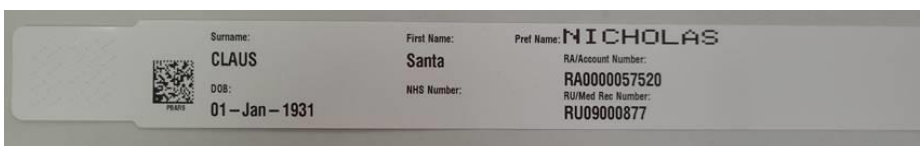
21.10 November 2022

Communication Stations, which had been developed with the clinical areas over the past few months were launched across the Trust. Each box helps to support the accessible information standard and includes various items to help communicate with all patients.



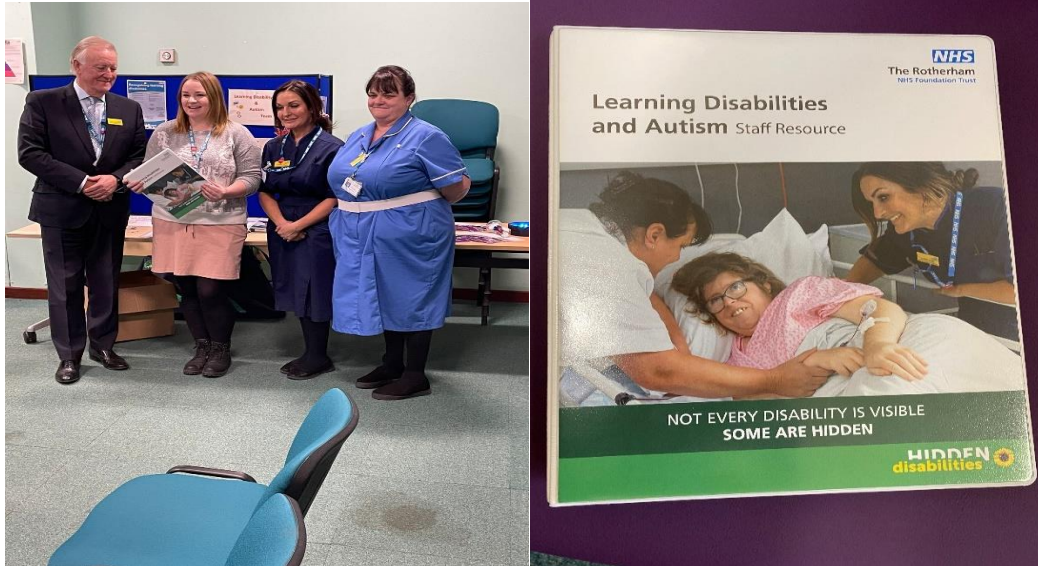
21.11 December 2022

Work on the electronic care plan was modified to allow a question on a patient's preferred name. This can now be updated to reflect what a patient prefers to be called on their wrist band.



21.12 January 2023

The new Learning Disability and Autism resource folder was co-created with people living with Learning Disability and Autism. This helpful resource has a photo library to aid communication and also signposting for further help and support from the Learning Disability and Autism team. The folders were delivered to all the clinical areas (and stored in the communication stations).



21.13 February 2022

Due to the various ward moves, new welcome boards were updated, ordered and placed in the new ward areas (B10, Sitwell, Stroke Unit and Rockingham)

The translated hard copies of the new Bedside Information folders arrived to be kept in each wards communication stations.



21.14 March 2023

To support an ongoing focus on nutrition and hydration – a week of events was arranged for Nutrition and Hydration Week 2023. Support from Dietitians, Speech and Language Therapists

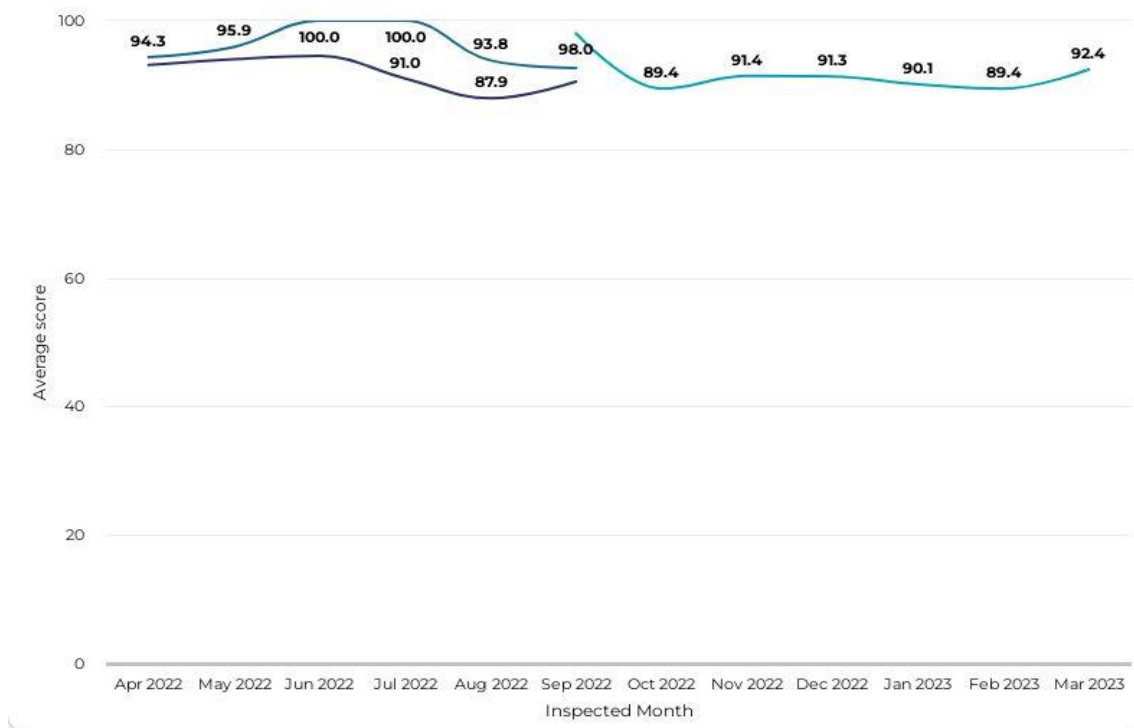


22. Tendable Audit Data (How do we know the improvement is making a difference)?

22.1 Each month all wards and departments undertake a range of audits with a cohort of their patients, and one of these is the Patient Experience audit, using the software tool, Tendable. In September 2022, the questions were reduced to 20 and refreshed to align with the Care Quality Commission (CQC) ten key lines of enquiry. Each audit includes five patients completing the questions.

Quarter	Number of audits performed	Number of patients	Average score
Q1	68	340	94.2%
Q2	103	515	89.5%
Q3	206	1030	90.4%
Q4	138	690	90.6%
Total	515	2575	90.8%

22.2 The average score of these inspections was 90.8%. The break in graph lines from September 2022 onwards is representative of the audit refresh process which led to reduced questions that reflect the CQC domains. Prior to September 2022, there were two separate audits for inpatient areas (purple graph line) and community and outpatients (teal graph line)



23. Conclusion

23.1 Patient experience can be described as ‘what the process of receiving care feels like for patients. Complaint handling has performed strongly with 100% of complaints acknowledged within 3 working days. 100 % of complaints were graded upon receipt and the response rate to formal complaints responded to in the agreed timescale was 100%.

23.1 This report has aimed to describe the direct feedback from patients, through complaints, concerns, compliments, FFT, CQC surveys, Care Opinion and NHS UK. From this feedback, an evidenced based process has been introduced to help make sense of the data and learn thematically to prioritise Quality Improvement.

23.2 For the CQC patient experience surveys, divisions have been invited to facilitated feedback, provided through Picker. These have been well attended with clinical teams increasing understanding of what is important to patients and what needs to improve.

23.2 A full year of Quality improvement initiatives have taken place, with something new launching every single month for the benefit of our patients and in co-production with the clinical teams in divisions.

23.3 To better understand if the improvements have made a difference, the Tendable app has been revised to help increase the number of proactive surveys undertaken each month. The numbers of patients taking part on the monthly survey has increased, but the results are still showing potential for improvement.

23.4 Although the numbers of complaints and concerns have increased, this is also in line with the increased numbers of patients being seen. Work planned for next year include adding compliments into the Datix system to further learn from what is important to patients and where care has excelled to be able to share that learning.

23.5 Themes and trends from the years patient experience data is being analysed to develop new Quality Improvements for 2023/4, based on the experience of our patients.

Agenda item	P105/23
Report	End of Life Care Annual Report
Executive Lead	Helen Dobson
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 – continuous improvement to support an ambition for an outstanding end of life care service</p> <p>Caring - supporting patients families and colleagues to receive and give outstanding end of life care</p> <p>Together – working together across the multi-disciplinary team to improve end of life care across the organisation.</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 report relates to the period April 2022 – March 2023 and aims to share work and progress with the ongoing improvement in End of life care within the Trust.</p> <p>The key achievements within the report are:</p> <ul style="list-style-type: none"> • Launch of the Butterfly Volunteer Programme • Co-production of a Trust End of Life Care Strategy • National Audit of Care at the End of Life (NACEL) audit submission • Maintenance and development of staff education and training • Day to day support to wards for patients in last days of life • Planning for Dying Matters Week 2023
Due Diligence (include the process the paper has gone through prior to presentation to the meeting)	This report was presented to the Patient Experience Committee in April 2023 and Quality Committee in May 2023.
Powers to make this decision	The Board has delegated authority to the Quality Committee to review and feedback to the Board of Directors any assurance issues related to End of Life Care. This is the first time an annual report has been presented to Board.

Who, What and When (what action is required, who is the lead and when should it be completed?)	Subject to Trust Board approval, the Report will be published on the Trust website.
Recommendations	The Board of Directors are asked to approve the annual report

**End of Life Care
Annual Report**

April 2022 – March 2023



purple butterfly
In Memory Giving

1. Introduction

This report relates to the period April 2022 – March 2023 and aims to share work and progress with the ongoing improvement of End of Life Care (EoLc) within the Trust



1. Key Achievements

- Launch of the Butterfly Volunteer Programme
- Development and co-production of a Trust Strategy
- National Audit of Care at the End of Life (NACEL) audit submission
- Maintenance and development of staff education and training
- Day to day support to wards for patients in last days of life
- Planning for Dying Matters Week 2023

2. Workforce – The Team

The Rotherham NHS Foundation NHS Trust Supportive Care Team is supported by a Consultant in Palliative Medicine working 4 sessions each week funded by the Trust, the Consultant also provides support to Rotherham Hospice and Community Nursing as well as providing On-call support. The team is led by a Lead Nurse who also has Advanced Clinical Practitioner (ACP clinical responsibilities as well as general management of the team.

We currently have 1 WTE Acute Oncology Service (AOS) Lead Nurse, 0.79 WTE Cancer of Unknown Primary (CUP) Lead Nurse, 1 WTE Band 6 CUP CNS, 0.76 WTE Band 6 AOS CNS. 1 WTE Band 6 AOS development post- currently a secondment post funded by Macmillan. 4.05 WTE Band 7 Palliative Care CNS's
1 WTE Clinical Coordinator
1 WTE EOLC Volunteer Coordinator- Monies from NHS England



3. Activity – Supporting Patients Identified As Being In Their Last Days Of Life

The Supportive Care Team pick up referrals through via Meditech/System One Monday to Friday between 08.00 –18:00

The team review patients presenting with an acute oncological emergency, any patients who have a Cancer of Unknown Primary, patients who require palliative care support/symptom management or those approaching end of life (EOL.)

Between 1 April 2022 and 31 March 2023, the team reviewed 1106 patients who were in the criteria discussed above.

3.1 Breakdown of referrals by month and outcome

Month	Patients	Deaths	Discharges
March	94	43	51
April	82	47	35
May	91	40	51
June	66	40	26
July	69	44	25
August	67	35	32
September	70	30	40
October	106	50	56
November	105	62	43
December	94	57	37
January	100	61	39
February	70	39	31
March	92	47	45
Total	1106	582	524

3.2 Patient Outcomes- deaths/discharges:

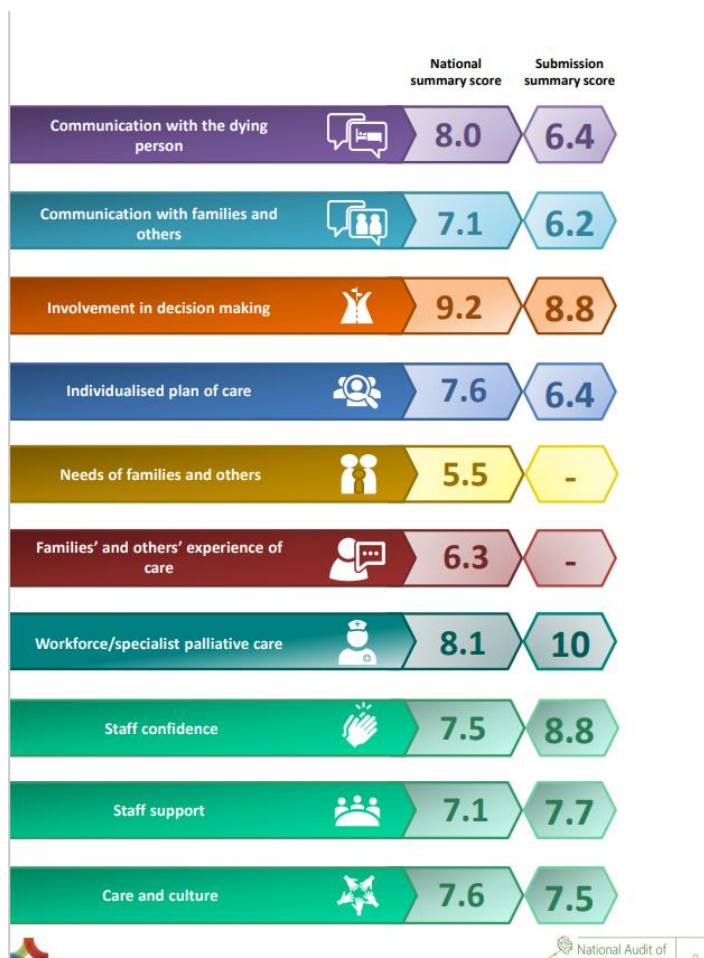
582 Deaths (In Trust)

524 Discharges to care homes/patients own home and Hospice.

4. Audit

The National Audit of Care at the End of Life (NACEL) was commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England in October 2017 and the first round of the audit took place in 2018. The audit was not undertaken in 2020, due to the Covid-19 pandemic. NACEL is a national comparative audit of the quality and outcomes of care experienced by the dying person (18+) and those important to them during the last admission leading to death.

The results from the (2022) fourth round of the National Audit of Care at the End of Life (NACEL) were formally received in February 2023 with the summary scores in the image below and bespoke infographic included in appendix 2 and 3.



The Trust was flagged as a potential outlier under the National Audit of Care at the End of Life (NACEL) and a review was requested to identify any data errors or justifiable explanations for the metric below:

Metric 2: The proportion of Category 1 deaths where there was documented evidence that the patient who was dying had an individualised plan of care addressing their end of life care needs, out of all Category 1 deaths.

Unfortunately the data was confirmed as correct which led NACEL to proceed to stage 5 of their policy. As a first step in this process, a call took place on the 19th January 2023 between the Deputy Chief Nurse, and the NACEL Project Lead. It was highlighted that work has been ongoing in the Trust since November 2022 to improve care for patients at the end of life. During this stage, NHSBN were required to inform Care Quality Commission (CQC) and Healthcare Quality Improvement Partnership (HQIP) of the submission's 'alarm' outlier status.

NACEL request confirmation from the provider's Chief Executive that a local investigation will be undertaken with independent assurance of the validity of this exercise and this information sent to the CQC.

The Trust response acknowledged the 2021 publication of the NACEL Audit and confirmed that an internal audit had been commissioned through 360 Assurance, focusing on ward level reviews of End of Life Care Services and included a validation of the self-assessment against a sample of CQC key lines of enquiry.

The key action from the 360 internal audit was the development of the Trust End of Life Care Strategy. The new strategy will be based around the six ambitions for Palliative and End of Life Care NHS England www.england.nhs.uk/eolc/ambitions A draft strategy will be presented to the Patient Experience Committee on 24 April 2023 and then Quality Committee on 31 May 2023.

It is important to note that the NACEL 2022 audit sample was taken just after the Individualised Plan of Care had been launched in March 2022 (April – June 2022). It is also important to note that when 360 assurance performed their audit (23 – 31 August 2022), the following areas of good practice were identified:

- Individualised Care Plans - The majority of staff were aware of the individualised last days of life care plan, which was found to be completed and in place for four out of the six patients reviewed.
- Do Not Attempt Resuscitation (DNA CPR) - This was documented in five out of six patient records. The forms were completed thoroughly and signed by a senior clinician in line with Trust Policy
- Anticipatory medicines – all six patients has anticipatory (pre-emptive) medication prescribed for symptom control.
- Privacy and Dignity – all patients were observed to be comfortable and peaceful. The designated purple butterfly rooms were also used to care for people at the end of life, with facilities for loved ones to stay.
- Feedback from relatives – all relatives were happy with the care provided and felt included in decisions. Families also said communication was good.
- Caring staff – interactions between patients and staff were kind, caring and compassionate.

The areas requiring improvement included:

- Safe Staffing - levels on wards being variable
- End of Life Champions - not in all areas and no structure to the role
- Staff training – not clear if staff had received training and how this is recorded.
- Patient outcomes – no mechanisms in place for recording patient outcomes (with the exception of NACEL)
- Performance monitoring – no current data or systems in place to monitor performance and no KPI in place for the team
- Patient engagement – no routine collection of patient experience feedback to improve the service and no patient representative involved in the development of the service.

The revised End of Life Care Group will provide oversight and challenge on the improvement actions agreed within the End of Life Care Action Plan. Progress will be reported into the Patient Experience Committee each quarter. The Patient Experience Committee reports directly to the Quality Committee. The recommendations from the 360 Assurance Audit will be tracked until completed and reported through the Audit Committee.

5. Education Programme

End of life care is delivered in a variety of ways across the Trust

Course Title	Staff Group	Number	Comments
Induction	Registered Nurses	564	
Syringe Driver Training	Registered Nurses	87 All wards also have a train the trainer and therefore wards should hold their own record of who is trained.	Point of Care (Day 3) annually.
Purple Butterfly Volunteers	Volunteers	12	Every new cohort of volunteers will all be given the EOLC volunteer training.
Preceptorship	Registered Nurses	56 (due to continue through the year)	
End of Life Care Plan	Registered Nurses/Health Care Support workers.	87	Now part of the SET offer for all staff.
Urgent and Emergency Care (UECC) training day	Consultant/Dr's/ACP's and registered Nurses	Due to be delivered 26 th April 2023.	

6. Recommended Summary Plan For Emergency Care And Treatment (ReSPECT)

The South Yorkshire Integrated Care Board (ICB) has a ReSPECT group who meet quarterly. This enables the leads across the ICB Trusts who have not yet implemented ReSPECT to share learning from implementation and ongoing learning.

Funding has now been provided for a project manager to implement ReSPECT between The Rotherham NHS FT (TRFT) and Barnsley Hospital Foundation Trust (BHFT) to ensure a proper implementation schedule is supported and learning from other Trusts taken into account for implementation at TRFT.

The Rotherham ReSPECT partnership met in March 2023 with monthly dates now set to work through and implement ReSPECT across Rotherham place.

7. Last Days Of Life Care Plan

The Last Days of Life Care Plan was originally implemented in March 2015 as a paper copy however this was then revaluated as the Trust moved to an electronic patient records and therefore in March 2022 the electronic Individualised Care Plan for every adult who is approaching the last days-hours of life was rolled out. Training was completed on every ward in how to complete the Care plan. Further education was provided at two Grand Rounds and at meetings in both the division of medicine and surgery. The team continue to provide education for this on the Person Centred study day.

From data collected 258 Individualised Care Plans were completed this equates to 23.3% of people that we know were approaching end of life on our case load. We have now committed to achieving at the minimum 75% of patients to be on the Individualised Care Plan as part of our new End of Life Care Strategy, this will be supported by further education to staff, in particular the SET offer will be pivotal in this, Grand Rounds, bespoke education sessions, and promotion across the Trust's hub page.

The audit data for the last days of life care plan is included in appendix 1

Areas of concern

- Still not achieving 100% of patient approaching end of life on the care plan, acknowledging there will always be some patients experiencing a sudden or unexpected death.
- Inconsistency in record keeping- Clinicians continue to document under 'ward round review' when the care plan has been commenced.

Plans moving forward

- Review the educational plan across the Trust and how training on the LDL will continue- this will be form part of the Strategy for EOLC
- Continue to teach on the preceptorship/HCSW and patient centred study days.
- Now teaching on the FY1 rotation teaching.
- Meet with Clinical Leads to promote the use of the care plan within their teams.

8. Quality Improvement

8.1 End of Life Care Butterfly Volunteer Coordinator

With the support of the Ann Robinson Foundation, The Trust was successful in funding for a Butterfly Volunteer coordinator. The aim of the EoLC Butterfly Volunteer is to enhance the experience of patients identified as being in the last days of life, by having Volunteers sitting for a short time with patients (as appropriate). This may give loved ones a break or support patients who have no visitors.

The Volunteers will talk to patients and/or read to them, and sometimes just sit with them to provide company. The EoLC Butterfly Volunteers also work as part of the ward team, and help to undertake non-clinical activities in relation to end of life care, such as re-stocking end of life care related resources for the ward. Volunteers who are interested in becoming an EoLC Butterfly Volunteer attend a 1-day training session (led by the EoLC Team along with other key clinical colleagues from the Trust), before joining the scheme. Several key topics are covered during the training day, including:

- The process of dying
- Boundaries and safe working
- What to expect on a ward
- Communication skills, including talking to relatives/those important to the patient
- Self-care for the Volunteers
- Being prepared that patients may die while the Volunteers are with them

Recruitment for the first TRFT butterfly volunteers took place on 15th and 20th February with 14 volunteers recruited. Training is planned to take place on 16th March with the first butterfly volunteers on the wards by 1st April. This has been presented at Patient Experience Group 27th February 2023.

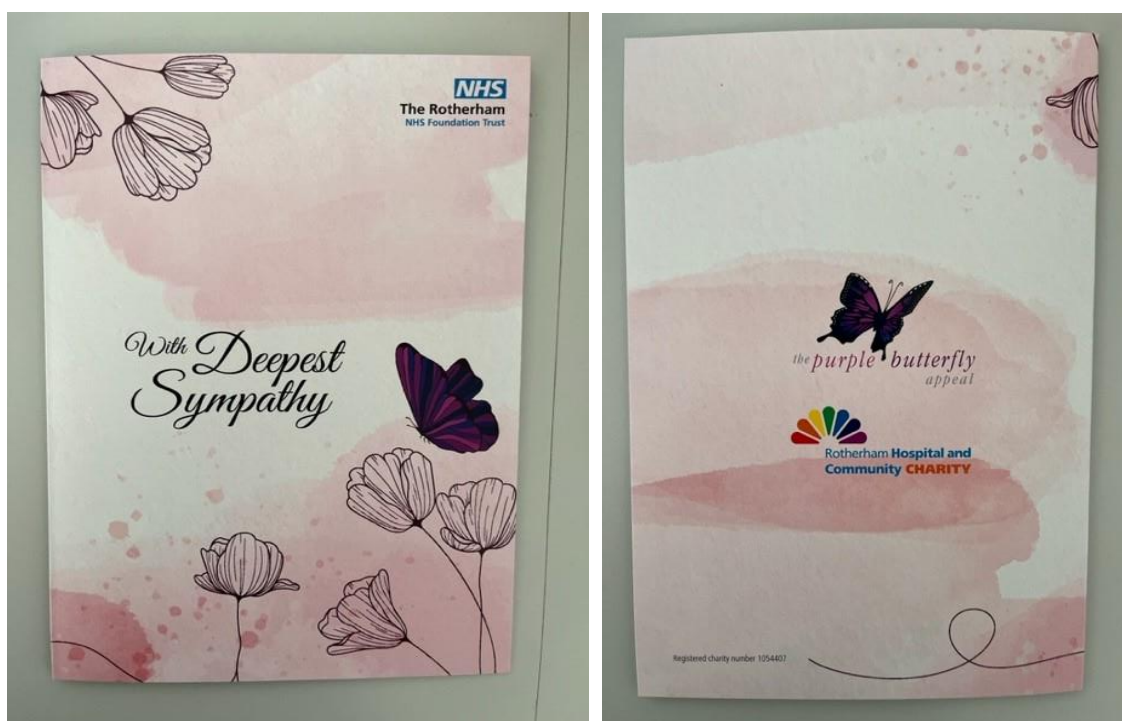
It is worth noting that fixed term funding for this post is from October 2022 for a 12 month period therefore there will need to be further discussion within the EOLC Operational Group as to what will happen once the funding for this post runs out- this is due to be placed on the risk register.

8.2 Butterfly Rooms

Butterfly rooms are specially designed areas for patients and families to be together, in privacy and with dignity while experiencing end of life care. There are currently 3 Butterfly rooms in use across TRFT, 2 are specific for adults and 1 is for bereaved mothers.

8.3 Purple Butterfly Appeal

Charitable Funds through the purple butterfly appeal has helped fund additional person centred care for patients and their families. This year, a new bereavement condolence card was developed, designed to acknowledge a families grief and to offer condolences on behalf of the supportive care team. The cards are sent out every month and feedback from relatives has been very well received.



8.5 End of Life Care Champions

Work has started to re-launch the end of life care champions. This will include attending and supporting a quarterly update provided by the supportive care team and taking learning back to the clinical areas. The first EoLc champions meeting is planned for the 2ND May 2023 and will be open to Registered Nurses and Healthcare Support Workers.

8.5 Dying Matters Week

Every year, people around the country use Dying Matters Awareness Week as a moment to encourage communities to get talking in whatever way, shape or form works for them. In 2023, Dying Matters Week will take place from 8 – 14 May.

During the last quarter of 2022/3 work started to plan dying matters week, to coincide with the launch of the new Trust Strategy for End of Life Care. Colleagues from around the Trust agreed to be photographed to promote the six new ambitions for palliative and end of life care.

These images will be used in pull up banners for Dying Matters Week and wards will be given posters to create awareness boards as part of the Champions role.



For Dying Matters Awareness Week 2023, the theme will be focusing on Dying Matters at work. 57% of employees will have experienced a bereavement in the last five years and every day, more than 600 people quit work to look after older and disabled relatives. And yet, fewer than one in five managers feel very confident supporting someone they manage with a bereavement.

Linking in with the Professional Nurse Advocate network, to offer Restorative Clinical Supervision and health and wellbeing support and guidance, Dying Matters week 2023 is hoped to have a meaningful impact on colleagues as well as our patients.

9. New Trust Strategy

The national ambitions for palliative and End of Life Care (<https://www.england.nhs.uk/eolc/ambitions/> 2021) describe how death and dying is inevitable, therefore good palliative and end of life care must be a priority. The ambitions confirm that the quality and accessibility of this care will affect us all and it must be made consistently better for all of us. The needs of people of all ages who are living with dying, death and bereavement, their families, carers and communities must be addressed, taking into account their priorities, preferences and wishes.

The strategy was developed and written during 2022/3 and will be approved at the Patient Experience Committee in April 2023. The new strategy will require colleagues across The Rotherham Foundation Trust (TRFT) to lead and exemplify new ways of organising care and support for people.

In order to gain views of the wider public and colleagues across TRFT, a series of focus groups were held in February and March 2023, around the themes of personalised end of life care, staff engagement and support, communication and information, culture and environment. The aims of the strategy have been created from the views of the people who contributed to these groups.

One Chance to Get It Right...

“When it comes to death the statistics are stark. 100% of us will die. The question is what are we all going to do about that? How are we going to create confidence in the care that we may need? And how do we promote the wellbeing of those living with loss? We cannot defeat death. However, we can change the way we talk about dying, death and bereavement and prepare, plan, care and support those who are dying and the people who are close to them. We must strengthen and improve our ability to provide care whatever the circumstances of our dying.”

Ambitions for Palliative and End of Life Care: A National Framework for Local Action 2021-26

Appendix 1

End of Life Care Plans
(RU numbers redacted)

End of Life Care Plans Last Days of Life Review Documents

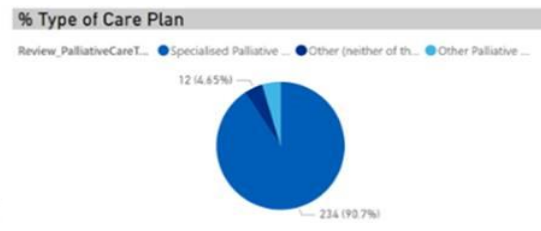
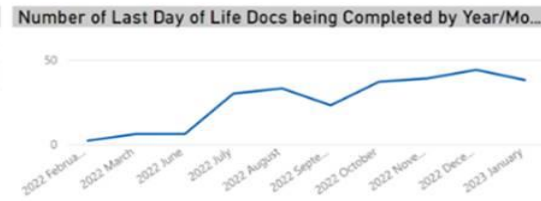
Number of Reviews Completed
258



The Rotherham
NHS Foundation Trust

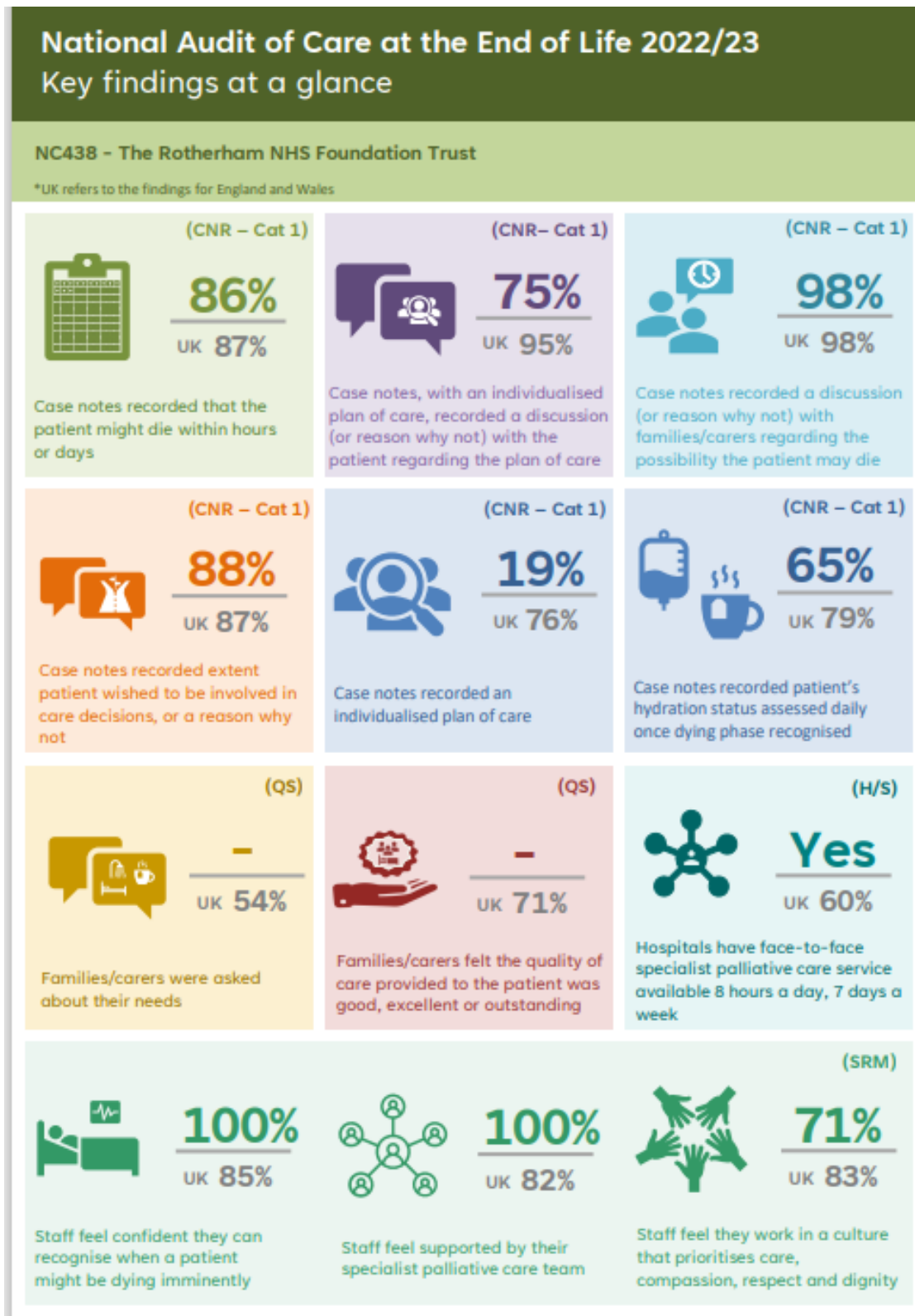
Doc Created Date	Number of Last Day of Life Docs being Completed by Year/Month (based on Acc Number)											
25/02/2022 22/01/2023	2022											2023
Care Plan Type	February	March	June	July	August	September	October	November	December	January		
<input type="checkbox"/> Other (neither of the other given options)												
<input type="checkbox"/> Other Palliative Care/ EOL Plan - NOT Specialised		1		1				4	4	2		
<input type="checkbox"/> Specialised Palliative Care/ EOL Plan - Specialised	2	5	5	28	32	23	29	33	41	36		
Total	2	6	6	30	33	23	37	39	44	38		

Patient Level Detail						
fkPatientLocalID	AccountType	CreatedDateTime	Review_PalliativeCareType	fkCreatedByStaffID	DocumentStatus	
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IN		09/11/2022 10:18:03	Other (neither of the other given options)	AKHTARB2	Signed	
IN		03/01/2023 10:34:45	Specialised Palliative Care/ EOL Care Plan - Specialised	WILLSR	Signed	
IN		19/08/2022 13:11:25	Specialised Palliative Care/ EOL Care Plan - Specialised	WRAGGA	Signed	
IN		02/07/2022 11:53:31	Specialised Palliative Care/ EOL Care Plan - Specialised	PARKERCA	Signed	
IN		09/09/2022 11:34:13	Specialised Palliative Care/ EOL Care Plan - Specialised	BOWDITCHC	Signed	
IN		16/10/2022 10:45:44	Specialised Palliative Care/ EOL Care Plan - Specialised	GLAVESH	Signed	
IN		24/11/2022 10:34:00	Specialised Palliative Care/ EOL Care Plan - Specialised	DAVIESSUS	Signed	
IN		17/11/2022 09:47:56	Specialised Palliative Care/ EOL Care Plan - Specialised	DAVIESSUS	Signed	
IN		02/08/2022 12:26:26	Specialised Palliative Care/ EOL Care Plan - Specialised	LAKEB	Signed	
IN		12/01/2023 09:32:01	Specialised Palliative Care/ EOL Care Plan - Specialised	GLAVESH	Signed	
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IN		20/07/2022 11:42:26	Specialised Palliative Care/ EOL Care Plan - Specialised	KHANSAMRA	Signed	
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IN		22/12/2022 12:49:07	Specialised Palliative Care/ EOL Care Plan - Specialised	HAILSC	Signed	
ER		06/10/2022 15:01:29	Specialised Palliative Care/ EOL Care Plan - Specialised	DAVIESSUS	Signed	
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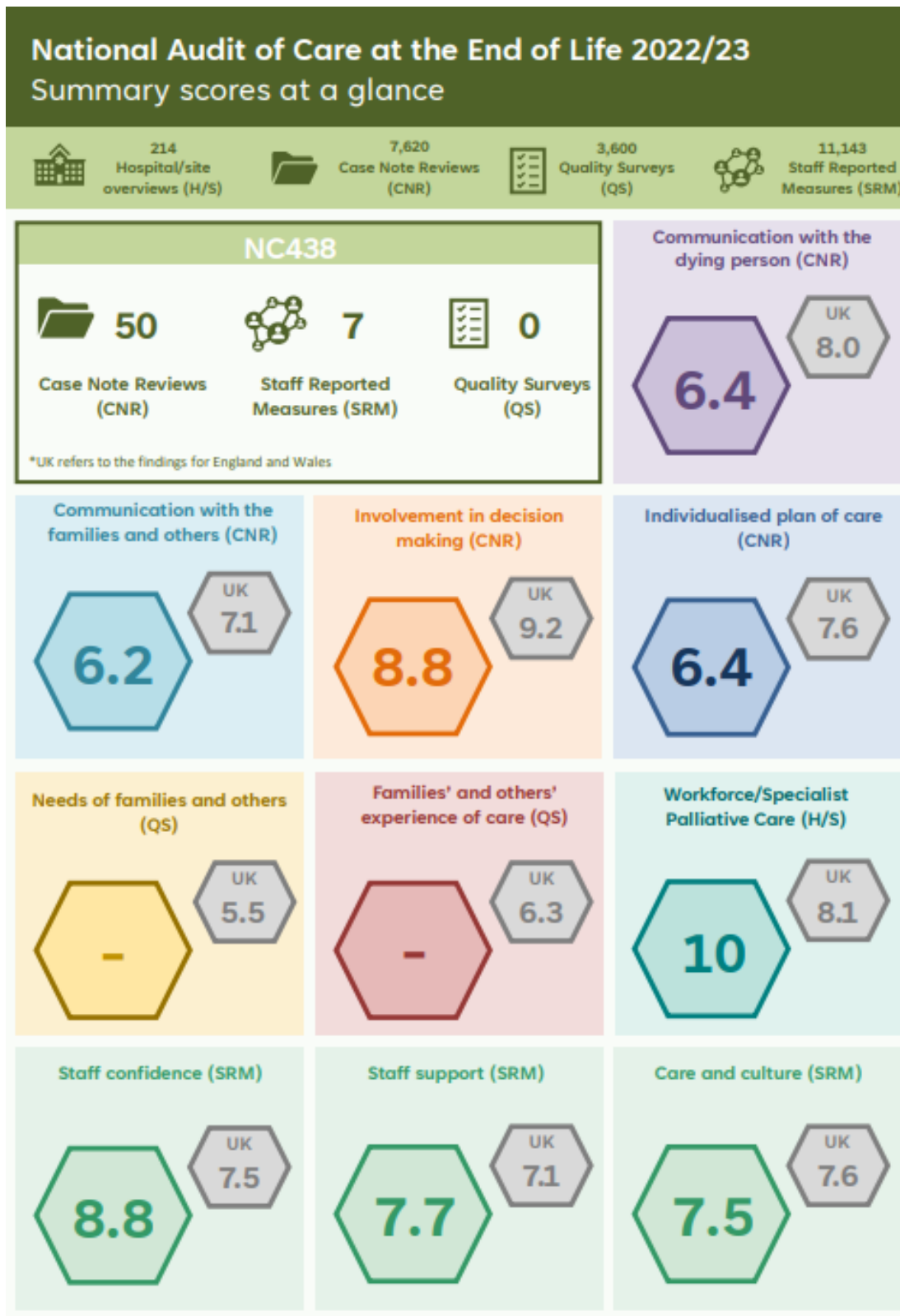
Appendix 2

National Audit of Care at the end of Life (2022/3) key findings at a glance



Appendix 3

National Audit of Care at the end of Life (2022/3). Summary scores at a glance



Agenda item	P106/23
Report	Draft Estates Strategy 2023 - 2028
Executive Lead	Ian Hinitt – Director of Estates & Facilities
Link with the BAF	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.
How does this paper support Trust Values	<p>The Estates Strategy 2023 – 2028 supports the Trust Values by:</p> <ul style="list-style-type: none"> • Modernising all our accommodation where possible • Creating safe, secure and effective environments • Improving the quality and clinical suitability of existing estate for patients and staff • Improving the way all space is utilised • Supporting health and wellbeing • Providing a high standard of compliant service across our estate • Delivering our Green Plan towards Net Zero Carbon objectives
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>Reason for report</p> <p>This purpose of this paper is to re-present the draft Estates Strategy 2023 – 2028 to the Board, for assurance and approval for ratification.</p> <p>The Estates Strategy, presented to the Finance and Performance Committee on 31st May 2023, takes account of comments and considerations arising from a presentation to the Board Strategic Forum on 3rd February 2023, specifically a request for public and external stakeholder consultation to undertaken, which is now complete.</p> <p>The Finance and Performance Committee recommend to Board that the Estates Strategy 2023 – 2028 be considered for ratification, subject to recommendations for the development of an estates strategic scheme capital delivery plan, to be informed by the Trust Strategy, identifying and prioritising the capital investment plan requirements for the Estate.</p>

	<p>A three-year forward view, capital investment plan is to be developed and presented to the Executive Team, Capital Monitoring Group and the Finance and Performance Committee, by October 2023.</p> <p>Background</p> <p>The draft Estates Strategy has been developed through full consultation with reference to:</p> <ul style="list-style-type: none"> • TRFT: “Our new journey, together” 2022-2027 Trust Strategy • The Department of Health: “Developing an Estate Strategy” guidance • The NHS England and NHS Improvement: “ICS and the implications on the Estate” guidance issued in September 2021. • Board Strategic Forum 3rd February 2023 • Public and Peer Organisation stakeholder engagement in April 2023 <p>Key issues and risks</p> <p>The development of the draft Estates Strategy has involved extensive engagement with colleagues and partners with over 50 individuals participating in its development, representing all six divisions of the Trust.</p> <p>This draft builds on:</p> <ul style="list-style-type: none"> • Outputs of a stakeholder review workshop with Divisional managers in November 2022 and Non-Executive Directors in December 2022 and a review meeting with the CEO. • Outputs from a Board Strategic Forum in February 2023. • Outputs of a Public Consultation engagement in April 2023 • Outputs of a Peer stakeholder consultation in April 2023 <p>The Estates Strategy is a sub strategy of the Trust Strategy “Our new journey, together”. Failure to progress the Estates Strategy will hinder delivery of the Trust Strategy.</p>
<p>Due Diligence (include the process the paper has gone through prior to presentation at</p>	<p>The paper has been prepared with input from the Director of Strategy, Planning and Performance and the Assistant Director of Strategy, Planning and Delivery.</p> <p>Previous related reports, presentation and consultations include:</p>

<p>Board of Directors' meeting)</p>	<ul style="list-style-type: none"> • In depth stakeholder engagement, in excess of 50 individuals across the acute and community setting • Draft Estates Strategy paper to the ETM 13/10/22 • Divisional Manager review workshop 24/11/22 • Non-Executive Director consultation concluding 15/12/22 • Estates Strategy paper to F&PC on 21st December 2022 • Estates Strategy paper to ETM on 22nd December 2022 • Board Strategic Workshop presentation and discussion on 3rd February 2023 • Public consultation April 2023 (see Appendix 2) • Stakeholder/Peer consultation April 2023 (see Appendix 3 & 4) • Estates Strategy final draft paper to ETM on 11th May 2023 incorporating consultation findings • Estates Strategy final draft paper to F&PC on 31st May 2023 incorporating.
<p>Board powers to make this decision</p>	<p>F&PC recommend the Estates Strategy 2023 – 2028 for Board ratification.</p>
<p>Who, What and When (what action is required, who is the lead and when should it be completed?)</p>	<p>The Board of Directors are requested to consider the draft Estates Strategy 2023 – 2028 with a view to ratification.</p> <p>Ian Hinitt – Director of Estates and Facilities, is the lead for the Estates Strategy.</p> <p>A three-year forward view, capital investment plan, in support of delivery of the Estates Strategy, is to be developed and presented to the Executive Team, Capital Monitoring Group and the Finance and Performance Committee, by October 2023.</p>
<p>Recommendations</p>	<p>It is recommended that the Board of Directors consider the draft Estates Strategy 2023 – 2028, for ratification.</p>
<p>Appendices</p>	<p>Appendix 1: Draft Estates Strategy 2023 – 2028 v5.2 Appendix 2: Estates Strategy Public consultation feedback Appendix 3: Estates Strategy Peer Stakeholder review invitation email Appendix 4: Estates Strategy Slido survey results</p>

Draft, not for issue

ESTATES STRATEGY 2023 to 2028

VERSION 5.2



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1.0. Executive Summary

The Rotherham NHS Foundation Trust Estates Strategy 2023 takes a five year forward view aimed at supporting our wider vision to improve the quality of life for the communities we serve.

A well thought-out Estates Strategy enables us to provide safe, secure, high quality buildings and facilities which support current and future healthcare needs for the benefit our patients, carers and their families and, just as importantly, our staff.

Our Estates and Facilities team work hard to manage our properties and land in a safe, effective and efficient way, delivering excellent services at all times. Although much of this work is carried out 'behind the scenes', it makes a vital contribution to ensure that all those who come into contact with the Trust have a good experience of our services and our people.

In setting out our strategy we must consider the enormous pressures and change to which the NHS is subject to. The recovery from COVID-19 and the need to improve access for both emergency and elective patients, the drive to digital and increasing use of technology as well as supporting our staff are just some of the areas the estate should and must support the Trust in delivering.

Our Strategy sets out the principles we will use to prioritise our investments to manage our estate effectively so that we have the right buildings in the right places to support our key aims and objectives.

The Estates Strategy is a living document and any specific proposals set out represent a point in time, as such we set out a series of strategic questions which need to be answered over the life of the strategy. We do not know the answer to these, but they will need a long-term, considered and deliverable solution.

Everything we do aims to deliver outstanding care for our communities. To do this we need to have the right buildings in the right places to support excellent service delivery now and in the future.

2.0. Introduction

2.1. Purpose of this document

This Estates Strategy is a plan for the current and future development and management of the estate used by the Rotherham NHS Foundation Trust (TRFT) over the next five years. As a strategy document it provides a template for the direction of travel of the Trust in delivering healthcare to the communities it serves. Its ambitions must enable the delivery of safe and effective care for the activity the Trust provides. Importantly, and learning from the impact of the COVID-19 pandemic, it must also provide a degree of flexibility to alter and adapt usage to emergent needs.

It does not seek to identify individual projects for delivery, but provides a framework on which the services and departments rely to operate in a safe, efficient and economic manner, whilst ensuring adaptability to the Trust's needs and those of the emergent South Yorkshire Integrated Care Board and Rotherham Place.

It does however seek to ensure solid foundations in infrastructure functionality, reliability and resilience for the provision of a safe and fit-for-purpose healthcare environment, which will readily lend itself to adaptation in accommodating dynamic service demands.

The Estates Strategy should not be read in isolation, rather as an integral part of the overall vision and service planning for the Trust alongside other key documents such as the Trust overall Strategy, its Clinical Strategy, its People Plan and its Digital Strategy.

This document has been structured into five main sections:

1. Where are we now?
2. What are our key challenges and opportunities?
3. What is influencing our strategy?
4. What is our strategy?
5. How do we deliver this strategy?

3.0. Where we are now?

3.1. Rotherham Demographics

Rotherham is a town with a high level of deprivation with 1 in 5, over 50,000 people, living in the 10% most deprived areas of England. The local employment rate, while rising, still lags below the national average. These challenges have led to more people living with some of the most common long-term conditions such as hypertension and obesity. The health of the population is a gradually worsening picture with alcohol deaths increasing, only 1 in 2 adults physically active and high smoking rates amongst our communities.

These places increasing pressure on local services, both within the NHS and also with our local partners across Rotherham Place, needing us to work differently and to collaborate to not only cure ill health but to improve the health of our population through enabling preventative interventions. Our estate is key to ensuring this work is effective, as it is essential that facilities are in the right place to deliver accessible high quality healthcare in an appropriate timescale.

3.2. Trust Services

The Rotherham NHS Foundation Trust is an acute and community provider, providing a range of services for our population as would be normally expected for a mid-size district general hospital. As an acute and community provider we have unique challenges and opportunities across both our clinical pathways and our estate.

3.3. The Trust Estate: What it is

3.3.1. The acute site

The main hospital sits on a large site of approximately 21 hectares of land on Moorgate Road. It comprises of a purpose-built hospital which was started in the early 1970s, with the initial phase completed in 1978, phase two in 1984 and phase three in 1994. The most recent significant build was the addition of the Urgent and Emergency Care Centre (UECC) in 2017. It has approximately:

- 500 beds / trolley bays across its main wards, assessment areas, treatment rooms and discharge facilities
- 11 operating theatres including general surgery, orthopaedic surgery and day surgery facilities
- 31 outpatient consultation rooms

The main hospital site is owned freehold. Alongside the main hospital there are various other buildings which used to deliver the Trusts business. These include:

- **Oldfield Centre:** Modern, purpose build facility with dedicated parking and houses the Trust bereavement centre, Medical Examiner service and mortuary
- **New Greenoaks:** A relatively modern, recently refurbished, single story building housing Outpatients for family health services
- **Old Greenoaks:** A single storey building that is no longer considered suitable for the delivery of safe and effective care in the medium to long term. Recently used as a vaccination centre and overflow office space and lends itself to redevelopment as specialised outpatient accommodation such as cancer services, or non-clinical support facilities.
- **Woodlands:** The building at the rear of the main hospital campus is owned by Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH). The Trust occupies the premises on a 99-year ground lease. It provides a modern, purpose-built building with three wards to care for people aged over 65, who need acute care for functional and organic mental health problems.

In addition there are other buildings on the main acute site. These are:

- **Oakwood Hall:** A freehold Grade II listed building on campus, formerly used as office accommodation and has been vacant for about ten years, having had a significant part of it demolished. The remaining building is circa 1,300 m² (GIA). The Trust is required to ensure that the building does not fall into further disrepair and therefore the building requires a level of funding year on year.
- **Residences:** Initially built under a Private Finance Initiative, but brought back under Trust control in 2017. There has been development since their original construction with the demolition of some vacant blocks. Commonly occupancy is high (c.85%) and while predominantly used by Trust staff, some other key workers also use the accommodation. Tenancy rates are marginally below market rate and modernisation would be needed to secure higher income rates.

There are several other properties and spaces on the acute site which are leased to organisations providing services harmonious to those of the Trust. These include:

- **Busy Bees Nursery**, who operate the on-site crèche facilities;
- Numerous **retail tenants** on the hospital's shopping concourse, managed by TRFT;
- **Diaverum**, who operate the Renal dialysis Unit
- **Yorkshire Ambulance Service** who have Rotherham Ambulance Station on the North East corner of the site with direct access onto A618.

The hospital site has several level surface car parks separately signed and dedicated for staff and patients. The patient and staff car parks provide an income to the Trust. As of April 2023, there were a total of 1,307 car parking spaces on site.

3.3.2. The Community sites

The majority of our Community Services are delivered from leasehold properties not owned by the Trust. The means by which the Trust occupies the buildings is variable being a mix of leases, licences and informal agreements including:

- Lease where Trust is responsible for maintenance
- Lease where others are responsible for maintenance
- Licence to occupy
- Historic "Gentleman's Agreement"

The core properties utilised within the community by the Trust are as follows:

- **Park Rehabilitation Centre (PRC):** PRC is leased from NHS Property Services on a 125 year lease and is based on a 0.2-hectare site close to Rotherham town centre. Developed in the mid-80's, with refurbishments taking place in 2011, the building provides further outpatient services, including physiotherapy, occupational therapy and speech & language therapy. The building includes a gymnasium and the only hydrotherapy pool in the area which is visited by patients from as far as Barnsley and Chesterfield. The building also provides a vital community hub for the surrounding area, frequently used as a venue for activities such as dance classes and community swimming lessons.
- **Breathing Space:** Located within 200m of PRC it is primarily a community service for people with respiratory conditions, as well as providing and education programmes.

The building is a flagship building owned by Rotherham Metropolitan Borough Council (RMBC), having been funded by the Coal Regeneration Fund, RMBC and Rotherham CCG. The Trust pays a token rent and there is scope to accommodate further services or use the facility as a community staff base. During the 2021 COVID -19 pandemic the café / restaurant area was converted into a gymnasium with an open frontage. Breathing Space has seen investment in 2022/23 with the development of Community Diagnostic Centre services aligned to the national strategy for diagnostic services.

- **Rotherham Community Health Centre (RCHC):** RCHC is located close to Rotherham town centre. The Trust leases the building and is the majority occupier across the two floors which host outpatient services, including Ophthalmology and day surgery clinics. The premises house most

community services that were transferred from the CCG to The Rotherham NHS Foundation Trust in 2011.

The building is currently underutilised and has scope to accommodate further patient-facing services or as a community staff base. The building sits within a flood risk area.

- **Kimberworth Place:** Is a state-of-the-art hub for services helping children and young people in Rotherham and was developed in partnership with RMBC and NHS Rotherham CCG. The building is leasehold and is shared with other service providers.

Space is a premium at Kimberworth Place with clinical space and office space in increasing demand. The unit is also shared with Child and Adolescent Mental Health Services (CAMHS), which is also seeing an increase in demand, placing further pressures on the site.

The building is functionally suitable but requires some investment in plant infrastructure, superficial redecoration and upgrade of Wi-Fi and phone reception, which presents some operational challenges.

The Trust also has several joint-service centres, where the Trust occupies space alongside the Local Authority and a range of health and public services, and it is expected that these will continue to be developed into multi-agency settings as the ICB develops. Additionally, therapy services use rooms in non NHS buildings across Rotherham and our specialist children's services (including SaLT) access a number of specialist schools across the borough. Use of the multi-function and/or non-NHS rooms' presents challenges with consistency of availability and 'set up' of IT and equipment requirements.

3.3.3. Other key locations

The Woodside complex is also based on Moorgate Road, less than half a mile east of the hospital. The campus, previously used as commercial office accommodation, was purchased in 2009 to assist in rehousing services located across the hospital site that were fragmented. Some investment was made at Woodside prior to its opening to ensure it met the needs of its service users but it now faces backlog maintenance issues, especially with the heating and ventilation system. Over the last two years the Trust has reconfigured space for community clinical/care teams such as the Integrated Rapid Response Team.

The building consists of both open plan office accommodation and meeting room facilities. It houses numerous non-clinical support functions such as finance, payroll, Human Resources, Information and Communication Technologies helpdesk, and Learning & Development.

3.4. The Trust Estate: How effectively it is used

There are a number of standard tools used across the NHS to support the effective management of the estate. This allows for a common set of measures that enable more effective performance management and benchmarking with peers. During the last five years we have already made considerable progress in improving the performance of our estate.

In particular, we use the Six Facet Survey, NHS Model Hospital, Estates Return Information Collection (ERIC), the Patient Led Assessment of the Care Environment (PLACE), the Premises Assurance Model (PAM) and, more recently, the National Standards of Healthcare Cleanliness. These can be summarised as follows:

3.4.1 Six Facet Survey

Our estate portfolio is large, diverse and technically complex and ranges in age from 1856 right up to the present day. The state of our estate portfolio is assessed through a range of surveys that are known within the NHS as 'Six Facet Surveys'. These surveys rate our estate across six facets; Physical Condition, Functional Suitability, Space Utilisation, Quality, Statutory Compliance and Environmental Management which informs our 'backlog maintenance' position.

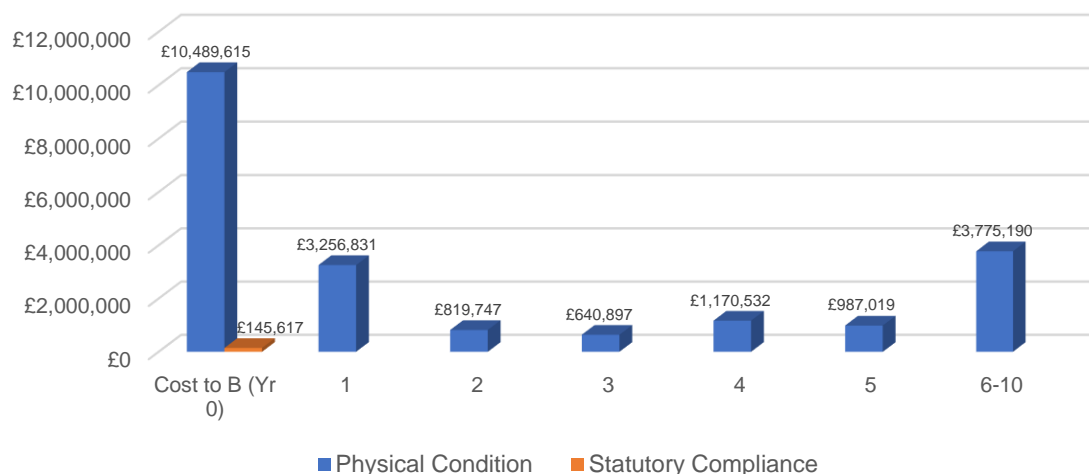
In 2021 we commissioned a new Six Facet Survey that will help to inform our future capital investment and strategic estate transformation plans. Through the delivery of our Estate Strategy we will reduce backlog maintenance and associated critical infrastructure risk which amount to nearly £21,285,448 (Total Backlog). This will be achieved through capital investment and the rationalisation and consolidation of our estate. The cost to eradicate 'Critical Infrastructure Risk' (High and Significant risk backlog) is £7,188,192 equating to £42.37/m²

Through investment in our estate and implementation of the Estates Strategy, our backlog maintenance will be reduced by £1.5 million per year.

The total projected cost for the rectification of all items identified under Condition is £21,139,831. The total cost for Statutory Compliance is £145,617. An indication of the projected costs per year is shown in Chart 1 below:

Figure 1: Projected Costs Physical Condition and Statutory Compliance

Projected Costs Physical Condition and Statutory Compliance



3.4.1. Physical Condition

The Total Backlog Cost for Condition is £10,489,613. A breakdown of the cost by site is shown in Table 1 below.

Table 1: Backlog Maintenance Costs

Risk Totals (Condition)	Rotherham General Hospital	Woodside	Park Centre	Totals
Low Risk	£1,663,623	£0	£110	£1,663,733
Moderate Risk	£1,592,186	£120,016	£9,348	£1,721,550
Significant Risk	£6,129,509	£0	£2,869	£6,132,378.
High Risk	£971,952	£0	£0	£971,952
Total Backlog Cost	£10,357,270	£120,016	£12,327	£10,489,613

3.4.2. Functional Suitability

1) Acute

The acute estate on the Rotherham hospital campus is purpose-built healthcare accommodation and is generally functionally suitable for the services delivered.

The buildings generally are of a framed construction with flat roofs and a mix of ventilation. While historically it has suffered from poor temperature regulation and ventilation a programme of window replacement with heating and ventilation improvements facilitated by the recent Carbon and Energy Fund scheme and Public Sector Decarbonisation grant funded works, means the estate remains suitable for provision of acute services in the foreseeable future and is therefore considered cost effective to maintain and develop the site. The site also benefits from adequate space on the plot to allow for redevelopment.

2) Community

Community services generally are delivered from buildings not owned by the Trust. The suitability of these buildings is variable with the Trust having little or no say in the functional suitability of each building. In recent times, investment in RCHC and Breathing Space has improved those facilities. Specialist services e.g. dentistry and schools' services are delivered from bespoke estate although the security of tenure is to be reviewed.

3.4.3. Space Utilisation

After pay costs, our estate requires the second most significant financial annual investment in the Trust at approximately £29m a year. We therefore continually look to improve the productivity of the estate and have developed an Accommodation Guide to support this work. We are also introducing a space booking system to enable staff to work in a more blended way.

Demand from the communities we serve and service delivery models to meet that demand are always changing. Having the right property in the right location is essential to ensuring optimal delivery of our operational services. The main hospital site is generally considered to be 'at capacity' with minimal, if any spare space. However, it is also recognised that some non-clinical functions are occupying space that would be ideal for clinical services.

The way we use our estate means that we adapt to the needs of these services. We have already moved out of a number of properties that are either no longer capable of providing the environment we need or are not in the right geographical location.

A review of the productivity of the NHS carried out by Lord Carter of Coles (the Carter Review) sets out 15 recommendations to improve productivity across the NHS. Two of these relate to the efficiency of the estate. These are:

- Trusts should operate with no more than 35% of the estate being used for non-clinical purposes
- Trusts should leave no more than 2.5% of their accommodation empty.

3.4.4. Statutory Compliance

Fire safety provision across the owned acute estate is generally compliant with the mandatory conditions and statutory requirements. The diversity of our community assets makes appraisal more challenging, though generally the fire risk at community sites is considered lower than the main hospital site. A risk-based approach is being used to prioritise work to review community and hospital assets.

The Trust is also reviewing all its Health and Safety policy and procedures following appointment of a new Head of Health and Safety in early 2022. This will likely lead to targeted action in areas, though no major concerns are expected.

3.4.5. ERIC Returns

Estates Returns Information Collection (ERIC) collects information relating to the costs of providing, maintaining and servicing the NHS estate. This includes the costs of providing certain patient-focused services such as food and laundry. In addition, the collection includes a number of non-financial aspects of the operation of buildings such as information relating to fire safety and an organisation's progress in meeting carbon reduction targets.

3.4.6. Occupancy Costs - NHS Model Hospital

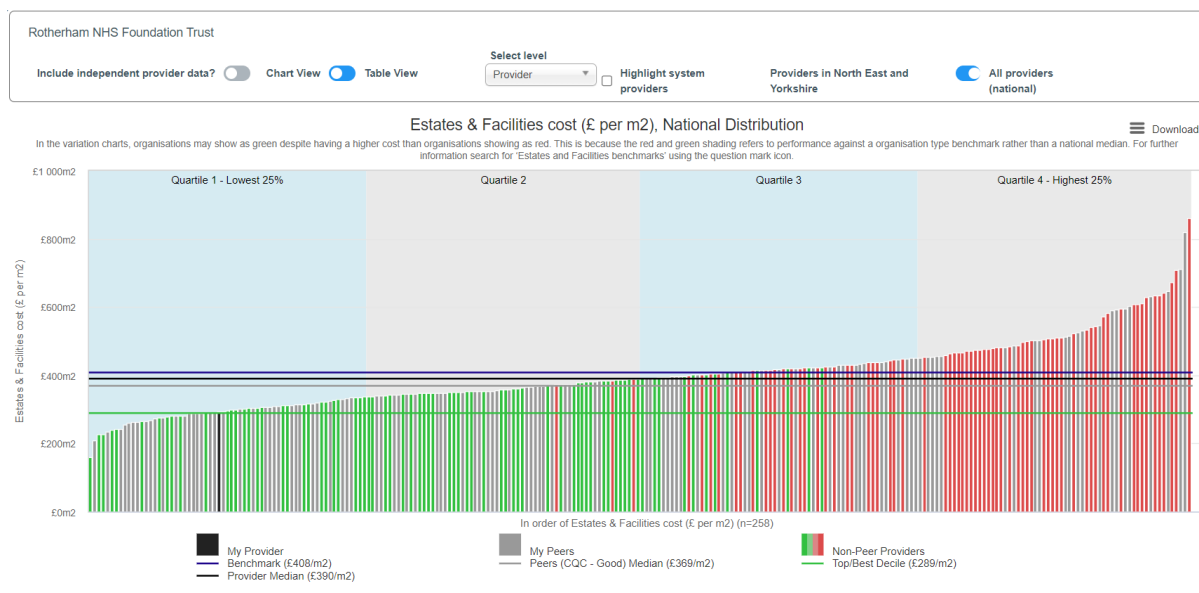
The Model Hospital is a digital information service designed to help NHS providers improve their productivity and efficiency. The Model Hospital enables us to gain a better understanding of our running costs and to identify where potential savings are possible.

Table 2: Occupancy Costs

Facilities Management (FM) Services Cost of Occupancy	Breathing Space & Park Rehab Unit (£)	Other Sites (Woodside) (£)	Rotherham Hospital (£)	Total (£)
2021-22	963,031	281,319	27,352,123	28,596,473
2020-21	910,676	304,080	24,131,228	25,345,984
2019-20	1,248,311	263,900	24,299,621	25,811,832
2018-19	1,613,109	318,978	19,139,364	21,071,451

The Model Hospital data shows Trust is performing well against peer benchmark with Estates and Facilities being £390/m² against a benchmark of £408/m².

Figure 2: Model System Costs £/m2



3.4.7. Premises Assurance Model - PAM

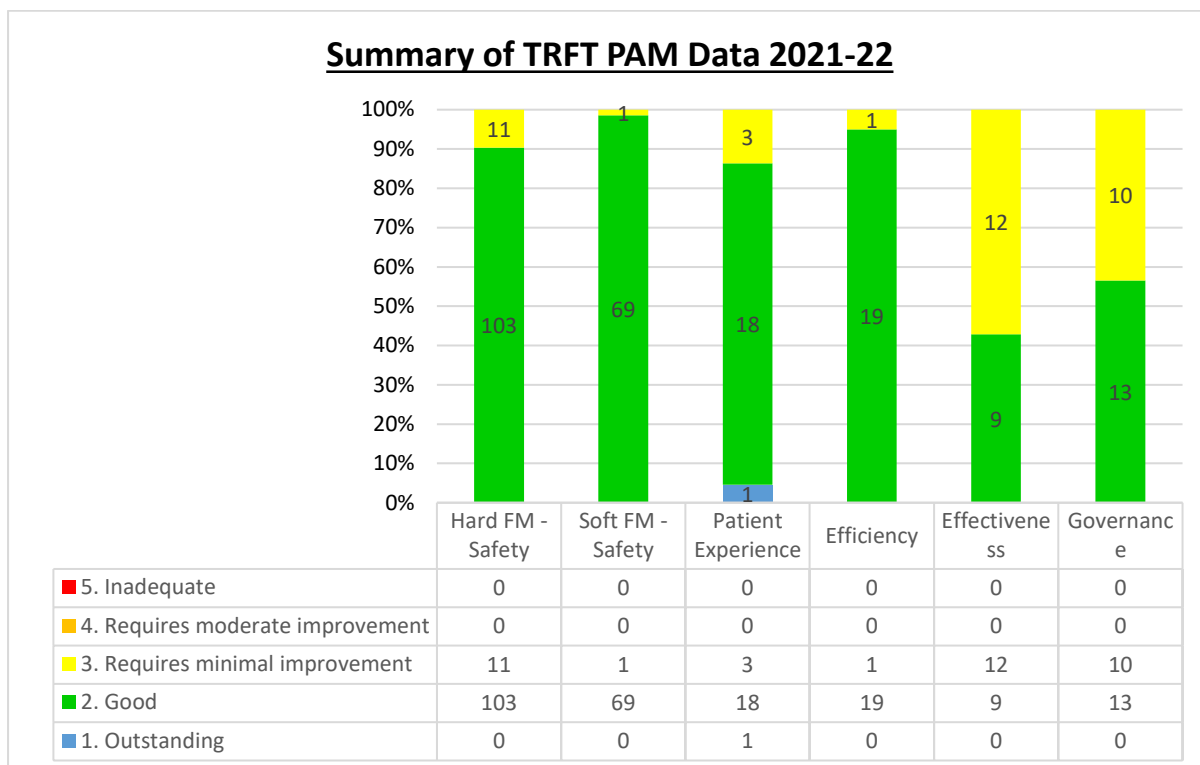
PAM measures the effectiveness of the management and governance of the estates and facilities management. This includes an assessment of how decisions are made; how resources are allocated; how estates information is reported to the Trust Board and Governors; how the Trust manages risk and responds to events; and how well the planning and management of estate is integrated with the leadership of the Trust as a whole.

The Premises Assurance Model has been mandatory for all NHS organisations from April 2021. PAM review and reporting is at a mature state at TRFT and has significant stakeholder engagement. TRFT’s PAM data was last reviewed and updated in September 2022 and looked at the following domains:

- Efficiency
- Safety
- Effectiveness
- Patient experience
- Organisational governance

The PAM review for Rotherham NHS Foundation Trust (TRFT) demonstrates a good position with some areas requiring Minimal Improvement and no areas requiring Moderate Improvement or Significant Improvement. TRFT is performing well with regards to safety, patient experience and efficiency and only minimal improvements are needed for effectiveness and governance, with much work being undertaken to improve these areas.

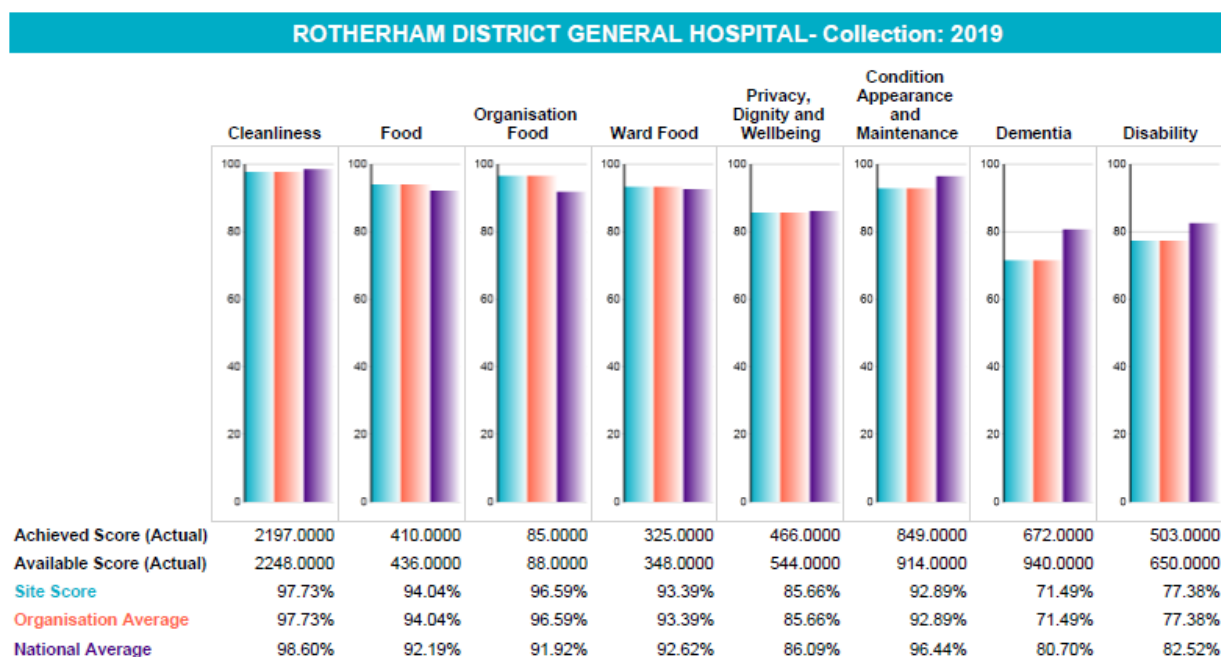
Figure 3: Summary of TRFT PAM Data 2021-22



3.4.8. PLACE

The Patient Led Assessment of the Care Environment (PLACE) applies to NHS inpatient facilities with ten beds or more and an assessment is carried out by independent teams that have patient and professional representation. This focuses on the quality of estates and facilities services as they impact on the patient experience. PLACE looks at how well facilities meet standards on privacy and dignity, cleanliness, quality of meals, dementia friendly care environments and other aspects of estates performance that affect patient care.

Figure 4: TRFT PLACE data



The PLACE data shows that TRFT are comparable with our peer organisations and national average performance, although there is some investment required in dementia and disability standards.

3.4 Energy Performance Contract

On the freehold estate (which is predominantly the acute hospital site), a new Energy Performance Contract (EPC) with Veolia via The Carbon and Energy Fund (CEF) has been established. This is a 20-year contract until 2041 with a capital cost in excess of £11.5m. It is expected to provide £1.15m per annum savings for the Trust while reducing our CO₂ production by around 2,400 tonnes (c.29%)

Work delivered under this contract is wide ranging and includes:

- Replacement of existing LTHW boilers and associated infrastructure
- Replacement of existing steam boilers
- Replacement of the Combined Heat and Power (CHP) plant
- Replacement heating controls
- New Absorption Chiller
- New Battery Energy Storage System (BESS)
- LED lighting upgrade
- Replacement of around 500 windows with double glazed units
- Replacement of the heating boiler at Old Greenoaks with an Air Source Heat Pump (ASHP)

4.0. What are our Key Challenges and Opportunities

4.1. Strengths and Opportunities

- The current acute estate is generally in good condition, is suitable for ongoing adaptation and has enough real estate for development, including for provision of a multi-deck car park to alleviate the pressure on car parking.
- Upgraded engineering infrastructure from the CEF contract can accommodate new air conditioning comfort cooling from new central chilled water plant and mains, to combat climate change impact and summertime overheating.
- The adoption of the CEF contract for energy efficient plant and infrastructure maintains the Trust's progress in achieving national Net Zero targets, to achieve Net Zero by 2040, whilst assisting the Trust to maintain financial sustainability.
- Oakwood Hall presents an opportunity for redevelopment and repurposing for office, education and research facilities, which would free up prime clinical accommodation in the main hospital, currently occupied by a variety of clinical and non-clinical services.
- Woodside is underutilised and home/hybrid working arrangements arising from the COVID-19 pandemic present opportunities for better space utilisation in office and non-clinical support functions across the entire acute and community estate.
- RCHC is a centrally-located facility with good access to bus and train links. It is currently underutilised and presents an opportunity to increase the number of services offered from the site.
- The Badsley Moor Road estate, incorporating BreathingSpace and Park Rehabilitation Centre presents an opportunity for Community hub and spoke services and development of a Community Diagnostic Centre, supporting the development of the Rotherham Place and the ICB remit across South Yorkshire, whilst rationalising the Trusts leasehold facilities.
- The Rotherham Hospital and Community Charity are keen to work with the Trust in developing opportunities for investment in new cancer care facilities.

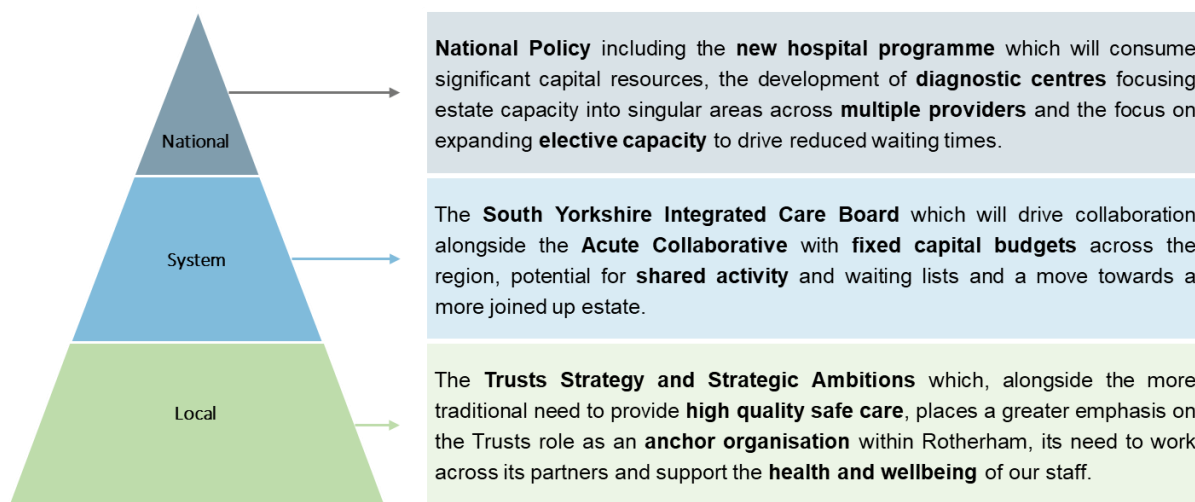
4.2. Weaknesses and Threats

- Effective clinical space utilisation is challenged by inappropriate co-location of some key care pathways, introducing operational inefficiencies.

- Increasing demand for ward and clinical accommodation results in restrictions to access wards for deep refurbishment projects, perpetuating a poor quality of accommodation in some areas and detracting from an optimal patient and staff experience.
- Effects of climate change, as seen over the last two years, results in summertime overheating of many wards and departments and is compounded by the lack of mechanical ventilation and air conditioning to many wards, now required by post COVID-19 guidance.
- RCHC is currently underutilised and parking is a problem. Any development of the site would need to be in conjunction with the landlord.
- Kimberworth Place does not have capacity for the staff and patients who use the facility. The unit also needs some investment as it has poor Wi-Fi, limited mobile signal and issues with the heating systems. This investment is needed by the landlord and so the Trust may be unable to develop the site as needed.
- Car parking on the main acute site is limited with staff and patients often parking outside of marked bays. This has occasionally caused issues for vehicle access around the site. Feedback from our public and patient engagement has indicated that parking and the availability of parking is a primary concern for our patients and carers.

5.0. What Influences our Strategy

The Trust estate is not an island. It is a small part within a much larger set of healthcare systems. These systems are national - such as the NHS itself; regional - through the Integrated Care Board; and Acute Collaborative or local - such as Rotherham Place and our work with our partners. This Estates Strategy must fit within those systems, influence where it can and respond where it must.



These systems and influences have produced the following strategic drivers which shape our thinking and our strategy. These drives are themselves interconnected with one influencing the other, demonstrating the complexity of factors that influence healthcare provision and the estate needed to do this effectively.

5.1. Strategic Drivers

5.1.1. The Trusts current issues

The Trust, along with many others in the NHS, faces a number of pressing issues from recovering elective activity and capacity to work through waiting lists to flow of patients through our emergency pathways and many others. The resolution to these challenges will be multi-factorial but will include some elements of the estate, which must be able to support rather than hinder any solution.

The Trust estate must support the resolution of the issues and challenges faced by the Trust.

5.1.2. Demographics and demand on services

We know that Rotherham is generally more deprived than the national average and is of poorer health placing greater demand on healthcare services. We also know that our communities are getting older, which again will increase demand. There is also the significant waiting list and backlog of care that has increased dramatically through

the pandemic and is expected to take several years to resolve with acute hospital asked to increase their activity to 130% of 2019/20 levels.

The Trust estate must enable sufficient capacity for the demand placed on services.

5.1.3. Service Provision

At its core, the Estates Strategy must enable the delivery of the services the Trust provides to its communities. The estate is a fundamental part of the delivery of high quality, safe and effective services, whether this be in operating theatres, outpatient clinics, wards, community assets or staff facilities the estate is fundamental to the delivery of our services.

We know that how these services are provided will continue to evolve and develop over time. A number of current national priorities will all change the estate requirement for the Trust in the medium term. These include the delivery plan for recovering urgent and emergency care services, the drive to deliver more services in the community and closer to our patients' usual places of residences, the creation of Community Diagnostic Centres, the movement of minor procedures into outpatient settings, roll out of services such as PIFU and Advice and Guidance and the provision of beds through virtual wards as well as changing demographics and a move towards an older population who will increasingly have multiple health needs.

The Trust estate must be flexible and adaptable to enable and facilitate changes in service provision.

5.1.4. COVID-19

The impact of COVID-19 on the NHS and the Trust is far-reaching and, in some areas, not yet fully realised or known. The pandemic has made clear the increasing need for robust infection, prevention, and control (IPC) measures. The need to increase physical space between patients, washing facilities (showers and basins), isolation rooms and ventilation requirements have all been increased during the pandemic.

The pandemic forced the Trust to react at very short notice to improve its oxygen supply across the estate, increase its critical care capacity and provide a more flexible bed base across 'green', 'red' and 'blue' patients. Additionally, the Trust was required to deliver a large scale and successful vaccination programme. This required a significant footprint and additional clinical space on the main acute site, displacing other services.

The Trust estate must be able to meet current and emerging challenges posed by the COVID-19 pandemic.

5.1.5. Collaboration with partners

The NHS and the Trust is moving to a policy of collaboration with partners, be that within or outside the NHS for the betterment of the communities whom we serve. As this ambition develops over the coming years, it will impact on our estate. The beginning of this can be seen within the development of Community Diagnostic Centres (CDC's), which we will deliver through a hub and spoke model with partners.

This collaboration will continue to grow throughout the life of this strategy. Increasingly our patients will access care through a range of buildings and assets which are owned and/or managed by partners rather than the Trust itself. Services may be developed more in collaboration, and in places, consolidated into fewer locations.

The Trust must increasingly collaborate with partners to manage our estate needs more effectively.

5.1.6. Innovation

Innovation, in particular the increasing use of digital and technology to enhance healthcare is expected to be a key part of the NHS over the coming years. There are many examples of NHS Trusts delivering innovation which is changing the demands for healthcare services, for example remote monitoring of gestational diabetes, foetal telemedicine ultrasound services and the implementation of virtual wards.

Within the acute sector, the move towards virtual consultations, with an ambition of 25% of all outpatient appointments undertaken virtually, will, with other innovations change the type of facilities and infrastructure that is needed.

There will also be increased demands for the estate to be able to house this technology. High speed connections, smart tracking of devices, digital wayfinding all mean the estate must integrate further with technology and move beyond bricks and mortar.

The Trust estate must be 'digitally enabled' supporting the deployment of new technology while adapting to how that technology changes how we provide our services

5.1.7. Ways of Working

The pandemic forced a change on the NHS which is unlikely to ever be reversed. More of our staff, particularly our non-clinical colleagues, are now working from home or are adopting a hybrid approach, which continues to change the need for traditional office space. Office space is being freed up as teams need smaller footprints on a day-to-day basis, but this is not yet well coordinated through formal hot desking, and as such, the reduced requirement for desks has not been incorporated into space allocation. As we have moved to greater use of online meetings, the traditional meeting room requirements have changed and there is now an increased requirement for better audio-visual equipment.

As we increase our offers of virtual appointments to patients, we are likely to also need a different type of clinic room, with the same levels of privacy but improved access to technology, and less requirement for the rooms to be centrally-located and easily accessible for patients.

The Trust estate will need to adapt to the changing demand on it through how our staff work, providing more technologically-enabled space.

5.1.8. Staff Health and Wellbeing

Our staff, have, and will remain the most important asset that we have. They have provided incredible care in the most trying of circumstances over the last few years. However, we also know that they are tired, weary and in need of support. The health and wellbeing of staff is not just a Trust priority, but a national priority. We must provide high-quality accommodation, sufficient changing facilities and a welcome working environment for our teams. In doing so the estate will support the recruitment and retention of high quality staff.

The Trust estate must prioritise and support the health and wellbeing of our staff

5.1.9. NHS capital funding

NHS capital funding, after significant availability over the last few years is expected to return to a level of sparsity over the life of this strategy. The government has made a very public pledge to build 40 new hospitals and so it is expected that these projects will consume the majority of any additional capital funding, above historic levels, provided into the NHS.

The Trust must recognise that there is likely to be limited capital funding available in the near future.

5.1.10. Net Zero and the Green NHS

The Trust has Net Zero Plan which was published in 2022 and is scheduled for review in 2025. This embodies the Environmental Strategy that is in line with current national guidance. The freehold estate can be developed in line with the plan, however we are generally unable to influence the environmental performance of the properties we do not own, particularly those in the community setting. We will focus on what we are able to control and manage whilst encouraging our landlords to improve the performance of their buildings.

The Trust is committed to Net Zero and this strategy must support its delivery.

5.2. Aligning with our strategic ambitions

The Estates Strategy must align with the Trust Strategy and enable the Trust to achieve our clinical, operational and financial objectives. The Trust's five strategic ambitions – Patients, Rotherham, Our Partners, Us and Delivery – and the requirements they therefore place on the Trust's Estate Strategy, are set out below.

Requirement	Potential Requirements
<p>PATIENTS - Provide exceptional quality of care, tailored to people's needs and delivered in the most appropriate setting</p>	<ul style="list-style-type: none"> • Ensure sufficient clinical space is available in the right place • Adapt our space to new requirements for services delivery and changes in pathways
<p>ROTHERHAM - Be a leader within Rotherham, building healthier communities and improving life chances</p>	<ul style="list-style-type: none"> • Become a green organisation and support others (including our staff) to become more green • Support local businesses when delivering estates work
<p>OUR PARTNERS - Collaborate with local organisations to build strong partnerships that deliver exceptional, seamless care</p>	<ul style="list-style-type: none"> • Enable partner organisations to make use of 'TRFT space' • Develop accommodation for system-use such as Community Diagnostic Centres
<p>US - Be an inclusive, diverse and welcoming organisation that is just a great place to work and an employer of choice</p>	<ul style="list-style-type: none"> • Provide high quality staff facilities such as changing rooms, showers etc. • Provide a modern and pleasant estate which is enjoyable to work in • Ensure the basics such as temperature control are effective
<p>DELIVERY - Deliver our best every day, providing high quality, timely and equitable access to care in an efficient and sustainable organisation</p>	<ul style="list-style-type: none"> • Ensure our estate is used efficiently with minimal wasted space • Continually look to reduce the cost of our estate

6.0. What is our Estates Strategy

The Estates Strategy seeks to recognise and respond to all of these strategic drivers, whilst also taking account of the Trust's specific challenges and opportunities described above.

6.1. Strategic Principles

The strategy is based around five strategic principles set out below. These five principles set our strategic direction. They describe what our estate should offer and how it should develop over the next five years so that in every strategic decision we make we are consistent in our direction of travel by ensuring it aligns with these principles.

These are as follows:

1. Our estate aligns to our wider strategic ambitions including supporting the delivery of **high quality, safe and effective care**.
2. Our estate offers **welcoming and attractive places** that is both **supportive and inclusive** for our patients, carers and visitors as well as attractive to potential staff.
3. Our estate is **effectively and efficiency utilised** with all of our space being put to value-adding use and the financial cost minimised.
4. Our estate is **resilient while being adaptable** to the anticipated and emergent demands that will be placed upon it.
5. Our estate is **environmentally sustainable** and **adaptable to the impact of climate change**.

6.1.1. Supports high quality, safe and effective care

The Trust estate must be of a high quality and meet the current standards expected and placed upon it, in order to support our teams to deliver high quality, safe and effective care for our patients. This includes provision of a resilient infrastructure for heating, cooling and electrical services and appropriate finishes to spaces to ensure easy and effective cleaning. It also includes ensuring adequate space in clinical areas to allow appropriate space between patient areas and relevant co-location of departments to enable efficient care pathways.

There is recognition that the Trust needs to increase its clinical space as demands on services are expected to continue to grow. The Trust may consider increasing its ward capacity to enable better flow across our emergency pathways. Additional 'decant' ward facilities are required to enable a ward deep refurbishment programme and to accommodate winter pressures expansion and summertime deep cleaning. It is also important that our estate has capacity in the right place, recognising our assets across

the Rotherham borough and how we enable access for our communities in the Place and within the acute hospital site.

Some areas, such as UECC, may have grown beyond their original planned physical capacity such that they have become a constraint on the delivery of high-quality care. The Trust will review the small number of clinical spaces where this is currently the case and identify opportunities for improvement.

The estate must also support our need to reduce health inequalities across Rotherham and its communities. Providing facilities that support at risk groups to access healthcare services will be a key part of achieving this. This may mean providing services in locations not currently provided by the Trust such as the Rotherham town centre.

6.1.2. Welcoming and inclusive spaces for our patients, carers and visitors and attractive to staff.

Patients' first impressions of healthcare services are formed by the appearance and accessibility of healthcare buildings and facilities. Services should therefore be delivered in well-designed environments. Patients and staff need to feel safe, secure and comfortable. Healthcare buildings should ensure good functionality, be inclusive in terms of the needs of minority and disabled groups and an older, frailer population, meet expectations in terms of privacy and dignity, provide good access for all, reduce infection and minimise accidents.

Our estate is also fundamental in supporting our staff's health and wellbeing. Good quality staff facilities such as changing and shower rooms along with lockers all can have a positive impact on staff. The estate can also be used as a tool to attract and retain high quality personnel. Our education facilities are a key part of this and the provision of high-quality facilities to complement our high-quality teaching would encourage trainees to come and work in the Trust. We will ask our staff what is important to them and how the estate can help them be valued.

It is widely accepted that our main acute site does not have sufficient car parking capacity to meet demand. This has been echoed strongly through our public and patient engagement in developing this strategy. While the Trust will continue to encourage staff and visitors to access the site through alternative, more sustainable methods such as public transport, there is likely to continue to be a need for increased parking capacity on the site.

It is also important that our estate is accessible and welcoming to all. Equality, Diversity and Inclusivity (EDI) needs to be a central part to all our considerations on how we develop and improve the estate moving forward. Services, and the estate in which they sit, need to be assessable and supportive of all our communities and the staff that work within them. This will include aspects such as signage and wayfinding across the estate.

A key part of being able to provide a welcoming estate is our ability to make changes to the freehold estate directly and our intent to influence our landlords for leasehold occupied buildings, to make changes on behalf of the Trust. The Trust will review all its leases and ensure that as part of any strategic estate's development requirements, tenancy guarantees are in place.

Additionally, the Trust, as part of Rotherham Place and as an anchor institution, will continue to work with other public sector bodies, such as Rotherham Metropolitan Borough Council (RMBC) to explore how current space can be used across Rotherham more effectively in a way which promotes and supports this ambition.

6.1.3. Effective and efficient use of space

The Trust occupies a significant footprint and does not always make the most effective use of this. It is critical that the Trust makes the best use of the space it has, given that the creation of additional space is often time consuming and expensive and adds to the operational overheads of the Trust. This will include ensuring that utilisation is appropriate and that clinical space is prioritised, with unused or underdeveloped space either refurbished, reutilised or disposed of. In addition, we need to enable services that would benefit from co-location or close location to be in appropriate proximity. As part of this we must understand how the estate is utilised differently across the week, including the weekend and how this can provide opportunities.

Non-clinical services may be identified for movement elsewhere on the main site or even off the main site completely, as appropriate. In our community buildings, administration and management teams may need to relocate to allow greater clinical space, as increasing work is transferred into that setting and closer to the patient's home. Remote and virtual working could be encouraged to support space creation.

We also have assets that may not be delivering the return to which they could such as our residential properties, which require refurbishment to improve the quality of accommodation, the staff offer and the income potential for the Trust.

We will work with other public sector bodies to explore how the Trust can contribute to a wider need to make effective use of space across Rotherham.

The ability of the Trust to make changes to its estate can be limited by leasehold arrangements and so the Trust must continually monitor and review its property portfolio to ensure that it provides cost and quality effective facilities, and that these can be developed in line with our service needs.

6.1.4. Resilient and adaptable estate

The Trust estate needs to be resilient and able to deal with the demands placed upon it, and capable of supporting current and future service needs. It also needs to be flexible, able to adapt and respond quickly to both expected demand but also the emerging issues the Trust will face in the future. In addition, technological and digital innovation is increasing in both quantity and pace, and we should expect new

developments to have an impact on our working practices, patient pathways and therefore our estate.

Therefore, we will look to make any new developments across the estate, such that they are adaptable in nature, where we can quickly repurpose, resize and redevelop as needed. This may include the use of Modern Methods of Construction (MMC), modular facilities and other movable assets and may involve moving services to the community setting or closer to the patients' home.

In addition to making developments adaptable where appropriate, we may also need to create space that allows more flexible working. This may mean less focus on individual offices/team areas but a more dynamic and open hub spaces where staff can come and work when on site and can be used by others when working remotely.

6.1.5. Environmentally sustainable estate, adaptable to the impact of climate change

Our Green Plan is in response to the climate change emergency. The consequences of poorer air quality and environmental stress significantly impact on our wellbeing and result in an increase in diseases such as cardiac issues, respiratory disease and cancer, which may affect us all and our future generations.

The Rotherham NHS Foundation Trust's Green Plan sets out how the trust will address the Net Zero challenge, for the NHS to reduce the environmental impact arising from carbon emissions with a view to achieving 80% net zero by 2032 and be totally emissions-free on site by 2040.

The Green Plan, intends to enable TRFT to exceed the current NHS commitments and:

- Achieve at least an 80% reduction in emissions from on-site sources by 2032
- Achieve a further 5% reduction in general waste, based on 2020's levels
- Reduce patient service mileage by 25% based on 2020 by 2032, by delivering care closer to home and in the community settings
- Cease use of all single use plastics
- Reduce water consumption by 10% by 2025

Our Estates Strategy 2023 – 2028 is wholly aligned to the Green Plan, ensuring that over the next five years we will continue to invest in further carbon reduction targets in the areas of Built Environment and Infrastructure; Estates and Facilities Management; Medicines Management; Supply Chain & Procurement; Food & Nutrition and Climate Change Adaptation.

7.0. How do we Deliver this Strategy

In setting out our strategy and the strategic principles, we recognise that this does not set out the detailed 'what' we are going to do over the next five years, only the direction of travel that the 'what' should go.

The annual development of our capital plan allows a yearly delivery plan to be set through engagement across the organisation and in response to existing and emergent opportunities and threats. This will continue to be the focus for setting out the delivery of the strategy.

7.1. Capital Funding

A key constraint to the Trust is the availability of capital monies to fund any programme of works. As outlined earlier we are expecting a period of constrained capital funding, which combined with a move towards combined, system level capital budgets may further restrict available funds as monies are focused on other areas.

As such it is key that to enable us to deliver this strategy and the best possible estate in line with our strategic ambitions that we maximise the capital funds we have access to. We need to be, and will be, nimble, responsive, and proactive on the identification of and application for all sources of external funding that are applicable. We will have a 'yes' first approach to bidding for grant funding and build up a set of 'ready to go' business cases that can support opportunities as soon as they arise, helping to make sure we are 'first in line' for these opportunities. We will also look to work with the Trust and other charities where possible, including special appeals, to secure funding to support specific developments which align to their goals.

7.2. Current Estates Strategic plans 2023 - 2024

The Trust is actively progressing delivery of Estates strategic development plans in 2023 with two notable developments:

- **Substation B replacement:** This scheme commenced in 2022 and is phased over two years, to enable the substation replacement without creating disruption to the hospital electricity supply. It replaces the incoming electrical supply and transformer to the hospital, which is aging technology and is working close to maximum capacity. The development provides for the construction of a new Substation plant housing during 2022- 2023 and the new substation transformer and electrical infrastructure in 2023- 2024.

The new substation will significantly reduce the risk of power failure to the main hospital site and thereby improve service resilience, business continuity contingency arrangements and reduce clinical risk.

The new substation is more energy efficient than the current substation and therefor contributes to the Trust Net Zero plan.

Infrastructure upgrades such as this are essential in delivering the vision for an adaptable, resilient and safe hospital environment and are the foundation to the Estates Strategy.

- **Deep ward refurbishment of the Neonatal Ward:** The Neonatal Ward, formerly known as Special Care Baby Unit has seen little refurbishment since built in the 1970's, during which time the principles of neonatal care have evolved.

The development will see a deep shell refurbishment and refit of the unit so that it is 'state of the art' in layout and equipment, offering the very best modern facilities for our staff to care for babies and their parents within the Rotherham area .

We are also very pleased to be working closely with the Rotherham Hospital and Community Charity on the feasibility of co-funding a specialist cancer care facility at the main hospital, within the scope of the Estates Strategy.

7.3. Strategic Questions

The Trust has several key strategic questions it will need to answer over the life of this strategy. These questions go beyond the usual year to year planning and require a longer term, more strategic approach. This strategy has not sought to answer these questions, as in many cases, they may require a sustained period of investigation and consideration through feasibility study and options appraisal. In part, the success of this strategy will be if these questions have been answered.

These questions have been set out to reflect the time frame in which they need to be considered. For many areas there will be a long and sustained implementation period post any decision.

Short Term (1-2 years)	
Question	What it is
Refurbishment Programme	<ul style="list-style-type: none"> • How do we deliver a refurbishment programme across our clinical spaces including wards and theatres without impacting on activity? • How do we ensure that the refurbishment programme enhances the space and includes infrastructure resilience such as mechanical ventilation and comfort cooling • How do we incorporate any Infection Prevention & Control requirements post COVID while maintaining capacity?
Ward Capacity	<ul style="list-style-type: none"> • How do we provide sufficient ward capacity within the Trust in the right location including the creation of a decant facility to allow for any refurbishment programme?

	<ul style="list-style-type: none"> • How do we provide the right capacity in the right location under the right services to meet the need for 92% or lower occupancy across our general and acute bed base? • Do we need to move services off site to create and enable space for services on the main acute site?
UECC Development	<ul style="list-style-type: none"> • How do we develop out Urgent and Emergency Care Centre to support patient care and flow • How do we co-locate or align appropriate downstream facilities to the front door? • What is the impact of the move back to 4hr waiting time to treatment on care pathways and physical capacity?
Kimberworth Place	<ul style="list-style-type: none"> • How do we provide sufficient capacity for the teams at Kimberworth place? • How do ensure that the accommodation is of sufficient standard for the teams located there?
Old Greenoaks	<ul style="list-style-type: none"> • How do we make best use of this facility given its location on the main hospital site? • Are there opportunities to use it as a specialist centre across Rotherham or the ICS?
Car Parking	<ul style="list-style-type: none"> • How do we provide improved parking and access to the main hospital site for patients and staff? • How could we fund any potential development such as a multi-deck car park aimed at increasing capacity? • Is a park and ride facility an option for consideration in the Travel Plan? • How do we also influence our Travel Plan to increase other transport options, to reduce additional space requirements?
Medium Term (2-4 years)	
RCHC	<ul style="list-style-type: none"> • What is the long-term objective and strategy for RCHC? • Are there opportunities for services across Rotherham Place?
Badsley Moor Estate	<ul style="list-style-type: none"> • Is there any opportunity for the closely located sites to expand and create a larger community hub facility?
Residences	<ul style="list-style-type: none"> • Could the residences be considered an income generating opportunity for the Trust? • What refurbishment and investment may be needed for this? • Are there opportunities to provide more accommodation for our staff to aid with recruitment and retention?
Long Term (3-5 years)	
Oakwood Hall	<ul style="list-style-type: none"> • What is the future of Oakwood Hall? The significant space is currently not being utilised but is providing a financial burden on the Trust. • Any refurbishment is likely to be unaffordable to the Trust within its capital programme so how could any development be funded?

Medical Education Centre	<ul style="list-style-type: none"> • How do we make our medical education facilities supportive of high-quality education and a key enabler of recruitment and retention of high-quality staff? • Are the current facilities, which are in prime clinical space, the best location?
Woodside	<ul style="list-style-type: none"> • What is the Trusts long-term plan for Woodside? • How do we make best use of the space and site? What services could be based there? • What would be the options around the sale of the site to facilitate other investments?
Consolidation	<ul style="list-style-type: none"> • Can the Trust consolidate its primary care / smaller community sites in which it operates? • Is there a need for an increase in more permanent community capacity?

It is also the case that many of these decisions may overlap (i.e. any development of Oakwood Hall would create space which could be used for clinical accommodation or ward development), and so these time periods are set as guides. It is probable that as more questions are answered some of the existing plans may change.

7.3.1. Answering the questions

To support the resolution of these strategic questions, there will need to be wider engagement and development across the Trust, the partnership in Rotherham and wider ICB and NHS and, in some cases, national organisations and private companies.

In most cases options appraisals and/or feasibility studies will be undertaken as part of this engagement to facilitate a decision.

Appendix 2: Estates Strategy Feedback from the Public

The Estates Strategy 2023 – 2028 priorities:

- Making our accommodation modern where we can
- Making places safe, secure and easy to work in. Good quality and in an area that suits the work needed to be done.
- Thinking about how all space is used and making the most of this
- Using the environments to support the health and wellbeing of staff, patients and carers and their families
- Making sure all the different areas of the Trust are in good condition
- We want to work towards being an organisation that has a neutral effect on the environment.

Estates Strategy Feedback from the Public

The Engagement and Inclusion Lead emailed:

- a) The graphically designed Estates Strategy draft



Estates Strategy
and Capital Program

- b) A Word version of the Estates Strategy draft



DRAFT Trust Estates
Strategy - v3.1.docx

- c) A plain English version



Estates Strategy
23-28 Summary.docx

We want to improve the quality of people's lives; staff, patients and carers and their families.

We want to make it a welcoming place to work for all members of staff with good accommodation and changing facilities.

We will use our community, hospital and staff accommodation in a more flexible way.

We will change as local health services need us to.

We will increase space for patients to be seen and treated, these will meet the needs of the many different people we see at the Trust.

The main hospital site had an assessment and is still suitable for hospital services in the future and is cost effective to maintain and develop the site. The site also benefits from enough space on the plot to allow for redevelopment. Some areas need small improvements and no areas needed moderate improvements or big improvements.

Community services generally are delivered from buildings not owned by the Trust.

We are also introducing a space booking system to help staff to book areas they need to work in.

Some non-clinical functions are occupying space that would be ideal for clinical services.

We need to improve surroundings for people with dementia and/or disabilities.

We have the setup to install air conditioning if this is funded. Higher temperatures in recent years and new rules make this more important than ever.

There is space for a multi-deck car park, however a decision needs to be made on how this could be funded and the effects on price of parking for making more spaces.

A decision will need to be made on what to do with Oakwood Hall as it has space for non-clinical activities, if its refurbishment can be funded by another charity, national heritage or organisation.

Office spaces can be underused when people are sometimes working from home – this could be looked at to get a better system in place to use the space better.

Rotherham Community Health Centre has good transport links – people may prefer services were offered from this location. Parking is a problem.

Kimberworth Place does not have room for staff and patients and it needs better Wi-Fi.

The busy use of areas prevents them from being improved and upgraded.

Car parking on the main hospital site is limited and many people park outside of marked bays. This sometimes causes vehicle access issues.

We will work with other organisations more.

We will use technology to improve the estate and how it is used this may mean that rooms for patient activities don't need to be central or easily accessible for patients.

The government has made a promise to build 40 new hospitals and we expect that this will use any extra money we may have got to improve our Trust estate.

To:

- The TRFT Public Panel
- Attendees from the Public Car Parking Discussion held on 05/04/23

Email responses:

“I have read the document. I learnt about all your sites.

Disabled parking is problematic at Kimberworth place as is the double door to access from the outside. I used to get wedged in the door with my old electric wheelchair.

I used to get door to door bus to Kimberworth place and the bus often could not get around the car park due to people parking where there were double yellow lines. The large amount of heavy push or pull doors were problematic. The disabled toilet was small and my wheelchair had to be left outside the toilet.

It is a shame there is no funding from the 40 new hospitals for Rotherham.

What are your thoughts to adjust the hospital estates for dementia patients? Will this negatively impact visually impaired patients or patients with wheelchairs?

Overall it sounds OK. I read the two word documents.”

“...very interesting reading. The smaller document should be tidied up with key messages and branded and could be distributed across the trust and maybe via printed media.”

“Parking Issues. I see a suggestion that it would be possible to improve capacity by the provision of a multi-storey car park on the hospital site. I would regard this as a good idea even if its effect (because of the need to make it pay) would be to raise parking costs.

There appear to be no proposals for the Foundation Trust to engage with Oliver Coppard (S.Y. Mayor) to ensure the provision of adequate bus services to the hospital. The well-used direct service from Maltby is no longer provided and services from Rotherham Interchange to the hospital are inadequate and less frequent than they used to be. Better bus services would reduce demand for parking spaces. Failing the provision of a multi-storey car park, why is no consideration being paid to the idea of providing a park and ride service. (One works well in Doncaster with parking close to the racecourse and a bus to D.R.I.) Is there, for example, surplus parking in the week at the football stadium which might be used by hospital patients?

Yours sincerely, XXXX”

Rawmarsh 5 Ways to Wellbeing Group approx. 15 attendees

Thursday 20th April 2023

I explained the plain English version of the Trust's Estates' Strategy.

All members of the group apart from one (who thought the signage should be prioritised), said that improving car parking at the Trust sites should be the main aim of the Estates Strategy. The Engagement and Inclusion Lead explained that spending money on this may limit the improvements to be made inside the buildings such as refurbishments, signage improvements etc. All attendees except one felt that they would prefer the money was spent on improving parking. They strongly felt that this was impacting patient care and access to services. They said that it didn't matter what it looked like inside if you couldn't go because you couldn't get parked.

The Engagement and Inclusion Lead explained that a private company could perhaps build a multi-story car park, however this would leave the Trust with little control over parking charges. Many were commenting on how expensive everything is at the moment and were cautious around wanting to get in a private company, but agreed that parking charges should go towards the upkeep of the parking facilities.

Attendees were asking if all this moving around of departments was necessary. They were concerned that all this moving of departments costs a lot of money and seems to happen too regularly.

Separate discussion with member of the Public-

"My husband was not there in his Dad's last moments because he was trying to find a place to park. He had to drop off his mum, who had Dementia, at the Main Entrance, to navigate her way along to the ward so that she could be with him in his final moments. Staff on the ward had called and said that we needed to come, they gave us enough time, but parking stole that from him. That is the impact that poor car parking facilities has on people."

Around 20 people in total gave feedback on the Estates Strategy.

Separate minutes from the Public Parking Discussion will be available.

Appendix 3: Estates Strategy External Stakeholder Slido Invitation to Feedback

From: HINITT, Ian (THE ROTHERHAM NHS FOUNDATION TRUST)

Sent: 21 April 2023 12:11

To: christopher.edwards7@nhs.net; sharon.kemp@rotherham.gov.uk;

claire.smith138@nhs.net; ian.spicer@rotherham.gov.uk;

shafiq.hussain@varotherham.org.uk; CLEARY-GRAY, Will (NHSSOUTH YORKSHIRE ICB-03N) <will.cleary-gray@nhs.net>; tobylewis@nhs.net;

Jonathan.Marriott@rotherham.gov.uk; SWIFT, Mark (ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST) <mark.swift3@nhs.net>

Cc: GRAY, Ben (THE ROTHERHAM NHS FOUNDATION TRUST) <ben.gray2@nhs.net>

Subject: The Rotherham NHS Foundation Trust Estates Strategy consultation

Dear partners,

We are looking for your input and support.

For several months now the Trust has been developing its Estates Strategy, setting out our ambitions for the Trust estate over the next 5 years. As part of this development, we are keen to have your views and your input.

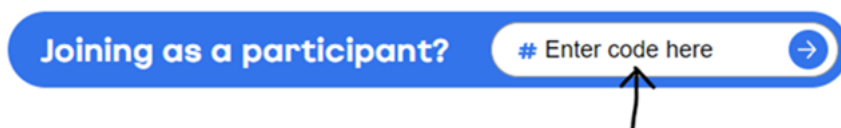
Below is a link to a Slido survey which will ask a series of questions. This should only take around 5 minutes to complete and would be a great help for us.

The survey will be open until close of play on FRIDAY 28th APRIL.

To complete the short survey, which should only take a few minutes, please go to

www.slido.com

1. and enter code 9534309 in the participant box (shown below)



We appreciate your time in helping this development.

Thank you

Ian Hinitt

Director of Estates and Facilities

Ext: 4396 **Direct line:** 01709 424396

Email: ian.hinitt3@nhs.net



 Main switchboard 01709 820000
 @RotherhamNHS_FT
 TheRotherhamNHSFoundationTrust
 @TRFTNHS



Appendix 4: Estates Strategy Peer Stakeholder Slido survey results

Board of Directors' Meeting

07 July 2023

Agenda item	P107/23
Report	National, Integrated Care Board and Rotherham Place Update
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 Trust Board with an update on national developments, developments across the South Yorkshire Integrated Care Board (SYB ICB) and Rotherham Place.</p> <p>Key points to note from the report are:</p> <ul style="list-style-type: none"> • The fourth edition of the Place Plan (2023-25) is being refreshed, taking account of the changed landscape following the Health and Care Act 2022 and the establishment of a statutory Integrated Care System (ICS) from 1 July 2022. The Place Plan also continues to align with the Rotherham Health and Wellbeing Strategy. • The British Medical Association (BMA) has set the 20 and 21 July as the planned strike days for consultants if their upcoming ballot is successful. • From April 2023, local authorities and integrated care systems (ICS) will be assessed by the Care Quality Commission (CQC). The CQC will assess local authorities against four domains, working with people, providing support, how the local authority ensures safety and leadership.

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 SY ICB 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 Trust Board.
Recommendations	It is recommended that the Board note the content of this paper and provide comments as required on the 2023-2025 Rotherham Place Plan.
Appendices	Appendix 1 2023-2025 Rotherham Place Plan (Draft). Appendix 2 Rotherham Place Partnership Update April and May 2023

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 The British Medical Association (BMA) has set the 20 and 21 July as the planned strike days for consultants if their upcoming ballot is successful. Recent polling of consultants suggest that this action is likely to be supported. This will see an expansion of the current industrial action being taken by medical staff.
- 2.2 The UK COVID-19 Inquiry which formally commenced on the 28 June 2022 began its public hearings in June. The inquiry is expected to last until at least 2026.

3.0 South Yorkshire Integrated Care Board (SYICB)

- 3.1 The second Childrens and Young People's (CYP) Alliance conference took place in Barnsley in early June with over 200 delegates from across South Yorkshire attending.
- 3.2 The vision of the CYP alliance is to amplify the voice of children and young people across the system, ensuring they have a voice to tell us what they would like to see done differently in service provision and how can we provide the best health and care services for them.
- 3.3 Reducing health inequalities was a key theme from the conference agenda and South Yorkshire Mayor, Oliver Coppard, opened proceedings with a commitment to enabling children and young people in South Yorkshire to have the best start in life.

4.0 Rotherham Place

- 4.1 Colleagues from across Rotherham Place came together in May to consider how to work together to expedite discharge from hospital and support care closer to home.

The facilitated event demonstrated the strength of the Rotherham Partnership with constructive, as well as robust discussions taking place.

- 4.2 Rotherham's first Integrated Health and Social Care Place Plan (Place Plan), was published in November 2016, it detailed the joined-up approach to delivering key initiatives that would support achievement of the health and wellbeing strategic aims.
- 4.3 The Place Plan was then refreshed in 2018 to ensure clear alignment with the revised Health and Wellbeing (H&WB) Strategy which was agreed in April 2018. The H&WB Strategy sets the overall strategic direction for health and social care in Rotherham and the 'Place Plan' is the delivery mechanism for the health and social care elements of the H&WB Strategy.
- 4.4 The NHS Long Term Plan (LTP) was published in January 2019. As a result, place partners took the decision to refresh the second Place Plan to ensure it addressed the requirements of the NHS LTP. The third Place Plan was approved in February 2020, on the cusp of the covid-19 pandemic.
- 4.5 As a consequence of the pandemic there was acknowledgement that the system had significantly changed and that it would continue to do so for the foreseeable future. In September 2020, in response to this and the Governments phase 3 planning requirements all partners across the Rotherham place engaged in assessing the impact of Covid on the revised Place Plan and the priorities within. The document produced supplemented the 2020-22 Place Plan and reconfirmed place priorities and the key actions associated with those priorities.
- 4.6 The fourth edition of the Place Plan (2023-25) is being refreshed taking account of the changed landscape following the Health and Care Act 2022 and the establishment of a statutory Integrated Care System (ICS) from 1 July 2022. The Place Plan also continues to align with the Rotherham Health and Wellbeing Strategy. The Place Plan was approved at the confidential Place Board subject to partner approval. The draft Place Plan is provided at Appendix 1 for comments, which will be fed back to the Rotherham Place ICB team ahead of the document being discussed and approved at the July Place board.

5.0 Rotherham Place Board Meetings April and May

- 5.1 An update was provided on the Rotherham Digital Inclusion Programme that had been established since June 2021. It was noted that a digital inclusion review had taken place and the strategy produced in late 2022 followed by engagement and an action plan produced early this year. The groups and areas in the borough that were most at high-risk of digital exclusion were outlined. These groups included older people, those with learning disability or long-term conditions, disadvantaged young people and those living in areas of deprivation.
- 5.2 The strategy has been developed with the purpose of delivering outcomes to those most digitally excluded. Some of the activities already underway from the action plan include Digital Champions, a Rotherham Digital website, ICT and employability classes for residents. Going forward it is intended to appoint two digital inclusion support officers, create digital surgeries in libraries and community

centres and expand resident access to technology including wi-fi devices and assistive technology.

- 5.3 Place Board received an update on the work undertaken by the Prevention and Health Inequalities Group around anchor institutions, one of the five priorities in its strategy. A structured approach had been undertaken to scope opportunities by way of self-assessments using the Joseph Rowntree framework. The findings had been shared and used to draft an action plan on a small number of deliverables. The areas for action included the dimensions of employer, procurer, bricks and mortar, service delivery and corporate and civic.
- 5.4 From April 2023, local authorities and integrated care systems (ICS) will be assessed by the Care Quality Commission (CQC). The CQC will assess local authorities against four domains, working with people, providing support, how the local authority ensures safety and leadership.
- 5.5 There is an underlying element looking at how partnership working is happening, with a distinct change in CQC framework of questions being asked and the focus being on demonstrating joined up working, partnership and collaboration.
- 5.6 The Public Health Consultant (shared role with the Trust and RMBC) is now in his third month in post and has begun to establish a workplan focused on three objectives: tackling health inequalities; embedding prevention and promoting sustainability across TRFT and the wider system. He has taken up the chair of the TRFT Health Inequalities Operational Group, and the newly-formed Population Health Management Operational Group for Rotherham place, and these two groups will form the main vehicles for delivering projects to accomplish these objectives.
- 5.7 Appendix 2 of this report provides further information relating to the Rotherham Place Partnership, with the update covering activities through April and May 2023.

Michael Wright
Deputy Chief Executive
July 2023

CONFIDENTIAL: NOT FOR ONWARD SHARING

Rotherham's Integrated Health and Social Care Place Plan

2023-2025

DRAFT V2.1



ROTHERHAM

ROTHERHAM PLACE PARTNERSHIP | HEALTH AND SOCIAL CARE

PLEASE NOTE:

This version 2.1 is being received at Place Board 17 May 2023 and is for sharing within partner organisations. Please forward comments / additions by 30 June. Please send to: Lydia.george@nhs.net. The final Place Plan to be received at 19 July Place Board.

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Glossary

A&E	Accident and Emergency	ICS	Integrated Care System	NHS LTP	NHS Long Term Plan
BCF	Better Care Fund	IH&SC	Integrated Health and Social Care	PCN	Primary Care Network
BME	Black Minority Ethnic	IRR	Integrated Rapid Response	RDaSH	Rotherham Doncaster and South Humber NHS Foundation Trust
CAMHS	Child and Adolescent Mental Health Services	IT	Information technology	RHR	Rotherham Health Record
CCC	Care Co-ordination Centre	IDT	Integrated Discharge Team	RMBC	Rotherham Metropolitan Borough Council
CHR CIC	Connect Healthcare Rotherham CIC	JFP	Joint Forward Plan	SEND	Special Educational Needs and Disabilities
CT	Computed Tomography	JSNA	Joint Strategic Needs Assessment	SY&B	South Yorkshire and Bassetlaw
C&YP	Children and Young People	KPI	Key Performance Indicator	STP	Sustainability and Transformation Plan
DTOC	Delayed Transfers of Care	LAC	Looked After Children	TRFT	The Rotherham NHS Foundation Trust
FSM	Free School Meals	LMC	Local Medical Committee	UEC	Urgent and Emergency Centre
H&WB	Health and Wellbeing	LOS	Length of Stay	VAR	Voluntary Action Rotherham
ICP	Integrated Care Partnership	MOU	Memorandum of Understanding	VCS	Voluntary and community sector

1 Introduction

1.1 Rotherham Partners Commitment and Vision

Rotherham's Health and Social Care Community has been working in a collaborative way for many years to transform the way it cares for and achieves a positive change for its population of 267,000. Our successful track record in developing and delivering new solutions makes Rotherham the perfect test bed for new innovations. We are passionate about providing the best possible services and outcomes for our population and are committed to a whole system partnership approach. Only through working together can we provide sustainable services over the long term that aim to help all Rotherham people live well for longer.

Rotherham Partners' recognise that to realise our ambition and the necessary scale of transformation, we need to act as one voice with a single vision and a single Plan to deliver the best for Rotherham. Our **shared vision** is:

'Supporting people and families to live independently in the community, with prevention and self-management at the heart of our delivery'

The first Rotherham Integrated Health and Social Care Place Plan was developed in November 2016. The Plan was refreshed in 2018, to ensure close alignment with the Rotherham Health and Wellbeing Strategy. The 2020-22 Plan described achievements to date, future strategic intent and how relationships between the health and social care community continued to mature to move us forward at pace. The plan was approved in the month before the Covid-19 pandemic, following the first wave and in line with the Governments approach, the priorities within the plan were re-affirmed acknowledging that the system had changed significantly and would continue to do for the foreseeable future as we adjusted to delivering services in the context of Covid 19.

In July 2022 there was significant changes to the landscape with the dissolution of CCGs and the formation of the South Yorkshire Integrated Care System. The 2023-25 Plan, this plan, continues to be the delivery plan for the health and social care elements of the Rotherham Health and Wellbeing Strategy, but also aligns to the South Yorkshire Integrated Care Strategy and the NHS South Yorkshire Joint Forward Plan. The Plan is intended to work as a catalyst to deliver sustainable, effective, and efficient health and care support and community services with significant improvements underpinned by collaborative working through the continue development of the Rotherham Place Partnership.

Partners are fully committed to working together to make decisions on a best for Rotherham basis to achieve the transformations set out in this Plan. This is underpinned by robust governance arrangements, including the Rotherham Agreement, a document that captures how we work together. Rotherham Place has a strong, experienced, and cohesive executive leadership team who have set clear expectations and the spirit of collaboration and inclusiveness across the Rotherham Place with the key aim of driving forward the transformation set out within this Plan. It sets a high standard of integrity amongst leaders across all partners, and a culture of empowering and engaging with all staff. As well as a shared vision, Rotherham partners have agreed a shared set of principles by which we work to achieve our vision for Rotherham, these can be found in the Rotherham Agreement or terms of reference for the Place Board.

To realise our vision, we want everyone who works or lives in Rotherham– patients, people, families – to work together for a better Rotherham, to establish an individual and collective widespread aspiration for improved health and social care. The Rotherham culture means that staff are confident to challenge and change things to improve services for people, aligning to the vision and principles within this plan. A key strength in Rotherham is the trust and openness between partners and their commitment to the shared vision. We can create a first-class strategy, but the hard part is implementation and achieving the goals it sets, this can only be done by winning the hearts and minds of our staff, through adapting to diverse approaches and styles and building mutual benefit.

Rotherham partners recognise the significant opportunities to be gained by working together across South Yorkshire, and as such are committed to supporting and playing their role in the delivery of the South Yorkshire Joint Forward Plan. This Plan sets out the additionality at Rotherham Place, but the priorities and actions within the South Yorkshire Joint Forward Plan and the role of Rotherham partners in its delivery should simultaneously be acknowledged.

Rotherham Place Partners:

- NHS South Yorkshire Integrated Care Board
- Connect Healthcare Rotherham CIC
- Rotherham Metropolitan Borough Council
- Rotherham Doncaster and South Humber NHS Foundation Trust
- The Rotherham NHS Foundation Trust
- Voluntary Action Rotherham Limited

1.2 Summary of transformation, enabling and cross-cutting workstreams

Rotherham Place Partnership Shared Vision	<p><i>'Supporting people and families to live independently in the community, with prevention and self-management at the heart of our delivery'</i></p>					
Transformation Workstreams	Best Start in Life (maternity / children & young people)	Improving Mental Health & Wellbeing	Support People with Learning Disabilities & Autism	Urgent, Emergency & Community Care	Palliative & End of Life Care	Live Well for Longer (prevention, self-care & long-term conditions)
Key Priorities (key (projects to deliver the transformations))	<ol style="list-style-type: none"> 1. Best Start in Life 2. Mental Health & Emotional Wellbeing 3. Special Educational Needs and/ or Disabilities 	<ol style="list-style-type: none"> 1. Adult Severe Mental Illnesses in Community 2. Mental Health Crisis & Liaison 3. Suicide Prevention 	<ol style="list-style-type: none"> 1. Uptake of enhanced health checks 2. Benefits & independence of employment 	<ol style="list-style-type: none"> 1. Prevention & Alternative Pathways to Admission 2. Sustainable Discharge 3. Whole System Command Centre Model 	<ol style="list-style-type: none"> 1. Review Palliative and End of Life Care Medicine 2. Personalised Palliative and End of Life Care 	<ol style="list-style-type: none"> 1. Anticipatory Care 2. Personalised Care 3. Medicines Optimisation
Enabling workstreams	Communication & Engagement		Workforce & Organisational Development	Digital	Estate & Housing	Finance & Use of Resources
Cross-cutting	Prevention and Health Inequalities <i>(priorities below)</i>					
	Strengthen our understanding of health inequalities	Develop the healthy lifestyles prevention pathway	Support the prevention and early diagnosis of chronic conditions	Tackle clinical variation and promote equity of access & care	Harness partners' roles as anchor institutions	
	Primary Care <i>Including, for example, Rotherham Health App, primary care estates developments, centralised spirometry</i>					
Planned Care <i>Including diagnostics, elective recovery, waiting times</i>						
Business as Usual	There are other workstreams / projects supporting Business as Usual AND there are further priorities, projects and actions beneath our transformation, enabling and cross-cutting workstreams					

1.3 Plan on a Page

Rotherham Place Vision	Supporting people and families to live independently in the community, with prevention and self-management at the heart of our delivery							
South Yorkshire Integrated Care System Key Purpose	Improving outcomes in population health and health care		Tackling inequalities in outcomes, experience and access		Helping the NHS to support broader social and economic development		Enhancing productivity and value for money	
Rotherham Place Key Challenges	The health of people in Rotherham is generally poorer than the England average	People living in our most deprived areas have both shorter lives and are living those years in poorer health	35% of Rotherham's neighbourhoods live in the 20% most deprived in England, and 22% live in the 10% most deprived.	Increasing numbers of people with long term conditions and people living longer in poorer health	One in four adults experience a diagnosable mental health problem in any given year	Significantly more children affected by income deprivation, particularly in the most deprived areas	Half of people aged 75 years and over live alone and most experience loneliness	Significant joint financial challenge
Transformation Workstreams	Best Start in Life Maternity, Children & Young People	Live Well for Longer Prevention, early identification & Long Terms Conditions	Mental Health		Urgent, Emergency & Community Care	Learning Disability & Autism	Life Limiting Illness & End of Life Care	
Enabling Workstreams	Digital (including Information Technology)		Workforce Development (including Organisational Development)		Communications (Including Engagement)		Estates (including Housing)	
Cross Cutting Workstreams	Finance & Best Use of Resources				Health Inequalities			
Rotherham Place Principles	Focus on people and places	Encourage prevention, self-management, and early intervention	Design pathways together	Strive for best quality services based on best outcomes	Be Innovative	Be financially sustainable	Jointly buy health, care, and support services once for a place	Work together to reduce health inequalities
Rotherham Place Partners	Voluntary Action Rotherham (VAR)	Rotherham Metropolitan Borough Council (RMBC)	Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)		Connect Healthcare Rotherham CIC	The Rotherham NHS Foundation Trust (TRFT)	South Yorkshire Integrated Care Board (Rotherham Place)	

Read from left to Right.

2 How we work together in Rotherham Place and across South Yorkshire

2.1 How we are organised

The first South Yorkshire Sustainability and Transformation Partnership was established in 2016, this then became one of the first non-statutory Integrated Care Systems in England in 2018. Following the Health and Care Act 2022 a statutory **Integrated Care System (ICS)** has come together from July 1st 2022.

New statutory Integrated Care Systems have been set up to bring local authorities, NHS organisations, combined authorities and the Voluntary, Community and Social Enterprise Sector together with local communities to take collective responsibility for planning services, improving health and wellbeing, and reducing inequalities.

Integrated Care Systems have four key purposes:

- Improving outcomes in population health and health care
- Enhancing productivity and value for money
- Tackling inequalities in outcomes, experience, and access
- Helping the NHS to support broader social and economic development

An Integrated Care Board, which is an NHS organisation responsible for planning and funding NHS services, in our case NHS South Yorkshire established in July 2022. NHS South Yorkshire has been established with Partner Board Members, including Healthwatch, Mental Health and the Voluntary Care Sector representation.

The Integrated Care Partnership is statutory committee jointly convened by Local Government and the Integrated Care Board, to bring together the NHS with Local Authorities, Combined Authorities, the Voluntary, Community and Social Enterprise Sector and other partners.

In South Yorkshire the membership of our Integrated Care Partnership (ICP) was proposed by the Health and Wellbeing Boards in the four local authority areas, Barnsley, Doncaster, Rotherham and Sheffield and NHS South Yorkshire. Oliver Coppard, Mayor of South Yorkshire Combined Mayoral Authority became Chair of the South Yorkshire Integrated Care Partnership in September 2022 and Pearse Butler the Chair of NHS South Yorkshire is vice chair.

Place, Provider Collaboratives and Alliances

South Yorkshire continues to build on the **collaborative working arrangements**. A key priority for the development of the South Yorkshire Integrated Care System is maturing ways of working across the system including provider collaboratives, alliances, and place-based partnership arrangements. It is through these arrangements that enables delivery of the NHS SY Joint Forward Plan and will require delegating and sharing responsibility with our Places and Provider Collaboratives.

In each of the South Yorkshire communities of Barnsley, Doncaster, Rotherham, and Sheffield there is a well-established **place-based health and care partnership** already working well together to provide joined up integrated health and social care, support, and services. These are the cornerstone of our health and care system and will have delegated authority from NHS South Yorkshire to deliver plans that meet the needs of local communities. As our key delivery vehicles, they each have an integrated health and care delivery plan.

2.2 What influenced our place plan

The first **Integrated Care Strategy for South Yorkshire** was created by the newly formed Integrated Care Partnership and was launched in March 2023. The vision in the SY Integrated Care Strategy is that **‘Everyone in our diverse communities lives a happy, healthier life for longer’**



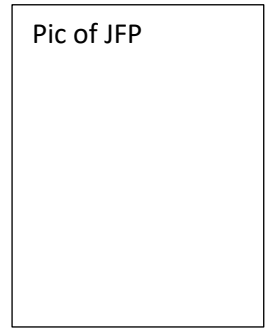
It is in line with the Mayor’s Manifesto, for South Yorkshire to become the healthiest region in the UK and underpinned by three overarching goals to see the people in all our communities:

1. live healthier and longer
2. have fairer outcomes for all
3. timely, equitable access to quality health and care services and support.

The vision and goals are supported by four shared outcomes. Which are reflected in all of our Health and Wellbeing Strategies and support the transition through the life courses of starting well, living well, and aging well.

- Children and young people have the best start in life
- People in South Yorkshire live longer and healthier lives AND the physical and mental health and wellbeing of those with the greatest need improves the fastest
- People are supported to live in safe, strong, and vibrant communities
- People are equipped with the skills and resources they need to thrive

The **NHS Five Year Joint Forward Plan for South Yorkshire** was developed in collaboration with all NHS Trusts that operate in the South Yorkshire Integrated Care System. The JFP guidance was published alongside the annual NHS England Operational Planning Guidance for 2023/24 with a clear expectation of alignment. The 2023/24 Operational Planning guidance asks for a particular focus in 2023/24 on; prioritising recovering core services and productivity, return to delivery of the key ambitions in the NHS Long Term Plan (LTP); and continue transforming the NHS for the future and detailed plans and trajectories to deliver against each of the 32 specific national objectives as set out in the Operational Guidance.



The JFP sets out plans to deliver operational requirements, the NHS universal commitments, contribute to the four core purposes of an Integrated Care System (ICS) and dispatch statutory duties/legal requirements.

The Rotherham Plan 2025 - The Rotherham Together Partnership



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 Health and Wellbeing Board and Strategy contribute to achieving the vision of the Rotherham Plan, particularly in relation to integrating health and social care and improving

health and wellbeing outcomes for local people. The wider partnership also provides an opportunity to explore where better outcomes could be achieved in relation to the wider determinants of health, for example, the environment people live in, education, employment, financial inclusion, and transport. All of which contribute to the aims and priorities within the H&WB Strategy.

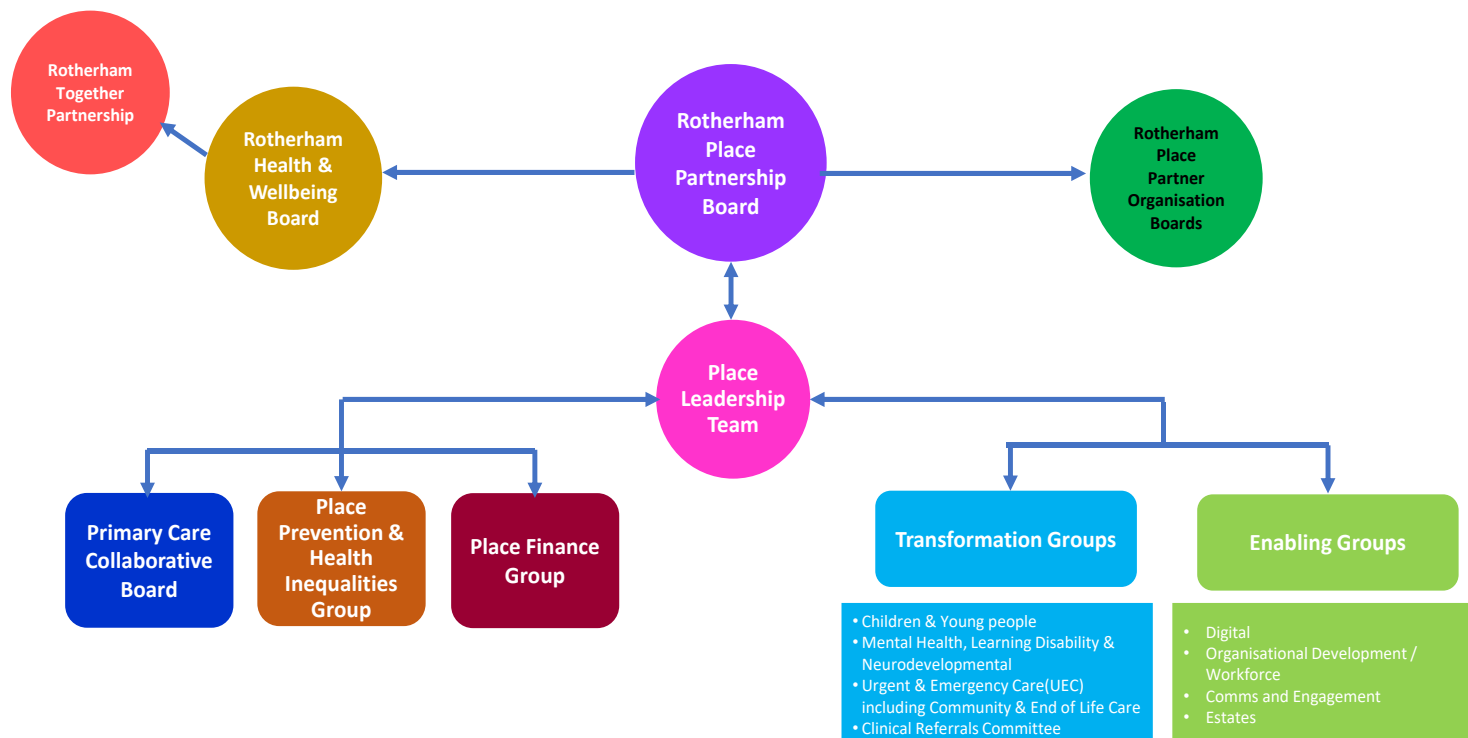
Rotherham Health and Wellbeing Board is a statutory sub-committee of Rotherham Metropolitan Borough Council (RMBC). Locally, it is the single strategic forum to ensure coordinated commissioning and delivery across the NHS, social care, public health, and other services directly related to health and wellbeing.

The H&WB Strategy for Rotherham sets the strategic vision for health and social care and improving health and wellbeing outcomes for local people. The H&WB Strategy includes four aims which the H&WB Board have agreed are the most important things to focus on to improve health and wellbeing outcomes for all Rotherham people, and that can be best tackled by a ‘whole system’ approach:

- **Aim 1:** All children get the best start in life and go on to achieve their potential
- **Aim 2:** All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life
- **Aim 3:** All Rotherham people live well for longer
- **Aim 4:** All Rotherham people live in healthy, safe, and resilient communities



2.3 Rotherham Place Delivery



Rotherham Place Plan 2023-25, this plan, is the fourth in the series. It closely aligns to the H&WB Strategy and is the delivery mechanism for the health and social care elements of the H&WB Strategy. The Place Plan builds on the previous plans and takes into account the expectations set out in the NHS Long Term Plan, but also the new NHS landscape, and so aligns with the SY Joint Forward Plan and, through the H&WB Strategy, aligns to the SY Integrated Care Strategy.

Progress in delivering the 2020-22 Place Plan is documented within this refreshed Plan. For further information on our delivery against priorities and for examples of key achievements please view the following documents:

- Place Partnership Updates (bi-monthly)
 - Achievements (monthly as provided)
 - Close Down Report for Priorities (for 2020-22 Plan)
- <https://yourhealthrotherham.co.uk/public-meetings/>

Monthly Place Board Papers are also available at the above link.

Rotherham Partners' collective approach to delivery allows a 'Golden Thread' from our 'Health and Well Being' strategy aims through to the priorities within the Place Plan.

Partners have developed and agreed a Rotherham Place Agreement for how we will work together, based on a Memorandum of Understanding approach to provide an overarching arrangement which governs the development of integrated multi-party solutions for health, care, and support across the geographical area of Rotherham. First agreed in 2018, it has been updated to reflect the new NHS architecture from 1 July 2022. The Agreement is not intended to be legally binding except for specific elements but encompasses the spirit by which the Place partners have and will continue to collaborate in supporting work towards the transformation set out in the plan.

Collectively partners have worked towards an agreed governance structure and have agreed a shared vision and a set of principles by which the Rotherham Place Board, and sub-groups will adhere to. The structure can be seen above, setting out the relationship to the H&WB Board. All place partners are represented at each of the groups, along with other partners as appropriate.

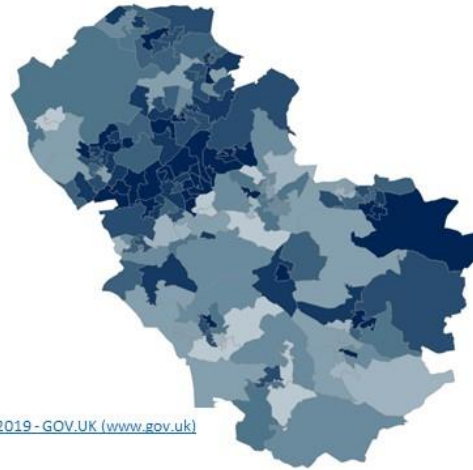
A quarterly performance report is produced on the delivery of the Place Plan so that the Place Board can be assured on its delivery and can be sighted on any potential opportunities or risks to delivery. The Performance Report includes key milestones and key performance indicators (KPIs) for each of the priorities beneath the areas of transformation. The milestones provide a way of measuring that the actions and pace set for each of the priorities is being met. The KPIs have been chosen from existing metrics that are already collected and where there is baseline information and associated targets.

3 Rotherham – an overview

3.1 What we know about our population

20% Most Deprived Communities

- Rotherham ranks as the 35th most deprived upper tier local authority in England out of a total of 151 upper-tier local authorities.
- 35% of Rotherham’s neighbourhoods live in the 20% most deprived in England, and 22% live in the 10% most deprived.
- No neighbourhoods in Rotherham are in the least deprived 10%.
- People in the most deprived areas spend around a third of their lives in poor health, twice the proportion spent by those in the least deprived areas.



Source: Index of multiple deprivation, [English indices of deprivation 2019 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019)

The health of people in Rotherham is generally poorer than the England average. People are living shorter lives than they should and are living in poorer health for longer than they should.

A high proportion of Rotherham residents live in the 20% most deprived communities of England. Inequalities in access to the wide range of determinants (and protective factors) of health have led to inequalities in health outcomes.

A range of factors impact on individual and population level health, such as the environment we live, the opportunities we have as well as the health care we receive.

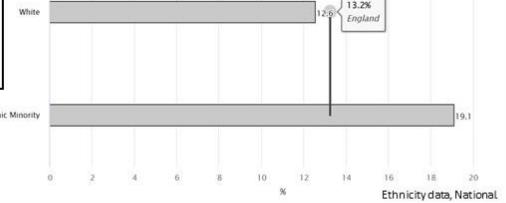
To improve the health of Rotherham people we need to work collaboratively with all Rotherham partners and across South Yorkshire. And we need to pay particular attention to certain population groups such as those who live in the most deprived areas or those from ethnic minority populations as they are more likely to experience higher inequalities in health.

Wider Determinants

- In primary care (2020/21), 15.9% recorded **prevalence of depression** (aged 18+), a total of 33,251 persons, this is higher than the England value of 12.3% and has been increasing since 2013/14.
- Data from 2018/19, show 12% of Rotherham residents reported a **long-term mental health problem**, which is significantly higher than the England value of 9.9%
- Deaths from **drug misuse** in Rotherham, 2018-20, were 6.4 per 100,000 compared to the England value of 5.0 per 100,000.
- Half of people aged 75 years and over live alone and most **experience loneliness**.

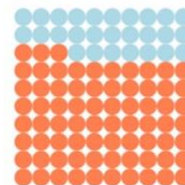
The estimated number of households in fuel poverty, 2020, is greater than the England average and expected to increase significantly with the rising fuel prices. Those from ethnic minorities are more likely to be in fuel poverty compared to white counterparts.

17.9% Rotherham
13.2% England



Being in work is good for both physical and mental health/wellbeing. The employment rate (16-64yrs) is 73% in Rotherham, 2021/22

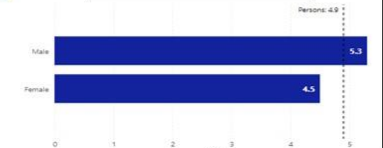
73.0% Rotherham
75.4% England



16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known, 2021.

Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health or depression

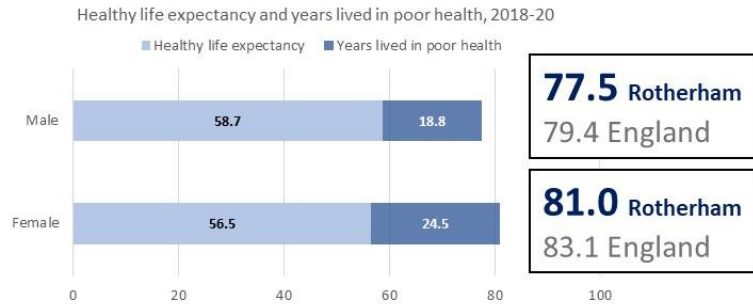
4.9% Rotherham
4.7% England



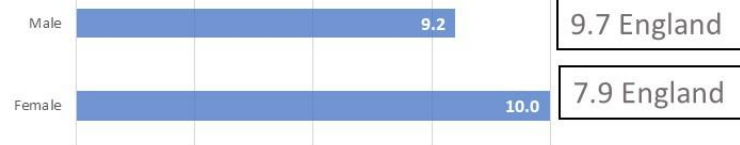
Source: OHID, Public Health Profiles, [Public Health Outcomes Framework - OHID \(ohid.org.uk\)](https://www.ohid.org.uk/public-health-outcomes-framework)

Life Expectancy and Healthy Life Expectancy

Life expectancy at birth is significantly lower for both males and females in Rotherham compared to England, 2018-20.



Life expectancy gap by deprivation (slope index of inequality).



Source: OHID, Public Health Profiles, [Public Health Outcomes Framework - OHID \(phe.org.uk\)](https://publichealthoutcomesframework.org.uk)

Improving the population's health and preventing illness and disease is key to reducing health inequalities and is at the heart of the NHS Long Term Plan.

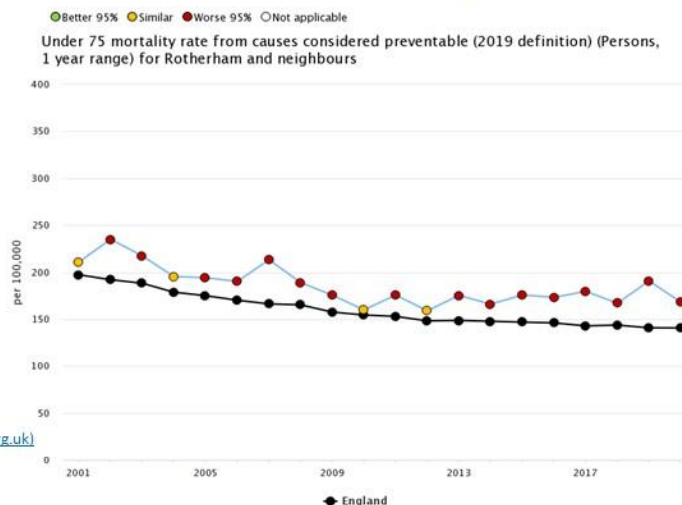
Tackling health inequalities is a core priority for NHS England because people from more deprived backgrounds are more likely to have long term health conditions and suffer poor health. The NHSE prevention programme specifically looks at the early detection of disease and support for people taking their own action to better health through supported self-management.

Preventable Early Mortality

Under 75 mortality rate from causes considered preventable (2019 definition)

The under 75 mortality rate from causes considered preventable, in Rotherham, has remained statistically worse than England for 8 years.

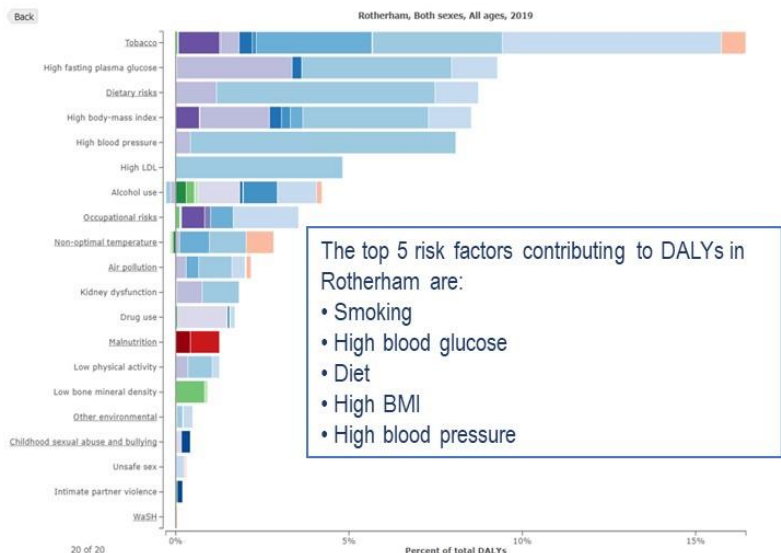
All or most deaths from the underlying cause (subject to age limits if appropriate) could mainly be avoided through effective public health and primary prevention interventions.



Source: OHID, Public Health Profiles, [Public Health Outcomes Framework - OHID \(phe.org.uk\)](https://publichealthoutcomesframework.org.uk)

Global Burden of Disease, Rotherham 2019

Risk factors affecting DALYs (Disability Adjusted Life Years)



Causes ranked by percentage of total disability-adjusted life years



Source: Global Burden of Disease, [Global Burden of Disease \(GBD 2019\)](#) | [Institute for Health Metrics and Evaluation \(healthdata.org\)](#)

Rotherham is similar to the rest of South Yorkshire; the Joint Forward Plan tells us that:

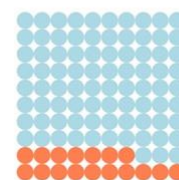
- The biggest underlying causes of deaths in South Yorkshire were heart disease, COVID19, Dementia, lung cancer, Stroke and lower respiratory disease.
- The biggest causes of living in poor health were attributable to musculoskeletal disease, Mental disorders (including depression and anxiety), CVD and diabetes and neurological conditions.
- Impact of Covid-19 pandemic had a significant impact on our elective admission rates as well as our waiting times for interventions.
- We also observed that there was an increase in the referrals to children's mental health services.

Rotherham has a high prevalence of behaviours likely to cause harm. But many of the risk factors associated with our main diseases are modifiable and we can have impact on these early deaths by focussing on our role in prevention:

- 16.9% of the Rotherham population smoke
- 68.3% of Rotherham residents are overweight or obese
- 26.6% of reception age **children were overweight or obese** (2019/20) compared to 23.0% nationally; 37.9% of Year 6 children were overweight or obese in 2019/20, compared to 35.2% nationally
- Deaths from **drug misuse** in Rotherham, 2018-20, were 6.4 per 100,000 compared to the England value of 5.0 per 100,000.
- Rotherham's **breastfeeding initiation** rate is amongst the lowest in the region at 62.5%, contributing to levels of childhood obesity and paediatric hospital admissions
- 12.8% of mothers were **smokers during pregnancy** in 2021/22 (whilst this is significantly improved on the previous rate of 17.1%, it is still above the national rate of 9.4% nationally for the same period). Smoking in pregnancy contributes to increased risk of stillbirth, low birthweight, and neonatal deaths
- 69% of residents in Rotherham indicated they used natural environment for health and exercise purposes compared to 82% for England (2017).

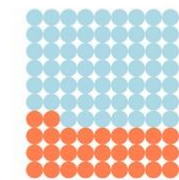
Health Behaviours and Disease Prevention

Smoking prevalence in adults (18+), 2021



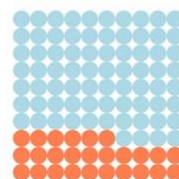
16.9% Rotherham
13.0% England

Percentage of adults drinking over 14 units of alcohol a week (2015-18)



31.1% Rotherham
22.8% England

Percentage of physically inactive adults, 2020/21



25.2% Rotherham
23.4% England

Percentage of adults (18+) classified as overweight or obese, 2020/21

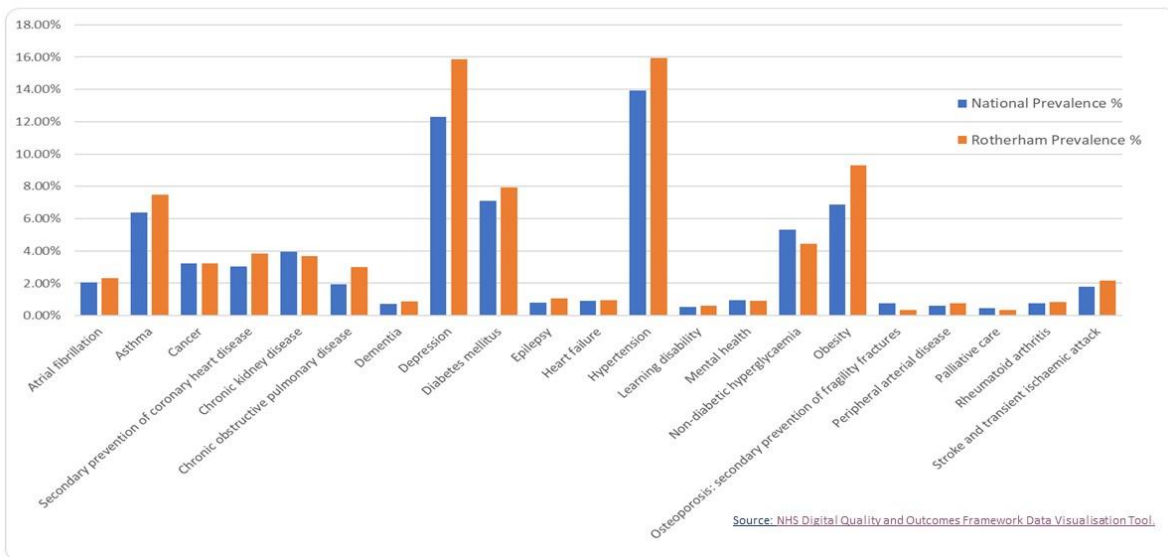


68.3% Rotherham
63.5% England

Source: OHID, Public Health Profiles, [Public Health Outcomes Framework - OHID \(phe.org.uk\)](#)

Long Term Conditions

Rotherham has a higher prevalence of many long-term conditions than nationally.



The number of people experiencing more than one long term condition (multi-morbidity) is increasing and the age at which this happens is getting lower, especially for those living in the most deprived parts of Rotherham.

For further information about Rotherham, its population and key challenges visit the JSNA website: [JSNA website](#)

Inclusion health is an umbrella term used to describe people who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma. This includes people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery.

People belonging to inclusion groups, tend to have **very poor health outcomes**, often much worse than the general population and a lower average age of death. This contributes considerably to increasing health inequalities.

Poor access to health and care services and negative experiences can also be commonplace for inclusion health groups due to multiple barriers, often related to the way healthcare services are delivered.

Rotherham's **Black and Minority Ethnic communities** are growing and changing, most evident amongst children and young people and a growing Roma community

Inclusion Health

Access to the internet: 21.2% (38 LSOAs) in Rotherham are classified as e-withdrawn and have least engagement with the internet, with one measure associated with the classification being the highest ratio of people with no broadband access.

21.2% Rotherham

This group have;

- The highest ratio of people that don't have access, or have access but never engage with the internet
- The lowest rates of engagement in terms of information seeking and financial services.

Homelessness: households owed a duty under the Homelessness Reduction Act, 2020/21

13.6% Rotherham
11.3% England

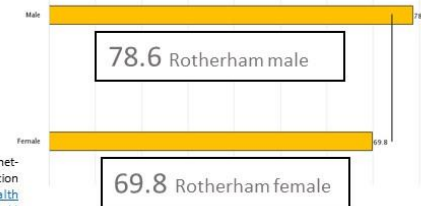
Homelessness is associated with poor health, education and social outcomes, particularly for children.

Gap in the employment rate between those who are in receipt of long term support for a learning disability (aged 18 to 64) and the overall employment rate, 2020/21.

74.0% Rotherham
70.0% England

Employment rates amongst disabled people reveal one of the most significant inequalities in the UK. Rotherham is significantly worse than England.

Source: <https://data.cdrc.ac.uk/dataset/internet-user-classification>
OHID, Public Health Profiles, Public Health Outcomes Framework - OHID (phe.org.uk)



4 Transformation Workstreams

4.1 Ensuring the Best Start in Life: Maternity, Children & Young People

Rotherham has 57,453 children aged under 18 representing 21.7% of the local population (ONS, mid 2020), 23% of children live in low-income families (England 18%). Our Free School Meals (FSM) entitlement rate is above the English national average (23.8% compared to 21.6% at Primary, 21.4% compared to 18.9% at Secondary – DfE 2020/21). 19.4% of Rotherham’s school age population is from ethnic minorities background (England 35.1%) (DfE 2020/21). 34.6% of Rotherham children were living in poverty in 2020, based on research from End Child Poverty. 64.5% of children under 5 are achieving a “good” level of development, compared to 65.2% nationally (DfE 2020/21).

Significant progress has been achieved through delivery of the previous plan with:

- The development and implementation of the Best Start and Beyond Framework which now provides a context for priorities for all commissioning and delivery, ensuring all activity aligns to our ambition for children to have a better start in life.
- Successful realignment and recommissioning of the 0-19 children’s public health service, a key outcome for the recommissioning was to align with the reviewed and updated Healthy Child Programme and the High Impact Changes.
- The launch of a re-developed and co-produced Local Offer website providing children and young people with Special Educational Needs and Disabilities (SEND) and their families with relevant, up to date information in an easily accessible way.
- Delivery of training and support to health practitioners to ensure good quality, timely information is submitted to inform Education, Health, and Care Planning
- Improved dental registration and attendance at appointments for Looked After Children to above 80% from 53% last year.
- The development of good practice guidance for protocols of effective transitions

All this has been achieved against a backdrop of; increased demand post-pandemic, delivering post pandemic recovery plans, the impact of the pandemic with higher levels of acuity, dependency and complexity, unprecedented and sustained system pressures, in particular for children with complex needs, recruitment, and retention issues, particularly relating to some professional roles and low paid roles. These factors have a disproportionate impact on our most deprived individuals, families, and communities which make up over 20% of our population.

Priorities and how they will address the key issues.

1. Best Start for life

Partners in Rotherham are passionate about children getting the best start in life and going on to achieve their potential, this is reflected as an aim of the Health and Wellbeing Strategy, however over 35% of children under 5 do not achieve “good” level of development. The importance of giving children in Rotherham the best possible start in life was identified in the Government’s Best start for life report (2021).

Both education and the family and social support networks available to people have a huge impact on health and wellbeing. The Development of family hubs including publication of the Start for Life offer, Parent-infant mental health support and infant-feeding support service will ensure that people have integrated, accessible support when and where they need it is vital to mitigate the impact of poverty and increase the number of children under 5 achieving a good level of development.

Our Key priorities are:

1. Best Start for Life
2. Mental Health and Emotional Wellbeing
3. Special Educational Needs and Disabilities
4. Looked After Children
5. Preparation for Adulthood

Aim: All children get the best start in life and go on to achieve their potential

Pathway design	<ul style="list-style-type: none"> • Children’s Community Nursing and Community Paediatrics • Child Development Centre • Looked After Children • Neurodevelopmental • Sensory Support 		
	Information Sharing <ul style="list-style-type: none"> • Develop shared information tool across health and care. 		
Enablers	Digital Solutions: <ul style="list-style-type: none"> • Health Passport for Transitions • Digital Assessment - Neuro 		
	Workforce <ul style="list-style-type: none"> • OD • Training and Development • Employer of choice • Place recruitment and retention 	Comms and engagement <ul style="list-style-type: none"> • Patients/carers • Impacted staff. • Providers • partners 	Review of funding streams <ul style="list-style-type: none"> • Joint strategic commissioning • Transforming Care

Which of the 31 NHS National Objectives that we will be measured by in this workstream:

1. Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality, and serious intrapartum brain injuries.
2. Increase fill rates against funded establishment for maternity staff.

Key Milestones:

- Develop and implement the “Start for Life Pack” for all families taking a proportionate universalism approach to targeted engagement- June 2024
- Embed Social Prescribing within maternity- December 2023
- Review the Child Development Centre to ensure children in Rotherham will have timely access to an assessment and intervention when developmental needs are identified - September 2023.

Metrics we will use to measure the anticipate outcomes:

- Place approval of for Start for Life Pack
- No of families receiving start for life pack
- Social prescribing pathway established within maternity.
- No of Referrals for social prescribing within maternity
- Review with recommendations presented to Place Board.

2. Children and young people's mental health and emotional wellbeing

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 assessment, diagnosis, and support for children's mental health, learning and developmental needs. 40% of Children and Young People in Rotherham wait longer than 18 weeks to access mental health assessment and intervention. Timely diagnosis of Autism is a high priority nationally and a key strand within The NHS Long-term plan, Rotherham's Autism Strategy and Rotherham Partnership's special educational needs and disabilities strategy.

Sleep issues are a common phenomenon in children and young people. Additional to the physical and psychological issues linked with sleep deprivation, there is a significant financial cost in prescribing sleep medication to children in Rotherham. £400,000 was spent on Melatonin prescribing in 21/22. It has been reported that 40% of all children and young people will experience sleep disorders at some time in their early lives. This percentage rises in children with Special needs particularly children on the autism spectrum and in Looked after Children. 80% of children in the portage service have sleep disorders of some sort. A high number of children and young people are prescribed melatonin to manage their sleep disorder. Earlier identification and improved access to assessment and intervention will support children's emotional wellbeing, mental health, neurodevelopment, and sleep hygiene.

Key Milestones:

- Children in Rotherham will have timely access to an assessment and intervention for neurodevelopment disorders when a need has been identified. (Transforming health care) June 2024
- Development of a framework to support consistent aspirations for children and young people's SEMH across the continuum with appropriate support identified, a workforce competency framework and workforce development framework and a communications plan. December 2023.
- Re-develop, implement, and embed a tiered sleep pathway. March 2024.

Metrics we will use to measure the anticipate outcomes

- % of children waiting more than 18 weeks for neurodevelopmental assessment
- Place approval of SEMH Continuum and workforce plans
- Place approval of tiered sleep pathway
- Referrals into tiered sleep pathway

3. Looked After Children

Looked-after children and young people in care are a vulnerable group; their issues feature prominently in the United Nations Convention on the Rights of the Child (UNCRC). Looked after children are statistically more likely to experience poor outcomes, to address this NICE set quality standards for the health and wellbeing of looked-after children and young people. One of the key priorities for Rotherham, and a key ambition as corporate parents, is to recruit, retain and grow the best inhouse foster carers locally. It is well understood that the needs of children and young people can only be met effectively if they live in an environment that provides a high quality of care and support. In general, this is achieved within a family home setting within their own community. Targeted, high-quality support will ensure Looked-after children and young people in care achieve their potential.

Key Milestones:

- Embed the Looked After Children pathway into CAMHs - September 2023.
- Re-development and implementation of our therapeutic offer to looked after children, in-house foster carers/ residential care providers - December 2023.
- Actively engage in recruitment activity to increase the number of foster carers - March 2024.

Metrics we will use to measure the anticipate outcomes

- No of Looked After Children referred into CAMHs LAC pathway.
- Review of therapeutic offer, with recommendations presented to Place Board
- No of in-house foster carers

4. Children and Young People with Special Educational Needs and/ or Disabilities

The Special Educational Needs Code of Practice (2015) sets out the requirements for the NHS to identify children with additional needs at the earliest possible opportunity and work with Local Authorities to plan to meet their needs. Disability Living Allowance (DLA) is claimed for 5.3% of children aged under 16 years in the local authority area compared with 3.8% in England as a whole. Learning Difficulties affect 55% of DLA claimants under 16 years in Rotherham. (DWP 2018). Increasing numbers of children and young people with SEND need a local offer to meet their needs to support them to achieve their potential.

Key Milestones:

- Ensure children and young people with SEND and their families have access to accurate and relevant information on the Local Offer (strengthening our foundations) - March 2024.
- Develop, implement, and embed the accessibility strategy including the policy for funding equipment - September 2023.
- Review joint decision making for children with complex needs, including those with complex health and medical needs - September 2023.

Metrics we will use to measure the anticipate outcomes

- Local Offer website active
- Accessibility Strategy and associated funding policies approved by Place Board
- Review of joint decision making, with recommendations presented to Place Board

5. Preparation for adulthood

Improving communication and addressing barriers will help to ensure young people and their families feel supported as they transition to Adulthood.

Key Milestones:

- Produce a mental health transition pathway to support effective transition for looked after children and care leavers with SEMH needs - March 2024
- Maximise the use of the Rotherham Health Record to provide a 'health passport' to support transition from paediatric to adult services - March 2024.
- Implement and embed preparation for adulthood guidance –including involving families in transition planning - Sept 2023.

Metrics we will use to measure the anticipate outcomes

- Mental health transition pathway published on Local Offer
- Health passport developed on Rotherham Health Record
- Preparation for adulthood guidance published on the Local Offer

4.2 Enjoying the best possible mental health and wellbeing

The Rotherham Adult Mental Health priorities are aligned with the national and regional drivers as outlined in the Operational Planning, Mental Health Long-term Plan and Core20PLUS5 documents. It also reflects the priorities of the South Yorkshire ICB-wide, South Yorkshire MHLDA Provider Collaborative and South Yorkshire Specialist Commissioning MHLDA Provider Collaborative priority programmes.

Since the publication of the previous plan significant progress has been made in the development and enhancement of mental health provision across Rotherham.

- Transformation of the dementia care pathway, including the implementation of a new computed tomography (CT) scan pathway and transfer of 320 to primary care to receive their ongoing dementia monitoring.
- Achievement of the Long-term Mental health Ambitions for Early Intervention in Psychosis, which has consistently achieved its 60% access target, as well as achieving a Level 4 rating of 'top performing' (national ambition level 3).
- Working with colleagues from across SY ICB, Rotherham has successfully commissioned and mobilised the Individual Placement Support (IPS) service delivered by South Yorkshire Housing.
- Developed and launch of several new services, this includes:
 - a new expanded Community Adult Eating disorder service delivered by SYEDA.
 - Rotherham Safe Space Service, delivered by Touchstone in September 2022, which has supported 118 people since its launch.
 - Rotherham Samaritan's Wellness Check Pathway as a follow-up from a crisis call in April 2022, to date has supported 178 people.
- The continued development and expansion of the mental health communication programme across the borough, examples are.
 - the development and delivery of the Be the One 22/23 Campaign
 - Ongoing development of the Rotherhive digital platform, which received over 3.6 million hits since its launch in May 2020.

All of this will be achieved against a backdrop of an increasing demand for mental health and emotional wellbeing support across the VCSE, Health and Social care system, people presenting with greater complexity and acuity, a need to ensure the successful delivery of post pandemic recovery plans, workforce recruitment and retention challenges across the whole of the mental health pathway, and a cost-of-living crisis and the impact of this on people mental health and emotional wellbeing.

Successful delivery of these priorities will require; partnership working across wider Place organisations supporting the delivery of acute, neurodivergent, children and young peoples' provision; consideration of the cost cutting themes of enabling digitalisation, address inequalities and disparities; that the voice of those with living Experience and their families / carers is central to the transformation undertaken.

Summary of priorities:

1. Delivery of the Adult Severe Mental Illness in Community Health transformation plan.

For the past two years partners across Rotherham have been working together to support the transformation of the community mental health pathway across community, primary and secondary care. Additional funding has enabled;

- The increase in the mental health workforce within the primary care setting.
- Expansion of the RDaSH community mental health workforce to support the mental health needs across the primary / secondary care pathway. This has supported the increase of psychological support in the pathway provision.

The aim of which is to ensure that people with a severe mental illness access the right care and support at their earliest point of need and have wide ranging support closer to home and can live as healthy and fulfilling lives as possible in their community. Delivery of this priority will require Rotherham Place partners to work with the wider South Yorkshire ICB groups. Next steps will be to work

Which of the 31 NHS National Objectives that we will be measured by in this workstream:

3. 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)
4. Increase the number of adults and older adults accessing IAPT treatment.
5. Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services.
6. Work towards eliminating inappropriate adult acute out of area placements.
7. Recover the dementia diagnosis rate to 66.7%
8. Improve access to perinatal mental health services.

Our Key Priorities are:

1. Delivery of the Adult Severe Mental Illness in Community Health transformation plan.
2. Delivery of the Mental Health Crisis & Liaison programme
3. Suicide-prevention programme
4. Dementia pathway transformation
5. Delivery of the Better Mental Health for All Plan (note this also includes the loneliness delivery plan).

Key Milestones:

- Implementation of Mental Health ARRs roles in primary care in line with year 3 ambition (q.2)
- Primary Care integrated Mental Health Hubs launched (q.3)
- Community Mental Health Transformation pathways in place (targeted work on Community rehab, complex needs /PD & eating disorders) q.4.
- Increase the number of primary care SMI health Checks (LTP ambition)

Metrics we will use to measure the anticipate outcomes

- Increase in the number of people who receive 2 or more contacts in MH services for adults and older adults with SMI. (National target =5% year on year increase in the number of adults and older adults supported by community mental health services).
- Ensuring annual health checks for 60% of those living with SMI (LTP ambition / Core20PLUS5).
- Increase in number of mental health ARRS workers in primary care (expected 6 per year, a total of 18 in year 3, which is 3 per PCN).
- Reduction in the number of out of area placements (linked to Community rehab pathway).

together to continue the transformation of adult mental health services for those with SMI, this includes; implementation of the integrated primary care hubs, enhance support for people by improving access to SMI physical Health Checks and employment Support; develop new personalised models of care by moving away from 'traditional' CPA and undertake targeted work on Adult Eating Disorders, Personality Disorder and Community Rehabilitation.

2. Delivery of the Mental Health Crisis & Liaison programme

In recent years, the demand for crisis support across the whole of the mental health pathway. The combination of the pandemic and cost-living crisis are undoubtedly having an impact on people's mental health and emotional wellbeing. This is reflected in not only the increasing demand for mental health support but also the complexity and acuity of presentation. To support this increase and ensure people have easy access to services work will be undertaken to review and transform mental health services. To do this we will need review and redesign the whole crisis pathway (including prevention and intervention, alternatives to crisis, crisis, reablement and post crisis support). Delivery of this priority will require Rotherham Place partners to work with the wider South Yorkshire ICB groups.

Key Milestones:

- Rotherham Crisis Care Concordat established (q.1).
- Place Crisis pathway health and Social Care delivery action plan agreed (q.2), for consideration at RMBC Cabinet (October 23).
- Development of a Place Crisis service specification Dec-23.
- Implementation of new Health and Social Care Pathway by q.1 (24/25)
- 111 option 2 Live in Rotherham inc. new reporting metric (q.2).
- Expansion of the alternative to crisis offer (q.4).

Metrics we will use to measure the anticipate outcomes

- Improve access to mental health crisis support via 111.
- ICB wide Metric for 111 press 2 for mental health in place.
- Increase in the number of people accessing alternative to Crisis provisions.
- New Health and Social Care Pathway in place.
- Implementation of the new social care pathway.

3. Suicide-prevention programme

Suicide prevention is a high priority for Rotherham. Males (18.2) have seen a decrease and we are now statistically similar to the England average (15.9). (Y&H 18.8) However, females have increased to 8.5 compared to England at 5.2 which is statistically higher (Y&H 6.5). For All Persons- Rotherham is 13.2 compared to 10.4 (England) and Y&H 12.5. statistically higher. Rotherham has a partnership suicide prevention group which oversees the implementation of the local action plan. The action plan reflects the national strategy and local priorities as outlined in the real time surveillance data. Rotherham works closely with colleagues across the ICB to deliver elements of suicide prevention, for example postvention support for all those bereaved and affected by suicide.

Key Milestones:

- Attempted suicide pilot service commissioned and mobilised (q.3)
- Refresh of the suicide prevention and self-harm action plan in line with the national strategy
- Delivery of actions within the 2022-23 action plan
- Mobilisation and launch of the Attempted Suicide Prevention Pilot

Metrics we will use to measure the anticipate outcomes

- Attempted suicide pilot 'go live'.
- Increase in the number of people who have attempted suicide receiving follow-up support.
- The Attempted suicide prevention pilot service will have KPIs, but these will be negotiated with the chosen provider.
- The LA is required to have a suicide prevention plan and a delivery group.

4. Dementia pathway transformation

Rotherham has consistently performed well against the national diagnosis prevalence target. During the last year work has also been undertaken to support the transfer the ongoing monitoring of some people with dementia from secondary care to primary care, develop and mobilisation a new CT scan pathway and develop Admiral Nurses in each of the PCNs. More recently, a dementia partnership group has been established to consider how partners can work together to increase awareness of dementia and the support available. It is the work of this partnership group which will be one of the keys the focuses of this priority.

Key Milestones:

- Dementia partnership plan to be developed and approved (q.3)
- Improve access to dementia diagnosis (q.4)

Metrics we will use to measure the anticipate outcomes

- Continue to achieve the national dementia prevalence rate of 67%.
- Increase the number of people receiving a diagnosis within 6 weeks (Referral to treatment).
- Improved access to support for people with dementia and their carers.
- Increase awareness of dementia and how to access support.
- Reduction in dementia waiting list.
- Diagnosis of Recover the dementia diagnosis rate to 66.7%

5. Delivery of the Better Mental Health for All Plan (note this also includes the loneliness delivery plan)

In 2019, Rotherham was ranked 44th most deprived authority in England, making the borough amongst the 14% most deprived local authorities in England. Even before covid, the estimated Rotherham prevalence for common mental health disorders was high in the over 65 age group (11.6% compared to 10.2% nationally) and 16+ population (18.6% compared to 16.9% nationally). The ONS estimates of loneliness and personal well-being during the COVID-19 pandemic by showed that 7.6% of Rotherham residents felt lonely often or always and 43% of Rotherham residents felt lonely in the previous 7 days. (14 October 2020 to 22 February 2021). Loneliness can fluctuate over the life course and most people at some point in their life will experience loneliness. It is difficult to say what exactly causes loneliness but there are some known trigger factors which can be seen at an individual, community and societal level. The Rotherham Place Better Mental Health for All Group, looks at early intervention and prevention in relation to mental health and oversees the development and implementation of the Rotherham Loneliness Action plan.

Key Milestones:

- Health and Wellbeing Board to sign up to Prevention Concordat for Mental Health (Q3)
- Develop and implementation action plan in response to application (Q4)
- Implementation and delivery of 23-25 loneliness action plan (Q4)
- Partnership working to ensure the successful delivery of the MECC programme.

6. Delivery of the Mental Health Pathway Review

There is an opportunity for partners to collectively strengthen the mental health pathway to improve the journey and outcomes for people with mental ill-health. This will be achieved by redesigning the pathway, to embed principles and practices that prevent, reduce and delay people's need for care and support, including embedding a 24/7 'Making Safe' and reablement model, focussed on community-based recovery.

Key Milestones:

- implement the new pathway by April 2024.

4.3 Supporting people with learning disabilities & autism

The Rotherham Learning Disability and Autism priorities are aligned to national and regional drivers. It is also aligned to the Rotherham Plan of:

- Building an inclusive economy – ensuring people with a learning disability and autistic people have enjoy the benefits and independence that employment brings.
- Building better health and welling - to improve access for people with a learning disability and autistic people to better health and wellbeing.
- Building stronger communities - people with a learning disability and autistic people are partners in developing services.

Significant progress has been achieved through delivery of the previous plan with

- Rotherham has been relatively successful in preventing admissions of people with a learning disability under the Mental Health Act. This is evidenced by the fact that Rotherham reported the lowest number of people with learning disability detained in hospitals under the Mental Health Act than any of the South Yorkshire partners.
- Up to 72% of people with a learning disability have accessed enhanced health checks.

There have been significant challenges due to the pandemic, the current cost of living and housing emergencies and staffing in health and social care issues. The learning disability mortality review (LeDeR) summarises the lives and deaths of people with a learning disability and autistic people who died in England in annual reports. In Rotherham the mean age at death in 2021/2022 in Rotherham was 56 years, with all notified deaths being in respect of adults with a learning disability.

Rotherham Place and Rotherham Council Adult Care has seen an increase in autistic people presenting in crises. The need to develop place plans to prevent autistic people from escalating into crises (defined in this case as mental health crises, suicide risk, forensic risks, or placement breakdown) is also highlighted.

With this in mind, the overarching theme is improving access. The focus of work over the next 2 years will be to improve access to health and improve well-being.

Rotherham Place and Rotherham are working to Develop proposals for day opportunities for people with high support needs through a redesigned new build specialist day support provision at Castle View and a £2.1m capital investment.

Our Key priorities are:

1. **increase the uptake of enhanced health checks for people with a learning disability aged 14 upwards**
2. **Support the development of SY pathways to reduce the need for inappropriate admissions into mental health services**
3. **Ensure people with a learning disability and autistic people have better access to employment opportunities**
4. To further develop accommodation with support options
5. This activity will be underpinned by coproduction and codesign.
6. Develop a new service model for day opportunities for people with high support needs

Which of the 31 NHS National Objectives that we will be measured by in this workstream:

9. Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
10. 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.

Brief summary of each priority

1. Increase the uptake of enhanced health checks for people with a learning disability aged 14 upwards

People with a learning disability often have poorer physical and mental health than other people. This does not need to be the case. It is important that everyone over the age of 14 who is on their doctor's learning disability register has an annual health check. RDaSH offer support to GP practices to offer enhanced health checks.

2. Support the development of SY pathways to reduce the need for inappropriate admissions into mental health services.

The proposal is to commission 4 safe place beds across South Yorkshire to prevent unnecessary hospital admissions, with clear protocols

and a robust memorandum of understanding between health and social care to further the South Yorkshire Memorandum of Understanding for Ordinary residence with cross-authority supported living services, to ensure the beds are used appropriately as a system resource, with ongoing specialist team input and a clearly defined pathway. Due to the low numbers of admissions, it is not cost-effective to develop these solely at place level, so it is suggested that an ICS joint commissioned resource will be more achievable.

Key Milestones:

- Additional support will be offered to GP practices – Q2 2024
- Peer support offered to people with a learning disability to access enhanced health checks – Q2 2024
- Focus on increasing the numbers of eligible young people to access GP enhanced health checks – Q2 2024

Metrics we will use to measure the anticipate outcomes (KPIs)

- Rising numbers of young people aged 14 – 25 accessing enhanced health checks
- 75% of people with a learning disability in Rotherham will access.

Key Milestone:

SY ICB to source a suitable provider who has the skills, knowledge and values who can provide this service – Q2 2025 (SY ICB led)

Metrics we will use to measure the anticipate outcomes

Reduction in the numbers of people needing to be detained in mental health services.

3. Ensure people with a learning disability and autistic people have better access to employment opportunities.

Rotherham Council has successfully bid for the Department for Education Supported Internships Grant. Over a three-year period Rotherham will work with partners (Rotherham Opportunities College, Rotherham College and Dearne College) to increase the number of young people accessing supported internships for young people with SEND needs. Employment is for Everyone aims to bring together all partners, projects and opportunities relating to employment across South Yorkshire for people with learning disabilities and autistic people and will support the engagement with employers. In addition to Supported Internships the Council have established a Supported Employment team that will provide specialist support to access sustainable employment for our residents with a learning disability and or autism. The project is commissioned for a two-year initial period with delivery expected from late June 2023 and it can be accessed through the RMBC Employment hub.

Key Milestone:
Develop a SEND supported internships action plan by 2024.

Metrics we will use to measure the anticipate outcomes
An increase in the numbers of young people accessing supported internships by 2025.

4. To further develop accommodation with support options

The Council has a strong commitment to expanding supported living for people with a learning disability and autistic people through the My Front Door Project, this enables better outcomes for people and is more cost-effective than traditional forms of housing. Rotherham's population of

people with a learning disability and autistic people is changing, both in complexity and with an ageing population. As an example, some young people with SEND needs often require a home that is specially adapted and includes support which will enable them to be more independent. Speaking to people with a learning disability and autistic people across all communities, people told us that they want good quality homes that are close to friendship circles and their families. People want homes that offer flexibility and choice and are places "where we can relax, unwind and work off that stress". Cabinet approved the creation of a Flexible Purchasing System (FPS) to ensure that for the development of future Supported Living contracts, providers are aligned to Rotherham's vision of providing housing for people with learning disabilities and autistic people. These developments will be based on the principles contained in 'Building the Right Home'.

Key Milestones:

- To launch Rotherham's supporting living FPS by October 2023
- To ensure 12 units of supported living are build every year.

Metrics we will use to measure the anticipate outcomes

- 12 units of supported living are created every year.

5. Coproduction and codesign:

To deliver on this the Council and Rotherham Place needs to refresh the vision and strategy for people with a learning disability from 2023 and beyond. The approach will be co-produced with people with a learning disability, young adults and their families, parents, and carers, as well as partners and providers who are delivering services and supporting people with a learning disability. Rotherham will also refresh its autism strategy. This will be coproduced with autistic people, young people and their families, parents, and carers.

7. Develop a new service model for day opportunities for people with high support needs

The ongoing commitment to the transformation of Learning Disability Services includes a new service model focussed on day opportunities for people with high support needs, this will include the construction of a new day centre facility in Canklow to replace the existing Learning Disability Day Service. The new service will:

- Offer modern accessible day opportunities with multifunctional fit for purpose facilities within the heart of the community, promoting independence, wellbeing, and social inclusion.
- Welcome support and involvement from local businesses, community groups and voluntary sector organisations.
- Focus on community connectivity.
- Act as bespoke day support for those with the most complex needs delivered in a person-centred manner, but also be a hub for wider activity, learning and skill development. The hub will also act as a place for anyone with a learning disability to access general support with getting on with their lives', therefore reducing the need for formal contact with adult care for low level support and dealing with the small issues thus supporting a prevention and early intervention model.
- Focus on providing a modern, state of the art facility whilst providing a welcoming, calming, and exciting purpose-built environment.
- Consider extended opening times and also enable the use of the facilities during evenings and weekend for events and social gatherings as appropriate.
- Support young adults in transition to achieve a life of their own.
- Support an outcome focused strength-based approach in accordance with good practice and the principles of the Care Act 2014.

Milestones

- For the new service to be operational by winter 2024/25

Metrics

- Increase in the number of people accessing the service
- Decrease in formal contacts to adult social care for low level preventative support
- Increased support for informal carers
- Increased levels of customer satisfaction
- Measurable achievement of personal customer outcomes

4.4 Urgent, emergency and Community Care

The Rotherham Urgent and Emergency priorities are aligned to national and regional drivers for out of hospital care including the Urgent and Emergency Action Plan. The approach continues to build on Rotherham's strategic vision of supporting people and families to live independently in the community, with prevention and self-management at the heart of our delivery. Significant progress has been achieved through delivery of the previous plan with:

- the implementation of a virtual ward and urgent community response to support admission avoidance
- development of an integrated discharge service, with over 90% of people being discharged home.
- the launch of a multi-disciplinary referral and triage hub to provide the right level of care, at the right time and place according to patient need including improving 111/999 referral processes.
- improved multi-disciplinary working to enhance health in care homes.

All this has been achieved against a backdrop of; an increasingly aging population, delivering post pandemic recovery plans, the impact of the pandemic with higher levels of acuity, dependency and complexity, unprecedented and sustained system pressures impacting on attendances in the emergency department and pressure on acute beds, recruitment, and retention issues, particularly relating to some professional roles and low paid roles.

These factors have a disproportionate impact on our most deprived individuals, families and communities which make up over 20% of our population. Whilst Rotherham is performing comparatively well on national discharge indicators there is still work to do to reduce the number of people remaining in our acute and community bed base with no right to reside and we still have a heavier reliance on our community bed base than comparative Places.

Against this backdrop and significant financial challenges across the system the aim of this work stream is to work collaboratively together to enable more people to be cared for at home, with the right care, at the right time and in the right place. Leading to improved patient and carer outcomes and reduced avoidable conveyances and admissions. To achieve the priorities, we will:

- take stock of our current provision and impact of out of hospital services in order to prioritise the areas which have the greatest impact and relieve pressure points.
- re-introduce the 4-hour A&E response standard, including reviewing the patient experience, pathways, ways of working and workforce.
- develop alternative pathways to ED and acute admissions to reduce unnecessary conveyances and avoidable admissions. Most of our service users tell us that they want to be cared for at home. National evidence shows that patient outcomes are better for people who are cared for at home. This is particularly the case for the frail elderly and people with dementia who are at higher risk of harm through deconditioning and infection following an acute admission.
- Further develop and embed a sustainable whole system approach to patient flow to relieve the pressure on ED, ensure acute beds are available for those who need them and ensure people who do require admission are discharged in a timely way with the right support for them.
- We will utilise technology for direct patient care and business management wherever possible and draw on support from our enabler groups for workforce, communications, finance, and digital expertise. Where appropriate, and of benefit, we will work with colleagues from other Places and the South Yorkshire footprint to benefit from good practice, lessons learned and economies of scale.

Working Together for Whole System Flow

Aim: to work collaboratively to enable more people to be cared for at home, with the right care, the right time and in the right place – leading to improved patient and carer outcomes and reduced avoidable conveyances and admissions

Pathway design	Prevention	Discharge	
	<ul style="list-style-type: none"> • 111/999 including push model. • Front door deflection • Anticipatory care • SDEC • Grown virtual wards and UCR. • Falls review 	<ul style="list-style-type: none"> • Early discharge planning • Pathway 0: community ready • Pathway 1A: reablement, 1B: D2A, 1C: FastTrack end of life care 2: review community bed base, IC, and complex needs • Pathway 3: CHC in-reach, trusted assessment 	
System command centre	Transfer of Care Framework & Delivery Model (avoidance & discharge)		
	<ul style="list-style-type: none"> • Develop and improve access to 7 day/integrated hub with out of hours offer. • Capacity and demand: community @ home; acute & community bedded offer (IC & complex commissioning of bed offer) 		
Enablers	Digital Solutions:		
	<ul style="list-style-type: none"> • Practitioner: remote tech, assistive tech • Whole system community and acute digital command centre and performance dashboard 		
	Workforce	Comms and engagement	Review of funding streams
	<ul style="list-style-type: none"> • OD • Training and Development • Employer of choice • Place recruitment and retention 	<ul style="list-style-type: none"> • Patients/carers • Impacted staff. • Providers • partners 	<ul style="list-style-type: none"> • Joint strategic commissioning • BCF/winter monies • Discharge/UEC monies

Our Key priorities are:

1. Prevention and alternative pathways to admission
2. Discharge
3. Whole System Command Centre

Which of the 31 NHS National Objectives that we will be measured by in this workstream:

11. 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
12. 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
13. Reduce adult general and acute (G&A) bed occupancy to 92% or below.
14. Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard.

Each of our priorities will work together to create an overall step change in delivery. There are interdependencies with the mental health work stream and services particularly in relation to crisis. At South Yorkshire level there are interdependencies with the virtual ward (including a joint procurement of remote technology), anticipatory care including roll out of respect and potentially a digital risk stratification tool, work to review end of life care and digital solutions for record keeping in care homes.

Brief summary of each priority

1. Prevention and alternative pathways to admission

This priority is based on the principle 'prevention is better than cure', that is it is better to help maintain people to live independently for longer for their own and family/carer's health and wellbeing and thereby reduce avoidable reliance on services. The priority will bring together a number of work streams in order to take a cross system strategic overview whilst progressing areas of national/local priority. These include:

- Anticipatory care which is an approach which identifies and engages people living with frailty, multiple long-term conditions and/or complex needs to help them stay independent and healthy at home, for as long as possible.
- Develop alternative pathways to ED and admission working with 111/999 to grow referrals and develop and embed the PUSH model.
- Grow the virtual ward and urgent community response to support more people at home who would otherwise be in an acute bed or at risk of admission.
- Review deflection at the front door streamlining avoidance and frailty services and developing and embedding our Same Day Emergency Care offer as an alternative to ED and admission.
- Review of falls services to develop a fit for purpose, affordable, multi-disciplinary falls pathway.

Key Milestones:

- Grow the virtual ward and urgent community response according to agreed trajectories for each quarter and review the falls offer Q4.
- Implement remote monitoring Q2.
- Scope and develop the anticipatory care model Q1 with phased implementation, including delivery of a risk stratification tool by Q4.
- Review services which deflect admission at the front door including the Community Hospital Avoidance Team, frailty, and social care. Develop and implement the SDEC model.

Metrics we will use to measure the anticipate outcomes

- Alternative pathways to ED/admission
- Increase in referrals/response rates from 111 to the community hub
- Increase in PUSH referrals /response rates
- Increase in referrals to SDEC
- Grow UCR/Virtual ward according to agreed trajectory
- UCR: 70% or more referrals responded to within 2 hours
- VW: occupancy rate of 80% by September 2023
- Reduction in ED admission rates

2. Discharge

Rotherham has carried out extensive incremental change to facilitate timely discharge. C93% of our patients are discharged home. We have invested in home-based services with some excellent examples of good practice. Whilst we believe we have all the constituent parts to

deliver a timely discharge to assess model these parts need to be bought together into a coherent multi-disciplinary whole which

- enables community expertise to assess the level of risk that can be safely supported at home and in the community bed base.
- enables assessment to be carried out at home.
- enables resource to be allocated flexibly across pathways to meet demand and acuity across 7 days.

Key Milestones:

- Articulation and delivery of acute QSIR action plan Q1-4
- Implementation of a community-based discharge to assess model Q3
- Interim re scoping and commissioning of community bed offer Q3.
- with business case for long term sustainable discharge model 2024-5

Metrics we will use to measure the anticipate outcomes

- Reduction in people with no right to reside.
- Reduction in long lengths of stay in acute and community bed base.
- 95% of people discharged home: with breakdown by pathway /sub-pathway & numbers accessing services (home care, reablement, therapy, nursing)
- Increase in assessments carried out at home.
- Re-admission rates (maintain/improve)

3. Whole System Command Centre

This priority is the link which brings together admission avoidance activity and discharge to inform strategic and operational decision making to improve whole system flow:

- Development and embedding of a 7-day integrated admission avoidance and discharge hub with out of hours offer
- Capacity and demand modelling of domiciliary and rehabilitation intermediate home based and commissioned bed services and discharge provision.
- Commissioning of community bed offer
- Development of a whole system command centre and performance dashboard

Key Milestones:

- Capacity and demand modelling of intermediate care and discharge provision Q1
- Approval (Q2) and delivery (Q3) of an integrated MDT hub for avoidance and discharge
- Development of a whole system digitised command centre and performance dashboard.
- Community escalation wheel Q1, community dashboards and performance reports Q3

Metrics we will use to measure the anticipate outcomes (KPIs)

this work stream supports the delivery of themes 1 and 2 and the means to measure and assure the outputs. The KPIs are therefore as per theme 1 and 2.

4.5 Palliative and end of Life Care

We believe that people approaching the end of their life are entitled to high quality care, wherever that care is delivered. Good end of life care should be planned with the individual and the people close to them to ensure it is tailored to their needs and wishes and includes management of symptoms, as well as provision of psychological, social, spiritual, and practical support. More people in Rotherham should be able to exercise choice over their end of life care and the place of their death. Rotherham partners will play an active role in delivering the ICB ambitions. At a place level we want earlier identification of people at the end of life, to improve the care and support they receive, make sure people are able to voice their preferences and that more people die in the place of their choice and that we reduce the number of hospital admissions for people in the last months of life. **Actions we will take are:**

1. We will carry a review of PEOLC Medicine across Rotherham, to obtain a comprehensive understanding of the PEOLC pathway across Rotherham, paying particular attention to access to specialist palliative care services, bereavement services, pharmacy services, equipment, spiritual care (as part of mental health and wellbeing support) and access to information.
2. Enhance personalised PEOLC by undertaking work to identify Rotherham patients and carers experience to inform future commissioning and introduce co-production opportunities.
3. ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment. The ReSPECT process creates a personalised recommendation for clinical care in emergency situations where patients are not able to make decisions or express

their wishes. Partners will work together to implement ReSPECT across Rotherham, ensuring that all partners are involved, and that training and communication is carried out effectively.

4. The Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026, sets out the vision to improve end of life care through partnership and collaborative action between organisations at Place level. During May/June 2023 we will undertake the benchmarking against the Ambitions Framework using the self-assessment tool, following which a SY wide event will take place and we will contribute to the development of a full PEOLC SY ICB action plan.
5. We will start the development of a Rotherham PEOLC Data Dashboard to feed into a SY wide dashboard.
6. ECHO is an online learning and support methodology. It supports knowledge sharing between staff from across health and social care and facilitates the exchange of specialist knowledge and best practice. Rotherham and Doncaster have joined up to provide an ECHO training programme across the two Places. During Q1 of 2023/4 the ECHO PEOLC training plan for Care Home staff and Community Nursing will be developed further and will be expanded to other community and primary care teams.
7. The Palliative and End of Life Care Statutory Guidance for Integrated Care Boards (Sept 2022) has been developed by NHSE to support ICBs with our duty to commission PEOLC services within the ICS and ensure that people can receive high quality personalised care and support. We will work collaboratively across the ICB to implement the requirements of guidance

4.6 Enabling People to live well for longer (prevention, early identification, self-care and improve management of long terms conditions)

Life expectancy and health life expectancy in Rotherham are both lower than average for men and women and this is significantly worse in the most deprived areas of the borough compared to the most affluent. This inequality in health leads to around 6,500 years of life being lost each year in Rotherham (2023-2024 average) through causes considered amenable to healthcare, this is almost 1,400 years more than might be expected based on the England average.

The impact of a long-term condition or disability may mean that a person may not have 'good' health, but they should still be able to live well through the right support and by keeping mentally, physically, and socially active. Making sure people get the right care when they need it is important, but importantly we need to understand and make sure that **what matters most to people** is considered, not just looking at what is the matter with them (their presenting needs/issue), in line with the Rotherham Health and Wellbeing Strategy key aims for ensuring people live well for longer.

Our Key Priorities are:

1. Complete a review of PEOLC Medicine
2. Enhance personalised palliative and end of life care.
3. Implementation of ReSPECT across Rotherham
4. Benchmark against the Ambitions Framework
5. Inform future commissioning through patient and carer experience.

Key Milestones:

- review of PEOLC Medicine across Rotherham completed Q4 2023/24
- undertaking work to identify Rotherham patients and carers experience to inform future commissioning – throughout 2023/24
- Implement ReSPECT across Rotherham, including training by end of 2023/24
- Benchmark against the Ambitions for PEOLC framework – Q3 2023
- Develop Rotherham PEOLC Dashboard by Q3 2023

Metrics we will use to measure the anticipate outcomes (KPIs)

- Increase the proportion of deaths who are people on palliative care registers.
- Improved recording of preferences for treatment, care and place of death to increase proportion of deaths that are people with end of life care planning in place.
- Personalised care planning in place with support to self-manage and symptom control to improve experience at end of life and people who die in place of choice.
- Increased workforce capability and capacity to support palliative care and end of life, increase number of people who have completed training in end of life care.

Our key priorities are:

1. Anticipatory Care
2. Personalised Care
3. Medicines Optimisation
4. Social Prescribing
5. Address the Major Health Conditions Strategy
6. Prevention and High impact Interventions

1. Anticipatory Care

Anticipatory Care Planning (ACP) is a person-centred, proactive “thinking ahead” approach whereby health and social care professionals support and encourage individuals, their families, and carers to plan ahead of any changes in their health or care needs. It is targeted at people of all ages living with frailty, multiple long-term conditions and/or complex needs to help them stay independent and healthy for as long as possible at home, in the place they call home or in their local community. It focuses on providing the support based on what is important to the individual, improving health inequalities and health outcomes. Anticipatory Care reduces the risk of long-term health conditions worsening that would result in an individual needing a hospital stay or visit.

Anticipatory Care aims to increase peoples’ healthy years by up to 5 more years, typically it involves structured proactive care and support from multidisciplinary teams within the system and focuses on groups of patients with similar characteristics, such as living with multimorbidity, frailty and/or complex needs. Patients are often identified through risk stratification and population health management tools alongside clinical judgement. **During 2023/24 we will work as a system to develop our anticipatory care model based on the following components:**

- Identification of specified key segments of PCNs registered practice populations who have complex needs and are at high risk of unwarranted health outcomes.
- Maintenance of a comprehensive and dynamic list of individuals who would benefit from anticipatory care, based on the outcome of the population segmentation approach.
- The delivery of a comprehensive set of support for those individuals identified as eligible through the anticipatory care list, through an MDT based across health and social care providers.

2. Personalised Care

Personalised care means people have choice and control over the way their care is planned and delivered, based on ‘what matters’ to them and their individual strengths, needs and preferences. This happens within a system that supports people to stay well for longer and makes the most of the expertise, capacity and potential of people, families, and communities in delivering better health and wellbeing outcomes and experiences. The NHS LTP makes personalised care business as usual across the health and care system, as one of the 5 major practical changes to the NHS service model. Personalised care takes a system-wide approach, integrating services around the person including health, social care, public health, and wider services. It provides an all-age approach from maternity and childhood right through to end of life, encompassing both mental and physical health and recognises the role and voice of carers, and the contribution of communities and the voluntary and community sector to support people and build resilience. There are several national documents on the personalisation, with outline strategic aims, priority areas, enablers, comprehensive models of care, to universal models of care with targeted approaches and it is easy to become lost in the complexity and scale of the ask. The thread running through all the documentation is that **places should work together to:**

- Embed a personalised care ethos across the place.
- Reduce health inequalities.
- Enrich personalised care approaches across health care.
- Focus on workforce development – so teams focus on the patient and what matters to them most, involving them in decisions about their care to get the best outcomes for that individual.

3. Medicines Optimisation

Prescribing is the second largest area of expenditure for Place and the South Yorkshire Integrated Care Board (ICB). Prescribing costs are influenced by a wide range of factors that are often outside of the individual clinician’s control such as: National guidance (NICE etc), new clinical evidence, drug shortages – resulting in having to prescribe less cost-effective alternatives and drugs not available at drug tariff price (NHS contract price). Drugs are global commodities and supply chains into the UK are international. The ever-increasing number of drug shortages/supply problems and the inability to obtain drugs at drug tariff prices, will all impact on prescribing costs. The Rotherham medicines management team engages with prescribers to get them to accept ownership of the financial impact of their prescribing, even though increased prescribing costs will have little direct impact on the clinician. The team, in conjunction with the primary care team, monitors performance across three GP local enhance services: anticoagulant monitoring, Palliative Care End of Life care drugs and Transgender prescribing. The team also designs and monitor two prescribing incentive schemes, where practices are rewarded for their performance against these two schemes.

The 2022-23 Work plan includes:

- Implementation of the agreed strategies for Diabetes, Hypertension, and antibiotic prescribing
- Launch of the new Prescribing Incentive scheme
- Care home hydration project to be relaunched capitalising on the national funding.
- Continued improvement of diabetes management, with particular focus on patients receiving high doses of insulin and poor HbA1c control.
- Eclipse Live a risk stratification tool will be introduced.
- The antidepressant review programme will be continued.
- Aim to establish a chronic pain management service pilot.
- Work is underway to build a system utilising AccWeb to maximise the potential of the community pharmacy BP monitoring service commissioned by NHSE.

4. Social Prescribing

Rotherham has an award-winning Social Prescribing programme. From the original two schemes, (one for people with long term conditions who are referred through their GP to Voluntary Action Rotherham (VAR), and one to help patients under the care of RDaSH with a mental health diagnosis to be supported out of long term statutory mental health services). Both of these Social Prescribing Programmes are funded through the Integrated Better Care Fund.

The Rotherham Social Prescribing work has expanded in a number of ways. This includes working with a number of Rotherham PCNs, through the GP Federation, to host social prescribing link workers, supporting patients who are able to benefit from non-clinical interventions. The 'link workers' complement the existing social prescribing work by supporting patients who otherwise would miss out. Social Prescribing has, very successfully, for well over a year now, also been part of the 'Long Covid Pathway'. A Social Prescribing pilot is also underway, as part of the UECC offer; working with TRFT colleagues to enable patients to have their wider support needs met. Rotherham is also part of a South Yorkshire programme of implementing social prescribing to be part of the Stoke Service/s pathway; where social prescribing link workers, will work along a multi-disciplinary team to ensure Stroke patients' needs are met holistically. The Rotherham Social Prescribing work recognises that as well as the Advisors and Link Workers, that resources are made available to support the voluntary and community sector to develop, grow and sustainably provide the 'social prescriptions and related interventions.

5. Major Health Conditions

The Department of Health and Social Care is developing a **Major Conditions Strategy** in consultation with NHS England which is due to be published later in 2023. The strategy will seek to shift the policy agenda towards a whole-person care approach, setting out patient standards in the short term and over a five-year timeframe. It focuses on major conditions including Cancers, Cardiovascular diseases, including stroke and diabetes, Chronic respiratory diseases, Dementia, Mental ill health, Musculoskeletal disorders

The Strategy aims to alleviate pressure on the health system, reduce economic inactivity caused by ill-health, support the Government's manifesto commitment of gaining five extra years of Healthy Life Expectancy by 2035, and fulfil its levelling up mission to narrow the gap in Healthy Life Expectancy by 2030. It also seeks to cater to patients with increasingly complex needs and with multiple long-term conditions. Preserving good health, early detection and treatment of diseases have been highlighted by the Strategy, as has the need for joint working between health and care services, local government, NHS bodies, and others. We will work with partners across SY ICB to deliver the plans against the National and Local Requirements, in addition examples of work at a **Rotherham Place are:**

- Implement Targeted Lung Health Checks
- Increase promotion/awareness of cancer screening programmes (breast, bowel and Cervical)
- Improve CVD Prevention and Diagnosis in primary care
- Pilot centralised spirometry across primary care to inform commissioning Pulmonary rehab
- Identify overuse of SABA inhalers, to improve management/reduce admission
- Phase 1 development of the CDC – focused on respiratory
- Greater input from PCN pharmacist into diabetes & heart failure management
- Community Diabetes Specialist Nursing Service in place, joint dietetic and nursing clinics
- Increase referrals to all weight management programmes
- Targeted management of heart failure in the community

6. Prevention and High Impact Interventions

Improving the population's health and preventing illness and disease is key to reducing health inequalities and is at the heart of the NHS Long Term Plan. Tackling health inequalities is a core priority for NHS England because people from more deprived backgrounds are more likely to have long term health conditions and suffer poor health. The NHSE prevention programme specifically looks at the early detection of disease and support for people taking their own action to better health through supported self-management. In December 2022 NHS England published range of **prevention and high impact interventions** for: modifiable risk factors, diabetes, cardiovascular disease, and diabetes. During 2023/24 we will:

- undertake a piece of work baselining where we are in Rotherham against the published prevention and high impact interventions and including the Core20Plus5 clinical areas for adults and children and young people.
- use the outcomes to inform and update the prevention and health inequalities action plan.

Which of the 31 NHS National Objectives that we will be measured by in this workstream:

15. 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.
16. Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028.
17. Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
18. 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%
19. Continue to address health inequalities and deliver on the Core20PLUS5 approach.

5 Cross-cutting Workstreams

5.1 Prevention and Health Inequalities

To drive delivery against South Yorkshire's Joint Forward Plan in Rotherham and our ambitions around improving the health of the local population, Rotherham's Prevention and Health Inequalities Strategy was adopted in 2022. As a Place partnership, we want more people in Rotherham to experience better health and wellbeing. Focussing on preventing problems from arising in the first place and intervening early will not only lead to better health outcomes for local people but is also vital to ensure a sustainable future for our services. Where problems do arise, we want to focus on preventing them from escalating further, so that people can live happy, healthy, and fulfilling lives for as long as possible.

There are also significant health inequalities between different groups in Rotherham, which means we need to support communities at a level that is proportionate to the degree of need – taking a universal approach where appropriate whilst also providing targeted support to those who most need it. To effectively address health inequalities, this principle of 'proportionate universalism' should be embedded within everything we do. Our Prevention and Health Inequalities Strategy identifies 5 priorities, see plan on a page below is a summary of the work taking place:

1. **Strengthen our understanding of health inequalities**

To make a compelling impact on health inequalities, we must act based on a strong understanding of the needs and experiences of our communities. This includes having a clear understanding of who our target groups are, to enable us to take a proactive approach and make the biggest difference to population health. Work to build our understanding of health inequalities will inform our approach to tackling health inequalities; the intention is that our local Prevention and Health Inequalities Strategy will evolve as we build our understanding of the data and intelligence, ensuring we are responsive to the best evidence available and emerging needs. We will also share the data and intelligence we collate more widely to influence across the wider system. Integral to this work will be the inclusion of community intelligence and the voice of local people. Listening to and acting on what people tell us is essential to addressing inequalities in our communities, including identifying any barriers to accessing care and disparities in the experiences and outcomes of different groups.

2. **Develop the healthy lifestyles prevention pathway**

Modifiable risk factors, such as smoking, alcohol, and obesity are all associated with disability adjusted life-years and are key drivers of poor health. Rotherham has higher rates of smoking, obesity and alcohol-related harm when compared with the England average and there are also significant disparities in the prevalence of these issues between the most and least affluent communities and for specific communities. This means that focussing on these preventable risk factors is an important part of addressing inequalities within the borough, as well as between Rotherham and the national average. Working in partnership, we will aim to ensure that our services operate within a person-centred, joined-up and effective pathway. We will aim to support and empower local people by taking a compassionate approach, which means promoting health gains for all people, without stigma or judgement, and taking into account the wider context of their lives.

3. **Support the prevention and early diagnosis of chronic conditions**

It is estimated that two thirds of premature deaths could be avoided through improved prevention, early detection, and better treatment, meaning that focussing on the prevention and early diagnosis of long-term conditions has the potential to have a significant impact on mortality in Rotherham. Early detection and effective treatment are also vital to ensure that people with long-term conditions experience a good quality of life. Additionally, having one long-term condition can increase the risk of developing another, and multimorbidity is higher in the most deprived communities. To provide the best treatment of care, we will take a person-centred and holistic approach, rather than focussing on individual diseases. We will also ensure that a focus on sustainable behaviour change, such as integrating physical activity as treatment within clinical pathways, is part of our approach to supporting people with LTCs.

People in Rotherham live well for longer.				
Strengthen our understanding of health inequalities.	Develop the healthy lifestyles prevention pathway.	Support the prevention and early diagnosis of chronic conditions.	Tackle clinical variation and promote equity of access and care.	Harness partners' roles as anchor institutions
<p>Improve the understanding of health inequalities in Rotherham.</p> <p>Ensure that partners have access to bespoke data products.</p> <p>Ensure that data around health inequalities informs commissioning, decision-making and service-delivery.</p>	<p>Reduce the prevalence of smoking in Rotherham and narrow the gap between population groups.</p> <p>Increase the proportion of people in Rotherham who are a healthy weight.</p> <p>Reduce alcohol-related harm for people in Rotherham.</p> <p>Support older people in Rotherham to retain their independence and age well.</p>	<p>Reduce the health burden of cardiovascular disease in Rotherham.</p> <p>Improve the management of diabetes.</p> <p>Reduce the health burden of chronic respiratory disease in Rotherham.</p> <p>Increase the proportion of cancer diagnoses made at stage 1 or stage 2.</p> <p>Ensure people get support with their mental health at the earliest possible stage.</p>	<p>Narrow the gap in maternity outcomes for ethnic minority women and women from deprived communities.</p> <p>Reduce premature mortality for people with learning disabilities, autistic people, and those with severe mental illnesses.</p> <p>Improve access to social prescribing for ethnic minority communities.</p> <p>Mitigate against digital exclusion.</p>	<p>Improve the health and wellbeing of our workforce across the place partnership.</p> <p>Employ people from deprived communities and inclusion groups in Rotherham.</p> <p>Increase our local spend to support Rotherham's economy.</p> <p>Reduce our environmental impact.</p>
Advocate for prevention across the wider system				

4. **Tackle clinical variation and promote equity of access and care**

The COVID-19 pandemic and the cost-of-living crisis have shone a harsh light on some of the health and wider inequalities that persist in our society, and we know that people do not receive services or support on an equal footing. This includes disparity in both access to services and the experience and outcomes from treatment. Ensuring that every person in Rotherham has access to quality care is a key component to addressing health inequalities across the borough. This will often require a tailored and targeted approach to meet the needs of specific communities.

5. **Harness partners' roles as anchor institutions**

The term 'anchor institutions' is used to refer to organisations which have an important presence in a place, usually through a combination of being largescale employers; the largest purchasers of goods and services in the locality; controlling large areas of land; and/or having relatively fixed assets. Being such large institutions within Rotherham means that Rotherham Place partners have the potential to improve population health by addressing the socioeconomic and environmental conditions that influence health outcomes. By working collectively on joint commitments, we have the potential to have a significant influence on these determinants, making Rotherham a healthier place to live and work.

In addition, we will **advocate for prevention across the wider system** - Evidence shows that the wider determinants of health – (the conditions in which people are born, grow, live, work, and age) – are more influential in shaping people's health and wellbeing than the healthcare that people receive. Whilst the Place Plan and Prevention and Health Inequalities Strategy are focussed on the health and social care system, it will be important to use partners' collective influence and the intelligence we gather to shape action to address the wider determinants of health.

To support this, Place partners will provide evidence to key stakeholders and partnership forums such as the Health and Wellbeing Board to influence action on the wider determinants of health and will also advocate for prevention within each of our own organisations.

Over 2022/23, work started to deliver on the strategy, some of the key achievements include:

- Development of a prevention brand and campaign to support engagement with local people around their health and wellbeing.
- Expansion of the RotherHive website to incorporate sections on smoking, food, and physical activity.
- Embedding of the QUIT programme across TRFT and RDaSH.
- Relaunch of the NHS Health Checks programme, with a focus on areas of high deprivation in line with proportionate universalism.
- Rollout of the lung health checks programme in Rotherham.
- Delivery of OHID-funded projects to support people with their mental health, which included an award-winning befriending project delivered by voluntary sector partners.
- Launch of the continuity of care model within maternity services in TRFT.
- Engagement in the national Place Development Programme, which provided insights around multimorbidity.
- Development of an interactive health inequalities tool, which includes an assurance framework to measure delivery of the strategy as a profile of the
- Engagement with local ethnic minority communities on mental health to support the development of cultural competency training for GPs and other clinicians.

The NHS Long Term Plan requirements set out action relating to prevention and health inequalities, such as:

- Providing more personalised care and giving people more control over their own health.
- Taking action to address the key drivers of ill-health such as smoking, obesity, alcohol, air pollution and antimicrobial resistance.
- Supporting a strong start in life for children and young people, including a focus on maternity and neonatal services, children, and young people's
- Providing better care for major health conditions, including cancer, cardiovascular disease, strokes, diabetes, respiratory disease, and mental health.
- Deploying population health management solutions to understand the areas of greatest health need and match services to meet them.

The Operational Planning Guidance includes 32 national objectives covering 12 areas of the NHS, some of the key objectives relating to prevention and health inequalities include:

- Making it easier for people to contact a GP practice and delivering 50 million more appointments by the end of March 2024.
- Continuing to recruit Additional Roles Reimbursement Scheme (ARRS) roles.
- Recovering dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels.
- Focussing on cancer diagnosis, including meeting the cancer faster diagnosis standard, and increasing the percentage of cancers diagnosed at stages 1 and 2.
- Increasing the percentage of patients that receive a diagnostic test within six weeks and delivering diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition.
- Improving access to mental health support for children and young people.
- Increasing the number of adults and older adults accessing IAPT treatment and achieving a year-on-year increase in the number of adults and older adults supported by community mental health services.
- Recovering the dementia diagnosis rate.
- Improving access to perinatal mental health services.
- Ensuring people aged over 14 on GP learning disabilities registers received an annual health check and health action plan.
- Reducing the reliance on inpatient care for people with learning disabilities and autistic people, whilst improving the quality of inpatient care.
- Increasing the percentage of patients with hypertension treated to NICE guidance.
- Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies.

The **Core20Plus5 framework** for adults and for children and young people is the national NHS framework for tackling healthcare inequalities. This framework sets out a focus on the 20% most deprived communities nationally according to the Index of Multiple Deprivation (IMD), 'plus' inclusion health groups, which are identified locally and a number of priority clinical areas. Rotherham's Place Plan and the Prevention and Health Inequalities Strategy both draw from and seek to deliver against this national framework. This means a commitment to focussing on:

The **20%** most deprived of the national population according to the Indices of Multiple Deprivation.

Plus, any locally identified priority groups. Several inclusion groups for Rotherham have been identified as it shown in the box to the side. It should be noted that this list is far from comprehensive, and other inclusion groups will be of particular import for certain pathways and health concerns. Moreover, the identification of 'plus' inclusion groups for Rotherham will be an iterative and ongoing process which will inform the delivery of Rotherham's Place Plan on an ongoing basis.

Delivery across **5** key clinical areas for adults and **5** for children and young people. These areas are outlined in the table to the right.

All of these clinical areas have been factored into the workstreams within this plan.

According to the IMD (2019), 36% of the Rotherham population live in the 20% most deprived areas of England. There are significant inequalities in health outcomes for the most and least deprived communities in Rotherham, and we know that deprivation also influences the way that people access and experience our services.

- Ethnic minority communities
- Gypsy, Roma, and traveller communities
- People with severe mental illnesses (SMIs)
- People with learning disabilities and autistic people
- Carers
- Asylum seekers and refugees

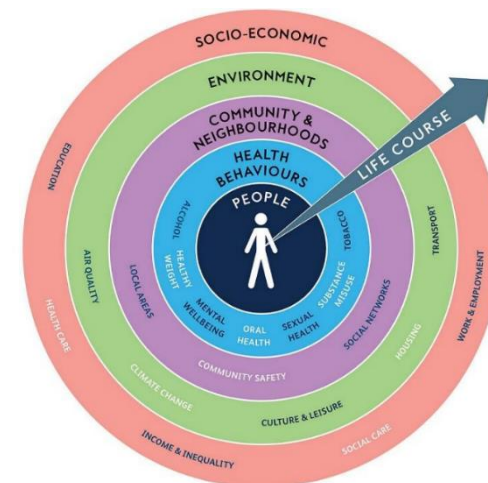
As well as facing structural inequalities, many of the inclusion groups within this list are more likely to also live in Rotherham's 20% most deprived communities, leading to multiple disadvantages. A focus on these cohorts will inform the delivery of Rotherham's Place Plan.

Adults	Children and young people
<ul style="list-style-type: none"> • Maternity – Continuity of care within maternity services for women from Black, Asian and minority ethnic communities and from the most deprived groups. • SMI – Annual health checks for those living with SMI. • Respiratory – A clear focus on Chronic Obstructive Pulmonary Disease (COPD) and driving uptake of COVID, flu and pneumonia vaccines. • Cancer – Early cancer diagnosis. • Hypertension and lipid management – Hypertension case-finding and optimal management and lipid optimal management. 	<ul style="list-style-type: none"> • Asthma – Reduce reliance on reliever medications for asthma and decrease the number of asthma attacks. • Diabetes – Increase access to Real-Time Continuous Glucose Monitors and insulin pumps in the most deprived communities and from ethnic minority backgrounds and increase the proportion of young people with Type 2 Diabetes experiencing annual health checks. • Epilepsy – Increase access to specialist nurses and ensure access in the first year of care for those with a learning disability or autism. • Oral health – Address the backlog for tooth extractions in hospital for under 10s. • Mental health – Improve access rates to children and young people's mental health

The wider determinants of health and the cost-of-living crisis.

Health is influenced by a broad range of factors. The wider determinants of health include socioeconomic factors, environmental conditions, and the social and community networks people have access to. Evidence indicates that these wider determinants have a greater influence on health than the healthcare people receive. As a health and social care system, it is therefore vital that partners work in a way that takes into account these wider factors.

A pressing example of this is the cost-of-living crisis. Struggling to afford essential items, like food, rent, heating, or transport has wide-ranging negative impacts on mental and physical health and wellbeing. Working within this context makes it even more critical that Rotherham's Place Partnership remains focussed on tackling health inequalities as part of everything we do. Tackling the cost-of-living crisis requires a twofold approach; mitigating against the immediate effects within our population and seeking to address the underlying inequalities which make certain groups more vulnerable to such crises. Locally, action has been taken to support local people through the cost-of-living crisis.



5.2 Primary Care

The challenges and actions for primary care are consistent across South Yorkshire and there are significant gains by working at scale. Our key aim is to provide high quality healthcare for all through equitable access, excellent experience and optimal outcomes and the development of new service models.

We have strong, well connected Primary Care leadership across place and at South Yorkshire level. The Primary Care Collaborative Board provides strategic leadership across all Rotherham primary care, at all levels. It is embedded within the Rotherham Place Delivery Structure and has the ability to interact and influence on behalf of the wider primary care community. The GP federation provides strategic leadership and a strong voice for primary care provision. There are six well-established Primary Care Networks (PCNs), with Clinical Directors meeting regularly and connected into the broader system discussions and decisions.

We recognise that primary care is critical to our integrated health and care system and in our vision to improve population health. Key priorities across South Yorkshire are improve access, workforce, and integration. Rotherham will support at South Yorkshire level but also has additional actions that are being taken forward:

Workforce is the key risk as it is difficult to recruit and then retain staff within primary care it also poses a risk to other services e.g., appointment of paramedics and pharmacists is taking them away from other sectors, other risks include continued increase in demand which is in excess of capacity and sustainability of the Federation if PCNs take on services directly

Which of the 31 NHS National Objectives that we will be measured by in this workstream:

20. Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals.
21. 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.
22. Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
23. Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
24. Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels.

Our Key priorities are:

- Workforce; recruitment (ARRS), new roles development
- Pilot of centralised spirometry across primary care to inform commissioning of respiratory services
- Development of primary care to support personalisation.
- Continued development and roll out of the Rotherham health app to support patient to take control of their health Primary Care Estates development:
- Virtual Wards see section X, and for Anticipatory Care see section XX
- Development of a Primary Care Medicines Dashboard
- Increase primary care referrals to the NHS Diabetes Prevention Programme
- Work with primary care to deliver the early diagnosis DES, embed CtheSigns, promote FIT and tele dermatology.
- Integrate adult community mental health services for those with SMI with Primary care with a focus on Early Intervention for Psychosis
- Continue PCN development with layers of scale as outlined in the SY Primary Care Strategy

Key Milestones

- Continue 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
- Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels.

Metrics we will use to measure the anticipate outcomes

- Number of GP appointments compared to the same month in 2019 / 20.
- Primary Care ED attendances
- Care Navigation utilisation
- ARRS roles compared to available funding.

5.3 Planned Care (Elective and Diagnostics)

The delivery of high-quality and sustainable elective care continues to be a key priority across Rotherham Place. Historically, Rotherham has performed well in regard to planned care delivery, however covid brought about significant challenges to the way we work and deliver. Rotherham partners will continue to work together to build on our success to transform how we deliver planned care, how we share and roll out good practice and how we develop our care pathways to be as effective as possible, managed through our Rotherham Place clinical referral management committee.

Recovery of diagnostics has been extremely good in Rotherham. Phase 1 of the Community Diagnostic Centre is currently underway which will bring together all respiratory diagnostics into a community setting, this is really important as these are some of our most vulnerable patients who feel nervous attending hospitals for tests.

Whilst significant progress has been made all partners recognise that there is further work required as we continue to develop and transform our planned care services. The implementation of clinical protocols across Rotherham will allow for a further reduction in unnecessary follow up appointments which will be supported by our ambition to improve clinical triage of referrals, helping to make sure the right patients get the right treatment at the right time. Work will also take place with specific services where a step change reduction in face-to-face outpatient consultations can take place while improving the quality of service offered. Initially this will include Dermatology and Ophthalmology.

We will continue to make improvements to our surgical pathways to enable an increasing number of patients to be treated as day cases. We will also continue to work collaboratively across partners to expand access, through initiatives such as direct access to Musculo Skeletal First Contact Practitioners and our integrated community approach using the principle of every contact matters, to offer better access to services closer to, or even in, the patient home. All partners in Rotherham accept that to continue to deliver high quality, safe and sustainable planned care across Rotherham we must continue to work together with an increasing focus on proactive and preventative care, a move of activity out of the acute setting and an increasing use of digital technologies. Rotherham will support at South Yorkshire level but also has additional actions that are being taken forward at Rotherham Place.

Workforce is the key risk to elective care, along with the continuing impact of covid and other illnesses increasing non-elective activity impinging on elective beds

Which of the 31 NHS National Objectives that we will be measured by in this workstream:

25. Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
26. Deliver the system- specific activity target (agreed through the operational planning process)
27. Continue to reduce the number of patients waiting over 62 days
28. Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
29. Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition.

Key Priorities are:

- Recovery of waiting lists
- Maintain electives and referrals within affordable levels.
- Reduce follow ups to national follow up ratios.
- Audits Projects / Schemes
- iRefer
- Advice and Guidance
- Review of Pathways and PIFU
- Patient portal
- Implementation of a breast pain pathway to de-medicalise breast pain and ensure patients receive full support to manage their pain.
- Implementation of a menopause pathway to ensure patients are directed to the most appropriately experienced clinician.
- Transforming outpatient services to ensure patients not requiring tests or physical examination can have a virtual appointment and patients who are appropriate for patient initiated follow up are able

Key Milestones

- Diagnostic Centre – Stage 1 by June 2023
- Increasing day case and theatre utilisation to 85% at minimum by March 2023
- No waits over 65 weeks by March 2024
- GP Direct Access for Brain MRI by July 2023

6 Enabling Workstreams

6.1 Digitally Enabling our system

The Rotherham Place Partnership Digital Group has been operating for many years, it has representation from all key partners and has supported the development of strong working partnerships between the digital teams across Rotherham, which helps to drive forward our joined up digital initiatives. Our first place-wide digital strategy was co-produced in 2019, it supported us in our bid for funding from the national Digital Aspirant Programme (DAP) in 2020, which in turn supported the significant acceleration in delivery of the strategy over the period 2020 – 2022. Our inclusive partnership approach to working together enabled us to use the DAP funds to support the delivery of digital transformation across the place including in health, care, and voluntary services.

In 2022 we updated and refreshed our place digital strategy, acknowledging that much has changed for the health and social care organisations in the place because of the Covid-19 pandemic. This unprecedented period of demand for public services dramatically changed the preconceptions of both citizens and the health and social care workforce about how those services should be provided, with a surge to digital and remote delivery. We need to take stock of the ongoing ramifications of the pandemic, updated strategy elaborates on the following five overarching objectives. We will:

1. ensure that place partners build integrated digitally supported care pathways in a way that involves the wider health community (e.g., community pharmacy and ambulance), puts citizens and their needs at the centre of service design, and gives staff the skills they need to manage these services effectively.
2. keep digital innovation at the heart of our service commissioning and delivery planning.
3. continue to work towards ever closer alignment of our individual organisations' digital programmes and increase the information that is shared for patient care.
4. continue to be full partners in the development of NHS South Yorkshire's digital strategy and plans and contribute to ICS wide initiatives.
5. continue to leverage the power of our collective data to design and commission services to meet the needs of the population.

These objectives are then augmented by specific actions set out in four themed sections, which reflect on Rotherham's ambitions in those areas, the challenges experienced, and the steps required to achieve them: The themes and associated actions are detailed in the following sections:

1. Digital infrastructure

Acknowledging that many new digital technologies have been implemented across Rotherham to support the Place-wide Covid-19 response, we commit to a review programme that will consolidate and optimise them and develop and document use cases and standard operating procedures, we will:

- ensure that all digital solutions implemented are fully compliant with mandated standards and staff are fully trained to use them.
- Build on the implementation of remote patient monitoring technologies in Rotherham, we will develop service models that harness the potential to support patients in their own homes, intervene when patients' health deteriorates, and reduce unnecessary face-to-face attendance.
- ensure that care homes and PODAC providers have robust and secure digital infrastructure, and access to key systems, building on the pharmacy integration work started between TRFT and community pharmacies to implement the NHS Discharge Medicines Service.
- continue our programme of reviewing and improving GP network performance.
- support our NHS partners and care homes to meet required bandwidth capacities

3. The digital citizen - we will:

- review the impact of the Covid-19 pandemic on the digital maturity of the voluntary sector, recognising the significant contribution that the sector makes to the lives of Rotherham citizens.
- when we procure or design digital tools for public use, we will engage citizens or citizen groups in co-design and testing, to ensure ease of use is built in.
- continue to work with GP surgeries to align their website to those of their PCN.
- continue to develop Gismo as a tool to signpost citizens to voluntary organisations, by increasing its functionality and driving higher usage.
- support the work of the Digital Inclusion Team and look for opportunities to share learning across the place partners.

2. Shared care records - we will:

- assess the long-term role of the Rotherham Health app in the context of:
 - the 2022-23 Priorities and Operation Planning Guidance requirement to raise NHS app registrations to 60% of GP adult lists size.
 - potential to secure NHS Digital's support for integration of the Rotherham Health app into the NHS app.
- review, and if required develop and communicate a set of use cases for the Rotherham Health Record.
- work with partners across the ICS and Yorkshire and Humber region to build the availability of data and number of people using the Yorkshire Humber Care Record. will continue with work to improve the datasets available in Rotherham Health Record.

4. Intelligence and analytics - we will:

- continue to develop the sustainable analytical resources that we need to support the delivery of population health management across the Place, from data analysis tools techniques to skilled analysts and general data skills in the workforce.
- contribute to better population health management at ICS-level by developing and improving data links with health and social care organisations outside Rotherham.
- create information products in collaboration with all of the ICP partners, ensuring that they provide insights from which commissioning and service redesign decisions can be made.
- maintain a forward view of innovative data analysis techniques and technologies, e.g., artificial intelligence and machine learning.

The table below show some of the key ongoing projects from our digital strategy mapped to the strategic aims for the Rotherham Place that are detailed in this plan:

Prevention and Health Inequalities	Ensuring the Best Start in Life	Enjoying the Best possible Mental Health and Wellbeing	Enabling people to Live Well for Longer	Improving care for Life-limiting illnesses and End of Life Care	Transforming Healthcare Delivery
<p>Dedicated digital inclusion programme underway in Rotherham Closely linked with work to reduce health inequalities and response to cost of living crisis</p> <ul style="list-style-type: none"> Flexible digital support arrangements planned to complement formal digital skills courses already available Established strong links with communications teams to improve how we shared information and guidance with our local populations Partnership with local colleges and voluntary groups are under discussion Plans for access to devices, mobile data packages, free wi-fi sites. Training and support in development <p>Work to support deliver of the anticipatory care programme is ongoing. Initiatives include:</p> <ul style="list-style-type: none"> Providing appropriate digital solution to support the identification of people for anticipator care support Providing the MDT with the necessary information to fully support anticipatory care delivery in a joined-up way Enabling the sharing of care plans with the patient and across the MDT 	<ul style="list-style-type: none"> Supporting the development of a joined up digital offer for the Family Hubs that will be developed in Rotherham Integration of data from RMBC Children and Young Peoples Service (CYPS) into the Rotherham health Record, starting with inclusion of a SEND data set Onboarding staff from CYPS as users of the Rotherham Health Record 	<ul style="list-style-type: none"> Working with place partners to ensure digital is embedded within mental health transformation projects Supporting community mental health reporting requirements (MHDS specification) for ARRS identifiable activity Scoping the use of eReferrals for mental health services Development of the Community Mental health Transformation Hubs Reconciliation of SMY registers across the place Development of the Bluebox devises for outreach SMI health checks 	<ul style="list-style-type: none"> Further development of the Rotherham Health App functionality to provide people with the information and tools to support management of their long-term condition Widening use of the Rotherham Health App functionality through integration that will enable direct access via the App 	<ul style="list-style-type: none"> Digital transformation for Enhanced Health in Care Homes: Rolling out secure access to the Rotherham Health Record in care homes to improve information sharing between settings Enabling key documentation to be uploaded to the Rotherham Health Record, enabling detailed plans and information to be shared more effectively across care settings Working with the ICB wide programme to increase the uptake of digital care record systems and falls detection systems in our care homes 	<p>Primary care digital plan for FY 23/24 developed to continue optimised use of core systems and tools to support primary care colleagues to:</p> <ul style="list-style-type: none"> Improve access and personalised care Increasing and optimising capacity Addressing variation and encouraging good practice Improving communications with the public <p>Urgent, Emergency and Community Care: Virtual Wards – understanding gaps in information sharing across the end to end pathway to help ensure patients get the best outcomes and can avoid unnecessary hospital (re) admissions and get the care they require in their usual place of residence</p> <p>Improving information sharing – linking our place shared records with the wider Regional record (Yorkshire and Humber Care Record)</p>

6.2 Workforce and Organisational Development

To achieve the ambitions, we have as a Health and Social Care partnership, and bring our Place Plan to life, will require the dedication, understanding and commitment from across our collective workforce at all levels. We are committed to investing in our workforce; ensuring that there is a skilled, experienced, and motivated workforce working within the right environment and demonstrating the right behaviours that are vital for delivery. As partners we will continue to build on our existing partnership strengths, encouraging and supporting our workforce to think creatively and adopt new ways of working to further enhance service provision that puts the Rotherham people at the very heart of everything we do. This includes engaging with residents and communities to support them to proactively maintain their physical, mental, and social health, and ensure they know how to access health and support services at the right time to meet their needs.

The approach we are taking to workforce and organisational development is based on the Burke-Litwin model (see diagram below) which provides a framework that is adopted across all partners. The model identifies that change is influenced from environmental factors not just organisational factors and by embracing these concepts within the 'Rotherham Place' we can develop and deliver positive change across all partner organisations.

To support this approach the partnership has agreed on four key areas to focus our current and future activities around:

- Place as an Employer of Choice
- Culture, Values and Ways of Working
- Equality, Diversity, and Inclusion
- Health and Wellbeing

Which of the 31 NHS National Objectives that we will be measured by in this workstream:

30. Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise

Workforce challenges - Rotherham as a Place aspires to be an employer of choice, and a key enabler of this aspiration is firmly grounded in ensuring that recruitment and retention is effective, streamlined and provides a positive user experience in a very competitive employment market. In addition, activity is taking place to ensure that all the key benefits of working within health and social care are promoted. This includes being a flexible employer, identifying and promoting career pathways and opportunities and having an inclusive and compassionate culture where everyone can thrive.

The workforce shortages and recruitment challenges should not be underestimated with vacancies and a lack of stability across several key professions within the system. There is a definitive need to ensure that as a Place we develop a talent pipeline that feeds the workforce. This needs to be sustainable and meet the demands of the changing population. This will include engaging and enthusing the next workforce generation by working with academic partners, connecting the existing workforce with the purpose of Place, identifying opportunities to truly transform and being open and honest about the capacity and resourcing pressures and identifying key skills for the future.

Rotherham has a diverse and active voluntary and community sector (VCS), underpinned by thousands of volunteers which supplements our workforce. It is recognised that the VCS plays a crucial role in prevention and early intervention, enabling self-help, and supporting community resilience. As a Place there is acknowledgement that a VCS offer of workforce support does not mean zero cost and that appropriate investment is required to support delivery of our plans.

	OD Area		Organisation Development Area
1.	Mission and Strategy	→	<ul style="list-style-type: none"> • Create a collective vision to enable improved communication with our staff and communities • Ensure that safety, quality, and efficiency underpin our vision. • Collaboratively develop a collective brand for the Rotherham Place
2.	Leadership	→	<ul style="list-style-type: none"> • Create a multidisciplinary leadership programme, which has the vision of ICP plan embedded within it. • Commitment to lead change together
3.	Culture	→	<ul style="list-style-type: none"> • Change culture and behaviour to take a Rotherham Place first approach. • Develop opportunities to co-produce initiatives such as staff well-being and resilience building
4.	Structure	→	<ul style="list-style-type: none"> • Develop mechanisms that allow cross organisational recruitment and retention, using values-based recruitment. • Where appropriate create opportunities to introduce cross organisational posts
5.	Management Practice	→	<ul style="list-style-type: none"> • Create Rotherham Place 'talent' management opportunities. • Introduce Rotherham Place apprenticeship / intern opportunities – including levy sharing
6.	Systems	→	<ul style="list-style-type: none"> • Align induction processes to ensure place and organisation is covered. • Create an accredited training programme that supports transferable skills and ensures cross working across partner organisations
7.	Tasks & individual values & behaviours	→	<ul style="list-style-type: none"> • Agree a set of cross organisations "Place Based" staff values • Have a collaborative approach to identifying good and problematic areas of joint working. • Develop an accepted approach to use of language in our Rotherham Place
8.	Engagement & motivation	→	<ul style="list-style-type: none"> • Undertake across organisation engagement events - 'The Best solutions come from staff themselves.' • Engage staff on 'what matters to them'

6.3 Best use of our estate and housing

If we are to be successful in the delivery of our place ambition, we need to ensure that our available housing and estates act as an enabler to our strategic transformation workstreams. Partners recognise the value of working together and taking a strategic approach to asset management and getting the most from our collective assets. As well as buildings, this includes community assets: the skills and knowledge of local people; community groups; informal networks; and public spaces. Key priorities will be primary care estate, the green agenda and better utilisation. Our established Strategic Estates Group continues to work constructively, identifying available estate across the system, ensuring it is fit for purpose and identifying disposals where possible. It will continue to respond to the changing needs of services and the population. Rotherham place is also working with the ICS Strategic Estates Board in developing and delivering the ICS Estates Strategy and with the Sheffield City Region's Public Asset Development Group to develop their Estates Transformation Strategy, to ensure estates strategies work beyond the Rotherham boundary. System leaders are clear that our approach to utilising estate needs to be driven by our Place Plan transformation.

It is important that people have access to local, well managed services but the type of housing they live in also has a huge impact on health. Good quality, affordable housing provides the basis for people to live healthy, independent, and fulfilling lives. The population continues to age and pressures on the health services to support individuals is increasing. Therefore, it is important that we plan for housing that is care and support ready so that people can live in their home for as long as they are able, whilst reducing reliance on public services and encouraging independence.

The role of housing goes beyond bricks and mortar; providing investment in council stock, encouraging improvements in private housing provision, development of new homes, and engagement with tenants and residents all contribute to creating healthy, stronger, and more resilient communities. Getting people in the right housing and building community resilience can lead to improved health outcomes, financial wellbeing and reduced social isolation.

6.4 Best use of our financial resources

System partners recognise the challenges of delivering improvements and transforming health and care services at a time of increased demand and lower growth in resources and understand the importance of working collaboratively to address these challenges. To help facilitate this, the Place Finance group was established in May 2019, membership consists of Chief Finance Officers and Directors of Finance representing all Rotherham Place partners.

Its role is to support delivery of the Place Plan by providing specialist financial advice; this includes assessing and advising on financial matters linked to or arising from the Place Plan and its underpinning initiatives and schemes. Importantly, the group provides a forum for the Place Board to refer financial matters to and a forum for individual system finance leaders to refer financial matters to. Key deliverables include:

- developing a joint understanding of the financial impact of place initiatives on individual partner organisations and on the place as a whole.
- developing appropriate financial strategy and governance arrangements to support delivery of place and partnership working.
- observing and documenting the financial impact on individual organisations of Place Plan initiatives.
- developing a Place based financial framework including any transitional funding arrangements.

Which of the 31 NHS National Objectives that we will be measured by in this workstream:

31. Deliver a balanced net system financial position for 2023/24

The Finance group works to the place principles, but in addition has specific aims to; ensure the best possible use of the Rotherham pound; be open and honest, fostering an open book approach to disclosing and sharing of financial information; observe and respect the financial sustainability of partner organisations by ensuring financial impact is jointly acknowledged and made transparent.

Whilst system partners acknowledge the joint responsibility for the effective use of the available financial resource within the Rotherham place, each partner also has its own challenges and mitigations. Our aspiration is to better direct financial resources to deliver more impact on health outcomes.

6.5 Communication and Engagement

The approach and direction for communications and engagement will focus on informing, sharing, listening, and responding to the people of Rotherham and how we can work together collaboratively to improve both services and lives. We know that real and meaningful engagement with the people that are using or may use our services is fundamental in ensuring that plans will be effective and practical. Specific target activity will take place, with a variety of stakeholders, for each of our workstreams and we will continue to develop meaningful communication, in a simple and easy to understand way that meets their needs. We will consider the most effective ways of communicating and engaging with local people, including those who are seldom heard, which includes residents whom English is not their first language.

We will aim to bring the plan to life, focussing on what it means for children, young people, and adults in Rotherham; making the plans more tangible and encouraging participation and involvement. As the work continues to develop, we will share the impact and success through stories and case studies. As a core part of the Rotherham Together Partnership, we will ensure that health and care communications activity reflects and enhances the profile of the partnership by using the Rotherham brand identity within campaigns and resources that support this plan. Planning and delivery of our communication and engagement in Rotherham will be co-ordinated with the activity at an overarching South Yorkshire level.

We recognise our staff as one of our biggest assets in the development and transformation of health and care. We will develop co-ordinated and timely staff activity across all partner organisations, allowing them to shape and support the transformation of health and care.

We are committed to the active participation of local people in the development of health and social care services and as partners in their own health and health care. Local people will have an important voice in how services are planned, delivered, and reviewed. We need local people in Rotherham to influence change that will improve services, health outcomes and their experience of care. We will build on information gathered from views shared by our people as part of the engagement exercise for the South Yorkshire Integrated Care Partnership Strategy and Joint Forward Plan where residents told us what matters most to them about their health and wellbeing. This feedback has informed the place plan and will also be reflected in our communications and engagement activity.

The successful delivery of the place plan is dependent upon collaboration between health, social care, and voluntary sector, and to a degree, a level of understanding from a wider set of stakeholders from across Rotherham. The place plan has been jointly developed by health and social care partners in Rotherham and, in doing so, we have engaged views from a range of local partners by presenting the plan at the Health and Wellbeing Board, Rotherham Together Partnership, Primary Care Networks, Health Select Committee, and through each partners' governance structure

Our Inclusive Approach will:

- proactively and effectively communicating our vision, transformational priorities, and achievements
- develop two-way communication opportunities; where we share news, we listen and respond and are visible to local people. Where appropriate, we will look to use new and innovative ways to engage and communicate with our local communities in an ever-growing digital environment, whilst considering the needs of individuals with limited digital access or knowledge
- implement relevant and effective communication and engagement tactics with key audiences and stakeholders
- encourage people of Rotherham to take care of themselves, making healthy choices with a focus on prevention and self-management. We want people to be active, happy, and comfortable in their own homes where possible
- use an asset-based approach; making the most of our joint resources; avoiding duplication of activity, and building on the skills and knowledge of Rotherham people
- use a variety of mechanisms for communication and engagement, utilising skills, resources, and contacts in a manner proportionate and appropriate to the issue; with opportunities covering the spectrum from seeking feedback to co-creation

Rotherham Place Partnership Update: May / June 2023

Rotherham's Integrated Health and Social Care Place Plan 2023-25

Rotherham's Health and Social Care Community has been working in a **collaborative way for many years** to transform the way it cares for and achieves a positive change for Rotherham people. Rotherham Partners' recognise that to realise our ambition and the necessary scale of transformation, we need to act as one voice with a single vision and a single Plan to deliver the best for Rotherham.

Our **shared agreed vision** is:

'Supporting people and families to live independently in the community, with prevention and self-management at the heart of our delivery'

The 2023-25 Place Plan is the **fourth edition**, building on previous work it sets out our ambitions and the scale of transformation necessary to realise our aim to **deliver the best for Rotherham**.

The Place Plan closely aligns to **the Rotherham Health and Wellbeing Strategy and the South Yorkshire Joint Forward Plan**. The final draft was agreed in principle at the Rotherham Place Board in May 2023, subject to partner approval, and as such is currently working its way through partner governance ahead of a final version being received at the Rotherham Place Board in July 2023.

Transformation and Key Priorities

Our Place Plan builds on previous versions, as such our agreed transformation and key priorities take into account both the journey we are on and address current guidance, whilst maintain strong links with the Rotherham Health and Wellbeing Strategy and dovetailing into the South Yorkshire Joint Forward Plan.

Transformation Workstreams	Best Start in Life (maternity / children & young people)	Improving Mental Health & Wellbeing	Support People with Learning Disabilities & Autism	Urgent, Emergency & Community Care	Palliative & End of Life Care	Live Well for Longer (prevention, self-care & long-term conditions)
Key Priorities (key projects to deliver the transformations)	<ol style="list-style-type: none"> Best Start in Life Mental Health & Emotional Wellbeing Special Educational Needs and/ or Disabilities 	<ol style="list-style-type: none"> Adult Severe Mental Illnesses in Community Mental Health Crisis & Liaison Suicide Prevention 	<ol style="list-style-type: none"> Uptake of enhanced health checks Benefits & independence of employment 	<ol style="list-style-type: none"> Prevention & Alternative Pathways to Admission Sustainable Discharge Whole System Command Centre Model 	<ol style="list-style-type: none"> Review Palliative and End of Life Care Medicine Personalised Palliative and End of Life Care 	<ol style="list-style-type: none"> Anticipatory Care Personalised Care Medicines Optimisation

There are **five enabling workstreams** that support our transformation:

Enabling workstreams	Communication & Engagement	Workforce & Organisational Development	Digital	Estate & Housing	Finance & Use of Resources
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Underpinning our plan we have a **strong focus on Prevention and Health Inequalities**, along with cross cutting areas such as **primary care and planned care**.

Cross-cutting	Prevention and Health Inequalities (priorities below)				
	Strengthen our understanding of health inequalities	Develop the healthy lifestyles prevention pathway	Support the prevention and early diagnosis of chronic conditions	Tackle clinical variation and promote equity of access & care	Harness partners' roles as anchor institutions

Development of the Place Plan Some kThe journey to developing the 2023-25 Place Plan began in December 2022 with an interactive development session held with contract and service improvement leads focussing on the priorities needed to address the key challenges for our population.

This informed a further session with Place Board and senior managers in January 2023.

The outputs of those session along with planning guidance and intelligence from engagement activity informed the refreshed Place Plan.

In addition, the Close Down Report for the 2020-22 Place Plan provided a final assessment of progress against delivery and enabled insight into what areas had been completed, and what areas were to be transferred across to the new Place Plan for 2023-25.

Key challenges from the JSNA, in summary we know that:

- People in Rotherham are living shorter lives than they should.
- People in Rotherham are living in poorer health for longer than they should.
- A high proportion of Rotherham residents live in the 20% most deprived communities of England.
- Rotherham has a high prevalence of behaviours likely to cause harm.
- Inequalities in access to the wide range of determinants (and protective factors) of health have led to inequalities in health outcomes. Inequalities are drivers of health care demand.

Wear it Green



As part of Mental Health Awareness Week, Rotherham Care Group (RDASH) celebrated 'Wear it Green' Day on Thursday 18th May 2023. As part of the day, Meagan McNaney, Associate Nurse Director and Shannon Reeder, PA visited Rotherham Market who were hosting their weekly Specialist Bazaar where lots of our Asian community come together to buy and sell and socialise. Meagan and Shannon chatted to stall holders and customers and distributed the Rotherhive leaflet and keyrings which were very well received. During the visit they chatted to a gentleman that thanked Meagan and Shannon and he shared his story of being admitted to Swallownest court and how he was now well and was grateful to hear about the resources available in Rotherham.

A key outcome was around breaking down barriers to Mental Health, promoting awareness of the services available to all in Rotherham such as Rotherhive, and the many up and coming Peer support groups.

DadPad is a free app for dads of Rotherham to utilise – this is a national app developed with the NHS as an essential guide for aspiring/ new dads- providing valuable information, knowledge and practical skills to support in preparing to become a dad and when baby arrives as well as a one stop shop where dads can access information that they need to ensure that they can give their baby the best start in life.

Our Rotherham, Doncaster and Sheffield perinatal teams have worked really hard to localise the information available on the app to contain a wealth of information on local resources and services that can be accessed.

The app launched formally on Friday 5th May and following the launch event the Perinatal Mental Health Team will be visiting services across the borough to answer any questions about this, and to provide all services within Rotherham promotional material for DadPad as well as some physical hard copies of the APP that Dads can have a play with to encourage them to download the app to access the local content.

This will be followed up in the near future by a CoParentPad app.

Digital Inclusion remains a challenge for some people in Rotherham and a lack of digital access can have a detrimental impact on residents. The associated problems can be significant for citizens and families contributing to educational and economic disadvantage, health inequalities and increased social isolation.

The shared view across the Council, Health, and third sector organisations is that whilst Covid-19 created increased digital engagement, it had also widened the gap between those who are digitally included and those who are digitally excluded; leaving some members of the community at risk of missing out on opportunities to find jobs, save money, learn new skills, and socially engage from the comfort of their home. Whilst national research already supported this view, the degree to which this was happening in the local area was unknown. Talking to both residents and service providers was the best way to gain a better understanding of the level and quality of the "digital offer" of services within the Rotherham Place, the local appetite for digital inclusion and the identification of any barriers that prevent the people of Rotherham accessing and benefiting from online services and digital channels.

In 2021 Rotherham Health and Rotherham Council therefore jointly proposed establishing a Rotherham Place Digital Inclusion Programme. The programme funding was secured through the NHS Digital Aspirant Programme grant, RMBC Capital Digital Strategy and 2021/22 Council revenue budget. The programme's overarching objective is to deliver strategies, governance, and operational practices that maximise access to technology, training and support for the people, small businesses, and organisations across the Rotherham borough.

A key focus of the Digital Inclusion programme is on working collaboratively and coproductively. As such a cross organisational stakeholder working group was established to jointly input into and shape the aims and outcome of the Digital Inclusion programme; ensuring the needs of all customers and communities within the Rotherham place are fully considered and represented in all digital inclusion activities and reflected within a future co-designed Digital Inclusion strategy. The Digital Inclusion Stakeholder group currently consists of representation from different organisations within the Rotherham Place including AGE UK Rotherham, Rotherfed, VAR, REMA, NHS, RNN Colleges, Rotherham Council. <https://yourhealthrotherham.co.uk/wp-content/uploads/2023/04/RPB-Partnership-Business-FULL-Agenda-Pack-19-Apr-23.pdf>



The **Population Health Management (PHM) Operational Group** held a workshop to discuss how to develop and deliver the approach to PHM in Rotherham, with the aim of driving an evidence-based approach to preventing poor health outcomes, improving life expectancy and quality of life for local people, and reducing health inequalities. The two main aims are:

- to develop a PHM culture in Rotherham, supported by the development of re-usable tools, resources and approaches based on evidence of need and of what works in addressing those needs.
- to apply the PHM focus in overseeing delivery of projects and programmes across the system, producing measurable positive impacts on the health and wellbeing of our population, innovating, and adding to the PHM resource base as we go

The aim of the workshop was to establish the scope and to consider how best to collectively develop our approach to population health, both for our initial projects and in the longer term. The group discussed:

- personalisation and what a model for Rotherham could be, with a focus on inspiring people to live their best life; and
- a pilot Project for Integrated Physical Activity and Peer Support in the South of the borough.



Extension and refurbishment of Greasbrough Medical Centre was completed in March 2023 and is now up and running accommodating Additional Roles (ARRS) staff and providing meeting rooms for Central North Primary Care Network, giving much needed expansion space to this part of Rotherham. Funds were received via the NHSE Capital Pipeline Group, and the extension is for shared use; intended to alleviate some of the pressure on other practices for whom it is more difficult to grow their estate.



Social Prescribing

Voluntary Action Rotherham have teamed up with The Rotherham NHS Foundation Trust to pilot a social prescribing role to support community hospital avoidance pathways and discharge from our acute and community bed base. The service offers patients a comprehensive approach to tackling welfare and wellbeing needs which have a detrimental impact on health inequalities.

Louise Jackson works closely with our community teams, the Urgent and Emergency Care Centre and acute ward teams, our objective is to liaise with commissioned community organisations to provide support to help address factors relating to patient's underlying socio-economic and environmental situation. For example, lifestyle choices, social networks, transport, mental wellbeing, money, housing, employment and more. Louise explains that 'Social Prescribing is a fundamental approach to embedding universal personalised care based on 'what matters to me'. Every patient is different, therefore during health change events, it's important to understand individual needs and what support is available for maintaining and improving resilience, independence, and overall quality of life.'

The service offers access to social activities, befriending, benefit and entitlement checks, advocacy for medical housing, carer support, lower level talking therapies. Louise is based in the Urgent Community Hub working as part of a multi-disciplinary team with clinicians and social care services, working with colleagues to ensure care needs are holistically discussed and actioned, providing the right level of care according to the person's needs.

The service has built over the last few months helping over 120 patients to access information and advice, community social activities, group and 1:1 support, specialist health condition support, light exercise, bereavement, carer, and wellbeing support and more. Working closely with UECC and Yorkshire Ambulance Service, recent reports have shown a reduction in 999/111 frequent callers, and subsequent hospital admissions following the implementation of social inclusion and befriending services.

Case study of how the service works in practice

Mrs T, aged 60, was diagnosed after a bereavement with fast progressing dementia. She attended UECC and was sectioned under the Mental Health Act following a psychotic episode. The patient was supported by her son who has his own long term health conditions and a learning disability. As a social prescriber, Louise was able to take the time to understand the underlying needs of both Mrs T and her son and the complex dynamics of the situation including access to social networks to support with mental wellbeing, transport, the need for support with care and activities of daily living, carer support networks and respite, and specialist health services. Social Prescribing was able to allocate a trained appropriate advocate to support with calls and forms for finances due to a change in health, facilitate access to specialist Admiral Nurse support, register for local disability transport services, refer to carer support and signpost for digital support to alleviate pressures of access and mobility through incorporating online services where needed.



Louise commented "As a Social Prescriber its rewarding to help patients to explore what really matters to them to improve their overall lifestyle and wellbeing, especially at such a sensitive time due to health deterioration and hospital admission. It's an exciting time to work with TRFT urgent and unplanned services to bridge the gap across clinical, social care, and the voluntary and community sector, working in a holistic approach to universal personalised care"

Referrals to social prescribing for patients attending UECC or admitted to the Rotherham NHS Foundation Trust or community intermediate care beds can be made through hospital health and social care practitioners by emailing patient details and overview of circumstances to rps.admin@nhs.net

Board of Directors Meeting
7th July 2023

Agenda item	P108/23
Report	Joint Strategic Partnership Update
Executive Lead	Richard Jenkins, Chief Executive Michael Wright, Deputy Chief Executive
Link with the BAF	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 poorer patient outcomes.
How does this paper support Trust Values	Together: the paper demonstrates how The Rotherham NHS FT and Barnsley Hospital NHS FT can work together in partnership with the ambition of improving the quality and sustainability of services.
Purpose	For decision <input type="checkbox"/> For assurance <input type="checkbox"/> For information <input checked="" type="checkbox"/>
Executive Summary	<p>The Rotherham NHS FT and Barnsley Hospital NHS FT appointed a Joint CEO and agreed to develop a Joint Work Programme.</p> <p>This paper revisits the information provided at the March meeting of the Trust Board and also provides an update on the initiatives within the partnership work plan. The specific areas covered include:</p> <ol style="list-style-type: none"> 1. Governance arrangements including an update of how the arrangements are progressing 2. A recap on the major programmes comprising three areas of work and progress to date.
Due Diligence	Elements of this report have been presented to both Boards of Directors at TRFT and BHFT.
Board powers to make this decision	N/A
Who, What and When	N/A
Recommendations	The Board of Directors is asked to note the progress on the work programme and also note that the governance arrangements are starting to embed.
Appendices	1. Partnership Workplan and update on the programme to date.

1.0 **Background**

- 1.1 The Rotherham NHS Foundation Trust (TRFT) and Barnsley Hospital NHS Foundation Trust (BHNFT) have previously agreed to a strategic partnership, facilitated by a Joint Chief Executive.
- 1.2 The Trusts created a Joint Strategic Partnership Group (JSPG), comprising both Chairs, a Non-Executive Director from each Trust, both Deputy Chief Executives and the Joint Chief Executive. This group meets quarterly and works on behalf of both Trust Boards to have oversight on the development and delivery of a joint partnership programme.
- 1.3 One of the first tasks of the group was to develop an initial Joint Work Programme during Q3 of 2022/23. The draft work programme was submitted for consideration and approval to both Trust Boards in March 2023. This paper provides an update on progress against the agreed deliverables.

2.0 **Joint Working to date**

- 2.1 The two Trusts already had a close working relationship with a number of opportunities for collaborative working and sharing best practice already happening, along with several formal partnerships regionally that either one of, or both Trusts are part of. Several types of joint work have been undertaken and are illustrative of the benefits to date and the likely types of benefits that will accrue from the development of the partnership.
- 2.2 The NHS now requires organisations to be actively involved in partnership working across sectors, places and systems. TRFT and BHNFT are both heavily engaged in place-based working and are key members of the Acute Federation Provider Collaborative. However, the opportunities that have and will continue to arise from the bilateral partnership are likely to be additional to and easier to realise than the wider partnership programmes. Demonstration of bilateral models may prove to be a valuable test bed for later adoption by other Acute Federation Trusts.
- 2.3 Each Trust has developed a new Strategy over the last year and each has incorporated the partnership work as a key strand of their strategic approach.
- 2.4 The major challenges facing the NHS currently – not least elective recovery, restoration of the 4-hour emergency care standard and financial efficiency – are likely not achievable by Trusts in isolation. The joint working approach will be an important component of success for both Trusts.

3.0 **Development and Delivery of the Joint Work Programme**

- 3.1 The work programme (Appendix 1) was produced through a structured and thorough engagement approach involving both Executive Teams, with helpful advice received through prior discussion at the JSPG. In April 2023, a **Joint Senior Leaders** event took place, which included a workshop where colleagues were placed with their counterparts from the other organisation to discuss further joint working opportunities. The outputs of this session are now feeding into ongoing discussions between divisional and corporate colleagues across the respective trusts.

- 3.2 As shared previously at each Trust Board, the various individual pieces of work have been grouped into three major themes:
- Governance
 - Major programmes
 - Smaller projects

3.3 Updates on the major programmes and smaller projects are also provided within Appendix 1.

4.0 Theme 1: Governance

4.1 This theme covers the governance and formal structures necessary to ensure delivery of the programme. It includes the minimum necessary governance for the programme and underpins the delivery of the other two themes. It supports the developing working relationships between teams from the two trusts. Appendix 1 outlines the actual and proposed meeting dates for the agreed governance forums. The following have been agreed in addition to the existing JSPG.

4.2 A monthly **Joint Executive Delivery Group (JEDG)** has been established to focus on the oversight of delivery of the new programme and any existing partnership arrangements as these become Business as Usual e.g. the joint Gastroenterology Service. The JEDG leads on developing new areas of partnership and future iterations of the partnership programme for JSPG consideration, with JEDG providing progress reports to JSPG. JEDG will be chaired by the Joint CEO with the DCEOs, Medical Directors, Chief Operating Officers (COOs), Assistant Directors of Strategy, Planning and Delivery from both trusts and the Director of Strategy, Planning and Performance from TRFT as members. Other colleagues will be called on as and when needed, depending on particular areas of focus and discussion. Terms of Reference have been approved at JSPG. The JEDG has met monthly since April 2023, with the third meeting having taken place on 19th June 2023.

4.3 On a quarterly basis, a **Joint Executive Team Meeting**, with membership consisting of both Trust Executive Teams, now takes place to facilitate ongoing relationship building and shared approaches. The meeting is designed to encourage sharing of best practice in order to facilitate learning between the two trusts, as well as collaborative discussion about the trusts' approaches to different local and national issues. The utility and frequency of the meetings will be kept under review. The inaugural meeting of the Joint Executive Team took place on 21st June 2023.

4.4 It was agreed that on a six-monthly basis, the two **Senior Leadership Team** meetings will be held jointly to focus on the work programme and other matters of shared interest. High profile external speakers will be arranged to provide new perspectives on important issues and to inspire the leaders of both organisations. Both trusts tested this approach in 2022 before the full formalisation of the partnership, holding a Michael West session across both senior teams. This was hugely beneficial and successful to all participants, and enabled the leadership teams of both trusts to understand how constructive the partnership could be, particularly through allowing relationships to develop between teams over time. The first meeting of the Senior Leadership Team took place in April 2023, with the second planned to take place in autumn 2023.

4.5 **Bilateral meetings of the senior operational teams.** TRFT has a structure of six Divisions whilst BHNFT has three Clinical Business Units (CBUs). Each of these entities

has a similar triumvirate leadership team (or quadrumvirate for some). Matched Divisions and CBUs have started to come together in a facilitated manner to consider opportunities for mutual support and to develop a pipeline for future iterations of joint work, building on the Joint Senior Leaders event referenced above.

5.0 Theme 2: Major programmes

5.1 Three major programmes of work have been identified to take forward – a Clinical Services Review, a Joint Leadership Development Programme and Commercial Opportunities.

5.1.1 Clinical Services Review: This programme of work will be a systematic review of clinical services in both Trusts using a shared methodology that has previously been developed and used at different times by the two Trusts. The outputs will be used to drive strategic thinking and decisions for teams to develop, deliver and maintain high quality, safe and sustainable services. The reviews are now complete at Barnsley and are in progress at Rotherham (noting that Rotherham had completed their last set of reviews approximately 6 months ago and are therefore updating the previous reviews which is not an extensive exercise.) Once these are finalised, they will be shared with the Joint Executive Delivery Group for discussion in order to identify specific learnings, shared challenges and potential opportunities to collaborate and support each other, both at a macro level but also on particular issues within individual specialties.

Alongside this, having successfully delivered the Joint Gastroenterology Service, we are moving forward in identifying other specialties where working together would provide significant benefit to one trust. This is a significant piece of work and we have therefore identified dedicated project management resources to support our operational and clinical teams over the coming months. Scoping to date has identified Haematology and Dermatology as two services which should be within the early scope of this programme. Initial discussions have taken place between our service management and clinical teams to start this work, with Haematology now in progress.

5.1.2 Joint Leadership Development: Both Trusts recognise that effective, empowered and valued leadership is the key to this partnership succeeding, as well as to both Trusts delivering on their own objectives and ambitions. In order to support our teams with this, we have agreed a programme of work focusing entirely on leadership development within our organisations, leveraging the combined size and differences between the Trusts to implement innovative shared approaches to development. Through these approaches, it is expected that good partnership behaviours and relationships will be fostered which will amplify the partnership opportunities in the future.

A Joint Development Programme for Divisional/CBU leadership teams has been subject to a competitive tender exercise which closed on the 26th June 2023. The programme will be focused on the leadership behaviours and skills needed to thrive in the new partnership approaches plus the more conventional internal management and leadership approaches. By having the teams from both Trusts developing together, it is anticipated that the range of approaches and shared learning will be augmented. The programme is expected to run through Q2 through to Q4 of 2023-24.

The two Trusts also submitted a joint bid for Graduate Management Trainees across a range of management disciplines. These bids are mandated to come from at least two organisations. The calibre of candidates on these programmes is usually high and is therefore anticipated to provide a pipeline of future senior leaders. The partnership was successful in their bids and four graduate trainees are due to commence in September 2023.

As well as these initiatives already underway, going forward the Trusts will collaborate on scoping approaches to leadership development for defined key groups, for example Ward Managers, Clinical Leads and Service Managers. The critical mass and shared learning approaches that a joint approach would bring are likely to be advantageous to both Trusts in recruiting, retaining and developing a pipeline of high quality management.

To take a more direct approach to a shared learning ethos, both Trusts are also keen to consider innovative rotational posts for management colleagues, analogous to the rotational approaches traditionally used for medical staff. This would expose managers to different approaches and experiences in two Trusts and in different services over a number of years, and should provide a broad basis for developing towards higher roles.

6.0 Theme 3: Smaller projects work

6.1 This theme captures our smaller, more discrete opportunities which nevertheless, in the aggregate, will provide considerable benefits to both organisations. These pieces of work would not necessarily individually require PMO support and are viewed as suitable to be owned and delivered by the relevant corporate or operational teams. They include the ongoing maturation of existing approaches e.g. procurement as well as new areas for exploration e.g. corporate affairs. The following paragraphs provide an update on the specific areas which have progressed since the update to the Board of Directors a few months ago.

6.1.1 Joint roles: The two trusts already share an existing Joint Head of Procurement post, as well as a number of other shared posts (including the Joint Chief Executive). Over the last few months, an Interim Joint Director of Corporate Affairs role has been developed, with the postholder commencing in February 2023. More recently, it has been agreed that the Chief Pharmacist at TRFT will be supporting Barnsley on an interim and short-term basis. Whilst there is no intention of Joint roles becoming the default, consideration will be made when vacancies occur of whether joint arrangements may be sensible, for a variety of reasons.

6.1.2 Health informatics: There has been some specific work in recent weeks to connect our two Health Informatics teams who deliver reporting and analysis products for each trust, particularly given the successful approach Rotherham has had over the last few years. For example, both teams have shared their Executive Team Weekly Performance Reports to compare and contrast the data that is reviewed and the insights that are drawn. In addition, the Rotherham Business Intelligence team have offered support to Barnsley around the national Theatres Utilisation submission, given there are potential opportunities to learn from each with this relatively new return.

6.1.3 Website development: The Trusts have jointly commissioned a supplier to revise the external website for each Trust, delivering procurement efficiencies and

ensuring standardisation of contractual expectations as well as more consistency with the end products. The websites will both be going live during July 2023, with the next step then being to undertake further work on the internal websites for both organisations.

9.0 Conclusions

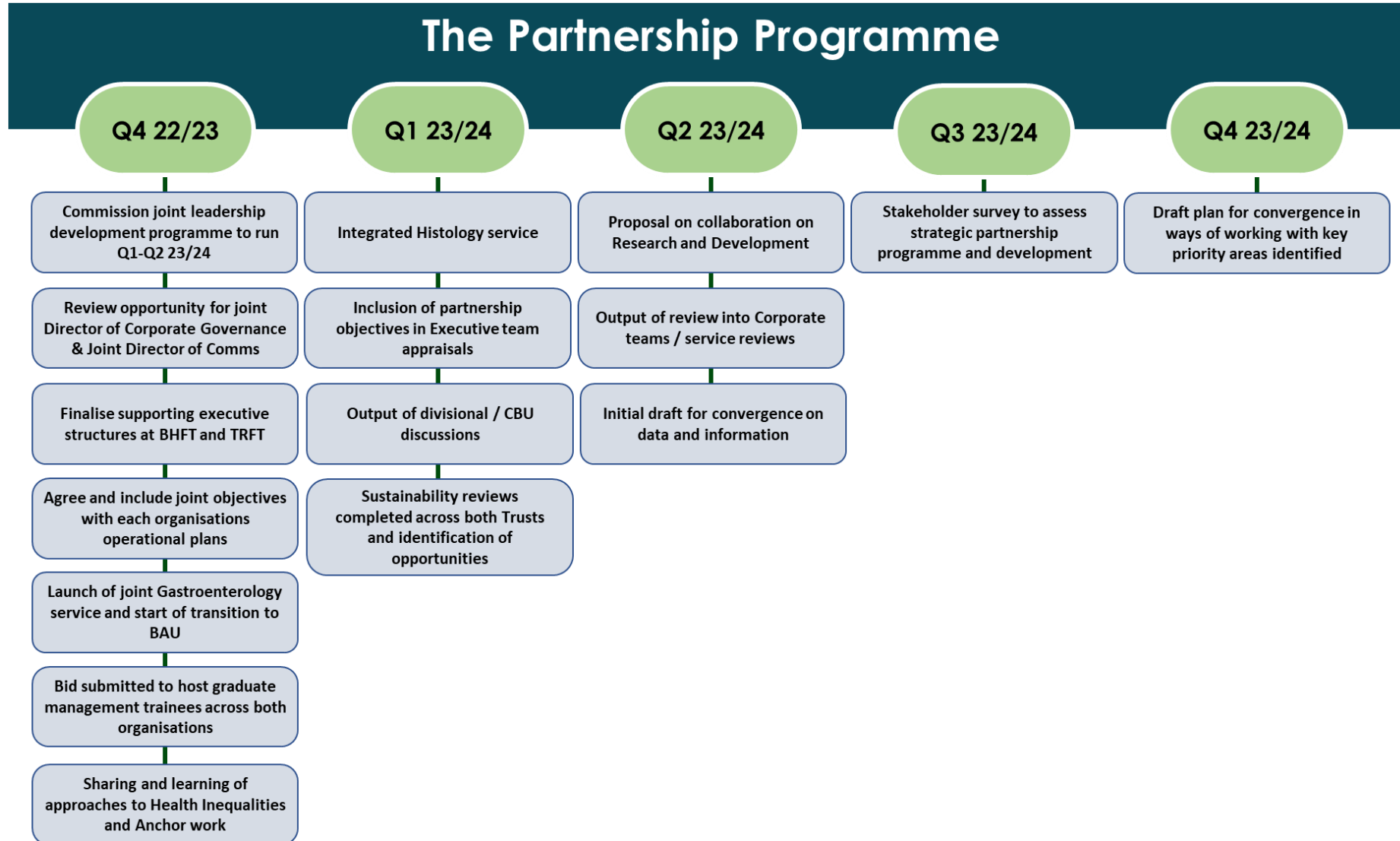
9.1 The two Trusts have developed a number of formal and informal approaches to partnership which have facilitated good working relationships across multiple areas and levels in the partnership, and over the last few months there has been some significant progress, particularly with regards to the formal governance structure. The agreed work programme is intended to systematically and formally build on those good foundations through a diverse set of workstreams focused on supporting each organisation to progress important areas around quality of services for patients, becoming better employers in a supply-limited NHS workforce environment, supporting delivery of operational standards and contributing to more effective use of public money. The programme runs through to the end of the 2023-24 year, at which point a further set of proposals for subsequent years will be developed. This will be based on an objective assessment of the learning identified from our first full year of partnership working.

10.1 Recommendations

10.1 The Board of Directors is asked to note the progress on the work programme and also note that the governance arrangements are starting to embed.

Dr Richard Jenkins
Chief Executive
July 2022

Partnership Forward Plan



Partnership Programme Delivery

Joint Leadership Development

Scope finalised and now out to tender.

Joint Director of Corporate Affairs

Now in place. Arrangements commenced in February 23 for an initial 6 month period

Director of Communications

On going discussions. Informal relationship and support in place

Health Inequalities

Public Health consultant started at TRFT who is working with colleague at BHFT and ensuring collaborative work programmes.

Joint Objectives

Both Trusts have made reference to the collaboration in their operational objectives

Gastroenterology Service

Programme progressing well with a wide range of benefits already realised.

Integrated Histology Service

Service went live in April 23

Graduate Trainees

Successful application across both organisation with 4 trainees allocated to the two Trusts.

Sustainability Reviews

Sustainability reviews undertaken at both organisation to support identification of further work

Ongoing Divisional/CBU Collaborative Working

Partnership Programme Meetings

2023/24	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Joint Strategic Partnership Forum		●		●		●		●		●		●
Joint Executive Delivery Group	●		●		●		●		●		●	
Joint Executive Team			●			●			●			●
Joint Senior Leaders Session	●						●					

Board of Directors Meeting

7th July

Agenda item	P109/23
Report	Integrated Performance Report – May 2023
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 May 2023 data wherever it is available. It highlights performance against agreed national, local or benchmarked targets. 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. A brief explanation of the key elements of the SPC charts is included at the back for reference.</p>
Due Diligence	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.
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.

Board of Directors

Integrated Performance Report - May 2023

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	May 2023	L	27,200		26,627	26,434	28,563	29,158	29,158	22,228		
Referral to Treatment (RTT) Performance	May 2023	N	92%		67.0%	67.9%	67.1%	66.4%	66.7%	77%		
Number of 52+ Weeks	May 2023	L	380		285	315	340	372	372	79		
Number of 78+ Weeks	May 2023	L	0		2	0	0	0	0	1		
Number of 65+ Weeks	May 2023	L	50				27	30	30	0		
Overdue Follow-Ups	May 2023	L	-		14,822	14,809	14,871	15,100	15,100	14,062		
First to follow-up ratio	May 2023	B	2.4		2.35	2.33	2.83	2.53	2.67	2.28		
Day case rate (%)	May 2023	B	85%		85.2%	85.0%	84.9%	83.6%	84.2%	87%		
Day case rate (%) - Model Hospital	Feb 2023	B	85%		77.7%	79.2%	77.4%	78.1%	--	78%		
Diagnostic Waiting Times (DMO1)	May 2023	N	1%		7.9%	3.6%	4.4%	6.9%	5.6%	7%		
Diagnostic Activity Levels - for Key Modalities (from Apr 2023)	May 2023	L	8139		8,456	9,730	7,391	9,145	9,145	8357		
Capped Theatre Utilisation	May 2023	L	85%		75%	76%	76%	76%	76%			
Emergency Performance												
Number of Ambulance Handovers > 60 mins	May 2023	N	0		202	95	99	37	136	226		
Ambulance Handover Times % > 60 mins	Apr 2023	N	0%		8.8%	12.9%	4.9%	5.2%	5.2%	11%		
Number of Ambulance Handovers 30-60 mins	May 2023		-		186	193	162	108	270	267		
Ambulance Handover Times % 30-60 mins	May 2023	L	5%		11.8%	10.0%	8.5%	5.4%	13.9%	15%		
Average Time to Initial Assessment in ED (Mins)	May 2023	N	15		37	26	27	23	27	27		
4hr Performance in Dept	May 2023	N	45%		-	51%	54.7%	59.9%	57.4%			
Proportion of patients spending more than 12 hours in A&E from time of arrival	May 2023	L	2%		10.2%	7.0%	5.9%	3.0%	4.4%	10%		
Number of 12 hour trolley waits	May 2023	N	0		8	1	0	0	0	0		
Proportion of same day emergency care	May 2023	L	33%		41.8%	44.1%	43.4%	45.3%	44.4%	41%		
Cancer Care												
2 Week Wait Cancer Performance	Apr 2023	N	93%		89.7%	90.0%	86.3%	71.5%	81.8%	97%		
2 Week Wait Breast Symptoms	Apr 2023	N	93%		96.1%	83.7%	91.5%	20.0%	91.1%	95%		
31 day first treatment	Apr 2023	N	96%		96.6%	99.0%	97.2%	95.7%	97.7%	93%		
62 Day Performance	Apr 2023	N	85%		63.5%	65.0%	70.5%	69.1%	69.1%	72%		
The number of cancer 62-day pathways waiting 63 days or more after an urgent suspected cancer referral	May 2023	L	60		43	42	59	67	67	-		
28 day faster diagnosis standard	Apr 2023	N	75%		67.6%	74.7%	77.0%	73.5%	70.0%	66%		
Inpatient Care												
Mean Length of Stay - Elective (excluding Day Cases)	May 2023				2.15	2.38	2.53	3.08	2.83	2.31		
Mean Length of Stay - Non-Elective	May 2023				5.87	5.66	5.55	5.47	5.51	5.70		
Length of Stay > 7 days (Snapshot Numbers)	May 2023	L	142		202	187	186	173	173	216		
Length of Stay > 21 days (Snapshot Numbers)	May 2023	L	66		62	55	54	57	57	80		
Right to Reside - % not recorded (Internal Performance from May)	May 2023	B	0%		5.7%	6.6%	7.0%	7.8%	7.8%	4%		
Discharges before 5pm (inc transfers to Dis Lounge)	May 2023	L	70%		57.1%	58.8%	59.7%	60.4%	60.1%	56%		
Outpatient Care												
Did Not Attend Rate (OutPatients)	May 2023	B	6.2%		8.3%	8.5%	7.8%	8.0%	7.9%	9%		
% of all Outpatient activity delivered remotely via telephone or video consultation	May 2023	N	25%		12.4%	12.0%	10.9%	12.6%	11.8%	15%		
Number of patient pathways moved or discharged to PIFU, expressed as a proportion of all outpatient activity.	May 2023	N	5%		1.8%	1.2%	1.8%	2.5%	2.2%			
Community Care												
MusculoSkeletal Physio <4 weeks	May 2023	L	80%		15.0%	17.9%	26.3%	20.2%	23.2%	13%		
A&E attendances from Care Homes	May 2023	L	144		120	141	135	124	124	138		
Admissions from Care Homes	May 2023	L	74		92	102	93	84	84	90		
Urgent 2 Hour Community Response (one month behind)	Apr 2023	L	70%		87.4%	82.0%	86.7%	80.00%	82.71%	90%		
Numbers of pts on virtual ward	May 2023				-	-	14	15	15	0		
Number of patients in month accepted onto virtual ward (Total)	May 2023				-	-	46	46	46	0		

Trust Integrated Performance Dashboard - Quality

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
Mortality												
Mortality index - SHMI	Feb 2023	B	As Expected		106.8	107.3	108.4	108.4	--	115.5		
Mortality index - HSMR (Rolling 12 months)	Mar 2023	B	As Expected		101.3	99.0	99.2	101.6	--	121.5		
Number of deaths (crude mortality)	May 2023		-		63	100	76	71	147	89		
Infection, Prevention and Control												
Clostridioides-difficile Infections	May 2023	L	2		2	4	4	5	9	0		
Clostridioides-difficile Infections (rate)	May 2023		-		24.6	25.9	25.8	29.4	29.4	18.3		
E.coli blood bacteraemia, hospital acquired	May 2023	L	4		4	2	7	3	10	6		
P. Aeruginosa (Number)	May 2023	L	1				0	0	0	0		
Klebsiella (Number)	May 2023	L	1				3	1	4	0		
Patient Safety												
Serious Incidents - one month behind	Apr 2023	L	0		6	1	2	1	1	0		
Number of Patient Incidents (including no-harm)	May 2023		-		890	899	874	917	1,791	0		
Number of Patient Falls (moderate and above)	Apr 2023		-		1	2	2	0	0	0		
Number of Pressure Ulcers (G3 and above) - one month behind	Apr 2023		-		0	0	1	0	0	3		
Medication Incidents	May 2023		-		69	91	105	99	204	147		
Readmission Rates (one month behind) - NE - excluding D/Cs	Apr 2023	L	7.6%		10.6%	10.3%	11.4%	11.1%	10.7%	10.6%		
Venous Thromboembolism (VTE) Risk Assessment	May 2023	N	95.0%		96.7%	96.9%	96.6%	95.1%	95.9%	97.3%		
Hip Fracture Best Compliance	May 2023	L	65.0%		81.5%	76.9%	45.0%	52.6%	52.6%	79.2%		
Patient Experience												
Number of complaints per 10,000 patient contacts	May 2023	L	8		10.12	7.78	12.03	7.63	9.64	9.38		
F&F Postive Score - Inpatients & Day Cases	May 2023	N	95.0%		97.3%	99.2%	98.5%	97.2%	97.8%	98.8%		
F&F Postive Score - Outpatients	May 2023	N	95.0%		97.7%	98.4%	98.4%	96.6%	97.4%	97.4%		
F&F Postive Score - Maternity	May 2023	N	95.0%		97.8%	100.0%	100.0%	100.0%	100.0%	97.9%		
Care Hours per Patient Day	May 2023	L	7.3		6.40	6.50	7.10	8.00	8.00	6.5		
Maternity												
Bookings by 12 Week 6 Days	May 2023	N	90.0%		90.4%	94.9%	93.2%	89.1%	91.0%	91.1%		
Babies with a first feed of breast milk (percent)	May 2023	N	70.0%		61.7%	63.7%	58.9%	59.9%	59.4%	64.8%		
Stillbirth Rate per 1000 live births (Rolling 12 months)	May 2023	L	4.66		3.16	2.78	2.79	2.75	2.75	2.72		
1:1 care in labour	Apr 2023	L	75.0%		96.1%	100.0%	100.0%	100.0%	95.5%	96.4%		
Serious Incidents (Maternity)	Apr 2023	L	0		0	1	0	0	2	0		
Moderate and above Incidents (Harm Free)	Apr 2023		-		0	0	0	0	0	0		
Consultants on labour (Hours on Ward)	May 2023		-		62.50	62.50	62.50	62.50	62.50	--		

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	May 2023	L	-285		-411	-405	-321	-359	-359	-360		
Whole Time Equivalent plan - Nursing	May 2023	L	-98		-74	-66	-55	-72	-72	-56		
Total Headcount	May 2023		-		5,001	5,014	5,033	5,038	5,038	4,957		
Vacancy Rate - TOTAL	May 2023	L	6.40%		9.07%	8.93%	7.20%	7.97%	7.97%	8.05%		
Vacancy Rate - Nursing	May 2023	L	7.30%		5.51%	4.91%	4.09%	5.34%	5.34%	4.13%		
Time to Recruit	May 2023	L	34		36	37	35	37	37	35		
Sickness Rates (%) - inc COVID related	May 2023	L	4.50%		6.25%	5.65%	4.79%	4.88%	6.25%	6.44%		
Turnover	May 2023				0.9%	0.7%	0.7%	0.8%	0.8%	0.87%		
Appraisals complete (% 12 month rolling)	May 2023	L	90.00%		83.00%	81.00%	77.00%	73.00%	73.00%	73.00%		
Appraisals Season Rates (%)	May 2023	L	90.00%		83.00%	81.00%	8.00%	25.00%	25.00%	18.00%		
MAST (% of staff up to date)	May 2023	L	85.00%		92.00%	92.00%	92.00%	93.00%	93.00%	90.00%		
% of jobs advertised as flexible	Apr 2023		-		70.21%	64.77%	67.44%	64.47%	65.96%	58.02%		

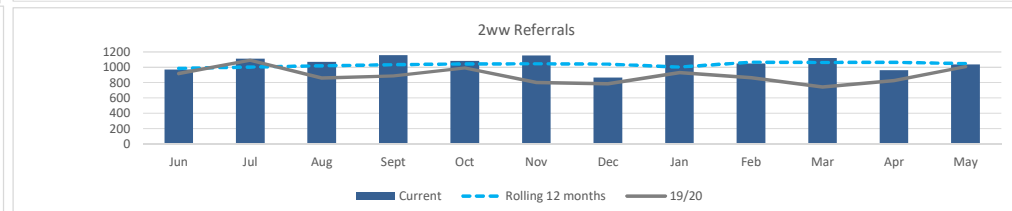
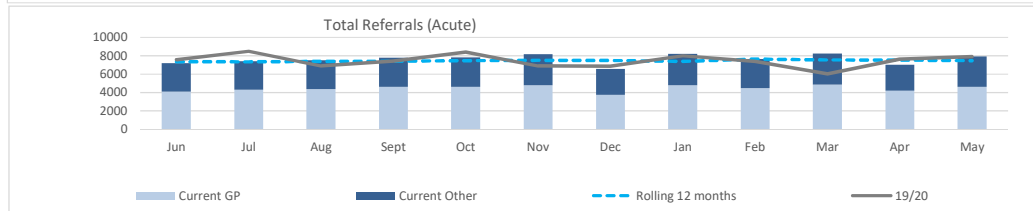
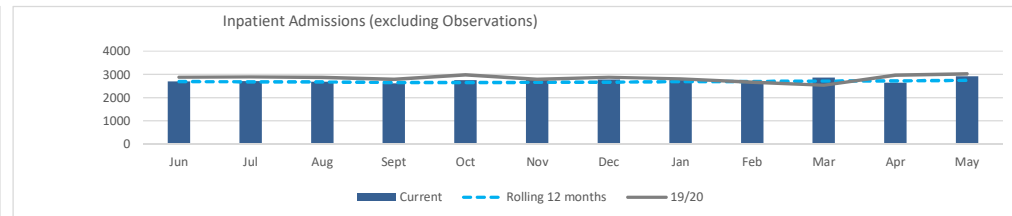
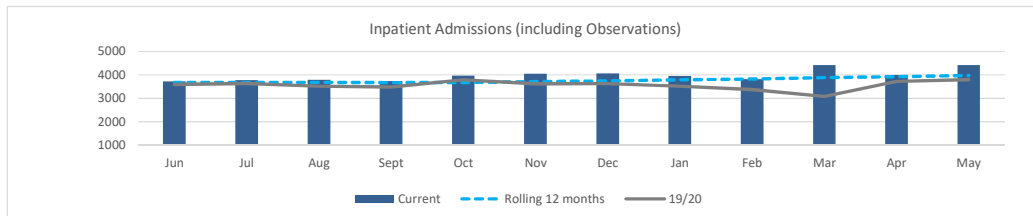
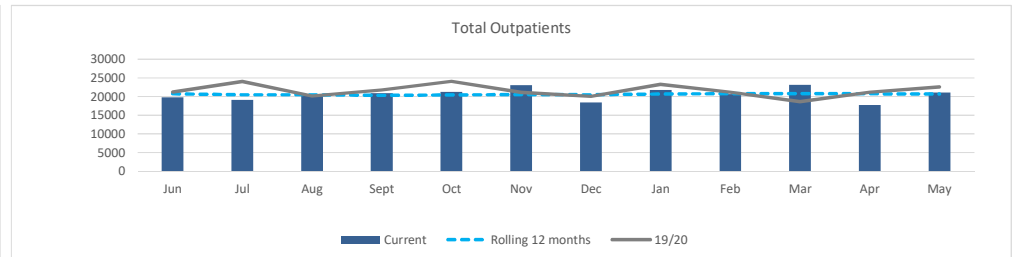
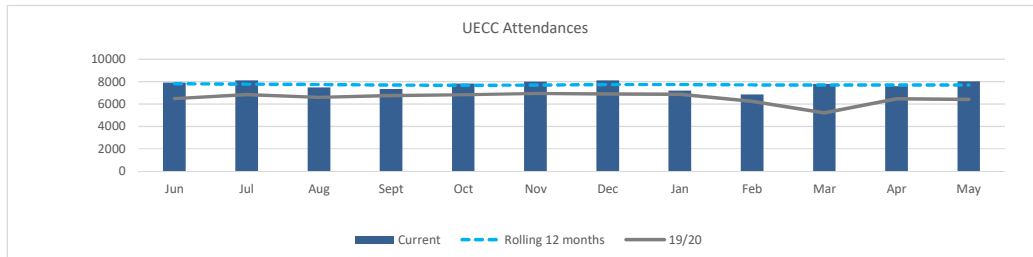
Trust Integrated Performance Dashboard - Finance

Apr 23 - May 23



	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)	(699)	(1,136)	(437)	(1,399)	(2,093)	(694)	0
I&E Performance (Control Total)	(637)	(1,074)	(437)	(1,274)	(1,968)	(257)	0
Efficiency Programme (CIP) - Risk Adjusted	762	13	(749)	762	13	(749)	9,942
Capital Expenditure	883	186	697	1,546	344	1,202	0
Cash Balance	(416)	(2,302)	(1,886)	22,322	17,057	(5,265)	0

Trust Integrated Performance Dashboard - Activity



Trust Integrated Performance Dashboard - Activity

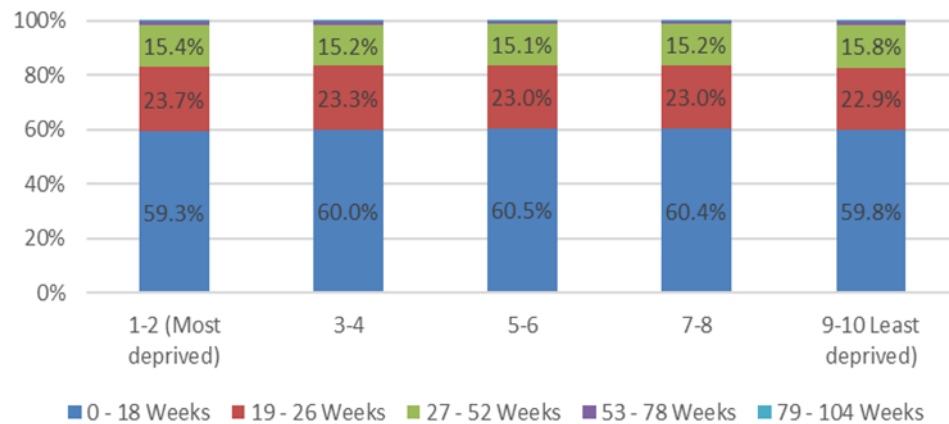
ACTIVITY			
OUTPATIENTS			
	Activity 19/20	Activity 23/24	As % of 2019/20 WDA
May	23,118	20,811	97%
YTD monthly average	44,913	38,545	93%
DAYCASES			
	Activity 19/20	Activity 23/24	As % of 2019/20 WDA
May	2,084	1,761	91%
YTD monthly average	4,250	3,350	85%
ELECTIVE ACTIVITY			
	Activity 19/20	Activity 23/24	As % of 2019/20 WDA
May	387	349	97%
YTD monthly average	752	635	91%

Trust Integrated Performance Dashboard - Health Inequalities

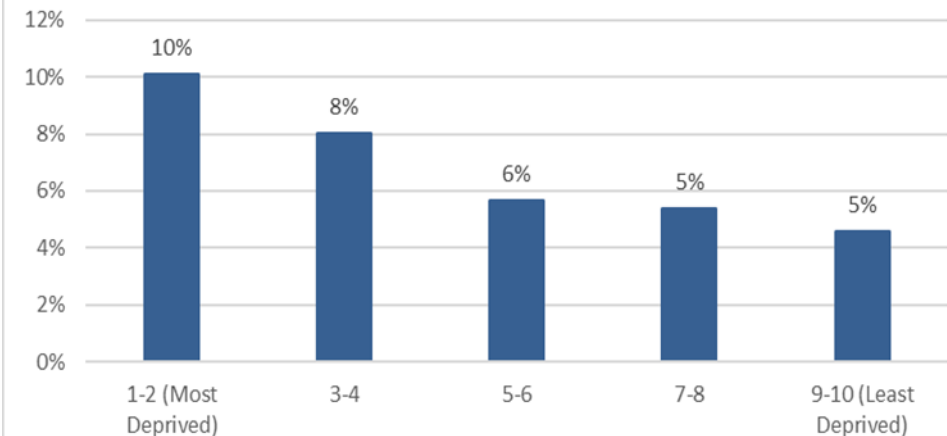
RTT Snapshot 28/05/23

IMD Quintile	Patients on Waiting List	Median Wait (Wks)	% of All RTT Patients	% of Rotherham Population	% Proportion Difference to Rotherham Population
1-2	9848	12	38%	36%	1.5%
3-4	6170	12	24%	23%	0.3%
5-6	4024	12	15%	15%	0.1%
7-8	4768	12	18%	20%	-1.4%
9-10	1475	12	6%	6%	-0.4%
Total	26261	12	100%	100%	0.0%

Patients on Waiting List by IMD Quintile & Waiting List Group



Percentage of Outpatient DNA's by Deprivation Quintile During May



Safer Staffing

Trust Wide Scorecard Rolling 12 Months & Year End position 21/22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Daily staffing -actual trained staff v planned (Days)	84.11%	83.95%	81.92%	83.54%	82.43%	83.69%	84.87%	87.47%	82.86%	84.14%	84.80%	88.00%	91.00%
Daily staffing -actual trained staff v planned (Nights)	85.52%	86.36%	81.28%	84.30%	90.41%	86.89%	83.94%	84.53%	84.97%	88.28%	90.92%	94.00%	98.00%
Daily staffing - actual HCA v planned (Days)	95.88%	91.45%	80.37%	83.13%	83.46%	86.96%	82.06%	81.44%	84.32%	81.81%	80.00%	85.00%	90.00%
Daily staffing - actual HCA v planned (Nights)	91.18%	94.30%	81.54%	83.77%	89.86%	93.64%	90.73%	85.46%	94.75%	92.02%	90.00%	94.00%	97.00%
Care Hours per Patient per Day (CHPPD)	6.5	6.6	6.3	6.0	6.3	6.2	6.3	6.4	6.4	6.4	6.5	7.1	8.0

Key: < 85% 85-89% >=90%

Integrated Performance Report Commentary

OPERATIONAL PERFORMANCE

Urgent & Emergency Care and Flow

- Demands on urgent care remained high, with attendances at the same level as April and May a year earlier, and 22% above 2019/20 levels. In addition, admissions were particularly high across the latest two months – 18% above 2022/23 levels and more than 30% above 2019/20. A significant proportion of these patients were zero-day length of stay patients, demonstrating the value of our same day emergency care pathways and assessment units.
- The numbers of long length-of-stay (21+ day) patients has consistently been below the target for the past three months although it has fluctuated over the period. Meetings with system partners including social care take place three times a week, to escalate key issues and take action to address the challenges.
- The proportion of ambulances exceeding a one hour handover has been close to 5% for March and April, well below the trend of previous months. The Trust benchmarked in the middle of the North East and Yorkshire trusts for lost ambulance handover time in May. The proportion of patients waiting over 12 hours in A&E improved in May to 3%, continuing a trend of improvement as the Trust works toward this eventuality being all-but-eliminated in 2023/24 with the reintroduction of the 4-hour standard.
- This performance continues to show the slight reduction in non-elective bed pressure experienced in the Trust in recent months, which is due to ongoing work supporting improved flow through the Trust and despite demand at the front door remaining high. This enabled us to close our escalation ward – Sitwell Ward – at the end of May, although this is likely to increase some of the bed pressures we experience given the reduced capacity this will bring. There continues to be higher numbers of patients with increased acuity who require additional support.

Elective Care

- The waiting list has begun to grow rapidly with a 10% increase at the end of May 2023 compared to March 2023. Growth in referrals over Q4 of 22/23 have contributed to this increase in the waiting list, and April and May are showing similar levels of referrals which will increase pressure on the waiting list.

This increased demand continues to be more pronounced in medical specialties, although our non-elective emergency and trauma demand has also been under significant pressure, which impacts on elective capacity.

- Activity continues to run below the 103% target based on the first two months of the year, with volumes at 93% of 19/20 for Outpatients, 85% of 19/20 for Daycases and 91% for Inpatient activity. Once this activity is coded we will have a better sense of how this equates in value terms. The period of Industrial Action in April had a significant impact on outpatient activity in particular, and this combined with the Easter holiday and Eid led to high levels of cancelled activity in this period.
- Industrial action was managed through significant internal planning which aimed to ensure the impact on our patients was minimised whilst patient safety remained paramount.
- The RTT position has declined over the past 3 months and continues to be well below historical performance. This decline is despite the recent growth in the total waiting list and reflects challenges around scaling up activity to respond to demand.
- The challenges noted above on capacity constraints and a sustained high level of demand is contributing to a further rise in the number of 52+ week waiters, as well as a stable number of 65+ week waiters. The Trust continues to collaborate across the region to deliver the national expectation around long-waiters in 2023/24, with proposals around focussing on shorter-waiters and the use of data to ensure appropriate decision-making being key recent agreements across all trusts.

Cancer

- The performance within cancer pathways has been challenged over the last few months, and in some tumour sites has been particularly impacted by the three Monday bank holidays within May following the Easter break.
- 2-week wait performance has deteriorated, with Breast and Skin performance particularly impacted. Within Skin, our medical workforce shortages have led to a backlog of 2ww patients, although this is expected to improve in the next two months as our new consultants begin delivering 2ww clinics. Challenges in Breast are due to a number of factors, including long-term sickness in our small consultant team and an agreement to provide mutual aid across March and April to Sheffield Teaching Hospitals NHS FT given the extremely long waits for their patients.
- The Faster Diagnosis Standard (FDS) has been variable over the past few months, although was achieved in March 2023. That said, it has improved significantly in the last few months, consistently being in excess of 70% over the period. This new standard remains a key focus for all of our teams, given its impact on patients in particular.

QUALITY SUMMARY

Mortality

- The latest mortality data has now been updated to February 2023 for both the HSMR and the SHMI. As per the previous position, the HSMR is currently within the 'as expected' category. The in-month HSMR for March 2023 was 101.7, which is statistically within the 'as expected' band. If the national HSMR values are ranked (lowest to highest) the Trust's HSMR is 55th of 118 acute, non-specialist NHS providers.
- The HSMR value provided within the IPR this month is now aligned with the reporting period for SHMI as the Trust has now moved to a new mortality benchmarking provider. The new benchmarking tool has opened up additional information to us which we are exploring to ensure we have maximised the opportunities to draw further insights about our mortality position and are learning from the data presented to us.
- The SHMI has remained stable at 108.4 (data for February 2023). The coding team continue to improve the accuracy of the coding but we have seen a drop-off in depth of coding since September 2022 when we were no longer able to code previously-coded co-morbidities. Further work is underway to better understand where the most significant changes have occurred in order to ensure we can develop further work between our clinicians and clinical coding team to mitigate this.
- For the 12 month period there were no HSMR diagnosis group that had a relative risk banded as statistically 'higher than expected'. Training for the group of clinicians who will be undertaking structured judgement reviews has taken place following approval of the business case to revise our approach.

Patient Safety

- There was 1 incident deemed to be severe or above in April and 2 in March, and these have all been investigated at Harm Free Care and Serious Incident (SI) panels as appropriate. Staffing levels improved to the highest levels all year across all times, with fill rates above 90% for Registered Nurses and Healthcare Assistants during the day and overnight. This is a significant change from a year ago, and demonstrates the improved workforce position we are now in.
- The complaint level rose to 12 in March 2023 and this is the highest seen since November 2022, but this metric does fluctuate and in April 2023 this dropped to 7.6. However, the last 5 months the numbers of complaints each month have been between 18 and 24, so the movement in absolute numbers is very small and part of normal variation.
- The VTE figure for May 2023 is not available at present due to an issue with our data warehouse. However, this has been identified and is now being rectified. The data will be shared as appropriate with the Medical Director

and other relevant clinical colleagues in advance of submission nationally. The Quality Committee will receive the finalised May and June data next month, following their initial review of the draft May data this month.

- Care Hours per Patient Day has achieved a new high in May after a long period of being below the target. This improvement in performance is due to two factors: firstly, it is linked to actions taken following a detailed review of bank and agency shifts requests, where it was identified that some of the bank shifts were not being counted within the submission. This was rectified in April, and along with an improved staffing position, has led to a further significant increase in the figure in May. Secondly, it is the natural consequence of the higher fill rates described above, meaning our teams have longer to spend with each of our patients on a daily basis.

WORKFORCE SUMMARY

Retention and Recruitment

- Overall vacancies for Nursing & Midwifery improved in March to 51.4 WTE. The highest vacancy level is within 'Support to Clinical Staff' which is driven by 58.5 WTE healthcare assistant and other support staff vacancies across the Trust.
- April 2023 saw a slight decrease in voluntary leavers (28.5 WTE) compared with previous month (29.7 WTE) and a decrease of 5.2 WTE against April 2023. Of the 35 voluntary leavers for April, 21 had less than 5 years' service at TRFT, of which 7 were within admin and clerical roles. However, the highest leaving reason for March was work-life balance (5.8 WTE) followed by relocation (5.5 WTE).
- The Trust welcomed 60 new starters in April 2023, including 11 qualified nursing and midwifery staff and 1 newly qualified staff.

Attendance

- Monthly sickness absence rate for the month of April 2023 decreased by 0.9%. The decrease in the overall sickness rate was driven by long term sickness (3.1%), a 0.5% decrease when compared with the previous month. Four divisions have absence rates above target, with Corporate Services having the lowest absence rate at 1.9%.
- Sickness rates continue to decline across all divisions, benchmarking shows absence above other local trusts and our peer group on sickness rates.

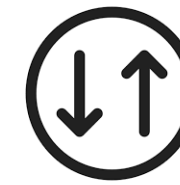
Appraisals and Mandatory Training

- Overall appraisal compliance (rolling 12 months) for the month of April 2023 was 77% which is a 2% increase when compared to April 2022. Rolling 12 month compliance decreased by 4% when compared with previous month. All Divisions remain below the trust target of 90% with Community the highest (81%). A key focus for the Trust this year is on ensuring these appraisals are valuable for our staff and tailored to their needs. Provision of a bespoke appraisal discussion for all colleagues will support their ongoing development and empower our staff to excel in their roles.
- All Divisions remain above the 85% target for both core & job specific combined together. Information governance has increased by 1% to 92% when compared with previous month.
- The new consultant development programme which began in March 2023 continued in April and May, with the aim of supporting our clinical colleagues with their wider development. This is one element of the Medical Engagement Programme that has been launched, led by our new Medical Director, Dr. Jo Beahan.

FINANCE SUMMARY

The Finance summary commentary is included within the separate Finance Report.

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.
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		Common cause variation, no significant change. This system is not reliably capable. It will FAIL to consistently meet target without system change.
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		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.
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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

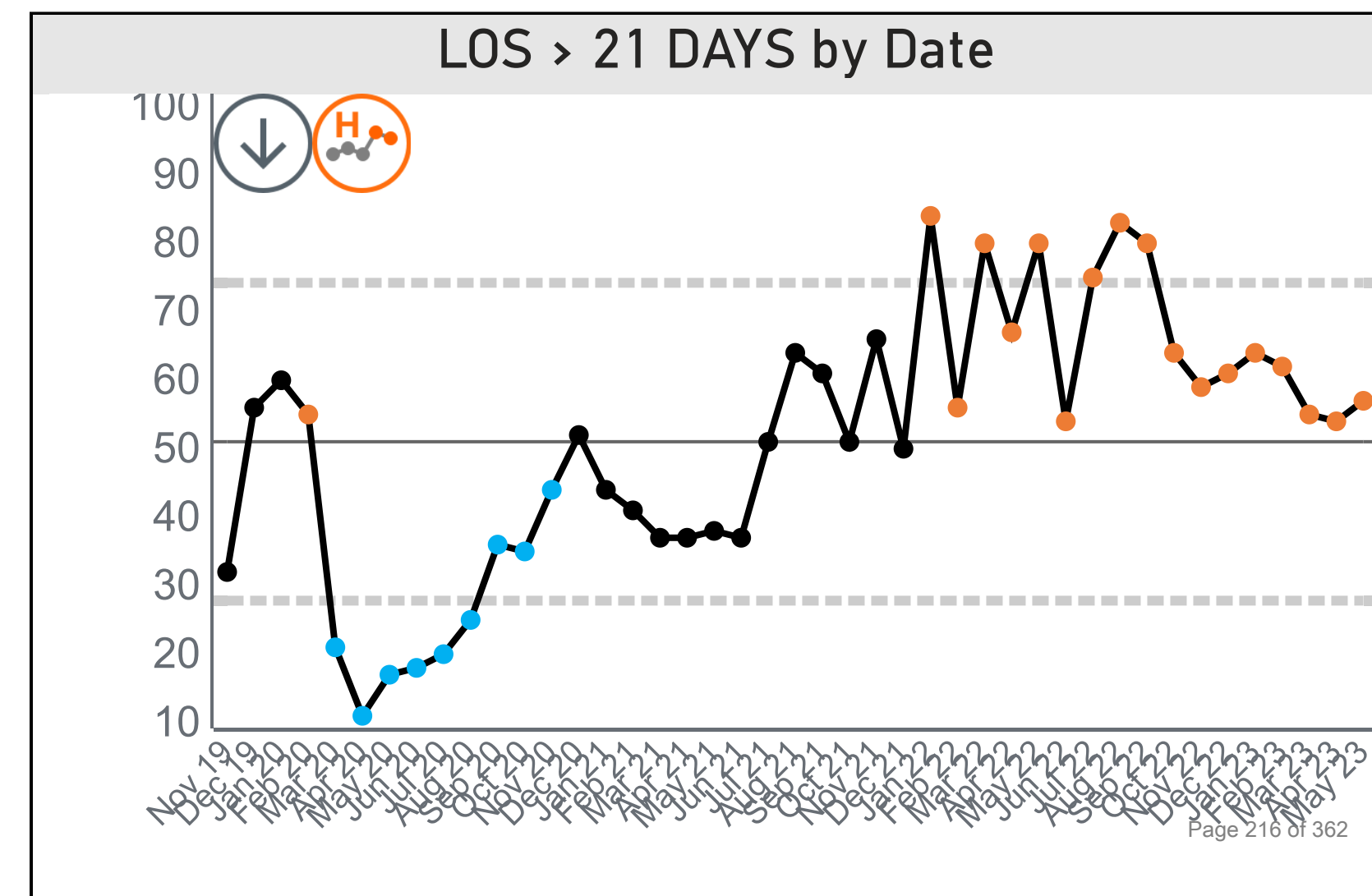
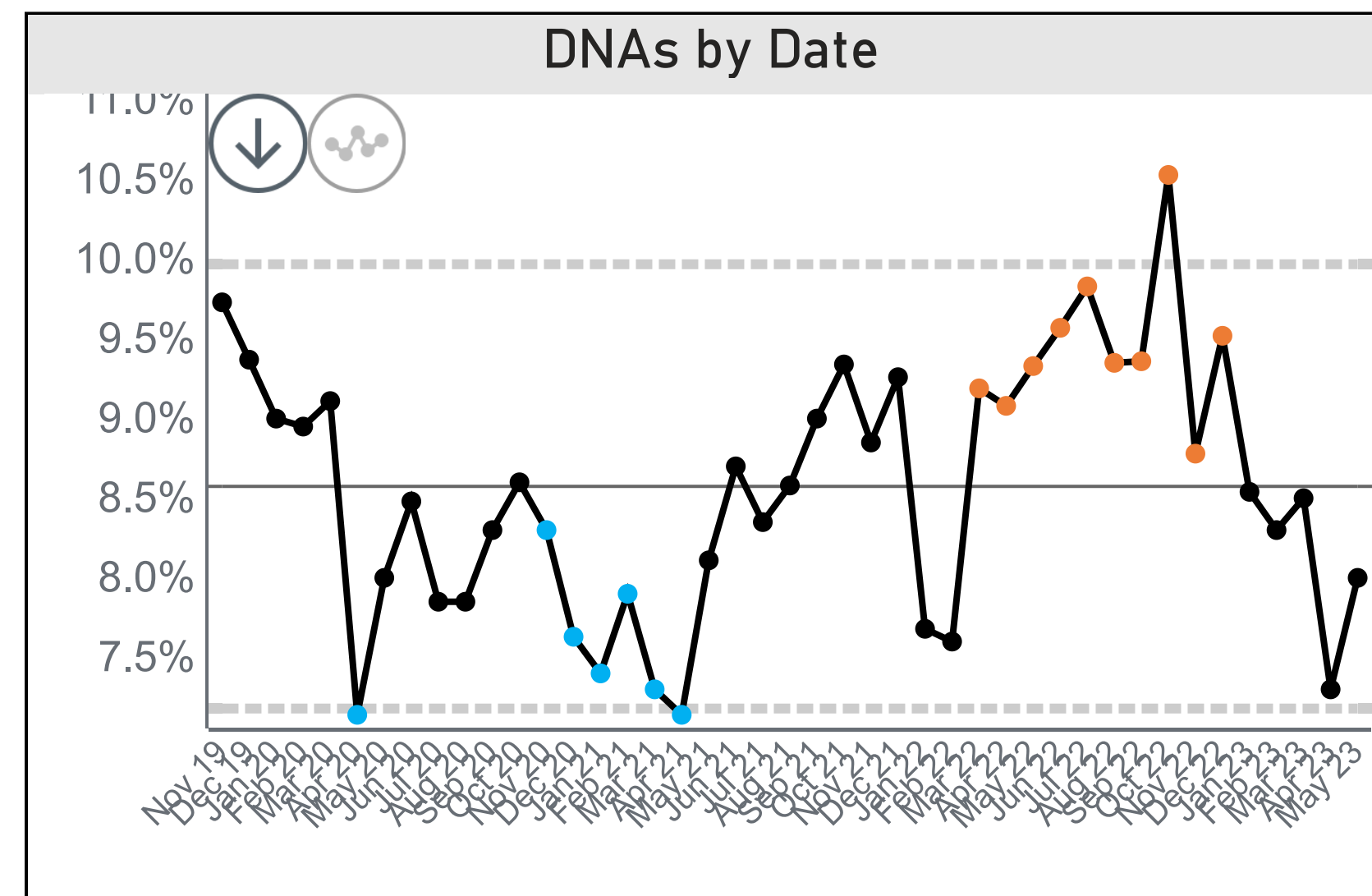
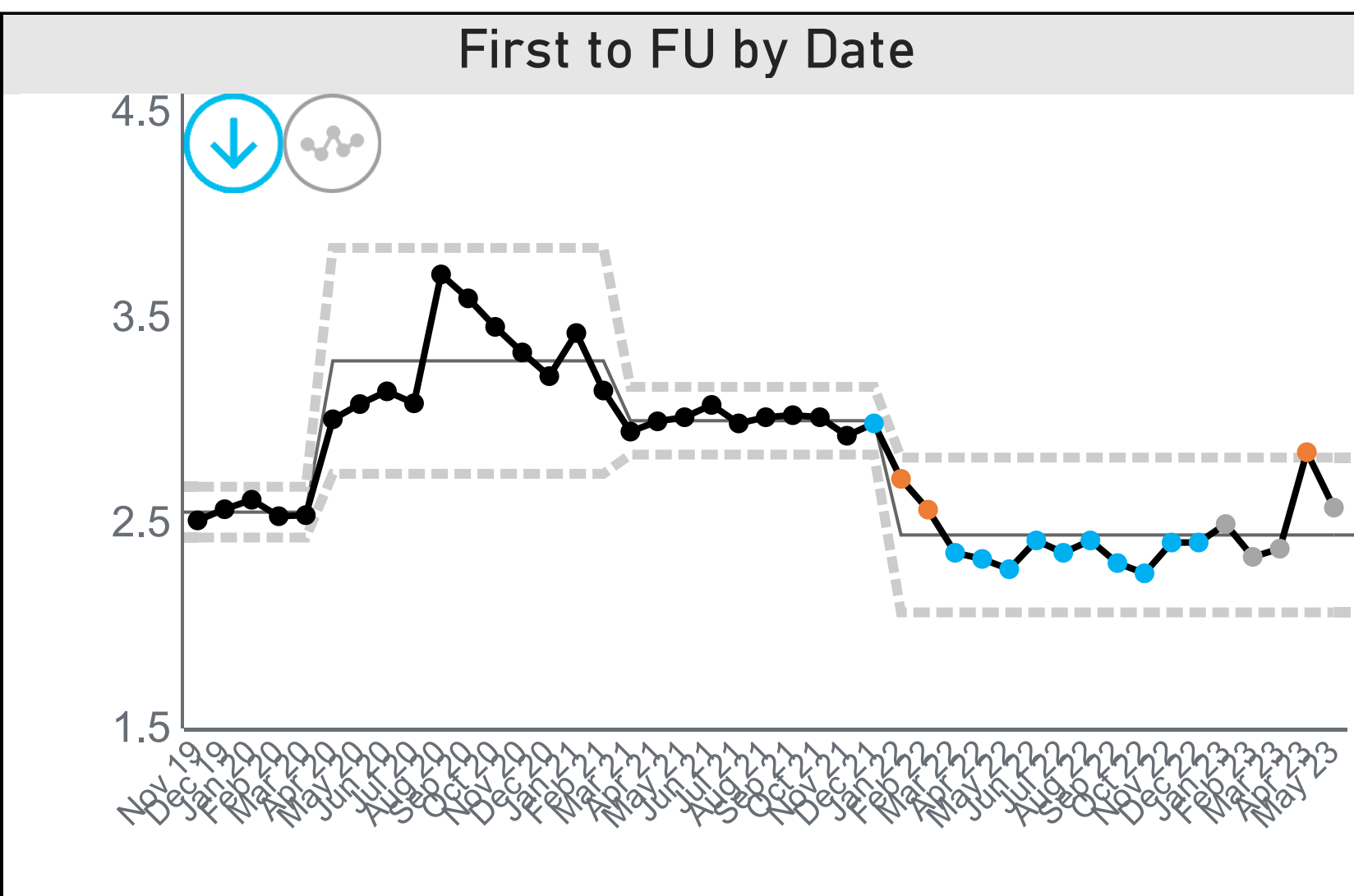
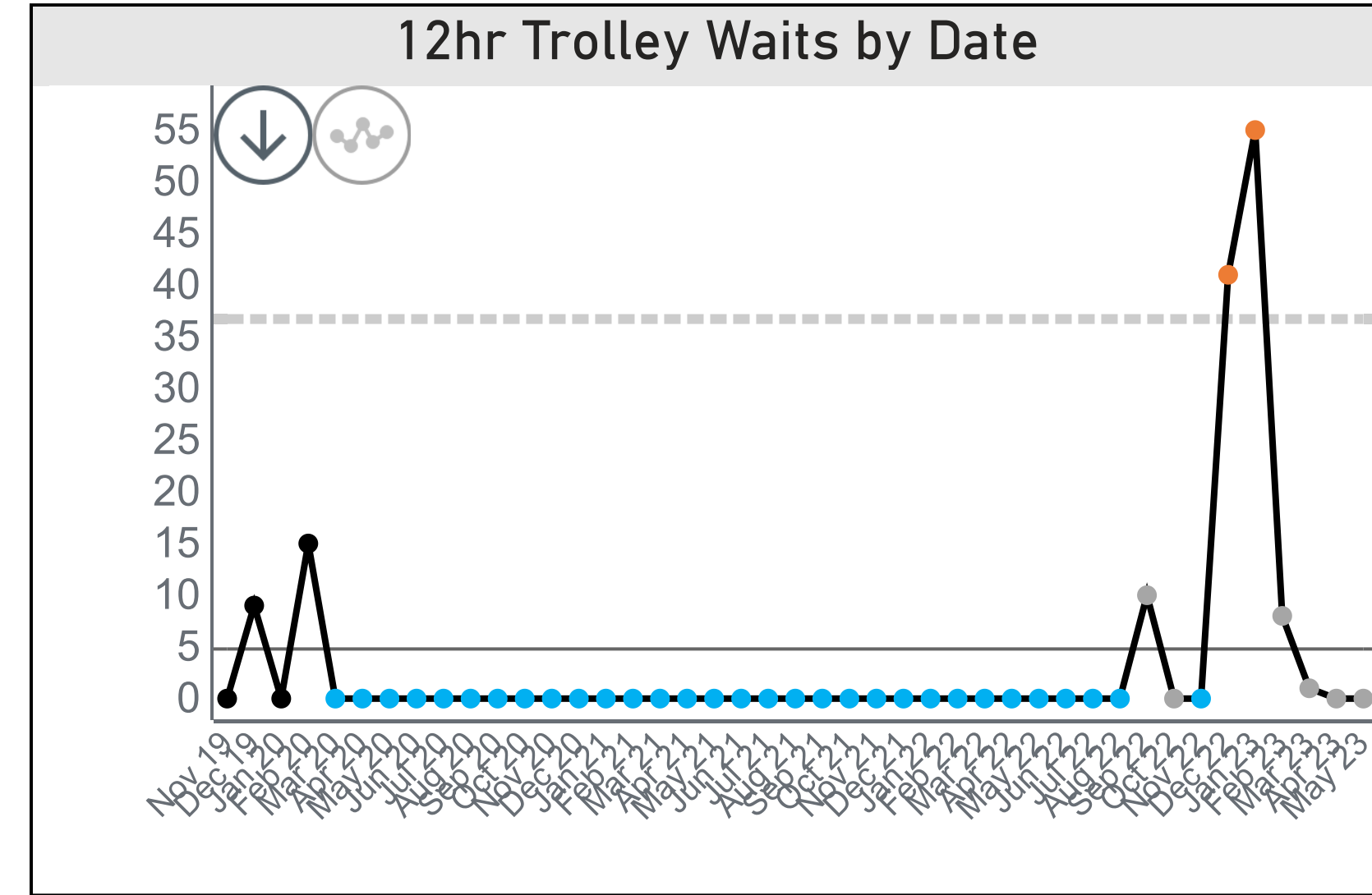
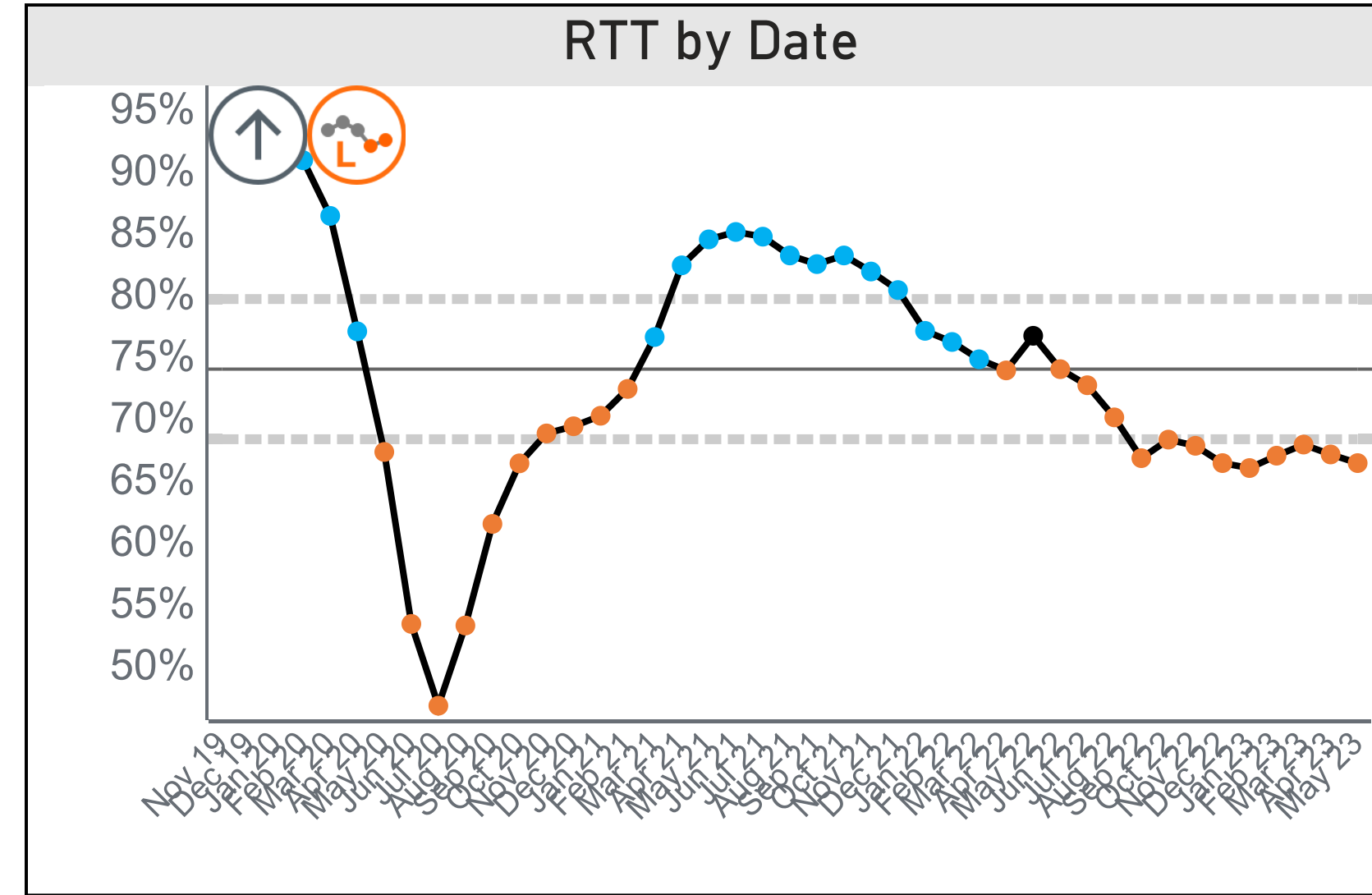
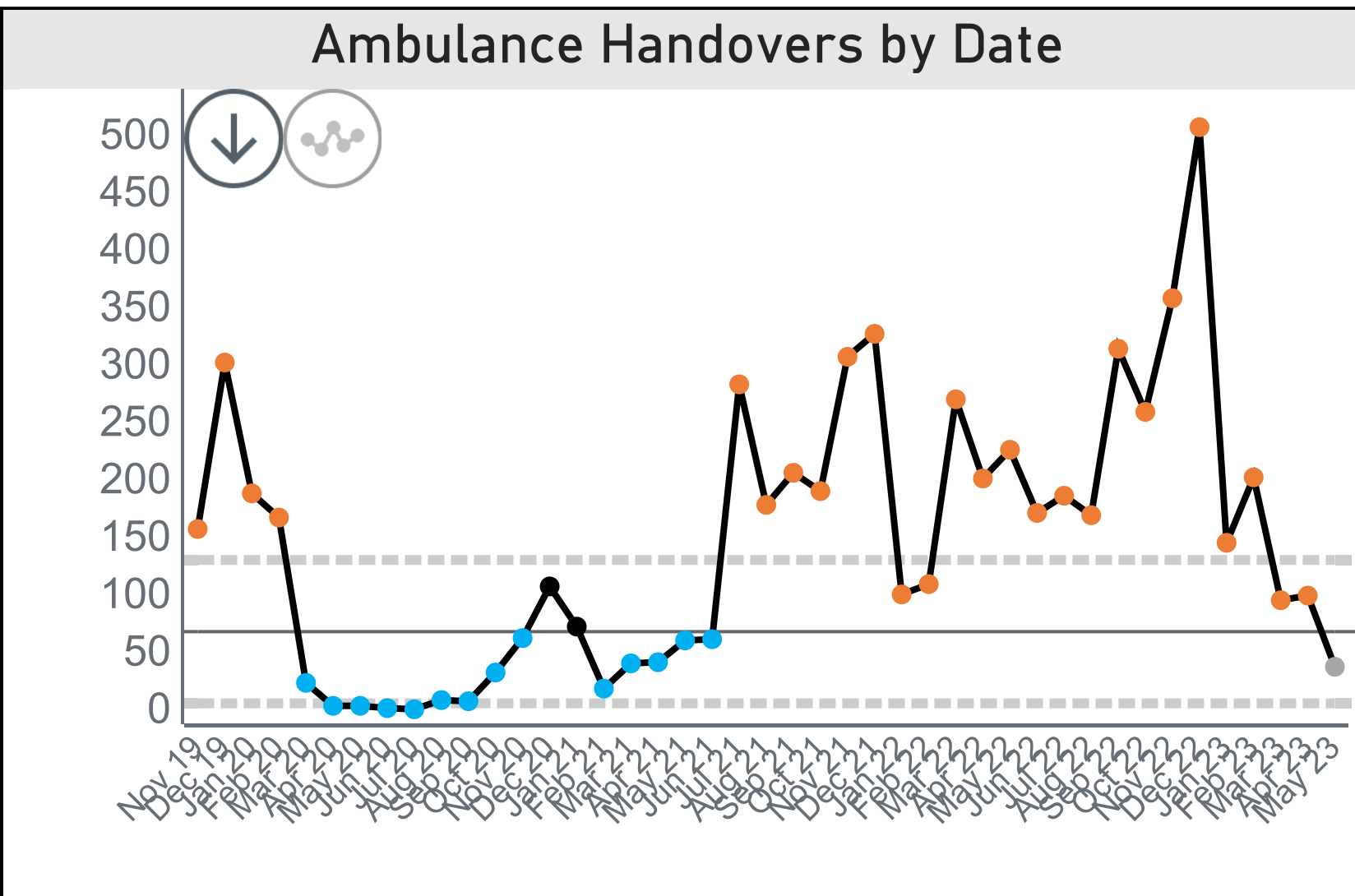
A run of values above or below the average (mean) line represents a trend that should not result from natural variation into the system

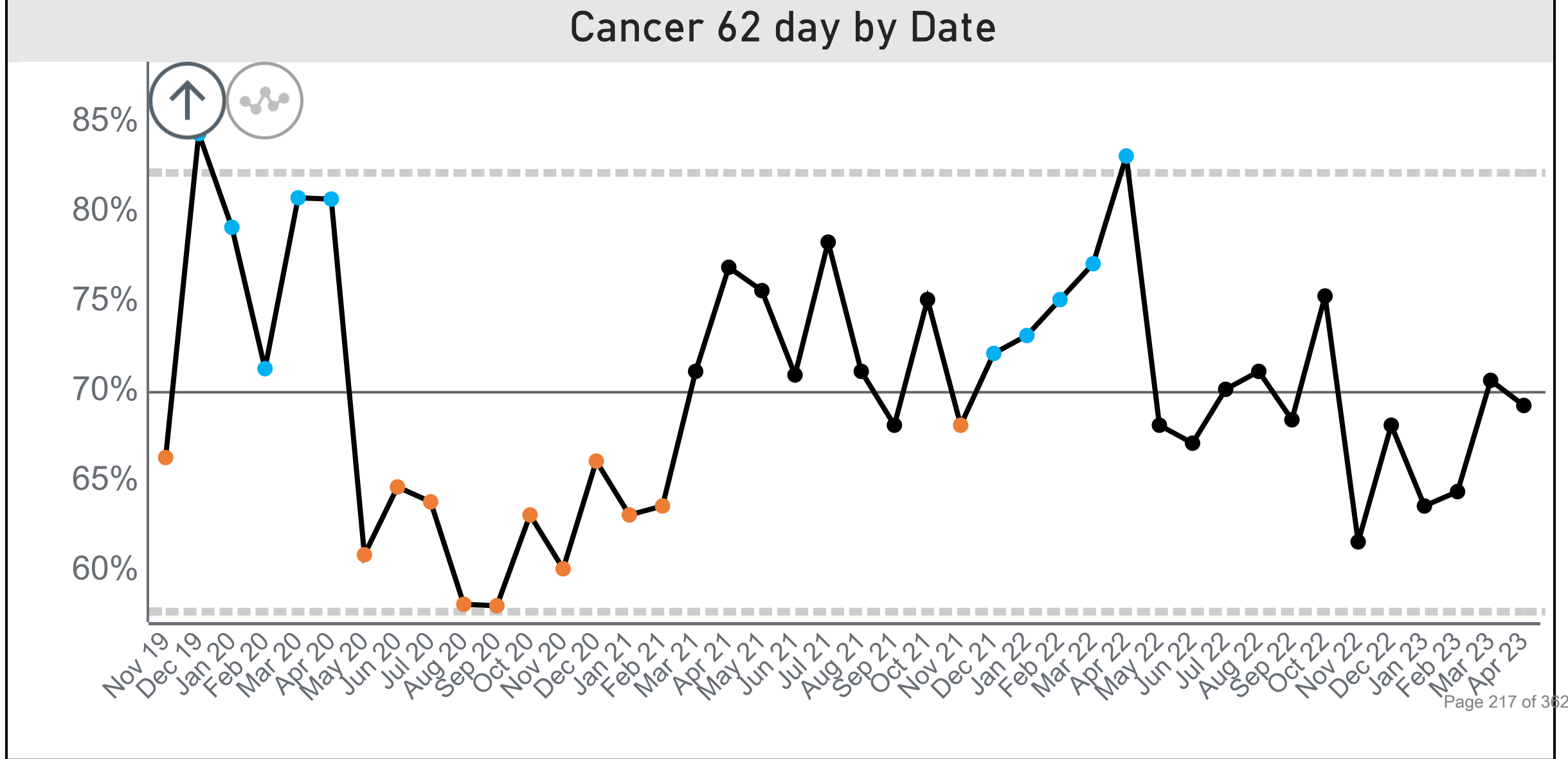
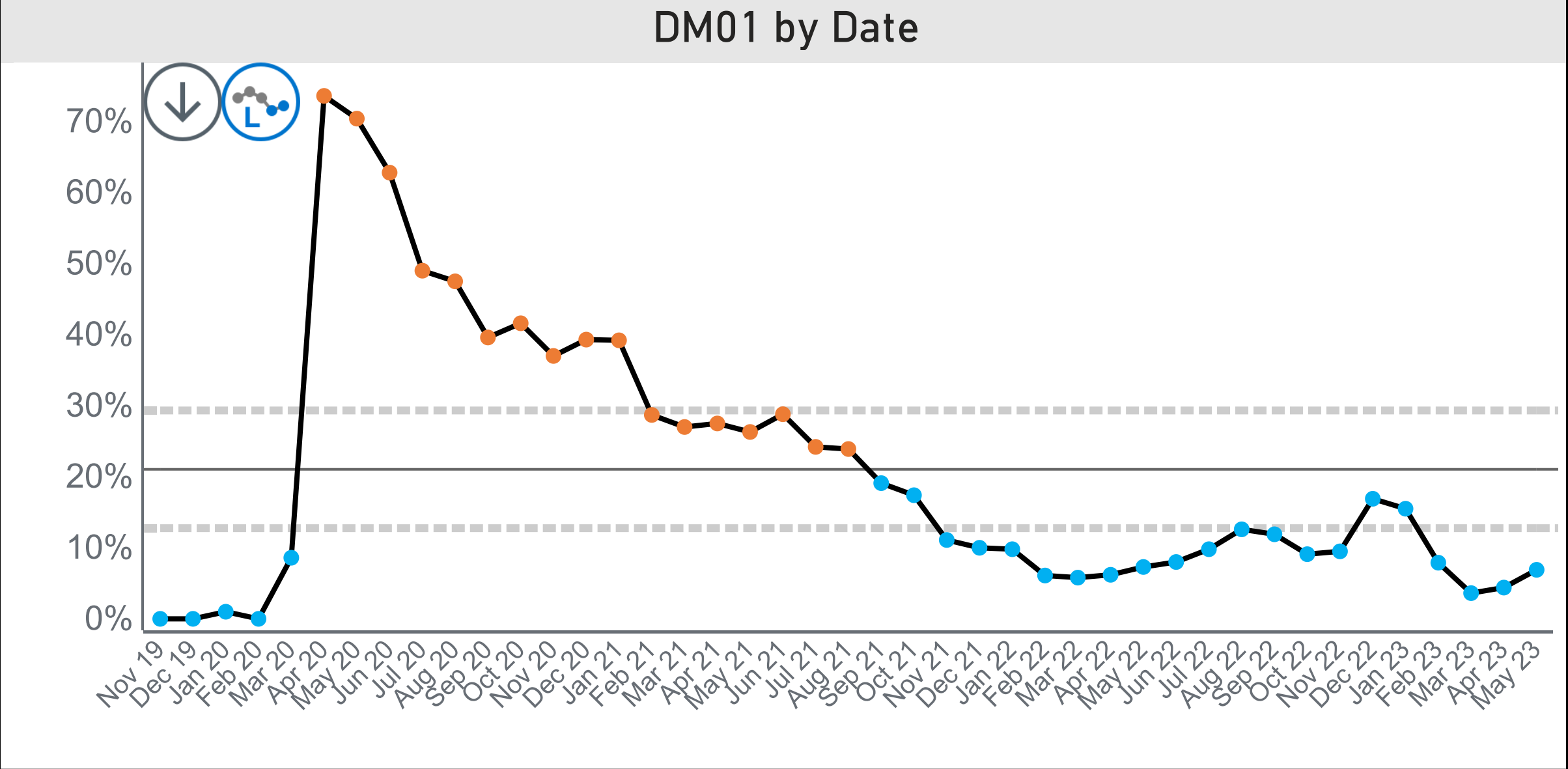
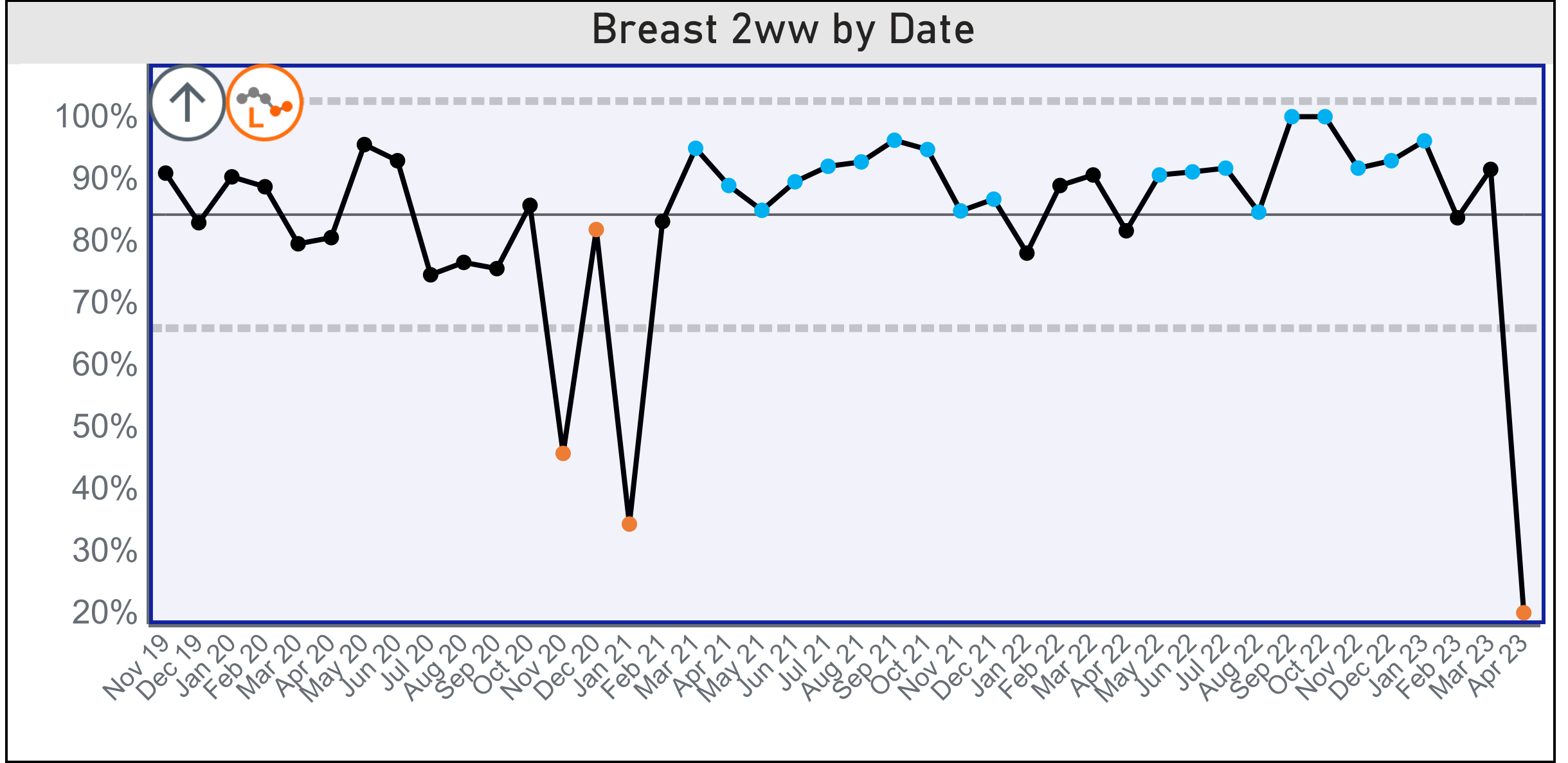
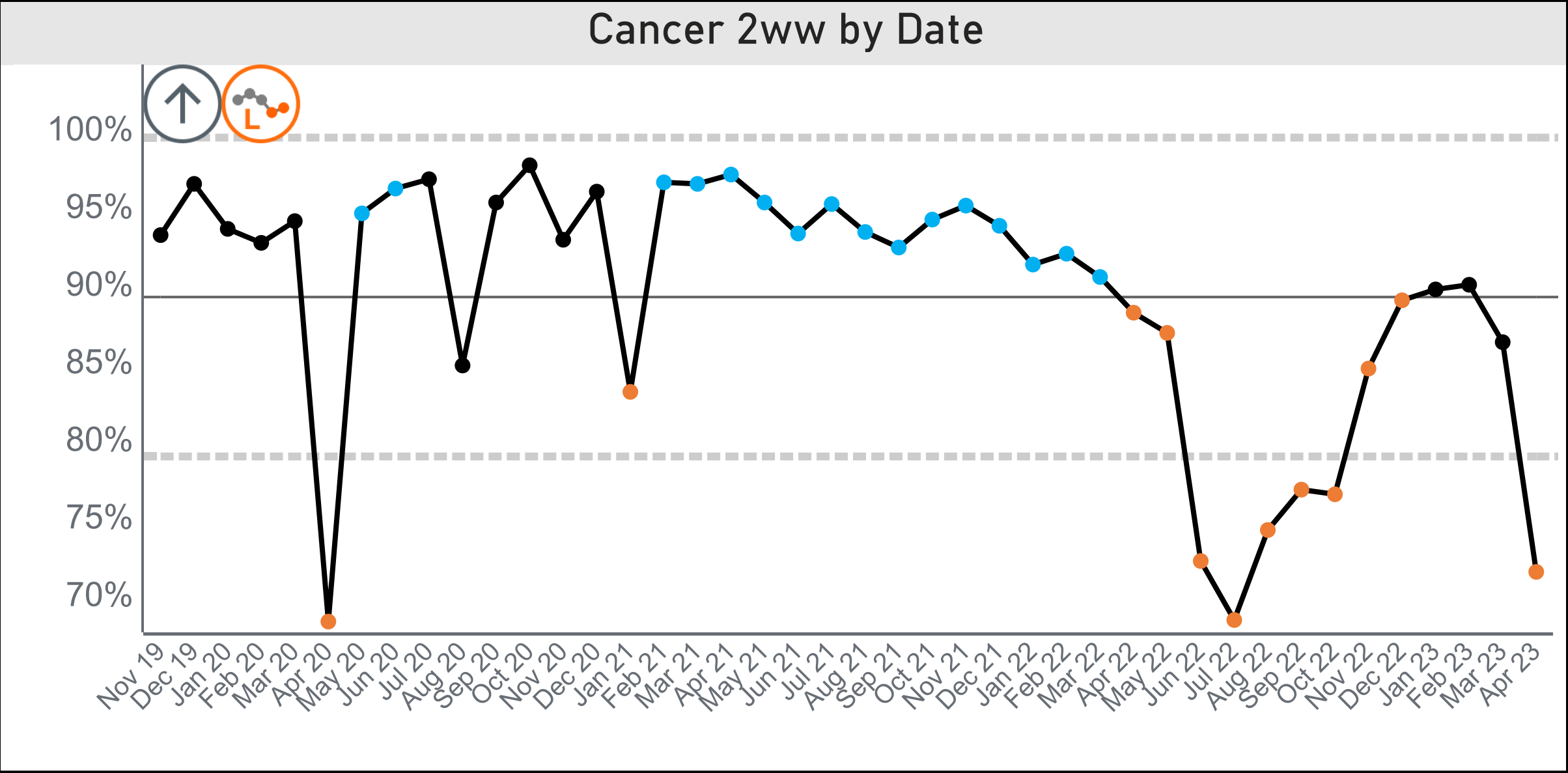
Consecutive points increasing or decreasing

A run of values showing continuous increase or decrease is a sign that something unusual is happening in the system.

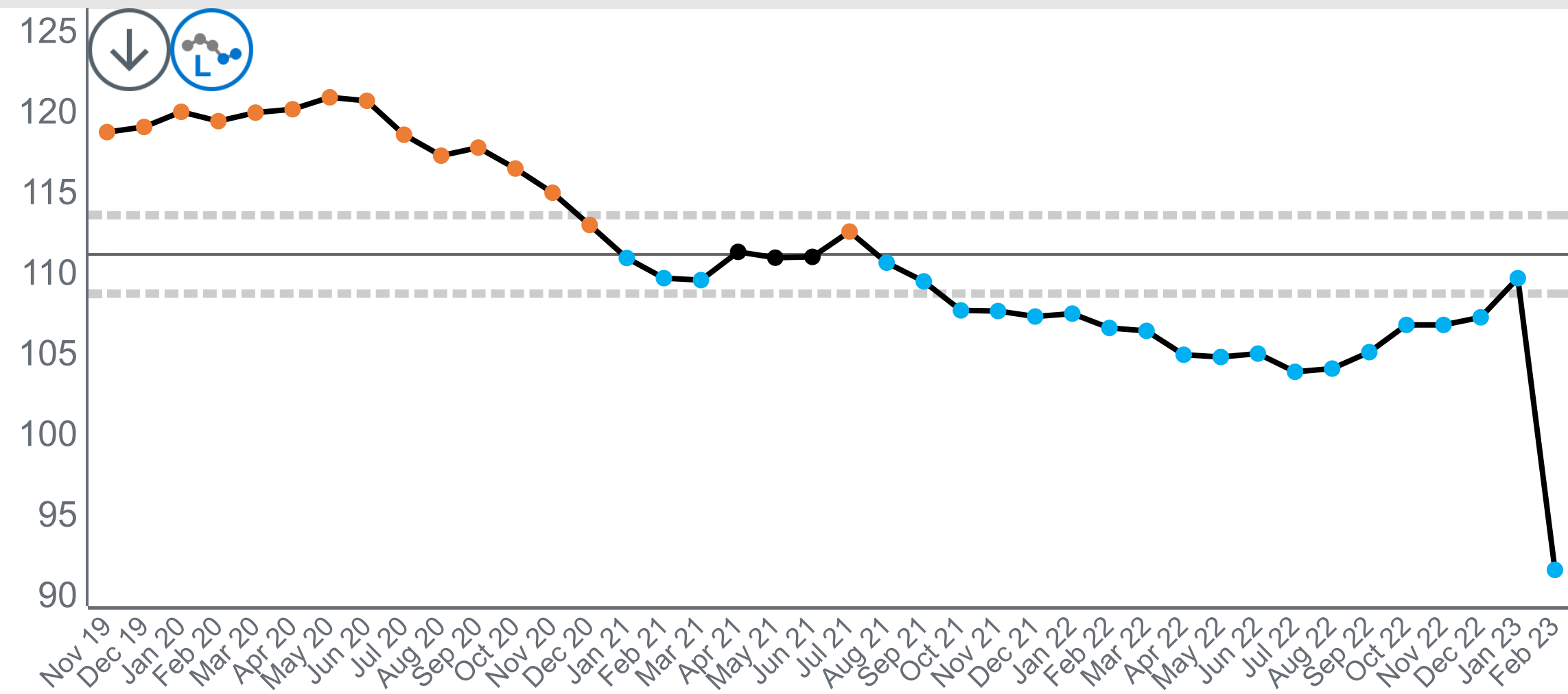
Two out of three points close to the process limits

A pattern of two points in any three consecutive points close (in the outer third to the process limits).

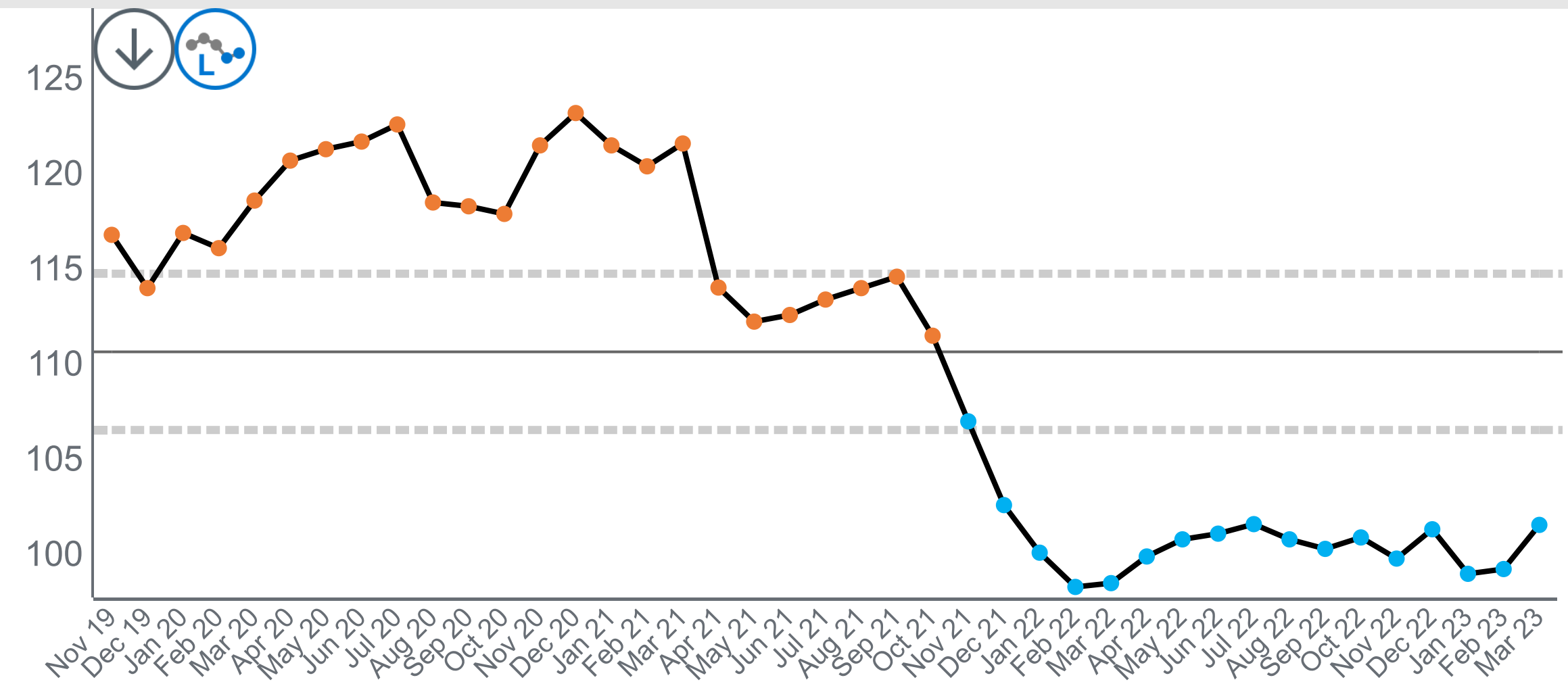




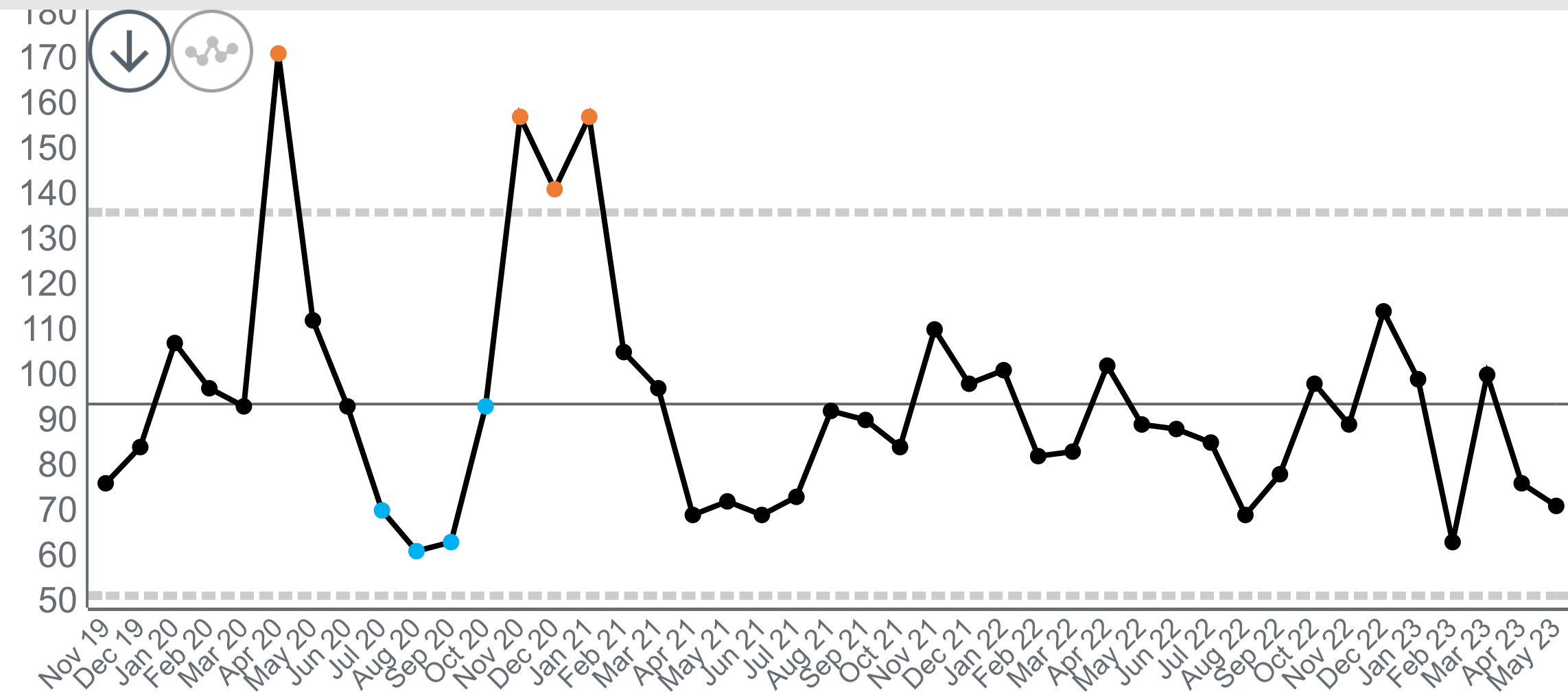
SHMI by Date



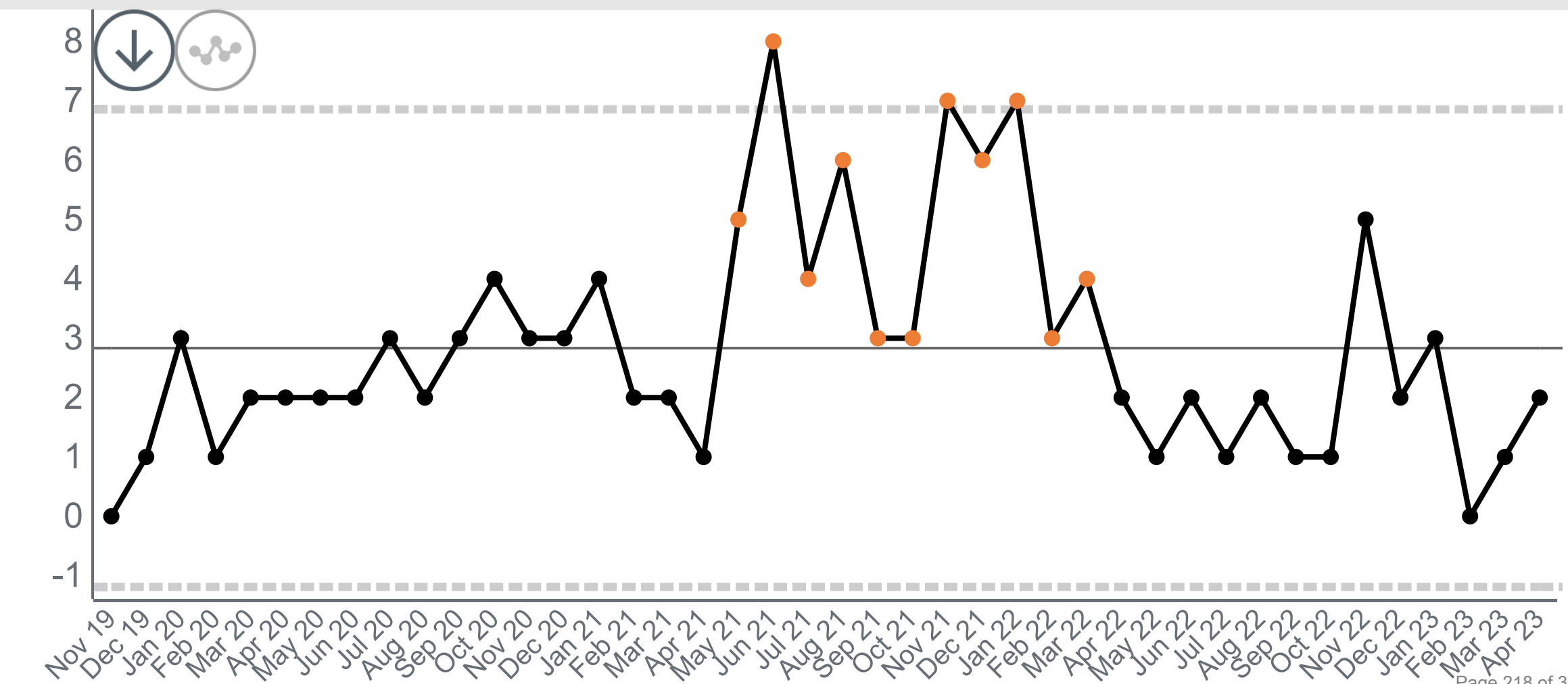
HSMR by Date

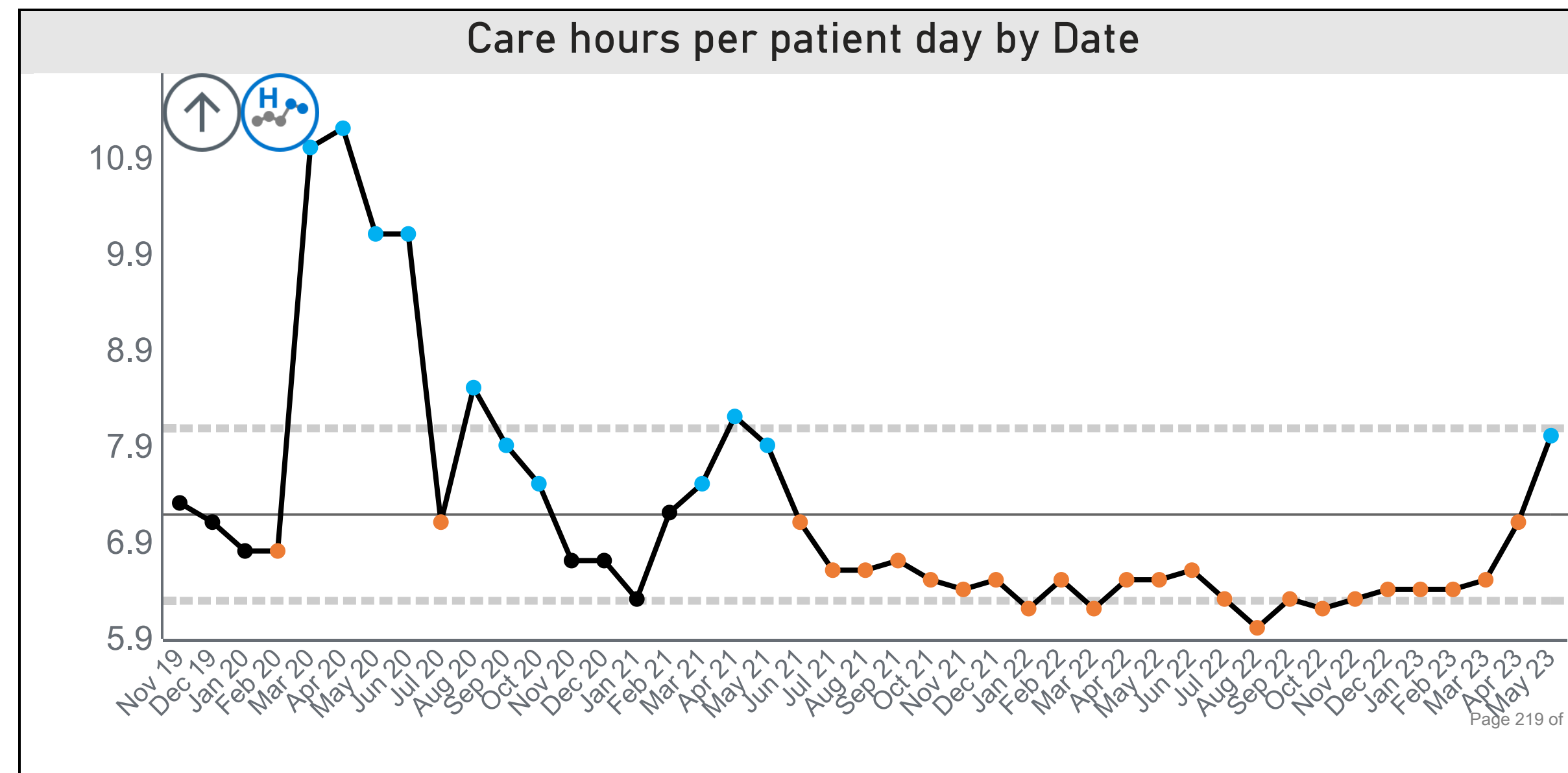
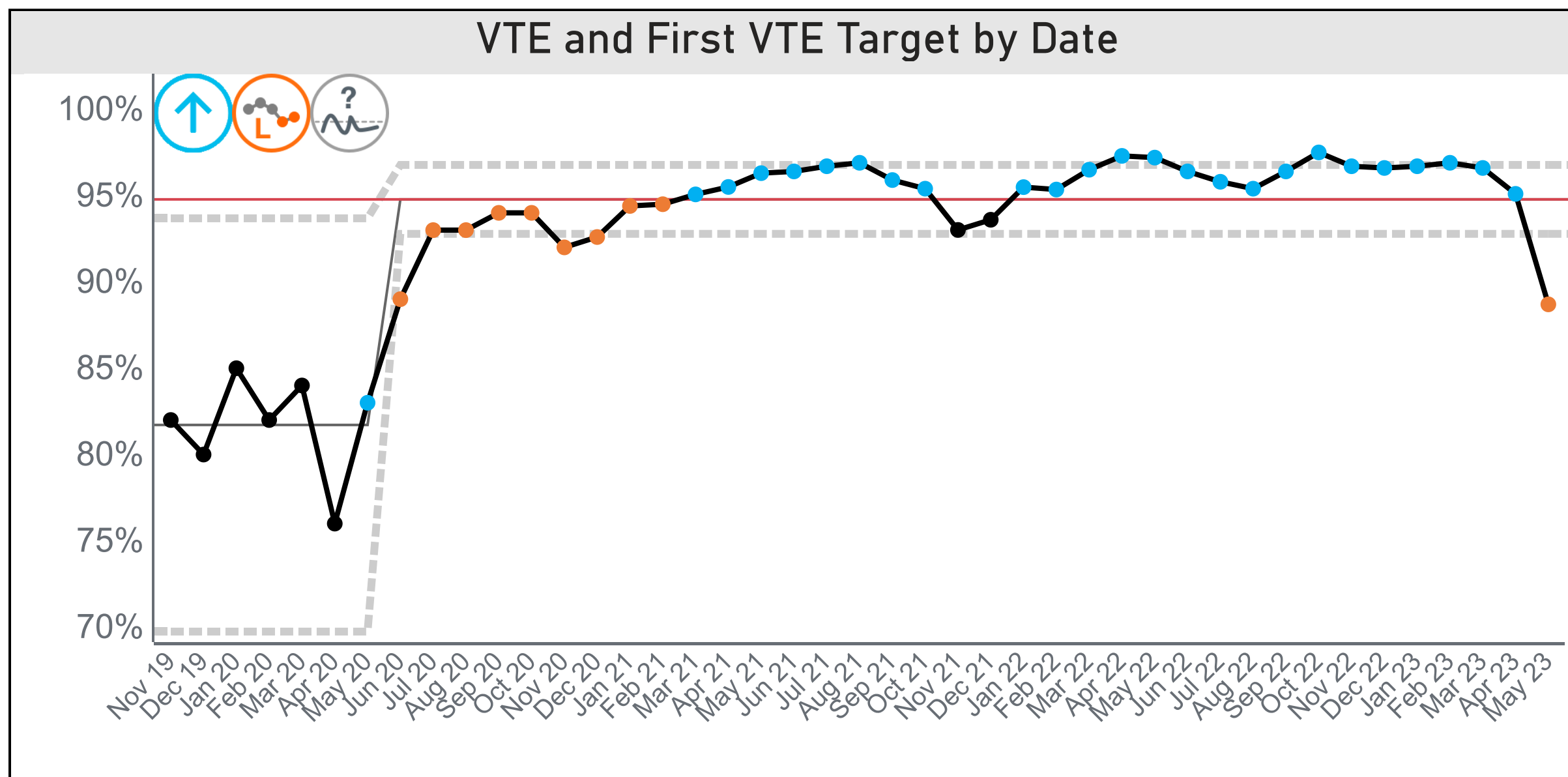
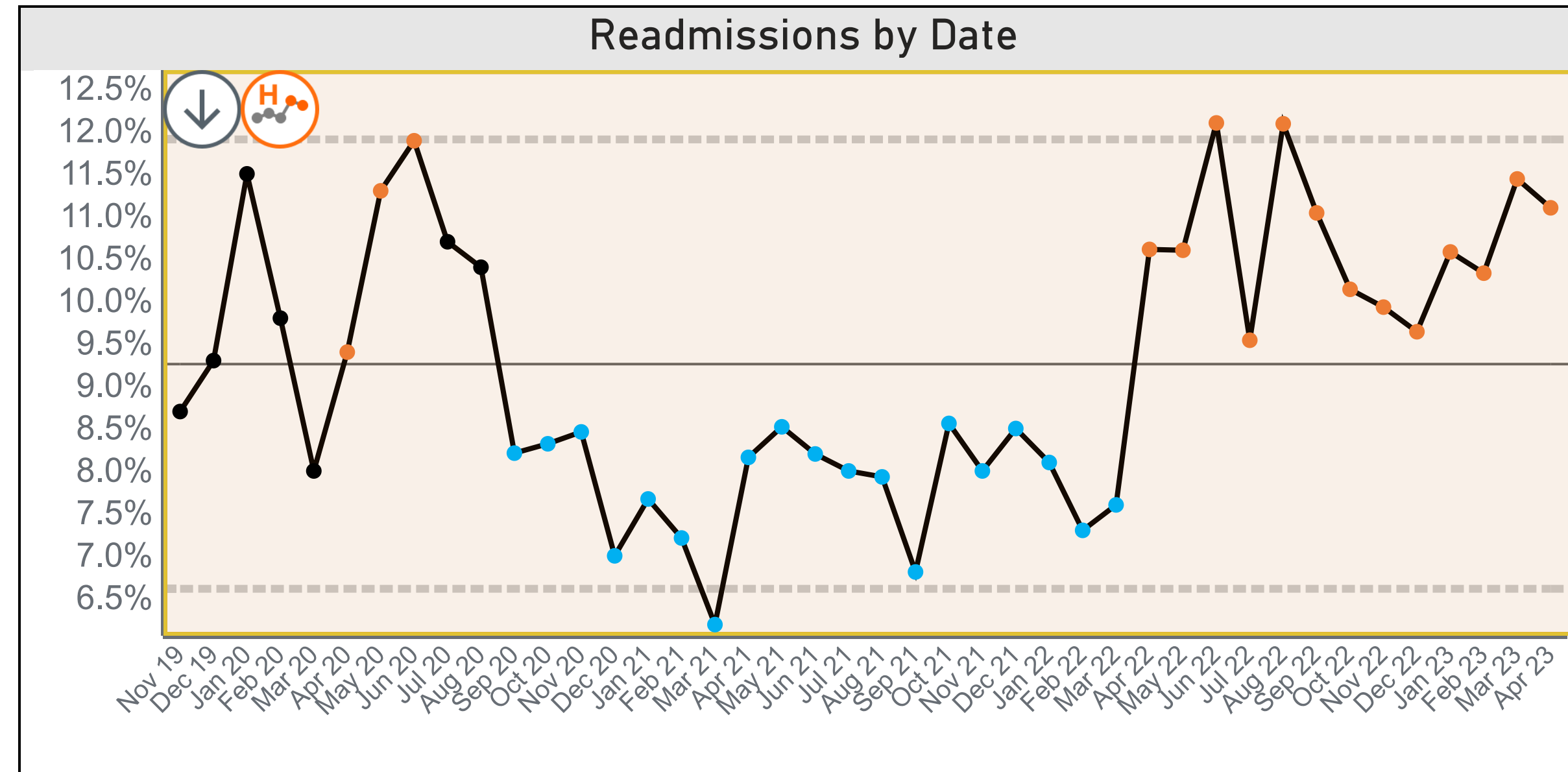
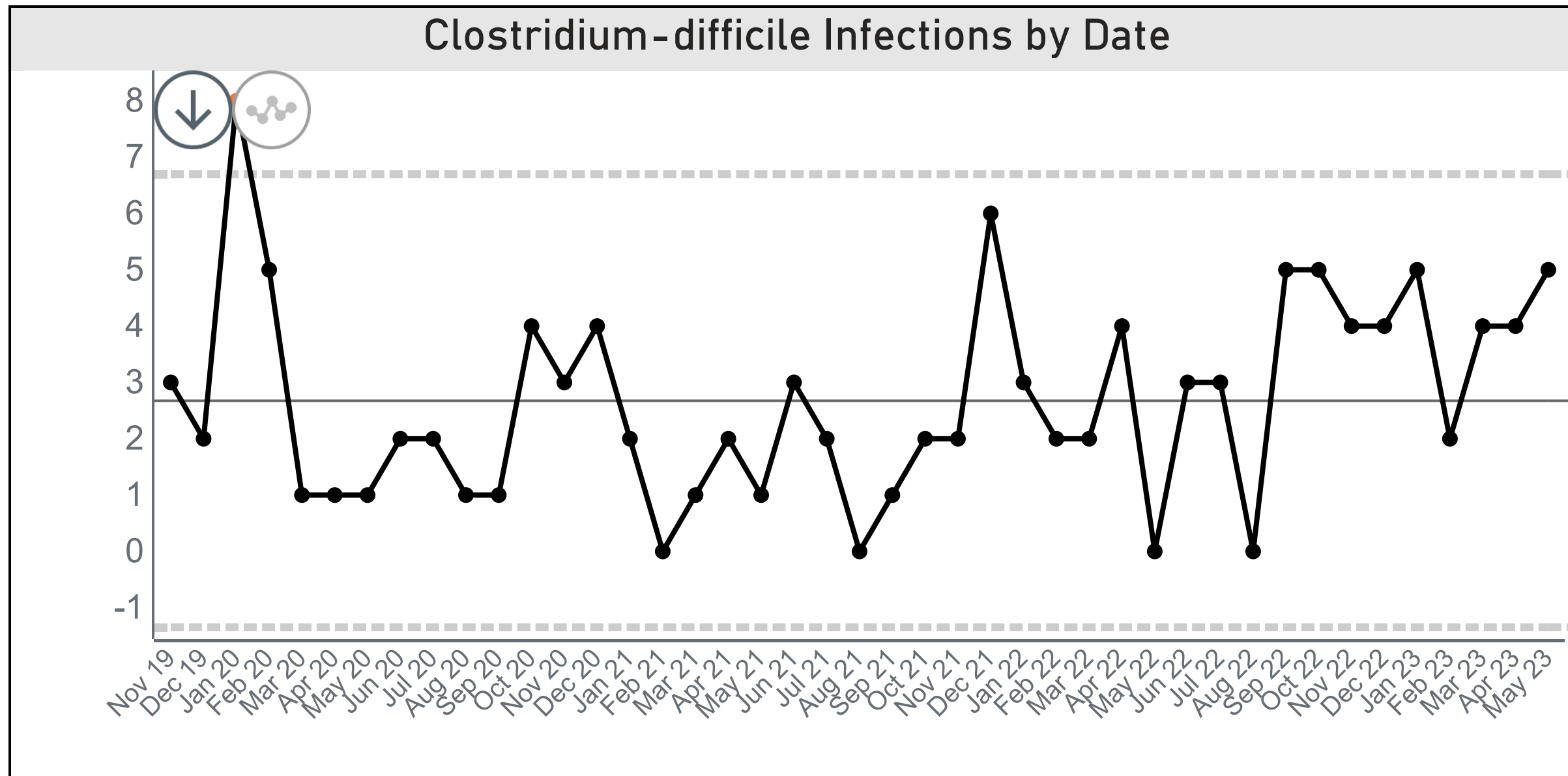


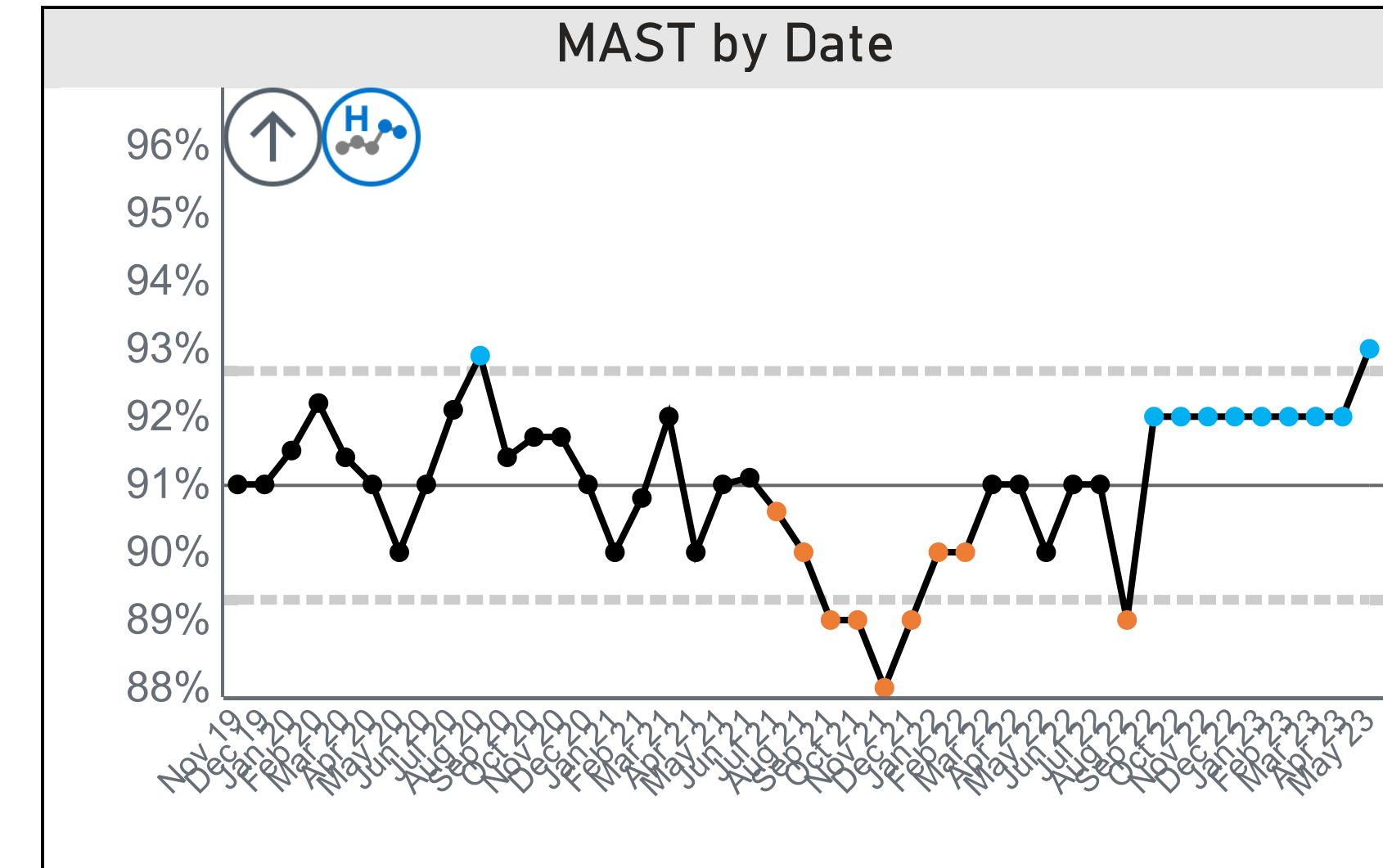
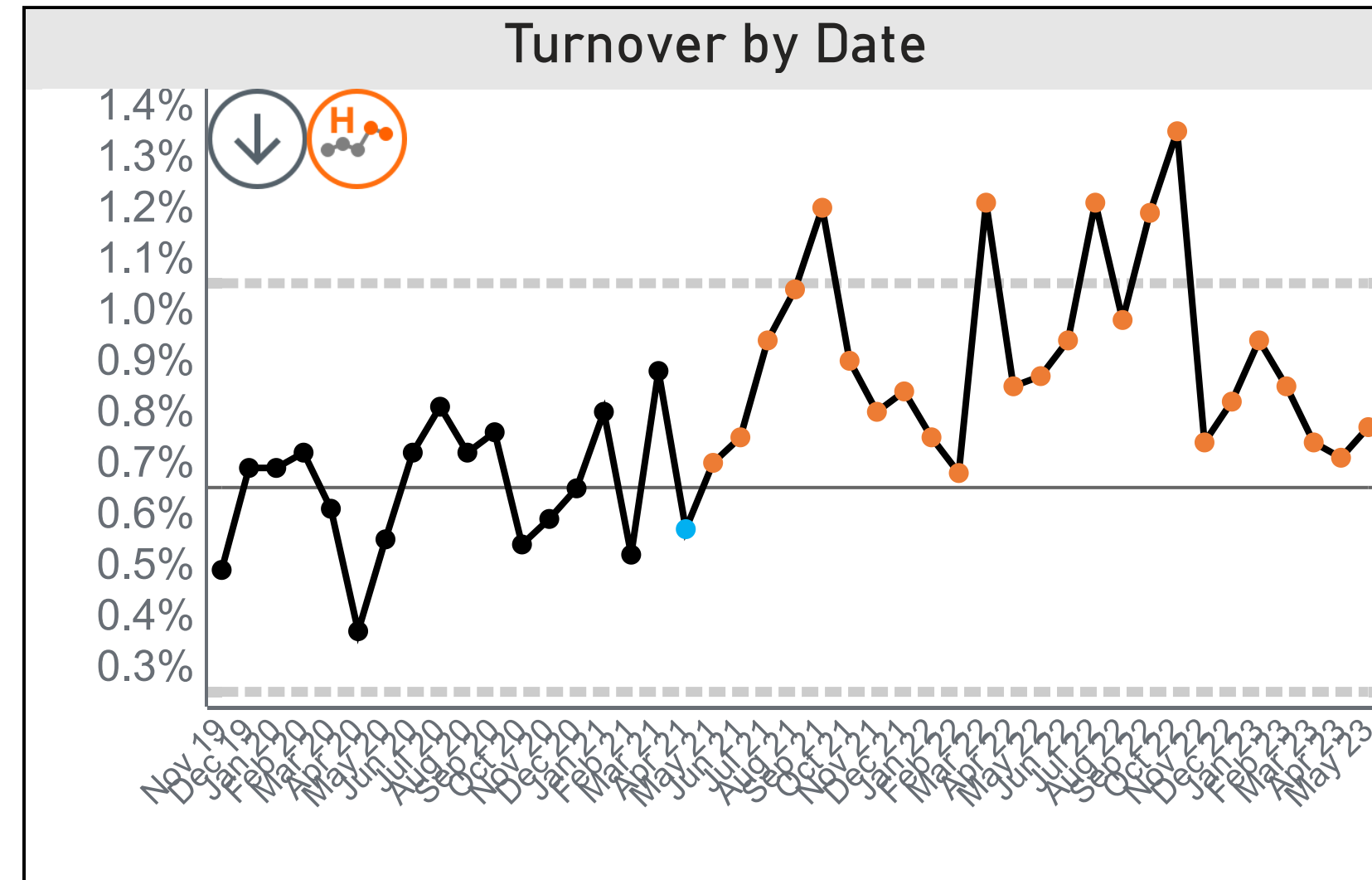
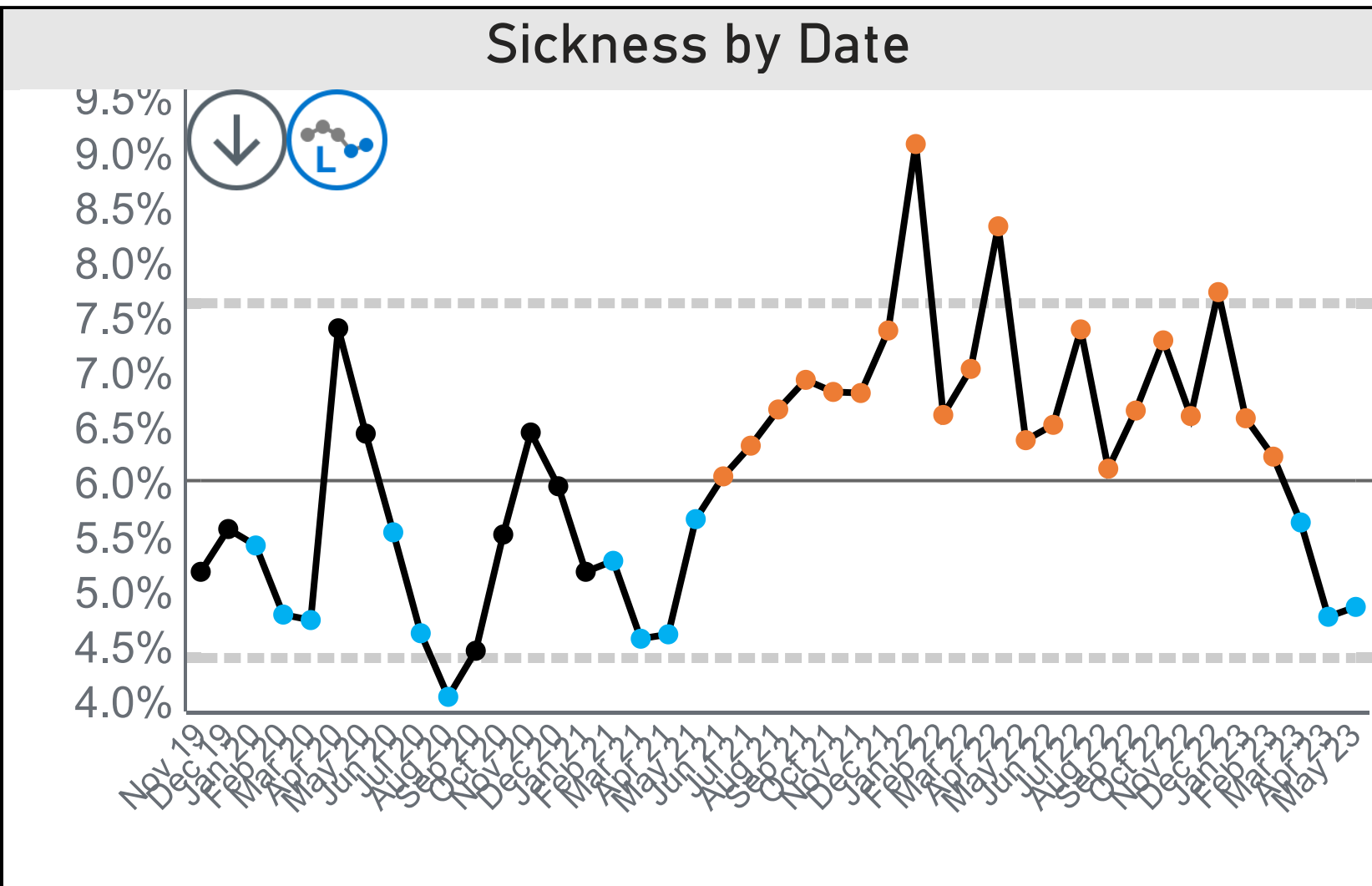
Crude Mortality by Date



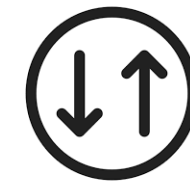
Incidents by Date







Perform	Assure	Description
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		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
7 July 2023

Agenda item	P110/23
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 update on the key operational issues, as at the end of May 2023.</p> <p>The attached summary shows the position against each of the key operational indicators which NHS England and the ICB are using to monitor the performance of the Trust as part of their Board Assurance Framework. The Finance and Performance Committee has received a more detailed update on 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 main headlines:</p> <ul style="list-style-type: none"> • The Trust operated at OPEL level 1/2 throughout the months of April/May 2023. Improvement has been seen in terms of flow, with improvement in ambulance handover times and a reduction in bed occupancy. • The Trust has been focusing on engagement across the Divisions to embed 4 hour performance, with performance in the first two months of the year achieving against the agreed trajectory. • Junior Doctors took industrial action for a 72-hour period from 14 to 17 June 2023. • The transfer of the neuro-rehabilitation service to the Rotherham, Doncaster and South Humber NHS Foundation Trust is progressing in line with the planned transfer on 1st August 2023. • The virtual ward continues to benchmark well against other providers. • The Urgent community Response (UCR) has achieved the monthly trajectory and continues to develop.

	<ul style="list-style-type: none"> • The Trust achieved its trajectory for patients waiting over 65 weeks for treatment in both April and May. • The number of patients waiting longer than 62 days on the cancer PTL was achieved in April but deteriorated slightly in May. This is being managed by a robust PTL process. <p>Focus overall remains on elective recovery for 2023/24 alongside delivering improvements in urgent care with the re-introduction of the 4 hour standard. The developments in community services are a key part of delivering these improvements in a sustainable way.</p>
Due Diligence (include the process the paper has gone to prior to presentation at FPC Meeting)	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 May and June 2023, with key escalations covered by the Chair's log.
Board powers to make this decision	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.
Who, what and when (what action is required, who is the lead and when should it be completed?)	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.
Recommendations	It is recommended that the Board of Directors note the report.
Appendices	<ol style="list-style-type: none"> 1. Operational Update Report 2. Summary of Performance against National Key Metrics

Operational Update Report

1.0 Operational Pressures Escalation Level (OPEL) & Urgent Care

The Trust operated at OPEL level 1/2 throughout the month of April and May 2023. During the month there has been a real focus on the 4-hour performance target. With performance achieving trajectories for both April and May. The Chief Operating Officer has met with all of the Divisional Senior Leadership teams as part of the Acute Care Transformation Programme (ACT) in order to discuss the focus that is required to achieve the target and those actions required by each Division. Nationally, a target has been set to achieve 76% of all patients being seen, treated, admitted or discharged from the emergency department within 4 hours by March 2024, however, internally the Trust is working towards achieving this by October in advance of the winter period.

The Urgent Community Response (UCR) continues to exceed the standard set. The virtual ward continues to perform well in comparison to other local providers but missed May's monthly trajectory by 1 patient. There is ongoing development work for increasing capacity for the virtual ward but some delay has been experienced in accessing assisted technology.

The Trust also saw an improving figure in complex discharges and a stable position in reporting of those patients who no longer meet the right to reside, with a strong performance in April but missing May's monthly trajectory by 3 patients.

2.0 Elective and Cancer Care

Focus remains on elective and cancer recovery for this financial year, along with a focus on achieving activity levels beyond 19/20 with a target of 103%. Unfortunately, due to the industrial action a number of outpatient appointments had to be cancelled to support emergency pathways. Minimal cancellations were made to elective lists due to industrial action.

There are currently challenges around the provision of anaesthetics to support elective lists which is resulting in a number of lists being cancelled. This is currently under review to look at how the gaps in rotas can be supported. The Divisions are working closely with the Medical Director and the Chief Operating Officer to complete this review.

The Trust continued to see an improved position in patients waiting over 65 weeks and is on track to deliver the target of no patients waiting over 65 weeks for treatment by the end of March 2025. The trajectory for the number of patients waiting over 62 days was achieved in April but was above trajectory by 7 patients at the end of May. This is being managed by a robust PTL process and is now within the agreed trajectory.

The Theatre Transformation Programme and Outpatient Transformation Programme have both been launched to improve our patient experience and increase efficiencies within those services.

3.0 Infection, Prevention and Control (IPC)

The Trust has seen an increase in certain groups of infections (not hospital acquired), this has at times impacted on flow due to requirements for isolation and closing beds. There has been a significant reduction in COVID cases.

4.0 Industrial Action

The Trust saw Junior Doctors taking industrial action for a 72-hour period from 14 to 17 June 2023. Prior to the industrial action a number of planning meetings had taken place to ensure that patient safety could be maintained throughout. During the industrial action, command and control was in place with twice daily tactical and strategic meetings taking place.

Additional senior support was on site throughout the period to support those teams that were working alongside people who were taking action. In order to manage emergency pathways activity was stepped down in outpatients and elective work. In addition, the Incident Command Centre was open throughout the period with extended opening hours. A debrief has been organised to ensure that any learning has been captured.

5.0 Neuro-Rehabilitation

South Yorkshire ICB colleagues for Rotherham and the Trust are supporting the transfer of the neuro-rehabilitation service to the new provider Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH). The service is planned to transfer from 1st August 2023.

The inpatient service will transfer to Magnolia Lodge on RDaSH's Tickhill Road Site in Doncaster and the community elements of the service will remain in Rotherham. A formal request from RDaSH has been received to have continued access to the estate facilities that the Trust currently allocates to the neuro-rehabilitation service in Rotherham.

Planning for the service transfer is well underway, with involvement from colleagues across both organisations and the ICB. The key areas of focus are ensuring both staff and patients are supported through the transition. Formal consultation with the staff affected is currently being undertaken. Patients have been informed of the transfer and a communication has been issued to key stakeholders by the ICB.

6.0 Mutual Aid for elective recovery

The Trust is liaising with Sheffield Teaching Hospitals with regards to mutual aid in general surgery and orthopaedics. As part of the recovery for the ICB as a whole an agreed mutual aid process is currently being worked through and, once in place, this will support the transfer of patients to ensure that no patients wait over 65 weeks by the end of March 2024.

National Key Metrics – Performance Against Trajectories

G&A Bed occupancy – based on KH03 submission						
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23
Target	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
Actual	90.0%	89.0%				

Patients with No Right to Reside						
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23
Trajectory	58	58	58	60	62	56
Actual	53	61				

Daily Average Hours Lost from Ambulance handovers						
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23
Trajectory	10.8	10.8	10.8	10.8	10.8	10.8
Actual	8.1	4.4				

Urgent Community Response Standard						
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23
Trajectory	75%	75%	75%	75%	75%	75%
Actual	80%					

Number of Referral to Treatment 65 week waiters						
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23
Trajectory	40	50	60	60	60	50
Actual	27	30				

Cancer patients waiting over 62 days following a GP referral						
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23
Trajectory	60	60	60	64	64	64
Actual	59	67				

4-hour Urgent and Emergency Care Performance						
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23
Internal plan	45%	50%	55%	60%	65%	70%
National Submission	45%	45%	50%	50%	55%	55%
Actual	51%	60%				

Number of Patients on Virtual Ward						
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23
Trajectory	12	16	24	24	32	40
Actual	14	15				

Board of Directors' Meeting

7 July 2023

Agenda item	P111/23
Report	Infection, Prevention, Control and Decontamination Annual Report
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)	The aim of this report is to provide an account of all infection prevention and control activities, assurance to the Board of Directors, Executive and Non-Executive Directors, NHS Integrated Care Board (ICB) and the General Public of all the activities and achievements in relation to Infection Prevention and Control from April 2022 to March 2023.
Due Diligence (include the process the paper has gone through prior to presentation to the meeting)	This paper has been through the Infection, Prevention, Control and Decontamination Group and Quality Committee in June 2023
Board powers to make this decision	The Board has delegated authority to the Quality Committee to review and feedback to the Board of Directors any assurance issues related to Infection, Prevention, Control and Decontamination but receives an annual report.
Who, What and When (what action is required, who is the lead and when should it be completed?)	Subject to Trust Board approval, the Report will be published on the Trust website.
Recommendations	The Board of Directors are assured by the content of the paper

Appendices	None
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THE ROTHERHAM NHS FOUNDATION TRUST

INFECTION PREVENTION AND CONTROL AND DECONTAMINATION
ANNUAL REPORT

REPORT TO TRUST BOARD

APRIL 2022 – MARCH 2023

1. INTRODUCTION

This report has been prepared by the Lead Nurse for Infection Prevention and Control, with assistance from the Sterile Services Decontamination Manager, the Head of Facilities Services, the Microbiology Laboratory Manager, the Antimicrobial Pharmacist, the TB Nurse Specialist, the Trust staff Influenza and COVID vaccination Lead, the Continence Team lead, Health Informatics team and the Infection Prevention and Control Team (IPCT).

The aim of this report is to provide an account of all infection prevention and control activities, assurance to the Board of Directors, Executive and Non-Executive Directors, NHS Integrated Care Board (ICB) and the General Public of all the activities and achievements in relation to Infection Prevention and Control from April 2022 to March 2023.

The Chief Executive Officer (CEO) is ultimately responsible for ensuring adequate and effective infection prevention and control arrangements and programme within the Trust. This responsibility, in line with national directives, is delegated to the Director for Infection Prevention and Control (DIPC). The DIPC oversees the whole infection prevention and control programme, in consultation with the Infection Prevention and Control and Decontamination Committee and is managerially responsible for the Infection Prevention and Control Team.

The executive Chief Nurse was the DIPC and Trust Decontamination Lead for the period.

2. INFECTION PREVENTION AND CONTROL INFRASTRUCTURE

Team Infrastructure

The Infection Prevention and Control Team continue to assume its functions with the support of the Infection Prevention and Control and Decontamination Committee and Infection Prevention and Control Group.

The wider team consists briefly of:

- Associate Specialist Medical Microbiologist
- Consultant Clinical Scientist in Microbiology
- Personal Assistant to the Medical Microbiologists.

- Assistant Director for Infection Prevention and Control (deputy chief nurse)
- Lead Nurse for Infection Prevention and Control
- Infection Prevention and Control Nurses (IPCNs)
- Infection Prevention and Control Support Workers (IPCSWs)
- Manager of the Department of Medical Microbiology
- Senior Antimicrobial Pharmacist
- Head of Facilities Services
- Sterile Services Decontamination Manager
- Specialist Nurse Lead in Continence care
- TB Nurse Specialist/service lead

Full managerial structure is shown at Appendix 2.

Meetings infrastructure

Face to face meetings ceased due to COVID19 pandemic and were held via Microsoft teams.

Meeting/ group/ committee	Purpose	Attendees	IPC Representation
Antimicrobial Stewardship group.	To ensure best practice in antimicrobial prescribing and stewardship, and that the Antimicrobial Policy is reviewed annually and includes any updates of practice based on national and local recommendations and findings and remains fit for purpose.	Lists of attendees via the minutes, includes community and hospital professionals.	Chaired by the Antimicrobial pharmacist also includes the, Associate Specialist in Microbiology. Facilitated by the Antimicrobial pharmacist
Infection Prevention and Control and Decontamination Committee.	Multi-professional and multi-disciplinary meets quarterly in order to oversee the strategic requirements of the IPC agenda and to provide assurance to the Quality Committee and Trust Board.	Lists of all attendees available in line with the terms of reference.	Chaired by the DIPC attended by the assistant DIPC and Lead Nurse.
Infection Prevention and Control Group	Multi-professional and multi-disciplinary meets monthly in order to oversee the operational demanding infection prevention and control agenda and any identified risks. Reports to the IPCD committee.		
Water Safety Group	To oversee all aspects of water safety including prevention of Legionella and Pseudomonas aeruginosa	IPC and Estates and Facilities joint group	DIPC is the lead for water safety. Attended by the Lead Nurse
Environmental Ventilation Safety Group	To oversee all aspects of environmental ventilation safety.	Estates led group	Attended by Lead Nurse and the Head of Facilities Services.

The infection prevention reporting structure (see appendix 1) is also supported by the DIPC Chairing, attendance at or reporting at:

- Board of Directors meeting
 - Executive Team meeting
 - Quality Committee
- Further infection prevention and control input is represented by the Assistant DIPC or Lead Nurse attendance at or report to:
- Medical Devices Management Group
 - Trust Health and Safety Committee

3. INCORPORATION OF INFECTION PREVENTION AND CONTROL WITHIN THE CLINICAL DIVISIONS

Infection Prevention and Control is embedded in the programme of clinical divisions. It is a standing agenda item in their clinical governance meetings.

4. INTEGRATION OF INFECTION PREVENTION AND CONTROL WITHIN THE RISK AND QUALITY ASSURANCE FRAMEWORK OF THE TRUST

Any risk issues in relation to infection prevention and control are identified by the IPCT and Infection Prevention and Control Group and flagged on the Trust's risk register at a corporate level.

Other infection and prevention risk issues detected by clinical departments are flagged on their risk registers and in the event of high scoring then they are escalated to the Trust risk register.

5. THE MEDICAL MICROBIOLOGY DEPARTMENT

The Medical Microbiology Department has been assessed by the United Kingdom Assessment Service (UKAS) against the ISO15189 standard this year, is fully accredited, and continues to provide a service of the highest standards with a high clinical profile.

The department continues to be integrated with the Microbiology Laboratory of Barnsley NHS Foundation Trust. (BFT)

The Department has a three year strategy that is mindful of pursuing the latest technology particularly in the domain of molecular biology and at the same time the infection prevention and control strategy and the joint partnership with Barnsley. However at present the department staff are in talks with the wider ICS region of South Yorkshire, Doncaster and Bassetlaw as part of the NHS improvement programme for the integrated care system. This is currently looking at how pathology services can be delivered on a more streamlined and cost effective basis across the region whilst maintaining and improving the current service provision. The BRILS Microbiology labs will close under the current OBC and Microbiology services will be re-assigned to Sheffield and Doncaster.

The continuation of use of the rapid test Nucleic Acid Amplification Test for Methicillin Resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* (C. diff) has been used to great effect to serve infection prevention and control and prioritisation of cases.

ON-CALL CROSS COVER ARRANGEMENTS

The Associate Specialist and Consultant Clinical Scientist of TRFT and two Consultants in BFT continue to provide a very busy 24hrs/7 day a week on-call cross-cover for both sites.

This service covers not only the Trust but also the healthcare communities of Rotherham and Barnsley including other providers such as Care UK and Mental Health Services.

There is a continuation of clinical management of patients with infections and Health Care Associated Infections (HCAIs). Furthermore, this has substantively contributed to ensuring prevention of avoidable HCAIs and providing best care in diagnosis and management of infections.

The clinical hand-over is provided by weekly joint videoconference meetings whereby discussions take place on the clinical management, infection control and other IPC governance issues that are all documented in the form of minutes by the PA to the Microbiology consultant.

The IPCNs currently work Monday-Friday within office hours but provide an on-call system to support the Clinical Site Team during periods of increased activity linked to outbreaks of Norovirus, Influenza etc. Seven-day IPCN cover was provided during the COVID-19 pandemic.

PARTNERSHIP WITH OTHER ORGANISATIONS

Infection Prevention and Control Service Level Agreement (SLA) with the Rotherham Hospice

The IPCNs carry out audits of Infection Prevention and Control and the Environment in conjunction with the Senior Nurse for the Inpatient area. Staff receive mandatory IPC updates by provision from the IPCNs during monthly training.

Microbiology and antimicrobial advice is provided by the Associate Specialist in Microbiology and Consultant Clinical Scientist in Microbiology.

Microbiology SLA with Rotherham Doncaster and South Humber Trust (RDASH)

The SLA with RDASH is for Microbiology and specialist advice from the Associate Specialist in Microbiology and Clinical Scientist in Microbiology.

The Infection Prevention Society (IPS)

The Lead Nurse, the IPCNs and IPCSW are members of the Yorkshire branch, the aim of which is to share information and best practice and learn from the experience of others. Membership also provides opportunity for educational study days and national conference either at reduced cost or at no cost.

The Hospital Infection Society (HIS)

The Assistant DIPC, Lead nurse and Senior Nurse are members of HIS which enables access to educational conferences and on-line webinars.

Health Protection Committee

The DIPC is a member of this Rotherham wide committee, chaired by Public Health at Rotherham Metropolitan Borough Council (RMBC), with multi-agency representation from Rotherham Integrated Care Board (ICB), UK Health Security Agency (UKHSA), South Yorkshire Police, Environmental Health and Emergency Planning (RMBC).

6. BUDGETARY ALLOCATION

Apart from the salaries of the Infection Prevention and Control Team the budgetary allocation for infection prevention and control was £7827.00 Due to the COVID-19 pandemic response additional equipment purchased was under the Trust COVID budget along with Influenza testing equipment purchased under winter planning funding.

The department and all its services were delivered by 3.6 WTE nurses and 2.0 WTE IPC support worker/admin. A number of changes to personnel within the team has been made during the year including the role of assistant DIPC moving to the portfolio of a Deputy Chief Nurse.

7. HEALTHCARE ASSOCIATED INFECTION RATES (SURVEILLANCE)

National Surveillance organisms

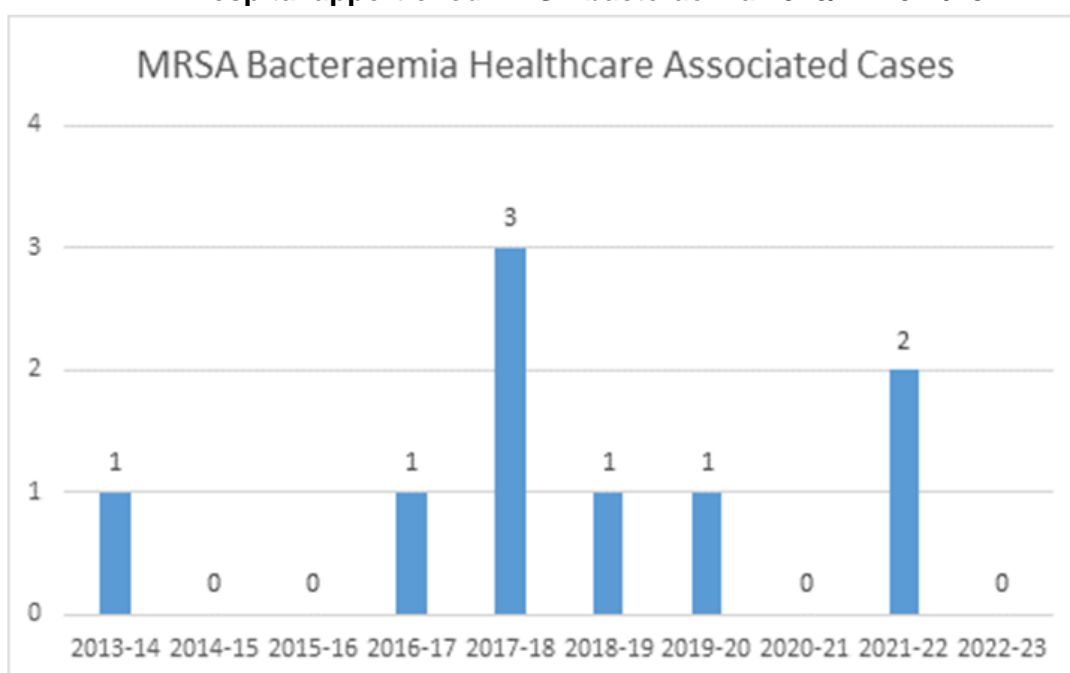
MRSA Bacteraemia

MRSA Bacteraemia data is submitted monthly via the UK Health Security Agency (UKHSA) Healthcare Associated Infections data collection system (HCAIDSC).

The zero trajectory was achieved during 22/23.

	2022-23 Trajectory	2022-23 Actual
Hospital	0	0

TRFT Hospital apportioned MRSA bacteraemia 2013/14-2022/23



Clostridioides difficile (C. diff)

C. diff data is submitted monthly via the mandatory UK Health Security Agency (UKHSA) Healthcare Associated Infections data collection system (HCAIDSC).

The definition for hospital acquired C diff changed for 2019/20 with the previous 3 days from admission to sample reduced to 2 days for hospital cases and the addition of any positive cases where the patient had been in the hospital in the previous 4 weeks also being allocated as part of the hospital case total.

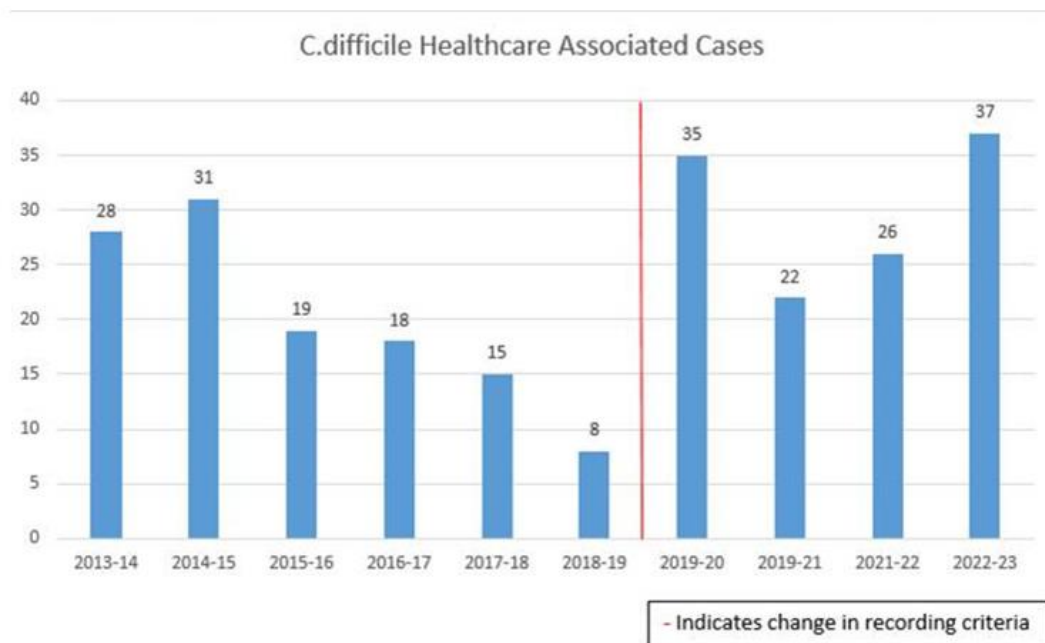
For this reason any comparison with figures pre 2019/20 need to be with caution.

	2022-23 Trajectory	2022-23 Actual
Hospital	19	37

TRFT hospital acquired cases of C. diff 2013/14-2022/23

Infection Prevention and Control Annual Report 2022/2023

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During 2022/23 there have been 37 cases of hospital acquired C diff. All cases have been reported to the Board of Directors, to the ICB, and to UKHSA. All available samples have been sent to the reference laboratory at Leeds for Ribotyping. There were six hospital acquired cases with Ribotype 014, two with Ribotype 078, two with Ribotype 002, four with Ribotype 015 and 2 with Ribotype 026. No correlation between time and place was identified and as such it was concluded that the cases were not linked.

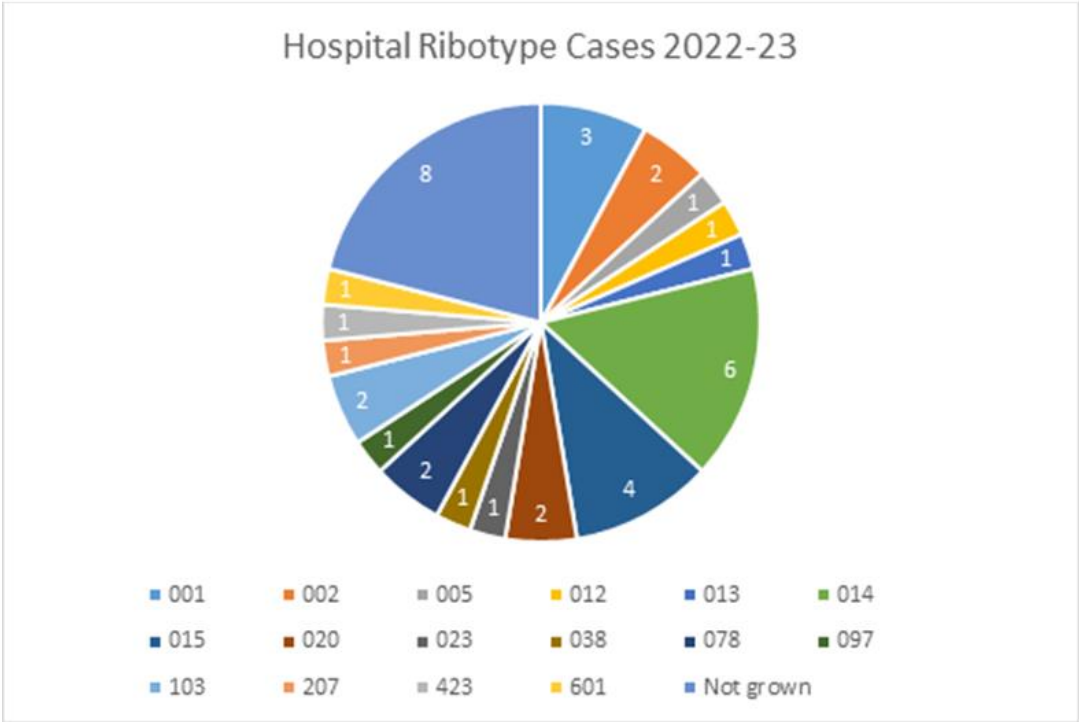
There were two cases with Ribotype 001 of which there was potential for a link of time and place and as such, a request was made to the reference laboratory for enhanced fingerprinting of these cases. The reference laboratory has reported that there is no indication of cross infection with these two cases.

All positive C.diff samples via TRFT laboratory are sent for Ribotyping to the reference laboratory in Leeds. This includes hospital and community acquired samples so the total number is in excess of the number of cases reported as hospital acquired cases. There is always a delay between knowing a sample is positive and knowing the Ribotype therefore these results are used as on-going surveillance for any potential links between cases. There are occasions when there is insufficient sample for the Ribotyping to be carried out- this is recorded within the laboratory record for each individual patient.

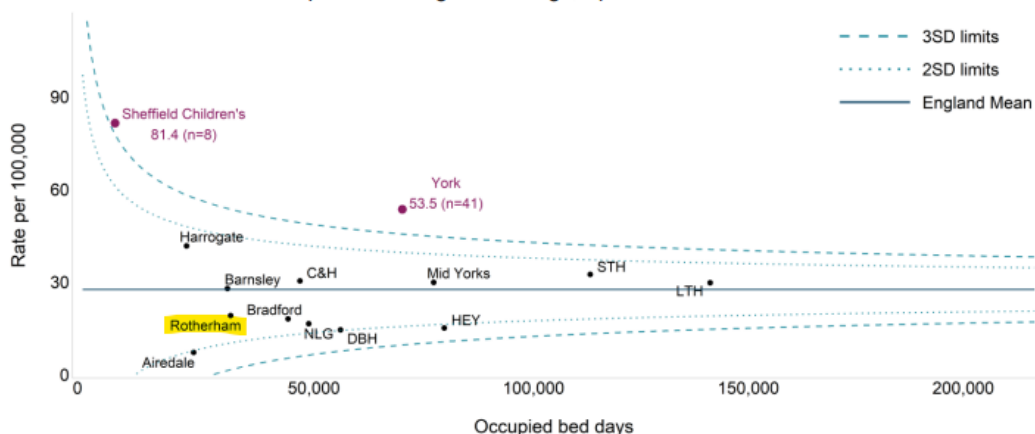
Community acquired cases may be tested and reported via TRFT on admission or may be direct GP samples which are tested via Barnsley Laboratory.

Chart 1
Shows the hospital acquired cases

Chart 1

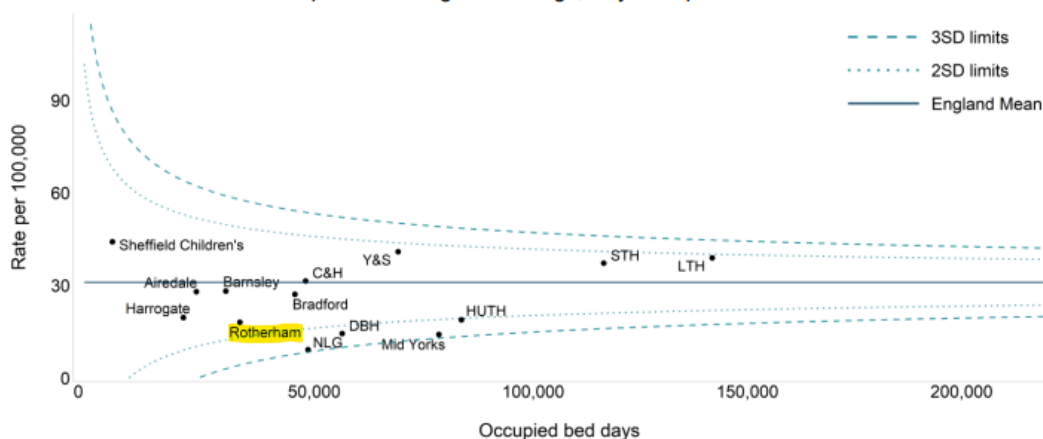


Healthcare associated CDI rates in patients over 2 years of age per 100,000 bed days for Yorkshire and Humber acute trusts in comparison to England average, April to June 2022



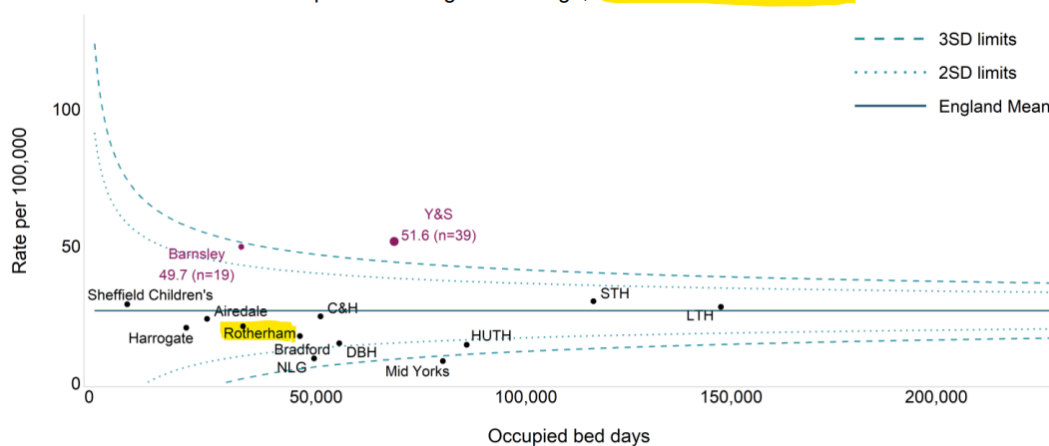
Organisations with rates significantly higher than the national average are shown in red and labelled with the rate per 100,000 and number of cases (n) reported this quarter. C&H = Calderdale and Huddersfield; DBH = Doncaster and Bassetlaw; HEY = Hull and East Yorkshire; LTH = Leeds; NLG = Northern Lincs and Goole; STH = Sheffield

Healthcare associated CDI rates in patients over 2 years of age per 100,000 bed days for Yorkshire and Humber acute trusts in comparison to England average, July to September 2022



Organisations with rates significantly higher than the national average are shown in red and labelled with the rate per 100,000 and number of cases (n) reported this quarter. C&H = Calderdale and Huddersfield; DBH = Doncaster and Bassetlaw; HUTH = Hull; LTH = Leeds; NLG = Northern Lincs and Goole; STH = Sheffield; Y&S = York and Scarborough

Healthcare associated CDI rates in patients over 2 years of age per 100,000 bed days for Yorkshire and Humber acute trusts in comparison to England average, October to December 2022



Organisations with rates significantly higher than the national average are shown in red and labelled with the rate per 100,000 and number of cases (n) reported this quarter. C&H = Calderdale and Huddersfield; DBH = Doncaster and Bassetlaw; HUTH = Hull; LTH = Leeds; NLG = Northern Lincs and Goole; STH = Sheffield; Y&S = York and Scarborough

Other organisms

Glycopeptide Resistant Enterococci (GRE)

Enterococci are bacteria found in the human bowel that has been found to have resistance in some cases to Glycopeptide antimicrobials namely Vancomycin and Teicoplanin

This is a recognised alert organism that may cause HCAI and potentially can cause serious infections in certain group of patients particularly those that are immunocompromised and those with indwelling devices or implants. There have been 4 blood stream infections due to GRE over the review period.

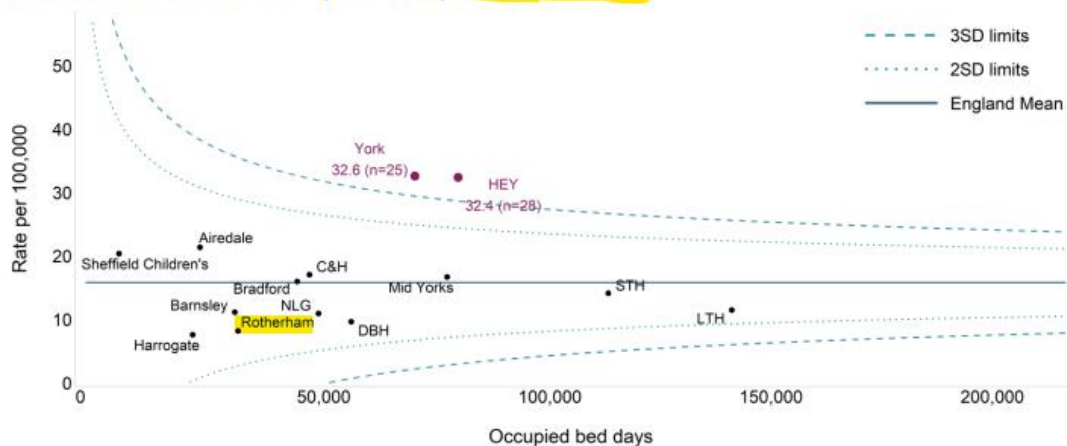
MSSA Bacteraemia (Meticillin Sensitive Staphylococcus Aureus)

This bacterium is a common cause of skin infections in humans but can cause deep-seated infections and can cause infection in the blood (bacteraemia). These are not as resistant as MRSA and treatment can include Flucloxacillin that belong to the Meticillin group of antibiotics and as such is not the same as MRSA but can lead to confusion and anxiety in patient groups and via media reporting.

National surveillance and reporting commenced in January 2011. There is no trajectory currently set.

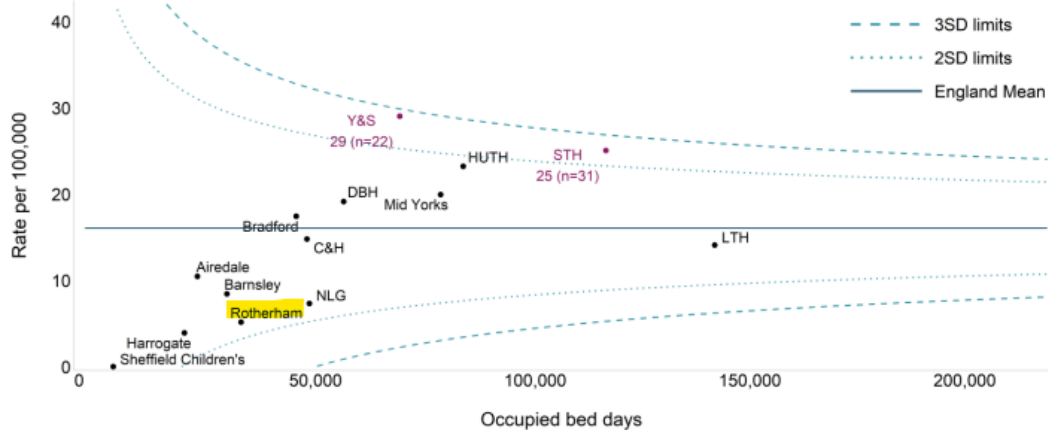
Cases per 100,000 occupied bed days for each of the first 3 quarters of 2022/23 data below for the region and against the England average.

Healthcare associated MSSA bacteraemia rates per 100,000 bed days for Yorkshire and Humber acute trusts in comparison to England average, April to June 2022



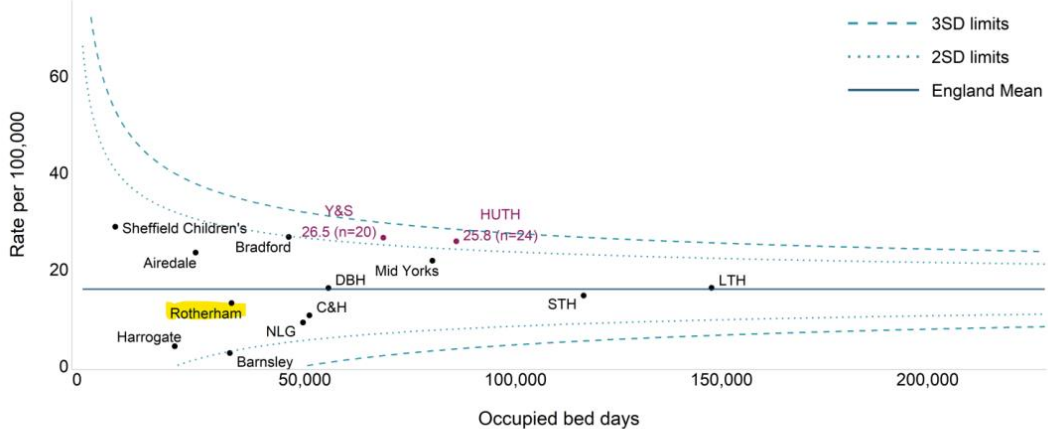
Organisations with rates significantly higher than the national average are shown in red and labelled with the rate per 100,000 and number of cases (n) reported this quarter. C&H = Calderdale and Huddersfield; DBH = Doncaster and Bassetlaw; HEY = Hull and East Yorkshire; LTH = Leeds; NLG = Northern Lincs and Goole; STH = Sheffield

Healthcare associated MSSA bacteraemia rates per 100,000 bed days for Yorkshire and Humber acute trusts in comparison to England average, July to September 2022



Organisations with rates significantly higher than the national average are shown in red and labelled with the rate per 100,000 and number of cases (n) reported this quarter. C&H = Calderdale and Huddersfield; DBH = Doncaster and Bassetlaw; HUTH = Hull; LTH = Leeds; NLG = Northern Lincs and Goole; STH = Sheffield; Y&S = York and Scarborough

Healthcare associated MSSA bacteraemia rates per 100,000 bed days for Yorkshire and Humber acute trusts in comparison to England average, October to December 2022



Organisations with rates significantly higher than the national average are shown in red and labelled with the rate per 100,000 and number of cases (n) reported this quarter. C&H = Calderdale and Huddersfield; DBH = Doncaster and Bassetlaw; HUTH = Hull; LTH = Leeds; NLG = Northern Lincs and Goole; STH = Sheffield; Y&S = York and Scarborough

Gram-negative bacteraemia.

There are a number of Gram-negative bacterium, the most common of which are Escherichia coli (E.coli), Klebsiella species and Pseudomonas aeruginosa. National surveillance of Gram-negative bacteraemia caused by E.coli commenced in April 2011 this was extended to Klebsiella and P.aeruginosa in April 2017. Some samples found more than one Gram-negative bacterium to be present; these were reported individually as required by UKHSA

These bacteria are found in the human bowel and are the common causes of urinary tract infection (UTI).

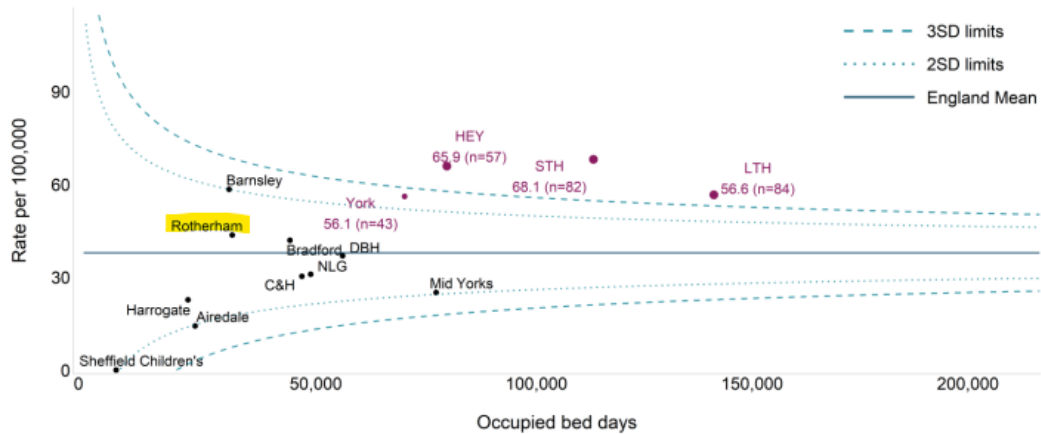
In 2022/23 TRFT laboratory reported 234 Gram-negative bacteraemia results. A change in the reporting time between cases being classed as hospital or community acquired changed during 21/22.

There were 158 community acquired Gram-negative bacteraemia results
There were 76 hospital acquired Gram-negative bacteraemia results

The wider health community of Rotherham Metropolitan Borough Council (RMBC), Rotherham ICB and TRFT colleagues work on support and education around hydration and urinary tract infection prevention.

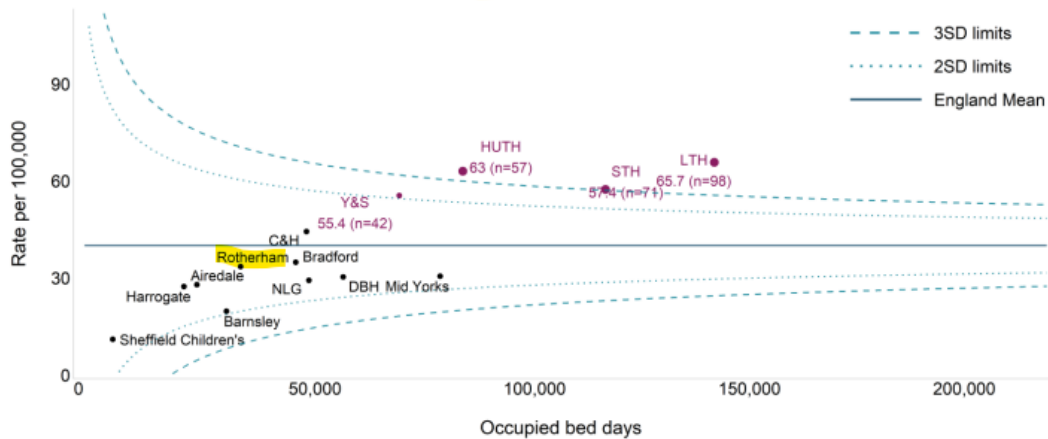
E.coli per 100,000 occupied bed days for the first 3 quarters of 2022/23 in comparison to the region and the England average:

Healthcare associated *E. coli* bacteraemia rates per 100,000 bed days for Yorkshire and Humber acute trusts in comparison to England average, **April to June 2022**



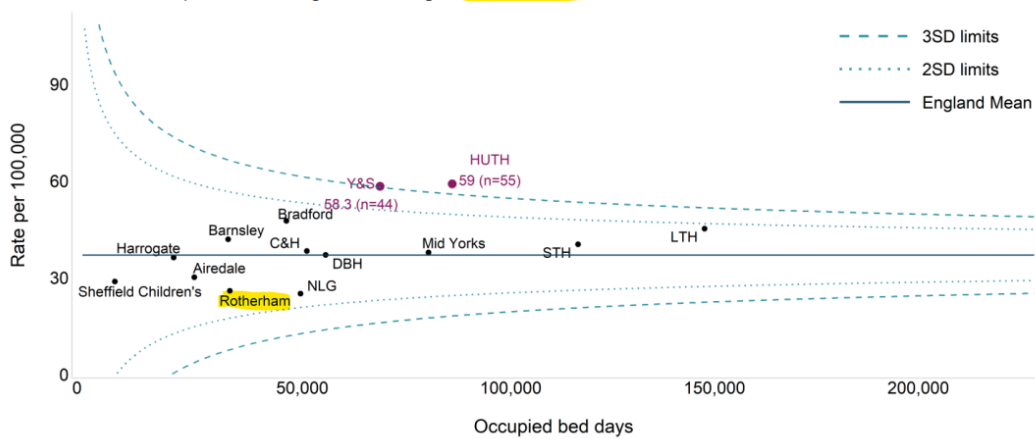
Organisations with rates significantly higher than the national average are shown in red and labelled with the rate per 100,000 and number of cases (n) reported this quarter. C&H = Calderdale and Huddersfield; DBH = Doncaster and Bassetlaw; HEY = Hull and East Yorkshire; LTH = Leeds; NLG = Northern Lincs and Goole; STH = Sheffield

Healthcare associated *E. coli* bacteraemia rates per 100,000 bed days for Yorkshire and Humber acute trusts in comparison to England average, **July to September 2022**



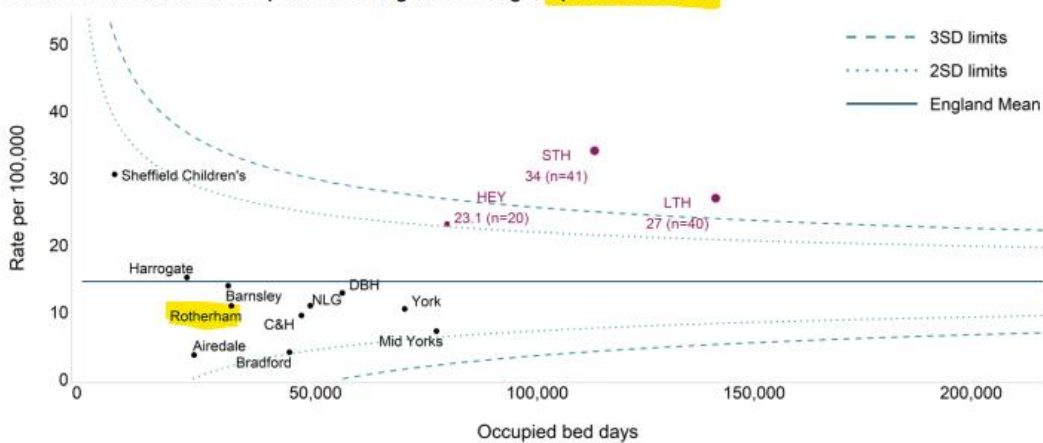
Organisations with rates significantly higher than the national average are shown in red and labelled with the rate per 100,000 and number of cases (n) reported this quarter. C&H = Calderdale and Huddersfield; DBH = Doncaster and Bassetlaw; HUTH = Hull; LTH = Leeds; NLG = Northern Lincs and Goole; STH = Sheffield; Y&S = York and Scarborough

Healthcare associated *E. coli* bacteraemia rates per 100,000 bed days for Yorkshire and Humber acute trusts in comparison to England average, **October to December 2022**



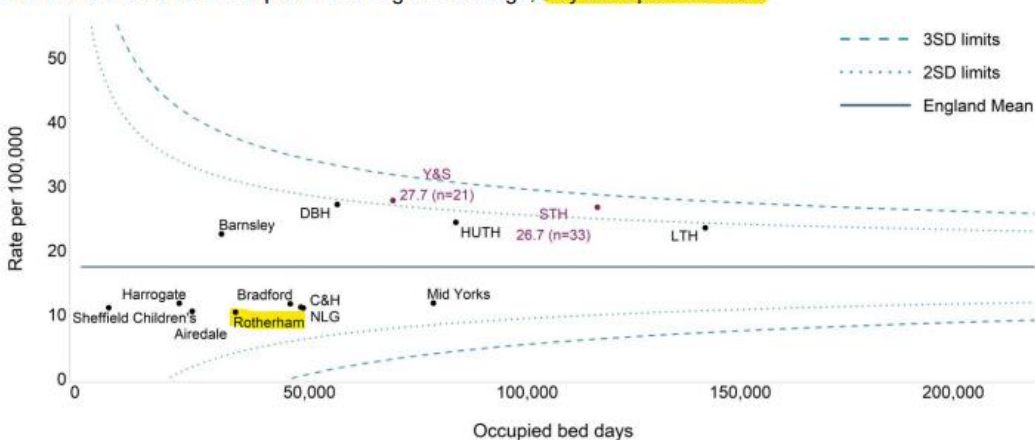
Klebsiella species per 100,000 occupied bed days for the first 3 quarters of 2022/23 in comparison to the region and the England average:

Healthcare associated *Klebsiella* spp. bacteraemia rates per 100,000 bed days for Yorkshire and Humber acute trusts in comparison to England average, **April to June 2022**



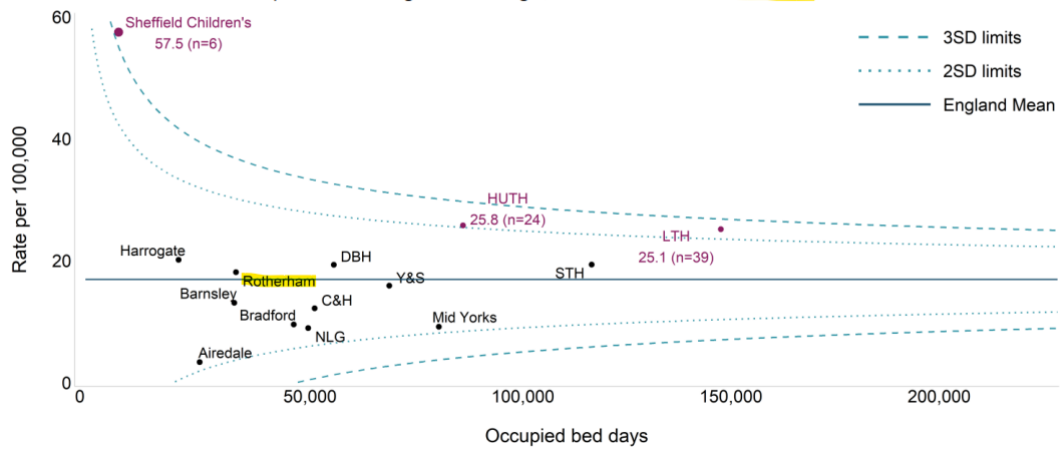
Organisations with rates significantly higher than the national average are shown in red and labelled with the rate per 100,000 and number of cases (n) reported this quarter. C&H = Calderdale and Huddersfield; DBH = Doncaster and Bassetlaw; HEY = Hull and East Yorkshire; LTH = Leeds; NLG = Northern Lincs and Goole; STH = Sheffield

Healthcare associated *Klebsiella* spp. bacteraemia rates per 100,000 bed days for Yorkshire and Humber acute trusts in comparison to England average, **July to September 2022**

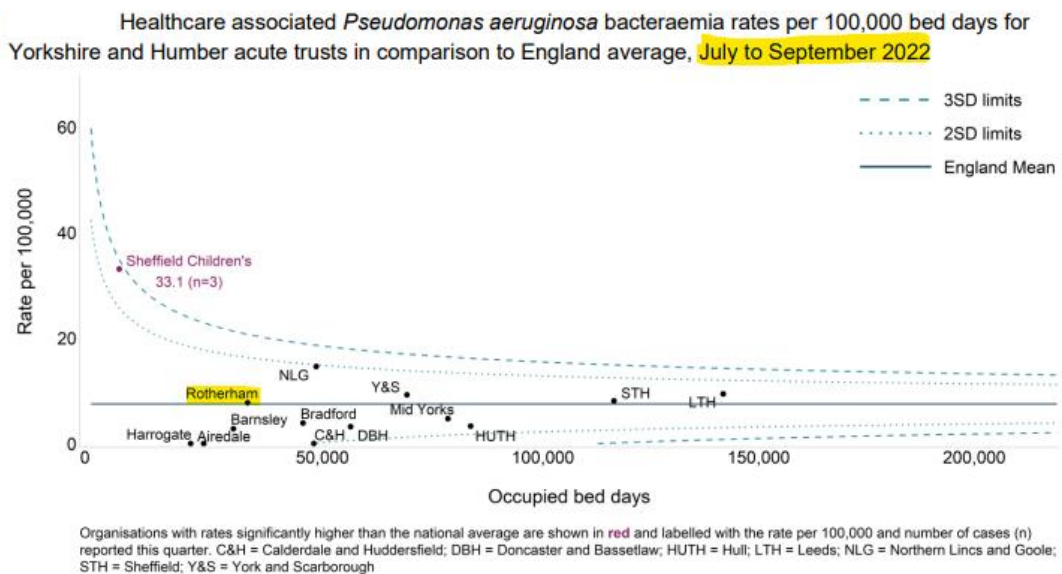
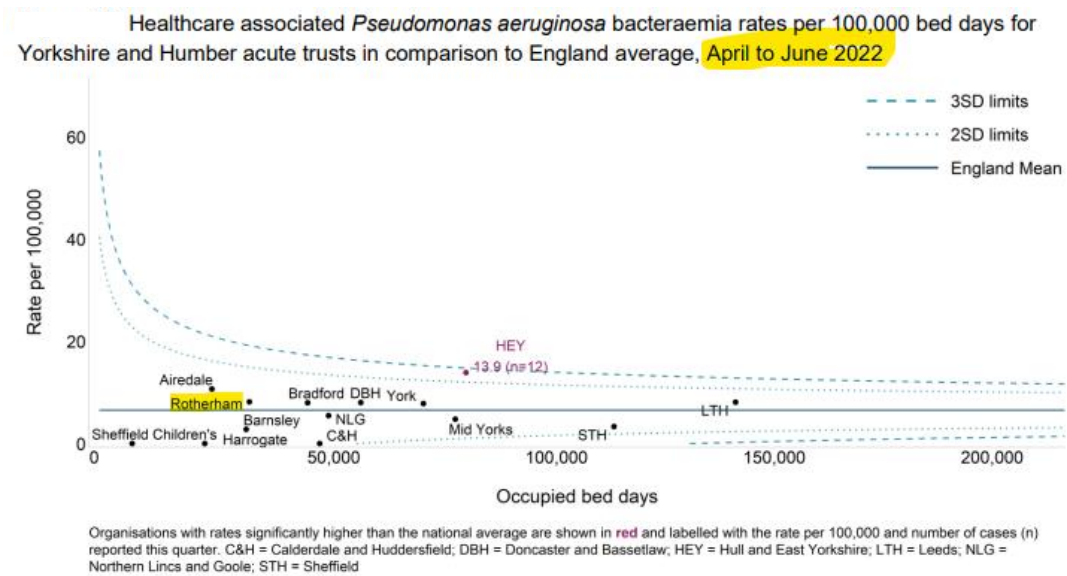


Organisations with rates significantly higher than the national average are shown in red and labelled with the rate per 100,000 and number of cases (n) reported this quarter. C&H = Calderdale and Huddersfield; DBH = Doncaster and Bassetlaw; HUTH = Hull; LTH = Leeds; NLG = Northern Lincs and Goole; STH = Sheffield; Y&S = York and Scarborough

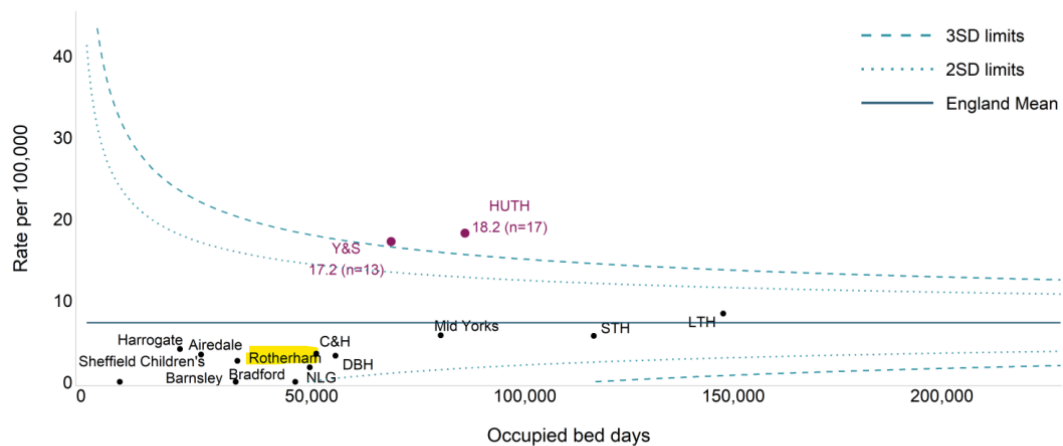
Figure 19: Healthcare associated *Klebsiella* spp. bacteraemia rates per 100,000 bed days for Yorkshire and Humber acute trusts in comparison to England average, **October to December 2022**



Pseudomonas aeruginosa per 100,000 occupied bed days for the first 3 quarters of 2022/23 in comparison to the region and the England average:



Healthcare associated *Pseudomonas aeruginosa* bacteraemia rates per 100,000 bed days for Yorkshire and Humber acute trusts in comparison to England average, **October to December 2022**



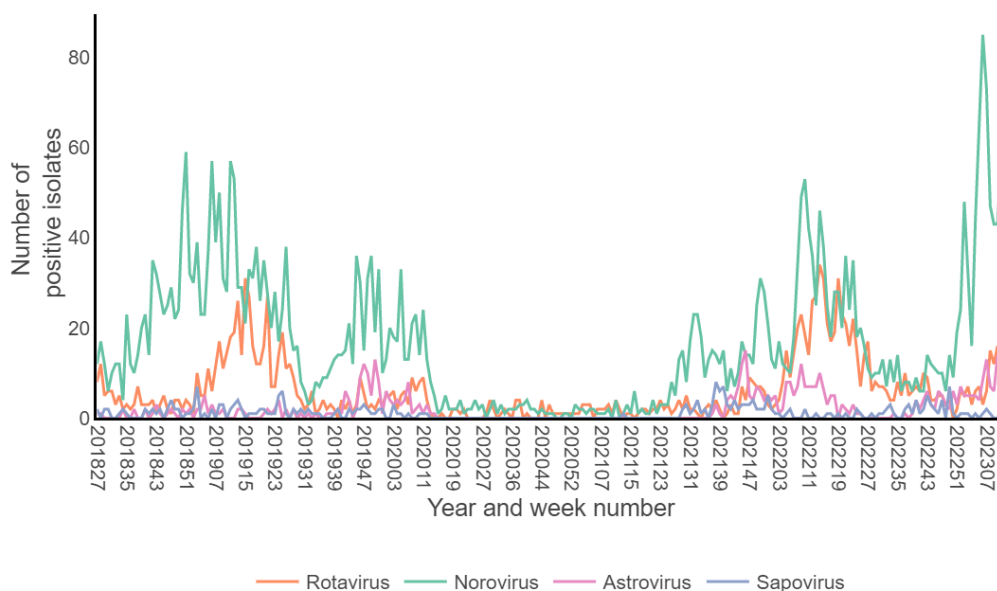
Organisations with rates significantly higher than the national average are shown in red and labelled with the rate per 100,000 and number of cases (n) reported this quarter. C&H = Calderdale and Huddersfield; DBH = Doncaster and Bassetlaw; HUTH = Hull; LTH = Leeds; NLG = Northern Lincs and Goole; STH = Sheffield; Y&S = York and Scarborough

Viral Gastroenteritis

Norovirus and Rotavirus cases across the Yorkshire and Humber region increased slightly at the end of 2022/23 after a period of very low rates that was mirrored across the country. The social distancing rules, lockdown rules, use of face protection and increased awareness of hand hygiene will all have contributed to the reduction in these seasonal enteric viruses during the period of the COVID pandemic. The graph below shows the number of cases per week for Yorkshire and Humber 2021-2023 that are significantly lower than during a high impact winter

Source: UKHSA Second Generation Surveillance System (SGSS)

Infections included: rotavirus, norovirus, astrovirus, sapovirus

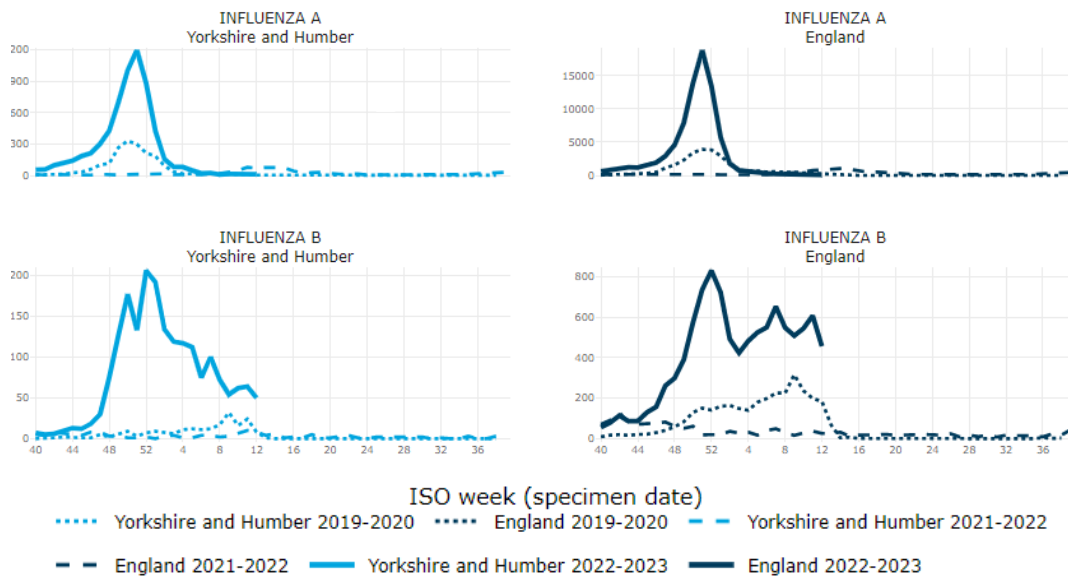


Influenza

2022/23

The seasonal influenza season extends beyond April 1st of each year and is reported as the 2022/23 season in line with UKHSA reporting. Influenza cases for the year have been much higher than for 2021/22 and some patients have been co-infected with COVID-19 and Influenza.

There have been 516 Influenza A positive results, 163 Influenza B positive results and 13 patients that had both Influenza A&B. The age range of those testing positive is from 1 month to 101 years. Of the 692 positive patients 395 were admitted.



Staff Influenza vaccination was led by a vaccination team under the leadership of the Head of Engagement and was rolled out rapidly to coincide with COVID-19 boosters.

Healthcare worker Influenza vaccine uptake at TRFT was 64.7% against a regional uptake of 57% and National uptake of 52%.

Coronavirus (COVID-19).

The first identified case in Rotherham was at the beginning of March 2020 and the pandemic continued with various levels of government-mandated lockdowns, social distancing and use of face coverings. There was more specific guidance for the NHS and this had an impact on patients, visitors and staff. The Trust followed national guidance for the NHS throughout the pandemic with all changes for testing and use of PPE issued via the Trust communications notices.

When restrictions lifted as the country moved to learning to live with COVID, The Trust made decisions based on national guidance and local prevalence of cases in terms of the requirement for mask use and this fluctuated as case numbers did as this was also to reduce spread of Influenza.

The nine point of care (POC) machines were able to test for COVID and Influenza using newly designed kit from the manufacturer.

TRFT COVID-19 cumulative cases from the start of the pandemic to the end of March 2023

6257 positive in-patient cases at 08:00 each morning
978 people had died (RIP)

Staff booster vaccination was led by a vaccination team under the leadership of the Head of Engagement:

Eligible Healthcare worker COVID booster uptake at TRFT was 63.7% against a regional uptake of 54.8% and National uptake of 50.9%.

Water Safety- *Pseudomonas aeruginosa* & *Legionella*

The Water Safety Group has been led by the Director of Estates and Facilities and continues to monitor the water safety in line with the national guidance for testing water supplies for *Pseudomonas aeruginosa* in augmented care areas (ITU, HDU, SCBU, and Haematology-A7 and within Breathing Space), working closely with the Infection Prevention and Control team. The work of the group also includes overview of *Legionella* prevention, therapy pool water monitoring and review of new technology for safe water systems. To date there has been no evidence of cross infection from water systems to patients whether from augmented areas or any other clinical area in the hospital.

Legionella is not spread person to person but is acquired through aerosolised droplet inhalation. The assistant DIPC (deputy chief nurse) has taken over as IPC representative of the group on behalf of the DIPC.

Laboratory Based Surveillance

Laboratory based surveillance is an on-going control whereby alert organisms in addition to other resistant organisms would be detected and alerted to the Microbiologists and IPCNs

Carbapenemase-Producing *Enterobacteriaceae* (CPE)

These are highly resistant Gram-negative bacteria where there are only one or two antimicrobial agents that are effective to treat infections caused by these organisms. In line with national guidance, the Trust uses a toolkit for risk assessment and management of patients colonised/infected with CPE. There is an on-going investigation into cases that have occurred within Rotherham that have the same NDM1 typing identification. Some of the cases have been identified on routine screening on admission to critical care, some from contact screening and some from new samples. The investigation team includes the Consultant for Communicable Disease (CCDC) from the UK Health Security Agency (UKHSA), the regional Consultant Microbiologist, Rotherham ICB IPC lead nurse, a field epidemiologist from UKHSA and TRFT colleagues from Microbiology, Estates and Facilities and Divisional Heads of Nursing or suitable deputy. The risk of CPE has been added to the risk register and no clear focal point has been identified to date. Investigation into the epidemiological links is continuing. All patients who have been identified as a potential contact have been informed and for those that were no longer in the hospital they have been offered screening that is above the national guidance. A programme of deep cleaning of adult general wards commenced in February 2023 with all medical wards being completed. Surgical wards are due to complete deep cleaning during April 2023.

REDUCTION OF MRSA BACTERAEMIAS AND INFECTION

The screening of all elective admissions (with a few nationally and locally agreed exceptions) and all non-elective (i.e. emergency) admissions continued throughout the reporting period, this method is to support patient safety and the national trajectory of zero preventable MRSA bacteraemia.

SEPSIS

Sepsis is a potentially life threatening condition caused by infection rapidly progressing through the bloodstream to vital organs. Early diagnosis followed by urgent antimicrobial treatment is required to effectively treat sepsis. Sepsis is monitored via the Deteriorating patient/Sepsis group chaired by the Medical Director

ANTIMICROBIAL STEWARDSHIP (April 2022-March 2023)

Antimicrobial resistance (AMR) is leading to the development of resistant bugs that are becoming harder to treat with existing antimicrobials. The number of AMR associated deaths has been estimated to be 700,000 globally¹ with that figure set to rise further if no action to prevent AMR is taken. Antimicrobial stewardship along with good infection control practices and environmental decontamination are the 3 pillar approach to overcome the threat of AMR as recommended by BSAC in their practical guide to antimicrobial stewardship in hospitals².

The Trust has an Antimicrobial Stewardship Group that oversees the antimicrobial stewardship activities of the Trust and includes representation from the ICS and GPs along with Trust staff. This allows work streams to take place across the Rotherham health community.

It meets bimonthly and is a sub group of RMOG (Rotherham Medicines Optimisation Group) and MSC (Medication Safety committee). Comprehensive prescribing guidelines, which are joint between TRFT and Barnsley FT are available. They contain details on drug choice including in penicillin allergy, recommended duration, IV to oral switch, surgical prophylaxis and dose reduction in renal failure. Access to some antimicrobials is restricted to microbiology recommendation only and start smart then focus is embedded within the guidelines including recommendation for policy indication and duration on the prescription. This has been inbuilt within the EPMA system via a protocol along with work surrounding documentation of Allergies. Antimicrobials polices are formally reviewed every three years but a continual review takes place to inform any necessary changes.

The Antimicrobial stewardship group has continued to oversee all activities in relation to antimicrobial prescribing and has achieved the following during 22/23:

- Performance data on antimicrobial usage sent to IPCD and ASG. This report has been updated to include monitoring of watch and reserve antibiotics as part of NHS standard contract targets for antimicrobial reduction.
- Access to software to enable directorate level reporting on antimicrobial usage
- Antimicrobial consumption data submitted to PHE for inclusion within the fingertips tool.
- Continued access to Adults, children and neonates guidelines available within MicroGuide® app for mobile phones and via the hub.
- Separate Regional Antifungal guideline also available on the hub.
- Ongoing work embedding stewardship into the EPMA system, including a new 48 to 72 hr review task and introduction of a Microbiology notes section

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within Meditech. This adds to an existing infection management clinical panel and link to the antimicrobial tdm section.

- Antimicrobial audits
- Review of some sections of antimicrobial policy for Adults completed.
- Popular education and training events in antimicrobial prescribing.
- Educational stall held in the foyer in November for European Antimicrobial Awareness day.

HAND HYGIENE

During 2022/2023 the ability to audit continued to be challenged due to capacity within teams, the Essential Steps and Saving Lives champions restarted where possible as teams returned to business as usual. The results are fed back to the relevant Divisional governance lead by the Informatics team with exceptions reported through the Infection Prevention and Control and Decontamination Committee. Observational audits by the IPCSW recommenced during the period to provide additional assurance of practice.

Saving Lives and Essential Steps audit questions have moved to Tendable with roll out commenced during March 2023.

The IPCNs use various methods for showing hand hygiene requirements using ultraviolet (UV) lights to increase awareness of the World Health Organisation (WHO) five movements of hand hygiene.

Hand hygiene champions have been trained within numerous clinical and non-clinical areas to enable all staff to have easier access for direct observation of the mandatory hand hygiene technique using the “glow and tell” UV light boxes. Champions have had their annual refresher training either via Microsoft teams or more latterly face to face with facemasks still being worn whilst this was a Trust requirement. The end of March 2023 has achieved the highest compliance scores since the COVID pandemic.

A return to supporting the Global hand hygiene day is planned for 2023.

	Hand Hygiene recorded training	
165 The Rotherham NHS Foundation Trust	End of March 2017	69.36%
	End of March 2018	84.70%
	End of March 2019	81.11%
	End of March 2020	78.26%
	End of March 2021	71.80%
	End of March 2022	74.41%
	End of March 2023	82%

8. EDUCATION AND TRAINING

The induction programmes for all staff include the principles of infection prevention and control and the best practice around it. The Associate Specialist continues to provide training to medical students and doctors regarding the prevention, management and control of infections, including antimicrobial prescribing, treatment and prophylaxis and sepsis treatment. The education and training has also included other professionals responsible for the diagnosis, treatment and management of infections such as Nurse Practitioners and Specialist Nurses. They have also assisted trainee healthcare professionals to pursue educational training in IPC and

diverse projects in antimicrobial prescribing and IPC. They deliver the refresher-training programme to all consultants and speciality doctors.

The Clinical Educator for the Special Care Baby Unit (SCBU) has continued to facilitate training within (SCBU). This is mirrored by the Midwives and Nurses within Obstetrics and Gynaecology. Critical Care staff continue to have training provided directly with the programme for mandatory training arranged by the Ward Manager for Critical Care with sessions provided by the IPCNs. Records of departmental training are forwarded to the Learning and Development Department for addition to the Electronic Staff Record (ESR). The IPCN's also contribute to the induction programmes for Doctors in Training, the record of attendance of which are held in the Medical Education Undergraduate Office. Training of junior medical staff is supplemented by the Generic Skills CD Rom, which covers the basic principles of Infection Control and is facilitated and monitored by the Clinical Skills Co-ordinator. All Estates and Facilities staff groups (includes domestic and portering staff) continue to have annual training supplied by the Estates team trainers using material provided by and approved by the IPCNs.

Due to the COVID-19 pandemic there was an impact on capacity of the IPCN team and the clinical teams meant that MAST sessions were put on hold. Once capacity in the team allowed to re-plan teaching, the social distancing meant the opportunity for teaching large numbers was reduced for face to face training so this was replaced by Microsoft teams MAST sessions led by an IPCN, whilst this method gave multiple opportunities it wasn't as easy to access for some staff and capacity within clinical teams remained under high pressure. All sessions have now been added to e-learning with teams that have local educators/trainers continuing to provide face-to-face sessions.

MAST is split into two groups:

Level 1 is for non-clinical/non-patient facing staff and is required every three years. This is an e-learning education package and has been sustained at over 85% every year.

Level 2 is for patient facing/patient contact/clinical staff and is required annually. This is via e-learning or provided by local educator/training.

	Level 2. Annual compliance with Infection Prevention MAST	
165 The Rotherham NHS Foundation Trust	End of March 2018	88.08%
	End of March 2019	92.30%
	End of March 2020	93.17%
	End of March 2021	75.70%
	End of March 2022	78.67%
	End of March 2023	91%

Face-to-face teaching sessions are re-commencing during 2023.

9. CLINICAL GOVERNANCE – OUTBREAKS AND INCIDENTS

There has been a review of meetings and reporting process during the 2022/23 period. A monthly operational IPC group commenced chaired by the Assistant DIPC, this reports to the quarterly strategic Infection Prevention and Control and

Decontamination Committee chaired by the DIPC that in turn reports to the Quality Committee (QC). The DIPC reports directly to the Trust board.

Following audits and incidents, action plans are developed locally, where actions cannot be implemented/completed these are flagged through the appropriate management committee, to the clinical department and where appropriate the Board of Directors.

An outbreak is the occurrence of more cases of disease that would be expected within a specific place or group of people over a given period. This may be two or more people experiencing similar illness linked in time or place or a single case for some rare diseases such as diphtheria, it can also be a greater than expected rate of infection compared with the usual rate for the place and time. (UKHSA)

10. CLINICAL AUDIT AND EFFECTIVENESS (audits undertaken outside of IPC team)

Waste audits have been undertaken by the Waste Manager for the Trust, this includes the sharps bins position, storage and access.

For hospital bases Sharpsmart has continued to be used, this system is a reusable sharps container. Audits of the contents of the containers are carried out in a controlled environment at the company disposal location. A photograph of the contents is taken as is the statistical data around segregation, fill optimisation of the container and waste consignment compliance (labelling). The Sharps bin company have also carried out on site audits to support the assurance of correct Waste disposal.

Cleanliness audits are carried out by Domestic Service Staff in line with national standards/framework and as approved by the Infection Prevention and Control and Decontamination Committee.

11. POLICIES AND PROTOCOLS

Policies/ Standard Operating Procedures (SOP) Reviewed/Developed:

185 Policy for the prevention, control and management of multi-resistant Gram-negative bacteria including extended spectrum beta-lactamase producing organisms (ESBLs)

December 2022 – December 2025

187 Policy for the prevention, control and management of Glycopeptide Resistant Enterococci (GRE)

November 2022 – November 2025

197 Policy for MRSA screening

August 2022 – August 2025

281 Collection of laboratory specimens

October 2022 – October 2025

329 Norovirus and Rotavirus management policy

October 2022 – October 2025

463 Decontamination policy

October 2022 – October 2025

480 Policy for standard infection prevention and control precautions.
October 2022 – October 2025

620 Point of care test (POCT) COVID 19, Influenza or Respiratory Syncytial virus (RSV) July 2022 – July 2025

627 Outbreak Management policy
October 2022 – October 2025

744 Policy for the management and control of Viral Haemorrhagic Fever
July 2022 – July 2025

525 Cleaning Policy
October 2022 – October 2025

304 Estates & Facilities Face Fit Testing – Use of Equipment
June 2022 – June 2025

12. DECONTAMINATION OF MEDICAL DEVICES

Sterile Services

“The organisation should have systems to ensure that all reusable medical devices are properly decontaminated prior to use or repair and that risks associated with decontamination facilities and processes are well managed.”

Quality Standards- Sterile Services/Endoscopy Decontamination Units

Both Sterile Services and Endoscopy Decontamination Services have demonstrated continual accreditation to ISO 13485 & Regulation 14 Part II of the UK Medical Device Regulations 2002 (UK MDR 2002). The system is designed to monitor every aspect of the decontamination process in order to demonstrate compliance with best practice, which improves patient safety, reduces the risk to patients, healthcare professionals and the organisation.

The vision of Sterile Service Department (SSD)

Commit to Quality Assurance and continuous improvement that complies with the established procedures.

Respond to demands while keeping abreast of future developments relating to decontamination practices and procedures.

Consult users to enable future development.

Provide regular, accurate and up to date information.

Strive to improve the services by consultation, review and evaluation.

Create and maintain a safe working environment.

Create an environment to encourage staff to develop the necessary skills in decontamination and sterilisation practices.

Provide a level of service that meets the expectations of our customers.

To seek continual improvement in quality and customer service.

Regular reviews of resources to generate CIP while maintaining high quality services.

Endoscopy Decontamination Services

Endoscopy unit is designed to the latest specifications increasing the physical space, comparing to the old unit, as well as increasing ability to reprocess more

flexible scopes. Endoscopy decontamination is ready for the growth of services due to ability to expand in future with potential extra washer disinfectors. The unit has been JAG audited on 1st September 2022. Systems were put in place to ensure that unit is compliant with current Quality Management Systems and best practice guidance HTM01-06.

Sterile Services Decontamination Service

2022/2023 has been challenging for Sterile Services. The department went through changes to ensure UKCA compliance. We have also noticed increase in workload and taken pro-active approach to ensure that department is running to full establishment. We have also seen an increase in work received from our external customer. The unit had installed new traceability system, improving productivity and compliance with Quality Management Systems.

Specialist Mattress Decontamination

The mattress decontamination services within the Trust is managed by Sterile Services for specialist pressure relieving mattresses and foam mattress decontamination. This ensures appropriately decontaminated mattresses are readily available at the point of use enabling nursing staff to dedicate their time to patient care. New project is ongoing to provide full modern traceability for mattresses.

Improving Decontamination Facilities

Although it is a difficult time lately, we were able to maintain our accreditation to International Standard and successfully validate all our equipment.

We are also thriving to cut the use of paper in the department and use electronic records where suitable.

We have also added some new equipment such as printers, scanners etc. We are also willing to replace racking in the IAP room and install automated humidity and temperature monitoring.

Governance & Standards

Care Quality Commission (CQC)'s Guidance for Providers on Meeting the regulations.

Management of Medical Devices

HTM01-01 Management and Decontamination of Surgical Instruments (Medical Devices) Used in Acute Care.

HTM01-06 Flexible Endoscope Decontamination

Medical Device Directive.

ISO Accreditation Standards for the Safe Decontamination of Medical Devices.

Endoscopy Joint Advisory Group for Gastrointestinal Endoscopy (JAG)

Response to Medicine and Healthcare Products Regulatory Agency (MHRA) Safety Alert Bulletins.

UK Medical Device Regulations 2002

Decontamination Staff Training

Staff training is paramount for the safe decontamination of medical devices. Internal training is undertaken to ensure continual professional development for all Sterile Service staff. In addition, where possible, staff is able to access a number of national learning programmes.

Conclusion

TRFT has been proactive in ensuring that Sterile Services/Endoscopy Decontamination have adequate facilities, this department is well managed and continues to meet ISO accreditation.

13. Estates and Facilities Directorate – CLEANLINESS 2022-23

During the course of the period between April 2022 & March 2023 the Facilities Services Department have continued to provide cleaning input into wards, departments and circulation areas.

The period of 2022 – 2023 has been a period of transition for the Facilities Services division. The outgoing Head of Facilities completed the annual PLACE audit in early October 2022 and the current Interim Head of Facilities commenced employment at the Trust in the middle of the same month.

In October, concerns were raised concerning the standard of cleaning during IPC spot checks of terminal clean of bays. The spot checks highlighted a discrepancy between the standard of cleanliness reflected in the cleaning audit scores and the standard of cleanliness found during the spot checks.

A review of cleaning within the hospital followed which initiated a review of staff training and a deep clean programme of the hospital. An external cleaning company was sourced and provided support to our domestic services team during the months of December 2022 and January 2023. The result has been a reset of cleaning within the hospital with a deep clean plan that commenced in December 2022. The Division of Medicine has been completed and at the time of writing the Division of Surgery Deep Clean is running to schedule.

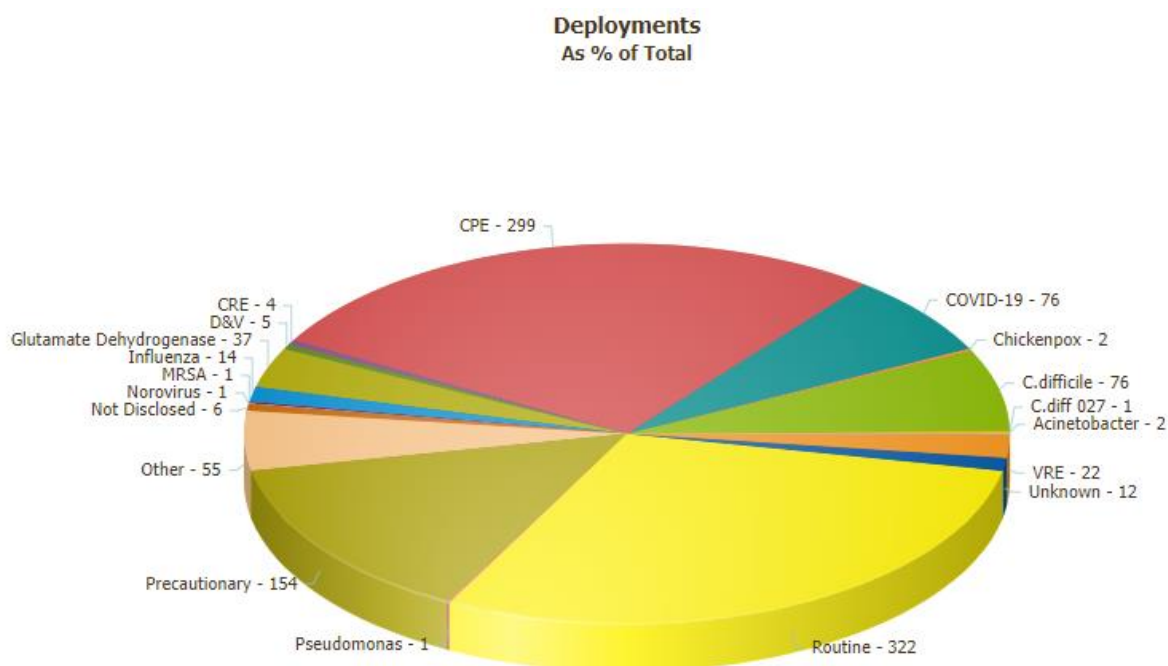
Weekly environmental walkabouts have commenced with the involvement from IPC, Facilities, Estates and clinical teams with the intention of visiting all areas within the Trust and continually improving the hospital environment for patients, staff and visitors to the hospital.

The PLACE assessment was suspended by NHSE/I for 2020 and 2021 due to the ongoing focus in activity associated with the pandemic and the recovery towards business as usual. The PLACE were reintroduced in Autumn 2022 as part of the drive towards business as usual. The table below shows the PLACE scores for 2022.

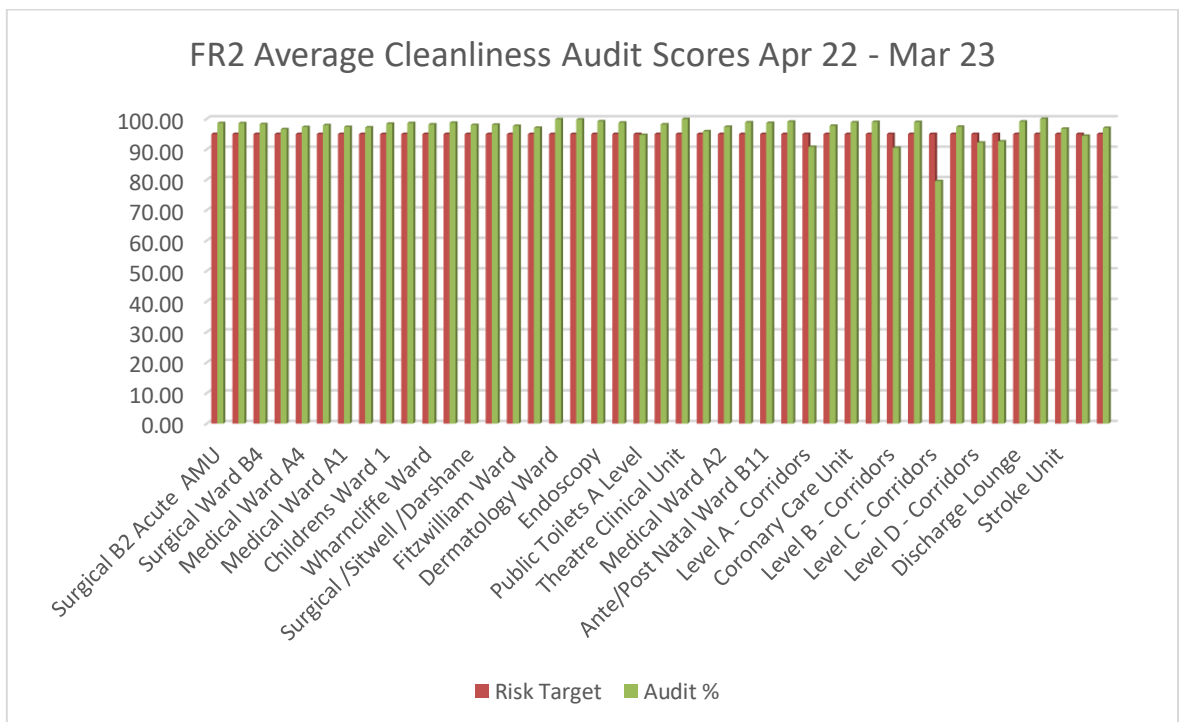
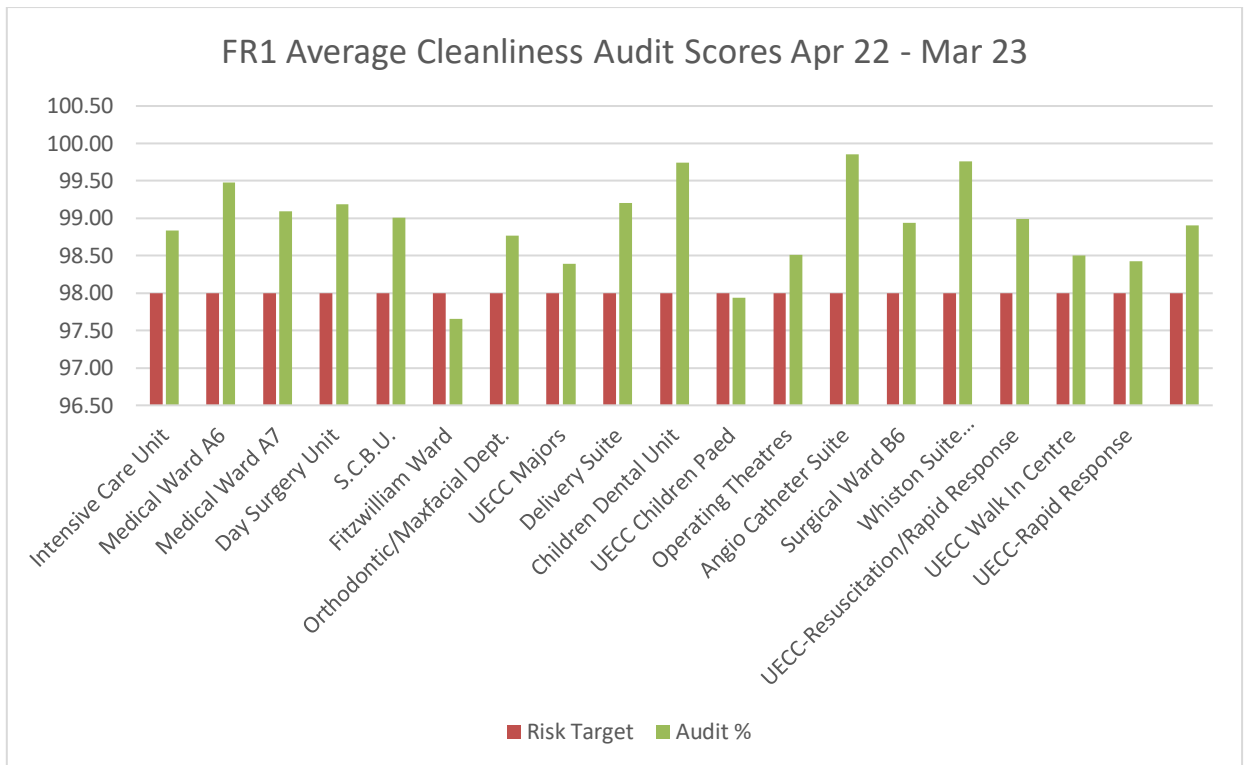
Inspected	TRFT score - 2019	TRFT score - 2022	National average score	Highest NHS Trust score	Lowest NHS Trust score
Cleanliness	100%	99.32	98.05%	100%	70%
Food overall	98.03%	94.73	91.27%	99%	71.67%
Organisation (of) Food	95.93%	95.49	91.16%	99.75%	66.31%
Ward food	100%	94.51	90.75%	100%	67.21%
Privacy, dignity & wellbeing	93.88%	81.33	87.22%	98.94%	57.87%
Condition, appearance & maintenance (of buildings and facilities)	100%	96.24	95.69%	100%	81.62%

Dementia (meeting needs)	90.53%	75.81	82.21%	99.54%	55.03%
Disability (meeting needs)	90.38%	80.41	83.54%	99.42%	57.42%

Hydrogen Peroxide Vapour decontamination was deployed on wards and departments proactively & preventatively throughout the year to disinfect ward areas to combat COVID, CPE, GRE, amongst others, and underpinned the work of the facilities teams. The graphic below shows monthly deployment and reason codes.



The formal cleanliness audits continued to be completed throughout the year April 2022 to March 2023 in accordance to the National Standards of Healthcare Cleanliness 2021. Audits included additional or changed elements and were recorded on the new NSOC module of the MiCAD4 audit software system. A summary analysis of Functional Risk Categories 1 & 2 is shown below.



Over 1000 cleanliness audits are conducted by the facilities domestic services operational management team on functional areas, wards and departments monthly, inspecting in the region of 500,000 elements over the course of a year. Where a functional area falls below the expected target percentage score, an action plan is produced and delivered to the domestic teams to action and sign off.

14. Tuberculosis (TB)

Tuberculosis (TB) is a communicable disease and one of the leading causes of death worldwide. Until the coronavirus (COVID-19) pandemic, TB was the leading cause of death from a single infectious agent, ranking above HIV/AIDS. Globally, the estimated number of deaths from TB increased between 2019 and 2021, reversing years of decline between 2005 and 2019. In 2021, there were an estimated combined 1.6 million. (World Health Organisation WHO)

The COVID-19 pandemic continues to have a damaging impact on access to TB diagnosis and treatment and the burden of TB disease.

In 2021, in England 4,425 people were notified with TB, an annual notification rate of 7.8 per 100,000 population. This is an increase of 7.3% in the number of notifications and 6.8% in the rate compared with 2020. England therefore remains a low incidence TB country (less than or equal to 10 per 100,000).

Despite an overall downward trend in the number and rate of TB notifications in England during the last 10 years, the rate of decline is slowing. Unless this can be altered, England will fall short of achieving WHO's End TB strategy target of 90% reduction in people with TB from 2015 to 2035.

Overall, the patterns of TB epidemiology in England in 2021 have similar geographic distribution, social and demographic factors to previous years.

The number and rate per 100,000 of people with tuberculosis in Yorkshire and Humber has decreased between 2016 and 2020. In 2016 there were 420 cases and a rate of 7.7 per 100,000. In 2020 there were 270 cases with a rate of 4.9 per 100,000 (UKHSA 2021)

People born outside of the UK accounted for 72.8% of 2020 notifications. The rate in non-UK born individuals is 36.3 per 100,000; over 15-fold greater than the rate in the UK born population.

Rotherham has a low incidence of TB but a significant proportion of cases have risk factors for poor treatment completion and onward transmission to others such as homelessness, drug or alcohol use, a history of imprisonment or mental health issues.

The community TB nursing service is part of the Division of Therapies, Dietetics and Community Care and is based at Woodside. It is managed by the TB specialist nurse/service lead with the team's establishment consisting of full time band 7 (TB specialist nurse/service lead) and full time band 6 (TB nurse); the team has admin support working 18.75 hours per week.

The TB nursing service works in line with TB action plan (2021-2026) to focus on the needs of those affected by TB and TB services whilst recognising the impact and learning of the coronavirus (COVID-19) pandemic.

1 – Recovery from COVID-19 Priority- Use of Quantiferon blood tests at home to replace Mantoux that requires 2 hospital clinic visits. (GOV/UK 2023)

2 – Prevent TB Priority raising awareness activities, world TB day utilised 24th march 2023

3 – Detect TB Priority- working with primary care to support prompt diagnosis in migrants, including afghan and Ukraine populations

Consultant/nurse clinics held in contingency accommodation to meet the health needs of migrants residing there and reduce any risk from Tuberculosis

4 – Control TB disease Priority- National drug shortages have been managed to reduce the impact on treatments for Tuberculosis (priority given to Active TB disease)

5 – Workforce – upskilling of the workforce will allow the nurse led clinic to reduce waiting times for those referred for latent TB infection

The service aims to support a year-on-year reduction in TB incidence and in-UK TB transmission and enable the UK to meet its commitment to the [World Health Organization \(WHO\) elimination targets by 2035](#). Early detection and improved treatment completion rates should over time lead to a reduction in the burden of TB disease and to a reduction in the overall cost of TB services.

TB nursing caseload activity

There were 11 new patients commenced on treatment for Active TB and who were cared for by the Rotherham TB nursing service during the specified period (01.04.22-31.03.23), of these new patients only 2 cases were identified as sputum smear positive. One from bronchial lavage and not sputum and one was Subsequently PCR negative and MPT64 negative on culture- de notified)

1 Patients received standard case management (SCM)

9 Received enhanced case management (ECM)

The Royal College of Nursing (RCN) define standard case management as care that is: *“co-ordinated by a named case manager and is appropriate for any non-clinically complex patient who is able to self-medicate and have monthly follow-up in a hospital or community setting”*

<https://www.rcn.org.uk/professional-development/publications/006-194>

ECM applies to any case where more than the usual amount of TB Nurse time as outlined by the RCN is required for their management Level 0 (zero) refers to SCM, ECM levels ranged from 1-3 depending on their complexity

There were zero cases of drug resistance TB identified and zero cases of multidrug resistant TB within the specified period. TB is treated with antibiotics therefore any

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resistance to usual treatment is of significance in terms of ensuring best treatment plan for the person affected and in early identification of possible contacts to reduce the risk of onwards transmission of antibiotic resistance.

Concordance remains a high priority with 0 reported cases of non-compliance in patients treated for active Tuberculosis in 2022/2023, some patients are still on the course of treatment

60 Individuals were diagnosed with latent TB infection and were commenced on a preventative course of chemoprophylaxis (1.4.22-31.1.23) (this is exclusive of the referral date). Those diagnosed with latent TB Infections were identified through new entrant screening and contact tracing exercises).

There were two Incidents during the period April 2022-March 2023 involving hospital in patients, incident meetings held or arranged with no anticipated further action required in all incidents and no extended screening. The incidents have no on-going concerns to date.

Audit

TB contact screening Audit 1.1.20 to 31.12.20. (Originally)(Extension -1.1.21 to 31.12.22)

Background

This Audit is a repeat of a previous Audit undertaken in 2019 that looked at contacts who were screened in 2018.

This audit's aim is to capture outcomes following contact-tracing screening and to demonstrate the relevance of screening beyond current NICE guidance by identifying any additional risk factors, such as underserved or higher risk travel.

NICE guidance is overdue in its review and has now withdrawn the NICE pathway tool kit; previously available online.

Current NICE guidelines for contact tracing recommend screening is offered to the close contacts of any person with pulmonary or laryngeal TB only.

Local experiences utilise opportunities to identify those at risk of Tuberculosis by association with a case of TB and not those just at risk following immediate exposure.

The audit is within plan and due for completion and presentation

Cohort review

Cohort review has now been adopted and the clinical network meeting format is in place and is held jointly with South Yorkshire TB services. This process supports clinical discussions of complex cases, new treatments etc. The overall aim is to ensure that best practice has been followed in treatment and contact tracing and reflect on regional practices. Data is presented following cohort standards set to be achieved.

Current Guidance

- **Tuberculosis (TB): action plan for England, 2021 to 2026**

The 5 key priorities of the TB Action Plan are:

1 – Recovery from COVID-19 Priority

2 – Prevent TB Priority

3 – Detect TB Priority

4 – Control TB disease Priority

5 – Workforce

- Tuberculosis Nurse Competency Framework for TB Prevention, Care and Control is under review awaiting publishing.
- Tackling Tuberculosis in Under-Served Populations: A Resource for TB Control Boards and their partners (January 2019)- under review for update.
- NICE guideline [NG33] published :13 January 2016

15. Catheter Associated Urinary Tract Infection (CAUTI) reduction.

The Rotherham NHS Foundation Trust community continence team is responsible for managing a centralised caseload of all catheterised community patients (approximately 650 patients). The team prescribes all catheter equipment and reviews each patient at least annually. To reduce the risk of MRSA bacteraemia all patients with long term catheters are screened & patients identified as positive undergo decolonisation prior to catheter change taking place. High-risk patients for Extended Spectrum Beta Lactamase (ESBL) producing or history of infection post catheter change sit on a separate caseload and are reviewed at intervals specific to clinical need. Staff liaise closely with the IPC team to ensure appropriate antibiotic prescribing is maintained.

Patients being discharged from hospital with a new catheter are sent home with one week supply of equipment and are referred to the Continence Team.

All new patients registered to the service are given a catheter passport to show to all professionals who care for their catheter and take to hospital appointments and admissions.

The MRSA screening continues and patients are being decolonised if required prior to catheter changes.

The separate caseload continues for ESBL or history of infection.

We are continuing with the catheter passport in community, this is given to all patients in community with an indwelling catheter.

THE ANNUAL INFECTION PREVENTION and CONTROL PROGRAMME 2023/2024

1. INTRODUCTION

The aim of the Trust is to reduce Health Care Associated Infections (HCAI) to the irreducible minimum of unavoidable cases.

The Annual Infection Control Programme covers all plans and activities of infection prevention and control to ensure that the Trust complies with national and where relevant European Union (EU) standards and imperatives including targets. It is geared towards complying with the best and most updated evidence based practice. The key national imperatives are the Care Quality Commission Standards, EPIC 3 (NHS improvement) <https://improvement.nhs.uk/resources/epic3-guidelines-preventing-healthcare-associated-infections/> and The Health and Social Care Act 2008: Code of practice for the prevention and control of health care associated infections, (referred to as the Hygiene Code) of which an updated version was published in July 2015 and further updated in 2022.

Although TRFT has always had low rates of HCAs, the aim is to further excel and be in the very front amongst Trusts

2. THE HEALTH & SOCIAL CARE ACT (2008) CODE OF PRACTICE (HYGIENE CODE)

Ensure compliance with the 10 criteria required for registration with the Care Quality Commission.

Identify any shortfalls and ensure these are escalated as appropriate.

Continue to self-assess compliance with the Hygiene Code on a monthly basis and take action when indicated.

A new Board Assurance Framework for IPC is to be published in April 2023.

3. MAINTENANCE OF MRSA BACTERAEMIA LEVELS AND REDUCTION OF OTHER MRSA INFECTIONS

The trajectory of zero MRSA Bacteraemia for 2023/24 continues. Any cases of MRSA deep-seated infections in orthopaedic cases will be reviewed by the Clinical team and via the Orthopaedic governance meeting.

To continue the practice of decolonisation of all patients admitted to our Hospital by replacement of the conventional washing agents/soaps with skin antiseptics such as Octenisan.

To ensure that the Antibiotic Policy is adhered to through a robust audit programme. Continue the MRSA Screening Strategy for non-elective admissions.

Progress against the trajectory will be reported to the IPC group & IPCD Committee and the Clinical Divisions via the Lead Nurse and Assistant DIPC on a monthly basis. Progress against the trajectory will be reported to Board by the DIPC.

MRSA SCREENING STRATEGY

To continue to screen all patient groups as referenced within the MRSA screening policy that was for reviewed in 2022.

All elective admission patients continue to be screened for MRSA as required by TRFT policy. In addition to this, all patients are provided with skin disinfectant to reduce the risk of any skin contamination prior to procedures.

All non-elective surgical and medical patients continue to be screened as per Trust policy, and in addition are provided with skin disinfectant to use whilst in the hospital setting.

4. CLOSTRIDIODES DIFFICILE

The trajectory for 2023-24 for hospital isolates is based on the actual number of cases in the 12 months up to the end of November 2022.

The Trust will continue to work with the ICB in terms of open and honest reporting and governance requirements as required within the last version of guidance *Minimising Clostridioides difficile and Gram negative bloodstream infections. NHS standard contract 2023/24.*

Continue thorough and robust Cleaning/Decontamination Strategy. This includes the use of an enhanced disinfection managed service.

Ensuring rigorous compliance with hand hygiene.

Monitoring and reviewing as necessary the Antibiotic Policy.

Completion of post infection review by the relevant clinical team for every case of hospital acquired C. diff infection with presentation by the clinical team.

Ensure full compliance with the national surveillance programme for C. diff infections including case definitions and reporting.

Progress against trajectories will be monitored and reported through the Performance Team but will also be reported by direct report from the DIPC to the Trust Board.

To continue to examine new and emerging technology e.g. To assist with environmental decontamination and antibiotic prescribing.

5. GRAM NEGATIVE BACTERAEMIA REDUCTION.

To continue to monitor all cases of hospital acquired gram-negative bacteraemia in order to identify any opportunity for learning and improvement of care.

To continue to explore learning opportunities for the wider health community with colleagues from RMBC, UKHSA and the ICS.

To continue to embrace learning opportunities regionally and nationally with the focus on prevention of gram-negative reduction and urinary tract infection.

6. HAND HYGIENE

Carry out hand hygiene audits in line with the Tendable audit tool.

Promote good hand hygiene practices among all healthcare staff, ensure adequate and appropriate provision of training for hand hygiene champions for roll out to colleagues.

All staff to complete annual hand hygiene review as required under MAST.

Continue to promote the "Bare Below the Elbows" philosophy

Continue the culture of encouragement, challenging and increasing awareness amongst all staff in all clinical areas

To review the hand hygiene products in general use across the Trust in line with colleagues in clinical areas, Occupational Health, Procurement and Facilities management.

7. TENDABLE

To continue the observational audits with the aim being that all areas will achieve 100% compliance during self-assessment that is assured by additional IPC team audits that confirm the compliance level reported.

To share learning and facilitate introduction of best practice in infection prevention and control.

Lapses in compliance will be reported directly to the clinical governance lead for the division and where necessary escalated via the IPC Group. Residual risks will be placed on the IPC Risk Register as appropriate.

To further improve the training and audit outcomes of hand hygiene.

8. COMPLYING WITH NATIONAL IMPERATIVES

To maintain compliance with the Hygiene Code.

Continue compliance with the requirements of the standards required by the Care Quality Commission.

Achieving all the national infection control targets and maintaining upper percentile status.

Continue compliance with the requirements of UKHSA.

Continue adhering to national guidelines and recommendations i.e. NICE guidelines.

Respond to new guidance on new emerging threats, such as Ebola, Mpox changes in variants of COVID-19 etc.

9. EDUCATION AND TRAINING

Constantly review the training programmes to meet the needs of the service, organisation and individual.

Provide the highly popular teaching programmes for doctors in training and student doctors in relation to the management of infections and prescription of antimicrobials by the Consultant Microbiologists.

Support the Clinical Skills Facilitator to deliver specific training sessions and “objective structured clinical examinations” (OSCE’s) to specific groups of staff.

Continue participating in education and training in infection management and antimicrobial usage outside the Trust, such as GPs and other professionals.

Support all members of the Infection Prevention and Control Team to further enhance their knowledge and skills as appropriate.

Support Estates and Facilities staff in their delivery of infection control training

Continue to be active in the Medical Grand Round.

10. CLINICAL AUDIT

To continue a robust rolling programme in auditing compliance with the antimicrobial policy.

Continue to develop a rolling programme of audit to ensure compliance with the clinical care protocols and other key infection prevention and control policies and practices.

Conduct environmental audits using the new National cleanliness standards reporting tool.

11. POLICIES, GUIDELINES AND PROTOCOLS

Ensure compliance with the Trust Policy for Policies in relation to all infection prevention and control policies.

Review all other policies as required, reflecting changes in national standards.

All policies to incorporate hospital and community care provision and to be in line with the National IPC manual for England.

To access as appropriate updated patient information leaflets and have them electronically accessible via the internal intranet (The Hub) and on the Trust website for public access.

12. ANTIMICROBIAL STEWARDSHIP

Alongside implementing elements of the Chief Medical Officer's 5-year strategy in reduction of antimicrobial resistance and ensuring compliance with the health and social care act code of practice, the following work streams have been identified as priority areas.

- Continue the review of the Adult Antimicrobial Policy and initiate review of children's/neonates Antimicrobial policy
- Develop regular antimicrobial usage reports to the CSU's
- Using EPMA reports to monitor usage of specific antimicrobials in real time and develop a MDT with microbiology for discussion of specific patients.
- Build on the education of staff on antimicrobial prescribing and stewardship to further empower them to make correct decisions first time.
- Audit IV to Oral switch as part of the 2023-4 CQUIN and introduce resources to support the CQUIN locally.
- Continue to reduce unnecessary antibiotic usage as part of NHS standard contract.

1. European Commission, AMR: a major European and Global challenge, Factsheet 2017. Available at:

https://ec.europa.eu/health/amr/sites/amr/files/amr_factsheet_en.pdf

13. PARTNERSHIP WITH BARNESLEY

Continue the Microbiology Laboratory integrated partnership.

Continue the Consultant Microbiology partnership in terms of close working and joint on-call including the regular hand-over teleconference meetings.

Continue the joint support between the two IPCN teams including clinical supervision.

14. MICROBIOLOGY LABORATORY

Continue to comply with ISO15189 standards and maintain accreditation with UKAS
Continue to work with Barnsley to provide cross cover for clinical service.

EUCAST guideline compliance and continued use of rapid (4-hour) blood culture isolate identification, Rapid blood culture sensitivity testing (RAST)

Introduction of Qiasat for Viral and bacterial CSF PCR testing Business case now approved verification complete and the test has just come into use. This will be added to UKAS ETS in 2023

Continued use of molecular detection for Respiratory virus, Mycoplasma, Bordetella and Legionella, with interfaced, real time reporting and introduction of Chlamydia pneumonia to the panel.

Introduction of molecular testing for enteric isolates for in-patients at Rotherham (will require business case to be discussed with the SYB region)

Continued maturity of the SYB network with ongoing

We have introduced 5 carbapenemase resistance mechanisms with E test and disc susceptibility for an extended range of new antimicrobials and automatic alert of all CPE isolated from both BRILS sites.

Pillar 1 COVID 19 testing has moved to the Barnsley site Hologic Panther, whilst Rotherham site have introduced Mycoplasma genitalium PCR and Trichomonas vaginalis PCR testing to our sexual health testing repertoire. Full interfacing and real time reporting are operational. T vaginalis to be added to UKAS ETS in 2023. We continue to support the IPC team with Infectious disease POCT and reporting for COVID 19, Influenza and RSV.

COVID total antibody testing has now been withdrawn from the TRFT site, any further requests will be fulfilled in Sheffield.
Most laboratory based molecular testing is UKAS accredited and appears on the schedule of testing or will go onto ETS in 2023.

15. DECONTAMINATION OF MEDICAL DEVICES

Plan for 2023/24

- To ensure Sterile Services/Endoscopy Decontamination Services are in compliance with regulatory standards and guidance
- Confirm and implement further CIPs
- Recruit to existing vacancies
- Plans for new traceability system for mattress decontamination
- Plans for new racking for IAP room
- Plans for humidity and temperature monitoring system
- To maintain ISO accreditation

16. DOMESTIC SERVICES AND CLEANLINESS

Plan for 2023/24

Further work in profiling staff working times to ensure the facilities services are dynamic and responsive to the evolving needs of the Trust based on operational demand times.

Creation of a permanent Deep Clean Team to support the Trust deep clean programme.

The Facilities teams will continue to work with IPC to understand the best use of HPV technology and embed the practice into standard operating procedures, further enhancing the department's ability to respond to the requirements of patient flow & capacity pressures.

17. Tuberculosis (TB) Plan for 2023/24

Raising awareness of Tuberculosis, by education sessions for staff

Upskilling of Nursing workforce

Review of service specification

18. Catheter Associated Urinary Tract Infection (CAUTI) Reduction. Plan for 2023/24

The continence team will be working with the ward teams around adopting the HOUDINI algorithm and identifying the patients with a catheter before they are discharged to improve catheter care and readmission, this will hopefully reduce CAUTI if we are able to remove catheters earlier as we know about them earlier.

19. Quality Improvements for Infection, Prevention and Control

Post Infection Review

The current process for learning from Hospital Acquired Infections (HAI) is for the ward manager to complete a Root Cause Analysis (RCA) document and send to the IPC team. This is for a range of HAI, including where there is no new learning. The IPC lead nurse will then meet with the IPC nurse from the ICB place to review the paperwork. This process has been in place over the period of the Covid-19 pandemic but was due a review.

Nationally, there is work to have a standardised Post Infection Review Process. This will be for a confirmed number of HAI and where there is opportunity for learning. The new process will align with the principles of the Patient Safety Incident Response Framework (PSIRF) to investigate less and learn more.

A new 'Harm Free Care' panel has been introduced where the Post Infection Review is submitted to the panel in advance of the meeting, papers read in time and the Ward Manager and Matron present their learning from the incident to the panel. This will always consist of a Deputy Chief Nurse, Matron for Quality Governance and Assurance and relevant subject matter experts (e.g. IPC lead nurse and Consultant Microbiologist). The panel can consider the relevant health education (e.g. MAST compliance), health promotion (e.g. hydration improvement, cleanliness, hand hygiene) and quality improvement for the specific area.

Infection, Prevention and Control Champions

A funding opportunity became available through the Florence Nightingale Foundation (FNF) for Health Care Support Workers (HCSW) to receive education and development to become IPC champions. This includes 336 hours of course work, improved understanding of IPC and leadership development. The Trust were lucky to have 15 confirmed places for HCSW and the training commenced in March 2023. The Deputy Chief Nurse and Lead Nurse for IPC will be attending the virtual celebration event in May 2023.

Following this investment in training, the IPC team will be re-starting the IPC champions training. This will involve all clinical areas having nominated champions who can attend updates and bring learning back to their clinical areas.

Hydration improvement

The new Regional Hydration network launched in January, allowing sharing of good practice with a renewed focus on the role that good hydration has in the prevention of Gram negative sepsis (GNBSI). The Deputy Chief Nurse shared the TRFT work on the new traffic light water jug lid system with the regional network in April 2023.

The Trust were supported with a small funding bid from the regional hydration network. This was used to purchase equipment for ward areas to use for the regular inpatient tea parties. The equipment was ordered and in place for Nutrition and Hydration week 2023.

Nutrition and hydration week 2023 saw a wide range of activities across the whole Trust, every single day to promote the importance of hydration and nutrition.

- MUST Monday we had drop in sessions for the Malnutrition Universal Screening Tool (MUST) in the main reception and also promoted by the new Clinical Educators on the wards.
- Tasty Tuesday – Dysphagia friendly snacks in the main entrance and promotion of the International Dysphagia Diet Standardisation (IDDSI) framework
- Global Tea-Party on the Wednesday with A3/A4, A5, B5, B10, B11, Children’s Ward, Critical Care and Outpatient joining in. The winning wards were the Stroke Unit and Rockingham. Both areas really demonstrated the values of social dining and patient activities to aid recovery.
- Thirsty Thursday; re-think you drink with a range of fruit and mocktails to try in the main reception. Also Dysphagia friendly drinks by Speech and Language Therapy team.
- Friends on Friday – to encourage relatives and carers to be partners in care and recognise they need to eat too – we offered a free soup and roll in the main entrance and promoted family involvement with Making Mealtimes Matter.



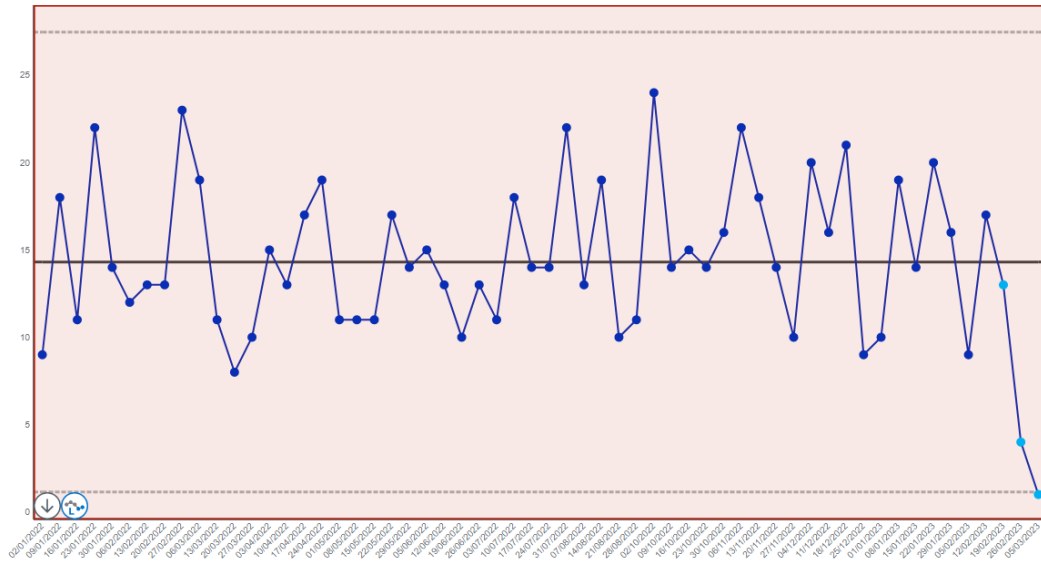
Patient Feedback on Nutrition and Hydration work

A patient about to be discharged on B10 said the work that nursing colleagues had put in was “exceptional”; a visitor to Rockingham shared that the day had been “good for visitors and patients, as it gets us involved in what’s going on” and one outpatients attendee was so delighted with the day that they had taken pictures to show their friends at home.



Improvement data on the impact of UTI following the implementation for the traffic light water jug lids and regular inpatient tea-parties is below;

Patients Discharged with UTI (clinically coded)



Patient feedback on the traffic light water jug lids is overwhelmingly positive and a selection of comments are below;

- “I think they’re a great idea....could you fill up my cup with squash and water please?”
- LD patient – “I think they’re good. Would make me drink more.” (Only concern was that the orange lid might make it taste of orange...which he wouldn’t have liked) Explained that it would still taste of plain water J
- “(Talking about the jugs) That’s great that is, they’ve changed my waterworks medication so I need to go to the toilet more, which is annoying as it affects my sleep at night but I’ll try, I’ll really try.”
- “The Nurses can see if you’ve not had much”

Mattress Audit

A mattress replacement audit was completed by the end of 2022. 45 mattresses were condemned, 68 mattress covers were replaced, based on the audits completed by the Tissue Viability Team. We don’t have the data on how many mattresses were replaced during this time as the replacements were done simultaneously. Plans for an annual mattress replacement audit are to be confirmed and communicated with clinical teams.

Deep Clean Schedule

A Trust wide proactive deep clean schedule commenced in November 2022. There were initial teething issues with the quality of the deep cleaning, leading to the IPC team and Division senior nurses in medicine working closely with colleagues from facilities until the standards got to the required level. The Division of Medicine had completed their deep clean in March 2022 and surgical wards followed after. This is expected to be a regular programme of deep cleaning across TRFT.

21. Key Potential Risks 2023/24

- Vacancy of Consultant Microbiologist/s in post.
- Lack of Infection Control Doctor time.
- Retirement of some members of the wider team and shortfall of potential replacement within some professional groups.
- Isolation facility availability
- Continued CPE cases.
- The following potential risks will apply to all acute hospital providers and some community providers. TRFT provides both community and hospital health care.

Threat of emergence or importation of new organisms or new infection to the UK.

Increase of emergence of multi- resistance in antibiotics

Breach of the C diff trajectory under the new objectives

Breach of the MRSA bacteraemia trajectory

Seasonal outbreaks of Norovirus, Rotavirus, Influenza, COVID-19

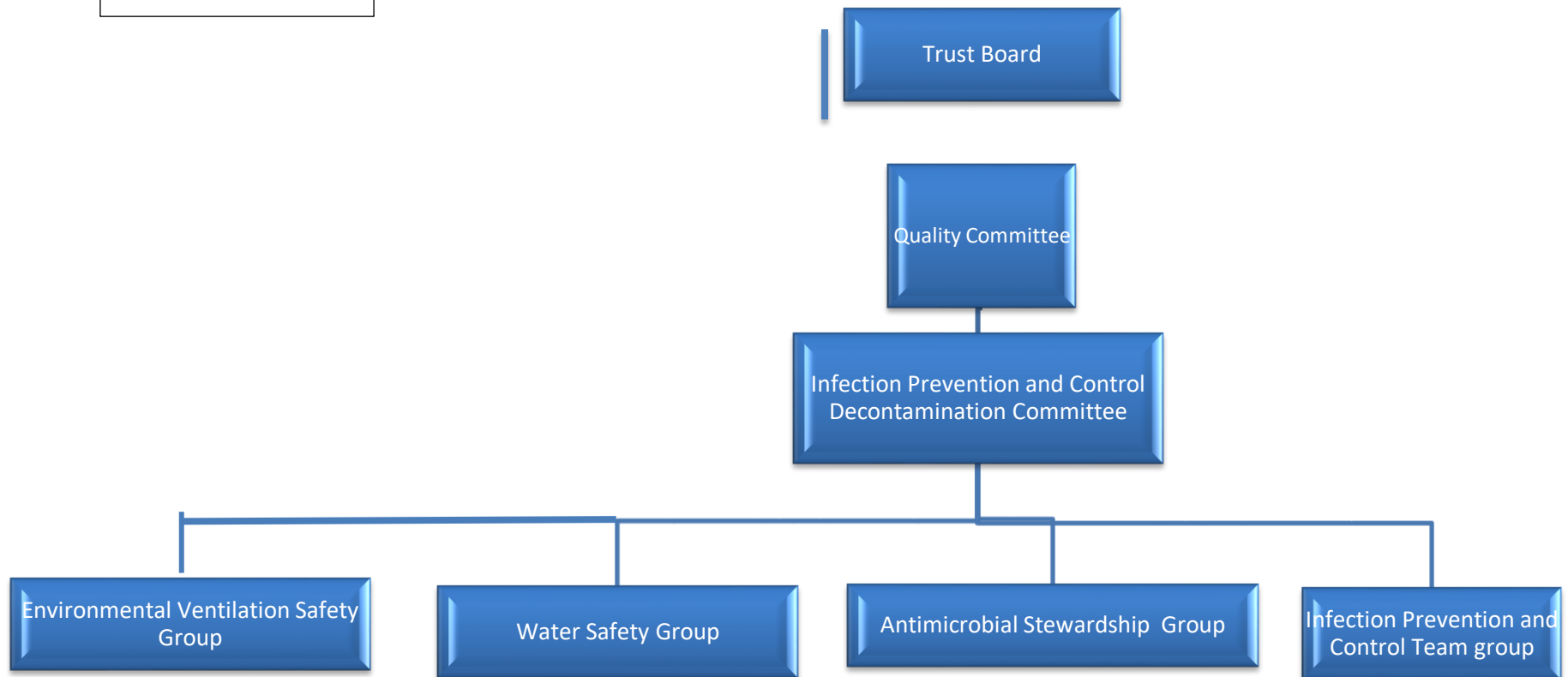
Outbreaks linked to travel e.g. Diphtheria, Measles, and TB.

Cindy Storer, Deputy Chief Nurse – Assistant Director of Infection Prevention and Control

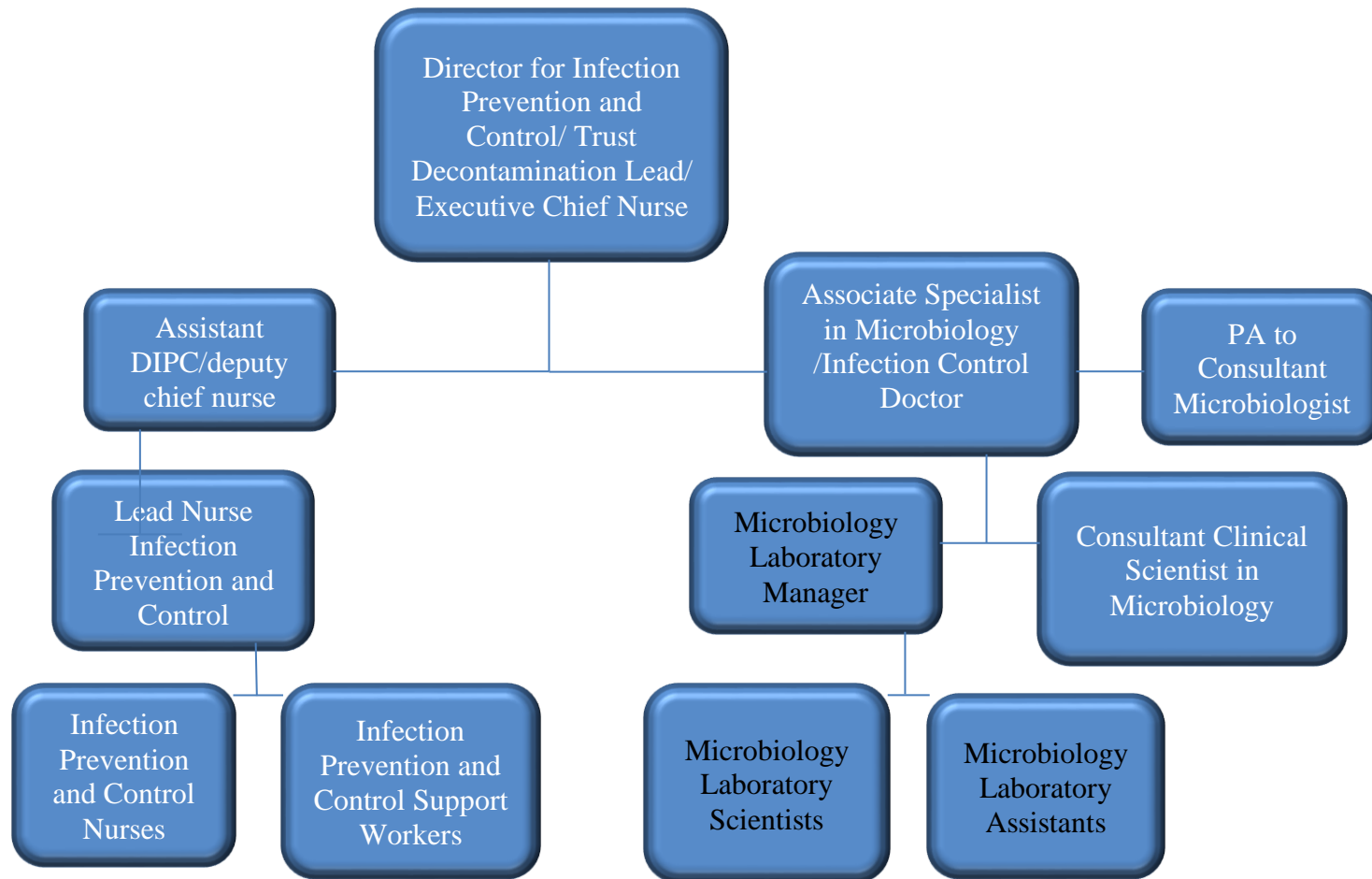
Jen Hilton- Lead Nurse

June 2023

Appendix 1.
Reporting structure



Appendix 2 MANAGERIAL STRUCTURE OF THE INFECTION PREVENTION AND CONTROL TEAM



Agenda item	P112/23
Report	Safe Staffing and Establishment
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>This paper describes how the Trust has used the Safer Nursing Care Tool (SNCT) to thoroughly review the acuity and dependency of inpatients for two four week period in January and May 2023 to propose suggested establishments. This is in line with recommendations set out in national guidance.</p> <p>The proposal includes 22% headroom as the SNCT will not permit levels below this, in line with national guidance.</p> <p>The proposed establishments include a Registered Nurse (RN) skill mix of 70% in the assessment areas (AMU and ASU) and a skill mix of 65% in the inpatient wards.</p> <p>Maternity colleagues are currently completing the Birthrate+ establishment review. It is anticipated that the report will be ready for October 2023. Separate assessment tools have also been deployed for UECC and Community. The outcome from these areas will be included in future iterations of this paper.</p> <p>Following this in-depth review, it is the opinion of the Chief Nurse that existing establishments are safe and appropriate. It is therefore recommended that establishments remain unchanged at present due to planned alterations to bed configurations. This will be reviewed again in six months.</p>

<p>Due Diligence (include the process the paper has gone through prior to presentation at Board of Directors' meeting)</p>	<p>The Chief Nurse has reviewed the proposed establishments and supports the recommendations in the paper. This was presented to People Committee on 16 June 2023.</p>
<p>Board powers to make this decision</p>	<p>The Board of Directors are required to have oversight and understanding of the appropriateness of nursing establishments to support safe care delivery.</p>
<p>Who, What and When (what action is required, who is the lead and when should it be completed?)</p>	<p>The Chief Nurse reviews nurse establishments monthly and reports to the Board of Directors every six months for assurance.</p>
<p>Recommendations</p>	<p>It is recommended that:</p> <p>The Board of Directors are assured by the process of collecting the SNCT data and the use of senior nurse professional judgement to collate proposed establishments</p> <p>The Board of Directors are asked to support maintenance of existing establishments at the current time.</p>
<p>Appendices</p>	<p>Appendix 1 – SNCT for assessment areas Appendix 2 – SNCT for Surgical Wards (excluding ASU) Appendix 3 – SNCT for Medical Wards (excluding AMU) Appendix 4 – SNCT for Paediatrics Appendix 5 – SNCT Forward Plan Appendix 6 – Maternity Staffing Review</p>

1. Introduction

- 1.1 The National Quality Board (NQB) publication: 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 (2016) outlines expectations and the framework. In addition improvement resources have been published to support and underpin this approach in 2018 for adult inpatient wards in an acute hospital, children and young people, neonatal units and maternity services.
- 1.2 These resources have been used to support establishment setting, approval and deployment from the ward sisters and charge nurses through to the Chief Nurse.
- 1.3 There has been a refreshed approach to setting the Nursing establishments in the Trust since November 2022, to ensure compliance with the National Quality Board Standards and Developing Workforce Safeguards. This included the implementation of the Safer Nursing Care Tool (SNCT), an evidence based tool which will support and inform the establishment setting process. SNCT is an objective tool which utilises acuity and dependency scoring to support workforce planning. The tool had been recognised for supporting safe staffing on in-patient wards, and received NICE endorsement in 2014.

Figure 1: Principles of safe staffing



- 1.4 Four cycles of acuity and dependency data collection using SNCT were outlined for 2023 and two of these have been completed for this report (January 2023 and May 2023). The forward plan for the SNCT data collection, analysis, feedback and reporting is included in the report as appendix 5.
- 1.5 Intensive care and high dependency were excluded as staffing is in line with the Guidelines for the Provision of Intensive Care Services (GPICS, 2019).
- 1.6 Hard Truths commitments regarding the publishing of staffing data (Care Quality Commission, March 2014) states 'data alone cannot assure anyone that safe care is being delivered'. However research demonstrates that staffing levels are linked to the safety of care and that fewer staff increase the risk of patient safety incidents occurring'.
- 1.7 In order to assure the Board of Directors of safe staffing on our wards, this paper sets out the outcome of the strategic staffing review which has been undertaken in line with national guidance. The review has been a comprehensive assessment of each ward, with the ward manager, matron, head of nursing and management accountant, to take into account the following;

- Ensuring professional judgement is applied to staffing and is representative of activity requirements whilst ensuring the appropriate skill mix of staff.
- Benchmarking ward level CHPPD data from peer organisations is incorporated into each review.
- Nurse/midwifery sensitive indicators are aligned to each review such as pressure ulcers, falls, medication incidents and complaints relating to nursing care.
- The financial impact to setting of budgets is considered.

1.8 With each staffing review our compliance against the SNCT guidelines is reviewed to ensure validity of the data. The assessment can be found in appendix 1 (adult assessment areas, appendix 2 and 3 (surgical and medical adult wards), appendix 3 (Children's ward), appendix 4 (UECC).

2. Compliance against national standards

2.1 A gap analysis on the Trust compliance with the workforce safeguards was presented to the Board of Directors in January 2023. There were recommendations within the paper to further improve full compliance with NQB guidance and workforce safeguards.

2.2 To support full compliance with the workforce safeguards, work has been completed in the following areas;

- Updating of the safe staffing policy, ratified in December 2022.
- Training 70 staff on the use of the SNCT to ensure inter rater reliability.
- The start of the roll out of the community nursing safe staffing tool (CNSST)
- Formal reporting of safe staffing and quality to the Quality Committee bi-monthly (starting April 2023),
- Progression of a Trust wide safety and quality heat map (on track to be complete by the end of Quarter one and the implementation of a new Quality Summit for shared learning on patient safety and experience related incidents.
- Implementation of a clear Retention of Nurses plan across TRFT

2.3 The new Safe Staffing and Quality Paper, reported every other month to the Quality Committee, includes a detailed analysis of the Care Hours Per Patient Day (CHPPD), triangulated with patient outcomes, reported incidents and the progress on the plan to retain the whole nursing workforce.

2.4 The report is grounded in the need to ensure safe nurse and midwifery staffing levels and has been underpinned by the following publications/resources:

- NHS improvement – developing workforce safeguards, supporting providers to deliver high quality care through safe and effective staffing, October 2018.
- National Quality Board – Safe, sustainable and productive staffing - An improvement resource for adult inpatient wards in acute hospitals Edition 1, January 2018.
- National Quality Board – Safe, sustainable and productive staffing - An improvement resource for neonatal care, Edition 1, June 2018.
- National Quality Board – Safe, sustainable and productive staffing - An improvement resource for children and young people's inpatient wards in acute hospitals, Edition 1, January 2018.
- National Quality Board – Safe, sustainable and productive staffing - An improvement resource for Maternity, Edition 1, January 2018.
- National Quality Board – Safe, sustainable and productive staffing (SSPS). An improvement resource for adult inpatient wards in acute hospitals 2016 (2017 approved).

- Hard Truths – The Journey to Putting Patients First ‘Hear the patient, speak the truth and act with compassion’. Published by the Department of Health 2014.
- National Quality Board report – How to ensure the right people, with the right skills, are in the right place at the right time. Published by NHS England 2013.
- The Model Hospital Portal - a new digital information service provided by NHS Improvement to support the NHS to identify and realise productivity opportunities; key nursing information is contained within the portal. <https://improvement.nhs.uk/news-alerts/updates-model-hospital/>

3.0 Feedback to Divisions

- 3.1 The Division Heads of Nursing and Midwifery all received their SNCT data as soon as this had been verified. A detailed feedback session was then arranged with every ward manager, matron, head of nursing/midwifery and general manager on 31 May and 1 June 2023.
- 3.2 The Deputy Chief Nurse (Nursing Workforce), Matron for Safe Staffing and lead for Healthroster led the feedback. During the session, the funded establishment was confirmed, the two SNCT data collections and the average of both given and ward manager supervisory time of 1.0 wte per inpatient ward also confirmed. Adding in the professional judgement of each ward manager, matron and head of nursing a proposed establishment was then agreed.

4. Analysis

- 4.1 Following the addition of professional judgement to the SNCT average data results, the explanation was given to divisions that establishments shouldn't stay static and should be amended and updated, subject to the rigour of the SNCT process.
- 4.2 The purpose of the feedback sessions in some instances, this meant an increase in the funded establishment and in some instances this meant a decrease in funded establishments.
- 4.3 The full data collections are in the appendices 1 – 4 and the UECC data in appendix 5 and the headlines by division are below:

Medicine

Ward	Funded Establishment	SNCT Average June 23 inc WM 0.4 WTE	Skill Mix RN	Additional WM Supervisory Time	Recommended est
AMU	87.36	56.6	70%	0.6	57.2
A1	39.28	41.01	65%	0.6	41.7
A2	35.27	34.1	65%	0.6	34.7
A3	45.16	42.4	65%	0.6	43
A4	40.36	42.5	65%	0.6	43.1
A5	39.08	40	65%	0.6	39.68
A7	20.47	15.15	65%	0.6	20.87
CCU	20.91	14.25	65%	0.6	20.91
Stroke Unit	45.1	37.65	65%	0.6	38.25
SSU	0	33.3	65%	0.6	33.9
Total	372.99	356.99			373.31

4.3.1 The current funded establishment for medicine is 372.99 for the inpatient wards and the recommended establishments for medicine is 373.31. This would mean a difference of 0.32 WTE needed to meet the SNCT recommendations, with 22% uplift and the recommended skill mix of 70% for an assessment area and 65% for an inpatient ward.

4.3.2 However the current AMU budget includes the 17.39 WTE for SDEC. This would mean that for Medicine to split out the AMU, SDEC and short stay budgets, the total establishment would be 390.7 WTE, meaning the division would need an additional 17.71 WTE nursing staff.

4.3.3 The Divisions have gone back to review the SDEC establishment as there may be opportunity to reduce this now the shift patterns being worked are not as long as originally planned.

Surgery

Ward	Funded Establishment (- DC and HC)	SNCT Average June 23 inc WM 0.4 WTE	Skill Mix RN	Additional WM Supervisory Time	Recommended est
ASU	48.19	43.7	70%	0.6	44.3
B5	45.36	39.9	65%	0.6	40.5
B10	29.81	23.1	65%	0.6	23.7
Rockingham	20.37	23.15	65%	0.6	23.75
Fitzwilliam	38.92	40.05	65%	0.6	40.65
Total	182.67	169.9			172.9

4.3.4 The current funded establishment for surgery is 182.67 and the proposed establishment is 172.9. This would mean the division is over by 9.77 WTE needed to meet the SNCT recommendations, with 22% uplift and the recommended skill mix of 70% for an assessment area and 65% for an inpatient ward.

Total Medical and Surgical Budgets and Proposed Establishments

4.5 Given the current bed reconfiguration opportunities ongoing in the Trust – if the total medical and surgical budgets were combined – the current funded establishments are 556.66 WTE and a proposed inpatient establishment for the medical and surgical wards, with 22% uplift and the recommended skill mix of 70% for an assessment area and 65% for an inpatient ward would be 547.21 WTE.

4.6 Based on an assumption that ASU reducing their bed base down from 33 beds to 23 beds could then staff a surgical SDEC within budget.

4.7 The Medical SDEC establishment is being reviewed but to fund this area to the original agreed 17.39 WTE so this is a separate roster to the inpatient areas, the total budget required would require a total budget of 564.6 WTE.

4.8 This would only be a shortfall of **7.94 WTE** across Surgery and Medicine.

Family Health

Ward	Funded Establishment (- DC and HC)	SNCT Average June 23 inc WM 0.4 WTE	Skill Mix RN	Additional WM Supervisory Time	Recommended est
B11	17.73	11.3	65%	0.4	17.73
Children's Ward	41.09	33.25	66%	0.6	41.09

4.9 When using professional judgement with the wards in Family Health, there are no proposed changes to the funded establishments for B11 or Children's Ward. The separate staffing review for Maternity is shown in Appendix 6.

5.0 Recommendations

5.1 The Board of Directors are assured of the process undertaken in the establishment review, in conjunction with wards in line with the national recommendations.

5.2 The Board of Directors are asked to note there is further work ongoing to review a separate medical SDEC establishment which may be reduced from the original 17.39 WTE which may reduce the proposal to increase the inpatient establishments by 7.94 WTE (split between a skill mix of 5 RN and 2.94 HCSW)

5.3 There is further work ongoing to review the UECC establishments, following the data collection or the SNCT and this work will continue, to be included in the next safe staffing and establishment paper.

5.4 Work has also commenced with the implementation of the Community Nursing Safe Staffing Tool (CNSST), the results of which will be included in future papers.

5.5 The Board of Directors are asked to support the recommendation of the establishment review as led by the Deputy Chief Nurse (nursing workforce) and agreed with the Chief Nurse.

5.6 The Board of Directors are asked to note that there may be further changes where agreement is reached for winter planning preparedness and funding agreed. These will be included in the next safe staffing and establishment review paper, due in winter 2023.

5.7 Following this in-depth review, it is the opinion of the Chief Nurse that existing establishments are safe and appropriate. It is therefore recommended that establishments remain unchanged at present due to planned alterations to bed configurations. This will be reviewed again in six months.

Appendix 1 – SNCT for assessment areas

Assessment Units	Funded Bed Number	Funded Establishment 2022	SNCT – Jan 23	SNCT – April 23	SNCT Average	Variance	Average Bed occupancy	Bed Occupancy Variance	RN Skill Mix	Proposed establishment after professional judgement
AMU	38	87.36*	62.1	51.1	56.6	N/A	34.95	92%	70%	57.2
ASU	33	48.19**	49.4	38	43.7	+4.49	32.3	95%	70%	44.3
Total	71	135.55			100.3					101.5

*funded establishment also includes Short Stay ward and SDEC so variance is only worked out on the difference between the current budget.

** Currently open to 33 inpatient beds and doesn't reflect average number of people in the waiting room of 23 patients a day

SNCT Multiplier's	Assessment units
0	1.27
1a	1.66
1b	2.08
2	2.26
3	5.96

Appendix 2 – SNCT for Surgical Wards (excluding ASU)

Surgery (Excluding ASU)	Funded Bed Number	Funded Establishment 2022	SNCT – Jan 23	SNCT – April 23	SNCT Average	Variance	Average Bed occupancy	Bed Occupancy Variance	RN Skill Mix	Proposed Establishment
B5	33	45.36	40.7	39.1	39.9	+5.46	31.8	96.4%	65%	40.5
B10	22	29.81	23.2	23	23.1	+6.71	19.65	89.3%	65%	23.7
Rockingham	22	20.37	22.3	24	23.15	-2.78	17.75	80.7%	65%	23.75
Fitzwilliam	28	38.94	38.9	41.2	40.05	-1.11	26.45	94.5%	65%	40.65
Total (Surgery)	105	134.48			125.4	+9.08			65%	128.6
B11	14	18.65	11.4	11.2	11.3	+7.35	11.35	81.07%	65%	18.65

SNCT Multiplier's	Adult Inpatient
0	0.99
1a	1.38
1b	1.72
2	1.97
3	5.96

Appendix 3 – SNCT for Medical Wards (excluding AMU)

Medicine (Excluding AMU)	Funded Bed Number	Funded Establishment 2022	SNCT – Jan 23	SNCT – Apr 23	SNCT Average	Variance WTE	Average Bed Occupancy	Bed Occupancy Variance	RN Skill Mix	Proposed Establishments WTE
A1	33	39.28	43.7	38.5	41.1	-1.82	32.25	97.8%	65%	41.07
A2	24	35.27	34.6	33.6	34.1	+1.17	23.65	98.5%	65%	34.7
A3	33	46.16	43.5	41.3	42.4	+3.76	30.4	92.1%	65%	43
A4	33	40.36	43	42	42.5	-2.14	31.45	95.3%	65%	43.1
A5	33	39.08	41.2	38.8	40	0.92	32.35	98%	65%	39.68
A7	12	20.47	15.3	15	15.15	+5.32	10.65	88.75%	65%	20.87
CCU	8	20.91	13.8	14.7	14.25	+6.66	7.8	97.5	65%	20.91
Short stay unit	25	0	33.3	33.3	33.3	N/A	25.85	103%	65%	33.9
Stroke Unit	27	45.1	38.2	37.1	37.65	8.14	26.7	98.8%	65%	38.25
Total	230	285			300.36					316.11

SNCT Multiplier's	Adult Inpatient
0	0.99
1a	1.38
1b	1.72
2	1.97
3	5.96

Appendix 4 – SNCT for Paediatrics

Paediatrics	Funded Bed Number	Funded Establishment Jan 2023	SNCT – Jan 23	SNCT – April 23	SNCT Average	Variance	Average Bed occupancy	Bed Occupancy Variance	RN Skill Mix	Proposed Establishment
Childrens ward	22	41.09	35.2	31.3	33.25	+7.84	17.05	77.5%	66%	41.09

SNCT Multiplier's	Childrens Inpatient
0	1.90
1a	2.32
1b	2.38
2	2.59
3	5.89

Appendix 5 – Safer Nursing Care Tool Forward Plan

- SNCT Training for adult wards Nov/Dec 2022
- **SNCT January 2023 (4 weeks)**
 - 9th Jan start all inpatient wards
 - 16th Jan ASU
 - 30th Jan start UECC
- Data analysis and feedback February 2023
- **SNCT April 2023 (4 weeks)**
 - Start 17th April UECC
 - Start 24th April all inpatient wards
- Data analysis, feedback and establishment review May 2023
- **Training all Community colleagues to use Community Nursing Tool**
- July 2023 Board report with current findings and new process
- **SNCT July 2023 (4 weeks)**
 - Start 3rd July (all areas)
 - Start 10th July (Community Nursing Tool)
- Data analysis and feedback August 2023
 - Start 4th September all Community Nursing Teams
- **SNCT October 2023 (4 weeks)**
 - Start 2nd October (all areas except Community)
- Data analysis, feedback and Inpatient Establishment Setting November 2023
- Start 4th December all community Nursing Teams
- 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

Appendix 6

Division of Family Health (Maternity) Safe and Sustainable Staffing Review – May 2023

1. Executive Summary

This paper outlines the bi-annual strategic staffing review for the period between October 2022 and March 2023, which has been undertaken in the Division of Family Health for Maternity Services at The Rotherham NHS Foundation Trust (TRFT) to provide the Chief Nurse and Trust Board with an update for Safe and Sustainable staffing in Maternity Services.

2. National Midwifery Context

2.1 Following the last Review presented at Board in November 2022, there has been some significant changes for the Maternity staffing model at TRFT. The publication of the final Ockenden report on 30th March 2022 highlighted safe staffing in Maternity services as a key pillar and has a specific action that:

“All trusts must review and suspend if necessary, the existing provision and further roll out of Midwifery Continuity of Carer (MCOC), unless they can demonstrate staffing meets safe minimum requirements on all shifts”

2.2 In September 2022 NHS England set out further guidance for safe staffing in Maternity services removing the national target for continuity of carer (Appendix 1).

“Local midwifery and obstetric leaders should focus on retention and growth of the workforce, and develop plans that will work locally taking account of local populations, current staffing, more specialised models of care required by some women and current ways of working supporting the whole maternity team to work to their strengths. We hope this will enable your services to improve in line with the evidence, at a pace that is right.”

2.3 Following this guidance and several listening events involving the Maternity teams and services users, the Maternity Service implemented a Maternity Workforce Transformation project from the 5th December 2022, to replace the MCOC to support a more sustainable workforce model. The Project has been divided into 4 phases:

- **Phase 1: Listening events and service modelling in discussion with the Local Maternity and Neonatal system and regional teams September 2022- November 2022**
- **Phase 2: Go live x4 Antenatal and Postnatal teams 5TH December 2022**
- **Phase 3 : Listening events and modelling for labour ward teams June 2023 onwards (Awaiting Birth- Rate plus establishment review)**
- **Phase 4: Go live with full Maternity Transformation service model.**

2.4 The Three Year Delivery plan (3YDP) (March, 2023), recommended that Trusts should continue to consider the roll out of MCOC in line with the principles with safe staffing recommended in March 2022 and September 2022.

2.5 Growing and retaining the workforce is Theme 2 of the 3YDP, recognising the pressures that Maternity and Neonatal services are currently working under with commitments that:

- **NHS services will ensure the right numbers of the right staff are available to provide the best care for women and babies through regular local workforce**

planning, including trusts meeting staffing establishment levels and achieving fill rates by 2027/28 for midwifery.

- **Implementing staff retention improvement action plans to identify and address local retention issues.**
- **During 2023/24, retention midwives will be funded in every maternity unit.**

2.6 To support the commitments set out in the 3YDP Trusts are required to fulfil the following:

- **Undertake regular local workforce planning, following the principles outlined in NHS England's workforce planning guidance. Where trusts do not yet meet the staffing establishment levels set by Birthrate Plus or equivalent tools endorsed by NICE or NQB, to do so and achieve fill rates by 2027/28.**
- **Develop and implement a local plan to fill vacancies, which should include support for newly qualified staff and clinicians who wish to return to practice.**
- **Provide administrative support to free up pressured clinical time.**

2.7 It is the responsibility of ICBs to:

- **Commission and fund safe staffing across their system.**
- **Agree staffing levels with trusts, following NHS England workforce planning principles, for those healthcare staff where an evidence-based planning tool does not yet exist. National guidance should be considered when determining staffing levels**
- **Align commissioning of services to meet the ambitions outlined in this delivery plan with the available workforce capacity. It is expected that from 2024/25 ICBs will assume delegated responsibility for the commissioning of neonatal services.**
- **Work with trusts and higher education institutions to maximise student placement capacity, ensuring the breadth and quality of clinical placements.**

2.8 The Maternity service has commissioned Birthrate+ to undertake a full establishment review, this will include a review of 3 months of activity data in all areas of the Maternity service. The data collection for this has commenced in May 2023.

2.9 Safety action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?

Required standard:

- a) A systematic, evidence-based process to calculate midwifery staffing establishment is completed.
- b) Trust Board to evidence midwifery staffing budget reflects establishment as calculated in a) above.
- c) The midwifery coordinator in charge of labour ward must have supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service.
- d) All women in active labour receive one-to-one midwifery care.
- e) Submit a midwifery staffing oversight report that covers staffing/safety issues to the Board every 6 months, during the maternity incentive scheme year five reporting period.

3. Safe Midwifery Staffing

- 3.1 Establishment setting: A desktop Birthrate+ establishment review was undertaken in August 2020, which is documented in the table below. The Division has commissioned Birthrate+ to commence a full establishment review and the data collection for this is currently underway. It is anticipated that the full report will be ready for the 6 monthly Midwifery staffing oversight report for October 2023.
- 3.2 A professional judgement exercise was undertaken in October 2022 to support phase 1 of the implementation of the Maternity workforce Transformation. The table below illustrates this:

Table 1:

	Staff in post RM WTE including specialists and management	MSW Band 3 WTE	Total Clinical requirement including specialists and management
TRFT Staff in post	116.34	12.24	128.58
Birthrate+ recommendation based on case mix (2020 desktop)	110.59	11.17	121.76
Birth rate+ recommendation based on case mix and COC 35% (2020 desk top)	112.60	11.35	123.95
Professional Judgement based on the Maternity Transformation workforce model	111.08	13.63	124.71

- 3.3 Birthrate+ recommends a skill mix of 90% midwives and 10 %, the workforce split is in line with the Birthrate+ recommendations.
- 3.4 The current establishment is marginally over the Birthrate+ and professional judgement requirements. This is due to the increase in specialist midwifery requirements, following Ockenden 2020 recommendations from 9.0 WTE in 2020 to 12.45 WTE in 2023. This equates to 10.7% of the workforce in specialist roles. Birthrate+ previously recommended 8-10% however, this has not been updated to take account the additional specialist midwife roles recommended by Ockenden 2020.
- 3.5 The midwife to birth ratio for April 2022- March 2023 based on 2507 births calculates at 1:22 (Table 5).
- 3.6 A further challenge to the workforce is the ongoing Maternity leave gaps, illustrated in the trajectory in table 5.8.

- 3.7 For the Workforce transformation, a professional judgement exercise calculated the requirements needed for case loading in community and midwife numbers in the acute service.
- 3.8 Nationally and locally it has been recognised that the acuity of the patient case mix has increased. The full Birthrate+ establishment review will assess the activity data based on case mix for TRFT and calculate the midwife requirements to care for the acuity at TRFT.
- 3.9 **Registered Midwives**

Table 2 demonstrates the current funded establishment for Registered Midwives (RM). The staff in post has currently reduced due to a mixture of leavers, retirements and staff reducing their hours in both the acute and community service. The Maternity service has supported 1.92 WTE Midwives to take a career for 12 months.

Table 2

Area	Funded Establishment	Staff in Post
Wharnccliffe / Labour Ward	57.34	55.37
Community Midwifery	8.43	8.43
Continuity of Carer	32.39	30.18
Specialist Midwifery	12.04	12.45
Greenoaks	6.48	6.19
Manager	3.72	3.72
TOTAL	120.40	116.34

3.10 **Health Care Assistants/Support workers**

Table 3 provides the number of unregistered/support staff across the Maternity service. The unregistered/ support staff workforce is a mix of band 2, Health care assistants and Band 3 and 4 Maternity support workers (MSW) and nursery nurses who work in the acute and community service.

Table 3

Band	Funded Establishment	Staff in Post
Band 2	13.26	10.43
Band 3	10.72	10.68
Band 4	1.58	1.56
TOTAL	25.56	22.67

- 3.11 Birth rate plus and the Royal College of Midwives (RCM) recommend the effective use of the MSW role to support midwives in their role and perform the tasks that do not require a midwife to undertake. The band 3 MSW and nursery nurse role is diverse across the service in roles and responsibilities. The LMNS is undertaking a review and supporting a programme of education to develop a nationally defined and standardised MSW role. TRFT are involved in this project with an ambition to have a standardised role and competency-based programme of education for MSW's. The band 2 health care assistant role is a support role in the maternity service to assist midwives and MSW'S. The 2.89 WTE vacancies for non-registered staff have been recruited to at Band 2 and 3 level though external and internal recruitment.

4. Expectation 1 – Right Staff; Right Place, Right Time

- 4.1 Evidence Based workforce tools: The Birthrate+ acuity tool is embedded in the acute maternity service on Labour ward and Wharncliffe Ward. The tool assesses the midwife and support staff requirements in real time based on the acuity of the workload. It is recorded 4 hourly on labour ward, 8 hourly on Wharncliffe (currently suspended by Birthrate+ for postnatal care due to an update) and enables the lead midwives to deploy staff to areas of need based on the Birthrate+ evidence based methodology rather than the thresholds of the Labour ward co-ordinator.
- 4.2 Appendix 2 demonstrates the safe staffing data for a 6 month period between October 2022-March 2023 for assurance purposes to demonstrate that we ensure midwives are deployed to maintain safe staffing despite the ongoing staffing gaps attributed to sickness, maternity leave and the additional training requirements in maternity service. The data reflects that for 89%-90% of the workload assessed, midwifery staffing met acuity. There was x1 occasion during this period when the tool demonstrated that the service was x2 midwives short. The maternity escalation policy is deployed at times of high acuity where the lead midwives and specialist midwives are redeployed during daytime hours and community midwives are escalated to support the unit out of hours.
- 4.3 Table 4 demonstrates the 100% compliance from April 2022- March 2023 with the CNST standard for maintaining 1:1 care in labour and this is obtained from the Maternity dashboard with the data validated each month when sourced from Meditech.

Table 4

1:1 Care in labour	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
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- 4.4 Table 5 represents the Maternity Dashboard data maintaining the supernumerary status of the Labour ward co-ordinator (defined as having no caseload of their own during their shift from April 2022- March 2023. The midwife to birth data is also included in the data. Any red flags incidents are investigated to check if the coordinator was case loading.

Table 5

Midwife/birth ratio	<1:28	1:22	1:22	1:22	1:22	1:22	1:22	1:22	1:22	1:22	1:22	1:22	1:22
Supernumerary Coordinator	<100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

- 4.5 **Table 6** demonstrates the red flag reporting for October 2022- March 2023. The data is shared through monthly governance for assurance and challenge as well as been reported monthly at Trust board for the perinatal Surveillance data. 96 red flags were reported during this period with 84 red flags been reported for delay in the induction of labour process which is women awaiting the artificial rupture of membranes (ARM) requiring a midwife to support 1:1 care in labour. This activity is planned and is therefore deferred when acuity is high, awaiting midwives to be available to provide the 1:1 standard. The red flags where it was reported for the delivery suite coordinator not been supernumerary were investigated, finding that they did not have their own caseload at the time.

Table 6 - Red Flag data

Red Flag ID	Description	Count	Percentage
RF1	Delayed or cancelled time critical activity	3	3%
RF2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	2	2%
RF3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0	0%
RF4	Delay in providing pain relief	0	0%
RF5	Delay between presentation and triage	1	1%
RF6	Full clinical examination not carried out when presenting in labour	0	0%
RF7	Delay between admission for induction and beginning of process	84	88%
RF8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	0%
RF9	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	0	0%
RF10	Delivery Suite Co-ordinator is not supernumerary	6	6%
RF11	Consultant Led Ward Rounds not being held on Labour Ward	0	0%
RF12	Multidisciplinary Ward Rounds not being held on Labour Ward	0	0%
	Total	96	

- 4.6 The Maternity escalation guideline for Closure of the maternity unit has been aligned to the acuity tool, ensuring that there is standardised approach to escalation if required at times of high acuity. During October 2022- March 2023. Services were suspended on one occasion for 4 hours due to increased acuity and activity. No women were diverted during this time period. The Head of Midwifery attended the unit to support the team as per the escalation policy.
- 4.7 Health roster is used across departmental areas and this ensures we effectively plan our rotas in line with the resources available, this is undertaken across each ward inpatient areas, Greenoaks and Community Midwifery. Review and challenge meetings and the dashboards are been utilised to review and improve on the Health Roster KPI's with the Lead Midwives.
- 4.8 Headroom is in line with the trust policy of 21% however, the recommendation in *Safe, sustainable and productive staffing: An improvement resource for maternity services* is 22.5%. Most recently, the final Ockenden report recommends a headroom which is calculated in the last 3 years for annual leave, sickness, and training requirements. The Division proposes that this requires to be considered by the Trust, recommending that an uplift of 25% would support the ongoing unfilled shifts on health roster as the calculation undertaken to meet the Ockenden recommendation was calculated at 30%.
- 4.9 The service offers flexible working options. There are a number of midwives and support staff who have retired and returned, and part time working is offered across the service.
- 4.10 Unify Data is submitted monthly, this is also reported to the Quality Assurance Committee and Trust Clinical Governance Committee and the Board of Directors via the trust Board on a Monthly Basis, and this identifies the planned and actual fill rates and Care Hours per Patient Day.
- 4.11 The NHSP spend for the maternity services from October 2022- March 2023 was £356,425. This figure includes registered and all unregistered staff groups, attributed

predominantly to cover the headroom deficits for training requirements, maternity leave and sickness gaps highlighted in this paper.

5. Expectation 2 – Right Skills

- 5.1 Mandatory Education, training and development meets the requirements for CNST safety action 8 and the Ockenden recommendations. The Maternity service achieved the 90% target for Midwifery training in year 4 CNST. The Organisation provides colleagues with role specific approach to MAST Training (Mandatory Training) across the organisation – The overall compliance for October 2022- March 2023 was 85%.
- 5.2 The Maternity services has implemented specialist training in line with the **CNST TNA Minimum Data Set** and recommendations from The Royal College of Obstetricians and Gynaecologists (RCOG) Green Top Guidelines, MBRRACE 2019, Saving Babies Lives; and the nationally recognised course PROMPT, endorsed and accredited by the RCOG, RCM & Health Education England (HEE).
- 5.3 This training, where relevant, must be multi-disciplinary as recommended in the CNST Standard 8 and this has been strengthened as one of the Immediate and essential actions for the Ockenden Report.
- 5.4 Training dates are arranged 12 months in advance to ensure clinicians have plenty of notice and can make arrangements to attend relevant sessions. Training will be over 4 days for midwives, which supports the reason for an uplift in the headroom to 25% as this is additional to the requirements for Nursing colleagues.
- 5.5 Recruitment and Retention: The maternity service monitors vacancies and gaps very tightly. With a weekly nominal role meeting, discussing the establishment and NHSP spend with the Divisional finance manager. Nationally there is a drive to improve the recruitment and retention of midwives. Therefore, the Division has supported the recruitment and retention midwives for a further 12 Months. The Maternity service has retained all early career midwives from 2022.
- 5.6 Sickness absence in the division is managed in line with the trust sickness and absence policy. Sickness rates in maternity have remained above the trust target between October 2022- March 2023 with an average sickness rate of 8%. Themes and trends have included cold and flu symptoms, anxiety, stress, and long-term illness due to planned surgery. The division is engaged in a number of activities to improve the health and wellbeing of the workforce, promoting headspace mindfulness apps and providing psychological support funded by the LMNS.
- 5.7 Maternity Leave has been running between 6.16 WTE- 3.40 WTE (Table 6) between October 2022- March 2023 and this is linked to the age profile of the current workforce.
- 5.8 For October 2022 –March 23 the overall absence rates have been around 10 WTE. This has reduced from 14.52 WTE reported in the previous paper. Additional to this is annual leave and training.

Table 6

Trajectory	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Contracted Vacancies	3.03	3.03	3.03	3.03	3.03	3.03	2.53	2.53
Maternity leave	6.16	6.16	6.16	6.16	3.40	3.40	1.23	2.23
Long term sickness	0.60	0.60	0.60	0.60	0.60	0.60	4.12	5.12
Upcoming Leavers	3.98	3.98	3.98	3.98	3.98	3.98	0.20	0.24
New Starters	-4.43	-4.43	-4.43	-4.43	-4.43	-4.43	-2.40	-2.40
New Starters - students/NQM's	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other - see detail	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60
Total Gaps (not vacancies)	10.94	10.94	10.94	10.94	8.18	8.18	7.28	9.32
Trajectory - for planning	10.94	10.94	10.94	10.94	8.18	8.18	7.28	9.32
% Workforce Gaps	11.1%	11.1%	11.1%	11.1%	8.3%	8.3%	7.4%	9.5%

5.9 The contracted vacancy includes the current over establishment and therefore is reflected in red as above. The Division has agreed to fund 14.68 early career midwives a head count of 16 working part time hours to support the ongoing workforce gaps. The aim for this is to reduce the NHSP spend and requirement for unfilled shifts.

6. Measure and Improve

6.1 Measure Patient outcomes, people productivity and financial stability. One to one care in labour is reported on the TRFT Maternity scorecard and perinatal dashboard data and is monitored at our monthly divisional and trust performance meetings. Outcome measures are also monitored monthly for birth, induction of labour and monthly bookings. The dashboard data locally and for the Yorkshire and Humber demonstrate that the service performs well overall. Any areas of low performance are analysed for themes and trends.

6.2 There is an open and honest reporting culture in Maternity services. Datix reporting is completed for Maternity Triggers and any untoward incidents. Any incidents graded as Moderate harm or above have a rapid review undertake following discussion at the weekly Maternity risk meeting. These are reported to Harm Free where a decision is made on the level of investigation required.

6.3 Women are involved in the investigation process and the reports are shared with families and staff involved in the incident.

6.4 The learning from incidents are shared with the wider team through briefings, mandatory training and daily safety huddles.

6.5 Patient experience is monitored through the Friends and Family test, and the annual CQC National Maternity Survey.

6.6 Complaints and concerns are taken seriously in the Family Health Division and the responses to these are monitored through Divisional and Trust monthly performance meetings.

6.7 The service has an active Maternity and Neonatal Voice Partnership and engagement with the group is good to inform the service of what women expect from their pregnancy and birth experience at TRFT.

7. Recommendations:

7.1 The Division is currently completing the Birthrate+ establishment review. It is anticipated that the report will be ready for October 2023.

- 7.2 The Maternity service will aim to maintain local fill rates in line with the 3YDP.
- 7.3 The Board of Directors are asked to consider the suggested increase in headroom to 25% based on the Final Ockenden Report action for safe staffing reviewing the last 3 years sickness, maternity leave and MAST training requirements.
- 7.4 Prioritise the health and wellbeing agenda in the division supporting the recommendations of the NHS E planning guidance.

Board of Directors' Meeting 7 July 2023

Agenda item	P113/23
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 2023/24 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 May 2023 (Month 2 2023/24): <ul style="list-style-type: none"> ○ A summary of the key performance metrics linked to income and expenditure (including cost improvement performance), capital expenditure and cash management. • Section 2 – Income & Expenditure Account for May 2023 (Month 2 2023/24):





	<ul style="list-style-type: none"> ○ Financial results for May 2023. <ul style="list-style-type: none"> - A deficit to plan of £437K in month and £694K year to date; - The same deficit to the (external) control total of £437K in month and £694K year to date. The control total is what the Trust's performance is measured against with NHS England, having adjusted for depreciation on donated assets (£125K year to date). ● Section 3 – Capital Expenditure for May 2023 (Month 2 2023/24) <ul style="list-style-type: none"> ○ Expenditure for the two months to May 2023 is £344K against a budget of £1,546K: an under-spend of £1,202K (78%). ○ Final plans for 2023/24 were agreed at the Capital Planning & Monitoring Group, chaired by the Director of Finance, on 15th May 2023 and financial plans and monthly profiles are being revised and updated in line with budget holder expectations. ● Section 4 – Cash Flow 2023/24 <ul style="list-style-type: none"> ○ A cash flow graph showing actual cash movements between April 2022 and May 2023. A month-end cash value as at 31st May 2023 of £17,057K, which is £5,265K worse than plan due to slippage on income receipts and increased creditor payments in month.
<p>Due Diligence (include the process the paper has gone through prior to presentation at Board of Directors' meeting)</p>	<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 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.
<p>Board powers to make this decision</p>	<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>

<p>Who, What and When (What action is required, who is the lead and when should it be completed?)</p>	<ul style="list-style-type: none"> • Overall financial performance was discussed at the monthly performance meetings being held on 27th June 2023. • CIP performance was discussed at the Efficiency Board meeting being held on 14th June 2023. • Final capital expenditure plans were agreed at the Capital Planning & Monitoring Group held on 15th May 2023 and financial plans and monthly profiles are being revised and updated in line with budget holder expectations. • Detailed discussions have also taken place at the meeting of Finance & Performance Committee on 28th June 2023, including feedback from all of the above. Any issues for escalation from the Committee will be reported at the meeting of the Board.
<p>Recommendations</p>	<p>It is recommended that the Board of Directors note the content of the report.</p>
<p>Appendices</p>	<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		
	P £000s	A £000s	V £000s	P £000s	A £000s	V £000s
 I&E Performance (Actual)	(699)	(1,136)	(437)	(1,399)	(2,093)	(694)
 I&E Performance (Control Total)	(637)	(1,074)	(437)	(1,274)	(1,968)	(694)
 Capital Expenditure	883	186	697	1,546	344	1,202
 Cash Balance	1,202	(2,302)	(3,504)	22,322	17,057	(5,265)

1.2 The Trust has continued to over-spend against its I&E plan in May 2023 resulting in an adverse variance of £694K for the first two months of the financial year. The control total is what the Trust's performance is measured against with NHS England, having adjusted for depreciation on donated assets, which is equally showing the same adverse variance. These figures do not include any adjustment for under or over-performance on elective recovery activity, which by default is assumed to be covered within the current level of reserves.

1.4 Capital expenditure is behind plan at present by £1,202K, it is expected to recover now that in-year budgets have been agreed and released to budget holders during May 2023.

1.5 The cash position at the end of May 2023 remains strong at £17,057K despite being below plan by £5,265K due to slippage on income receipts and increased creditor payments.

2. Income & Expenditure Account for May 2023 (Month 2 2023/24)



2.1 The table below shows the financial results subjectively (by type of expenditure). The Trust has delivered deficits to plan in May 2023 of £437K and year to date of £694K.

Summary Income & Expenditure Position	AP £000s	Month			YTD			2023/2024 Monthly Trend / Variance
		P £000s	A £000s	V £000s	P £000s	A £000s	V £000s	
Clinical Income	314,948	26,363	26,405	43	53,147	53,271	124	■ ■
Other Operating Income	22,370	1,944	2,103	159	3,872	4,124	252	■ ■
Pay	(219,428)	(18,749)	(19,367)	(618)	(37,477)	(38,462)	(985)	■ ■
Non Pay	(85,602)	(8,396)	(8,548)	(153)	(16,228)	(16,644)	(417)	■ ■
Non Operating Costs	(3,937)	(271)	(304)	(32)	(656)	(589)	67	■ ■
Reserves	(35,076)	(1,590)	(1,426)	164	(4,057)	(3,793)	264	■ ■
Retained Surplus/(Deficit)	(6,726)	(699)	(1,136)	(437)	(1,399)	(2,093)	(694)	■ ■
Adjustments	748	62	62	(0)	125	125	(0)	■ ■
Control Total Surplus/(Deficit)	(5,977)	(637)	(1,074)	(437)	(1,274)	(1,968)	(694)	■ ■

- 2.2 Clinical Income is ahead of plan in month and year to date. The increased income year to date is from the Community Diagnostic Centre (£70K) specialised commissioning (£31K) and insurance reclaims for patient treatment (£36K). These figures do not include any adjustment for under or over-performance on elective recovery activity, which by default is assumed to be covered within the current level of reserves.
- 2.3 Other Operating Income is also ahead of plan in month and year to date with increased income from staff recharges (£166K), which will be an offset to the pay over-spend, and increased education and training income (£69K).
- 2.4 Pay costs are over-spending by £618K (3%) in month. Whilst bank and agency expenditure is being maintained within the gross establishment budget, this is being offset by £501K under-delivery of cost improvement targets in month. The year to date performance is also being influenced by undelivered cost improvement targets of £1,104K.
- 2.5 Non Pay costs are similarly over-spending by £153K (2%) in month, the main categories of overspends are computer equipment £56k, energy costs £56k, and building works £63K. In-month there is £30K under-delivery of cost improvement targets against £176k year to date due to some identified efficiencies being transacted in May 2023.
- 2.6 The negative performance in Non Operating Costs is due to the interest receivable target being increased in-month. The year to date position remains favourable.
- 2.7 £264K has already been released from Reserves year to date, this is specifically in lieu of central cost improvement plans that will be transacted from Month 3 onwards effectively reducing the call on reserves and previously agreed by the Committee.

3. Capital Programme

- 3.1 As at May 2023 the Trust had incurred capital expenditure of £344K against a budget of £1,546K representing an under-spend of £1,202K (78%) and reflects mostly outstanding commitments agreed during 2022/23.

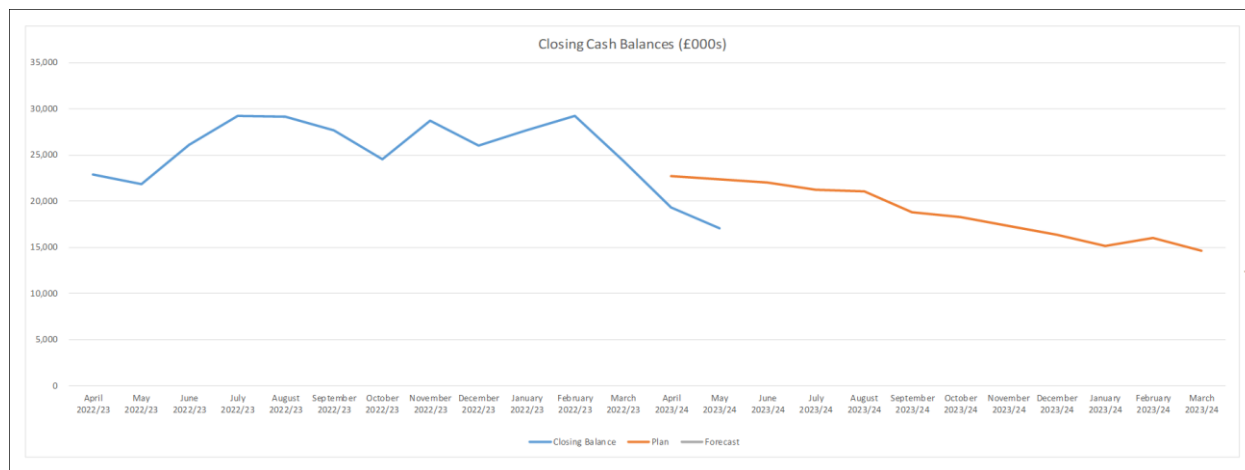
Capital Expenditure	Month			YTD		
	P £000s	A £000s	V £000s	P £000s	A £000s	V £000s
 Estates Strategy	(72)	58	(129)	17	46	(29)
 Estates Maintenance	(64)	38	(102)	36	(4)	40
 Information Technology	154	86	68	158	274	(116)
 Medical & Other Equipment	(100)	4	(104)	0	28	(28)
 Other	965	0	965	1,335	0	1,335
 TOTAL	883	186	697	1,546	344	1,202

- 3.2 Final plans for 2023/24 were agreed at the Capital Planning & Monitoring Group, chaired by the Director of Finance, on 15th May 2023. Financial plans and monthly profiles are

being revised and updated in line with budget holder expectations. Capital expenditure is expected to recover now that in-year budgets have been agreed and released to budget holders during May 2023.

5. Cash Management

- 5.1 Despite an overall reduction in-month of £3,504K and £5,265K year to date compared to plan, cash remains strong with a closing cash balance of £17,057K as at 31st May 2023 as shown in the graph below. This is due to slippage on income receipts and increased creditor payments.



- 5.2 This has allowed the Trust to earn interest on its daily cash balances of £203K, which will help contribute towards the Trust's cost improvement target for 2023/24.
- 5.3 The recent rise in interest rate will further increase interest receivable income throughout the year, albeit it will only be marginal.

Steve Hackett
Director of Finance
23rd June 2023

Agenda item	P114/23
Report	Maternity and Neonatal Safety
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	<ul style="list-style-type: none"> It is a national requirement for The Board of Directors to receive a monthly update on Maternity Safety, which goes through Quality Committee. The Maternity Incentive scheme Year 5 guidance was circulated on the 30th May 2023 and the Division has reinstated the bi-monthly meetings to support the work streams. Theme 1: The technical guidance for the 3-year delivery plan (3YDP) has been published and this will inform the determining success measures to monitor compliance. The results and action plan for the CQC Maternity survey have been shared and discussed in the paper, demonstrating that overall, TRFT sustains results within the about the same category, with Antenatal care been ranked as “better than”. Theme 2: The bi-annual workforce paper illustrates the current workforce establishment in line with Birth rate plus in 2020. The Division has recommissioned a full reassessment, which is currently ongoing. Challenges with workforce gaps due to sickness and ongoing maternity leave are currently contributing to the requirements for NHSP. Theme 3 shares the monthly incidents and a thematic review of the Trust Score claim card, which is a requirement for CNST year 5. Theme 4 discusses the recently published MBRRACE data for 2021 and highlights the outcome data to date for stillbirths date.
Due Diligence	This paper has been prepared by the Head of Midwifery and shared through Maternity and Family Health Divisional Business and Governance, the Maternity and Neonatal Safety Champions.
Board powers to make this decision	The Trust Board are required to have oversight on the maternity safety work streams.
Who, What and When	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 demonstrated in paper to date with the Maternity Safety Work streams.
Appendices	<ol style="list-style-type: none"> 1. Maternity Incentive Scheme Year 5 2. CQC Maternity Inpatient survey 2023 3. Action plan for the CQC Maternity Survey 4. Birth-rate plus data May 2023

Maternity Safety

1. Introduction

- 1.1 The Division continues to work on the 3-year delivery plan (3YDP) and all providers in the South Yorkshire (SY) ICB/LMNS have drafted an action plan. The next steps are for Trusts to assess compliance against the deliverables with the ICB/ LMNS monitoring progress and assurance. The technical guidance published (May 2023) recommending the determining success measures which will be used to monitor progress for each theme has been reviewed.
- 1.2 The Year 5 Maternity Incentive Scheme was launched on the 30th May 2023. The Division has refreshed the action tracker with the updated safety actions and recommenced bi monthly meetings for Divisional oversight. Trusts must achieve all 10-safety actions and the Board submission deadline to NHS Resolution is the 1st February 2024. Appendix 2 shares the full guidance.

2. Theme 1: Listening to and working with women and families with compassion Key commitments

- 2.1 The technical guidance recommends that the CQC inpatient survey is the outcome measure for Theme 1. Appendix 2 and 3 shares the CQC inpatient survey and the action plan, which has been developed to address the areas of improvement. Overall, the survey demonstrates for Antenatal care TRFT ranked as one of the Trusts with the highest scores. For 'labour and birth' the score was 8.2, and 'staff caring for you' was 8.5 which ranked the Trust in the higher end of the "about the same category". Care in hospital is the area where improvement is required following birth and this is ranked again as "about the same" with a lower score of 6.8. The action plan in Appendix 3 addresses the areas for improvement, which have been implemented to support this.
- 2.3 The 3YDP outlines that all Trust's should achieve the standard of the UNICEF UK Baby Friendly Initiative (BFI) by March 2027. TRFT are currently working towards the reaccreditation process with an action plan to achieve this by 2024. The Neonatal unit are currently working towards stand-alone BFI accreditation, which is a 3-year programme to achieve full BFI accreditation.

3. Theme 2: Grow, Retain and support the workforce

- 3.1 The bi annual Maternity workforce strategic staffing review paper for Maternity services undertaken by the Division from October 2022- March 2023 was submitted as part of the Safe Staffing paper. The report highlights that whilst the current midwifery establishment meets the Birth-rate Plus[®] recommendations from 2020, the NHSP spend remains high at £356,425. This figure includes registered and all unregistered staff groups, attributed predominantly to cover the headroom deficits for training requirements, maternity leave and sickness gaps highlighted in the paper due to unfilled shifts and the requirement to maintain safe staffing and fill rates as per the 3YDP. The additional recommendations include the consideration of a headroom review by the executive team to 25% to support training and the Division to continue to support the health and wellbeing of the workforce to improve sickness and absence in the Division.

Birth-rate Plus[®] has been commissioned by the Division to complete a full workforce establishment review for the midwifery workforce and the work for data collection commenced in April 2023. The South Yorkshire collaborative student recruitment plan has been positive for TRFT in 2023, offering all 17 students who chose TRFT as their first choice a post on a part time basis. This will support the current work force gaps and ongoing maternity leave, highlighted in the table below. Until the Early Career midwives start, the unit will continue to be required to maintain safe staffing and utilise NHSP to support the unfilled shifts. There is a challenge with this now within the South Yorkshire LMNS with other providers incentivising higher rates than TRFT, which is encouraging Midwives to work shifts in other units.

Trajectory	Apr	May	Jun	Jul	Aug	Sep	Oct
Contracted Vacancies	2.53	0.44	0.44	0.44	0.44	0.44	0.44
Maternity leave	1.23	2.03	3.99	4.15	5.59	6.59	6.59
Long term sickness	4.12	5.12	3.84	3.84	1.24	0.60	0.60
Upcoming Leavers	0.20	0.00	1.17	2.83	3.63	4.27	4.27
Other - see detail	1.60	1.60	1.60	1.60	1.60	1.60	1.60
Total Gaps	9.68	9.19	11.04	12.86	12.50	13.50	13.50
New Starters (reducing gaps)	-2.40	0.00	0.00	0.00	-0.96	-1.39	-1.39
New Starters - students/NQM's	0.00	0.00	0.00	0.00	0.00	0.00	-13.64
Trajectory - for planning	7.28	9.19	11.04	12.86	11.54	12.11	-1.53
% Workforce Gaps	7.4%	9.3%	11.2%	13.1%	11.7%	12.3%	-1.6%

3.2 Appendix 4 provides the acuity data for Labour Ward demonstrating that the midwifery staffing met the acuity for 85% of the time in May 2023. There was x 1 episode on the 15th May where the service was x 2 midwives short due to high acuity and staff escalated internally to support. May was a high birth month for TRFT with 237 births.

3.3 The table below represents April's workforce data; Sickness rates have shown improvement in April for maternity services.

3.4 Workforce Data - May 2023:

Maternity unit closures	0	Datix / Birth-rate Plus [®]
Utilisation of on call midwife to staff labour ward	1	Birth-rate Plus [®] data/ Datix
1-1 care in labour	100%	Data from Birth-rate Plus [®] acuity tool / Maternity Dashboard
Supernumerary labour ward co-ordinator	100%	Data from Birth-rate Plus [®] acuity tool/Maternity Dashboard/Datix
Staff absence	4.89%	May data HR systems
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

3.7 **Obstetric cover gaps:** The table below illustrates the locum breakdown for May 2023.

Grade	No of Shifts	Reason	Internal / External
ST1/2	11	11 x Vacancy	9 x Internal 2 x External
ST3/7	21	12 x sickness 9 x Vacancy	18 x Internal 3 x External
CONSULTANT	55	28 x Vacancy 5 x Annual/Study Leave 18 x Additional clinics 2 x Additional theatres 2 x Registrar gaps	55 x Internal

4. Theme 3: Developing and sustaining a culture of safety, learning and support

4.1 The Division has held number listening events, which have produced “you said, we did” actions in response to the 2022 staff survey. The Division have recognised that the response rate was low for Maternity therefore the plan is to drive an improved response rate for the 2023 survey adapting the strategies learnt from colleagues in Surgery.

4.2 The training target of 90% has been achieved for all required disciplines during the reporting period for the Maternity Incentive Scheme. Multi-Disciplinary training covering the core competencies framework is included in the Maternity training programme. The table below highlights training compliance for May 2023.

CNST Training data

Obstetric Consultants	May 2023	91%
Obstetric Registrars		82%
Obstetric Trainees		95%
Midwives		88%
Clinical Support staff		94%
Anaesthetists		89%

Learning from Incidents:

4.3 During May 2023, there were 122 incidents reported on Datix for Obstetrics, of which 23 were graded as moderate harm at the time of the incident. The table below highlights the stillbirth data and the moderate harm incidents reported. Following review at the weekly Divisional review panel, all 23 incidents were downgraded to low harm due to the appropriate management and actions taken.

Incident	Number of Incidents – May 2023
Stillbirth	1
3rd Degree Tears	2
PPH >1500ml	12
Shoulder Dystocia	3
Low Apgar's	1
Low cord gases	4
Total:	23

In the month of May 23, one stillbirth occurred with the baby having known abnormalities. A PMRT will be taking place to review the whole continuum of care offered to the woman and family. Overall the rolling 12 month rate for 2022/23 was 2.75/1000 births.

Maternity Score claim card

- 4.4 The maternity score card has previously been reviewed at Maternity Governance and within the Safety Champions forum to identify themes and trends. As the Trust is working towards the PSIRF model of governance, this scrutiny of information and data is vital to inform our PSIRF plan. By highlighting the main areas of concern, a focused effort to improve the care women get can be put into action. CNST year five guidance recommends that the review be shared at Trust Board level.
- 4.5 Within the scorecard currently available to maternity, the period of 01/04/12 to 31/03/22 is covered and shows that there have been 45 claims made against the Trust under the heading of Obstetrics. Of the 45 claims recorded, 11 remain open.

A breakdown of the volume of claims by incident year are below;

Year	Open	Closed	Periodical Payments
2011/12	1	6	0
2012/13	0	7	0
2013/14	1	2	0
2014/15	0	5	0
2015/16	2	2	0
2016/17	3	2	0
2017/18	3	3	0
2018/19	0	1	0
2019/20	1	0	0
2020/21	0	0	0
Total	11	28	0

- 4.6 To focus on current themes and trends the last two years claims have been reviewed which include the following categories.

Cause of claim category	Number of claims in last 2 years	Narrative of claims
Unexpected Death	1	Global hypoxia ischemia at birth caused by acute blood loss related to an umbilical cord accident
Perineal Tear- 1st,2nd,3rd	2	1, case failed to perform episiotomy, 2, mis-diagnosed degree of tear.
Fail To Make Response To Abnormal FHR	1	Alleged failure to respond to abnormal CTG resulting in potential child brain injury, and potential related psychological claim for the mother.
Fail To Act On Abnormal Test Results	1	Alleged failure to arrange for early delivery of baby despite evidence of fetal growth restriction resulting in stillbirth. Failure to refer to mental health clinic including failure to recognise risks.
Fail / Delay Treatment	2	1, Neonatal death arising from alleged substandard labour management. Stillbirth, 2, delay in induction.

- 4.7 Themes identified from the last two years of the scorecard claims include; two cases for perineal tear complications. On reviewing Datix for the last 2 years we have had 70 Datix that included the term episiotomy and or that a 3rd degree tear or above took place. Of these cases, one case was associated with poor care (see below).

Incident	Review of care	Outcome
Tampon left in vagina following suturing of episiotomy.	Issue found when performing swab / tampon check.	Moderate, progressed to an SI with learning.

- 4.8 There has recently been 1 further case where there has been a mis-diagnosis of the level of damage following a vaginal tear, this is currently being prepared for Harm Free. Review of complaints using the search term episiotomy and mis-diagnosis found the following.

Complaint	Review of care	Outcome
3 rd degree tear incorrectly sutured.	Upheld complaint	Woman required further treatment to correct procedure.
Woman not given appropriate pain relief following episiotomy.	Upheld complaint	

No other themes have been identified for this category.

- 4.9 The second theme from the scorecard was a failure to treat or a delay in treatment. A further review of Datix and complaints was performed using the following search terms, failure / delay in treatment found the following.

Incident	Review of care	Outcome
46 cases where there was a delay in decision to Caesarean.	Most cases were due to clinical indications or minor learning points.	No harm following review.
12 cases were delayed for an emergency or urgent caesarean due to the labour ward theatre already being in use.	No harm / near miss following review of cases.	Task and finish project ongoing to attempt to reduce the amount of elective work taking place within labour ward theatre.
114 cases have been Datix due to a delay in induction of labour	Any case that breaches 24 hours waiting for ARM is datixed.	No harm found. The 24 hour limit is not national and self-set.

Whilst there were some complaints for this time, no themes were found for delays in or failure to treat.

Listening to issues raised by staff or service users

- 4.10 In May x1 formal complaint was logged regarding Maternity care and staff attitude whilst attending at a homebirth. This has been addressed by the matron and a face to face meeting has been offered to listen and address further the complaint issues. There has been an issue raised by the MNVP regarding women's choice and the availability for them to self notify births when they choose to freebirth. This has been escalated to the LMNS/ICB and is currently been discussed at a national level regarding the legal framework for this.

5. Theme 4: Standards and structures that underpin safer, more personalised and more equitable care:

- 5.1 In May the 2021 MBRRACE data for perinatal deaths was published, below is a summary of the report that shows Rotherham figures. Following review of the report, presentations have been shared from maternity units within the LMNS to attempt to share learning and discuss challenges and improvements.

Key messages
<p>All deaths</p> <ol style="list-style-type: none"> Your stabilised & adjusted stillbirth rate is 3.24 per 1,000 total births. This is around the average for similar Trusts & Health Boards. Your stabilised & adjusted neonatal mortality rate is 1.14 per 1,000 live births. This is more than 5% higher than the average for similar Trusts & Health Boards. Your stabilised & adjusted extended perinatal mortality rate is 4.38 per 1,000 total births. This is around the average for similar Trusts & Health Boards. <p>Excluding deaths due to congenital anomalies</p> <ol style="list-style-type: none"> Your stabilised & adjusted stillbirth rate excluding deaths due to congenital anomalies is 3.07 per 1,000 total births. This is around the average for similar Trusts & Health Boards. Your stabilised & adjusted neonatal mortality rate excluding deaths due to congenital anomalies is 0.84 per 1,000 live births. This is around the average for similar Trusts & Health Boards. Your stabilised & adjusted extended perinatal mortality rate excluding deaths due to congenital anomalies is 3.90 per 1,000 total births. This is around the average for similar Trusts & Health Boards.

5.2 Whilst there is a time lag for this information to be published, as Maternity unit themes and trends are already known. The annual perinatal learning event reviews all cases and highlights any learning for the previous year. From this time, the MDT review found that there were some concerns around incorrect scan pathways or missed can opportunities. Communication was also found to be a common concern from the 2022 annual event.

Work has progressed to address both concerns and with the further embedding of the SBLV2 package and gaining CNST assurance of safety, current data has shown a further decrease in stillbirth rates.

	2022 births 2569	2021 births 2519	2020 births 2445	2019 births 2488
Stillbirths	7 in total 7 Adjusted Stillbirths X 1 > 37/40 2.72/1000 births	11 In total 9 Adjusted (x 2 MTOP) 5 @ > 37/40 3.57/1000 births	10 in total 10 adjusted 4.08 /1000 births	8 in total 8 adjusted 3.9/1000

Sarah Petty
Head of Nursing and Midwifery
Family Health Division

Board of Directors Meeting

7th July

Agenda item	P115/23
Report	Operational Plan 2023/24
Executive Lead	Michael Wright, Deputy Chief Executive
Link with the BAF	P1, R2, O3, U4, D5, D6
How does this paper support Trust Values	The Operational Plan for 2023/24 demonstrates all three of our values as our priorities are based on the three values of <i>Ambitious, Caring and Together</i> .
Purpose	For decision <input type="checkbox"/> For assurance <input checked="" type="checkbox"/> For information <input type="checkbox"/>
Executive Summary	<p>The Operational Plan for 2023/24 was reviewed by the Board of Directors at the May 2023 meeting, following its development over the previous few months. A few amendments were requested at this meeting, and the Board of Directors agreed an action for three of the mandates which required further work to be approved outside of the meeting with the Chair, Chief Executive, the relevant Executive Director and Chair of the relevant Assurance Committee.</p> <p>Two of the mandates in particular (and as expected) have been updated more significantly following the arrival of the Trust's Director of People, Daniel Hartley, in June 2023. As such, and to ensure the Board of Directors are fully sighted on the changes made since these were reviewed previously, the final version of all the mandates is attached for completeness. The mandates for Priorities 2, 3 and 6 have been updated.</p>
Due Diligence	The Chair and Lead Executive Director for the Finance and Performance and People Committees have reviewed the revised mandates before submission to Board.
Board powers to make this decision	The Board is responsible for assuring itself that the organisation has appropriate plans in place to deliver on its requirements.
Who, What and When	The Deputy Chief Executive is the Lead Executive for developing and delivering the Trust's Operational Plan.
Recommendations	It is recommended that the Board of Directors note the Trust's final mandates for the Operational Plan for 2023/24.
Appendices	Appendix 1 – Operational Plan Mandates – 2023/24

Appendix 1: Operational Plan Priorities 1 – 6 and Mandates

- Priority 1: Focus on the Quality of Care the Trust Provides
- Priority 2: Improve Engagement with our Medical Colleagues
- Priority 3: Supporting our People
- Priority 4: Improve our emergency care pathways to deliver faster access to care
- Priority 5: Recover Elective Services
- Priority 6: Work in Partnership to Deliver Efficient Services and a Trust that is Fit for the Future

Operational Priorities 2023/24

Priority 1:	Focus on the quality of care the Trust provides
Executive Lead(s)/Assurance Committee	Dr Jo Beahan, Medical Director & Helen Dobson, Chief Nurse; Quality Committee

What is this priority

In 2023/24 one of the Trust’s core priorities is to continually improve the quality of care that it provides to its service users and its local communities. This priority will include all aspects of quality across safety, experience and effectiveness with a focus on key interventions in specific areas as well as the wider cultural and structural changes needed to enable a QI-led organisation.

Why is this a priority / Key Drivers

- Provision of high-quality care is the core role of the Trust and is our number 1 priority
- The Trust has a CQC rating of “Requires Improvement” overall
- Survey results showing staff do not perceive care to be the Trust’s number 1 priority and if a friend/relative needed treatment, would be happy with standard of care provided by the organisation’. To achieve national average or higher level of positivity.

What are we going to focus on to delivery this priority

Area of focus	Exec Lead	Internal Governance	Assurance Report (inc if new)	
Delivery of the Trusts 9 quality priorities and quality plan	MD & CN	PS, PE & CE	Quality Priorities 23/24	QC: Monthly
Deliver a positive impact on patient care through delivery of QSIR projects	MD & CN	PS, PE, CE	Programme Highlight Report	QC: Quarterly
Implement an updated quality governance and assurance structure	CN	PS, CE	Completion Report	On completion
Implement Patient Safety Incident Response Framework (PSIRF) to promote increased patient engagement in incidents, create opportunities to learn & make improvements in clinical care	CN	PS	Patient Safety Committee Report	QC: Quarterly
Implementation of the Health foundation QI Self Assessment Framework	CN	PS, PE, CE	Programme Highlight Report	QC: Quarterly
Development of the Yorkshire Shared Care Record	DoHI	Digital TC	N/A	N/A

How will we know if we’re improving

Metric	Start	Target
Quality Priority metrics met (quarterly)	Project Dependent	100% met
Positive impact on patients based on QSIR projects completed	Project Dependent	Project Dependent
Pulse Surveys (Nursing and Midwifery) : (1) Advocacy, (2) Motivation, (3) Involvement, (4) Engagement : 10% increase	(1) 4.50 (2) 6.00 (3) 4.92 (4) 5.14	(1) 4.95 (2) 6.60 (3) 5.41 (3) 5.65
Trust wide average scores are greater than 90% for each Tendable audit (showing improvements in care)	Not applicable	> 90%
PSIRF implementation targets are met (quarterly)	Not applicable	100% met

Key Milestones

Milestone	Date
Establishment of Audit baselines for improvement	Q1
Quality governance and assurance structure agreed	Q2
When trust position improves following QI organizational self assessment (Health Foundation)	Q2 & Q4
Delivery of the QI Plan	Q4
Implementation of PSIRF	Q3 & Q4

Priority 2:	Improve engagement with our medical colleagues
Executive Lead(s)/Assurance Committee	Dr Jo Beahan: Medical Director; People Committee

What is this priority	Why is this a priority / Key Drivers
<p>In 2023/24 the Trust wants to improve levels of engagement with our medical colleagues. This work is focused on ensuring our medical colleagues feel empowered to provide the best quality care they can, make changes to improve the care they offer and participate in the delivery of the Trust’s objectives including its operational performance and financial stability. The Medical Engagement Roadmap will have a direct impact on engagement and in building a future workforce that feels valued.</p>	<ul style="list-style-type: none"> • Low Medical Engagement Survey results whereby the trust were rated in the lowest relative engagement band compared to external norms • National Staff survey showing below average scores for medical teams • Alignment with Quality & Service Improvement and Redesign (QSIR) is to empower local teams to make improvements to their practice

What are we going to focus on				
Area of focus	Exec Lead	Internal Governance	Assurance Report	
Delivering the Medical Engagement Roadmap	MD	Operational Workforce	Programme Highlight Report	PC: Quarterly
Senior Medical Leadership Development programme (AMDs and CDs)	MD & DoP	Operational Workforce Executive Delivery Group	Programme Highlight Report	PC: Quarterly
Improve medical staff perception that care isn’t our #1 priority	MD & CN	BAU	Staff Survey Analysis	PC: Yearly
National Staff Survey Improvement for medical staff (2 key areas)	MD & DoP	BAU	Staff Survey Analysis	PC: Yearly

How will we know if we’re improving			Key Milestones	
Metric	Start	Target	Milestone	Date
Pulse Surveys (Medical & Dental): (1) Advocacy, (2) Motivation, (3) Involvement, (4) Engagement : 10% increase	(1) 4.50 (2) 6.00 (3) 4.92 (4) 5.14	(1) 4.95 (2) 6.60 (3) 5.41 (4) 5.65	Job descriptions agreed for Clinical Lead and Divisional Director roles	Q2
Increased National staff survey Q23a (staff perceive care to be Trust’s No.1 priority)	69.1%	72.5%	Embedding of Pulse Survey to measure improvement	Q2
National staff survey Q23d (friends/relatives happy with standard of care provided) 5% higher than 2022	49.7%	52.2%	Review induction and development package for international medical graduates	Q3
			Development programme for new consultants and SAS doctors in place	Q4
			Implement Medical Engagement Roadmap	Q4

Priority 3:

Supporting our People

Executive Lead(s)/Assurance Committee

Daniel Hartley, Director of People; People Committee

What is this priority

In 2023/24 the Trust will continue to support and develop our people – ‘Us’ in our PROUD Strategic Ambition. ‘Our new journey, together’ strategy (2022-2027) sets out that we will be proud to be colleagues in an inclusive, diverse and welcoming organization that is simply a great place to work. It describes the need to ensure we have the right workforce in terms of shape, size and skills to deliver high quality services for our patients. We will develop our approaches to workforce planning and staff experience in pursuit of this ambition.

Why is this a priority / Key Drivers

In order to provide outstanding healthcare to our patients the Trust needs to retain and recruit a workforce made up of enough people with the right skills working in the right place at the right time. We enter 2023/2024 with the following challenges;

- ‘Staff Engagement’ theme benchmarks below avg. in the staff survey
- Current sickness rate is 6-7% compared to 4-5% pre-pandemic
- Turnover has risen to 12% and is above 14% in some divisions

What are we going to focus on

Area of focus	Exec Lead	Internal Governance	Assurance Report	
Refresh our People Strategy to align with new Trust Strategy	DoP	Executive Team	Draft and Final Report	PC: Q3 and Q4
Development of a workforce plan aligned to clinical service model development, financial planning, digital and estates strategies	DoP	Executive Team	Completion of plan	PC: Q4
Delivering the People Promise (staff experience)	DoP/Executive Team	Operational Workforce Group	Pulse Survey	PC: Quarterly
Delivery of EDI programme, including WRES and WDES action plans	DoP	Executive Team	EDI Report	PC : Quarterly
Shared development programme with BHFT (triumvirate)	DCEO / DoP	Executive Delivery Group	Programme Highlight Report	PC: Quarterly
Deliver the nursing & AHP retention and recruitment programme	CN	Operational Workforce Group	Highlight Report	PC: Quarterly

How will we know if we're improving

Metric	Current State 01/23	Target State 03/24
Staff survey results	Between 3 rd & 4 th quartile	Upper quartile
Turnover rate	12%	11%
Vacancy Rate	10.1%	8.5%
Sickness absence rate	Jan 23 – 6.6%	0.75% improvement

Key Milestones

Milestone	Date
Development of EDI programme	Q2, Q3
Proposal for workforce plan agreed	Q3,Q4
Refreshed People Strategy engaged on and published	Q3,4
Pulse survey review and staff survey results published	Q2,3,4

Operational Priorities 2023/24

Priority 4:	Improve our emergency care pathways to deliver faster access to care
Executive Lead(s)/Assurance Committee	Sally Kilgariff, COO & Jodie Roberts, DCOO; Finance & Performance Committee

What is this priority	Why is this a priority / Key Drivers that need fixing
<p>In 2023/24 Trust will continue to develop and improve its urgent care pathways, processes and performance. This priority will cover all elements of urgent care across community, acute and partner services.</p> <p>A key element within this priority will be the delivery of the 4-hr national standard and the focus of work will be on key drivers and enablers of this</p>	<ul style="list-style-type: none"> Return to 4hr target across the NHS will require process and cultural change in the Trust Current 4hr performance is 46% against a national target of 76% by March 24 10%+ of patients waiting over 12hrs in the department patients with no right to reside Increasing evidence of link between time in UECC and mortality

What are we going to focus on

Area of focus	Exec Lead	Internal Governance	Assurance Report	
Acute Care Transformation (ACT) Programme	COO	ACT Steering Group	Highlight Report	FPC: Quarterly
Community Services (Community Hub, UCR and Virtual Wards)	COO	Place UEC Group	Place Board Report	FPC: Quarterly
Improving discharge processes (internally and externally)	COO, CN & MD	Place UEC Group & QC	Highlight Report	FPC: Quarterly
Acute bed occupancy and reconfiguration	COO	ETM	Operational Update	FPC: 6 Monthly
Refurbishment & re-development of UECC / SDEC & associated areas	DoE	Capital Monitoring Group	Implementation Report	FPC: On Completion
Next phase digital patient flow	DoO & DoHI	DTC	N/A	N/A

How will we know if we're improving

Metric	Current State	Target State
Trust 4hr performance (National target)	April - 51%	> 76% Oct 23
Urgent Community Response % achieved within 2 hours	April - 84%	> 70%
Bed occupancy (National target)	April - 90%	< 92%
Patients with no right to reside	April - 53	March 2024 - 54
Average daily throughput Medical SDEC	March - 18	30
Patients cared for on virtual ward	March - 15	50-100 by Dec * Under discussion

Key Milestones

Milestone	Date
Next phase digital patient flow (scoping of)	Q1
Bed configuring plan	Q1
Relocation of SDEC Full Business Case	Q2
Direct admission to SDEC Pathway tranche 1 go live	Q2
Achievement of 4hr target	Q3

Priority 5:	Recover Elective Services
Executive Lead(s)/Assurance Committee	Sally Kilgariff, COO & Louise Tuckett, DSPP: Finance & Performance Committee

What is this priority

In 2023/24 the Trust needs to recover its elective position so that it can provide timely care to its patients. This priority will include all elective care pathways including cancer, outpatients and theatres. The work will be primarily focused on the recovery of pre-Covid activity and the reduction in waiting times for our elective patients.

Why is this a priority / Key Drivers that need fixing

Activity remains below pre-Covid levels across most services and there is a clear national steer for a focus on recovery. This is reflected in a move back towards a PBR approach.

- M10 activity DC 101%, IP 97%, OP 91% of 19/20 (next year target 103%)
- Waiting list has grown 19% in last 12 months
- Cancer FDS performance is consistently 65-70%. Best-practice timed pathways performance is 33%.

What are we going to focus on

Area of focus	Executive Lead	Internal Governance	Assurance Report (inc if new)	
Outpatient modernisation and improvement	COO	OP Steering Group	Programme Highlight Report	FPC: Quarterly
Theatre Improvement Programme	DSPP	Theatre Transformation Programme SG	Programme Highlight Report	FPC: Quarterly
Cancer Pathway Improvement Programme	COO & DSPP	Cancer Improvement Meeting	Programme Highlight Report	FPC: Quarterly
Delivery of key operational targets	COO	Divisional Performance Meetings	IPR	FPC: Monthly
Recover services in a way which increases health equality	DCEO & DSPP	Health Inequalities T&F Group	N/A	N/A
Capacity and Demand	COO & DSPP	Elective Recovery Group	N/A	N/A
MEOC – Mexborough Elective Orthopedic Centre	COO	ETM	Update Report	FPC: On Opening

How will we know if we're improving

Metric	Current State	Target State
Activity % of 19/20	101% (Feb)	103%
Over 65-week waiters	35	0
OP clinic utilisation	80%	90%
Theatre capped utilisation	75%	85%
Cancer Faster Diagnosis performance	66%	75%

Key Milestones (Focused on Q1 & Q2)

Milestone	Date
Theatre Improvement Programme Plan agreed	Q1
TRFT Recovery Plan agreed	Q1
Cancer services structure in place	Q1
Urology Pathway Review Workshop Delivered	Q1
Approach and implementation to Demand and Capacity agreed	Q2

Priority 6: Work in partnership to deliver efficient services and a Trust that is fit for the future

Executive Lead(s)/Assurance Committee: Michael Wright, Deputy CEO, Steve Hackett, DoF: Finance & Performance Committee

What is this priority

In 2023/24 the Trust needs to ensure that both the organisation as a whole and its services are fit for the future. This priority includes the development of our relationship with Barnsley NHS FT to develop ways of working in order to deliver excellence, enhancement of resources (human and physical) and operating efficiencies. The clinical and operational work will mainly focus on the longer-term, while financially the focus will be more short term.

Why is this a priority / Key Drivers that need fixing

- c.£10m Efficiency Improvement Target for 2023/24
- 4 services rates as 4 – unsustainable in-service reviews
- Meditech contract due to end in 2025

What are we going to focus on

Area of focus	Exec Lead	Internal Governance	Assurance Report	
Service Development with BHFT	DCEO	Executive Delivery Group	Partnership Update Report (new)	FPC: 6-Monthly
Reduction in unnecessary diagnostic testing	DCEO	Efficiency Board	Efficiency Board Chair Log	FPC: Monthly
Effective use of medical staffing responsibility payments	MD	Efficiency Board	Efficiency Board Chair Log	FPC: Monthly
Trust wide efficiency programmes	DCEO	Efficiency Board	Efficiency Board Chair Log	FPC: Monthly
EPR Strategy – Business Case	DoHI	DTC	Business Case (new)	On Completion
Delivering the Trust financial plan	DoF	Performance Meetings	Integrated Financial Performance Report	FPC: Monthly
Implementation of our Green Plan	DoE	TBC	N/A	N/A

How will we know if we're improving

Metric	Current State	Target State
Delivery of the efficiency target	0%	100%
Variance from financial plan	N/A	0%
10% reduction in Medical Agency Spend	£6,510,595	£5,859,536
Services rated '4' in Sustainability Reviews	4	2
Reduction in carbon emissions	TBC	TBC

Key Milestones

Milestone	Date
Establishment of Collaborative Delivery Group	Q1
Integrated Histology Service	Q1
Agreement of Rotherham Heat Network options	Q1
Proposal developed for collaborative R&D partnership	Q2
Completion of review into small corporate teams & Services review	Q3
EPR – Full Business Case	Q3

Subject:	Finance & Performance Committee CHAIR'S ASSURANCE LOG Quorate: Yes	Ref:	
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: Finance & Performance Committee	Date: 31 st May 2023 28 th June 2023	Chair: Mr 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	Divisional Performance Update: Clinical Support Services Surgery	<p>The committee received a full report from the division which clearly showed progress, however also three big challenges the division faces in Demand, People and Cost Control. The division was asked to produce robust action plans to mitigate challenges.</p> <p>The committee were informed that the division was behind on its financial targets actions to be taken included increased use of eRoster and the division having a good grip on agency spend.</p> <p>CIPs are challenging with a target of £2.1m but the division have a number of schemes they expect to develop in future months and will be added to the tracker in July 2023.</p>	Board of Directors	<p>Limited Assurance</p> <p>Limited assurance, assured that actions needed to be taken have been identified but not assured on year end delivery</p>
2	Integrated Performance Report	The committee welcomed the good report on the positives and also the challenges faced. A deep dive report focusing on gynaecology services was requested with a timeframe to be agreed as to not distract from delivery of services (subsequently	Board of Directors	Assured

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
		<p>confirmed by COO that this had already been requested prior to the meeting).</p> <p>Reported that due to a number of issues in April such as industrial action, bank holidays and Eid the month saw a drop in performance. Committee agreed that whilst these were national issues</p>		<p>Assured now, however not assured with forward trajectory</p>
3	Operational Update	<p>It was noted that there are a lot of challenges, such as winter planning but that this had been anticipated with a more year round approach to action planning.</p> <p>Reported that 4 hour targets are on track and improving. Industrial action continues to be a challenge and going forward is becoming a financial challenge it is also affecting throughput and morale with an ever stretched workforce. This is to be raised with the People Committee.</p>	Board of Directors	<p>Assured</p> <p>Assured that issues have been identified, however not assured with regards forward trajectory and impact on staff wellbeing and morale</p>
4	Operational Mandates	These have been finalised and approved by the Board.	Board of Directors	Assured
5	Divisional Performance Escalation Summary	<p>Nothing to escalate</p> <p>The committee noted that although there are challenges there is now more of a structured approach to planning rather than wholly reliant on short term 'sticking plaster' methods and felt this was progress with a mind to upcoming financial pressure</p>	Board of Directors	<p>Assured</p> <p>Limited assurance</p>

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
6	Evaluation of Winter Plan	The committee noted the difficult winter and that action planning had started early for next winter	Board of Directors	Noted
7	Estates Strategy	The strategy was approved with the committee highlighting the need for a timeline for the completion of actions, budget visibility at future committees and the demand that the strategy and its actions are not allowed to drift.	Board of Directors	Approved
8	Integrated Financial Performance Report	The report highlighted that it is known where there are issues for the trust and it has been a poor start to the financial year, however it is month one and the reporting horizon is at three months.	Board of Directors	Not Assured
9	CIP Update Report	The committee noted the progress made against a very challenging target Reported that there is a significant gap between actual delivery and initial CIP forecast which needs to be closed by year end	Board of Directors	Assured Not assured, more CIPs need to be identified
10	Gastroenterology Update	It was reported that the Gastroenterology service are now second highest nationally for RTT. The successful partnership working with Barnsley was welcomed by the committee as it was noted that the initial issue had been raised almost a decade ago.	Board of Directors	Noted
11	Procurement Half-Yearly Update Report	The committee welcomed the report detailing a positive position in a challenging environment	Board of Directors	Assured
12			Board of Directors	Assured

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
	DSPT and Internal Audit Assurance Report	The committee felt that all potential issues were being covered correctly.		
13	Cyber Security Update	Reported that improvement to system security are currently being trialled in IT and that a Cyber Security Lead had been appointed and is due to commence in role in July 2023.	Board of Directors	Assured
14	Board Assurance Framework (BAF)	The committee queried the increased rating for BAF risk D5 from 6 to 9 feeling that it should have been a higher increase due to the financial position of the Trust. It was agreed that the rating would be taken back to the BAF group for further consideration.	Board of Directors	Assured
15	Radiopharmacy Business Case	The business case was approved but it was questioned as to why the initial calculation of costs could be so incorrect, leading to a review of whether or not the scheme was in fact value for money for the trust and its patients. It was agreed that is was still value for money due to the potential adverse impact on patients if the scheme did not go ahead.	Board of Directors	Approved
16	Endoscopy Multi-Year Scope Contract via Olympus Keymed	The business case was approved	Board of Directors	Approved

Subject:	Quality Committee CHAIR'S ASSURANCE LOG Quorate: Yes	Ref:	QC:
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: Quality Committee	Date: 31 May 2023 & 28 June 2023	Chair: Dr Rumit 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	Divisional Reporting: Family Health Therapies, Dietetics & Community Care	<p>Achieved 10 out of 10 CNST standards, in total 12 of 21 organisations across region also achieved this.</p> <p>The trust's Sexual Health services good work was recently highlighted in the House of Commons the previous week by the local MP.</p> <p>Two new Obstetrics consultants are due to commence in post in September 2023.</p> <p>With regards to get it right first time, the position is improving with increased plans for weight management services</p> <p>The business case for an extended Paediatric Team has been improved. SCUBU is being refurbished this year and there was a recent successful CQC walk around undertaken.</p> <p>Reported that the Virtual Ward had been up and running for the past six months, generally it had proved to be very successful, zero complaints or concerns had been raised by service users, of which there had been 245. The service is designed to assist with hospital avoidance and so far it has worked well with large</p>	Board	Assured

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
3	Integrated Performance Monthly Report	<p>Month on month witnessing improved data in report, this is due to various improvements such as declining sickness absence rates, impact of retention work and improved Health Roster reviews by the Medicine Division.</p> <p>Reported that VTE assessment completion, previously very stable had dropped in month to 88.7%, this is being investigated and thought to be a software issue. There had been no patient harm reported.</p> <p>The committee noted that the five C Diff infections reported the previous month with 4 on same ward, had found no link between them. A number of actions had been put in place, including training, deep clean and practices such as bare below the elbow. Positive staff feedback has happened along with a written thank you to Ward Managers and Infection Control.</p>	Board	<p>Assured</p> <p>Assured</p>
4	Operational Objectives 2023-24 Focus on the Quality of Care	The mandates have been finalised and are to be reviewed for sign off at the June 2023 Board of Directors.	Board	Approved
5	Patient Experience and Annual Report (incorporating Q4)	The committee noted that patient feedback was generally improving in inpatients, remains static in outpatients but declining in UECC with a higher number of complaints, although this is in line with increased patient numbers.	Board	Assured
6	End of Life Care Annual Report & Strategy	The committee recommended that the report is presented in full to the Board of Directors	Board	Assured

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
7	Rapid Improvement Events	In order to support the Acute Care Transformation a successful four day discharge/flow event was held week commencing 17 th April 2023 involving NHS England, to consider how to reduce the length of stay for adult inpatients. NHSE were very complimentary regarding a number of recent trust initiatives including the Tea Party, the Breakfast Club that includes a patient assessment in order to fast track patients home and the new Community Ready Unit.	Board	Noted
8	Safeguarding Committee Report	The committee noted the current backlog of cases and that this was due to a variety of external factors such as ongoing police investigation, inquest or the working practices of organisations external to Rotherham, rather than a delay of the TRFT.	Board	Assured
9	Quality Account 2022/23	The committee welcomes the comprehensive draft report and noted the submission of comments by the start of June for final draft at the end of June.	Board	Noted
10	Board Assurance Framework	The committee approved that the risk rating should remain at 12 in May and again in June	Board	Assured

Subject:	PEOPLE COMMITTEE CHAIR'S ASSURANCE LOG Quorate: Yes	Ref:	Board of Directors:
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: People Committee	Date: 26 th May 2023 & 16 th June 2023	Chair: Dr 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	Operational Plan Update	Discussion stood down pending further discussion at later meeting	Board of Directors	Not applicable
2	Workforce Report and KPIs	The committee noted the improvement in sickness absence, the implementation of the roster system and TRFT becoming a centre for hosting NHS management trainees.	Board of Directors	Assured
3	NHS Futures Update	Increased work is required for Talent Management as a system, this is now being linked to the PDR process and TRFT is not out of step with other Trusts in the region.	Board of Directors	Assured
4	Divisional Performance: Family Health	The committee noted a number of positives including the improvement in sickness absence, equity of presence in community and integration across the division. They also commended the concept of 'You Said We Couldn't Because' approach for staff feedback where action isn't possible. The challenge re backfill for staff completing MAST was noted (a result of high training demands for this specialism) and wider discussions going on within the nursing workforce to seek ways to remedy this.	Board of Directors	Assured

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
5	Staff Survey Action Plan	The committee fed back comments on the action plan and requested an update on progress ahead of next staff round	Board of Directors	Assured
6	Exclusions and Consultations Report (Confidential)	The committee noted an improvement in timeliness when resolving issues due to process improvements and the importance of supporting staff through incidents of violence and aggression.	Board of Directors	Assured
7	Safe Staffing and Establishments	The committee acknowledge the work being done, the lessons learned from the previous data collection to build in more time for full engagement from the divisions and the substantial improvement in care hours patient day (CHPD) from 6.4 to 7.2 which is nationally top quartile.	Board of Directors	Assured
8	Recruitment Process – End to end recruitment times pilot	The committee noted the improvements being made with specific sections of the process, such as recruitment, and the intention to eventually map out the entire process from end to end.	Board of Directors	Assured
9	Mandates	It was noted that priority 3 will be linked more thoroughly to the Trust 5 year strategy going forward and there will be an emphasis on recognising people not workforce.	Board of Directors	Assured

Subject:	AUDIT & RISK COMMITTEE CHAIR'S ASSURANCE LOG Quorate: Yes	Ref:	Board of Directors:
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: Audit & Risk Committee	Date: 20 June 2023	Chair: Kamran Malik
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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	Provider Licence Self Certifications	There was nothing to escalate, the committee approved the document.	Board of Directors	Recommendation for approval
2	Annual Governance Statement	There was nothing to escalate, the committee approved the document.	Board of Directors	Recommendation for approval
3	Annual Report	The committee discussed the area of identifying themes for 2023/24 and the progress made by the trust who they feel have now developed from a reactive trust to a proactive trust, examples of this being work being undertaken across the SYB region and the forward movement with regards to regulatory and governance processes and ways of working.	Board of Directors	Recommendation for approval
4	Head of Internal Audit Opinion and Annual Report presented by 360 Assurance	The committee welcomed the opinion of 'Significant Assurance' from the Head of Internal Audit.	Board of Directors	Assured
5	Annual Accounts	There was nothing to escalate, the committee approved the accounts and for any minor amendments to be made by the Director of Finance.	Board of Directors	Recommendation for approval

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
6	External Audit: Audit Completion Report (Including Letter of Representation) presented by Mazars	The committee noted the very positive report from External Audit.	Board of Directors	Assured
7	Quality Accounts / Report	There was nothing to escalate, the committee approved the document.	Board of Directors	Recommendation approval

Board of Directors' Meeting

7 July 2023

Agenda item	P117/23
Report	Provider Licence
Executive Lead	Angela Wendzicha, Director of Corporate Affairs
Link with the BAF	Not applicable
How does this paper support Trust Values	Supports all Trust values
Purpose	For decision <input type="checkbox"/> For assurance <input type="checkbox"/> For information <input checked="" type="checkbox"/>
Executive Summary	<p>The Provider Licence was first introduced for NHS Foundation Trusts in 2013. Following consultation, the Provider Licence has been amended to reflect the current statutory and policy requirements.</p> <p>The following paper illustrates the fundamental changes to the Provider Licence relating to working within Systems as follows:</p> <ul style="list-style-type: none"> • WS1: Cooperation • WS2: The Triple Aim • WS3: Digital Transformation <p>The requirement to provide self-certification around compliance with the governance related elements of the Licence have now been removed, however, it is recommended that the process described within the report at Section 3 is adopted.</p>
Due Diligence	The paper has not been presented in any other forum
Board powers to make this decision	Not applicable as no decision is required.
Who, What and When	Following noting at Board, arrangements will be made to periodically self-assess compliance with the Provider Licence.
Recommendations	<p>It is recommended that:</p> <ul style="list-style-type: none"> • The Board note the new Provider Licence came into effect from 01 April 2023 • Note the three new Conditions to the Provider Licence and

	<ul style="list-style-type: none">• Note that arrangements will be made to periodically self-assess compliance against the requirements of the Provider Licence and report through the Audit and Risk Committee.
Appendices	None

1. Introduction

1.1 The new Provider Licence came into effect from 01 April 2023 and forms part of the oversight arrangements for NHS providers and serves as the legal mechanism for regulatory intervention in addition to underpinning mandated support for challenged providers. It should therefore be read in conjunction with the NHS Oversight Framework for NHS Trusts and Foundation Trusts.

1.2 The amendments to the Provider Licence are intended to support effective integrated care system working in line with the associated policy changes in the Health and Care Act 2022.

1.3 The following report highlights the three new Conditions within the Provider Licence in addition to commentary on how the Trust may monitor compliance against the Licence.

2. Summary of the New Condition

2.1 A new section (Section 2) has been added to the Licence relating to Trusts working in Systems reflecting expectations around collaboration and cooperation as follows:

Condition WS1: Cooperation

2.2 Condition WS1 requires NHS Trusts, Foundation Trusts and NHS controlled providers to consistently cooperate with Integrated Care Boards, Local Authorities and other organisations that deliver NHS care when developing and delivering system plans, delivering NHS services, improving NHS services, delivering system financial plans and system workforce plans.

2.3 For the purposes of the Condition WS1, 'cooperation' is considered synonymous to 'collaboration'.

Condition WS2: The Triple Aim

2.4 The Triple Aim is a key element of the Health and Care Act 2022 with the intention of ensuring there was a legislative framework to support health and care organisations to work together in the interests of the populations they serve.

2.5 This Condition refers to the aim of achieving:

- Better health and wellbeing of the people of England (including by reducing inequalities with respect to health and wellbeing);
- Better quality of health care services for the purposes of the NHS and
- More sustainable and efficient use of resources by NHS bodies.

2.6 The Triple Aim Condition requires the Trust to consider the likely effects of the decisions we make on the shared goals within the system.

Condition S3: Digital Transformation

2.7 The Condition relating to Digital Transformation requires the Trust to comply with Information Standards in addition to complying with NHS2: Governance arrangements paragraph 3(c) relating to the requirement to have systems and processes in place to meet any guidance issued by NHS England on digital maturity.

3. Assessment of Compliance against the Requirements of the Provider Licence

3.1 Historically, there has been the requirement for organisations to self-assess compliance with governance related Conditions within the Licence and publish the outcome of the self-assessment on the public facing website. The requirement to publish has now gone but there is an expectation that Trust will periodically self-assess to ensure compliance is maintained.

3.2 It is proposed that whilst compliance should be assured through the existing plans and strategies in place, a formal self-assessment is carried out on a six monthly cycle and reported through the Audit and Risk Committee.

Recommendation

It is recommended that the Board:

- The Board notes the new Provider Licence came into effect from 01 April 2023
- Note the three new Conditions to the Provider Licence and
- Note that arrangements will be made to periodically self-assess compliance against the requirements of the Provider Licence and report through the Audit and Risk Committee.

Board of Directors' Meeting
07 July 2023

Agenda item	P118/23
Report	Board Assurance Framework
Executive Lead	Angela Wendzicha, Director of Corporate Affairs
Link with the BAF	The paper relates to all BAF Risks
How does this paper support Trust Values	The Board Assurance Framework is a key element that provides evidence of good governance and supports all three core values Ambitious, Caring and Together
Purpose	For decision <input checked="" type="checkbox"/> For assurance <input type="checkbox"/> For information <input type="checkbox"/>
Executive Summary	<p>The Board Assurance Framework (BAF) links directly to the Trust's Strategic Ambitions as set out in the 5 Year Strategy (2022-2027) and identifies any strategic risks that could prevent delivery of the Trust's Strategic Ambitions.</p> <p>The following report illustrates the proposed position at the end of Quarter 1 2023-24 (Year 2 of the 5 Year Strategy). The BAF Risks have been discussed at the relevant Board Assurance Committees as follows:</p> <p>People Committee: Discussed and approved the position in relation to Strategic Risk U4; Quality Committee: Discussed and approved the position in relation to Strategic Risk P1; Finance and Performance Committee: Discussed and approved the position in relation to Strategic Risk D5, D6 and D7.</p> <p>The Board will continue to review and approve the recommendations for Strategic Risks R2 and OP3.</p>
Due Diligence	Since presentation at the last Board in May 2023, the relevant sections of the Board Assurance Framework has been discussed at the relevant Board Committees during May and June 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 the approval of the Board Assurance Framework.

Who, What and When	The Director of Corporate Affairs will continue to work with Executive colleagues in order to review and update the BAF on a monthly basis.
Recommendations	<p>It is recommended that the Board:</p> <ul style="list-style-type: none"> • Discuss and note the progress made in the Board Assurance Framework; • Note and approve the following recommendations; <ul style="list-style-type: none"> ➤ The score for BAF Risk P1 to remain at 12; ➤ The score for BAF Risk R2 to remain 8; ➤ Reduce the score for BAF Risk O3 to 8; ➤ Increase the score for BAF Risk D5 to 15 ➤ Approve closure of BAF Risk D6 relating to the 2022-23 financial position.
Appendices	Board Assurance Framework

1. Introduction

- 1.1 The Board Assurance Framework (BAF) links directly to the Trust's Strategic Ambitions as set out in the 5 Year Strategy (2022-2027) and identifies the strategic risks that could prevent delivery of the Trust's Strategic Ambitions.
- 1.2 During the financial year 2022-23, the Board provided oversight and approved the positions in relation to a total of seven strategic risks on the BAF. The BAF illustrates the risks to achieving our Strategic Ambitions during Quarter 1 of the new financial year. Furthermore, the report provides a summary of the discussion and decisions that have taken place at the relevant Board Assurance Committees during and up to the end of Quarter 1 2023-24.
- 1.3 The Board will note that in order to ensure the BAF remains a workable and accessible document, a number of completed gaps in controls have, following agreement at the relevant Assurance Committees moved to archive; these are readily available should there be a need to refer back to them.
- 1.4 When considering the scoring of each risk, the 2008 Risk Matrix for Risk Managers is used as a reference guide.

2. Outcome of the May and June 2023 Reviews

P1: There is a risk that 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.

- 2.1 Strategic BAF Risk P1 is aligned with the Quality Committee and following review in May and June 2023, additional commentary has been added to the controls and assurance and gaps in assurance sections, highlighted in red for ease of reference. The key developments of note are as follows:

Controls and assurances

C5: 360-Assure carried out a re-audit during May 2023 in relation to learning from deaths. Whilst the report noted progress overall, the opinion was split with partial assurance with an acknowledgment of the work that is ongoing.

C6: The partnership working with Barnsley Hospitals NHS Foundation Trust with regards to quality has now been reset for 2023-24 and will be further reviewed in Quarter 2.

C8: The Serious Incident Investigation process has now been superseded by the introduction of the Patient Safety Incident Response Framework (PSIRF) with monthly meetings now established.

C10: Implementation of the Safeguarding Plan in conjunction with NHSE with the next report to Quality Committee due in July 2023.

Gaps in controls

G1: Given that the Quality Improvement methodology is in place, the gap now relates to the development of a suitable Quality Improvement Faculty responsible for the development of specific projects with identifiable patient benefits.

The relevant business case discussed at the Executive Team Meeting in June 2023 with approval to go to full Business Case

Review of the risk score

The initial score agreed for 2022-23 was **16** whereby the consequence was graded a **4 (Major)**, defined as noncompliance with national standards with significant risk to patients if unresolved. The initial likelihood score agreed was **4 (Likely)** defined as 'will probably happen/recur but is not

a persisting issue.'

Following discussion and debate, and taking into consideration the removal of the five Conditions on the Trust's Registration, progress in closing some identified gaps in controls and mitigations, the likelihood was reduced to **3** (Possible) defined as 'might happen or recur occasionally.'

This resulted in the reduction of the overall score to **12**. The Board will note that this is within the target score for the first year of the 5 Year Strategy but remains out with the Boards risk appetite of Very Low pertaining to Quality (score 1-5).

It is recommended that the risk score remains at **12**.

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 health inequalities.

- 2.2 Strategic BAF Risk R2 is aligned with the Board. The Trust has developed a strong presence at PLACE and therefore the Board approved the reduction in the likelihood score to a **2** (unlikely) defined as 'do not expect it to happen/recur but it is possible it may do so'. This reduced the overall score to **8** which is within the target score and within the Trust's risk appetite.

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.

- 2.3 Strategic BAF Risk O3 is aligned with the Board. The Trust has continued to develop and strengthen the partnership working with Barnsley Hospitals NHS Foundation Trust with the introduction of a Joint Strategic Partnership (which will be supported by an agreed Memorandum of Understanding), in addition to a Joint Executive Delivery Group responsible for ensuring the delivery of the agreed plans.

The Board agreed to reduce the score to an **8** (likelihood score reduced to a **2** (unlikely) defined as in section 2.2 above. This reduced the overall score to **8** which is within the target score and within the Trust's risk appetite.

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.

- 2.4 Strategic BAF Risk U4 is aligned to the People Committee and was discussed at the meeting in May 2023 but due to a streamlined Agenda in June, it was not. The key developments of note are that continued actions to control the identified gaps include the fact that national staff survey results returned an improvement in a number of Trust areas including Equality, Diversity, Inclusion and Compassionate Leadership.

A number of additional controls have been added as follows:

C8: Medical Engagement Programme has been added as a control.

In addition, the Board will note the addition of the word 'financial' in the descriptor of the risk.

It is recommended that the score remains at **12** which the Board will note 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.

- 2.5 Strategic BAF risk D5 is aligned to the Finance and Performance Committee. Following the monthly review during June relating to the future financial position, it is recommended that the score is increased to **15**.

Discussion ensued at the June Finance and Performance Committee in relation to the correlation between the financial pressures, operational pressures and effect on the staff. The Committee requested People Committee consider the effects on staff health and wellbeing.

Controls in Place

Additional clarity has been added to the BAF risk in red as follows:

C1: Four hour performance has been reintroduced, waiting times have improved in UECC and monitored against trajectory.

C3: Oversight through the new Rotherham Place Urgent and Emergency Care Group. The number of patients with no right to reside and the number of IDT caseload has reduced.

C5: Internal pathway group chaired by the Medical Director focusing on emergency pathways, pathways to Virtual Ward and admission avoidance work in conjunction with Yorkshire Ambulance Service have been established.

Gaps in Controls

G1: Insufficient acute inpatient beds resulting in high bed occupancy.

G6: Specific challenges in relation to anesthetic cover to support full theatre timetable impacting on elective recovery programme. A deep dive is being carried out at Divisional level to better understand the underlying issues.

G7: Risk in the financial allocation of Elective Recovery Fund given the overall financial position.

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 system requirements.

- 2.6 Following review and discussion at the May Finance and Performance Committee, given the improved financial position at the year end, the Committee approved closing BAF risk D6 with a further recommendation that the controls and mitigations be transferred, where relevant to BAF Risk D7.

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.

- 2.7 Strategic BAF Risk D7 is aligned to the Finance and Performance Committee. Due to the continuing work around the financial plan it is recommended that the risk score remains at **15**.

Controls

C7: The financial plan for 2023-24 was submitted on time.

C16: The financial forecast will commence based on the financial position in June.

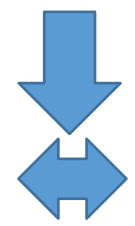
G3: Adverse financial position at Month 2 which will require recovery.

Recommendations








The Board is asked to:

- Discuss and note the progress made in the Board Assurance Framework;
- Note and approve the recommendations to;
 - The score for BAF Risk P1 to remain at 12;
 - The score for BAF Risk R2 to remain at 8;
 - The score for BAF Risk O3 to remain at 8;
 - Increase the score for BAF Risk D5 to 15;
 - Approve closure of BAF Risk D6 relating to the previous year's financial position


Angela Wendzicha
Director of Corporate Affairs
30 June 2023



Board Assurance Framework Overview for Quarter 1: 2023-24

Ambition	Strategic Risk			Original Score LxC	Score Q1	Score Q2	Score Q3	Score Q4	Target Risk Score	Movement	Risk Appetite/ Risk Tolerance
	There is a Risk that....	Because.....	Leading to.....								
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.	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	12				3(L)x4(C) =12		Very low (1-5)
Rotherham: We will be proud to act as a leader within Rotherham, building healthier communities and improving the life chances of the population we serve.	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	2(L)x4(C)=8	8				2(L)x4(C) =8		Moderate (12-15)
Our Partners: We will be proud to collaborate with local organisations to build strong and resilient partnerships that deliver exceptional, seamless patient care.	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	8				2(L)x4(C) =8		Moderate (12-15)
Us: We will be proud to be colleagues in an inclusive, diverse and welcoming organisation that is simply a great place to work.	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	8				2(L)x4(C) =8		Moderate (12-15)
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	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.	5 (L)x3(C) = 15	15				4(L)x3(C)=12		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)x2(C) = 6	6				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.	...further financial instability.	3(L)x 5(C) = 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	Previous Score Q4 2022-23	Q1	Q2	Q3	Q4	Board Assurance 2023-24
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 Link to Operational Plan: P1: Empower out teams to deliver improvements in care	P1	4(L)x4(C)=16	12	3(L)x4(C) =12	Moderate (12-15) Very Low (1-5)		16	12			
			3(L)x4(C)								
BAF Risk Description						Linked Risks on the Risk Register & BAF Risks: RISK5761, RISK6474, RISK6630, RISK6623, RISK5238 and RISK6723 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.					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	Quality Delivery Group in place with remit to deliver against CQC standards	Receipt of monthly assurance reports relating to progress against actions		March 2023	Deputy CEO	Level 1 & Level 3					
		Quality Assurance Report to Quality Committee (Quarterly)		March 2023	Chief Nurse	Level 1 & Level 3					
		Monthly reporting to CQC in relation to Conditions on Registration.		June 2023	Chief Nurse	Level 1 & Level 3					
C2	Established Tendable Audit Programme	Outcome reports received by Quality Committee			Chief Nurse	Level 1					
		Audit reporting programme now included in Committee report to Quality Committee – next report due May 2023		May 2023	Chief Nurse	Level 2 – Medication Safety Audit completed					
		Monthly Quality Dashboard reported to Divisional Performance Meetings.		June 27 2023	Chief Nurse						
C3	Agreed 2023/24 Quality Priorities in place	Progress reports received by Quality Committee quarterly		June 26 2023	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.		June 26 2023	Chief Nurse	Level 1					

		Monthly metrics dashboard now presented for quantitative data							
C5	Coordinated approach for learning from deaths	360 Assure Report with Limited Assurance – completed 13 of 15 actions from report. 360 Assure re-audit took place May 2023 – Split opinion with partial assurance. One outstanding action against learning from deaths being disseminated at CSU level. However report did note progress made overall. Learning from Deaths Report to Patient Safety Committee and Quality Committee	May 2023	Medical Director	Level 3				
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 Medicine and Outpatients in February 2023, Community in March 2023 (this occurred but was internal only with Barnsley unable to participate), meaning all services will have been reviewed in financial year 2022/23. Reviews now completed External assurance process being reset for 2023/24, will be reviewed in Quarter 2 2023/24.				
C7	Quality Improvement & Quality Governance Assurance Priority within Operational Plan	Quarterly updates to Quality Committee	April 2023	Chief Nurse	Revised Quality Improvement and Quality Assurance Report with new format from October 2022 incorporating the CQC assurance report. 2022/23 report to be signed off April 2023 and 2023/24 report to go to Quality Committee June 2023.				Presented quarterly.
C8	Implementation of PSIRF	Monthly meetings established	April 2023	Chief Nurse	Fully signed off action plan in place and monthly meetings established. Throughout May 2023 multiple PSIRF plan workshops have been held, Strategic Board session planned for 02/06/2023.				
C9	Implementation of agreed Strategy for Journey to CQC Outstanding rating	Quarterly progress reports to Quality Committee (links with Gap 14), next is July 2023	April 2023	Chief Nurse	Level 1				
C10	Implementation of Safeguarding Improvement plan in conjunction with NHSE	Reports to Safeguarding Committee next is July 2023	June 2023	Chief Nurse	External review NHSE paediatrics and maternity occurred on 01/06/2023, report due to be sent to TRFT by 30/06/2023				
Gaps in Controls or Assurance Quarter 1 2023-24		Actions Required	Action Owner	Date Action Commenced	Date Action Due			Progress Update	
G1	Lack of suitable Quality Improvement methodology linked to the Operational Plan Developing a sustainable QI faculty and projects with identifiable patient benefits alongside QI methodology.	Review next stage Business Case Submission of next stage business case brief Gained approval at June 23 ETM to proceed to full business case	Chief Nurse & Medical Director Chief Nurse & Medical Director Chief Nurse & Medical Director	August 2022 March 2023 September 2023 January 2023	September 2022 June 2023 ETM 8 June 2023			Recruitment for MD for Quality Improvement (2PA's) to be completed ETM April-June 2023 	Out to advert
G2	Archived – see version 1.1 2023/24								

G3	Archived – see version 1.1 2023/24							
G4	Lack of thematic reviews following Structured Judgement Reviews	Implement actions from 360 Assure Learning from Deaths report Process to be agreed to ensure learning from deaths is disseminated at CSU level New Learning from Deaths Policy being drafted	Medical Director Medical Director Medical Director			July 2022 End December 2022 March 2024 End Q4 2023/24 End Q4 2023/24		Positive thematic reviews received for Surgery and Paediatrics. Business case to ETM by end of October 2022, draft received at Mortality meeting w/c 03/10/2022. Business case approved at ETM – awaiting recruitment. Completed recruitment of SJR Roles.
G5	Archived – see version 1.1 2023/24							
G6	Implementing new ways of working for the Quality Governance & Assurance Team.	Recruit into Quality Governance & Assurance 8c Lead Role to support the central Governance Team	Chief Nurse	August 2022	October 2022 Extend to June 2023 Extend to October 2023			Business case approved Executive Team Meeting 15 September 2022, follow up paper to identify governance structure to ETM 20/10/2022. Business case approved in principle Established Quality Governance Assurance Unit and are recruiting to all posts except the lead role
G7	Archived – see version 1.1 2023/24							
G8	Archived – see version 1.1 2023/24							
G9	Archived – see version 1.1 2023/24							
G10	Archived – see version 1.1 2023/24							
G11	Potential industrial action	Gap in lack of agreed plan at local and national level	Director of Workforce	Planned ballots underway	Ongoing			Mitigations in place, strategic command and control in place
G12	Archived – see version 1.1 2023/24							
G13	Archived – see version 1.1 2023/24							
G14	Archived – see version 1.1 2023/24							
G15	Archived – see version 1.1 2023/24							
G16	Archived – see version 1.1 2023/24							
G17	Increased outbreak of CPE Infection	Managed through the Infection Prevention Control of Decontamination Meeting. UKHSA and ICB have been asked to attend site in May 2023 to undertake an assurance visit	Chief Nurse Chief Nurse	Ongoing May 2023	Ongoing May 2023			Weekly oversight meetings have ceased and moved to Heads of Nursing with oversight at ETM. Deep clean process remains ongoing with Executive oversight. Visit complete, report received and will be presented at IP&C, ETM and in the Clinical Effectiveness quarterly and annual report.
G18	Lack of assurance regards quality of end of life care	Completion of action plan that has been created in response to 360 assurance report and NACEL 2022 alarm outlier status report	Medical Director and Chief Nurse	January 2023	May 2023 September 2023			Action plan created and shared internally and with external organisations Awaiting completion of NACEL and 360 audit action plan

		Strategy went to May 2023 Quality Committee			May 2023 July 2023				
G19	Uncertainty regards referral pathway for some tertiary centre cancer services	Regular discussions between MD, COO, CEO. ICB input required.	Medical Director	March 2023					Escalated to ETM and Board of Directors Temporary working arrangement agreed for provision of service
G20	PSIRF preparation to go live in Autumn 2023.	Action plan developed following national guidance Quarterly reporting to Quality Committee and Patient Safety Committee	Medical Director and Chief Nurse	April 2022	March 2024				Monthly group meeting established
G21	Archived – see version 1.1 2023/24								
G22	Archived – see version 1.1 2023/24								
G23	Plan to introduce a Ward accreditation programme	Strategic planning session with Heads of Nursing	Chief Nurse	19/06/2023	December 2023				
G24	As part of the Governance and Assurance Team review, decision required on possible partial centralisation of governance roles.	Paper required for ETM	Chief Nurse	June 2023	December 2023				
G25	Clinical Effectiveness Manager to commence in post	Appointed	Medical Director	June 2023	June 2023				
Archived Controls within month- Completed									
Archived Gaps within month - Completed									

Strategic Theme: Patients		Risk Scores									
BAF Risk Ref	Initial Score	Current Score	Target Score	Risk Appetite/Risk Tolerance	Risk Movement	Board Assurance 2023-24					
Strategic Ambition: Rotherham: We will be proud to act as a leader within Rotherham, building healthier communities and improving the life chances of the population we serve. Link to Operational Plan: R2: Ensure equal access to services	R2 3(L)x4(C)=12 2(L)x4(C)=8	12	8	2(L)x4(C)=8	Moderate (12-15) Expectation to reduce the likelihood score at the end Q4 thus reaching score.		Previous score Q4 2022-23	Q1	Q2	Q3	Q4
		12	8								
BAF Risk Description						Linked Risks on the Risk Register & BAF Risks					
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 Assurance Level Level 1 = Operational Level 2 = Internal Level 3 - Independent					
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:						
C1	Trust is a current member at PLACE Board	Trust Board receives reports from PLACE Board		December January 2023	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	Minutes	Level 3					
C5	Shared Public Health Consultant between RMBC and the Trust commences March 2023	Commenced in post		March	In post	Level 1					
C6	Meeting with PLACE colleagues to review IDT position.	Meet three times a week to review integrated discharge position.		May 2023		Level 1					
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			Deputy Chief Executive		Ongoing				Paper expected for the September Board No change to position	

	which is continuing to evolve and mature.							
G3	Incomplete data driven identification of Health Inequalities across elective and non-elective pathways.		Deputy Chief Executive		End Quarter 1			Data relating to access to services available in Trust Integrated Performance Report – suggest close this gap. Gap Closed
G4	Establish the Triple Aim Duty within the Provider Licence in decision making across the system	Work with partners across the system to agree how we actively work together and can demonstrate decision making as a system.	Deputy Chief Executive		End Quarter 4			

Strategic Theme: Patients		Risk Scores					Board Assurance 2023-24				
BAF Risk Ref	Initial Score	Current Score	Target Score	Risk Appetite/Risk Tolerance	Risk Movement	Previous score Q4 2022-23	Q1	Q2	Q3	Q4	
<p>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.</p> <p>Link to Operational Plan: P3: Our Partners: Work together to succeed for our communities.</p>	O3	3(L)x4(C)=12 2(L)x4(C) = 8	8	2(L)x4(C) =8	Moderate (12-15)		12	8			
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		March 2023		Level 1					
C5	Joint Strategic Partnership and Joint Executive Delivery Group established for oversight and delivery of partnership plan	Meetings of the Strategic Partnership every quarter, Monthly for Delivery Group.			Reports to Boards on progress	Level 1					
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

Board Assurance Framework People Committee: 2023/24 Quarter 1: Version 1.3

BAF Risk U4

Strategic Theme: Us		Risk Scores				Risk Appetite/Risk Tolerance	Risk Movement	Board Assurance 2023-24				
BAF Risk Ref	Initial Score	Current Score	Target Score		Previous score Q4 2022-23			Q1	Q2	Q3	Q4	
<p>Strategic Ambition: Us: We will be proud to be colleagues in an inclusive, diverse and welcoming organisation that is simply a great place to work.</p> <p>Link to Operational Plan: P4: Commit to a focus on workplace wellbeing and compassionate leadership</p>		3(L)x4(C)=12	3(L) x 4(C) = 12	2(L)x4(C) =8	Moderate (12-15)		12	12				
BAF Risk Description						<p>Linked Risks on the Risk Register & BAF Risks:</p> <p>RISK6638, RISK6474, RISK6819, RISK6801, RISK5238 and RISK6723</p>						
<p>U4: There is a risk that we do not develop and maintain a positive culture because of insufficient financial resources and the lack of compassionate leadership leading to an inability to recruit, retain and motivate staff.</p>						<p>Risk 6723, 6668, 6638, 6474</p>						
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	Board Approved People Strategy (2020)	Reports on progress against the People Strategy inclusion of BELL Framework				Level 1						
C2	Operational Workforce Group in place meeting monthly to support Divisions	Divisional presentations to People Committee on rotation to provide assurance on staff engagement and workforce metrics		September 2022	Report to People Committee	Level 1						
C3	Behavioural Framework in place within the Trust	Executive Directors weekly walk rounds Agenda item on Executive Team weekly meetings Included within Appraisal Season review to be evaluated late 2022		October 2022	Report to Execs	Level 1						
C4	Staff Survey Action Plans including: WDES, and WRES action plans	Progress against action plans monitored via Operational Workforce Group and People Committee All Divisions attended Joint Partnership Forum to detail action plans		21 July 2022	Reports to People Committee	Level 1						

		WDES and WRES signed off by Trust Board	October 2022	Board minutes	Level 2				
		Revised WRES action plan signed off by the Board of Directors	January 2023	Board minutes	Level 2				
C5	Trust has in place staff Inclusion networks (BAME, LGBT, Disability)	Various meetings take place on regular basis, reporting into Operational Workforce Group which in turn reports into People Committee	July 2022	Reports to People Committee	Level 1				
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	Archived – see version 1.1 2023/24								
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' Medical Engagement Programme	July 2022	Ongoing activity	Level 1 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	Archived – see version 1.1 2023/24								
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				
C12	Archived – see version 1.1 2023/24								
Gaps in Controls or Assurance		Actions Required	Action Owner	Date Action Commenced	Date Action Due			Progress Update	

Quarter 1 2022-23							
G1	Archived – see version 1.1 2023/24						
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		Tender documentation signed off by Deputy CEO.
Archived Controls - Completed							
C7	Internal Audit Review of E-Roster	Report from 360 Assurance with Significant Assurance	July 2022	Final report received.	Level 3		
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		
C12	2022 Annual NHS Staff Survey	National results returned an improvement in a number of Trust areas including Equality, Diversity, Inclusion and Compassionate Leadership.	December 2022	Executive Team and People Committee	Level 3		
Archived Gaps - Completed							
G1	Additional staff engagement sessions	Funding application for NHS Charities Together for psychological support	Head of Engagement	June 2022	July 2022		Action completed and moved to an Assurance Level in July 2022 (C8)
		Psychologist has now been appointed and commenced in post March 2023					

Strategic Theme: Delivery		Risk Scores				Risk Movement		Board Assurance 2023-24				
BAF Risk Ref	Initial Score	Current Score	Target Score	Risk Appetite/Risk Tolerance			Previous Score Q4 2022-23	Q1	Q2	Q3	Q4	
<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> <p>Link to Operational Plan: D5: Implement sustainable change to deliver high quality, timely and affordable care</p>	D5	4(L)x3(C)=12	5(L)x3=15	2x3=6	Very low (1-5)			6	15			
BAF Risk Description						Linked Risks on the Risk Register & BAF Risks						
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, Risk 6569, RISK6800, RISK6627 and RISK6762						
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 acute care performance meeting and ETM 4 hour performance has been reintroduced Waiting times have improved in UECC and monitored against trajectory		May 2023 June 2023	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		May 2023	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 Improvement with regards to right to reside and IDT caseload Escalation meetings with external partners.		May 2023 June 2023	Minutes of F&P Weekly ETM minutes	Level 1						
						<p>Assurance Committee & Lead Executive Director</p> <p>Finance and Performance Committee</p> <p>Director of Finance & Chief Operating Officer</p>						

		Oversight through the new Rotherham Place Urgent and Emergency Care Group (Previously the A&E Delivery Board)							
		Number of patients with no right to reside and number on IDT caseload has reduced.							
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	June 2023	Notes of the panel	Level 1				Deputy CEO to chair
C5	Admission avoidance work remains ongoing	The Rotherham Urgent and Emergency Care Group established from September 2022 (replaced A&E Delivery Board and Urgent and 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. Internal pathway group chaired by medical director focussing on emergency pathways Step up pathways to virtual ward have been implemented, admission avoidance work with YAS direct to Community Urgent Response has also commenced.	May 2023	Minutes of meeting	Level 1				Rotherham Urgent and Emergency Care Group Chief Operating Officer ACT Steering Group – emergency pathway workstream Medical Director
C6	Executive Team oversight	Weekly receipt of Performance Report and Recovery Report	June 2023	ETM minutes Weekly	Level 1				Weekly Executive Team Meeting Director of Strategy Planning & Performance
C7	Weekly Acute Performance Meeting chaired by CEO	Weekly oversight	June 2023	Weekly agenda and action log	Level 1				Weekly Acute Performance Meeting CEO and COO
C8	Archived as amalgamated into C3– see version 1.2 2023/24								
C9	Weekly access meetings with tracker for elective recovery schemes	To include financial allocation from ERF reserve	COO	Ongoing	Level 1				Elective Review Meeting COO DoF
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 resulting in high bed occupancy	Additional bed capacity utilising additional national G&A capacity funding. Bed reconfiguration to right size medicine and surgery based on bed modelling.	COO	Q1	Q3			Paper to ETM May 2023 supporting additional capacity Sitwell to be opened as additional surge following winter de-escalation Bed reconfiguration to be undertaken in advance of winter. Virtual ward development underway.
G2	Archived – see version 1.1 2023/24							
G3	Ring-fence interim frailty assessment beds	ICS SDEC pathways confirmed.	COO	Q1	Q4			Frailty model introduced with frailty service in reach – not dependent on ringfenced beds. Assessments undertaken in UECC, 'time-out' session with the team to review further development of the service and model. Bed base for frailty to be identified as part of reconfiguration and then this risk can be closed and archived.
G4	Review of validation and management of waiting lists	360 Assure audit to validate waiting lists planned	Director of Strategy, Planning and Performance	Q2	Q4			Validation of waiting lists being undertaken, planned review with 360 to be scheduled
	Includes Diagnostic PTL	Weekly position to be included in performance position Information for ETM IPR and development of Diagnostic PTL	Director of Strategy, Planning and Performance	Q1	Q2			Weekly diagnostic information available, forecasting of month end position to be introduced
				Q1				
G5	Archived – see version 1.1 2023/24							
G6	Challenges around sufficient workforce to support the recovery plan (including industrial action).	Locum and Insourcing arranged Longer term plan required to recruit a sustainable workforce (link with BAF Risk U4)	Divisional Leads	Ongoing				Director of Corporate Affairs discussed with Director of Workforce and will further assess need for a new BAF risk relating to a sustainable workforce.
		Ongoing negotiations with JLNC regards extra contractual payments for medical and dental staff.	Director of Workforce	Commenced	Ongoing			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.
		Regular industrial action meetings to mitigate impact.	Director of Operations	Commenced	Ongoing			Development of workforce plan for UECC as a result of Acute Care Transformation work, monthly meetings held with CEO and COO.
		Rates of pay agreed with medical staff to provide cover for junior doctor's strike.	Director of Workforce	Completed	March 2023			Improvements seen in nursing, support and doctor recruitment and retention.
	Specific challenges in relation to anaesthetic cover to support full theatre timetable impacting on elective recovery programme. Deep dive into underlying issues being undertaken with the division.	Chief Operating Officer		June 2023			Paper to ETM outlining issues and potential workforce solutions to ETM Agreement on schemes to support recovery for next 2-3 months. Currently being costed and	
G7	Financial investment/resources to support recovery of waiting lists	Financial allocation identified in plan for 2023/24 – risk in allocation of ERF given overall financial position						

								implemented. Paper to ETM and July FPC regarding recovery plan.	
Archived Controls within month – Completed									
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) Number of patients with no right to reside and number on IDT caseload has reduced.	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	
Archived Gaps within month - Completed									

Strategic Theme: Delivery		Risk Scores				Risk Appetite/Risk Tolerance	Risk Movement	Board Assurance 2022-23			
BAF Risk Ref	Initial Score	Current Score	Target Score				Current	Q1	Q2	Q3	Q4
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	D6	3x3=9	3x3=9	2x2=4	Low (6-10)						
			2x3=6	2(L)x 3(C)=6			6	6			
Link to Operational Plan: D5: Implement sustainable change to deliver high quality, timely and affordable care											
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	NOW ON D7 2023/24				
C1	Finance and Performance Committee oversee budget reports	Budget reports presented to Finance and Performance Committee		December 2022	Minutes of F&P	Level 1	C9 D7 2023/24				
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	C10 D7 2023/24				
		Monthly Finance Report to CEO Delivery Group		December 2022	Minutes	Level 1					
		South Yorkshire Financial Plan Delivery Group				Level 1					
C3	Suitably qualified Finance Team in place	Team in place		N/A	N/A	Level 1	C11 D7 2023/24				
C4	Established Capital Monitoring Group	Capital and Revenue Plan signed off by Board		November 2022	Board of Directors minute		C12 D7 2023/24				
C5	Current Standing Financial Instructions in place	Reviewed and approved by Board		November 2021	Board of Directors minute	Level 1	C13 D7 2023/24				
C6	Internal Audit Reports	Internal Audit Financial Reports		July 2022	Report	Level 3	C14 D7 2023/24				
		Review of HFMA Improving NHS Financial Sustainability checklist		December 2022	Report	Level 3					
		360 Assure Head of Audit opinion presented to Risk and Audit Committee initial indications show Significant Assurance overall		April 2023	Report	Level 3					
C7	Monthly challenge on performance	Monthly Divisional Assurance meetings		November 2022	Chair's Log to F&P		C15 D7 2023/24				

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	C16 D7 2023/24	Confirmed forecast for year end £1m better than plan leading to £1.7m deficit rather than £2.7m.
C9	Divisional Budgets signed off	Monitoring via Finance Reports	July 2022	Reports to F&P	Level 1	complete	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	C1 D7 2023/24	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	C5 D7 2023/24	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	Completed	

Strategic Theme: Us		Risk Scores					Risk Movement					Board Assurance 2023-24				
BAF Risk Ref	Initial Score	Current Score	Target Score	Risk Appetite/Risk Tolerance	Risk Movement					Current	Q1	Q2	Q3	Q4		
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> Link to Operational Plan: D7: Implement sustainable change to deliver high quality, timely and affordable care	D7	3(L)x5(C)=15	3 (L) x 5(C) =15	1(L)x5(C) =5	Low (6-10)						15	15				
BAF Risk Description						Linked Risks on the Risk Register & BAF Risks					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.						Risk					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 Chief Operating Officer		November 2022		L1										
C2	CIP Track and Challenge in place			November 2022	ETM minutes	L1										
C3	Contingency of £1.5m in place.				Trust Board April 2023	L1										
C4	Winter funding allocated in reserves of £2m.				Trust Board April 2023	L1										
C5	Elective recovery fund £5.2m				Trust Board April 2023	L1										
C6	TRFT received access to growth money allocated to PLACE.				Trust Board April 2023	L1										
C7	Financial plan sign off to NHSE by 04/05/2023	Submitted on time, still awaiting sign off by NHSE			Trust Board 28 April 2023											
C8	Service developments held in reserve of £2.5m.				Trust Board April 2023											
C9	Finance and Performance Committee oversee budget reports	Budget reports presented to Finance and Performance Committee		December 2022	Minutes of F&P	Level 1										
C10	System wide delivery of Recovery On plan with mitigations in place to	Director of Finance attends South Yorkshire DoF Group		December 2022		Level 1										
		Monthly Finance Report to CEO Delivery Group		December 2022	Minutes	Level 1										

	manage winter pressures.	South Yorkshire Financial Plan Delivery Group			Level 1				
C11	Suitably qualified Finance Team in place	Team in place	N/A	N/A	Level 1				
C12	Established Capital Monitoring Group	Capital and Revenue Plan signed off by Board	November 2022	Board of Directors minute					
C13	Current Standing Financial Instructions in place	Reviewed and approved by Board	November 2021	Board of Directors minute	Level 1				
C14	Internal Audit Reports	Internal Audit Financial Reports	July 2022	Report	Level 3				
		Review of HFMA Improving NHS Financial Sustainability checklist	December 2022	Report	Level 3				
		360 Assure Head of Audit opinion presented to Risk and Audit Committee initial indications show Significant Assurance overall	April 2023	Report	Level 3				
C15	Monthly challenge on performance	Monthly Divisional Assurance meetings	November 2022	Chair's Log to F&P					
C16	Clarity on Financial Forecast	Financial forecasts completed for Divisional and Corporate areas monitored within Finance Report. Financial forecast will commence based on June financial position.	July 2023	Minutes of F&P	Level 1				

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. Month 2 financial position is a circa £700,000 adverse financial position, which will need recovery by year end.	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	Archived – see version 1.1 2023/24 - Completed								

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	Archived – see version 1.1 2023/24 - Completed								
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						
G9	Archived – see version 1.1 2023/24 – Completed								
	Divisional Budgets signed off	Monitoring via Finance Reports	July 2022	Reports to F&P	Level 1				
	Financial forecasts come to fruition (Future Risk)	Monthly check and challenge with relevant Divisions and Corporate areas.	Director of Finance						
G10	Continuing industrial action leading to increased financial outlay in order to cover medical and clinical shifts	Regular industrial action meetings to mitigate impact. Finance team are currently working on a cost per day figure for future forecasting	Director of Finance.	Reports to F&P					
Archived Controls within month - Completed									
Archived Gaps within month – Completed									

Board Planner

Event/Issue			2022		2023						2024			
Action tracker log no.	TRUST BOARD MEETINGS	Lead	Sept	Nov	Jan	Mar		May	June	July	Sept	Nov	Jan	March
			M6	M8	M10	M12		M2	20	7	8	3	M10	M12
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	•dfd				•dfd	•			
	Estates Strategy	DoF			•dfd	•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				•								•
	Workforce Race Equality Standards (WRES)	DoW									•			
	Workforce Disability Equality Standard Report (DES)	DoW									•			
	Public Sector Equality Duty Report	DoW									•			
	Medical Engagement	MD						•						
	Patient Experience Annual Report	CN								•				
ASSURANCE														
	Integrated Performance Report:	COO	•	•	•	•		•		•	•	•	•	•
	Quarterly Medical Workforce Data	MD												
	Maternity including Ockenden	CN	•	•	•	•		•		•	•	•	•	•
	Safe Staffing & Establishment 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										•		

Event/Issue

Event/Issue			2022		2023						2024		
			Sept	Nov	Jan	Mar	May	June	July	Sept	Nov	Jan	March
Action tracker log no.	TRUST BOARD MEETINGS		M6	M8	M10	M12	M2	20	M4	M6	M8	M10	M12
		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			•							•	
	Health Inequalities	DCEO								•			
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 2025)	CN											
	Procurement Policy (due for renewal March 2023)	DoF				•							
	Risk Management Policy	DoCA			•dfd	•							
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						•dfd		•			
	Quarterly Report from the Guardian of Safe Working	MD			Q4 •			Q1 •		Q2 •		Q3 •	
	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				•		dfd		•			•
	Serious Incidents and Legal Report	CN / DoCA				•		•		•	•		•
	Controlled Drugs Annual Report	MD									•		
BOARD GOVERNANCE													
	Executive Team Meetings report	CEO		•	•			•		•	•	•	•
	Assurance Committee Chairs Logs	NEDs		•	•	•		•		•	•	•	•
	Register of Sealing (bi-annual review)	DoCA			•dfd	•				•			
	Register of Interests (bi-annual review)	DoCA	•			•dfd		•dfd		•	•		•
	Register of use of electronic signature (bi-annual review)	CoCA								•			

Event/Issue

Event/Issue			2022		2023						2024		
			Sept	Nov	Jan	Mar	May	June	July	Sept	Nov	Jan	March
Action tracker log no.	TRUST BOARD MEETINGS		M6	M8	M10	M12	M2	20	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	•dfd	•dfd		•				
	Review of Scheme of Delegation	DoF			•dfd	•dfd	•dfd		•				
	Review of Standing Orders	DoCA			•dfd	•dfd	•dfd		•				
	Review of Matters Reserved to the Board	DoCA			•dfd	•							
	Constitution	DoCA							•				
	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							•				
	Fit and Proper	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
	NED Review of complaints files (Quarterly)				MT			HC	DS		RS	KM	

Event/Issue

		2022		2023					2024	
		Dec 9	Feb 3	April 14	June 2	Aug 4	Oct 6	Dec 8	Feb	
		Forum M9	Forum M11	Forum M1	Forum M3	Forum M5	Forum M7	Forum M9	Forum M11	
STRATEGIC BOARD FORUM										
	Lead									
Matters for discussion										
Digital Strategy	CEO	•								
Estates Strategy (may now be at Jan Board)	DoF		•							
Quality Improvement Strategy.	CN			•						
Revised Integrated Performance Report:	COO		•							
Corporate Trustee Training	DoCA		•							
Annual Operational Planning Guidance	DoF		•?							
CQC Inspection Process	CN			•						
Annual Review of risk appetite	DoCA					•				
Patient Safety Training	CN			•						