The Trust's Constitution states that:

31.1 Meetings of the Board of Directors shall be open to members of the public. Members of the public may be excluded from a meeting for special reasons.

In view of the current coronavirus pandemic and governmental advice, the Board of Directors has taken the decision that members of the public are excluded from this meeting for special reasons, i.e. governmental advice re social distancing.

However, should members of the public have any questions relating to the items on the agenda, please forward these to Anna.Milanec@nhs.net by 1pm on Monday 3rd August 2020.

<table>
<thead>
<tr>
<th>Time</th>
<th>Item no.</th>
<th>Page</th>
<th>Required Actions</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>0900</td>
<td>258/20</td>
<td></td>
<td></td>
<td>For noting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>259/20</td>
<td>Declaration of conflicts of interest</td>
<td>Verbal</td>
<td>-</td>
<td>For noting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>260/20</td>
<td>Patient Story</td>
<td>Video</td>
<td>-</td>
<td>For noting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Procedural Items</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>261/20</td>
<td>Minutes of the previous meeting held on 7 July 2020</td>
<td>Enc.</td>
<td>3</td>
<td>For approval</td>
</tr>
<tr>
<td>262/20</td>
<td>Matters arising from the previous minutes (not covered elsewhere on the agenda)</td>
<td>Verbal</td>
<td>-</td>
<td>For noting</td>
</tr>
<tr>
<td>263/20</td>
<td>Action Log</td>
<td>Enc.</td>
<td>14</td>
<td>For approval</td>
</tr>
<tr>
<td></td>
<td>Strategy and Strategic Planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>264/20</td>
<td>Report from the Chairman</td>
<td>Enc.</td>
<td>15</td>
<td>For noting</td>
</tr>
<tr>
<td>265/20</td>
<td>Report from the Chief Executive</td>
<td>Enc.</td>
<td>19</td>
<td>For noting</td>
</tr>
<tr>
<td>266/20</td>
<td>National, Integrated Care System and Rotherham Place Report</td>
<td>Enc.</td>
<td>26</td>
<td>For noting</td>
</tr>
<tr>
<td></td>
<td>Operational</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>267/20</td>
<td>COVID-19 Report</td>
<td>Enc.</td>
<td>29</td>
<td>For noting</td>
</tr>
<tr>
<td>Agenda Item</td>
<td>Report</td>
<td>Type</td>
<td>Page</td>
<td>Reviewer</td>
</tr>
<tr>
<td>-------------</td>
<td>--------</td>
<td>------</td>
<td>------</td>
<td>----------</td>
</tr>
<tr>
<td>268/20</td>
<td>Monthly Integrated Performance Report</td>
<td>Enc.</td>
<td>41</td>
<td>For noting</td>
</tr>
<tr>
<td>268/20(a)</td>
<td>Quality Report</td>
<td>Enc.</td>
<td>60</td>
<td>For noting</td>
</tr>
<tr>
<td>268/20(b)</td>
<td>Operational Report</td>
<td>Enc.</td>
<td>68</td>
<td>For noting</td>
</tr>
<tr>
<td>268/20(c)</td>
<td>Workforce Report</td>
<td>Enc.</td>
<td>77</td>
<td>For noting</td>
</tr>
<tr>
<td>268/20(d)</td>
<td>Finance Report</td>
<td>Enc.</td>
<td>103</td>
<td>For noting</td>
</tr>
<tr>
<td>269/20</td>
<td>Assurance Committee updates</td>
<td>Verbal</td>
<td>-</td>
<td>For noting</td>
</tr>
</tbody>
</table>

**Assurance Framework**

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Report</th>
<th>Type</th>
<th>Page</th>
<th>Reviewer</th>
<th>Noting/Approval</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>270/20</td>
<td>Governance Report</td>
<td>Enc.</td>
<td>110</td>
<td>For noting</td>
<td>Anna Milanec, Director of Corporate Affairs / Company Secretary</td>
<td></td>
</tr>
<tr>
<td>271/20</td>
<td>Review of Progress against Objectives Q1</td>
<td>Enc.</td>
<td>116</td>
<td>For noting</td>
<td>Michael Wright, Deputy Chief Executive</td>
<td></td>
</tr>
<tr>
<td>272/20</td>
<td>Board Assurance Framework, Q1</td>
<td>Enc.</td>
<td>158</td>
<td>For approval</td>
<td>Anna Milanec, Director of Corporate Affairs / Company Secretary</td>
<td></td>
</tr>
<tr>
<td>273/20</td>
<td>Risk Management Report, Q1</td>
<td>Enc.</td>
<td>177</td>
<td>For noting</td>
<td>Angela Wood, Chief Nurse</td>
<td></td>
</tr>
<tr>
<td>274/20</td>
<td>Quarterly Freedom to Speak Up Guardian’s Report</td>
<td>Enc.</td>
<td>193</td>
<td>For noting</td>
<td>FTSU Guardian</td>
<td></td>
</tr>
<tr>
<td>275/20</td>
<td>Quarterly ‘How We Learn from Deaths’ Report</td>
<td>Enc.</td>
<td>197</td>
<td>For noting</td>
<td>Dr Callum Gardner, Medical Director</td>
<td></td>
</tr>
<tr>
<td>276/20</td>
<td>Revisions to Standards of Business Conduct – minor amendments</td>
<td>Enc.</td>
<td>202</td>
<td>For approval</td>
<td>Anna Milanec, Director of Corporate Affairs / Company Secretary</td>
<td></td>
</tr>
<tr>
<td>277/20</td>
<td>Organ Donation Annual Report</td>
<td>Enc.</td>
<td>236</td>
<td>For noting</td>
<td>Dr Callum Gardner, Medical Director</td>
<td></td>
</tr>
</tbody>
</table>

**Board Governance**

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Report</th>
<th>Type</th>
<th>Page</th>
<th>Reviewer</th>
<th>Noting/Approval</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>278/20</td>
<td>Escalations from the Council of Governors July meeting</td>
<td>Verbal</td>
<td>-</td>
<td>For noting</td>
<td>Martin Havenhand, Chairman</td>
<td></td>
</tr>
<tr>
<td>279/20</td>
<td>Any other business</td>
<td>-</td>
<td>-</td>
<td>For approval</td>
<td>Martin Havenhand, Chairman</td>
<td></td>
</tr>
<tr>
<td>280/20</td>
<td>Date of next meeting: Tuesday 6 October 2020</td>
<td>-</td>
<td>-</td>
<td>For noting</td>
<td>Martin Havenhand, Chairman</td>
<td></td>
</tr>
</tbody>
</table>

*In accordance with §152(4) of the Health and Social Care Act, 2012, a copy of this agenda has been provided to Governors prior to the Board Meeting*
Present: Mr M Havenhand, Chairman  
Miss N Bancroft, Non-Executive Director  
Mr J Barnes, Non-Executive Director  
Mr G Briggs, Chief Operating Officer  
Mrs H Craven, Non-Executive Director  
Mr M Edgell, Non-Executive Director  
Dr C Gardner, Executive Medical Director  
Mr S Hackett, Interim Director of Finance  
Ms L Hagger, Non-Executive Director  
Dr R Jenkins, Chief Executive  
Mr S Ned, Director of Workforce  
Dr R Shah, Non-Executive Director  
Mr M Smith, Non-Executive Director  
Ms A Wood, Chief Nurse  
Mr M Wright, Deputy Chief Executive  

In attendance: Mr A Brammer, Divisional Director, Clinical Support  
Mr J Garner, Divisional Director, Surgery  
Dr P Jha, Divisional Director, Medicine  
Ms A Milanec, Director of Corporate Affairs / Company Secretary  
Dr J Reynard, Interim Divisional Director, Urgent and Emergency Care  
Miss D Stewart, Corporate Governance Manager (minutes)  
Mrs G Willers, Interim Divisional Director Family Health  

Apologies: Mr S Sheppard, Director of Finance  

Observers: Mr G Rimmer, Lead Governor  
Mrs L Reid, Head of Governance  

218/20 CHAIRMAN’S WELCOME AND APOLOGIES FOR ABSENCE

The Chairman welcomed all present with any apologies having been noted.

Mr Havenhand on behalf of the Board took the opportunity to congratulate Mr Brammer on his appointment as a Divisional Director.

It was noted that the Chief Nurse and Executive Medical Director had been called to attend a number of urgent meetings which would require the running order of the agenda to be amended.

It was noted that as national guidance regarding the COVID-19 pandemic had not significantly changed, virtual meetings of the Board of Directors would continue until further notice.
The Board once again thanked Trust colleagues for the care they continue to provide, and their commitment to our patients during the pandemic. The public’s appreciation was being shown through their support of the Rotherham Superheroes Campaign, and the NHS 72nd birthday celebrations held over the previous weekend.

219/20 DECLARATIONS OF CONFLICTS OF INTERESTS

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

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

Mr Hackett’s interest, in terms of his joint role as interim Director of Finance at the Trust and substantive Director of Finance at Rotherham Doncaster and South Humber (RDaSH) NHS Foundation Trust, was noted.

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

220/20 PATIENT STORY

The Board of Directors received the patient story, which related to a member of staff diagnosed and successfully treated for COVID-19. After a lengthy stay in hospital on both the COVID ward and Intensive Care Unit, the member of staff had recovered and now returned to work.

PROCEDURAL ITEMS

221/20 MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 2 June 2020 were agreed as a correct record subject to one correction:

Quality Report minute 189/20(a) third paragraph, second line, ‘criterion’ to be replaced with ‘criteria’.

222/20 MATTERS ARISING FROM THE PREVIOUS MEETING

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

223/20 ACTION LOG

The Board of Directors considered its action log and agreed that numbers 28 and 30-34 could be closed. Log numbers 27 and 29 would remain open.
The Board of Directors received the report from the Chairman.

Mr Havenhand took the opportunity to highlight the work of the Governors’ Member Engagement Group which had recently been established.

Following the March / April 2020 Public Governors elections, a number of vacancies had remained, and in order to ensure a full complement of Public Governors, a decision had been taken by Governors to hold a second round of elections. These would commence on 30 July 2020, with the results to be declared in late September 2020. The Member Engagement Group had considered the mechanisms to engage with the membership, and the wider population of Rotherham, to promote the elections and raise the profile of the role of Governor.

The Group had also discussed revisions to its terms of reference for consideration at the July Council of Governors meeting.

The Board of Directors noted the report.

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

Dr Jenkins highlighted the Black Lives Matter section of his report, indicating that half of the next Team Brief session would be given over as a listening event to take on board the views of colleagues from across a range of characteristics, broader than ethnicity.

Also appended to the report was the South Yorkshire and Bassetlaw Integrated Care (ICS) System Chief Executive Report, which provided an update of activities within the ICS.

Mr Edgell questioned the steps being taken by the ICS to create a larger recruitment pool and to avoid competition between organisations. Dr Jenkins commented that whilst in reality staff may move between organisations for career progression, the role of the ICS should be to promote the region and provide attractive role opportunities.

Ms Wood confirmed that prior to COVID-19 she had been leading the ICS work in relation to nurse recruitment. Whilst this work had paused in recent months, it was now resuming in a number of areas, such as overseas recruitment, trainee and nursing associates, and discussions with local universities.

Additionally, Mr Ned explained that the ICS Workforce Directors were looking at working collaboratively rather than competitively, and were engaging with institutions such as schools to outline the numerous career opportunities within the NHS.
To ensure that the Board received timely information, the ICS report would be circulated to Board members as soon as it was received by the Trust. To retain transparency to the local population it would also continue to be attached to the Chief Executive Report, albeit due to the timing of the Board, it may be one month behind.

**ACTION – Chief Executive**

In terms of COVID-19 it was confirmed that recovery plans were being regionally co-ordinated, with such activities as the local stress testing workshop.

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

**226/20 NATIONAL, INTEGRATED CARE SYSTEM AND INTEGRATED CARE PARTNERSHIP REPORT**

The Board of Directors received the National, Integrated Care System (ICS) and Integrated Care Partnership (Place) Report from the Deputy Chief Executive.

The ICS stress testing, which had been supported by military colleagues, had taken place with the scenario of a second spike in COVID-19 cases combined with the winter flu.

Mr Havenhand observed from the report that the spirit of cooperation and collaboration continued across the Place, and anticipated that this would continue beyond the pandemic.

In terms of COVID-19 patients and their long term rehabilitation, Dr Jha confirmed that patient pathways were being developed based upon national guidance.

The Board of Directors noted the update report.

**OPERATIONAL PERFORMANCE 227/20 COVID-19 REPORT**

The Board of Directors received the report which detailed the comprehensive actions taken by the Trust in response to COVID-19 and to continue delivery of other areas of essential care.

Mr Briggs outlined a number of steps being taken in moving towards the recovery phase. These included implementing the pathways and protocols developed in conjunction with Rotherham Commissioning Group in order to utilise Breathing Space.

In terms of the ‘super stranded’ patients it was explained that this was national terminology to categorise those patients requiring ongoing healthcare provision. The green rating assigned to the action to ‘Continue to discharge all hospital in patients who are medically fit to leave’, which included those super stranded patients, was correct.

Dr Shah questioned the readmission rates during the pandemic, with Mr Briggs explaining that whilst there had been an increase in the early stages, current
rates, as detailed in the Integrated Performance Report, now stood at around 9%.

Discussions were ongoing with Family Health and the Urgent and Emergency Care Centre (UECC) to return the UECC environment back to some normality.

The Board of Directors noted the report in the continuing challenged national and local environment.

**MONTHLY INTEGRATED PERFORMANCE REPORT**

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

The Board noted that the report was being presented in its new format which provided a greater detail on each target.

**QUALITY REPORT**

The Board of Directors received the Quality Report presented by the Chief Nurse and Executive Medical Director.

Ms Wood highlighted that appended to the report was the Infection Prevention and Control Board Assurance Framework. This voluntary framework from NHS Improvement / England identified the practices which should be in place for the management of COVID-19. A previous version of the framework had been presented to the Quality Committee.

The Board acknowledged that seeking external assurance on working practices, such as the framework, provided valuable information, with Ms Wood adding that regular discussions were also held with external regulators, local and national networks, to assess performance. Additionally, Public Health England had complimented the Trust on its infection control practices, with the team pre-empting national guidance requirements. Dr Gardner commented that consideration was also to be given to a reciprocal peer review with colleagues at Barnsley.

In terms of nurse staffing, Ms Wood was pleased to report that thirty nine nursing students who had been on paid placements at the Trust during COVID-19, had accepted a substantive role once they qualified in September 2020. This was as testament of the positive experience, and support, they had received whilst at the Trust.

Whilst Care Quality Inspections had been postponed during the pandemic, Dr Gardner confirmed that the Trust continued its preparations, including progressing the ‘must do’ and ‘should do’ actions from previous visits.

The Board of Directors, as identified by Ms Hagger, acknowledged the continued and sustained performance during the pandemic for Looked after Children, with 90% of initial health assessments completed within the statutory 20 working days.
As Chair of the Quality Committee, Mr Edgell expressed his continued concern regarding the mortality position. Whilst, notwithstanding the actions being taken to improve the position, and the benchmarking with other Trusts, he considered that the denominator remained above 100.

Dr Gardner confirmed that activity continued in a number of areas such as case mix and quality of care, in addition to specific discussions with the Division of Medicine. Steps were being taken to increase the number of Medical Examiners and Medical Examiner Officers in order to provide greater resilience within the team, with Dr Kelly to continue as the Lead Medical Examiner. The aim remained to be a Trust whose mortality rates were better than the average.

The Board of Directors noted the Quality Report.

228/20(b) OPERATIONAL PERFORMANCE REPORT

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

Mr Briggs explained that, as anticipated, performance across a number of operational metrics had deteriorated due to COVID-19. The one exception being urgent and emergency care where there had been improvement against the standards as a result of reduced attendance rates.

Some operational services were beginning to resume activities, with diagnostics metrics likely to recover quicker than others.

In terms of cancer, all patients on the waiting list had been reviewed with diagnostics and surgery having been undertaken in some cases. The unvalidated month one position against the 62-day target stood at 71.3%. It was not expected that performance would improve until after quarter two.

Ms Hagger specifically sought clarity as to the position within Ophthalmology services. Mr Briggs indicated urgent and emergency services remained in place for this service supported by virtual reviews due to the proximity challenges between the patient and clinician which required complex personal protective equipment. Mr Garner further explained that eyelid cancers had continued to be treated. However, there was a backlog of cataract cases which should not result in any long term or significant detrimental effects from the delay.

Miss Bancroft questioned as the Trust began to resume normal activities whether consideration had been given on a quarter by quarter basis as to what success looked like with provision of benchmarking data. Mr Briggs agreed that he would discuss the matter further with Mr Wright and the Director of Strategy, Planning and Performance, Strategy and Transformation.

ACTION – Chief Operating Officer

The Board of Directors noted the report.
The Board of Directors received the Workforce Report presented by the Director of Workforce.

Mr Ned reported that sickness absence rates, excluding those associated with COVID-19, had improved in month and stood at 3.61%.

Since the time of writing the report, Mr Ned indicated that further national communication had been received requesting that Trusts publish the number of Black, Asian and Minority Ethnic (BAME) risk assessments in response to COVID-19 had been undertaken. Whilst the Trust had written to all colleagues who had identified themselves as BAME highlighting the new risk assessment framework, uptake by individuals was not a mandatory requirement. Follow up contact was being made with any declining of the offer being noted. It was not clear if the national target of 100% related to contact having been made to BAME colleagues, or completion of 100% risk assessments.

In terms of e-roster, the number of hours owed metric continues to decrease.

Dr Gardner highlighted that in order to improve Mandatory and Statutory Training compliance for Medical and Dental staff, there was a requirement for relevant data to be provided to the Clinical Leads. Whilst Mr Ned confirmed that information was provided to the Divisions, there was a requirement for the Divisions and corporate areas to appropriately cascade information to relevant officers. Mr Havenhand requested that the Divisional Directors ensure that the information was appropriately circulated.

The Board of Directors noted the Workforce Report.

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

Mr Hackett confirmed that at the end of month two the Trust had a deficit of £7k after taking account of COVID-19 related expenditure of £3.5m. Block contract arrangements with the Commissioners would be in place for four months, resulting in £19m each month which supported the cash position.

There was an overspend in terms of capital expenditure of £601k which included COVID-19 related expenditure of £894K. It was anticipated that this expenditure would be approved and funded nationally, bringing capital back within plan.

The current run was £22m per month, with this expected to increase once normal activities resumed.

At this time, national guidance was still awaited regarding the financial regime beyond month four. However, it was anticipated that there would be a requirement to plan based upon a number of scenarios. Once more information...
was available it would be considered by the Executive Team, Finance and Performance Committee and ultimately the Board.

In terms of the control measures established to address matters which had adversely affected the 2019/20 year end outturn, Mr Hackett confirmed that positive progress was being seen in terms of pay costs. Additional controls had also been established in terms of cash and capital expenditure.

The Board of Directors noted the Finance Report which would continue to be closely monitored.

**229/20 QUALITY PRIORITIES**

The Board of Directors received the report which detailed the Quality Improvement Priorities for 2020/21, which had been further reviewed and rationalised following the discussion at the June 2020 meeting.

The Board welcomed the streamlined and focussed set of objectives, whilst noting that those removed as a priority would be progressed through other routes.

Mr Edgell supported the revised approach being taken, with the outcomes required to positively impact on the quality of care provided to patients with clear metrics to measure success.

It was considered that for some priorities it may be easier to demonstrate success, for other outputs it may be through other indirect measures such as the staff survey and staff sickness levels.

It was suggested by Mrs Craven that the priorities should also encompass improvements in the same areas within the community setting, with progress monitored for this service.

Mr Smith highlighted the requirement to capture mental health as part of the priority to ensure that ‘staff have the knowledge and training to give excellent care to patients with a learning disability and autism’.

The Board of Directors approved the Quality Improvement Priorities for 2020/21.

**230/20 ASSURANCE COMMITTEE UPDATES**

The Board noted the verbal update provided by the Non-Executive Director Chair following the Board Assurance Committees held in June 2020:

i. There had been no meeting of the Audit Committee in June.

ii. The People Committee reported that they would be commencing a rolling programme of attendance by each Division and tracking milestones.

iii. The Finance and Performance Committee would for future meetings be monitoring the run rate, as unless the Trust was funded differently, this would lead to a deficit. Capital would also be a further area of focus.
iv. The Quality Committee appreciated completion of the NHS Improvement / England Infection Prevention and Control Board Assurance Framework. Concern remained regarding mortality, although the Committee acknowledged that work continued to improve the Trust’s position. Another area of concern was timely completion of Serious Incident investigations and implementation of learning.

ASSURANCE FRAMEWORK
231/20  GOVERNANCE REPORT

The Board of Directors received and noted the Governance Report presented by the Director of Corporate Affairs/Company Secretary.

232/20  ANNUAL REVIEW OF RISK MANAGEMENT AND APPETITE

The Board of Directors received the report presented by the Chief Nurse which outlined the annual review of risk management including the risk appetite.

The report provided the detail of the action plans, including the Care Quality Commission and 360 Assurance Internal Audit Review, and progress being made in terms of the recommendations. Miss Bancroft commended the progress being made and highlighted that in order to provide additional assurance, it would be beneficial to have some form of information to demonstrate the resulting effectiveness and benefits being seen.

Following identification by Dr Jenkins it was acknowledged that in the Risk Appetite Statement, the wording in the risk appetite column was not consistent with the risk appetite score 2020/21 column. Ms Wood apologised and confirmed that the risk appetite scores were correct, as was the wording. However, ‘low’ or ‘moderate’ had not been updated following the review. This would be corrected.

**ACTION – Chief Nurse**

The Board of Directors noted the report and approved the risk appetite for the next twelve months.

Mr Havenhand commented that it had been agreed that the ICS would in due course share the risk appetite for each organisation.

233/20  POLICY FOR MANAGEMENT OF CONCERNS AND COMPLAINTS

The Board of Directors received the Policy for Management of Concerns and Complaints.

Ms Wood confirmed that the Policy had been revised to reflect new structures and remained in line with national guidance and response timeframes.

Dr Shah raised a number of matters relating to the sections 4.6 (concerns and complaints excluded from the scope of this policy) and 4.7.2 (concerns or complaints that include a Never Event or Serious Incident) which he would
Mr Edgell, in supporting the content of the policy suggested that the introduction state more positively that the Trust welcomed feedback from its users as a means to improve services, currently that section reflected more on legislation.

The policy would be further amended to include the comments from Board colleagues and ensure that job titles and committee names reflected the current position.

The Board of Directors approved the Policy for Management of Concerns and Complaints. Once the suggested revisions were undertaken, the final version would be circulated to the Board for information.

ACTION – Chief Nurse

**REGULATORY AND STATUTORY REPORTING**

<table>
<thead>
<tr>
<th>234/20</th>
<th>QUARTERLY RESPONSIBLE OFFICER REPORT</th>
</tr>
</thead>
</table>

The Board of Directors received the quarterly Responsible Officer Report.

Dr Gardner reported that due to COVID-19, nationally the appraisal and revalidation process had been paused. However, where possible this had continued within the Trust.

From the 1 June 2020, the Executive Medical Director had resumed the role of Responsible Officer, and would continue to be supported by Dr Cooper, the former interim Responsible Officer, until her retirement in March 2021.

The Board of Directors formally approved the Executive Medical Director taking formal responsibility as the Responsible Officer with effect from 1 June 2020.

Mr Havenhand indicated that he would formally write to Dr Cooper to express the Board’s appreciation for her having undertaken the role of interim Responsible Officer.  

ACTION - Chairman

The Board of Directors noted the quarterly report.

<table>
<thead>
<tr>
<th>235/20</th>
<th>RESPONSIBLE OFFICER’S ANNUAL REPORT AND STATEMENT OF COMPLIANCE</th>
</tr>
</thead>
</table>

The Board of Directors received the Responsible Officer’s Annual Report and statement of compliance.

Dr Gardner identified the key points from the annual report to be the significant investment in training to support the Responsible Officer role, which in some cases had been delayed due to COVID-19.

Looking to the current year, Dr Gardner confirmed that late appraisals would require the specific approval of the Responsible Officer. Interviews would also be held in the coming weeks to increase the number of appraisers.
The Board of Directors approved the Annual Report and Statement of Compliance which would be signed by either the Chief Executive or Chairman.

**ACTION – Executive Medical Director**

**236/20 QUARTERLY GUARDIAN OF SAFE WORKING REPORT**

The Board of Directors received the quarterly report from the Guardian of Safe Working.

Dr Gardner explained that as a result of COVID-19 the British Medical Association and NHS Employers had agreed to default to the 1998 Working Time Regulations for junior doctors. Three exception reports had been submitted and there had been no fines imposed during the quarter.

Junior doctors, who were commended for having been flexible and adapting to changed circumstances during the pandemic, continued to be supported with the Junior Doctors Forum meeting having resumed, albeit virtually.

The Board of Directors wished to place on record its appreciation to the junior doctors whose conduct during COVID-19 had been exceptional.

The Board of Directors noted the report.

**BOARD GOVERNANCE**

**237/20 REGISTER OF SEALING**

The Board of Directors received and noted the report which detailed that the Trust Seal had not been used since the last report to the Board in February 2020.

**238/20 REGISTER OF INTEREST**

The Board of Directors received and approved the six monthly review of the Register of Interest.

**239/20 ANY OTHER BUSINESS**

There were no items of any other business.

**240/20 DATE OF NEXT MEETING**

The next meeting of the Board of Directors would be held on 4 August 2020.

Before closing the meeting, the Chairman asked the Lead Governor, who was observing the meeting, if he had any comments or questions relating to the business which had been conducted. The Lead Governor confirmed that there was nothing he wished to raise.

Martin Havenhand
Chairman
date
## Board Meeting: Public action log

<table>
<thead>
<tr>
<th>Log No</th>
<th>Meeting Date</th>
<th>Report/Agenda title</th>
<th>Minute Ref</th>
<th>Agenda item and Action</th>
<th>Lead Officer</th>
<th>Timescale/Deadline</th>
<th>Comment/ Feedback from Lead Officer(s)</th>
<th>Open / Close</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>02-Jun-20</td>
<td>People Strategy</td>
<td>186/20</td>
<td>&quot;Plan on a page&quot; to be developed (to support divisions and other stakeholders)</td>
<td>DoW</td>
<td>31-Aug-20</td>
<td></td>
<td>Open</td>
</tr>
<tr>
<td>29</td>
<td>02-Jun-20</td>
<td>Digital Strategy Report</td>
<td>190/20</td>
<td>Future reports to include examples of new ways of working as a result of COVID-19.</td>
<td>DECO</td>
<td>06-Oct-20</td>
<td></td>
<td>Open</td>
</tr>
<tr>
<td>35</td>
<td>07-Jul-20</td>
<td>Chief Executive Report</td>
<td>225/20</td>
<td>South Yorkshire and Bassetlaw integrated Care System CEO Report to be circulated to board members once received, to ensure more timely receipt.</td>
<td>Co Sec</td>
<td>immediate</td>
<td>Noted, will commence in August</td>
<td>Recommend to close</td>
</tr>
<tr>
<td>36</td>
<td>07-Jul-20</td>
<td>Operational Performance Report</td>
<td>228/20</td>
<td>As the Trust resumes normal business, what does operational success look like on a quarter by quarter basis? Discuss with DCEO and Director of Strategy, Planning &amp; Performance.</td>
<td>COO</td>
<td>04-Aug-20</td>
<td>Weekly and monthly discussions with NHSE/I. Following the latest national improvement plans. BAU will be different from before the pandemic and clarity from NHSE at the moment is limited. The forward view will be included in the operational report whilst we work through the plans and national standards.</td>
<td>Recommend to close</td>
</tr>
<tr>
<td>37</td>
<td>07-Jul-20</td>
<td>Risk Appetite Report</td>
<td>232/20</td>
<td>Minor anomalies with inconsistent scoring to be rectified.</td>
<td>ChN</td>
<td>immediate</td>
<td>Completed.</td>
<td>Recommend to close</td>
</tr>
<tr>
<td>38</td>
<td>07-Jul-20</td>
<td>Policy for Management of Concerns and Complaints</td>
<td>233/20</td>
<td>Matters relating to sections 4.6 and 4.7.2 of the policy to be discussed by Dr Shah (NED) with the Chief Nurse outside of the meeting and to be resolved</td>
<td>ChN</td>
<td>04-Aug-20</td>
<td>Feedback given and the issue resolved</td>
<td>Recommend to close</td>
</tr>
<tr>
<td>39</td>
<td>07-Jul-20</td>
<td>Policy for Management of Concerns and Complaints</td>
<td>233/20</td>
<td>Once any minor amendments to the Policy be made (arising from the action above) a revised version to be sent to Board Members.</td>
<td>ChN</td>
<td>04-Aug-20</td>
<td>Complete, and will be circulated w/c 3 August 20.</td>
<td>Open</td>
</tr>
<tr>
<td>40</td>
<td>07-Jul-20</td>
<td>Responsible Officer's Quarterly Report</td>
<td>234/20</td>
<td>Chair to write to Dr Alison Cooper to express the Board's appreciation of her support for having agreed to undertake the role of Interim Responsible Officer, which was now taken up by Dr Callum Gardner.</td>
<td>Chair</td>
<td>04-Aug-20</td>
<td>Letter to Dr Cooper written and sent</td>
<td>Recommend to close</td>
</tr>
<tr>
<td>41</td>
<td>07-Jul-20</td>
<td>Responsible Officer's Annual Report and submission</td>
<td>235/20</td>
<td>Annual Report and Statement of Compliance to be signed off by Chair or Chief Executive.</td>
<td>MD</td>
<td>04-Aug-20</td>
<td>Complete, signed by CEO</td>
<td>Recommend to close</td>
</tr>
<tr>
<td>Agenda item</td>
<td>264/20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report</td>
<td>Public Report from the Chairman</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Lead</td>
<td>Presenter: Martin Havenhand, Chairman</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Link with the BAF</td>
<td>The Chairman’s report reflects various elements of the BAF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purpose</td>
<td>Decision</td>
<td>To note</td>
<td>Approval</td>
<td>For information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Executive Summary (including reason for the report, background, key issues and risks)**

The report covers the following issues:

- Decisions taken Council of Governors meeting held on 15th July 2020
- Board Assurance Committee proposed membership changes for 2020/21
- NHS North East and Yorkshire Roadshow meeting held on 23rd July 2020
- NHS Providers and Chairs and CEOs’ Meeting held on 7th July 2020
- Integrated Care System for South Yorkshire and Bassetlaw (ICS – SY&B) meeting to be held on 3rd August.

**Recommendations**
The Board is asked to approve the proposed board membership changes as contained in appendix 1 to this report.

**Appendices**
Board Assurance Committee membership for 2020/21
1.0 Introduction

1.1 This report provides an update since the last Board Meeting on 7 July 2020.

2.0 Council of Governors

2.1 The Council of Governors held their quarterly Council Meeting by Zoom, on 15 July 2020.

2.2 Included in the important decisions made at the Council were:
   - Approval of re-appointment of Lead Governor – Gavin Rimmer for 2020/21
   - Ratifying the re-appointment of Joe Barnes as the Senior Independent Director (SID) for 2020/21 (first approved by the Board of Directors);
   - Approval of the Interim Chief Executive’s extension until September 2021;
   - Approval of the re-appointment of Joe Barnes, Non-Executive Director, from October 2020 to 2021 until September 2021; and
   - Approval of the appointment of external auditors, to serve from 1 October 2020 for a three-year appointment (30 September 2023), with an option to extend for one year.

2.3 Information regarding the new Governor elections, nominations which opened on 30 July 2020 and run to 14 August 2020, was also provided. The Trust has eleven vacant public seats at the moment, and it is hoped, with the extra focus provided by the Governors’ Member Engagement Group, that a number of appointments will be made.

2.4 Changes in regulatory deadlines relating to the Annual Report and Accounts, the Quality Report and Quality Account, were also provided to Governors with up to date information that had been received throughout the COVID-19 pandemic.

2.5 And the Board approved quality priorities for 2020/21 were also noted by Governors at the meeting.

3.0 Board Assurance Committee proposed membership changes

3.1 Following the annual Non-Executive Director appraisal process there are a number of proposed changes to membership of our 3 assurance committees: Quality; Finance and Performance; and People. Attached at Appendix 1 is the revised Board Assurance Committee membership for 2020/21.

4.0 NHS North East and Yorkshire Roadshow

4.1 A virtual regional meeting of Chairs and CEO’s took place on 23 July 2020. The meeting, chaired by Richard Barker (NHSI North East and Yorkshire Regional Director), also included presentations from Simon Stevens (NHS Chief Executive), Amanda Pritchard (NHS Chief Operating Officer), Julian Kelly (NHS Chief Financial Officer) and Prerana Issar, (NHS Chief People Officer).
5.0 NHS Providers and Chairs and CEOs’ Meeting

5.1 A virtual meeting of the NHS Providers Chairs and CEOs’ meeting took place on 7 July 2020.

5.2 In addition to receiving a policy and strategic update, provided by the Deputy Chief Executive of NHS Providers, Saffron Cordery, Amanda Pritchard, the Chief Operating Officer of NHSE/I, provided an update from a national perspective,

6.0 Integrated Care System for South Yorkshire and Bassetlaw (ICS – SY&B)

6.1 The ICS – SY&B Committees in Common is being held on Monday 3rd August and a verbal update on any key issues will be provided at the board meeting

Martin Havenhand
Chairman
July 2020
### Appendix 1

#### Board Committee Membership 2020/2021 (August 2020)

<table>
<thead>
<tr>
<th>Board Committee</th>
<th>Non-Executive Directors</th>
<th>Executive Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Martin Havenhand</td>
<td>Chief Executive</td>
</tr>
<tr>
<td></td>
<td>Mark Edgell</td>
<td>Deputy Chief Executive</td>
</tr>
<tr>
<td></td>
<td>Mike Smith</td>
<td>Medical Director</td>
</tr>
<tr>
<td></td>
<td>Joe Barnes</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td></td>
<td>Lynn Hagger</td>
<td>Chief Nurse</td>
</tr>
<tr>
<td></td>
<td>Heather Craven</td>
<td>Director of Workforce</td>
</tr>
<tr>
<td></td>
<td>Rumit Shah</td>
<td>Director of Finance</td>
</tr>
<tr>
<td></td>
<td>Nicola Bancroft</td>
<td>Company Secretary</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit Committee</td>
<td>VC M Chair</td>
<td>EL* Attendee</td>
</tr>
<tr>
<td>Finance &amp; Performance Committee</td>
<td>M VC M Chair</td>
<td>M Attendee M EL</td>
</tr>
<tr>
<td>Quality Committee</td>
<td>VC M Chair</td>
<td>M Attendee EL</td>
</tr>
<tr>
<td>People Committee</td>
<td>Chair M VC M</td>
<td>M Attendee EL*</td>
</tr>
<tr>
<td>Nomination Committee</td>
<td>M Chair VC M</td>
<td>M Attendee EL*</td>
</tr>
<tr>
<td>Remuneration Committee</td>
<td>Chair M VC M</td>
<td>M Attendee EL*</td>
</tr>
<tr>
<td>Charitable Funds Committee</td>
<td>Chair M VC M</td>
<td>M EL</td>
</tr>
</tbody>
</table>

#### Notes:

1. Executive ‘attendees’ do not count towards the quorum and neither are they voting members. It is not expected that they will provide regular reports to the committee. However, it is envisaged that their attendance will bring greater depth and understanding to support the assurance role of the committee.
2. The Chairman or Chief Executive may attend any committee meeting as an ex officio, non-voting attendee.
3. The Company Secretary may attend any committee meeting as part of their governance role.
4. EL* = non-member, non-voting committee lead Executive.
5. First four committees on the chart = assurance committees.
6. Charitable Funds Committee included for information – requires approval of Corporate Trustee.
<table>
<thead>
<tr>
<th>Agenda item</th>
<th>265/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report</td>
<td>Report from the Chief Executive</td>
</tr>
<tr>
<td>Executive Lead</td>
<td>Presenter:  Dr Richard Jenkins, Chief Executive</td>
</tr>
<tr>
<td>Link with the BAF</td>
<td>The Chief Executive’s report reflects various elements of the BAF</td>
</tr>
<tr>
<td>Purpose</td>
<td>Decision</td>
</tr>
<tr>
<td>Executive Summary</td>
<td>This report addresses the following issues:</td>
</tr>
<tr>
<td>(including reason for the report, background, key issues and risks)</td>
<td>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. The items are not reported in any order of priority.</td>
</tr>
<tr>
<td>Recommendations</td>
<td>The Board is asked to note this report.</td>
</tr>
<tr>
<td>Appendices</td>
<td>1. ICS CEO Update Report for July 2020</td>
</tr>
</tbody>
</table>


1.0 **Covid-19**

1.1 **Phase 2 recovery**

The Trust has continued to deliver its recovery programme in line with the national and local requirements. Non-elective activity has increased and bed occupancy is returning towards normal levels. Numbers of COVID-19 positive inpatients have fallen significantly and at the time of writing, there were only 6 inpatients with active COVID disease. The ICU has been moved back to its usual location and currently has no COVID patients.

1.2 **Phase 3**

The Trust anticipates receiving the Phase 3 national response letter over the next few days and if so, it will be circulated prior to Trust Board.

1.3 **Risk assessments for vulnerable staff**

All staff at higher risk from COVID-19 have been encouraged to have a risk assessment completed, including BAME colleagues. The Trust will be reporting on compliance against this on 31st July.

1.4 **COVID-19 hospital consolidation**

With the falling numbers of cases, the ICS is looking to move to having one single site to manage future COVID-19 patients to ensure expertise is concentrated and research can continue into new treatments. It’s likely that this will be implemented from the second half of August with the regional Infectious Diseases unit at the Royal Hallamshire Hospital being the lead site.

1.5 **Capital support**

The Trust has been notified of potential additional capital monies of £7.12m.

2.0 **Care Quality Commission Inspection**

2.1 The Trust underwent an inspection of children’s pathways on 7-9th July 2020. Staff were extremely flexible and supported the CQC team. A draft report is expected in due course.

3.0 **Opening of the new Greenoaks unit**

3.1 I had the pleasure of opening the new Greenoaks facility on 28th July. The Estates team have done a fabulous job of getting the new unit refurbished and the Women’s service staff are rightly very pleased that they now have a facility that reflected the quality of care they deliver. The Advertiser have covered the unit opening so hopefully our local population will be aware of the new development.

Dr Richard Jenkins  
Interim Chief Executive  
Aug 2020
# CHIEF EXECUTIVE REPORT

**July 2020**

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Andrew Cash, Chief Executive Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsor</td>
<td>Andrew Cash, Chief Executive Officer</td>
</tr>
<tr>
<td>Is your report for Approval / Consideration / Noting</td>
<td>For noting and discussion</td>
</tr>
</tbody>
</table>

## Links to the STP (please tick)

<table>
<thead>
<tr>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce inequalities</td>
</tr>
<tr>
<td>Standardise acute hospital care</td>
</tr>
<tr>
<td>Create financial sustainability</td>
</tr>
<tr>
<td>Join up health and care</td>
</tr>
<tr>
<td>Simplify urgent and emergency care</td>
</tr>
<tr>
<td>Invest and grow primary and community care</td>
</tr>
<tr>
<td>Develop our workforce</td>
</tr>
<tr>
<td>Treat the whole person, mental and physical</td>
</tr>
<tr>
<td>Use the best technology</td>
</tr>
<tr>
<td>Work with patients and the public to do</td>
</tr>
</tbody>
</table>

## Are there any resource implications (including Financial, Staffing etc)?

N/A

## Summary of key issues

This monthly paper from the System Lead of the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) provides a summary update on the work of the SYB ICS for the month of June 2020.

## Recommendations

The SYB ICS Health Executive Group (HEG) partners are asked to note the update and Chief Executives and Accountable Officers are asked to share the paper with their individual Boards, Governing Bodies and Committees.
South Yorkshire and Bassetlaw Integrated Care System

CHIEF EXECUTIVE REPORT

July 2020

1. Purpose

This paper from the South Yorkshire and Bassetlaw Integrated Care System Lead provides an update on the work of the South Yorkshire and Bassetlaw Integrated Care System for the month of June 2020.

2. Summary update for activity during June 2020

2.1 Coronavirus (Covid-19): The South Yorkshire and Bassetlaw position

There continues to be an ongoing decline in new cases, including the number of Covid-19 cases in South Yorkshire and Bassetlaw. This sustained reduction in new cases allows the system to firmly look ahead towards Phase Three from August 2020 to April 2021 - resetting the NHS.

There are a number of key concerns for health leaders as the NHS recovery process looks to restore services. Issues raised include restoring the NHS amidst workforce challenges, potential lengthening of waiting lists, and strict infection control measures – all of which will significantly impede capacity.

Supplies of Personal Protective Equipment (PPE) have improved significantly, particularly sterile gowns and sterile gloves and alternative suppliers through the support of Heads of Procurement have been sourced. General PPE continues to improve though there remain some concerns about the supply of PPE in Primary Care, and this remains a high priority.

PCR testing (testing of swabs to see if people have the virus) continues to be in a strong position. SYB labs have capacity to undertake testing of NHS and social care patients and staff. In addition, members of the public with symptoms have access to swabbing via the regional testing sites at Doncaster Airport and Meadowhall as well as via the mobile testing units (MTUs) that are sited most days at Barnsley County Way, Rotherham AESSEAL stadium and Dearne Valley Leisure Centre. The MTU at Meadowhall continues to be one of the five busiest in England, typically undertaking more than 400 swabs per day.

For antibody testing, approximately 50% of all NHS staff in SYB have now been tested (up to 22nd June) although this varies between each of SYB’s five Places; Doncaster and Bassetlaw were first to have the analytical capacity in the lab and most staff there have been tested.

With regards to the NHS reset, there is now a very strong case being considered for returning to fewer hospital Covid treatment sites in SYB. This would see the scale-down of the Covid surge capacity response, mirroring the original scaling up in March. At the same time, partners are now resuming some services, focusing on clinical priorities for those who most urgently require treatment. Cancer care continues to be one of the main priorities in SYB’s system recovery plans and partners are working to review and reprioritise patients.

The System also has a role in supporting reset in the community. Working with partners in primary care and the community there is a need to ensure that population health and the needs of our communities post-Covid are understood and supported. This includes the plans that are underway for how to manage the follow-up and rehabilitation needs of patients who have had Covid.

Each of SYB’s Local Authorities has a robust Local Outbreak Plan which is supported by a regular flow of data and led by Directors of Public Health. With the recent further easing of lockdown
measures at the beginning of July, partners’ Plans took into account the potential for increase in demand, particularly in relation to urgent and emergency services.

2.2 National update

On June 9th, there was a joint session between ICS and STP Independent Chairs and Executive leaders with senior colleagues at NHSE where the future of system working was discussed. The event was one of a broader conversation on the future of systems, alongside further opportunities to be involved in the coming months.

2.3 Regional Update

The North East and Humber Regional ICS Leaders continue to meet weekly with the NHS England and Improvement Regional Director to discuss where support during Covid-19 should be focused. Discussions during June focused on improving BAME inclusion, outbreak management arrangements, support for care homes, supporting urgent and emergency care as public confidence returns and planning for Phase Three.

2.4 Planning for Phase 3 and Phase 4

Further NHS planning guidance and a financial framework are expected in mid-July. A first draft SYB System Plan, which is an amalgamation of all five Place Plans, is currently in development. It takes into account constraints such as workforce, estates management, infection control and PPE while also incorporating examples of best practice in SYB and nationally. There will be a final submission at the end of July.

To support the planning process, a workshop to stress test the restoration of broader health and sustainment of care services in a COVID environment with partners took place on June 1st. This valuable exercise explored four possible scenarios across Places, offering opportunities for colleagues across health and care to analyse local plans in order to make improvements. Feedback from the session was very positive, with the learning now being built into local plans.

2.5 Identifying and embedding transformational change across SYB and capturing learning from the Covid-19 crisis

The ICS Programme Management Office is working with the Yorkshire and Humber Academic Health Science Network to capture views of senior leaders and colleagues from across SYB’s health and social care organisations to feed into the joint project: ‘Identifying and embedding transformational change across SYB and capturing learning from the Covid-19 crisis’. To accurately capture and understand the innovation that is emerging, views are being gathered from those directly involved in the implementation of the rapid changes through an extensive consultation exercise.

2.6 Cancer update

Cancer care continues to be one of the main priorities in SYB’s system recovery plans. Partners are working to review and reprioritise patients who have previously been on waiting lists. Those patients who have waited for a long time already and are a priority clinically are very much at the forefront of efforts to receive fast-track diagnostic and treatment services.

The results of the recently published NHS England and Improvement commissioned National Cancer Patient Experience Survey saw SYB 2% above the national average in the areas of patients thinking they were seen ‘as soon as necessary’ (86%) and the length of time ‘waiting for tests to be done being about right’ (90%). The survey monitors national progress on the patient’s experience of cancer care and acts as a driver to improve quality at local level. This is strong evidence of the excellent work taking place across SYB.
2.7 Planning for Flu

Modelling for influenza infections in the UK is now starting to take place as preparations for winter get underway, with a recognition that this could occur alongside a further Covid-19 peak. This is firmly on the radar of SYB’s testing cell which has started to devise a winter testing strategy to support the system level planning. Supporting this work will be a system level flu strategy, which will be made up of five Place plans and a SYB Flu Board.

2.8 Accelerating NHS progress on health inequalities during the next stage of COVID recovery

The disproportionate impact on people from Black, Asian and minority ethnic communities, people living in areas of high deprivation and inclusion health groups shows starkly the health inequalities which persist in England today. The NHS Long-Term Plan commits the NHS to addressing health inequalities and much excellent work is underway already, particularly focused on medium and long-term action. But progress needs to be accelerated; responding to and recovering from COVID calls for more focused, additional and immediate actions.

To address this, NHS England and Improvement have established a Task and Finish Group, composed of a range of system leaders and voluntary sector partners, to focus on what specific, measurable actions should be taken by the NHS in the next few months. The Group will take account of feedback and ideas already received from BAME organisations, the VCSE sector, local systems and others.

This work is distinct from but complementary to the dedicated work on the NHS as an employer being led by the Chief People Officer on supporting our BAME NHS staff and implementing the NHS Workforce Race Equality Standard.

In SYB, the response to health inequalities is being taken forward by Workforce Leads, Kevan Taylor and Dean Royles.

2.9 Support for the Centre for Child Health Technology (CCHT)

The Sheffield MPs wrote to the Government to outline their support for a new world class research and innovation facility in Sheffield. The Sheffield Children’s Hospital sponsored Centre for Child Health Technology (CCHT) at the Sheffield Olympic Legacy Park would be a multi-million transformational project supported by regional partners and international businesses including IBM Watson Health, Cannon Medical, Phillips and the South Yorkshire and Bassetlaw Integrated Care System. The site would span over 51,000 square metres, delivering world-class clinical and technical innovations to support children’s health and wellbeing in SYB and beyond.

2.10 Sheffield City Region devolution deal agreed

South Yorkshire’s devolution deal has finally been agreed and brought to the House of Commons. This is a significant step forward for South Yorkshire’s economy and our congratulations go to Dan Jarvis, Mayor of the Sheffield City Region, and his team on this fantastic achievement. Once passed into law, an additional £30million pounds will be allocated to Sheffield City Region for regeneration projects supporting local growth and transformation. This is a great example of partnership working and its long-term impact is likely to shape the lives of the population for years to come.

2.11 Volunteers and Carers

Partners recognised the thousands of carers in SYB during Carers Week (8-14 June). Many of the patients who visit GP surgeries or go into hospital are cared for by a relative or have caring responsibilities themselves. Carers Week was a timely opportunity to thank them for all they do and particularly for their vital role in helping vulnerable people manage their health and care needs during the coronavirus outbreak.
It was also National Volunteers Week 1-7 June. Likewise, volunteers bring significant added value to health and care organisations with their experience and talent and the week was a great opportunity to thank the many thousands of volunteers in South Yorkshire and Bassetlaw for all they do.

3. Finance update

A new national financial framework is being developed to cover the period from August 2020 to March 2021 which is built upon the financial framework adopted for the period from April 2020 to July 2020. This will form part of the planning guidance is due to be released shortly.

The system has submitted capital plans to the region which total £47.1m which cover both the ‘base case’ and ‘stepped up case’ planning assumptions provided for this exercise. Further work is being undertaken to prioritise these schemes if the system is provided with a cash limited financial envelope to cover such expenditure.

From March to July 2020, commissioners and providers have been funded at actual cost to enable a break even position each month. From August 2020 to March 2021 this will be replaced with a cash limited sum which will replace the retrospective top-ups to commissioners and providers to allow them to break even and to reimburse costs associated with COVID 19. The intention is to provide systems rather than organisations with a financial envelope.

Andrew Cash  
System Lead, South Yorkshire and Bassetlaw Integrated Care System

Date: 6 July 2020
<table>
<thead>
<tr>
<th>Agenda item</th>
<th>266/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report</td>
<td>National, Integrated Care System and Rotherham Place Report</td>
</tr>
<tr>
<td>Executive Lead</td>
<td>Michael Wright, Deputy Chief Executive</td>
</tr>
<tr>
<td>Link with the BAF</td>
<td>B11, B12</td>
</tr>
<tr>
<td>Purpose</td>
<td>Decision √ Approval For information</td>
</tr>
</tbody>
</table>

**Executive Summary (including reason for the report, background, key issues and risks)**

The purpose of this report is to provide the Trust Board with an update on national developments and also developments across the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) and Integrated Care Partnership (Rotherham Place).

The key message is that during the COVID-19 emergency, both the ICS and Place partners have continued to collaborate and provide mutual support during these very challenging times.

National guidance is reviewed and discussed, at ICS, Place and Trust level.

The Chairman and Deputy Chief Executive of the Trust attended a roadshow with the Regional and national NHS E/I team.

The Trust also attended and presented at the Health Select Commission (Rotherham).

The whole system continues to focus on the recovery stage of the pandemic as well as planning for future outbreaks.

**Recommendations**

The Board is asked to note the content of this paper.

**Appendices**

None
1.0. **Introduction**

1.1. This report provides an update on national developments, developments across the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) and Integrated Care Partnership (Rotherham Place). As expected, the focus throughout July has continued to be on delivering the most appropriate and coordinated response to the national and global COVID-19 emergency with ever greater focus being placed on the transition into the recovery phase of this response and to a return to the ‘new normal’.

2.0. **National Update**

Throughout July there was further easing of the lock down restrictions in place across England. On 4th July 2020, public house, restaurants, hotels, and other venues could reopen. The government also updated its guidance on the 2m social distancing with a move to a 1m plus model. Grass roots sport could start from 11th July and gyms and indoor pools could reopen on 25th July. The impact of these loosening of restrictions will continue to be monitored nationally.

2.1. At the start of July, Leicester became the first local lockdown within England following a spike in COVID-19 cases. Additional restrictions were put in place, which were enforced by emergency laws, and planned loosening of lock down restrictions were postponed. Subsequently, along with Rotherham, several other local areas have been identified as having higher rates of infection including Sheffield, Barnsley, Wakefield, Kirklees and Bradford from the local area. Due to the infection rate in Rotherham being still too high, testing for COVID-19 for a wide range of people across Rotherham has been implemented to help identify where the virus is and pinpoint any areas where there might be pockets of concern.

2.2. The Trust was required to submit a 9 months’ activity plan to NHS England/Improvement in July. This is expected to be the 1st stage of a formal activity return which is likely to be required in the coming weeks. This will set out the Trust’s anticipated activity as we continue to work towards an increase in elective and non-elective work post COVID-19.

2.3. The NHS Independent Sector contract has been extended until the end of August 2020. There is ongoing discussion at a national level relating to an extension beyond this date.

2.4. Other national advice and guidance continues to be received by the Trust. This has had a focus on service recovery. This guidance is received, logged, and acted upon as required.

The Chairman and Deputy Chief Executive of the Trust attended a roadshow with the Regional and National NHS E/I team, including Sir Simon Stevens. This was also attended by Chief Executives and Chairs of providers and commissioners across the North East and Yorkshire. The focus of the meeting included recovery, the People Plan and Finances.

3.0. **South Yorkshire and Bassetlaw Integrated Care System (System)**

3.1. The ICS held a Stress Test workshop on 1st July 2020. The workshop was facilitated by military colleagues. The scenario for Rotherham Place was for a ‘Second Peak of COVID-19 coinciding with Seasonal Flu’. Feedback from this was positive with lessons learnt across the various presentations and discussions.

3.2. The ICS hub has started to manage the use of the Independent Sector national contract on behalf of all providers within South Yorkshire and Bassetlaw. The Trust had its first
theatre list in early July and is now seeing over 100-day case patients a week and up to 50 MRI and CT scans. It is hoped that In-Patient work will commence from September. The cost of this work is all covered by a national contract.

4.0. Rotherham Integrated Care Partnership (Place)

4.1 The Rotherham ‘Local Outbreak Board’ has now been established. This is managed and led by Public Health Colleagues from RMBC. The current focus of the group is establishing the national data flows and how any outbreak would be managed.

4.2 They system has continued its planning for the flu season in line with the national flu plan. The impact on COVID-19 is expected to make this year more challenging and as such a system wide approach is considered to be critical to success. The impact of social distancing, widening of the patient cohort and potential for a national target of 100% NHS staff update will add further pressure.

4.3 The Rotherham Place governance has continued to restart post COVID-19 with a number of group meetings for the first time in June and July. These groups alongside Place partners are working to reconfirm priorities in light of COVID-19 as part of a system ‘re-set’. The Rotherham Place Board will meet for the first time post COVID-19 in August, however, it is unlikely that a public board will be held until October.

4.4 The Trust also attended and presented at the Health Select Commission (Rotherham). The presentation covered the changes made at the Trust as a result of the COVID-19 emergency. The Health Select Commission were supportive of the Trust and other partner’s efforts during the COVID-19 emergency.

4.5 As reported previously, the level of co-operation between all Place partners continues to be exceptionally positive.

Michael Wright
Deputy Chief Executive
August 2020
# COVID-19 Report

**Executive Lead**
George Briggs, Chief Operating Officer

**Purpose**

<table>
<thead>
<tr>
<th>Decision</th>
<th>To note</th>
<th>Approval</th>
<th>For information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Executive Summary (including reason for the report, background, key issues and risks)**

2020/21 is proving to be a difficult year for the NHS. We are well into our response to the COVID-19 pandemic which is described as the most severe such episode in the history of the NHS.

- The Trust initially focussed all of its efforts on preparation for the influx of COVID-19 patients to the acute sector
  - Clearing non-essential services
  - Manning help and support lines
- Stopping elective services to free up personnel and reduce risks to patients and staff
- In the phase 2-3 of the pandemic we are implementing and managing the recovery programme
- The recovery from the effects of the pandemic is complex and reliant upon a number of facets
  - Staffing levels as of the end of July remain compromised and we still have 200 staff off due to COVID-19 reasons
  - The access and maintenance of PPE
  - Patient compliance
  - Any additional surges
  - National guidance and directives

This paper sets out an ongoing updated summary of the COVID-19 actions, the ongoing challenge, and our response to such as a Trust.

**Recommendations**

It is recommended that the Board note the information.

**Appendices**

1. Update July 2020
1.0 COVID-19 Context

1.1 The COVID-19 virus first became known to the World Health Organisation on 31 December 2019, when a handful of cases of a pneumonia-like virus with an unknown cause were detected in China. Three months later and the virus has spread globally to over 200 countries, with over 950,000 confirmed cases and over 48,000 deaths as of 1 April 2020.

1.2 The latest statistics for England at 19 July 2020 are as below:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 19</td>
<td>20</td>
</tr>
<tr>
<td>20 - 39</td>
<td>210</td>
</tr>
<tr>
<td>40 - 59</td>
<td>2,261</td>
</tr>
<tr>
<td>60 - 79</td>
<td>11,088</td>
</tr>
<tr>
<td>80+</td>
<td>15,610</td>
</tr>
<tr>
<td><strong>ENGLAND</strong></td>
<td><strong>Total</strong></td>
</tr>
<tr>
<td></td>
<td>29,189</td>
</tr>
</tbody>
</table>

1.3 6 July 2020 bed occupancy data:

<table>
<thead>
<tr>
<th>Mechanical Ventilation beds (Critical Care)</th>
<th>Beds occupied</th>
<th>Beds occupied by confirmed COVID-19 patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>2,287</td>
<td>190</td>
</tr>
<tr>
<td>East of England</td>
<td>248</td>
<td>28</td>
</tr>
<tr>
<td>London</td>
<td>588</td>
<td>47</td>
</tr>
<tr>
<td>Midlands</td>
<td>365</td>
<td>36</td>
</tr>
<tr>
<td>North East and Yorkshire</td>
<td>360</td>
<td>31</td>
</tr>
<tr>
<td>North West</td>
<td>292</td>
<td>32</td>
</tr>
<tr>
<td>South East</td>
<td>255</td>
<td>15</td>
</tr>
<tr>
<td>South West</td>
<td>179</td>
<td>1</td>
</tr>
</tbody>
</table>

Total beds:

<table>
<thead>
<tr>
<th>Beds occupied</th>
<th>Beds occupied by confirmed COVID-19 patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>91,975</td>
</tr>
<tr>
<td></td>
<td>2,088</td>
</tr>
<tr>
<td>East of England</td>
<td>9,244</td>
</tr>
<tr>
<td></td>
<td>224</td>
</tr>
<tr>
<td>London</td>
<td>14,941</td>
</tr>
<tr>
<td></td>
<td>288</td>
</tr>
<tr>
<td>Midlands</td>
<td>17,844</td>
</tr>
<tr>
<td></td>
<td>485</td>
</tr>
<tr>
<td>North East and Yorkshire</td>
<td>14,040</td>
</tr>
<tr>
<td></td>
<td>336</td>
</tr>
<tr>
<td>North West</td>
<td>14,464</td>
</tr>
<tr>
<td></td>
<td>440</td>
</tr>
<tr>
<td>South East</td>
<td>12,545</td>
</tr>
<tr>
<td></td>
<td>253</td>
</tr>
<tr>
<td>South West</td>
<td>8,897</td>
</tr>
<tr>
<td></td>
<td>62</td>
</tr>
</tbody>
</table>
2.0 The Ongoing Impact on the Rotherham NHS Foundation Trust

2.1 The Trust is recording the ongoing number of positive patients and staff in the hospital, recording recovery and deaths, and linking into Rotherham Community Services. The initial need to separate areas of the Trust into Red Amber and Green with additional high dependency facilities has reduced over the last month. We have reviewed capacity requirements and have reopened our original Red beds as clean Green facilities with patients now being cared for on the AMU / SDEC area.

2.2 As well as the direct impact of the virus, there is a prolonged secondary impact on the organisation from the reduction in normal services which the Trust has had to implement in order to manage the demand from COVID-19. The reductions in treatments across all services, including cancer, has created a significant medical and surgical backlog which we are now planning to manage.

2.3 The Rotherham NHS Foundation Trust’s position as of mid-July 2020:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumulative positive in-patients</td>
<td>630</td>
</tr>
<tr>
<td>Cumulative recovered</td>
<td>402</td>
</tr>
<tr>
<td>Cumulative RIP</td>
<td>198</td>
</tr>
</tbody>
</table>

3.0 Our Response to COVID-19

3.1 The table below and attached recovery structure highlights our updated plans and risks.
Update on TRFT response to COVID-19

The action plan below details the measures that have been enacted in response to the pandemic:

<table>
<thead>
<tr>
<th>Priority Measure</th>
<th>Actions Taken</th>
<th>Timescale</th>
<th>Local Actions/Assurance</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan to phase a return to normal inpatient and critical care capacity</td>
<td>Commence non-urgent elective operations from 15 June in a phased approach over the next three months.</td>
<td>We commenced this in June 2020</td>
<td>The Rotherham NHS Foundation Trust has commenced a phased plan to manage elective patients. Emergency admissions, urgent cancer treatment and other clinically urgent care has continued. The Trust is moving back to a more normal bed configuration over the next 1-2 months. Areas within the hospital have previously been configured to create cohort areas for potential and confirmed COVID-19 positive patients (Red area) suspected COVID-19 patients (Amber) and non COVID-19 positive patients Green area). These have been adjusted over July to increase Green capacity and reduce Red capacity. Plans to develop a SYB COVID-19 facility are underway with the Royal Hallamshire Hospital as the proposed site. The ongoing access to PPE is causing constraints to some elective services</td>
<td></td>
</tr>
</tbody>
</table>
| Continue to discharge all hospital in-patients who are medically fit to leave. | As soon as possible | As at 19 July there were 25 (107 in April 45 June) empty acute beds on the acute site. There were 2 delayed transfers of care. With 21 people over 21 days (super stranded).  
Continuing Health Care Team (RCCG) and Rotherham Metropolitan Borough Council’s (RMBC) actions to support hospital discharges / patient flow include: |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Any patients requiring an individual funding request to have the assessment completed in a short term bed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• CHC nurses to support Integrated Discharge Team with documentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Homeless patients – RMBC housing support is at hospital twice per week and there is the potential for this to be increased</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Medequip (community equipment provider) are monitoring stock daily and being highly responsive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Transport day crew are working extra 5pm-9pm.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Social services team have refocused attention on community beds to maintain flow as we no longer assess in acute beds the workload has followed the patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>Status</td>
<td>Details</td>
</tr>
<tr>
<td>--------</td>
<td>--------</td>
<td>---------</td>
</tr>
<tr>
<td>Free up community and intermediate care beds</td>
<td>Ongoing</td>
<td>A daily review of all patients within the non-acute bed base is taking place detailing estimated date of discharge and outstanding actions agreed by partners within therapies and RMBC. A detailed review of all current intermediate and community beds and potential additional capacity within community facilities is taking place. Empty community beds will also be used for surge and 40 additional beds have been identified. Staffing resource has been redirected to assess and discharge as many people from intermediate care beds. Additional support has been available from RMBC Social Work to facilitate these discharges across all 5 units within the community. The additional support has been reduced in July to accommodate leave and staff support 20 unused Intermediate care beds in RMBC are closed in June 2020.</td>
</tr>
<tr>
<td>Prepare and respond to large numbers of respiratory patients requiring support</td>
<td></td>
<td>The Trust have increased oxygen supplies on site and a secondary plan for any potential spike in cases is under preparation bids submitted week of 15 June. Equipment to support additional ventilated beds has been ordered and is expected July / August 2020.</td>
</tr>
<tr>
<td>Continue to improve oxygen supplies where feasible to increase capacity</td>
<td>24 August</td>
<td></td>
</tr>
</tbody>
</table>
Segregate all patients with respiratory problems

Phase 3
August / September 2020

Areas within the hospital have been reconfigured to create cohort areas for potential and confirmed COVID-19 positive patients (red area) and non COVID-19 positive patients (green area).

The UECC has maintained separate areas to segregate potential COVID-19 patients from non COVID-19 patients; this includes a separate Red and Green RESUS utilising the Rapid Assessment and Treatment area. In addition, to facilitate separation, UECC Paediatrics has moved to the Children’s Assessment Unit. Majors non COVID-19 patients are being assessed and moved to the combined AMU ASU at the door or in ambulances.

Inpatient ward areas have been returning to pre COVID-19 specialties segregated to facilitate Red and Green areas for admission from July with an expected reduction in patients requiring Red care.

Plans are agreed to reduce red capacity on a phased approach as demand for COVID-19 positive patients decreases.

The Intensive Care Unit has remained on A3/A4 during this phase it is planned to return by the end of July 2020.
| Support staff and maximise staff availability | Enhanced health & wellbeing support | Ongoing | The Rotherham NHS Foundation Trust has implemented a COVID-19 staff helpline 06.00 – 19.00, 7 days a week. This supports employees and managers with enquiries and advice relating to COVID-19 absence or self-isolation, signposting to other support mechanisms; eg risk assessment process for vulnerable or high risk groups.

The helpline also co-ordinates the booking process and assessment for staff swabbing and antibody testing. Rotherham Place has a combined facility in place.

All staff are now instructed to wear masks and maintain 2-meter distancing rules. Masks are being worn across clinical and non-clinical areas. |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Targeted testing for COVID-19 for symptomatic NHS staff</td>
<td>Ongoing</td>
<td>Staff testing is in place at Woodside as a drive through facility and currently provision is in place for up to 50 per day which is being shared with primary care. Demand has declined throughout July 2020</td>
<td></td>
</tr>
<tr>
<td>Availability of hotel accommodation for frontline NHS staff (voluntary)</td>
<td>Complete</td>
<td>A number of hotels have offered free accommodation to staff. The booking and reimbursement process is instructed by NHSE/I guidance. Staff are no longer utilising the offer</td>
<td></td>
</tr>
<tr>
<td>Management of at-risk staff</td>
<td>Ongoing</td>
<td>The Divisions have reviewed a number of risk assessments and made recommendations to support people to remain at work. We have circa 200 staff who are/have been off/ shielding.</td>
<td></td>
</tr>
<tr>
<td>Support the wider population measures</td>
<td>Deployment of at-risk/isolated clinical staff to undertake telephone consultations, video &amp; advice i.e. outpatients, 111, OOH</td>
<td>Ongoing</td>
<td>Redeployment of staff to lower risk areas/roles is happening with the Deputy Director of Nursing leading on this.</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>---------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>All clinicians in non-patient facing to be inducted to return to direct patient facing duties</td>
<td>In line with national guidance, all appropriate registered Nurses, Midwives and AHP’s currently in non-patient facing roles have been asked to support direct clinical practice, following appropriate local induction, training and support.</td>
<td>Complete</td>
<td>Video consultation has been trialled and teams are using a combination of telephone and video for outpatients at present. As part of the recovery plans a number of other clinical teams are trailing non-face to face consultation. We will continue to train staff, make equipment available and compatible over the next 3-6 months</td>
</tr>
<tr>
<td>Support the wider population measures</td>
<td>Limit visitors to patients</td>
<td>Ongoing</td>
<td>From 20 March the only visitors will be: 1 visitor for births and patients with complex Mental Health issues and visitors for patients on End of Life pathway. Reviewed by Executive Team on 20 July and restrictions remaining in place</td>
</tr>
<tr>
<td><strong>Stress test operational readiness</strong></td>
<td><strong>All providers to check business continuity plans</strong>&lt;br&gt;Trust incident management teams – ability to provide daily Sitrep information</td>
<td><strong>Complete</strong>&lt;br&gt;A review of business continuity plans has taken place with each division. Business continuity issues arising as a result of COVID-10 are being managed through daily silver operational meetings led by the Deputy Chief Operating Officer. Trust Incident Management Team and command structures are in place. Daily Sitreps are being submitted via the Incident Management Team.</td>
<td></td>
</tr>
<tr>
<td><strong>Recording COVID-19 costs</strong></td>
<td><strong>Monthly returns of costs incurred – including extra bed capacity</strong>&lt;br&gt;Provide expected costs to end of period</td>
<td><strong>Ongoing</strong>&lt;br&gt;• All costs linked to COVID-19 are being approved prior to being incurred through the gold meeting&lt;br&gt;• Any capital identified is forwarded to NHSE-I for approval prior to ordering&lt;br&gt;• Daily tracking of staff absence to validate workforce costs</td>
<td></td>
</tr>
<tr>
<td><strong>Planning for Recovery</strong></td>
<td><strong>As the impact of the pandemic wave subsides and it is considered that there is reduced threat of further waves occurring the UK will move into the recovery phase.</strong>&lt;br&gt;June to September</td>
<td><strong>Although the objective is to return to pre-pandemic levels of functioning as soon as possible, the pace of recovery will depend on the residual impact of the pandemic, ongoing demands, backlogs, staff and organisation fatigue and continuing supply difficulties specifically PPE.</strong>&lt;br&gt;A timely return to normality, therefore, should be planned for taking into account expectations and limitations. Plans at all levels should recognise the potential need to prioritise the restoration of services</td>
<td></td>
</tr>
</tbody>
</table>
The reintroduction of performance targets and normal care standards need to recognise the loss of skilled staff and their experience.

and to phase the return to normality in a managed and sustainable way.

Most staff have been working under acute pressure for prolonged periods and are likely to require rest and continuing support.

Critical physical assets are likely to be in need of backlog maintenance, refurbishment or replacement.

Shields and screens are being erected across all reception outpatient areas.

Patient entrances and exits are being managed via security or lockdown.

Testing of patients pre-operation has commenced with a cabin facility outside of the Day Unit.

Patient letters and communications have been adjusted to explain the latest guidance.

PPE is an ongoing concern with FFP3 masks critically limited. The Rotherham NHS Foundation Trust has purchased full face single person, reusable masks as a suitable alternative and as such we are running a program of fit testing in critical areas and theatres.
GOVERNANCE FRAMEWORK

Exec Gold
Weekly: Thursday
part of exec team meeting

Operational Silver
Recovery Silver
weekly: midday

Meeting
- Capacity & RTT
  - Louise Tuckett
- Workforce Group
  - Steve Neale/Paul
    - Thursday: Thu 9:00
- Testing
  - Helen Dobson
  - Thursday: Thu 10:30
- Outpatients
  - George Briggs
- Cancer Recovery
  - George Briggs
  - Thursday: Thu 11:00
- PPE
  - Angela Woods
- Community Pathways
  - Sally Kilgariff
- Bed Base & Winter
  - Sally Kilgariff

Chairs

1st Meeting Frequency
- Tuesday 9th June
- Friday 12th June
- Monday, Wed 10:30 – 11:30
- Friday, Mon 10:30

Diary
- Incident Room
- Action Notes

Minutes
- Incident Room
- Action Notes

June 2020
<table>
<thead>
<tr>
<th>Agenda item</th>
<th>268/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report</td>
<td>Integrated Performance Report</td>
</tr>
<tr>
<td>Executive Lead</td>
<td>Michael Wright, Deputy Chief Executive</td>
</tr>
<tr>
<td>Link with the BAF</td>
<td>B1, B2, B10</td>
</tr>
<tr>
<td>Purpose</td>
<td>Decision</td>
</tr>
</tbody>
</table>

**Executive Summary (including reason for the report, background, key issues and risks)**

This Integrated Performance Report (IPR) for June 2020 brings together the key monthly data for the organisation, across the domains of Quality, Operational Performance, Workforce and Finance. Dashboards are included for each of these areas, alongside Statistical Process Control (SPC) charts, and summary commentary. There are 4 escalation reports provided for the metrics which are currently the most concerning.

Each of the Board Committees have received Integrated Performance Reports for their areas of focus, in order to be sighted on the issues identified in this report in advance of the Board meeting.

**Recommendations**
The Board is asked to note the contents of the report.

**Appendices**
Integrated Performance Report – June 2020
Board Integrated Performance Report – June 2020

Provided by
Business Engagement Team, Health Informatics
<table>
<thead>
<tr>
<th>Quality</th>
<th>Operational Delivery</th>
<th>Finance</th>
<th>Workforce</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality</td>
<td>Planned Patient Care</td>
<td>Financial Position</td>
<td>Workforce Position</td>
<td>Acute</td>
</tr>
<tr>
<td>Infection Prevention &amp; Control</td>
<td>Emergency Performance</td>
<td></td>
<td></td>
<td>Community Services</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>Cancer Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternity</td>
<td>Inpatient Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Feedback</td>
<td>Community Care</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CQC DOMAINS**

<table>
<thead>
<tr>
<th>Responsive</th>
<th>Effective</th>
<th>Safe</th>
<th>Caring</th>
<th>Well Led</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned Patient Care</td>
<td>Mortality</td>
<td>Infection Prevention &amp; Control</td>
<td>Patient Feedback</td>
<td>Workforce position</td>
</tr>
<tr>
<td>Emergency Performance</td>
<td>Inpatient Care</td>
<td>Patient Safety</td>
<td></td>
<td>Financial Position</td>
</tr>
<tr>
<td>Cancer Care</td>
<td></td>
<td>Maternity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Operational Delivery

Urgent & Emergency Care:

Whilst we are not currently reporting the 4-hour standard due to being a Field Test pilot site, the published HES statistics evidence that the Trust’s Time to Triage performance met the 15 minute standard for every single day of the month, which has never been achieved before. The 3 core field test pilot metrics were all comfortably met in month. This was possible due to strong flow through the organisation, despite the need to cohort Covid-19 patients in appropriate beds. There were no 12-hour trolley waits, with a total of 1 ambulance handover over 60 minutes (compared to 46 in the same month last year). Moving forward, the UECC team are focussed on reducing 4-hour trolley waits to minimal levels.

Electicive Care:

From an inpatient perspective, activity remains very low at the Trust given the anaesthetic rota required to staff red and green critical care and lack of ring-fenced elective beds at this stage, although activity has continued to be increased gradually to ensure we can start dealing with the significant backlogs which have developed. Referral-to-Treatment performance dropped down to 53% given the number of long waiters who have not been treated during the pandemic, although the overall size of the waiting list remains low compared to historically. This is expected to increase this quarter given the increasing numbers of referrals and continued constraints on elective theatre capacity.

Cancer:

Cancer care remains a significant concern given the volume of patients now waiting for diagnostics or treatment, but capacity was significantly increased in June with the revision to the NHS and British Society of Gastroenterologists (BSG) guidance on endoscopy. However, many cancer patients will still not be diagnosed and treated as quickly as previously although all patients are being clinically triaged and regularly clinically reviewed to ensure appropriate prioritisation of patients. Use of the Independent Sector for cancer procedures (diagnostics and treatment) is being maximised wherever possible.

Outpatient care:

The positive trend within the DNA rate will be driven in part by the switch to more non-face-to-face consultation mediums. This positive change is one which the Trust is keen to continue, and teams are already focussing on establishing how to enable fewer face-to-face interactions within our outpatient activity.

Quality Summary

Mortality:

The Trust mortality comparative benchmark figures remain high. The change to recording methodologies (to ensure the Trust’s recording is as accurate as possible) will not be visible until we are reviewing April’s data, and even then it is expected to be very small given the 12-month rolling nature of the metric.

A data sharing agreement has been signed with Dr Foster to ensure we have early access to this.

Infection Prevention & Control:

Since the confirmed mini-outbreak on A1 in mid-June, the Trust has treated only 2 patients whereby their Covid-19 result was confirmed at least 15 days after their admission to hospital, and only 4 patients between 8 and 14 days after admission. In line with national guidance, Root Cause Analyses will be carried out on all such infections acquired over 15 days.

Patient Safety:

Total patient harms remained low in month, in part based on the lower volume of activity being delivered by the Trust. In addition, the proportionate number of complaints remained relatively low, and care hours per patient day continued to exceed target, at nearly 3 hours per day above the target. The VTE risk assessment completion levels increased significantly in June, which is likely due to the mandatory nature of a new field required within the electronic patient record (EPR). Issues with paper forms not being uploaded to Meditech are being picked up directly with services.

Maternity:

Our midwifery teams continue to deliver an excellent service to expectant parents, with over 92% of antenatal appointments taking place within 90 days despite the current challenges around PPE and social distancing. Emergency Caesarean Sections were higher than target this month at 36 out of 186 in total, but remained well within national limits.

Workforce Summary

Recruitment:

There were 92.93 WTE starters in the month of June, including 36 Student Nurses, recruited as part of the initiative to retain Student Nurses during the Covid-19 pandemic. This was a significant increase on the previous month (49 WTE) and the prior year (31.1 WTE).

Retention:

Retention increased to 0.72% for the month of June, with 33 leavers in the month. 10 of these colleagues gave the reason for leaving, with 10 colleagues retiring. 18 of our leavers had less than 5 years service when they left.

Sickness:

Sickness absence has continued on the downward trend, both excluding and including Covid-19, with the sickness rate including COVID-19 at 5.56% June 2020, a decrease of 0.91% compared to previous month. The UECC Division has seen an increase in sickness absence relating to COVID-19 (0.75%), compared to previous month. All other Divisions have seen a reduction. Significant effort continues to bring down our long-term absence rate, with a further reduction in the number of open cases of long-term sickness down to 171 (from 183). Overall, long-term absences in June 2020 fell to 21 compared to 32 in the previous month. Anxiety/Stress/Depression remains the highest number of long term absence cases, however cases have reduced (8) compared to previous month (14).

Mandatory and Statutory Training (MAST):

Despite the very busy recent period, MAST training remains above target at 91% in month, although Fire Safety and Hand Hygiene are below target levels (this is due to the fact the face-to-face training has had to be postponed given Covid-19 and social distancing requirements). Medical and dental compliance has improved to 80%.

Personnel Development Reviews:

PDR compliance is down to 60%, but this is expected due to the pause on PDR completion in order to ensure colleagues had appropriate time to deliver these effectively. The organisation has now relaunched the PDR season for 2020/21, with a 2-month extension to the usual deadline of June. Most Divisions have reported that they anticipate delivery of the 90% target by the end of September, given annual leave throughout July and August.

Finance Summary

I&E Position:

NHS clinical income is above plan as the Trust is requesting a further £634K extra Top-Up payments above plan to help fund the additional costs of COVID-19. This in addition to the £2,179K already claimed above plan in April and May 2020. Pay costs are over-spending, but this is related to the additional costs of COVID-19. Whilst services in the Trust have been significantly curtailed, additional staff costs have been necessarily incurred in anticipation of the increased sickness and quality issues that need to be addressed in dealing with this cohort of patients. Equally, non-pay costs continue to under-spend as, whilst the Trust has incurred significant costs on personal protective equipment, there have been more significant under-spends on consumables due to reduced levels of activity.

Capital Expenditure:

Expenditure year to date totals £2,619K which is £1,096K above plan. Included within this figure is £1,146K of expenditure attributable to dealing with COVID-19 patients and returns have been submitted to NHSE/I requesting central reimbursement for these costs. This expenditure has been incurred by the Trust in good faith, with a further £788K commitments already entered into on the same basis. To date no cash reimbursements have been made in relation to these items.

Cash position:

Significant closing cash balance as at 30th June 2020 of £34,177K. Cash from the decrease in receivables is as a result of payment due for non-recurrent financial support monies due from quarter 4 of 2019/20 financial year totalling £10,139K. A significant cash outflow from paying off trade and other payables is a direct consequence of the above. Despite having a substantial cash balance, the Trust does not benefit from interest receivable as the government banking service and other government agencies are not paying any interest on cash deposits, which is understandable given the unprecedented low Bank of England base rate.
<table>
<thead>
<tr>
<th>KPI</th>
<th>Reporting Period</th>
<th>Type of Standard</th>
<th>Target</th>
<th>Previous Month (3)</th>
<th>Previous Month (2)</th>
<th>Previous Month (1)</th>
<th>Current Month</th>
<th>YTD 20/21</th>
<th>Same Month Prev. Yr</th>
<th>Forecast - Year End</th>
<th>Trend</th>
<th>Data Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>M1</strong></td>
<td>Mortality index - SHMI</td>
<td>Feb-20</td>
<td>B</td>
<td>100</td>
<td>118.8</td>
<td>119.1</td>
<td>120.0</td>
<td>119.4</td>
<td>119.4</td>
<td>107.2</td>
<td>112</td>
<td><img src="image1.png" alt="Graph" /></td>
</tr>
<tr>
<td><strong>M2</strong></td>
<td>Mortality index - HSMR (Rolling 12 months)</td>
<td>Mar-20</td>
<td>B</td>
<td>100</td>
<td>114.0</td>
<td>116.9</td>
<td>116.1</td>
<td>117.3</td>
<td>117.3</td>
<td>111.4</td>
<td>110</td>
<td><img src="image2.png" alt="Graph" /></td>
</tr>
<tr>
<td><strong>M3</strong></td>
<td>Number of deaths (crude mortality)</td>
<td>Jun-20</td>
<td>-</td>
<td>-</td>
<td>93</td>
<td>171</td>
<td>112</td>
<td>93</td>
<td>376</td>
<td>75</td>
<td><img src="image3.png" alt="Graph" /></td>
<td></td>
</tr>
</tbody>
</table>

**Infection, Prevention and Control**

<table>
<thead>
<tr>
<th>KPI</th>
<th>Reporting Period</th>
<th>Type of Standard</th>
<th>Target</th>
<th>Previous Month (3)</th>
<th>Previous Month (2)</th>
<th>Previous Month (1)</th>
<th>Current Month</th>
<th>YTD 20/21</th>
<th>Same Month Prev. Yr</th>
<th>Forecast - Year End</th>
<th>Trend</th>
<th>Data Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In1</strong></td>
<td>Clostridium-difficile Infections</td>
<td>Jun-20</td>
<td>L</td>
<td>TBC - not yet received</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>3</td>
<td><img src="image4.png" alt="Graph" /></td>
<td></td>
</tr>
<tr>
<td><strong>In2</strong></td>
<td>MRSA Infections (Methicillin-resistant Staphylococcus Aureus)</td>
<td>Jun-20</td>
<td>L</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td><img src="image5.png" alt="Graph" /></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>In3</strong></td>
<td>In-Hospital Mortality - Infectious Diseases</td>
<td>Feb-20</td>
<td>CQC</td>
<td>100</td>
<td>118.8</td>
<td>116.7</td>
<td>117.9</td>
<td>112.7</td>
<td>110.9</td>
<td>N/A</td>
<td><img src="image6.png" alt="Graph" /></td>
<td></td>
</tr>
</tbody>
</table>

**Patient Safety**

<table>
<thead>
<tr>
<th>KPI</th>
<th>Reporting Period</th>
<th>Type of Standard</th>
<th>Target</th>
<th>Previous Month (3)</th>
<th>Previous Month (2)</th>
<th>Previous Month (1)</th>
<th>Current Month</th>
<th>YTD 20/21</th>
<th>Same Month Prev. Yr</th>
<th>Forecast - Year End</th>
<th>Trend</th>
<th>Data Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PS1</strong></td>
<td>Incidents - severe or above</td>
<td>Jun-20</td>
<td>L</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>0</td>
<td><img src="image7.png" alt="Graph" /></td>
<td></td>
</tr>
<tr>
<td><strong>PS2</strong></td>
<td>Never Events</td>
<td>May-20</td>
<td>L</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td><img src="image8.png" alt="Graph" /></td>
<td></td>
</tr>
<tr>
<td><strong>PS3</strong></td>
<td>Number of Patient Harms</td>
<td>Jun-20</td>
<td>-</td>
<td>-</td>
<td>446</td>
<td>322</td>
<td>374</td>
<td>322</td>
<td>1123</td>
<td>581</td>
<td><img src="image9.png" alt="Graph" /></td>
<td></td>
</tr>
<tr>
<td><strong>PS4</strong></td>
<td>Readmission Rates Q4 19/20</td>
<td>B</td>
<td>6.8%</td>
<td>9.0%</td>
<td>6.9%</td>
<td>8.7%</td>
<td>8.0%</td>
<td><img src="image10.png" alt="Graph" /></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PS5</strong></td>
<td>Venous Thromboembolism (VTE) Risk Assessment</td>
<td>Jun-20</td>
<td>N</td>
<td>95%</td>
<td>81.8%</td>
<td>84.1%</td>
<td>75.9%</td>
<td>88.7%</td>
<td>82.7%</td>
<td>83%</td>
<td><img src="image11.png" alt="Graph" /></td>
<td></td>
</tr>
<tr>
<td><strong>PS6</strong></td>
<td>Number of complaints per 10,000 patient contacts</td>
<td>Jun-20</td>
<td>L</td>
<td>8</td>
<td>10.3</td>
<td>1.7</td>
<td>3.5</td>
<td>5.3</td>
<td>3.6</td>
<td>7.9</td>
<td><img src="image12.png" alt="Graph" /></td>
<td></td>
</tr>
<tr>
<td><strong>PS7</strong></td>
<td>Proportion of complaints closed within 30 days</td>
<td>Jun-20</td>
<td>L</td>
<td>95%</td>
<td>87.5%</td>
<td>86.4%</td>
<td>20.0%</td>
<td>60.0%</td>
<td>59.5%</td>
<td>85.7%</td>
<td><img src="image13.png" alt="Graph" /></td>
<td></td>
</tr>
<tr>
<td><strong>PS8</strong></td>
<td>Care Hours per Patient Day</td>
<td>Jun-20</td>
<td>B</td>
<td>7.3</td>
<td>11.0</td>
<td>11.2</td>
<td>10.1</td>
<td>10.1</td>
<td>10.5</td>
<td>7.9</td>
<td><img src="image14.png" alt="Graph" /></td>
<td></td>
</tr>
</tbody>
</table>

**Maternity**

<table>
<thead>
<tr>
<th>KPI</th>
<th>Reporting Period</th>
<th>Type of Standard</th>
<th>Target</th>
<th>Previous Month (3)</th>
<th>Previous Month (2)</th>
<th>Previous Month (1)</th>
<th>Current Month</th>
<th>YTD 20/21</th>
<th>Same Month Prev. Yr</th>
<th>Forecast - Year End</th>
<th>Trend</th>
<th>Data Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ma1</strong></td>
<td>Antenatal appointments within 90 days</td>
<td>Jun-20</td>
<td>N</td>
<td>90%</td>
<td>91.6%</td>
<td>92.2%</td>
<td>95.3%</td>
<td>92.2%</td>
<td>93.0%</td>
<td>92.9%</td>
<td><img src="image15.png" alt="Graph" /></td>
<td></td>
</tr>
<tr>
<td><strong>Ma2</strong></td>
<td>% of emergency Caesarean-sections</td>
<td>Jun-20</td>
<td>L</td>
<td>16.5%</td>
<td>16.3%</td>
<td>18.5%</td>
<td>18.8%</td>
<td>18.5%</td>
<td>18.6%</td>
<td>9.8%</td>
<td><img src="image16.png" alt="Graph" /></td>
<td></td>
</tr>
<tr>
<td><strong>Ma3</strong></td>
<td>Breast Feeding Initiation Rate</td>
<td>Jun-20</td>
<td>N</td>
<td>66%</td>
<td>68.1%</td>
<td>72.9%</td>
<td>61.7%</td>
<td>68.7%</td>
<td>67.6%</td>
<td>72.0%</td>
<td><img src="image17.png" alt="Graph" /></td>
<td></td>
</tr>
<tr>
<td><strong>Ma4</strong></td>
<td>Stillbirths per 1000 live births</td>
<td>Jun-20</td>
<td>L</td>
<td>0</td>
<td>0.0</td>
<td>10.4</td>
<td>4.8</td>
<td>10.4</td>
<td>8.4</td>
<td>15.4</td>
<td><img src="image18.png" alt="Graph" /></td>
<td></td>
</tr>
<tr>
<td><strong>Ma5</strong></td>
<td>1:1 care in labour</td>
<td>Jun-20</td>
<td>-</td>
<td>75%</td>
<td>79.0%</td>
<td>74.2%</td>
<td>78.6%</td>
<td>74.2%</td>
<td>75.8%</td>
<td>85.1%</td>
<td><img src="image19.png" alt="Graph" /></td>
<td></td>
</tr>
</tbody>
</table>
## Trust Integrated Performance Dashboard - Operations

### Planned Patient Care

<table>
<thead>
<tr>
<th>KPI</th>
<th>Reporting Period</th>
<th>Target</th>
<th>Previous Month (1)</th>
<th>Previous Month (2)</th>
<th>Previous Month (3)</th>
<th>Current Month</th>
<th>YTD 20/21</th>
<th>Same Month Prev. Yr</th>
<th>Forecast - Year End</th>
<th>Trend</th>
<th>Data Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>Jun-20</td>
<td>L 12,900</td>
<td>14,594</td>
<td>12,727</td>
<td>12,796</td>
<td>12,681</td>
<td>12,681</td>
<td>14,910</td>
<td>14,912</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P2</td>
<td>Jun-20</td>
<td>N 92%</td>
<td>86.4%</td>
<td>77.1%</td>
<td>67.1%</td>
<td>53.4%</td>
<td>65.9%</td>
<td>92.9%</td>
<td>75%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P3</td>
<td>Jun-20</td>
<td>L 8,308</td>
<td>11,211</td>
<td>12,247</td>
<td>8,721</td>
<td>7,746</td>
<td>7,746</td>
<td>7,641</td>
<td>6,325</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P4</td>
<td>Jun-20</td>
<td>B 2.5</td>
<td>2.5</td>
<td>2.9</td>
<td>3.0</td>
<td>2.9</td>
<td>2.9</td>
<td>2.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P5</td>
<td>Jun-20</td>
<td>B 80%</td>
<td>76.5%</td>
<td>68.5%</td>
<td>71.2%</td>
<td>80.5%</td>
<td>74.5%</td>
<td>81.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P6</td>
<td>Jun-20</td>
<td>N 1%</td>
<td>8.6%</td>
<td>73.6%</td>
<td>70.4%</td>
<td>62.8%</td>
<td>68.4%</td>
<td>0.0%</td>
<td>1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Emergency Performance

<table>
<thead>
<tr>
<th>KPI</th>
<th>Reporting Period</th>
<th>Target</th>
<th>Previous Month (1)</th>
<th>Previous Month (2)</th>
<th>Previous Month (3)</th>
<th>Current Month</th>
<th>YTD 20/21</th>
<th>Same Month Prev. Yr</th>
<th>Forecast - Year End</th>
<th>Trend</th>
<th>Data Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1</td>
<td>Jun-20</td>
<td>CQC 0</td>
<td>23</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>7</td>
<td>46</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E2</td>
<td>Jun-20</td>
<td>N 0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E3</td>
<td>Jun-20</td>
<td></td>
<td>22.0%</td>
<td>30.6%</td>
<td>24.3%</td>
<td>24.2%</td>
<td>26%</td>
<td>20%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E4</td>
<td>Jun-20</td>
<td>L 33%</td>
<td>26.1%</td>
<td>33.0%</td>
<td>44.9%</td>
<td>46.8%</td>
<td>42.5%</td>
<td>29.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Cancer Care

<table>
<thead>
<tr>
<th>KPI</th>
<th>Reporting Period</th>
<th>Target</th>
<th>Previous Month (1)</th>
<th>Previous Month (2)</th>
<th>Previous Month (3)</th>
<th>Current Month</th>
<th>YTD 20/21</th>
<th>Same Month Prev. Yr</th>
<th>Forecast - Year End</th>
<th>Trend</th>
<th>Data Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ca1</td>
<td>May-20</td>
<td>N 93%</td>
<td>92.7%</td>
<td>94.1%</td>
<td>68.5%</td>
<td>94.6%</td>
<td>82.2%</td>
<td>94.5%</td>
<td>93%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ca2</td>
<td>May-20</td>
<td>N 93%</td>
<td>88.7%</td>
<td>79.5%</td>
<td>80.5%</td>
<td>95.5%</td>
<td>85.7%</td>
<td>89.7%</td>
<td>90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ca3</td>
<td>May-20</td>
<td>N 96%</td>
<td>96.5%</td>
<td>99.1%</td>
<td>100.0%</td>
<td>98%</td>
<td>99%</td>
<td>95.2%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ca4</td>
<td>May-20</td>
<td>N 85%</td>
<td>71.2%</td>
<td>80.7%</td>
<td>80.6%</td>
<td>60.8%</td>
<td>72.0%</td>
<td>74.2%</td>
<td>80%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ca5</td>
<td>Jun-20</td>
<td>L 1,250</td>
<td>571</td>
<td>562</td>
<td>796</td>
<td>992</td>
<td>992</td>
<td>1011</td>
<td>800</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ca6</td>
<td>May-20</td>
<td>N 75%</td>
<td>78.7%</td>
<td>78.2%</td>
<td>49.2%</td>
<td>71.1%</td>
<td>59.5%</td>
<td>68%</td>
<td>75%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Inpatient Care

<table>
<thead>
<tr>
<th>KPI</th>
<th>Reporting Period</th>
<th>Target</th>
<th>Previous Month (1)</th>
<th>Previous Month (2)</th>
<th>Previous Month (3)</th>
<th>Current Month</th>
<th>YTD 20/21</th>
<th>Same Month Prev. Yr</th>
<th>Forecast - Year End</th>
<th>Trend</th>
<th>Data Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>I1</td>
<td>Jun-20</td>
<td>- -</td>
<td>0.5</td>
<td>1.0</td>
<td>0.5</td>
<td>0.4</td>
<td>0.6</td>
<td>0.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I2</td>
<td>Jun-20</td>
<td>- -</td>
<td>5.7</td>
<td>4.3</td>
<td>4.3</td>
<td>4.3</td>
<td>4.3</td>
<td>4.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I3</td>
<td>Jun-20</td>
<td>L 21%</td>
<td>26.6%</td>
<td>20.8%</td>
<td>22.0%</td>
<td>20.0%</td>
<td>20.9%</td>
<td>21.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I4</td>
<td>Jun-20</td>
<td>L 3.5%</td>
<td>5.4%</td>
<td>2.1%</td>
<td>2.5%</td>
<td>2.8%</td>
<td>2.5%</td>
<td>4.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I5</td>
<td>Jun-20</td>
<td>L 20</td>
<td>21</td>
<td>11</td>
<td>17</td>
<td>18</td>
<td>18</td>
<td>36</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I6</td>
<td>Jun-20</td>
<td>N 3.5%</td>
<td>2.7%</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0.1%</td>
<td>0.2%</td>
<td>3.9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I7</td>
<td>Jun-20</td>
<td>L 20%</td>
<td>9.9%</td>
<td>9.7%</td>
<td>11.3%</td>
<td>13.7%</td>
<td>11.7%</td>
<td>11.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Outpatient Care

<table>
<thead>
<tr>
<th>KPI</th>
<th>Reporting Period</th>
<th>Target</th>
<th>Previous Month (1)</th>
<th>Previous Month (2)</th>
<th>Previous Month (3)</th>
<th>Current Month</th>
<th>YTD 20/21</th>
<th>Same Month Prev. Yr</th>
<th>Forecast - Year End</th>
<th>Trend</th>
<th>Data Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>O1</td>
<td>Jun-20</td>
<td>B 8.0%</td>
<td>9.1%</td>
<td>6.8%</td>
<td>6.4%</td>
<td>6.1%</td>
<td>6.9%</td>
<td>7.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O2</td>
<td>Apr-20</td>
<td>N 4%</td>
<td>24%</td>
<td>30%</td>
<td>38%</td>
<td>65%</td>
<td>65%</td>
<td>41%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O3</td>
<td>Jun-20</td>
<td>L 20%</td>
<td>19.9%</td>
<td>21.8%</td>
<td>19.7%</td>
<td>22.4%</td>
<td>21.4%</td>
<td>18%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Community Care

<table>
<thead>
<tr>
<th>KPI</th>
<th>Reporting Period</th>
<th>Target</th>
<th>Previous Month (1)</th>
<th>Previous Month (2)</th>
<th>Previous Month (3)</th>
<th>Current Month</th>
<th>YTD 20/21</th>
<th>Same Month Prev. Yr</th>
<th>Forecast - Year End</th>
<th>Trend</th>
<th>Data Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>CC1</td>
<td>Jun-20</td>
<td>L 80%</td>
<td>26%</td>
<td>20%</td>
<td>74%</td>
<td>94%</td>
<td>48%</td>
<td>56%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CC2</td>
<td>Jun-20</td>
<td>L 95%</td>
<td>65%</td>
<td>88%</td>
<td>50%</td>
<td>91%</td>
<td>77%</td>
<td>71%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CC3</td>
<td>Jun-20</td>
<td>L 142</td>
<td>109</td>
<td>105</td>
<td>92</td>
<td>76</td>
<td>273</td>
<td>134</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CC4</td>
<td>Jun-20</td>
<td>L 58</td>
<td>64</td>
<td>87</td>
<td>72</td>
<td>56</td>
<td>215</td>
<td>61</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CC6</td>
<td>Jun-20</td>
<td>L 95%</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td>68%</td>
<td>86%</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## I&E Performance

<table>
<thead>
<tr>
<th>Plan £000s</th>
<th>Actual £000s</th>
<th>Variance £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>(3)</td>
<td>(3)</td>
</tr>
</tbody>
</table>

## Agency Spend

<table>
<thead>
<tr>
<th>Plan £000s</th>
<th>Actual £000s</th>
<th>Variance £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>683</td>
<td>923</td>
<td>(240)</td>
</tr>
</tbody>
</table>

## Capital Expenditure

<table>
<thead>
<tr>
<th>Plan £000s</th>
<th>Actual £000s</th>
<th>Variance £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>305</td>
<td>800</td>
<td>(495)</td>
</tr>
</tbody>
</table>

## Cash Balance

<table>
<thead>
<tr>
<th>Plan £000s</th>
<th>Actual £000s</th>
<th>Variance £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>(7)</td>
<td>(7)</td>
</tr>
</tbody>
</table>

Forecasts have not yet been completed due to the unique contractual payment system we are currently operating under. A forecast is due to take place in M4, for reporting at the M5 Board meeting.

### Trust Integrated Performance Dashboard - Activity

#### Inpatient Admissions (Including Observations)

- Current
- Rolling 12 months
- Previous Yr Figure

#### Inpatient Admissions (Excluding Observations)

- Current
- Rolling 12 months
- Previous Yr Figure

#### Total Outpatients

- Current
- Rolling 12 months
- Previous Yr Figure

#### Total Referrals (Acute)

- Current GP
- Current Other
- Rolling 12 months
- Previous Yr Figure

#### 2ww Referrals

- Current
- Rolling 12 months
- Previous Yr Figure

#### UECC Attendances

- Current
- Rolling 12 months
- Previous Yr Figure
<table>
<thead>
<tr>
<th>KPI</th>
<th>Reporting Period</th>
<th>Type of Standard</th>
<th>Target</th>
<th>Previous Month (3)</th>
<th>Previous Month (2)</th>
<th>Previous Month (1)</th>
<th>Current Month</th>
<th>YTD 20/21</th>
<th>Same Month Prev. Yr</th>
<th>Forecast - Year End</th>
<th>Trend</th>
<th>Data Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W1 Whole Time Equivalent against plan - Total</td>
<td>May-20</td>
<td>L</td>
<td>-178</td>
<td>-255</td>
<td>-234</td>
<td>-166</td>
<td>-147</td>
<td>-147</td>
<td>-246</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W3 Total Headcount</td>
<td>Jun-20</td>
<td>-</td>
<td>4,711</td>
<td>4,734</td>
<td>4,812</td>
<td>4,835</td>
<td>4,835</td>
<td>4,633</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W4 Vacancy Rate - TOTAL</td>
<td>Jun-20</td>
<td>B</td>
<td>4.3%</td>
<td>6.2%</td>
<td>5.7%</td>
<td>4.0%</td>
<td>3.5%</td>
<td>4.4%</td>
<td>6.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W5 Vacancy Rate - Nursing</td>
<td>Jun-20</td>
<td>B</td>
<td>7.4%</td>
<td>9.8%</td>
<td>9.8%</td>
<td>9.5%</td>
<td>8.8%</td>
<td>9.2%</td>
<td>9.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W6 Time to Recruit</td>
<td>Jun-20</td>
<td>L</td>
<td>34</td>
<td>28</td>
<td>36</td>
<td>36</td>
<td>44</td>
<td>44</td>
<td>39</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W7 Sickness Rates (%) - exc COVID related</td>
<td>Jun-20</td>
<td>L</td>
<td>4.0%</td>
<td>4.8%</td>
<td>4.1%</td>
<td>3.6%</td>
<td>3.4%</td>
<td>3.7%</td>
<td>4.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W8 Sickness Rates (%) - inc COVID related</td>
<td>Jun-20</td>
<td>-</td>
<td>6.0%</td>
<td>7.4%</td>
<td>6.5%</td>
<td>5.6%</td>
<td>6.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W9 Turnover</td>
<td>Jun-20</td>
<td>L</td>
<td>0.63%</td>
<td>0.77%</td>
<td>0.37%</td>
<td>0.55%</td>
<td>0.72%</td>
<td>0.55%</td>
<td>0.5%</td>
<td>0.63%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>W10 Appraisals complete (%)</td>
<td>Jun-20</td>
<td>L</td>
<td>90%</td>
<td>89%</td>
<td>80%</td>
<td>72%</td>
<td>60%</td>
<td>60%</td>
<td>65%</td>
<td>90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>W11 MAST (% of staff up to date)</td>
<td>Jun-20</td>
<td>L</td>
<td>85%</td>
<td>91.4%</td>
<td>91.0%</td>
<td>90.0%</td>
<td>91.0%</td>
<td>91.0%</td>
<td>90.3%</td>
<td>90%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Trust Integrated Performance Dashboard - SPC Charts - Quality (1)

Standardised Hospital Mortality Indicator (SHMI)

Hospital Standardised Mortality Ratio (HSMR)

Crude Mortality (number of deaths)

Incidents (severe or above)

Covid-19 pandemic peaked in Rotherham in April, leading to higher numbers of deaths than otherwise expected.
Trust Integrated Performance Dashboard - SPC Charts - Quality (2)

Clostridium difficile infections (number)

Venous Thromboembolism compliance (%)

% of Emergency Caesarean-sections

Care Hours per Patient Day

Covid-19 pandemic has meant the closure of a number of beds and significantly lower bed occupancy figures, meaning nurse:patient ratios have improved.
**Trust Integrated Performance Dashboard - SPC Charts - Operational Performance**

- **Ambulance Handovers - % of handovers > 60 minutes**
  - Zero tolerance communicated
  - The chart shows the percentage of ambulance handovers exceeding 60 minutes, indicating trends over time.
  - A note: Trust became field test pilot site on 23rd May with revised Urgent and Emergency Care standards in place.

- **Referral to Treatment - % of patients waiting less than 18 weeks for treatment**
  - The chart illustrates the percentage of patients waiting less than 18 weeks for treatment, with a notable decrease during the Covid-19 pandemic.
  - A note: Referral to Treatment has improved significantly since the Covid-19 pandemic.

- **12 hour trolley waits - per month**
  - The chart displays the number of 12 hour trolley waits per month, showing variability over time.

- **Delayed Transfers of Care - average % of patients with delayed transfer in month**
  - The chart shows the average percentage of patients with delayed transfers in each month.

- **Did Not Attends (DNAs) % of appointments**
  - The chart indicates the percentage of appointments that were not attended, with a significant increase noted.
  - A note: Significant increase in proportion of non-face-to-face appointments due to Covid-19 pandemic.

- **Length of Stay > 21 days (proportion of patients discharged)**
  - The chart shows the proportion of patients with a length of stay exceeding 21 days, with fluctuations over time.

Cancer 2 week wait standard

Cancer 2 week wait breast symptoms standard

Cancer 62 day first treatment standard

Diagnostics - % of breaches over 6 weeks (DM01)

Covid-19 pandemic forced cancellation of significant volumes of activity
Covid-19 pandemic has introduced significant additional short-term (self-isolation) and long-term (shielding) sickness

Aspirant nurses working at the Trust as part of Covid-19 response are included in Trust overall workforce figures

Decision made to stop face-to-face MAST training and relax expectations for clinicians directly involved in Covid-19 response for a short period
### Trust Integrated Performance Dashboard - Patient Feedback

#### Patient Feedback Tweets June

- **A huge thank you to all the wonderful staff at Rotherham Hospital. We cannot thank you enough. X**

- **Nurses and staff are absolutely phenomenal ❤️ Made me feel so comfortable. Not the doctors though. Very blunt 😞 I know they have a lot on but people have feelings. They are almost robotic,❤️ made me feel judged and wanted to leave immediately. Services are brilliant - they don’t get enough credit! Love them ❤️. NHS 📡❤️❤️❤️ thank you for my care xxxx**

- **Emergency visit last week. 6 hours waiting for nothing. The doctor sat as if it were a big problem that someone was burdening him! after a week, call 111 again. Another reluctant lady who was not interested in my husband’s really serious condition and just come sit down and wait. take patacamol!!! Now We go to Sheffield because here it’s only bad joke...**

- **Cannot thank the poplar midwives Ria, Emma and Kirsty enough for helping bring my beautiful baby into the world ❤️❤️❤️**

- **Had the best care I could over the last 4 days. Staff work so hard and special mention to the teams on AMU and Sitwell Ward who work so hard in difficult circumstances. Treatment in A&E was quick and efficient and with compassion. Thank You!**

- **Been to the hospital today with my partner for a ultra sound, we had our temperature taken on entering, all the staff we’re very reassuring despite the gloves and mask rule, didn't make us feel at risk at all, well done to all the staff not just the x-ray department, your all doing a great job. X**

- **Over the last few week my dad has been really poorly I just want to say a massive thank you to a very special lady for everything you have done for Thank so much to all the staff in the day surgery unit and also to Mr Panniker and his team. They were very professional and efficient. They were very kind and looked after me very well. They made the whole experience stress free and I would have no qualms if I had to attend again. Many thanks for all your care.**
Assurance Committee:

<table>
<thead>
<tr>
<th>Month</th>
<th>2019/20</th>
<th></th>
<th>2020/21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr</td>
<td>85%</td>
<td>May</td>
<td>74%</td>
</tr>
<tr>
<td>May</td>
<td>77%</td>
<td>Jun</td>
<td>79%</td>
</tr>
<tr>
<td>Jun</td>
<td>79%</td>
<td>Jul</td>
<td>77%</td>
</tr>
<tr>
<td>Jul</td>
<td>75%</td>
<td>Aug</td>
<td>74%</td>
</tr>
<tr>
<td>Aug</td>
<td>66%</td>
<td>Sep</td>
<td>84%</td>
</tr>
<tr>
<td>Sep</td>
<td>79%</td>
<td>Oct</td>
<td>71%</td>
</tr>
<tr>
<td>Oct</td>
<td>81%</td>
<td>Nov</td>
<td>81%</td>
</tr>
<tr>
<td>Nov</td>
<td>75%</td>
<td>Dec</td>
<td>85%</td>
</tr>
<tr>
<td>Dec</td>
<td>74%</td>
<td>Jan</td>
<td>85%</td>
</tr>
<tr>
<td>Jan</td>
<td>66%</td>
<td>Feb</td>
<td>85%</td>
</tr>
<tr>
<td>Feb</td>
<td>71%</td>
<td>Mar</td>
<td>85%</td>
</tr>
<tr>
<td>Mar</td>
<td>81%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Performance:**

- **Driver for Underperformance:** 62-day performance has been a challenge to deliver and sustain for a long period of time at TRFT. We have historically struggled to deliver the standard within the Lower GI and Urology specialties, particularly Head and Neck and Lung. In pre-Covid times, approximately half of these were due to late referrals of patients to tertiary centres. Since March, the more significant issue has been Covid, particularly the constraint around the types of procedures that could be carried out (including endoscopy) and the need to cancel all non-urgent surgery. This has led to a growing waiting list, of whom now a significant proportion have been waiting over 62 days. Now surgical and diagnostic activity has increased, these long-waiting patients are gradually being treated, and appearing as breaches within the performance data.

- **Actions to Deliver Improvement:**
  - **Activity:** Now that diagnostic and surgical activity is gradually being increased, we are working to treat the longest patients and bring the PTL size down in order to ensure we are able to provide the necessary clinical treatment for all patients as soon as possible.
  - **Endoscopy:** We have significantly increased endoscopy activity since mid-June, following the revised national and British Society of Gastroenterologists guidance. In addition, Urology cystoscopy activity has been moved to Posswillow, which has released further endoscopy capacity at the trust.
  - **Recovery Meeting:** A fortnightly Recovery Meeting has been established, with divisional and clinical membership, with a remit to plan the Trust recovery for cancer. In addition, all 104+ day patients waiting are now being discussed with the regional team on weekly calls every Thursday.
  - **Pathway Improvement:** Work to fully implement the RAPID pathways has re-started, to ensure we can remove the ongoing blockages within the existing pathways and reduce the length of time to diagnosis.
  - **Patient Review:** All of the long-waiting cancer patients within Lower GI, affected by the pause on endoscopy activity, have been clinically reviewed and prioritised by a clinician. All patients awaiting CTC have also been individually reviewed by a clinician and prioritised accordingly.

- **Expected Trajectory/forecast:** Given prior challenges in meeting this national standard alongside the impact of Covid-19, at this stage it seems unlikely that this standard will be met consistently this year.
  - It is likely that performance will deteriorate over Q2 and Q3, as more of the long-waiting patients receive treatment, and given there will continue to be a backlog of patients building up as referrals increase.

**Escalation/Assurance Report**

<table>
<thead>
<tr>
<th>Metric Requiring Improvement</th>
<th>Type of Standard</th>
<th>Assurance Committee</th>
<th>Latest Data Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>62 day Performance</td>
<td>National</td>
<td>Finance &amp; Performance Committee</td>
<td>May 2020</td>
</tr>
</tbody>
</table>

**Lead Executive Director:** George Briggs, Chief Operating Office

**Lead Senior Manager:** Louise Tuckett, Director of Strategy, Planning & Performance

**Lead Analyst:** Roberto Juan-Martin
### Escalation/Assurance

<table>
<thead>
<tr>
<th>Metric:</th>
<th>Type of Standard</th>
<th>Assurance Committee:</th>
<th>Report Period:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venous Thromboembolism (VTE) Risk Assessment</td>
<td>National Quality Committee</td>
<td>June 2020</td>
<td></td>
</tr>
</tbody>
</table>

### Performance:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>74.2%</td>
<td>76.0%</td>
<td>82.6%</td>
<td>85.0%</td>
<td>79.1%</td>
<td>81.8%</td>
<td>81.5%</td>
<td>81.5%</td>
<td>80.1%</td>
<td>84.7%</td>
<td>81.8%</td>
<td>84.1%</td>
</tr>
</tbody>
</table>

### Driver for Underperformance:

- Completion of the appropriate individual patient VTE Assessments has been a challenge since April 2019. Performance dropped very suddenly in that month, and has continued below target for the last 15 months. Work has been carried out at individual patient level to understand what is driving the decline in performance; however, to date, no single cause has been identified.
- The performance challenges are not confined to a single ward, and there are issues within the Assessment Units (AMU, ASU, AGU) where significant numbers of patients still continue to not be recorded as assessed.
- One hypothesis is that recording of paper VTE assessments is a significant issue, and is what is causing the under-performance. If a clinician completes a VTE Assessment on paper but does not upload this onto Meditech, it will not be recorded as being completed.

### Actions to Deliver Improvement:

- The Executive Medical Director requested the VTE assessment form is made a mandatory field on Meditech. This was implemented at the end of May, and is likely to have contributed to the highest VTE performance in over a year in that month.
- The next step is to address the issue around paper VTE assessments not being recorded on the Meditech system. The Chief Clinical Information Officer has completed a mini audit of the June data at patient level and confirmed that the data being drawn from Meditech is accurate in terms of what forms have been completed within Meditech. Following this, the Head of Electronic Patient Records (Laura Mumby) has emailed individual clinicians to confirm the process for ensuring all relevant patient information is recorded in Meditech, and has offered training to support this. Individual patient lists have also been sent, to ensure appropriate records are updated retrospectively for June.
- Going forwards, an audit will be performed on a selection of 30 case notes, to test the hypothesis about paper VTE assessments not being recorded on the Meditech system. This will identify whether we need to address this as a next step, to drive a further step-change in performance.

### Expected Trajectory/Forecast:

- This metric has now been off track for a number of months and is a priority for the Executive Medical Director.
- Once the audit of paper case notes is complete, a number of actions will need to be taken to ensure the performance of this metric improves, if that is one of the drivers of under-performance. It is therefore expected that performance will remain below target for the next 2 months, with the aspiration that performance returns to 95% from September.

---

**Lead Executive Director:**
Callum Gardner, Executive Medical Director

**Lead Senior Manager:**
Richard Slater, Chief Clinical Information Officer

**Lead Analyst:**
Ruth Gallagher
**Assurance Committee:**

<table>
<thead>
<tr>
<th>Month</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019/20</td>
<td>85.7%</td>
<td>62.5%</td>
<td>88.2%</td>
<td>100.0%</td>
<td>68.8%</td>
<td>66.7%</td>
<td>46.2%</td>
<td>50.0%</td>
<td>66.7%</td>
<td>75.0%</td>
<td>75.0%</td>
<td>87.5%</td>
</tr>
<tr>
<td>2020/21</td>
<td>86.4%</td>
<td>20.0%</td>
<td>60.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Executive Director:**
Angela Wood, Chief Nurse

**Lead Senior Manager:**
Sam Robinson, Head of Patient Experience

**Lead Analyst:**
Ruth Gallagher

**Performance:**

Over recent months there has been a planned clearance of all overdue complaints reports. This has led to a decrease in percentage performance (due to the submission of older overdue reports) and this was most notable in May. This backlog has now been cleared.

Divisional breakdown for June 2020 is as follows:
- **Medicine:** 2 complaints closed in June, 100% on time. One response that is due in July remains outstanding but currently in date. All others have been submitted on time.
- **Surgery:** 2 complaints closed in June, 50% on time. All responses for July have been submitted on time with no further responses due this month.
- **Family Health:** No complaints were due responses in June. One response that is due in July remains outstanding but currently in date. All others have been submitted on time.
- **UECC:** 1 complaint closed in June which was overdue. All responses for July have been submitted on time with no further responses due this month.
- **Clinical Support:** No open complaints in June / July.

**Driver for Underperformance:**

- Weekly meetings between Head of Patient Experience and Divisional Governance Leads continue to minimise delays.
- Potentially overdue reports are escalated to Heads of Nursing.
- Weekly summary produced and sent to Chief Nurse and Deputy Chief Nurse identifying reports close to breaching for escalation.
- Performance is discussed at monthly divisional performance meetings, with improvement actions requested as appropriate. Divisions who are demonstrating best practice have been encouraged to share this processes with those divisions who consistently under-perform.
- Additional support has been offered to UECC to assist with completion of overdue reports. This is not currently required as there are no overdue reports but will be closely monitored going forward.

**Expected Trajectory/forecast:**

As of 22nd July, there are two reports not yet submitted. These are due for completion on 31st July. Compliance for July will therefore be 100% as no reports can be submitted late this month. If these two reports are submitted late, this will affect the August performance but this is not anticipated to occur.
**Escalation/Assurance**

<table>
<thead>
<tr>
<th>Metric:</th>
<th>Type of Standard</th>
<th>Assurance Committee:</th>
<th>Report Period:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time to Recruit</td>
<td>Local</td>
<td>People Committee</td>
<td>June 2020</td>
</tr>
</tbody>
</table>

**Performance:**

<table>
<thead>
<tr>
<th></th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019/20</td>
<td>49</td>
<td>41</td>
<td>39</td>
<td>50</td>
<td>46</td>
<td>40</td>
<td>38</td>
<td>34</td>
<td>32</td>
<td>34</td>
<td>31</td>
<td>28</td>
</tr>
<tr>
<td>2020/21</td>
<td>36</td>
<td>36</td>
<td>44</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Target**

<table>
<thead>
<tr>
<th></th>
<th>34</th>
<th>34</th>
<th>34</th>
</tr>
</thead>
</table>

---

**Driver for Underperformance:**

- Shortlisting (manager responsibility with average of 5 days against 2 day KPI)
  - Role offer and documentation to recruitment team (manager responsibility with average of 6 days against 3 day KPI)
  - Pre-employment checks (recruitment responsibility with average of 15 days against a 10 day KPI) Challenged by:
  - Increased reference timescale, partially due to some organisations closing or operating with reduced staff during height of lockdown
  - Some candidates have struggled to send documentation virtually in a suitable format as is currently required in NHS Employers amended standards. This impacts on our ability to proceed with DBS checks in particular until any issues have been resolved.
  - Increased workload to support the CV-19 response, such as processing 47 2nd and 3rd Year Students onto extended paid placements
  - Vacancies - the Recruitment Team has also been running on a full time Recruitment Assistant vacancy and more recently, a part time Recruitment Administrator vacancy. Both roles are currently out to recruit.

**Actions to Deliver Improvement:**

- Work is underway to streamline the pre-employment process and offer additional assistance to the candidate while we a remote process is required to remain in effect
  - Provision of additional support to Managers as required to support tasks being completed in a timelier manner.
  - Close monitoring of timescales on a weekly basis to make sure the team stay on track with regards to the recruitment KPI and ensure a timely
  - Vacancies are currently out to recruit
  - The 2nd and 3rd Year student recruitment has ended.

**Expected Trajectory/Forecast:**

- We anticipate that this position will start to improve as some immediate measures come into effect with the ambition of being back within target by September. At this stage the vacant Recruitment Assistant should be in post and streamlining of the pre-employment process will have taken place we should then be in a better meet the target of 34 days.

---

**Lead Executive Director:**

Steve Ned, Executive Director of Workforce

**Lead Senior Manager:**

Keri Littlewood, Recruitment Manager

**Lead Analyst:**

Debbie Holmshaw
The below summary sets out the proposed methodology and colouring we will use at TRFT, noting the different trends that will be shown as special cause variation or out of control.

We will use the following colours to indicate variation:
- **orange** indicates special cause variation of concern and needing action
- **blue** indicates special cause variation where improvement appears to lie
- **grey** data indicates no significant variation
- **red** indicates where the process is out of control (outside control limits)

We will follow the NHS guidance and identify 4 different ways in which a trend will be defined as special cause variation:

1) A single point outside the control limits

2) A run of at least 6 points above or below the mean line

3) Six consecutive points increasing or decreasing

4) A pattern of 2 out of 3 points within the outer thirds

Other SPC methodologies classify a further 4 trends as special cause variation, but these will not be identified by colour coding within our SPC charts, for ease:

5) 14 consecutive points alternating up and down
6) 15 consecutive points in the central third
7) 8 consecutive points with none in the central third
8) 4 out of 5 consecutive points in the middle third

In addition, we will annotate any reasons for special cause variation which we are aware of.
### Agenda item
268/20(a)

### Report
Quality Report

### Executive Lead
Angela Wood, Chief Nurse  
Dr Callum Gardner, Medical Director

### Link with the BAF
BAF: B1, B4, B7  
Corporate Risk Register: 3908, 4733, 4174, 4080

### Purpose
<table>
<thead>
<tr>
<th>Decision</th>
<th>To note</th>
<th>Approval</th>
<th>For information</th>
</tr>
</thead>
</table>

### Executive Summary
**(including reason for the report, background, key issues and risks)**

This report is provided to enable Board Members to summarise a set of quality indicators and to provide assurance to the Board of Directors.

Whilst the Trust continues to manage all aspects of the pandemic, there is a growing emphasis on restarting systems that have been paused which includes quality monitoring processes as well as services and systems. A number of national metrics normally reported to measure quality are currently suspended.

There has been an unplanned Care Quality Commission inspection of the Children’s Pathway and Safeguarding this month resulting in a number of actions being taken by the Trust.

### Recommendations
The Board is asked to note this report.

### Appendices
1. Hospital Acquired Infections  
2. Nurse Staffing Information  
3. Submission of Good Practice Submitted to Care Quality Commission
1.0 Patient Safety

1.1 Harm Free Care – There has been no further update received regarding the replacement national system for monitoring patient safety.

1.2 Hospital Acquired Infection - There have been 5 cases of Clostridium difficile to date for 2020/21, the trajectory has not yet been received. There have been zero cases of Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia to date in 2020/21, and although not formally received, the trajectory will remain as zero. There has been 1 case of E.coli bacteraemia to date for 2020/21, a trajectory was anticipated but has not yet been received. Due to the COVID-19 pandemic and changes in health care provision comparison of data with previous years needs to be viewed with caution.

COVID-19 management is in progress. See appendix 1 for further details. The Trust have received and have completed an NHSI/E Infection Prevention and Control (IPC) Board Assurance Framework which has been submitted.

1.3 Looked After Children (LAC) - The percentage of Initial Health Assessments (IHA) completed within the statutory 20 working day timeframe was 75% for June 2020. During the month, 8 IHAs required completion, of which 6 were within timescale. Both patients who received assessment outside the 20-day timeframe were due to patient choice, as both patients had been given appointments within 20 days but these failed on the day. Assessments are currently being undertaken virtually rather than face to face.

1.4 Mortality – The Hospital Standardised Mortality Ratio (HSMR) currently sits at 117 (March 2020 data) and the Summary Hospital-level Mortality Indicator (SHMI) at 119. These continue to be statistically significantly higher than expected, but are expected to notably fall in coming months due to all non-elective activity (NEL) now being counted as part of the national return/data analysis. Issues related to quality of care and coding continue to be looked at in detail, in particular around end of life care and recognition, falls, fluid balance, community-acquired pneumonia, and out-of-hours cover by the Hospital @ Night team, and reported by the Medical Examiner in conjunction with the detailed mortality report provided by Dr Foster to provide further insight into the themes and trends affecting our data. The Medical Examiner service is currently challenged due to COVID-19 and staff sickness, but the Medical Director is actively trying to expand the number of Medical Examiners and Medical Examiner Officers in post to improve resilience.

2.0 Patient Experience

2.1 Complaints - The Trust received 125 concerns (83 in May) and 11 formal complaints (6 in May) in the month of June. 5 complaints were closed. No local resolutions meetings were held due to social distancing restrictions. Complaints responded to within the agreed timescale 60% (20% in May). This relates to two responses that were submitted late. There were 2 complaints re-opened in June, making the total currently being re-investigated 19. All out of date complaint responses have now been cleared and the Trust is on trajectory to achieve 100% compliance with timescales during July.

2.2 Friends and Family Test (FFT) – No further information has been provided about the national recommencement of data collection. Communications have been shared throughout the Trust to encourage colleagues to seek feedback from service users through alternative processes.
3.0 Clinical Effectiveness

3.1 Nurse Staffing – In response to the COVID-19 pandemic, significant disruption to nurse staffing has continued. Nurse staffing data has therefore still not been included this month due to the frequent reconfiguration of bed bases. Progress on the actions being taken to ensure safest nurse staffing levels are being maintained are shown in appendix 2.

3.2 CQUIN’s - NHS England and NHS Improvement suspended the 2020/21 Commissioning for Quality and Innovation (CQUIN) from April to July 2020 and there is therefore no requirement to take action to implement the CQUIN requirements, nor carry out CQUIN audits or submit CQUIN performance data. Further guidance is expected imminently and this is expected to confirm that the operation of the 2020/21 CQUIN scheme will remain suspended for all providers for the remainder of the year; an allowance for CQUIN will continue to be included in the block payments made to Trusts. Rotherham Clinical Commissioning Group have indicated that their stance will be in accordance with the national directive.

4.0 Quality Governance

4.1 Care Quality Commission (CQC) – During July 2020 the Care Quality Commission have undertaken a review of the Children’s Pathway and Safeguarding. This included data requests, interviews and a site visit. Following this, the Trust submitted an action plan to address specific concerns. As part of delivering on the action plan (Safeguarding Quality Improvement Plan), a weekly meeting has been arranged to review and update the plan, with fortnightly updates to the CQC (along with required evidence) and weekly review at Executive Team Meeting.

4.2 In addition to this, the Trust continue to respond to all other CQC requirements including updating outstanding actions from previous inspections and responding to ad hoc enquiries. During COVID-19, the CQC requested that any good practice that was identified by the Trust should be submitted to the CQC who would retain this and it would be used in future inspection reports. A summary of information sent so far is shown in appendix 3.

5.0 Conclusion

5.1 Quality of care delivery remains a priority and measures are being taken to ensure that this continues to be maintained, monitored and reported, as actions are undertaken to resume previously affected services. Following the unplanned Care Quality Commission inspection of the Children’s Pathway and Safeguarding, completion of the resulting action plan will be a priority during the next few months to ensure completion within agreed time scales. This will help support the ambition of delivering high quality care as a fundamental expectation.

Angela Wood
Chief Nurse
August 2020

Dr Callum Gardner
Medical Director
Appendix 1

Hospital Acquired Infections

- The 2020/21 TRFT trajectory for Clostridium difficile infection has not yet been received, as for 2019/20 will include any case where the person has been an in-patient in the 4 weeks prior to the sample date irrespective of any other hospital admission or GP prescribing. There have been 5 cases to date.

- The 2020/21 TRFT trajectory for Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia has not yet been received but is anticipated to remain as zero hospital acquired cases. There have been 0 cases to date.

- The 2020/21 TRFT trajectory for E.coli has not yet been received however is anticipated to be issued for all trusts for the first time this year. Previous reduction trajectories have been to Clinical Commissioning Group’s (CCG’s) only. There have been 1 case to date.

- There have been 3 cases of Meticillin-sensitive Staphylococcus aureus (MSSA) bacteraemia to date with no trajectory set.

- Influenza: Planning is commencing for the 2020/21 season.

- COVID-19: Phase 2: The Trust continues to work on the management of and first phase of recovery from COVID-19 coronavirus. To date there have been 635 in-patients with a positive result of which 411 have been discharged and sadly 202 have died.

  Following initial home testing of patients, a drive through facility was made at Woodside. As the testing guidance moved to symptomatic in-patients only, the drive through has been used to support staff testing (and immediate household contacts) in order to enable staff to return to work rapidly if negative. As elective pathways recommence the drive through is being accessed for patients swabbing prior to admission.

  Test and Trace by Public Health England (PHE) has commenced across England, this initiative is to rapidly identify contacts of confirmed cases who are then required to self-isolate. Tracing of any staff to staff exposure is being carried out by the Infection Prevention and Control Nurses.

  Antibody testing has commenced for Trust staff with increased testing per week based on laboratory capacity. The test will show if someone has had infection not that someone is currently infected and it is not known how long antibodies may last and if they give any immunity against further COVID-19 infection. There is no change to the advice that staff need to follow when they are informed of the result of antibody test, the testing is supporting the research into the virus.

  Areas within the hospital have been designated between red (positive or respiratory symptoms) Amber (symptomatic and asymptomatic testing in progress) and Green (negative result) to reduce the risk of spread of infection. A further pathway has been introduced to support elective surgical patient admissions (Blue) who have self-isolated for 14 days prior to admission and who have a negative swab result within 72 hours of admission.

  The availability of Personal Protective Equipment (PPE) has improved and continues being closely monitored internally on a daily basis to ensure our staff have PPE in line with national guidance. Although procurement has at times been challenging, this has been provided as required across both community and the hospital setting, leaving no staff members without the appropriate PPE by utilising supply chain and Integrated Care System (ICS) partner organisation resources. The PPE
stream continue to meet via teams on a weekly basis as part of the recovery plan. For August, it is planned to reduce meeting frequency to fortnightly.

All NHS staff must wear surgical face masks (as a minimum) whilst working in any area since 15 June and the Trust is fully supportive of this to help further protect our staff whilst working.

Consideration regarding asymptomatic staff testing is in progress, no national guidance has been received since this was first raised during a prime minister announcement, but this would also link with the Public Health requirement for availability of asymptomatic testing within Rotherham starting in July.
Appendix 2

Nurse Staffing

There has been a reduction in Registered Nurse/Midwife fill rates on days and an increase on nights when compared to those for May with an increase in Healthcare Support Worker shift fill rates on days and a reduction on nights. The overall vacancy rate has reduced with recruitment plans included during June 2020, this is in part be as a result of the temporary recruitment of student nurses on paid placement.

Care Hours per Patient Day (CHpPD) is a metric introduced following Lord Carter’s review of efficiency in the NHS to record a single consistent way of recording and reporting deployment of staff working on inpatient wards/units. During June the CHpPD for Registered staff was 5.84 and 4.46 for non-registered staff, resulting in an overall slightly increased actual CHpPD of 10.3.

In the Community there were 0 day shifts during June that were not staffed to plan, which is the same position as compared to last month. There were 11 nights shifts staffed below plan which equates to 18.33% of District Nursing night shifts being below plan, which is an improved position as compared to May 2020.

The principle of ensuring the safest staffing has been considered and aligned to operational planning processes so that care can be provided during the pandemic. Nurse staffing has been temporarily increased in some wards and departments to safely manage the increase in acuity and patient numbers in those areas. Colleagues have been redeployed from temporarily closed wards to support those with increased acuity and/or capacity.

Critical care remains in the temporary location of wards A3 & A4 with an expectation to return to the original location before the end of July. Wards have been flexed to care for patients that are Covid positive, negative or awaiting results depending upon requirements. Covid positive patients are now being cohorted within a smaller bed base due to the decreasing number of patients presenting with positive swab results.

Forty four 3rd year student nurses have opted-in to move into clinical practice at the Trust and started their extended paid placements during April 2020. Health Education England will continue to pay the salaries of 3rd year students until 30 September for 3rd year students who need to make up placement hours to enable them to qualify. Paid placements for the 2nd year student midwives and nurses will end in July and August respectively.

Five Nursing Associates qualified during June and are now registered with the Nursing and Midwifery Council.

Forty two nurses due to qualify in September 2020 have accepted a post at TRFT. The recruitment process has commenced for nurses due to qualify in March 2021.

International nurse recruitment was placed on hold due to the restrictions on travel during the pandemic. As the restrictions have now been lifted, the Trust received 7 nurses from India on 10 July; who remained in quarantine for 14 days and commenced their training on 27th July. In an attempt to bring the numbers back in line with those planned at the beginning of the year, it is likely that larger numbers will be recruited for future cohorts, with a further 13 planned to arrive in October.

Seventeen candidates have accepted a Return to Practice post at TRFT with further interviews are planned for 29 July. Training and support will be provided in-house to enable them to pass the required Computer Based Test (CBT) and Objective Structured Clinical Examination (OSCE) to re-register with
the Nursing and Midwifery Council (NMC). The Recruitment team are prioritising the pre-employment checks of those on the temporary NMC register. The OSCE test centres re-opened on 10 July and are prioritising OSCEs for those on the temporary register. The rolling advert for nurses wishing to return to practice has been placed on hold until some of those recruited have passed the OSCE and progressed to RN.

An appropriate escalation process remains in place for when staffing falls short of quality and safety outcomes. Senior nurses continue to review rosters on a daily basis to ensure appropriate numbers and experience to manage the current acuity. It has been recognised that additional support for the Health and Well Being of colleagues is beneficial at this stage and the Trust has successfully secured charitable funding to enable us to participate in the NHS Leadership Support Service: Nightingale Frontline. This service will equip senior nursing and midwifery leaders with the skills to provide emotional well-being support to nurses and midwives during and beyond the crisis.
During COVID-19, the CQC requested that any good practice that was identified by the Trust should be submitted to the CQC who would retain this and it would be used in future inspection reports. The following good practice has been submitted:

- Care Assistant, Patient Communicator and Patient Property Facilitator Roles
- End of Life Care
- Nutrition
- Charity
- Discharge
- Mindfulness Sessions
- Medicine Division (variety of good practice)
- Delivery Voice Therapy
- ED Practices
- COVID Therapy Booklet
- B5 (to be finalised)

Services have been asked to identify any further good practice which can be submitted.
Board of Directors’ Meeting  
4 August 2020

<table>
<thead>
<tr>
<th>Agenda item</th>
<th>268/20(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report</td>
<td>Operational Report</td>
</tr>
<tr>
<td>Executive Lead</td>
<td>George Briggs, Chief Operating Officer</td>
</tr>
<tr>
<td>Link with the BAF</td>
<td>B1, B2</td>
</tr>
<tr>
<td>Purpose</td>
<td>Decision</td>
</tr>
</tbody>
</table>

**Executive Summary (including reason for the report, background, key issues and risks)**

This report summarises operational performance at the Rotherham NHS Foundation Trust for the month of June 2020. It highlights some of the key issues and actions going forward to improve performance.

It includes a summary of latest positions against:

- **Urgent & Emergency care standards**
  - Initial Assessment (Local agreed standard 15 minutes) 12 minutes last period the standard has been maintained since March
  - Time to be seen by a clinician (Local agreed standard 60 minutes) 54 minutes last period
  - Mean time (National standard 200 minutes) 142 minutes has maintained during the period.
  - Improved performance against 12 hour waits 1 patient in the last month

18 week RTT incomplete pathway – validated position for June 2020 is at 77.1% (86.4% March)

- **53.4% overall performance for incompletes (67.1% in May 77% in April)**
- **Total incomplete PTL size 12681 (14591 March)**

Diagnostics (DMO1) – the validated position for DMO1 for June 2020 is 62.8% this is across all specialties

- **National Cancer standards un-validated June 2020**
  - 62 days 72.1% –against 85% target
  - 2 week waits – 96.1% against 93% target
  - 31 days 1st treatment is 95.8% against the 96% target
  - *Faster diagnosis standard 50.4% target not agreed but we believe 70%*

**Recommendations**

It is recommended that the Board note the information.

**Appendices**
1.0 Introduction

1.1 This paper covers key operational indicators, an overview of performance in June 2020, summarising headline progress and actions being taken to address areas of concern and deliver improvements forecasting expected delivery improvements as required.

1.2 Healthcare in the UK continues to operate in a restricted environment, with significantly different operational requirements to those we are used to. There is an expectation that Trusts continue to report against the national constitutional standards, although the national team have explained that they expect performance to remain poor for some considerable time across all elective care standards given the response we’ve had to provide to COVID-19 patients.

My expectation is that it will take 12 – 18 months to work through the backlog we now have, given the readjustments we have had to make to the new way of providing care.

2.0 Operational Performance

2.1 The charts and graph shows attendances across the north have increased considerably in the last few weeks.

A&E attendance for the north - all Trusts

<table>
<thead>
<tr>
<th></th>
<th>Attends (all) End of May 20</th>
<th>Attends (all) 1st week of July 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>This week</td>
<td>89632</td>
<td>94524</td>
</tr>
<tr>
<td>6 week average</td>
<td>78623</td>
<td>92053</td>
</tr>
</tbody>
</table>

Patients at 21 days plus for the north - all Trusts

<table>
<thead>
<tr>
<th>Proportion of stranded patients (21 days) May 2020</th>
<th>Proportion of stranded patients (21 days) June 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>This week</td>
<td>This week</td>
</tr>
<tr>
<td>13.82%</td>
<td>13.34%</td>
</tr>
<tr>
<td>6 week average</td>
<td>6 week average</td>
</tr>
<tr>
<td>13.43%</td>
<td>13.49%</td>
</tr>
</tbody>
</table>
The Rotherham NHS Foundation Trust 21day Occupancy as of week ending 20 July 2020 6.8%, an increase of 1% on last month.

3.0 **Urgent and Emergency Care Standards**

3.1 The Trust is maintaining the improvement in the standards we are being asked to report on, the national team have asked us to continue during the pandemic period.

3.2 Due to the release of capacity throughout the hospital, this has led to good flow out of ED on a daily basis. Attendances are now over the last few weeks at last year's averages with a number of particularly busy days each week.

<table>
<thead>
<tr>
<th>Attends (all) North Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>This week</td>
</tr>
<tr>
<td>94524</td>
</tr>
</tbody>
</table>

**June 2020**

<table>
<thead>
<tr>
<th></th>
<th>Rolling</th>
<th>Time to Initial Assessment (Mins)</th>
<th>Time to be seen by a Clinician (Mins)</th>
<th>Mean Total Wait (Mins)</th>
<th>12hrs in Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard</td>
<td>15</td>
<td>60</td>
<td></td>
<td>200</td>
<td>0</td>
</tr>
<tr>
<td>Pre-Field Test (6wks)</td>
<td>15</td>
<td>93</td>
<td></td>
<td>189</td>
<td>3 (per day)</td>
</tr>
<tr>
<td>Fri</td>
<td>19/06/2020</td>
<td>13</td>
<td>53</td>
<td>138</td>
<td>0</td>
</tr>
<tr>
<td>Sat</td>
<td>20/06/2020</td>
<td>11</td>
<td>47</td>
<td>130</td>
<td>0</td>
</tr>
<tr>
<td>Sun</td>
<td>21/06/2020</td>
<td>14</td>
<td>55</td>
<td>149</td>
<td>0</td>
</tr>
<tr>
<td>Mon</td>
<td>22/06/2020</td>
<td>10</td>
<td>45</td>
<td>132</td>
<td>0</td>
</tr>
<tr>
<td>Tue</td>
<td>23/06/2020</td>
<td>10</td>
<td>51</td>
<td>133</td>
<td>0</td>
</tr>
<tr>
<td>Wed</td>
<td>24/06/2020</td>
<td>13</td>
<td>43</td>
<td>141</td>
<td>0</td>
</tr>
<tr>
<td>Thu</td>
<td>25/06/2020</td>
<td>14</td>
<td>79</td>
<td>173</td>
<td>0</td>
</tr>
<tr>
<td><strong>Rolling 7 Days</strong></td>
<td><strong>12</strong></td>
<td><strong>54</strong></td>
<td><strong>142</strong></td>
<td><strong>0 (0 per day)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Year to Date (20/21)</strong></td>
<td><strong>12</strong></td>
<td><strong>45</strong></td>
<td><strong>145</strong></td>
<td><strong>0 (per day)</strong></td>
<td></td>
</tr>
</tbody>
</table>

The rolling averages are now well below last year’s position with mean waits at 145 mins year to date and initial assessment maintaining a positive 12 minutes.
### 4.0 Waiting List 18 Week RTT Incomplete

4.1 All but one service is breaching 18 weeks.

4.2 Please find attached the RTT Submission:

- **53.4%** overall performance for incompletes (67.1% in May 77% in April)
- Total incomplete PTL size **12681 (12727 in April, 12796 in May**
- 9 x 52 week breaches
- The ICS position is 500 plus patients at 52 weeks
  - 45% of patients over 18 weeks
  - 43,000 people over 18 weeks

<table>
<thead>
<tr>
<th>Daily Performance</th>
<th>24/06/2020</th>
<th>25/06/2020</th>
<th>26/06/2020</th>
<th>27/06/2020</th>
<th>28/06/2020</th>
<th>29/06/2020</th>
<th>30/06/2020</th>
<th>Week to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attendances</strong></td>
<td>233</td>
<td>250</td>
<td>275</td>
<td>240</td>
<td>232</td>
<td>201</td>
<td>261</td>
<td>1692</td>
</tr>
<tr>
<td><strong>NE Admissions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>from ED (Total)</td>
<td>109</td>
<td>94</td>
<td>109</td>
<td>114</td>
<td>88</td>
<td>76</td>
<td>111</td>
<td>701</td>
</tr>
<tr>
<td><strong>- Assessments (INO's)</strong></td>
<td>42</td>
<td>45</td>
<td>47</td>
<td>52</td>
<td>39</td>
<td>38</td>
<td>55</td>
<td>318</td>
</tr>
<tr>
<td><strong>- Inpatient</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Admissions</strong></td>
<td>67</td>
<td>49</td>
<td>62</td>
<td>62</td>
<td>49</td>
<td>38</td>
<td>56</td>
<td>383</td>
</tr>
<tr>
<td><strong>Conversion Rate</strong></td>
<td>28.76%</td>
<td>19.60%</td>
<td>22.55%</td>
<td>25.83%</td>
<td>21.12%</td>
<td>18.91%</td>
<td>21.46%</td>
<td>22.64%</td>
</tr>
<tr>
<td><strong>Ambulances</strong></td>
<td>69</td>
<td>76</td>
<td>85</td>
<td>76</td>
<td>74</td>
<td>63</td>
<td>84</td>
<td>527</td>
</tr>
<tr>
<td><strong>Ambulance Admis-</strong></td>
<td>41</td>
<td>57</td>
<td>53</td>
<td>40</td>
<td>32</td>
<td>25</td>
<td>45</td>
<td>293</td>
</tr>
<tr>
<td>sions to TRFT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Conversion Rate</strong></td>
<td>59.42%</td>
<td>75.00%</td>
<td>62.35%</td>
<td>52.63%</td>
<td>43.24%</td>
<td>39.68%</td>
<td>53.57%</td>
<td>55.60%</td>
</tr>
<tr>
<td><strong>Ambulance Handover &gt;</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>60 mins</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Majors ( inc Resus)</strong></td>
<td>101</td>
<td>127</td>
<td>165</td>
<td>121</td>
<td>119</td>
<td>119</td>
<td>129</td>
<td>881</td>
</tr>
<tr>
<td><strong>Minors</strong></td>
<td>66</td>
<td>66</td>
<td>52</td>
<td>43</td>
<td>55</td>
<td>43</td>
<td>60</td>
<td>385</td>
</tr>
<tr>
<td><strong>Primary Care</strong></td>
<td>32</td>
<td>21</td>
<td>24</td>
<td>47</td>
<td>29</td>
<td>14</td>
<td>30</td>
<td>197</td>
</tr>
<tr>
<td><strong>Direct Streams</strong></td>
<td>34</td>
<td>36</td>
<td>34</td>
<td>29</td>
<td>29</td>
<td>25</td>
<td>42</td>
<td>229</td>
</tr>
<tr>
<td><strong>12hr Trolley Delays</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>NE Discharges</strong></td>
<td>52</td>
<td>50</td>
<td>53</td>
<td>28</td>
<td>41</td>
<td>56</td>
<td>64</td>
<td>344</td>
</tr>
<tr>
<td><strong>(Inpatients)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DTOCs</strong></td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td><strong>MFFD</strong></td>
<td>19</td>
<td>21</td>
<td>-</td>
<td>12</td>
<td>8</td>
<td>7</td>
<td>11</td>
<td>78</td>
</tr>
<tr>
<td></td>
<td>&lt;18Wks</td>
<td>18Wks+</td>
<td>% &lt;18Wks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------</td>
<td>--------</td>
<td>----------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Surgery</td>
<td>943</td>
<td>652</td>
<td>59.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urology</td>
<td>437</td>
<td>228</td>
<td>65.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma &amp; Orthopaedics</td>
<td>523</td>
<td>951</td>
<td>35.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear, Nose &amp; Throat (ENT)</td>
<td>371</td>
<td>798</td>
<td>31.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>772</td>
<td>1003</td>
<td>43.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>9</td>
<td>50</td>
<td>15.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiothoracic Surgery</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Medicine</td>
<td>163</td>
<td>14</td>
<td>92.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>294</td>
<td>85</td>
<td>77.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td>454</td>
<td>178</td>
<td>71.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dermatology</td>
<td>361</td>
<td>114</td>
<td>76.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoracic Medicine</td>
<td>382</td>
<td>278</td>
<td>57.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurology</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatology</td>
<td>214</td>
<td>101</td>
<td>67.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geriatric Medicine</td>
<td>128</td>
<td>16</td>
<td>88.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gynaecology</td>
<td>805</td>
<td>588</td>
<td>57.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>914</td>
<td>855</td>
<td>51.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6770</strong></td>
<td><strong>5911</strong></td>
<td><strong>53.4%</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5.0 **Cancelled Operations**

5.1 One elective operation was cancelled on the day in June.

6.0 **Diagnostics**

6.1 The validated position for DMO1 for June is 62.8% this is across all specialties.
Diagnostics - % of breaches over 6 weeks (DM01)

Covid-19 pandemic forced cancellation of significant volumes of activity
7.0 Cancer Performance

<table>
<thead>
<tr>
<th>Target</th>
<th>APR 2020 Validated Provisional figures</th>
<th>MAY 2020 Validated Provisional figures</th>
<th>JUN 2020 Validation ongoing</th>
<th>Q1 2020/21 to date</th>
<th>Operational standard (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Data capture 100% complete (estimate)</td>
<td>Data capture 100% complete (estimate)</td>
<td>Data capture 75% complete (estimate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Achievements (%)</td>
<td>Activity Breaches</td>
<td>Achievements (%)</td>
<td>Activity Breaches</td>
<td>Achievements (%)</td>
</tr>
<tr>
<td>2ww</td>
<td>68.5</td>
<td>403</td>
<td>127</td>
<td>94.6</td>
<td>448</td>
</tr>
<tr>
<td>2ww Breast</td>
<td>80.5</td>
<td>41</td>
<td>8</td>
<td>95.5</td>
<td>22</td>
</tr>
<tr>
<td>62 Day from GP</td>
<td>80.6</td>
<td>33.5</td>
<td>6.5</td>
<td>58.5</td>
<td>26.5</td>
</tr>
<tr>
<td>New Single 62 day indicator (TBC)</td>
<td>80.6</td>
<td>69.5</td>
<td>12</td>
<td>76.5</td>
<td>57.5</td>
</tr>
<tr>
<td>31 Day First Treatment</td>
<td>100</td>
<td>53</td>
<td>0</td>
<td>98</td>
<td>51</td>
</tr>
<tr>
<td>New Single 31 day indicator (TBC)</td>
<td>100</td>
<td>70</td>
<td>0</td>
<td>95.2</td>
<td>63</td>
</tr>
<tr>
<td>Faster Diagnosis Standard - 28 days</td>
<td>53.6</td>
<td>345</td>
<td>160</td>
<td>71.6</td>
<td>282</td>
</tr>
</tbody>
</table>

7.1 Q1 figures are partially validated.

7.2 On the main indicator of 62-day treatment in May we saw an expected deterioration and this was down to reduced completion of pathways 58.5% against the 82% target with a slight improvement June (not validated).

7.3 Other targets (2 week waits and 31 days) are showing a positive position, but this is due to reduced numbers and limited referrals.

7.4 2 new indicators are included but we do not yet have an agreed target. We also do not have a national target for last years “FDS” faster diagnostic standard which showed a reduction from 75% last year to 56% Q1 so far.
7.5 Numbers of patients on the cancer waiting list over 62 days has increased which, once they are treated, will deteriorate our position further.

7.6 We have clinically prioritised all of our cancer patients in order to identify which patients we need to treat urgently and which patients do not require diagnostics or treatment in the short-term. The process was implemented for all new referrals, although we are now restarting full assessments and diagnostics.

7.7 We are now running all diagnostics for cancer patients, in order to confirm the original clinical triage decision of low or medium risk, and also to ensure timely diagnosis for the emotional wellbeing of our patients.

8.0 Discharge Information

8.1 COVID-19 has led us to replace our ward-by-ward work on the SAFER bundle with a critical daily focus on early discharge, driven by a home-first approach. This has removed most of the delays in discharge as funding is sorted outside of the acute hospital. Patients are, therefore, no longer waiting in the hospital for Social Care package agreement; instead they are transferred out to our community services to have assessments and home planning done there. This re-focus, using a home-first approach, has had impressive results in a very short space of time. By 2 April we had 0 DTOCs, and they remained at 2 or below for the months of April and May.

8.2 We are recording and managing long stay patients against “the right to reside program” across acute and community services.

9.0 Forward View

9.1 The forward-look on performance has been made somewhat speculative due to Covid-19 and the focus has now moved to preparing for and commencing recovery. Given the extended period of time through which we will need to manage COVID-19 patients, our position across all elective care metrics will not improve in the next few months, with cancer performance focusing on long wait patients next 2-3 months as we work through the backlog of patients. We expect our non-elective (Urgent & Emergency Care) performance to be significantly improved given the levels of beds and flow across the
service we have achieved. We are planning to ensure we retain all of the good practice that has been established during this period as demand does increase again.

9.2 As we move towards winter planning and preparation for a flu pandemic we are concerned that winter plans staffing and demand will show a mismatch (winter plans will need to be on the next Finance and Performance Committee agenda). This will be a major risk to the staff and patients at the Rotherham NHS Foundation Trust if not handled appropriately.

9.3 As a Trust our focus is on implementing our ‘recovery’ plans, which need to involve an increase in our elective activity, to ensure we minimise the indirect impact of COVID-19 on our patients and population. The primary issue to resolve is how we are able to treat more of our routine patients whilst working to all of the necessary guidelines and requirements, we have made changes to our physical capacity as well as our processes and ways of working.

9.4 Each specialty has developed a plan for how they intend to manage this, and these plans are now being enacted post scrutiny to ensure they are deliverable and appropriate.

9.5 We will not be in a (recovered) similar position to last year regarding electives and diagnostics during this financial year.

George Briggs
Chief Operating Officer
July 2020
# Agenda item
268/20(c)

# Report
**Workforce Report**

# Executive Lead
Steven Ned, Director of Workforce

# Link with the BAF
B4, B5, B6

# Purpose
<table>
<thead>
<tr>
<th>Decision</th>
<th>To note</th>
<th>Approval</th>
<th>For information</th>
</tr>
</thead>
</table>

## Executive Summary (including reason for the report, background, key issues and risks)

- Turnover during June 2020 was 0.72% (99.28% retention) which is a 0.26% increase against June 2019.
- The Trust’s sickness absence for June 2020 was 3.41% (excluding Covid-19 absence) which is a 0.21% improvement compared to May 2020.
- The Trust’s overall core MaST compliance for June 2020 has increased slightly to 91%; the Medical & Dental staff group compliance is currently at 80%.
- The 12 month rolling Personal Development Review (PDR) compliance is currently 60% against a 90% target
- “Our People Pack” which centralises tools, guidance and links to support self, managers and teams as part of the Rotherham response to this pandemic and beyond is ready to be launched
- Work is currently underway to produce the Trust’s annual Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) submissions.
- Catherine McCartan (Assistant Practitioner) won Apprentice of the Year at the annual RNN College apprenticeship awards.

## Recommendations
It is recommended that the Board of Directors note the contents of the Workforce Report.

## Appendices
1. Workforce Report
2. Our People Pack
1.0 Recruitment and Retention

1.1. Turnover during June 2020 was 0.72% (99.28% retention) which is a 0.26% increase against June 2019.

1.2. Further analysis shows of the 33 leavers who left voluntarily in June 2020, 10 (7.34 Whole Time Equivalent (WTE)) had the leaving reason of 'Work Life Balance' followed by 'Retirement' 10 (7.16 WTE).

1.3. The recruitment time to hire in June is at 44 days, this is above the target of 34 days. Delays on shortlisting and formalising the offer to the successful candidate have deteriorated, however, the team is working with recruiting managers in order to reduce this time. Pre-employment checks have also been delayed with some companies being closed or impacted by reduced staffing. The team continue to review this and actions currently being implemented are expected to see positive results from September.

1.4. In June the Trust welcomed 47 students and 5 Return to Practices Nurses.

2.0 Sickness Absence

2.1. The Trust’s sickness absence for June 2020 was 3.41% (excluding Covid-19 absence) which is a 0.21% improvement compared to May 2020.

2.2. Sickness rate including Covid-19 is 5.56% June 2020, a decrease of 0.91% compared to previous month. All other Divisions have experienced a decrease, with Medicine Division having the largest decrease (1.99%).

2.3. Emergency Division has highest increase (0.72%) in sickness absence excluding Covid-19 compared to previous month due to Long term sickness, with highest amount of cases due to Anxiety/Stress/Depression.

2.4. The 12 month rolling sickness absence for June 2020 was 4.59% and represents a 0.10% improvement from the previous month (4.69%).

3.0 Mandatory and Statutory Training (MaST)

3.1. The Trust’s overall core MaST compliance for June 2020 has increased slightly to 91%; the Medical & Dental staff group compliance is currently at 80%. The table below highlights the Trust’s compliance by division.
3.2 Face to face training continues to be paused, however, Learning and Development continue to deliver comprehensive development programmes, induction, and Personal Development Review support – all available via the Hub/TEAMS/or Bespoke. All offerings are being reviewed to be delivered remotely at least in the short term.

3.3 Following the recent CQC inspection and as part of the quality improvement action plan; it was agreed to share the various levels of safeguarding training compliance with the Board. The graphs below illustrate the data set as at 07 July 2020.

4.0 **Personal Development Review**

4.1 The 12 month rolling Personal Development Review (PDR) compliance is currently 60% against a 90% target. The data below is the position at 08 July 2020.

<table>
<thead>
<tr>
<th>Division</th>
<th>Assignment Count</th>
<th>Reviews Completed</th>
<th>Reviews Completed %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Support Services</td>
<td>864</td>
<td>485</td>
<td>56%</td>
</tr>
<tr>
<td>Corporate Operations</td>
<td>498</td>
<td>229</td>
<td>46%</td>
</tr>
<tr>
<td>Corporate Services</td>
<td>260</td>
<td>128</td>
<td>49%</td>
</tr>
<tr>
<td>Emergency</td>
<td>162</td>
<td>136</td>
<td>84%</td>
</tr>
<tr>
<td>Family Health</td>
<td>624</td>
<td>372</td>
<td>60%</td>
</tr>
<tr>
<td>Medicine</td>
<td>793</td>
<td>514</td>
<td>65%</td>
</tr>
<tr>
<td>Surgery</td>
<td>737</td>
<td>508</td>
<td>69%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>3,938</strong></td>
<td><strong>2,372</strong></td>
<td><strong>60%</strong></td>
</tr>
</tbody>
</table>

4.2 The 2020 PDR season is in progress with consideration being taken into account for the Covid-19 situation: training is available virtually, support accessed remotely, the
season extended and new guidance has been issued in accordance with social distancing rules. Planning is underway for the 2021/22 new appraisal process as part of Our People Strategy commitment; and alignment with Our Talent Management implementation - with a soft launch planned for Autumn 2020. This launch will include consultations with staff on re-designed career conversations paperwork, development of support and action learning sets that focus upon and discuss different parts of the new appraisal process.

5.0 Leadership, Culture and Engagement

5.1 The management skills offering usually delivered face to face are currently being revised to be delivered via TEAMS. Subjects already underway include recruitment & selection and PDR reviewer.

5.2 “Our People Pack” which centralises tools, guidance and links to support self, managers and teams as part of the Rotherham response to this pandemic and beyond will be launched at the end of July 2020. (Appendix 2).

5.3 A decision has been made to defer the next cohort of Trainee Nursing Associates (TNA’s) until March 2021. The decision was a difficult one, however with the increase in the number of students expected from September and legacy issues re Covid-19 it was decided that this was the appropriate decision. We currently have 42 TNA’s at various stages of their apprenticeship journey.

5.4 The first virtual careers event took place for Oakwood School Students on 14 July. There was a live interview with Cath Mills, Occupational Therapist at Rawmarsh Customer Service Centre. Cath talked about her career story and what makes her passionate about the job. The aim was to inspire students to consider Occupational Therapy as a career choice. This first session will be evaluated for impact and used to inform subsequent sessions. This approach will also be used to attract adults in Rotherham to a career with us, as part of a partnership with the local Job Centre. An appeal for volunteers has been made via Trust Communications.

5.5 Learning and Development team have made welfare calls, contacting 40 colleagues that are shielding at home. Outcomes and requests have been collated and shared back with HR colleagues and managers for action.

5.6 Further great news this month as Catherine McCartan (Assistant Practitioner) won Apprentice of the Year at the annual RNN College apprenticeship awards. A fantastic achievement against fierce competition.

6.0 Equality, Diversity & Inclusion

6.1 Understanding Privilege and Becoming Anti-Racist – training (via Teams) launched at the beginning of July, with sessions available regularly. Initial feedback from participants has been very positive.

6.2 Lesbian, Gay, Bisexual and Transgender (LGBT+) Awareness training also launched (via Teams) at the beginning of July, to support the Trust’s implementation of the NHS Rainbow Badge Scheme. The public launch of the scheme is being planned for 22nd August to coincide with Rotherham’s Virtual Pride event.
6.3 Work is currently underway to produce the Trust’s annual Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) submissions.

6.4 The Trust is required to submit fully anonymised data to NHS England/Improvement about the number of risk assessments completed and the number of staff who do not want a risk assessment against some specific questions. The following return was submitted on the 17 July 2020.

Q1: Have you offered a risk assessment to all staff? Yes
Q2: What % of all your staff have you risk assessed 10%
Q3: What % of risk assessments have been completed for staff who are known to be ‘at risk’, with mitigating steps agreed where necessary 27%
Q4: What % of risk assessments have been completed for staff who are known to be from a BAME background, with mitigating steps agreed where necessary 34%

7.0 Bank & Agency / NHS Professionals

7.1 NHSP rapid recruitment process is working well and allows workers to be recruited with on-boarding within 24 hours. 21 new recruits in June with 38 additional nursing shifts filled as a result.

7.2 In June there was a 5% decrease in demand for both registered and unregistered staff groups, this is a culmination of usual trend plus the Covid-19 impact; i.e. repurposing the hospital and increasing normal staffing capacity which resulted in a reduction of costs for Bank and Agency workers.

7.3 Agency cascade review within Allied Health Professionals (AHP) & Health Care Support Worker (HCS) and migration of agency workers to bank discussion taking place.

8.0 Systems

8.1 Following discussion at the Board seminar session earlier in the month an E-roster oversight monthly meeting has been arranged and which commenced on 02 June 2020. The oversight group has been focussing on roster approval lead time KPI, roster finalisation audit and NET hours.

8.2 System interface between eRoster and NHSP. The bank project is scoped out with a project commencement date of 06 August 2020 identified. The Trust is finalising the two pilot areas which will be implementing the new process.

8.3 The ongoing improvement work and review of the owed hours metric has seen a continued decrease in the total hours owed. The e-roster steering group established last month will monitor this metric along with the suite of measures associated with best practice roster efficiency.

<table>
<thead>
<tr>
<th>Period</th>
<th>Hours Owed</th>
</tr>
</thead>
<tbody>
<tr>
<td>December</td>
<td>53,061</td>
</tr>
<tr>
<td>January</td>
<td>51,224</td>
</tr>
<tr>
<td>February</td>
<td>34,364</td>
</tr>
<tr>
<td>March</td>
<td>31,418</td>
</tr>
<tr>
<td>April</td>
<td>31,286</td>
</tr>
</tbody>
</table>
8.4 Contact has now been made with Barnsley in terms of the ESR Manager Self Service (MSS) project and the first meeting will be held in the next couple of weeks to scope out requirements between both organisations.

8.5 Conflicts of interest module in ESR – Discussions and project plan underway with the aim to go live on 01 September to move the process from paper to electronic recording in ESR further as a new release function for all employees.

8.6 The recruitment team have been exploring the opportunity to implement the applicant dashboard across the Trust which would help with data efficiencies and the candidate experience when going through the recruitment process.

9.0 **Occupational Health / People Asset Management**

9.1 The monitoring of the Occupational Health performance continues each month; there has been ongoing communication in relation to Covid-19 related wellbeing support and extended service offerings.

9.2 A key priority for the Trust is to ensure there are optimal referral pathways into occupational health to ensure managers/employees access services in the most cost effective manner. A work stream is being set up to review this and the immunisation & vaccination process. The team review all late cancellation/did not attend (DNAs) of appointments and are working with divisions to eliminate this problem. Last month we saw the lowest cost associated to these cancelled appointments at £2,262. This has remained consistent for June.

Steven Ned  
**Director of Workforce**  
July 2020
Our People Pack
The Rotherham response to Covid-19 and beyond
Our People Pack has been created to support you, your team and those with managerial responsibilities during this pandemic and beyond.

This pack includes and has built upon the immediate Rotherham response to COVID-19. This pack will be updated quarterly and as YOUR pack we are asking for YOUR feedback on any of the services and further suggestions to be sent to donna.west@nhs.net or rgh-tr.learning.development@nhs.net
Everyone is naturally worried about keeping themselves, family and friends safe and well at all times, especially during a pandemic.

Everyone will experience fear of this pandemic at some point and heightened anxiety due to this virus being new and all the unknowns that this brings.

Everyone will experience a pressure to be a support for someone else at some point during this pandemic.

Everyone has basic needs which remain important, if not more important than ever throughout this pandemic.

Most will experience financial worries which may not be work related but could be caused by the economy, cancelled events and/or family members being directly affected financially.

Home and work lines become increasingly blurred, whether it’s due to being home based or having no respite from this pandemic before or after your working day; largely due to media especially social media and conversations with others. There are no natural breaks!

This is a global pandemic with no respite so it is overwhelming whether you are directly affected or not by COVID-19.

For some people the risk is significantly higher so there needs to be an increased awareness and specific support for these individuals.

Those directly affected by COVID-19 will require additional support at work due to illness, isolation, shielding and/or bereavement.

On average 70% of us will recover without the need for intervention given the right support, feeling pressurised by this pandemic is normal and feeling stressed is not a weakness or a reflection that you are unable to do your job.

Why do we need to support each other?
The media, ourselves and others all add pressures to be, do or think in a certain way. Our situation and journey are our OWN, our emotions are our OWN and our units around us are our OWN.

Make sure that you prioritise some “ME” time, so you can relax and reflect on how you’re feeling and how your day or week has been, remembering to be kind to yourself which allows a kindness for others. The Mental Health Foundation have produced a useful ‘Kindness Matters Guide’ (click on link or refer to page 18).

Focus on YOU as well as your patients and colleagues. A sense of trust, purpose and passion is a strong thread to hold onto as you can only support others if you support yourself. Also focus on the facts during this pandemic rather than becoming overwhelmed by opinions.

How am I? How do we support ourselves?

5 Steps for Mental Health Wellbeing

No.1 – Connect with Other People

Good relationships are important for your mental wellbeing. They can help you to build a sense of belonging and self-worth, give you an opportunity to share positive experiences and provide emotional support and allow you to support others.

- **DO**
  - Contact with family and friends by phone or video chat as oppose to just text.
  - Switch off the TV and talk or play a game in your household or virtually with others.
  - Have breaks or lunch with a colleague whilst observing social distancing.
  - Visit those you can within your bubbles.

- **DON’T**
  - Just rely on technology or social media alone to build relationships through text, message and/or email.

No.2 – Be Physically Active

Being active is great for your physical health, fitness and your mental wellbeing by raising your self-esteem, helping you to set goals or challenges and achieve them whilst causing chemical changes in your brain which can help to positively change your mood. Click on the link to find out more about getting active (page 18)

- **DO**
  - Find free activities to help you get fit (page 18)
  - If you have a disability or long-term health condition find out about getting active with a disability (page 18)

- **DON’T**
  - Do not feel that you have to spend hours doing traditional exercise routines as it is best to find activities you enjoy and make them a part of your life.

No.3 – Learn New Skills

Research shows that learning new skills can also improve your mental wellbeing by boosting self-confidence and raising self-esteem (page 18) helping you to build a sense of purpose and helping you to connect with others. Even if you feel like you do not have enough time, or you may not need to learn new things, there are lots of different ways to bring learning into your life.

- **DO**
  - Try learning to cook something new. Find out about healthy eating and cooking tips (page 18)
  - Try taking on new responsibility at work, such as mentoring or becoming a champion
  - Work on a DIY project, learn a new language or a practical skill. Share this with colleagues.
  - Try new hobbies that challenge you, such as writing a blog or taking up a new sport.

- **DON’T**
  - Do not feel you have to learn ‘qualifications’ it is best to find development you enjoy and make them a part of your life.
Going home checklist

Take a moment to think about today—what went well?

- Acknowledge one thing that was difficult—let it go.
- Consider 3 things that made you smile—no matter how small.
- Check on your colleagues before you leave—are they OK?
- Are you OK? Your team, manager and TRFT are here for you.
- Choose an action that signals the end of the working day.
- Switch your attention to what you will do when you get home.
- How will you rest and recharge?
- Do something that makes you happy—you deserve it!

No. 4 - Give to Others
Research suggests that acts of giving and kindness can help improve your mental wellbeing by creating positive feelings and a sense of reward, giving you a feeling of purpose and self-worth and helping you connect with other people. Whilst observing social distancing rules and current guidance on face masks;

**DO**
- Say thank you to someone for something they have done for you.
- Ask friends, family or colleagues how they are and really listen to their answer.
- Spend time with friends or relatives who need support or company.
- Offer to help someone you know with DIY or a work project.
- Volunteer in your community.

**DON'T**
- Do not put pressure on yourself to save other people and do everything!

No. 5 – Pay Attention to the Present Moment
Paying more attention to the present moment can improve your mental wellbeing. This includes your thoughts and feelings, your body and the world around you. Some people call this awareness “mindfulness”.

Mindfulness can help you enjoy life more and understand yourself better. It can positively change the way you feel about life and how you approach challenges. Read more about mindfulness, including steps you can take to be more mindful in your everyday life (pages 8-14)

Work with everything you have, and everything you feel rather than looking at anyone else and what they have and how they feel.

You can make for a better moment in the future by dealing consciously with the moment that is in front of you now. Your future self will thank you for it.

Take the rest.
How Are We?

How do we support each other in our teams?

We need to consider that our workforce is now separated into those that remain in a working environment including the frontline staff and those working remotely who will have a phased return to the working environment. Whether you are working remotely or remain in work you will need to have regular wellbeing check-ins.

We know that together, we are stronger so we all need to look out for each other and check in where we can. Taking the time to talk, learn and grow together is important so asking good questions in conversations, huddles, meetings, briefings could be:

- **What is working for us?**
- **What is worrying us?**
- **What matters most at this present moment in time?**
- **What support do we need?**

The more we talk the less power we give to negative thoughts.
Consider the BPM Model:

**Breathe** – This will ground you and act a mental release to prepare you to assess the challenge.

**Pause** – Take a moment to gain perspective, remembering all of the experience, training, expertise and wider support that you have available to help you to make the best decision. This will help you to take an informed course of action.

**Move Forward** – Take forward your best-fit action, knowing that you made the best decision you could at the time.

Team Resilience guidance, especially during this pandemic can be found within the NHS England and Improvement People Guides (page 18) https://people.nhs.uk/guides/team-resilience/steps/team-resilience/

The core of this guide is for individuals to consider:

- **Reducing** the impact of what your team are up against.
- **Responding** well to the challenge together.
- **Reflect** and Review to learn from the experiences.

If working remotely here are some tips on how to foster positive virtual interactions, which is based upon neuroscience research (page 18)

Keep your camera on during virtual meetings – looking at someone’s face leads to a brain change fostering better interactions.

Don’t multitask – maintain eye contact with the speaker as it increases oxytocin which is the trust and bonding hormone.

Place a mirror on your work space – if you cannot use a visual as this will ensure you behave in a diplomatic, constructive fashion.

Take 5 minutes to recharge - we all have a specific reserve of energy for making decisions and behaving judiciously so break longer meetings into shorter ones, eating, exercising or just taking a short comfort break between interactions.

Make it count – even just having a few minutes of non-business related conversation can set a team and individual on a much more positive, productive course.

Try a virtual cuppa ‘n’ catch up with your team today! You can use this to check in at the start or end of a day, as part of social and connecting time which is important to our working relationships, home schooling tips, an opportunity to share new learning or just an ad-hoc conversation. Encourage colleagues to give their views and feel safe to do so.

We are all in this together with each of us having different and important roles to play. No matter where your team are currently working remember what unites you and what is your shared purpose, whilst continuing to value your differences and contributions to each other, the organisation and the NHS.
How Are You?
How do we support those we lead and manage?

There are NHS People Guides specifically designed for those that lead and manage available on https://people.nhs.uk/all-guides/ (page 18) which includes further detail on these 10 evidence based behaviours for Leading Compassionately:

**Look after yourself**
Paying attention to your wellbeing will maximise your ability

**Speak candidly and compassionately**
a balance of clarity and empathy is essential

**Set the emotional tone**
Your calm confidence will have a powerful influence

**Be inclusive in the way you lead**
Be consciously and actively inclusive at all times

**Maintain routines**
Stability is essential to grounding, inducting and connecting team members

**Give yourself space to make the right call**
Stop, breathe, reflect, and choose

**Create safe spaces**
Share vulnerabilities and give your team permission to do the same

**Encourage everyone to talk**
Continuous, open, inclusive communication supported by attentive listening

**Look out for your team**
Especially those who withdraw, refuse help or feel excluded

**Acknowledge the hurt**
Acknowledge, empathise and support your people with the pain they may experience

(based upon Specialist Task Force and The Royal Military Academy Sandhurst, Centre for Army Leadership)
The compassionate practice is purely based upon asking the questions that matter, listening with a quiet mind and appreciating with the heart as these extreme circumstances have allowed us to rediscover our core purposes.

Please consider the individual needs of those staff that have continued to work on site including those on the frontline and those staff that have supported, which may have involved working remotely for the first time. Further consideration should also be given to teams once they re-integrate.

Key points for all leaders and managers to consider are;

- Maintaining the safety of your staff and ensuring any risks are well managed.
- Early intervention and providing safe spaces for staff to decompress.
- Recognising that individuals respond differently, therefore our reactions as leaders and managers need to take that into consideration.
- Acknowledging vulnerable individuals and put into place any early interventions where possible.
- Making time to connect / re-connect with the people who you manage and for large teams consider distributed leadership.
- Being generous with positive reinforcement.
- Actively listening to understand; what are the facts, listen to the feelings expressed in tone and pace and what is the intention for this conversation.
- Checking in with their welfare on a regular basis; how are you and how can I / we / TRFT support you?

Everyone counts so more ASKING than telling to ensure that all have a voice that is listened to and remember with the most appropriate level of support provided 70% of all of us will recover, so please do not rush to intervene with psychological interventions and please don’t be too busy to look up.

Be the change you want to make
A psychological contract is a set of expectations that are exchanged between us in an employment relationship as it’s not always up to you the way that you feel, but how you act is a different deal.

We can all continue to lead the Rotherham Way as detailed in Our People Strategy as even though we aren’t all feeling the same, we can all;

**Inspire a shared sense of purpose**  
Take pride and continuously improve.

**Lead with care**  
Support through compassion, care and understanding.

**Use and evaluate information to improve**  
Informed decisions and actions.

**Work together to connect services**  
Build relationships internally and externally.

**Share the vision**  
Clear communication on responsibilities and importance to TRFT

**Engage with our team**  
Respect, value, and appreciate each other.

**Hold ourselves to account**  
Clear expectations, appropriate support and honesty.

**Develop our capability**  
Role modelling and encouraging potential.

**Influence what happens**  
Be ambassadors for TRFT and have your say! Engage with Communications including Proud News, our intranet the HUB, our website, Facebook and Twitter.
The Rotherham Response

The immediate response poster is still available on the HUB. TRFT support includes;

The Engagement and Wellbeing Team
01709 427031 or rgh-tr.wellnessmatters@nhs.net

Mindfulness Sessions
Bespoke and available upon request for teams and individuals by contacting sanjay.suri2@nhs.net

PGME Time to Talk
Staff trained in Trauma Resilience Management offering a confidential drop in service at PGME 8am-5pm Monday to Friday or contact 07561002594 or michelle.horridge1@nhs.net

COVID-19 helpline
01709 426668 available 7am-5.30pm Monday to Friday and 7am-1pm at weekends

Library Resources
https://www.trftlibraryknowledge.com/coronavirus-health-wellbeing.html has an array of support materials and contacts for all NHS staff, specifically for those on the frontline and for everyone including support for families.

"My experience of the COVID-19 support helpline and all the people that I have spoken to either when I phoned them or when they phoned me with my results, are brilliant and they were all friendly and helpful."

TRFT Employee

"The wealth of information for both local and national support has been so useful in helping me to look after myself so I can do my best to support my patients and my team, as we cannot pour from an empty cup!"

TRFT Employee

Support for our TRFT Colleagues

Working together to care for each other

We really appreciate you caring for others in these difficult times; please take some of this time to care for yourself!

External Support

Caring Together: We have provided a diverse range of self-care options to suit your diverse support needs.

Citizens Advice Bureau
0344 111 444

Samaritans
116 123
jo@samaritans.co.uk (Response time: 24 hours)

Compassionate Friends
0345 123 2304

Free access to wellbeing apps for NHS Staff: Visit people.nhs.uk

PAM Assist
Confidential support for a wide range of needs
24 hours, 7 days
0800 882 4102

Trust COVID-19 Helpline
01709 427004

Quiet Space
Rooftop Restaurant
A Level 08:00 - 15:00
Free Refreshments available

Trust Mental Health Champions
Contact a Champion
https://thehub.rothgen.nhs.uk/Team-Centre/CorporateServices/engage-and-wellbeing/Pages/mhchampions.aspx

COVID-19 Support

COVID-19 Support
01709 426668

Chaplaincy Team
01709 424098

Out of Hours
01709 820000

Call in to the Chaplaincy on C Level

Mental Health Champions
Contact a Champion

Mindfulness Sessions
Bespoke and available upon request for teams and individuals by contacting sanjay.suri2@nhs.net

PGME Time to Talk
Staff trained in Trauma Resilience Management offering a confidential drop in service at PGME 8am-5pm Monday to Friday or contact 07561002594 or michelle.horridge1@nhs.net

COVID-19 helpline
01709 426668 available 7am-5.30pm Monday to Friday and 7am-1pm at weekends

Library Resources
https://www.trftlibraryknowledge.com/coronavirus-health-wellbeing.html has an array of support materials and contacts for all NHS staff, specifically for those on the frontline and for everyone including support for families.

"My experience of the COVID-19 support helpline and all the people that I have spoken to either when I phoned them or when they phoned me with my results, are brilliant and they were all friendly and helpful."

TRFT Employee

"The wealth of information for both local and national support has been so useful in helping me to look after myself so I can do my best to support my patients and my team, as we cannot pour from an empty cup!"

TRFT Employee
The Rotherham Response

**Quiet Spaces** are available across TRFT including the Rooftop Restaurant in the hospital on A level 8am – 3pm with free refreshments available.

**Chaplaincy Team** support including a Wobble Room which provides a relaxing and safe environment giving staff the opportunity to relax, wind-down and have a moment to reflect. The wobble room is open 24/7 to all staff and is located in the Hospital Chapel on Level C. As you enter the chapel, it’s on your left. To ensure only staff have access to it, it is locked with a digi-lock. The code is C7518.

**Medical Student** Support available to all staff by contacting sheffmedsoc.com

**Staffing Hub** - please support all redeployed staff in practice especially if new to the role or returning to clinical settings.

**BAME Networks** - additional information and support is available to BAME (Black, Asian and Minority Ethnic) colleagues here on the Staff Network Hub page which also includes discussions about the Black Lives Matter movement.

**LGBT+ Network** - this is open to staff who identify as Lesbian, Gay Bisexual, Trans or related identities and to allies. More information can be found here.

**Coaching** enables us to be the best we can be in the areas we choose to focus on. Through a series of structured sessions, coaches aim to increase awareness in their clients and provide fresh insight that can be put into immediate action. Coaching enables individuals to develop their skills, increase their effectiveness and maximise their potential. Coaching is a personal service and is always tailored to the needs of the individual. We have a number of qualified Coaches who can be contacted via the HUB or rgh-tr.learning.development@nhs.net

We recognise a number of trade unions to negotiate on your behalf and represent you in the workplace. The role of **Staff Side** is to ensure a collective approach to employment issues where they can either directly support you or signpost you to the most appropriate service. Staff side also offer training opportunities for members who wish to become workplace representatives. Their on-site office is in the hospital.

**People Asset Management PAM** support details are on page 18.

---

**Mental Health Champions**

*time to change* 

let’s end mental health discrimination

---

**TRFT Employee**

“Taking time out to have those virtual ‘water-cooler’ conversations is a welcome relief from the stresses and strains of working alone. It helps to magnify the sense that we are working together in partnership, rather than in silo”

---

Across the Trust we have **Mental Health Champions** who are here to support you.

As always if you have any concerns you can speak in confidence to our **Freedom To Speak Up Guardians**.

---

**You can find out more about Freedom to Speak Up at:**
Website: www.freedomtospeakup.org.uk
The Hub: Freedom To Speak Up
Email: rgh-tr.freedomofinformation@nhs.net
Telephone: 01709 427009
#supportourNHSpeople

Ways to access support during COVID-19

HELP NOW

Text ‘FRONTLINE’ to 85258 to start a conversation
Listening Line - For all NHS staff – call 0300 131 7000 - 7am -11pm
Bereavement and loss support call 0300 3034434 - 7am-11pm

ONLINE

A range of materials to support you and your teams perform under this pressure.
www.people.nhs.uk

WEBINARS

http://horizonsnhs.com/caring4nhspeople
Access to the latest information and support
https://www.practitionerhealth.nhs.uk

APPS

Free access to psychological support – use your nhs.net email address to download.
Unmind Headspace Sleepio Daylight

SELF GUIDED MENTAL HEALTH SUPPORT

Silvercloud: https://nhs.silvercloudhealth.com/signup
use the code NHS2020

COMMON ROOMS

Meet other professionals in a safe and guided space. Get support and share your experiences. https://www.practitionerhealth.nhs.uk/upcoming-events
Please take advantage of the NHS England and Improvement national support services to share experiences, thoughts and feelings in a safe space as:

- This pandemic is new for everyone across the NHS and affecting everyone on a global scale.
- These interventions have been collaboratively developed by a number of experts, which have been tried and tested on a national scale.
- You have the option to remain anonymous if you so wish.

The apps are free to access until December 2020; Silvercloud offers wellbeing support for all, Daylight uses techniques for anxiety management, Sleepio improves poor sleeping patterns, Unmind allows everyone to proactively improve their mental wellbeing and Headspace provides tools to reduce stress and build upon resilience.

**The Stay Alive** app is a suicide prevention resource used across the UK.

There are self-help guides on various topics https://people.nhs.uk/all-guides/ including bereavement support, financial wellbeing and managing stress.

NHS England have also introduced Leadership Support Circles that you can access information and support for by emailing england.covid19managerssupport@nhs.net whereby NHS leaders and managers from across the UK will have an opportunity to share and discuss best practice on a variety of topics during this pandemic.

**Cityparents** [https://www.cityparents.co.uk/](https://www.cityparents.co.uk/) offers expertise and support to help balance work and family life.

**NHS Choices** – Moodzone has wellbeing podcasts designed to improve mood on; Depression Coping with Panic Anxiety Anxiety Control Sleep Problem Solving Build confidence and tackle unhelpful thinking [https://www.mentalhealthatwork.org.uk/resource/nhs-choices-moodzone/](https://www.mentalhealthatwork.org.uk/resource/nhs-choices-moodzone/)

Mind also support [www.elefriends.org.uk](http://www.elefriends.org.uk) which is an online community group.

**RotherHive** is a platform that offers advice on a range of mental health and wellbeing issues. It also provides a range of verified practical tips as well as local, national and online services, organisations and groups. You can find out more about by visiting rotherhive.co.uk

**Improving Access to Psychological Therapies** (IAPT) [iapt.rdash.nhs.uk](http://iapt.rdash.nhs.uk) are self-referral and run throughout South Yorkshire who provide counselling, resilience, anger management and stress workshops.


**Just ‘B’ NHS Staff Support Line for Bereavement** confidential support line on 0300 303 4434 either experienced in your personal life or by witnessing increased death in the workplace available 7 days per week 8am – 8pm.

**Filipino Bereavement and Trauma** specifically for those NHS Filipino staff members who need confidential support on 0300 303 1115 available 7 days per week 8am – 8pm.
People Asset Management (PAM) support is free, confidential support for all staff at TRFT on a self-referral basis 24/7 365 days a year.

If you or someone you know requires support of any kind the Samaritans are also a free, confidential 24/7 365 days per year service on 116 123 or resources can be accessed on https://www.samaritans.org/

Headspace https://get.headspace.com provide a number of resources to support a wide range of wellbeing and mental health needs.

There is an increasing trend of substance misuse and Change Grow Live can help support you or others with this https://www.changegrowlive.org.

If you or someone you know has suicidal thoughts then Rotherham has a specialised service ‘Be The One’ https://www.be-the-one.co.uk/ where lots of support can be accessed including a Grassroots project.

MIND offers Mental Health Support with specific advice on this pandemic including Post Traumatic Stress Disorder (PTSD) and can be contacted on 0300 123 3393 or lots of different resources can be accessed on www.mind.org.uk. Rotherham and Barnsley MIND can be contacted on 01709 919929.

Anxiety UK can be contacted on 03444 775 774 or a text service is available on 07537 416 905 or resources are available on www.anxietyuk.org.uk.

All NHS workers can access free support sessions with professional therapists from 6am-10pm, seven days a week at www.harleytherapy.com/nhs. To qualify, all you need is an NHS email address.

The British Medical Association (BMA) confidential counselling services are available to doctors and medical students, including non-BMA members, 24/7. This service can be accessed on 0330 123 1245 and you can find up to date information and guidance on COVID-19 at bms.org.uk where you can also join the BMA, if you are a doctor, to get further help and support during these unprecedented times.

Support for children and parents with babies


NSPCC helpline: 0808 800 5000 If you’re worried about a child, even if you’re unsure, contact NSPCC professional counsellors for help, advice and support.

Childline 0800 1111: Offers free, confidential advice and support for any child 18 years or under, whatever the worry.

ICON: Babies cry: You can cope. Advice and support for parents coping with a crying baby http://iconcope.org/
**Other support**

**Support for those experiencing domestic abuse**


**National Domestic Violence Helpline:**

**Men’s Advice Line:** 0808 8010 327 [www.mensadviceline.org.uk](http://www.mensadviceline.org.uk)

**Galop:** 0800 999 5428 (national helpline for lesbian, gay, bisexual and trans people experiencing domestic abuse)

**For anyone worried that they may be harming someone else contact**

*RespectUK:* 0808 802 4040 [https://respect.uk.net/](https://respect.uk.net/)

**Additional support**

*Action on Elder Abuse:* 0808 808 8141

*Cruse Bereavement:* 0800 808 1677

*Compassionate Friends:* 0345 123 2304

*Citizens Advice Bureau:* 03444 111 444
Summary

We need time to breath, restore and assess what has happened and is happening.

Think about what has been the positive impacts we want to continue and make best practice during all the challenges we have experienced as individuals and colleagues.

Please remember our Core Values in;

- Ambitious
- Caring
- Together

Encouraging all staff to be

**Ambitious**

in not just getting through this pandemic, but to gain strength in embracing new ways of working, technologies, relationships and an appreciation of what may have previously been taken for granted.

We can use this time as a catalyst for transformation.

Ensuring all staff are

**Caring**

to themselves and each other as well as their patients demonstrating why we are The Really Friendly Trust.

Appreciating that we are all in this

**Together**

as a team, as a Trust, as an NHS.
Sources and further reading

https://thehub.rothgen.nhs.uk/Pages/covid19.aspx for COVID specific TRFT support

NHS England and NHS Improvement - https://www.england.nhs.uk/
The NHS Horizons Team - http://horizonsnhs.com/about/
The NHS Leadership Academy - https://www.leadershipacademy.nhs.uk/
The Mental Health Foundation Kindness Matters Campaign
https://www.mentalhealth.org.uk/campaigns/mental-health-awareness-week/kindness-research

The NHS 5 Steps to Mental Wellbeing - https://www.nhs.uk/conditions/stress-anxiety-depression/improve-mental-wellbeing/
Support for Exercise - https://www.nhs.uk/live-well/exercise/
Get Fit For Free - https://www.nhs.uk/live-well/exercise/free-fitness-ideas/
Get Active with a Disability - https://www.nhs.uk/live-well/exercise/get-active-with-a-disability/
Eat Well - https://www.nhs.uk/live-well/eat-well/?tabname=recipes-and-tips
https://www.nhs.uk/conditions/stress-anxiety-depression/mindfulness/

Our NHS People including the Guides - https://people.nhs.uk/

TRFT Staff Networks
https://intranet.xrothgen.nhs.uk/TeamCentre/CorporateServices/humanresources/employeerelations/Pages/Staff-Networks.aspx
Supporting Working Parents in the NHS - https://www.cityparents.co.uk/

Platform to access a variety of support across Rotherham - http://rotherhive.co.uk/
Self-referral Mental Health service - https://iapt.rdash.nhs.uk/
PAM People Asset Management - https://login.pamassist.co.uk/login
https://www.samaritans.org/
https://get.headspace.com

https://www.changegrowlive.org/Suicide Prevention - https://www.be-the-one.co.uk/

Access to free psychological support - harleytherapy.com/nhs

https://youngminds.org.uk

http://iconcope.org/


https://www.nationaldahelpline.org.uk/

www.mensadvice.line.org.uk

https://respect.uk.net/

All contact details and references are correct as at June 2020 and with thanks to Northumbria Healthcare NHS Foundation Trust for sharing their Leaders Pack and inspiring the development of Our People Pack.
<table>
<thead>
<tr>
<th>Agenda item</th>
<th>268/20(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report</td>
<td>Finance Report</td>
</tr>
<tr>
<td>Executive Lead</td>
<td>Steve Hackett, Interim Director of Finance</td>
</tr>
<tr>
<td>Link with the BAF</td>
<td>B9 &amp; B10</td>
</tr>
<tr>
<td>This report provides assurance regarding the financial out-turn results for the three-months period ending 30th June 2020 against the Trust’s requirement to deliver a break-even position in line with national guidance.</td>
<td></td>
</tr>
<tr>
<td>Purpose</td>
<td>Decision</td>
</tr>
<tr>
<td>Executive Summary (including reason for the report, background, key issues and risks)</td>
<td>The report provides details of financial results for the three months ending 30th June 2020 in terms of:</td>
</tr>
<tr>
<td></td>
<td>o Income and expenditure account;</td>
</tr>
<tr>
<td></td>
<td>▪ £10K deficit position as at 30th June 2020, as required by NHSE/I;</td>
</tr>
<tr>
<td></td>
<td>▪ After accounting for £4,663K COVID-19 expenditure; and</td>
</tr>
<tr>
<td></td>
<td>▪ Additional Top-Up income of £9,202K.</td>
</tr>
<tr>
<td></td>
<td>o Capital expenditure;</td>
</tr>
<tr>
<td></td>
<td>▪ £800K incurred in month and £2,619K year to date, which is £1,096K above plan;</td>
</tr>
<tr>
<td></td>
<td>▪ This includes £1,146K of COVID-19 related expenditure year to date, which the Trust expects to be reimbursed for nationally.</td>
</tr>
<tr>
<td></td>
<td>o Cash</td>
</tr>
<tr>
<td></td>
<td>▪ A closing cash position at 30th June of £24,177K as a consequence of the revised arrangements to compliment the emergency planning framework.</td>
</tr>
<tr>
<td>Recommendations</td>
<td>It is recommended that the Board of Directors note the out-turn position for the financial year 2019/20.</td>
</tr>
<tr>
<td>Appendices</td>
<td>• 1 - Income &amp; Expenditure Account Summary for Month 3 2020/21 (June 2020)</td>
</tr>
<tr>
<td></td>
<td>• 2 - COVID-19 Expenditure Summary Analysis for Month 3 2020/21 (June 2020)</td>
</tr>
<tr>
<td></td>
<td>• 3 - Capital Expenditure Summary for Month 3 2020/21 (June 2020)</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th></th>
<th>In Month</th>
<th>In Month</th>
<th>In Month</th>
<th>YTD</th>
<th>YTD</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan</td>
<td>Actual</td>
<td>Variance</td>
<td>Plan</td>
<td>Actual</td>
<td>Variance</td>
</tr>
<tr>
<td></td>
<td>£000s</td>
<td>£000s</td>
<td>£000s</td>
<td>£000s</td>
<td>£000s</td>
<td>£000s</td>
</tr>
<tr>
<td>I&amp;E Performance</td>
<td>(0)</td>
<td>(3)</td>
<td>(3)</td>
<td>(0)</td>
<td>(10)</td>
<td>(10)</td>
</tr>
<tr>
<td>Capital Expenditure</td>
<td>305</td>
<td>800</td>
<td>(495)</td>
<td>1,522</td>
<td>2,619</td>
<td>(1,096)</td>
</tr>
<tr>
<td>Cash Balance</td>
<td>0</td>
<td>(7)</td>
<td>(7)</td>
<td>1,357</td>
<td>24,177</td>
<td>22,820</td>
</tr>
</tbody>
</table>

2. **Income & Expenditure Account**

2.1 In line with national guidance, the Trust has set itself a break-even plan for the first four months of the financial year 2020/21.

2.2 For the three months ending 30th June 2020 The Trust has delivered a £10K deficit position in line with this plan, which is after taking account of COVID-19 related expenditure of £4,663K. This has been offset by additional Top-Up value payments of £2,814K above the value assumed in the Trust’s emergency plan. The Trust will expect that this level of Top-Up payments will be reimbursed in full by NHSE/I.

2.3 The deficit of £10K relates to depreciation on donated assets which does not count against the NHS funding control total and hence, when excluded the Trust is showing the break-even position required by NHSE/I against its control total.

2.4 A summary of June 2020 financial position is shown in Appendix 1, which shows that:

(a) NHS clinical income is above plan in month by £195K and £1,919K year to date, as the Trust is requesting £2,814K additional Top-Up payments to help fund the additional costs of COVID-19 and enable the Trust to break-even in accordance with national requirements and expectations. Total Top-Up payments expected up to 30th June 2020 total £9,202K, with both April and May’s Top-Up payments of £6,438K having now been reimbursed in full in cash terms.

(b) These Top-Up values are being offset by £1,004K of identified income risks brought into account from 2019/20.

(c) Other operating income is behind plan both in month by £90K and year to date by £319K. This is primarily related to a loss of car parking income, which is directly related to COVID-19. Charges have been waived for staff, patients and visitors during the first quarter of the financial year.

(d) Pay costs are over-spending both in month by £7832K and year to date by £1,971K. This is primarily related to the additional costs of COVID-19. Whilst services in the Trust have been significantly curtailed, additional staff costs have
been necessarily incurred in anticipation of the increased safety and quality issues that need to be addressed in dealing with this cohort of patients.

(e) This month non-pay costs are under-spending by £529K and under-spending by £231K year to date, The Trust incurred significant costs on personal protective equipment (PPE) and other medical equipment in April 2020, which have subsequently reduced during May and June 2020, with under-spends on other non-pay costs continuing due to the significantly reduced levels of normal activity.

(f) Non-operating costs relates mainly to lower than planned depreciation and amortisation of fixed asset values.

2.5 Details of COVID-19 related expenditure is similarly shown in appendix 2. This shows that:

(a) COVID-19 related expenditure has been incurred and recorded in accordance with the latest guidance issued by NHSE/I.

(b) These figures reported here are consistent with the analysis submitted to NHSE/I included within the monthly monitoring return summarising financial performance.

(c) Costs are identified and recorded against each separate part of the organisation and represent incremental costs above existing budgets/costs.

(d) Non-pay costs include c. £1,441K related to central procurement of PPE and other non-capital equipment, some of which will have been distributed to other organisations under national procurement initiatives.

3. **Capital Expenditure**

3.1 Details of capital expenditure incurred in the first three months of 2020/21 is shown in Appendix 3 – a total of £800K in month and £2,619K year to date, resulting in a cumulative over-spend of £1,096K (72%).

3.2 Within these figures is COVID-19 related expenditure of £1,146K across Estates, medical equipment and information technology requirements that are expected to be funded nationally via receipt of additional PDC in year.

4. **Cash**

4.1 At the same time as new financial planning guidance was issued nationally in March 2020, accompanying guidance was also issued regarding cash management. This was on the basis that provider organisations should have certainty regarding cash inflows during the first four months’ emergency plan phase.

4.2 To facilitate this, commissioners and NHSE/I central have been required to make payments to providers upfront in April 2020 and monthly thereafter, effectively paying a month in advance on Block Contract and Top-Up payments.

4.3 At the same time the Trust is to endeavour to pay its suppliers within 7 working days, which is still subject to internal authorisation processes. However, against this background the Trust had a closing cash balance at 30th June 2020 of £24,177K.
4.4 The Trust’s cash balance has remained this high whilst reducing its trade and other payables (creditors) by £9,638K as it has received the cash payment for the non-recurrent financial support monies due from quarter 4 of 2019/20 financial year totalling £10,139K.

Steve Hackett  
Interim Director of Finance  
17th July 2020
### Appendix 1 – Income & Expenditure Account Summary for Month 3 2020/21 (June 2020)

<table>
<thead>
<tr>
<th>Summary Income and Expenditure Position</th>
<th>Monthly Position (June - Month 3)</th>
<th>Year to Date Position</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Position</strong></td>
<td><strong>Plan</strong></td>
<td><strong>Actual</strong></td>
</tr>
<tr>
<td><strong>£000s</strong></td>
<td><strong>£000s</strong></td>
<td><strong>£000s</strong></td>
</tr>
<tr>
<td>Elective Inpatient</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Elective Day case</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Non Elective Income</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Outpatients</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Critical Care Services</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Community Services Income</td>
<td>721</td>
<td>721</td>
</tr>
<tr>
<td>Excluded Drugs</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other Clinical Income</td>
<td>21,818</td>
<td>22,113</td>
</tr>
<tr>
<td><strong>Total NHS Clinical Income</strong></td>
<td>22,539</td>
<td>22,834</td>
</tr>
<tr>
<td>Other Operating Income</td>
<td>1,652</td>
<td>1,562</td>
</tr>
<tr>
<td>Provider Sustainability Fund (PSF)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>24,191</td>
<td>24,396</td>
</tr>
<tr>
<td><strong>EXPENDITURE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pay Costs [Excluding Agency]</td>
<td>(15,799)</td>
<td>(16,342)</td>
</tr>
<tr>
<td>Pay Costs - Agency</td>
<td>(683)</td>
<td>(923)</td>
</tr>
<tr>
<td><strong>Total Pay Costs</strong></td>
<td>(16,482)</td>
<td>(17,265)</td>
</tr>
<tr>
<td>Total Non-Pay Costs</td>
<td>(6,692)</td>
<td>(6,163)</td>
</tr>
<tr>
<td><strong>Total Operating Costs</strong></td>
<td>(23,174)</td>
<td>(23,428)</td>
</tr>
<tr>
<td>EBITDA</td>
<td>1,016</td>
<td>968</td>
</tr>
<tr>
<td>Non-Operating Costs</td>
<td>(1,016)</td>
<td>(971)</td>
</tr>
<tr>
<td><strong>RETAINED SURPLUS / (DEFICIT)</strong></td>
<td>0</td>
<td>(3)</td>
</tr>
</tbody>
</table>
## Appendix 2 – COVID-19 Expenditure Summary for Month 3 2020/21 (June 2020)

### Summary Income and Expenditure Position

<table>
<thead>
<tr>
<th>Position</th>
<th>Plan £000s</th>
<th>Actual £000s</th>
<th>Variance £000s</th>
<th>Year to Date Position £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective Inpatient</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Elective Day case</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Non Elective Income</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Outpatients</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Critical Care Services</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Community Services Income</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Excluded Drugs</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other Clinical Income</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total NHS Clinical Income</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other Operating Income</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Provider Sustainability Fund (PSF)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Expenditure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pay Costs [Excluding Agency]</td>
<td>0</td>
<td>(621)</td>
<td>(621)</td>
<td>0</td>
</tr>
<tr>
<td>Pay Costs - Agency</td>
<td>0</td>
<td>(195)</td>
<td>(195)</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Pay Costs</strong></td>
<td>0</td>
<td>(817)</td>
<td>(817)</td>
<td>0</td>
</tr>
<tr>
<td>Total Non-Pay Costs</td>
<td>0</td>
<td>(385)</td>
<td>(385)</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Operating Costs</strong></td>
<td>0</td>
<td>(1,202)</td>
<td>(1,202)</td>
<td>0</td>
</tr>
<tr>
<td>EBITDA</td>
<td>0</td>
<td>(1,202)</td>
<td>(1,202)</td>
<td>0</td>
</tr>
<tr>
<td>Non-Operating Costs</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>RETAINED SURPLUS / (DEFICIT)</strong></td>
<td>0</td>
<td>(1,202)</td>
<td>(1,202)</td>
<td>0</td>
</tr>
<tr>
<td>Plan</td>
<td>Actual</td>
<td>(Above) Below Plan</td>
<td>Description</td>
<td>Annual Plan</td>
</tr>
<tr>
<td>------</td>
<td>--------</td>
<td>--------------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td>£000s</td>
<td>£000s</td>
<td>£000s</td>
<td>£000s</td>
</tr>
<tr>
<td>100</td>
<td>171</td>
<td>(71)</td>
<td></td>
<td>Relocation of Greenoaks Services</td>
</tr>
<tr>
<td>50</td>
<td>40</td>
<td>10</td>
<td></td>
<td>Endoscopy Decontamination</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>RCHC Reconfiguration</td>
</tr>
<tr>
<td>150</td>
<td>211</td>
<td>(61)</td>
<td></td>
<td>Total Estates Strategy</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
<td>2</td>
<td></td>
<td>Window Replacement Programme</td>
</tr>
<tr>
<td>0</td>
<td>6</td>
<td>(6)</td>
<td></td>
<td>Air Conditioning Initiatives</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>Disability Discrimination Act</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>Replace Electrical Distribution Boards</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>Internal &amp; External Signage</td>
</tr>
<tr>
<td>14</td>
<td>37</td>
<td>(22)</td>
<td></td>
<td>Maintaining Environmental Standards</td>
</tr>
<tr>
<td>4</td>
<td>18</td>
<td>(14)</td>
<td></td>
<td>Site Wide Infrastructure</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
<td>2</td>
<td></td>
<td>Fire Safety</td>
</tr>
<tr>
<td>10</td>
<td>39</td>
<td>(29)</td>
<td></td>
<td>Legionella Controls</td>
</tr>
<tr>
<td>5</td>
<td>0</td>
<td>5</td>
<td></td>
<td>Electrical Infrastructure</td>
</tr>
<tr>
<td>17</td>
<td>0</td>
<td>17</td>
<td></td>
<td>Theatre Maintenance &amp; Repairs</td>
</tr>
<tr>
<td>24</td>
<td>5</td>
<td>19</td>
<td></td>
<td>Substation Upgrade</td>
</tr>
<tr>
<td>80</td>
<td>106</td>
<td>(26)</td>
<td></td>
<td>Total Estates Maintenance</td>
</tr>
<tr>
<td>5</td>
<td>0</td>
<td>5</td>
<td></td>
<td>EPR</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>Switchboard Upgrade</td>
</tr>
<tr>
<td>0</td>
<td>13</td>
<td>(13)</td>
<td></td>
<td>End User Device Refresh</td>
</tr>
<tr>
<td>7</td>
<td>0</td>
<td>7</td>
<td></td>
<td>Server Infrastructure Replacement</td>
</tr>
<tr>
<td>7</td>
<td>0</td>
<td>7</td>
<td></td>
<td>Business Intelligence Project</td>
</tr>
<tr>
<td>5</td>
<td>0</td>
<td>5</td>
<td></td>
<td>Patient Flow &amp; Hospital at Night</td>
</tr>
<tr>
<td>0</td>
<td>(0)</td>
<td>0</td>
<td></td>
<td>Nursing Observations</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
<td>2</td>
<td></td>
<td>UPS Replacement</td>
</tr>
<tr>
<td>18</td>
<td>0</td>
<td>18</td>
<td></td>
<td>Core Network Infrastructure Replacement</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>Clinical Noting</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>Digital Aspirant</td>
</tr>
<tr>
<td>45</td>
<td>13</td>
<td>32</td>
<td></td>
<td>Total Information Technology</td>
</tr>
<tr>
<td>0</td>
<td>218</td>
<td>(218)</td>
<td></td>
<td>Medical Equipment</td>
</tr>
<tr>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
<td>Other Equipment</td>
</tr>
<tr>
<td>1</td>
<td>218</td>
<td>(217)</td>
<td></td>
<td>Total Medical &amp; Other Equipment</td>
</tr>
<tr>
<td>0</td>
<td>80</td>
<td>(80)</td>
<td></td>
<td>Estates COVID 19</td>
</tr>
<tr>
<td>0</td>
<td>153</td>
<td>(153)</td>
<td></td>
<td>Medical &amp; Other Equipment COVID 19</td>
</tr>
<tr>
<td>19</td>
<td>0</td>
<td>19</td>
<td></td>
<td>Contingency Buildings</td>
</tr>
<tr>
<td>10</td>
<td>0</td>
<td>10</td>
<td></td>
<td>Contingency IT</td>
</tr>
<tr>
<td>0</td>
<td>18</td>
<td>(18)</td>
<td></td>
<td>IT COVID 19</td>
</tr>
<tr>
<td>29</td>
<td>252</td>
<td>(223)</td>
<td></td>
<td>Total Other</td>
</tr>
<tr>
<td>305</td>
<td>800</td>
<td>(495)</td>
<td></td>
<td>Total Capital Expenditure Programme</td>
</tr>
</tbody>
</table>
## Agenda item 270/20

### Report
Governance Report

### Executive Lead
Anna Milanec, Director of Corporate Affairs (non-voting) / Company Secretary

### Link with the BAF
B8

### Purpose
<table>
<thead>
<tr>
<th>Decision</th>
<th>To note</th>
<th>√</th>
<th>Approval</th>
<th>For information</th>
</tr>
</thead>
</table>

### Executive Summary (including reason for the report, background, key issues and risks)

- CQC and Getting It Right First Time (GIRFT) have agreed to work together with a view to further safeguarding service users;
- CQC issue their July COVID-19 update, which includes information about the first of the CQC Provider Collaboration Reviews, and the issue of the Safer Management of Controlled Drugs, annual report;
- NICE have issued guidance scrapping the requirement for adult patients to isolate for two weeks prior to planned procedures – at the same time that NHSE/I announce a national revalidation of waiting list data;
- The Government’s response to the Public Sector Exit Payments’ cap has been issued:
  - Following a Court of Appeal judgement that the 2015 changes to public sector pension schemes was discriminatory, HM Treasury have issued a consultation setting out its proposals for addressing the issue;
- Guidance has been issued by the NHS Staff Council regarding staff annual leave during and after the COVID-19 pandemic;
- Further details have emerged on the new immigration system which will come into effect in 2021, and has been criticised, particularly by the social care sector;
- Full implementation of the Liberty Protection Safeguards has been deferred until April 2022; and
- A consultation has been issued seeking views on revised Caldicott Principles and role of Caldicott Guardians.

### Recommendations
The Board is asked to note the content of this report.

### Appendices
None
1.0 Introduction

1.1 This report provides an update on pertinent matters since the last board meeting on 7 July 2020.

2.0 Memorandum of Understanding between the CQC and Getting It Right First Time

2.1 A new Memorandum of Understanding has been agreed between CQC and GIRFT setting out how they will work together “in order to safeguard the wellbeing of the public receiving health and social care in England.”

2.2 The GIRFT programme is part of a wider system initiative to reduce unwarranted variations in care in the NHS. The programme is designed to reduce the variations in the way services are delivered and shares best practice between Trusts, with the aim of improving patient care and outcomes. When it was first piloted its focus was orthopaedics, but it now covers over 40 clinical specialties.

2.3 The Moue explains that as both organisations share “a concern for quality and safety of health and care services, and recognise that the development of models of health and care service delivery requires closer cooperation between the two organisations”. Underpinning the formal agreement are a set of principles, including:
   • making decisions that promote people’s safety and encouraging high-quality care;
   • respecting each other’s independent status;
   • cooperating in an open and transparent way; and
   • ensuring an efficient and joined up approach that streamlines information requests to providers.

2.4 Supporting these principles is a commitment by the GIRFT teams to:
   • update CQC on the findings of their reviews;
   • inform CQC of any safety concerns identified during those reviews; and
   • share final reports before publication.

2.5 Similarly, the CQC and GIRFT will commit to:
   • liaise closely where providers are failing to implement action plans in response to GIRFT reviews;
   • cooperate to promote safety; and
   • work together in the public interest to support service improvement.

2.6 The agreement became effective on 24 July 2020 and a copy can be found here: https://www.cqc.org.uk/sites/default/files/20200724_MOU_CQC_and_GIRFT_External.pdf

3.0 CQC COVID-19 Update (23 July 2020)

3.1 The first of the CQC Provider Collaboration Reviews are underway in the first two systems – Bedfordshire, Luton and Milton Keynes ICS, and Frimley Health and Care ICS. The remaining nine areas to be reviewed, as part of the first wave, are:
   • Devon STP
   • Lancashire and South Cumbria ICS
   • Lincolnshire STP
   • Norfolk and Waveney STP
• North East and North Cumbria ICS
• North West London STP
• One Gloucestershire ICS
• Sussex Health and Care Partnership ICS
• The Black Country and West Birmingham STP

3.2 The reviews look at how health and social care providers are working together in local areas, with the aim of supporting providers to learn from each other’s experience of responding to the COVID-19 pandemic.

3.3 Participation in the reviews is not mandatory, and will not affect providers’ CQC ratings. However, themes arising from the current reviews will be reported in the CQC COVID-19 Insight Report (September) and State of Care Report (October).

3.4 The CQC also issued its ‘Safer Management of Controlled Drugs’ annual report 2019 this month:

4.0 Two-week isolation requirement scrapped (NICE)

4.1 The National Institute for Health and Care Excellence (NICE) has issued new guidance removing the requirement for adult patients to isolate for two weeks prior to planned procedures.

4.2 The NICE guidance comes amid Trusts’ concerns that the isolation rule was preventing the ability of healthcare organisations to get to grips with the growing waiting lists caused by the COVID-19 pandemic, which saw many procedures delayed or cancelled.

4.3 However, the guidance advises that ‘high-risk’ patients, plus those who may be at greater risk of becoming infected or severely ill with COVID-19, and those having some types of surgery, such as cardiac procedures, should continue to self-isolate for 14 days.

4.5 At the same time, NHSI/E are looking to carry out a national validation exercise to ‘improve’ the size of the elective care waiting list, by removing patients who should not be included on them. Inaccurate waiting list data has been an issue for the NHS with concerns raised by auditors in 2018 about the accuracy of data at one in four NHS trusts.

5.0 Public Sector Exit Payments’ Cap

5.1 The Government has published its response to last year’s consultation on implementing the public sector exit payment cap.

5.2 Plans to cap public sector exit payments at £95,000 have been floating around for many years. They were first put forward when David Cameron was Prime Minister and the necessary regulation making powers have been in place since 2016. However, implementation has been repeatedly delayed due to a number of factors, not least the complications surrounding extending the cap to cover the value of enhanced pension benefits, which sometimes form part of a termination package in the public sector.
5.3 The outline of the proposals is:
- The cap will apply across the core public sector, including central and local government and the NHS;
- The cap will extend to contractual entitlements on termination of employment, with the exception of notice pay (capped at 25% of salary) and accrued holiday pay;
- Statutory redundancy payments and payments to compensate for injury or illness (including injury to feelings) will be exempt;
- The value of any entitlement to an unreduced pension on early retirement will also be captured (these benefits ceased to apply in the NHS from March 2015); and
- There are record-keeping and reporting requirements to support the obligation to apply the cap.

5.4 There is currently no indication as to an implementation date.

6.0 Public Sector Pension Schemes consultation

6.1 Running until 11 October 2020, HM Treasury (HMT) has launched a consultation entitled Public service pension schemes consultation: changes to the transitional arrangements to the 2015 schemes, which sets out the Government’s proposals for addressing discrimination along with the Government’s plans for the future.

6.2 Following a Court of Appeal judgment in December 2018, the government has been working to fix the discrimination identified in the policy of transitional protection that was part of the 2015 reforms to public service pension schemes. This consultation sets out the government’s proposals for addressing this discrimination along with the government’s plans for the future.

6.3 For those interested or affected, a copy of the consultation can be found at: https://www.gov.uk/government/consultations/public-service-pension-schemes-consultation-changes-to-the-transitional-arrangements-to-the-2015-schemes

7.0 NHS Annual Leave Guidance during COVID-19

7.1 This month, the NHS Staff Council have issued guidance setting out supporting principles of how employers and local trade unions can work in partnership to review local annual leave policies in response to the COVID-19 pandemic.

7.2 This is in recognition of the fact that some NHS staff have had annual leave cancelled or have not been able to book leave due to the needs of the service.

8.0 New immigration rules from January 2021

8.1 The Government has published further details of the new immigration system which will replace the EU freedom of movement from 1 January 2021.

8.2 The regime’s new Health and Care Visa category has been the subject of considerable criticism, particularly from the social care sector.
8.3 Applicants for this category will need to meet the same criteria as for Tier 2 and Skilled Worker visas. This means it will not provide a visa option or route into the UK for many roles in the social care sector. Applicants will need to be coming to the UK to perform one of 18 eligible occupations, including medical practitioners, nurses, pharmacists, physiotherapists and paramedics.

8.4 The new points based immigration system comes despite repeated concerns raised by key stakeholders in the adult social care sector, including the Cavendish Coalition about workforce shortages. The Cavendish Coalition issued a letter to the Prime Minister expressing their “grave concern” about the egregious decision to exclude the social care sector from its new immigration system.”

8.5 A copy of the letter from the Cavendish Coalition can be found here: https://www.nhsconfed.org/-/media/Confederation/Files/public-access/Cavendish-Coalition-letter-to-PM-8-July-2020.pdf

9.0 Liberty Protection Safeguards

9.1 The Liberty Protection Safeguards (the new regime to replace the Deprivation of Liberty Safeguards) were due to come into force on 1 October 2020. However, the draft Code of Practice and Regulations are yet to be published.

9.2 The pressures of Covid-19 have made it clear that implementation by 1 October was unrealistic. A Written Statement from the Minister for Care, Helen Whately (made on 16 July 2020) now formally acknowledges that implementation by October is “not possible”. The statement confirms that the aim is for full implementation of the Liberty Protection Safeguards by April 2022.

10.0 Consultation seeking views on the Caldicott Principles

10.1 Every NHS organisation has had to have a Caldicott Guardian since 1998 and every local authority with adult social care responsibilities has been required to do so since 2002. Originally six good practice Principles were recommended for use of confidential information in the NHS, but the Information Governance Review in 2013 introduced a new Principle to encourage good information sharing in the best interests of patients and between the health and social care sectors – this being: “The duty to share information can be as important as the duty to protect patient confidentiality.” This new Principle was later reflected in law in the Health and Social Care (Safety and Quality) Act 2015.

10.2 In 2019, the National Data Guardian (NDG) undertook a consultation asking for views on the work priorities that should be undertaken once the NDG role moved to a statutory footing. About 80% of respondents thought that ‘safeguarding confidentiality’ and ‘information sharing for individual care’ were areas that should be prioritised, and that great clarity in these areas should be provided. There was also support to review the existing Principles.

10.3 It is proposed that there is an additional Caldicott Principle – Principle 8: Inform the expectations of patients and service users about how their confidential information is to be used.
10.4 Proposed changes to the Principles provide clearer guidance and impose tighter controls on the use of confidential information, e.g. Principle 6 now highlights the responsibility of every person in the organisation (rather than ‘someone in the organisation’) being responsible for ensuring that use and access to confidential information complies with legal requirements.

10.2 The consultation is also seeking views on the increasing importance of the role of the circa 18,000 Caldicott Guardians in health and social care and whether statutory powers should be used to issue guidance stipulating that all health and adult social care organisations must have a Caldicott Guardian in place.

10.3 A copy of the Consultation can be found here: https://www.gov.uk/government/consultations/caldicott-principles-a-consultation-about-revising-expanding-and-upholding-the-principles

11.0 Roll out of new A&E targets for winter

11.1 It is rumoured that NHSI/E will roll out new emergency care standards over the autumn period, which will come as part of the long awaited Clinical Review of Standards document. However, at this stage, the new standards have not been published nor consulted upon, so we wait for guidance.

Anna Milanec
Director of Corporate Affairs / Company Secretary,
July 2020
### Agenda item 271/20

**Report**  
Review of Progress against Objectives Q1

**Executive Lead**  
Michael Wright, Interim Deputy Chief Executive

**Link with the BAF**  
B1, B4, B5, B7, B8, B9, B10, B12

**Purpose**  

<table>
<thead>
<tr>
<th>Decision</th>
<th>To note</th>
<th>Approval</th>
<th>For information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Executive Summary (including reason for the report, background, key issues and risks)**

The purpose of this paper is to present to the Board of Directors a review of progress against the revised Operational Objectives for Quarter 1 as at June 2020. It summarises progress to date against the objectives, priorities and projects within the Trust Programme.

At the end of Month 3 / Quarter 1, of the twenty projects, 13 are rated Green (on plan), and 7 rated Amber (behind plan with mitigation or actions in place to recover). Progress remains positive with all currently expected to deliver as planned.

There is a significant risk that as we progressively develop our response to the ongoing Covid-19 pandemic and the changing requirements of the Department of Health, NHS England / Improvement and our system partners, we will need to continually balance operational demands against our ability to deliver our wider objectives and priorities.

Plans for the next quarter aim to maintain the performance of those organisational objectives that are currently on plan and address any interventions required for those that are not.

**Recommendations**

To note

**Appendices**

1: Trust Programme Key Milestones 2020-21  
2: Operational Objectives 2020-21 Programme Highlight Reports
1. **Introduction**

1.1. As a result of the Covid-19 Pandemic, the normal routine of operational planning was paused to allow the health service to instead focus its efforts on preparation for the likely influx of Covid-19 patients to the acute sector. Whilst formal planning was not required, we needed to be as prepared as possible for emerging developments and ensure alignment as an organisation to the activities we originally intended to deliver in 2020/21, acknowledging that there were many which would no longer remain priorities for the year.

1.2. Subsequently, a revised 2020/21 Operational Objectives and Priorities report detailing new organisational objectives and priorities for the coming year was approved by the Trust Board of Directors in April 2020. This summarised the overall priorities and provides a focus for the coming year.

1.3. The Trust Programme for 2020/21 has been built around a set of four Operational Objectives supported by seven Operational Priorities and the six Core Areas detailed in the Trust’s Improvement Plan that collectively, through defined programmes of work, will deliver the organisational objectives for the Trust.

1.4. The delivery and monitoring of the Trust Programme utilises standardised monthly highlight reports (see appendix 2) so that we can maintain a clear line of sight on progress and is supported by a key milestones tracker (see appendix 1) providing a summary of the achievement of key milestones and targets.

1.5. This paper presents a high level update on progress against each of the programmes of work and reports, by exception, any areas of concern.

1.6. There is a significant risk that as we progressively develop our response to the ongoing Covid-19 pandemic and the changing requirements of the Department of Health, NHS England / Improvement and our system partners, we will need to continually balance operational demands against our ability to deliver our wider objectives and priorities.

1.7. We will need to be prepared to take an agile approach to the programmes of delivery, refining and reprioritising as necessary throughout the course of the year.
### 2. Progress against Operational Objectives and Priorities

2.1. Each of the projects supporting the delivery of the Trust Programme has been BRAG rated as to their current status as illustrated below:

- **Completed**
- **On plan**
- **Behind plan with mitigation or actions in place to recover**
- **Behind plan, no mitigation or more significant action required**

2.2. At the end of Month 3 / Quarter 1, 13 projects are rated Green (on plan), and 7 rated Amber (behind plan with mitigation or actions in place to recover).

2.3. The following table provides a summary position on each of the programmes of work complete with their respective BRAG rating. More detailed highlight reports are attached at appendix 2.

2.4. **Objective 1: Mortality**

<table>
<thead>
<tr>
<th>Project</th>
<th>Scope</th>
<th>Summary Position</th>
<th>Status</th>
</tr>
</thead>
</table>
| O1 Mortality (Executive Medical Director) | The mandate for this project is currently undergoing development. The initial scope includes:  
- Develop and implement changes to coding and reporting systems and create a dashboard  
- Re-introduce Community Acquired Pneumonia (CAP) care bundle and supporting education  
- Introduce SEPSIS UK e-learning for children and adults  
- Roll out palliative care training including end of life recognition and discharge to preferred place of death  
- Recruit to vacant Medical Examiner posts and develop business case around in house palliative care resource  
- Work with place partners to increase the volume of hospice capacity and ensure appropriate end of life care | Revised reporting methodology for non-elective observations is now in place which will reduce the impact on our standard mortality ratios and bring the underlying data set into line with our peers. The clinical coding team continue to support doctors by providing resource packs available on the Hub but it is recognised that more education is needed to reduce the number of queries raised and also to ensure that coding is signed off before the national data set is submitted. Although the project has delivered the milestones due in Q1, it is assessed at amber risk awaiting completion of the project mandate / plan and assignment of a project SRO. | Amber |

2.5. **Objective 2: Operational Performance**

2.5.1. **Priority 1: Optimising Flow**

<table>
<thead>
<tr>
<th>Project</th>
<th>Scope</th>
<th>Summary Position</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1.1 Optimising Flow (Chief Operating Officer)</td>
<td>Significantly improve transactional and organisational inefficiencies that traditionally rely on manually outdated processes, taking into account lessons learned from COVID 19 and recovery plans that have already progressed the digitisation of patient flow and achieving better patient outcomes by improving communication between care providers by developing predictive and prescriptive decision support tools</td>
<td>Good progress has been made during the pandemic to progress patient flow digitisation and develop key analytics. It has also seen multi-agency buy-in to the speed at which patient care and discharge arrangements have changed and how much information exchange is required between teams, including remote. The Right to Reside patient assessment exemplifies how tasks can be re-built to inform patient flow decisions. Similarly, the amalgamation of Estimated Discharge Dates across several fields in Meditech</td>
<td>Amber</td>
</tr>
<tr>
<td>Project</td>
<td>Scope</td>
<td>Summary Position</td>
<td>Status</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>P1.1 / cont. Optimising Flow (Chief Operating Officer)</td>
<td>that can be displayed on any internet connected device (including the new digital Command Centre’s interactive “wall of analytics”) and generating analytical data from digitised processes, work and information flow, offering a holistic real time view of how integrated care services are operating and supporting tactical problem solving and decision making.</td>
<td>provides instantaneous information on the status of the patient. The project is currently assessed at amber risk awaiting the assignment of a project SRO due to staffing changes. A plan is in place to assign in the coming period on an interim basis whilst recruitment proceeds.</td>
<td>Amber</td>
</tr>
<tr>
<td>P1.2 Embed Same Day Emergency Care (Chief Operating Officer)</td>
<td>Confirm the Trust’s ambition towards the development and implementation of SDEC across all divisions, given the range of options available, agreeing an implementation approach (milestone plan) involving, if necessary, the development of a single business case(s) reflecting the desired model and implement the agreed model across the Trust, identifying and implementing the necessary data flows.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P1.3 Develop sustainable Primary Care streaming and GP OOH service (Chief Operating Officer)</td>
<td>Undertake an appraisal of both the TRFT and GP Federation GP OOH models, including cost comparison, risk (reputational, financial, quality), income from RCCG, income clarification, gap analysis and potential redundancies.</td>
<td>In August 2019 TRFT informed the RCCG that it would not wish to provide the GP OOH service beyond the current contract period (31 March 2020). At the onset of COVID, GP front door streaming commenced at the UECC, increasing our cost base. The GP Federation have proposed a GP OOH model costed at £3.6m. This model has been appraised against a TRFT costed model and the report will be considered by the Executive Meeting of 9 July, with recommendations that: TRFT continue to provide the services; start to develop a working relationship with the Federation; and engage with commissioners to request the required funding which will allow TRFT to remain the gatekeepers of their own front door. The current funding envelope of £3.5m covers this new model but does not allow for overheads (utilities etc.). Inclusion of 23% overheads equates to an additional cost of £806k. If, however, a community overhead is applied this reduces to £455k and clarification of the approach to adopt is required.</td>
<td>Green</td>
</tr>
</tbody>
</table>
### 2.5.2. Priority 2: Outpatient Transformation

<table>
<thead>
<tr>
<th>Project</th>
<th>Scope</th>
<th>Summary Position</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>P2</strong> Outpatient Transformation (Chief Operating Officer)</td>
<td>Deliver a step change reduction in the number of face to face appointments, lowering the overall number and utilising technology solutions where appropriate including the local reconfiguration of outpatient areas linked to the reduction of face to face clinics and COVID recovery plans and developing a strategy to incentivise the continuation of virtual clinics through a &quot;Virtual First&quot; approach.</td>
<td>A representative group, chaired by the Chief Operating Officer, has been meeting fortnightly to progress COVID recovery plans and bring outpatient services up to a safe standard to allow essential clinics to resume on site. All patients are triaged by telephone and clinic booking rules in Meditech have been divided into separate channels “face to face” or “video consultation”. Considering alignment with national/regional schemes to leverage innovative improvement approaches. Data inputting is proving inconsistent which will impact on required base line measures. The project is currently assessed at amber risk awaiting the assignment of a project SRO due to staffing changes. A plan is in place to assign in the coming period on an interim basis whilst recruitment proceeds.</td>
<td>Amber</td>
</tr>
</tbody>
</table>

### 2.5.3. Priority 6: Estates Moves

<table>
<thead>
<tr>
<th>Project</th>
<th>Scope</th>
<th>Summary Position</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>P6.1 Estates Moves - Greenoaks (Chief Operating Officer)</strong></td>
<td>Relocate ante and post-natal outpatient care from Greenoaks and Colposcopy and Hysteroscopy sessions currently undertaken in Endoscopy/theatres to the former Oakwood Community Unit (OCU) and develop an options appraisal to identify options for the re-utilisation of the former Greenoaks Site.</td>
<td>After 28 July 2020, all services currently running out of the existing building will move to the former OCU unit/new Greenoaks. To reduce costs, only items of furniture or clinical equipment which cannot be sourced second hand/refurbished from around the hospital/Estates storage have been included in the final purchasing inventory. Colposcopy sessions that are currently being undertaken at the private Hospital Kinvara will be diverted to Greenoaks once the new clinical areas are ready for use. These arrangements will be reconsidered if lead time for delivery of essential new equipment is delayed beyond 31 August. The project is currently over budget.</td>
<td>Amber</td>
</tr>
<tr>
<td><strong>P6.2 Estates Moves – Ophthalmology (Chief Operating Officer)</strong></td>
<td>Move Ophthalmology outpatient services from Ward B6 and main outpatients to RCHC and identify alternative use for vacated space, developing plans for subsequent moves into Ward B6 (Q3/4) taking into consideration COVID recovery plans.</td>
<td>Due to the impact of COVID on construction and other building works the move has been delayed to the end of October 2020 (in plan) although an earlier handover date has not been ruled out as work will resume at pace in July/August. Weekly joint site meetings have also re-started to mobilise the plan of works which is being project managed by NHS Property Services. A separate action plan has been developed by the service around the relocation of staff and to support patient access. No further Ophthalmology outpatient activity will be carried out on Ward B6 which is now partly being used as the Discharge Lounge and to store Ophthalmology equipment ready for the move.</td>
<td>Green</td>
</tr>
</tbody>
</table>
### 2.5.4. Priority 7: Gastroenterology Service

**Project**  
P7 Gastroenterology Service  
(Chief Operating Officer)

**Scope**  
Implement joint Gastroenterology service with Barnsley Hospital NHS Foundation Trust including a joint GI bleed rota and joint ward cover

**Summary Position**  
An agreement in principle to provide a joint Gastroenterology service with Rotherham and Barnsley has been made, and the Trusts intend to integrate the two services. The new OOH GI bleed rota with Barnsley went live on 6 January 2020. As a consequence of the COVID-19 pandemic, the ICS requested all acute providers to reduce the transfer of patients and suggested we keep patients on acute sites with support from other providers. In order to comply, we have postponed the GI bleed rota with Barnsley and are now dealing with patients on the TRFT site via a local rota. STH have agreed to support TRFT as required (to date we have not needed to transfer any GI patients).

**Status**  
Green

### 2.5.5. Improvement Plan: UECC Delivery

**Project**  
IP2 UECC Delivery  
(Chief Operating Officer)

**Scope**  
Improve patient flow throughout the hospital through establishment of a larger acute medical bed base, optimising and supporting emergency care pathways and implementing a plan to ensure a significant step change in performance.

**Summary Position**  
In order to improve flow through the hospital, a number of actions are planned which will ultimately result in a larger acute medical bed base to manage non-elective demand and which will ensure appropriate provision of services within this bed base such as through a frailty ward with established emergency pathways. Concurrently, the Trust intends to rationalise the community bed base following the temporary decision to close the Oakwood Community Unit and instead utilise the capacity at Ackroyd and Aythorpe Lodges. Work is commencing on production of a detailed mandate and implementation plan.

**Status**  
Green

### 2.6. Objective 3: Workforce

#### P3 Staff Engagement

**Priority**  
P3 Staff Engagement  
(Director of Workforce and OD)

**Scope**  
Improve staff engagement and morale by driving a fundamental change in the volume and impact of staff engagement activity in the Trust

**Summary Position**  
During quarter one the project mandate for this project has been developed and agreed by the Trust Board. Work has commenced on further developing the implementation plan to ensure achievement of the delivery milestones. Our People Strategy “The Rotherham Way” 2020-23 was approved by Trust Board and finalised for publication. A new People Committee, meeting on a monthly basis, has been established and will oversee implementation of this programme of work.

**Status**  
Green

#### P4 Senior Leadership Effectiveness / Well Lead

**Priority**  
P4 Senior Leadership Effectiveness / Well Lead  
(Interim Chief Executive)

**Scope**  
Maximise the effectiveness of the senior leadership within the organisation, empowering staff to work collectively to make informed decisions

**Summary Position**  
Work has commenced to ensure the effective functioning of the Executive with the Executive Team meetings being revised and formalised and an Executive Team Away Day held to develop a team vision and strengthen collective leadership. A revised performance management framework is in development which will strengthen our performance management approach, hold teams to account and increase the pace of improvement and assuring performance. In the next period, we will establish a CQC Delivery Board to oversee implementation of the CQC Improvement Plan and assist with the achievement of a ‘Good’ rating at the next well-led review as well as bring forward our plans to include Senior Leadership Teams in the Executive Team on a monthly basis to support wider leadership development across the Trust.

**Status**  
Green
<table>
<thead>
<tr>
<th>Priority</th>
<th>Scope</th>
<th>Summary Position</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>O4.7 (O3/P5) Workforce Controls (Recruitment &amp; Retention) (Interim Deputy Chief Executive)</td>
<td>Increase the proportion of our workforce who are substantively employed by the Trust and in doing so, reduce the vacancy rate and ensure a minimum 10% in-year reduction in agency cost.</td>
<td>During quarter one the project mandate for this project has been developed and agreed by the Trust Board. Work has begun on developing workforce controls to better manage agency spend and establishment position. New vacancy, nurse bank/agency and locum agency control panels have been established and terms of reference agreed. As a result of continued COVID-19 pressures, the Trust attained a ‘Time to Clear’ recruitment metric of 44 days against a target of under 34 days.</td>
<td>Amber</td>
</tr>
</tbody>
</table>

### 2.7. Objective 4: Financial Stewardship

<table>
<thead>
<tr>
<th>Project</th>
<th>Scope</th>
<th>Summary Position</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>O4.1 Financial Performance Management Framework (Director of Finance)</td>
<td>Review current financial performance management framework (FPMF) to establish more robust and improved arrangements focused on understanding variances to plan, taking corrective and prospective actions in mitigation of adverse financial performance.</td>
<td>During quarter one the project mandate for this project has been developed and agreed by the Trust Board. Work has commenced on mapping out and defining the Financial Performance Management Framework. Due to COVID-19, normal business planning was halted in March 2020 and the present emergency financial budgeting and cash management arrangements introduced nationally for April to July of the current financial year. Latest national advice suggests these arrangements will continue into August, possibly September, but beyond that remains unclear. As a consequence, the Trust currently has no formal cash management targets in place.</td>
<td>Green</td>
</tr>
<tr>
<td>O4.2 Service Sustainability Reviews (Interim Deputy Chief Executive)</td>
<td>Provide a high level sustainability score for each service within the Trust and develop clear and supported plans for selected services which will move services to a sustainable footing</td>
<td>Quarter one has focused on establishing the project. The project mandate for this project has been developed and agreed by the Trust Executive and Trust Board. An SRO has been appointed and key stakeholders identified.</td>
<td>Green</td>
</tr>
<tr>
<td>O4.3 CIP Delivery &amp; Governance (Interim Deputy Chief Executive)</td>
<td>Review current arrangements to strengthen the Trust’s Cost Improvement Programme by developing more robust governance and executing targeted efficiency improvements; establishing a CIP Board; producing a robust, monitored and assured programme of works and establishing a planning mechanism for the identification and adoption of 20/21 schemes.</td>
<td>During quarter one the project mandate for this project has been developed and agreed by the Trust Board. Work has commenced on reviewing and developing revised governance arrangements and will be agreed in consultation with the Interim DCE and DoF.</td>
<td>Green</td>
</tr>
<tr>
<td>Project</td>
<td>Scope</td>
<td>Summary Position</td>
<td>Status</td>
</tr>
<tr>
<td>---------</td>
<td>-------</td>
<td>------------------</td>
<td>--------</td>
</tr>
<tr>
<td><strong>O4.4 Budget Setting &amp; Control Processes (Director of Finance)</strong></td>
<td>Ensure appropriate budget setting and budgetary control processes are in place for the whole organisation with forecasting methodology / recovery plans linked to forecasting.</td>
<td>During quarter one the project mandate for this project has been developed and agreed by the Trust Board.</td>
<td>Green</td>
</tr>
<tr>
<td><strong>O4.5 Integrated Financial Reporting (Director of Finance)</strong></td>
<td>Explore the possibilities for integrated reporting at all levels in the organisation to bring together finance, activity and workforce in a coordinated and consistent way as part of the normal monthly budgetary reporting and control structure.</td>
<td>During quarter one the project mandate for this project has been developed and agreed by the Trust Board.</td>
<td>Green</td>
</tr>
<tr>
<td><strong>O4.6 Business Case Process (Interim Deputy Chief Executive)</strong></td>
<td>Implement a revised end-to-end business case process within the Trust from concept to post implementation review (including the evaluation of financial benefits and recovery)</td>
<td>During quarter one the project mandate for this project has been developed and agreed by the Trust Board</td>
<td>Green</td>
</tr>
<tr>
<td><strong>O4.8 Capital Programme (Director of Finance)</strong></td>
<td>Effectively manage the capital programme ensuring delivery to plan.</td>
<td>New national capital control processes introduced by NHSE/I from 1 April and the Trust is now managed against an annual capital allocation determined by SYBICS as part of its wider capital control total. A capital allocation of £7,092K for 2020/21 has been agreed. Capital expenditure is being overseen by the DoF, with monthly review meetings established with key colleagues in Estates, Health Informatics and Finance to review expenditure incurred year to date, commitments and accruals required for work in progress and forecast out-turn figures for the full financial year. Monthly reporting of this information is reviewed by the newly established Capital Planning and Monitoring Group which will include appropriate divisional representation. At the end of Q1, the capital programme delivered to plan after accounting for COVID expenditure: Plan £1,522k; Actual £2,619k; Variance £(1,096)k; COVID-19 expenditure £1,146k; Variance £50k. Although expected to be nationally funded, COVID expenditure is charged against internal programme until confirmed and recovered.</td>
<td>Green</td>
</tr>
</tbody>
</table>
2.8. Improvement Plan: CQC Improvement Plan

<table>
<thead>
<tr>
<th>Project</th>
<th>Scope</th>
<th>Summary Position</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>IP1</td>
<td><strong>CQC Improvement Plan</strong> (Executive Chief Nurse &amp; DIPC)</td>
<td>Significant progress has been made within the Trust’s CQC Improvement Plan and the immediate focus this year will be on ensuring all actions are fully completed and evidenced as appropriate. Some actions may need to be revisited as a result of the impact of the Covid-19 pandemic creating slippage. The CQC Improvement Plan governance structure will be retained, with monthly review meetings re-instated to ensure appropriate senior oversight of delivery. The Safe and Sound programme will be re-launched once the impacts of the Covid-19 pandemic have subsided, with all new staff inducted into the approach in addition to a full programme of Safe and Sound Quality Reviews. These were temporarily paused due to Covid-19 but will be re-established as soon as is practicable.</td>
<td>Amber</td>
</tr>
</tbody>
</table>

3. **Conclusion**

3.1. Competing priorities and demands for capacity and resource will need ongoing careful management to ensure focus is maintained on the delivery of the Trust Programme. Regular reviews will be undertaken with each Executive / Project SRO to ensure the risks continue to remain mitigated and that SROs are able to commit the required time and focus to the management and delivery of these commitments, including over the winter period.

3.2. Progress remains positive with all priorities currently expected to deliver as planned.

3.3. The Board of Directors is asked to note the content of this report.

Neil Stokell
July 2020
## Appendix 1 Trust Programme for 2020/21 - Key Milestones

<table>
<thead>
<tr>
<th>Objective</th>
<th>Priority (Programme)</th>
<th>Project</th>
<th>Scope</th>
<th>Project SRO</th>
<th>Exec SRO</th>
<th>Previous RAG</th>
<th>Current RAG</th>
<th>2019/20</th>
<th>Apr-20</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mortality</strong></td>
<td><a href="#">O1. Mortality</a> Ensure TRFT Mortality rates are being counted and reported correctly</td>
<td>O1</td>
<td>Mortality Mandate in development</td>
<td>Full scope in development</td>
<td>TBD</td>
<td>Executive Medical Director</td>
<td>None</td>
<td>Amber</td>
<td>Written notification of intention to cease</td>
</tr>
<tr>
<td><strong>P1. Optimising Flow</strong></td>
<td><a href="#">Optimising Flow</a> Optimise flow through the hospital by developing resilient emergency pathways, shoring up Same Day Emergency Care provision, increasing early discharge and implementing appropriate streaming and on-site GP OOH services</td>
<td>P1.1</td>
<td>Optimising Flow</td>
<td>Significantly improve transactional and organisational inefficiencies that traditionally rely on manually outdated processes, taking into account lessons learned from COVID 19 and recovery plans that have already progressed the digitisation of patient flow and achieving better patient outcomes by improving communication between care providers by developing predictive and prescriptive decision support tools that can be displayed on any internet connected device (including the new digital Command Centre’s interactive “wall of analytics”) and generating analytical data from digitised processes, work and information flow, offering a holistic real time view of how our integrated care services are operating and supporting tactical problem solving and decision making.</td>
<td>TBD</td>
<td>Chief Operating Officer</td>
<td>None</td>
<td>Amber</td>
<td>GP front door streaming</td>
</tr>
<tr>
<td><strong>P1.3</strong></td>
<td><a href="#">Develop sustainable Primary Care streaming and GP OOH service</a></td>
<td>P1.2</td>
<td>Embed Same Day Emergency Care</td>
<td>Confirm the Trust’s ambition towards the development and implementation of SDEC across all divisions, given the range of options available, agreeing an implementation approach (milestone plan) involving, if necessary, the development of a single business case(s) reflecting the desired model and implement the agreed model across the Trust, identifying and implementing the necessary data flows.</td>
<td>TBD</td>
<td>Chief Operating Officer</td>
<td>None</td>
<td>Green</td>
<td></td>
</tr>
</tbody>
</table>

**Details:**

- **O1. Mortality** Mandate in development
- **P1. Optimising Flow**:
  - optimising flow through the hospital by developing resilient emergency pathways, shoring up same day emergency care provision, increasing early discharge and implementing appropriate streaming and on-site GP OOH services.
  - significantly improve transactional and organisational inefficiencies that traditionally rely on manually outdated processes, taking into account lessons learned from COVID 19 and recovery plans that have already progressed the digitisation of patient flow and achieving better patient outcomes by improving communication between care providers by developing predictive and prescriptive decision support tools that can be displayed on any internet connected device (including the new digital Command Centre’s interactive “wall of analytics”) and generating analytical data from digitised processes, work and information flow, offering a holistic real time view of how our integrated care services are operating and supporting tactical problem solving and decision making.
- **P1.3**:
  - develop sustainable primary care streaming and GP OOH service.
  - undertake an appraisal of both the TRFT and GP Federation GP OOH models, including cost comparison, risk (reputational, financial, quality), income from RCCG, income clarification, gap analysis and potential redundancies.
<table>
<thead>
<tr>
<th>Objective</th>
<th>Priority (Programme)</th>
<th>Project</th>
<th>Scope</th>
<th>Project SRO</th>
<th>Exec SRO</th>
<th>Previous RAG</th>
<th>Current RAG</th>
<th>2019/20</th>
<th>Apr-20</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>P2. Outpatient Transformation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>P2</td>
<td>Outpatient Transformation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Appointments, lowering the overall number and utilising technology solutions where appropriate including the local reconfiguration of outpatient areas linked to the reduction of face to face clinics and COVID recovery plans and developing a strategy to incentivise the continuation of virtual clinics through a “Virtual First” approach.</td>
<td>TBD</td>
<td>Chief Operating Officer</td>
<td>None</td>
<td>Amber</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>P6. Estates Moves</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>P6.1</td>
<td>Estates Moves - Greenoaks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Relocate ante and post-natal outpatient care from Greenoaks and Colposcopy and Hysteroscopy sessions currently undertaken in Endoscopy/theatres to the former Oakwood Community Unit (OCU) and develop an options appraisal to identify options for the re-utilisation of the former Greenoaks Site.</td>
<td>Director of Estates and Facilities</td>
<td>Chief Operating Officer</td>
<td>None</td>
<td>Green</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>P6.2</td>
<td>Estates Moves - Ophthalmology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Move Ophthalmology outpatient services from Ward B6 and main outpatients to RCHC and identify alternative use for vacated space, developing plans for subsequent moves into Ward B6 (Q3/4) taking into consideration COVID recovery plans.</td>
<td>Director of Estates and Facilities</td>
<td>Chief Operating Officer</td>
<td>None</td>
<td>Green</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>P7. Gastroenterology Service</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>P7</td>
<td>Gastroenterology Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Implement joint Gastroenterology service with Barnsley Hospital NHS Foundation Trust including a joint GI bleed rota and joint ward cover</td>
<td>Divisional Director Integrated Medicine</td>
<td>Chief Operating Officer</td>
<td>None</td>
<td>Green</td>
<td>Joint GI Bleed Rota commenced</td>
<td></td>
</tr>
<tr>
<td><strong>IP2. UECC Delivery</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>IP2</td>
<td>UECC Delivery</td>
<td>Requires mandate and delivery plans to be developed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective</td>
<td>Priority (Programme)</td>
<td>Project</td>
<td>Scope</td>
<td>Project SRO</td>
<td>Exec SRO</td>
<td>Previous RAG</td>
<td>Current RAG</td>
<td>2019/20</td>
<td>Apr-20</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------</td>
<td>---------</td>
<td>-------</td>
<td>------------</td>
<td>----------</td>
<td>--------------</td>
<td>-------------</td>
<td>---------</td>
<td>-------</td>
</tr>
<tr>
<td>P3. Staff Engagement</td>
<td>P3</td>
<td>Staff Engagement</td>
<td>Improve staff engagement and morale by driving a fundamental change in the volume and impact of staff engagement activity in the Trust.</td>
<td>Deputy Director of HR</td>
<td>Interim Chief Executive</td>
<td>None</td>
<td>Green</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P4. Senior Leadership Effectiveness</td>
<td>P4</td>
<td>Senior Leadership Effectiveness / Well Lead</td>
<td>Maximise the effectiveness of the senior leadership within the organisation, empowering staff to work collectively to make informed decisions</td>
<td>Interim Deputy Chief Executive</td>
<td>Interim Chief Executive</td>
<td>None</td>
<td>Amber</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>O4.3 (P5)</td>
<td>Workforce Controls (Recruitment &amp; Retention)</td>
<td>Increase the proportion of our workforce who are substantively employed by the Trust and in doing so, reduce the vacancy rate and ensure a minimum 10% in-year reduction in agency cost</td>
<td>Deputy Director of HR</td>
<td>Interim Deputy Chief Executive</td>
<td>None</td>
<td>Green</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>O4.1</td>
<td>Financial Performance Management Framework</td>
<td>Review current financial performance management framework to establish more robust and improved arrangements focused on understanding variances to plan, taking corrective and prospective actions in mitigation of adverse financial performance.</td>
<td>Deputy Director of Finance</td>
<td>Director of Finance</td>
<td>None</td>
<td>Green</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix 1 Trust Programme for 2020/21 - Key Milestones

<table>
<thead>
<tr>
<th>Objective</th>
<th>Priority (Programme)</th>
<th>Project</th>
<th>Scope</th>
<th>Project SRO</th>
<th>Exec SRO</th>
<th>Previous RAG</th>
<th>Current RAG</th>
<th>2019/20</th>
<th>Apr-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>O4.2</td>
<td>Service Sustainability Reviews</td>
<td>Provide a high level sustainability score for each service within the Trust and develop clear and supported plans for selected services which will move services to a sustainable footing</td>
<td>Assistant Director of Strategy, Planning &amp; Integration</td>
<td>Interim Deputy Chief Executive</td>
<td>None</td>
<td>Green</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O4.3</td>
<td>CIP Delivery &amp; Governance</td>
<td>Review current arrangements to strengthen the Trust’s Cost Improvement Programme by developing more robust governance and executing targeted efficiency improvements, establishing a CIP Board; producing a robust, monitored and assured programme of works and establishing a planning mechanism for the identification and adoption of 20/21 schemes.</td>
<td>Programme Director Transformation; Head of PMO</td>
<td>Interim Deputy Chief Executive</td>
<td>None</td>
<td>Green</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Appendix 1 Trust Programme for 2020/21 - Key Milestones

<table>
<thead>
<tr>
<th>Objective</th>
<th>Priority (Programme)</th>
<th>Project</th>
<th>Scope</th>
<th>Project SRO</th>
<th>Exec SRO</th>
<th>Previous RAG</th>
<th>Current RAG</th>
<th>2019/20</th>
<th>Apr-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>O4.4 Financial</td>
<td></td>
<td>Budget Setting and Control Processes</td>
<td>Ensure appropriate budget setting and budgetary control processes are in place for the whole organisation with forecasting methodology / recovery plans linked to forecasting</td>
<td>Deputy Director of Finance</td>
<td>Director of Finance</td>
<td>None</td>
<td>Green</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O4.5 Integrated</td>
<td></td>
<td>Financial Reporting</td>
<td>Explore the possibilities for integrated reporting at all levels in the organisation to bring together finance, activity and workforce in a coordinated and consistent way as part of the normal monthly budgetary reporting and control structure.</td>
<td>Assistant Director of Strategy, Planning and Integration</td>
<td>Interim Deputy Chief Executive</td>
<td>None</td>
<td>Green</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O4.6 Business Case</td>
<td></td>
<td>Process</td>
<td>Implement a revised end-to-end business case process within the Trust from concept to post implementation review (including the evaluation of financial benefits and recovery).</td>
<td>Deputy Director of Finance</td>
<td>Director of Finance</td>
<td>None</td>
<td>Green</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O4.8 Capital Programme</td>
<td></td>
<td></td>
<td>Effectively manage the capital programme ensuring delivery to plan</td>
<td>Deputy Director of Finance</td>
<td>Director of Finance</td>
<td>None</td>
<td>Green</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Objective:** Financial Stewardship

**Deliver our financial plan based on revised Covid-19 expectations; ensure improved financial stewardship across the organisation

1. **O4.4 Budget Setting and Control Processes**
   - **Scope:** Ensure appropriate budget setting and budgetary control processes are in place for the whole organisation with forecasting methodology / recovery plans linked to forecasting.
   - **Project SRO:** Deputy Director of Finance
   - **Exec SRO:** Director of Finance
   - **Previous RAG:** None
   - **Current RAG:** Green

2. **O4.5 Integrated Financial Reporting**
   - **Scope:** Explore the possibilities for integrated reporting at all levels in the organisation to bring together finance, activity and workforce in a coordinated and consistent way as part of the normal monthly budgetary reporting and control structure.
   - **Project SRO:** Assistant Director of Strategy, Planning and Integration
   - **Exec SRO:** Interim Deputy Chief Executive
   - **Previous RAG:** None
   - **Current RAG:** Green

3. **O4.6 Business Case Process**
   - **Scope:** Implement a revised end-to-end business case process within the Trust from concept to post implementation review (including the evaluation of financial benefits and recovery).
   - **Project SRO:** Deputy Director of Finance
   - **Exec SRO:** Director of Finance
   - **Previous RAG:** None
   - **Current RAG:** Green

4. **O4.8 Capital Programme**
   - **Scope:** Effectively manage the capital programme ensuring delivery to plan.
   - **Project SRO:** Deputy Director of Finance
   - **Exec SRO:** Director of Finance
   - **Previous RAG:** None
   - **Current RAG:** Green
### Appendix 1 Trust Programme for 2020/21 - Key Milestones

<table>
<thead>
<tr>
<th>Objective</th>
<th>Priority (Programme)</th>
<th>Scope</th>
<th>Project</th>
<th>Scope</th>
<th>Project SRO</th>
<th>Exec SRO</th>
<th>Previous RAG</th>
<th>Current RAG</th>
<th>2019/20</th>
<th>Apr-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>IP1. CQC Improvement Plan</td>
<td>IP1</td>
<td>No Mandate Requires development of assurance protocols and incorporation of plan</td>
<td>Ensure delivery of the CQC Improvement Plan with all actions fully completed and evidenced (or appropriate mitigations put in place with revised time-lines for delivery) by reinforcing existing governance and senior oversight and reinstating monthly action-led review and delivery meetings. Ensure individual services receive detailed and relevant feedback and support by relaunching the <em>Safe and Sound</em> programme to drive a learning culture, implement the new Patient Safety Framework and continuing the programme of <em>Safe and Sound</em> Quality Reviews.</td>
<td>Quality Governance, Compliance and Risk Manager</td>
<td>Executive Chief Nurse &amp; DIPC</td>
<td>None</td>
<td>Amber</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Milestone moved - number of months and direction:** ➔ or 
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Re-introduce CAP care bundle and supportive education, including around clinical coding and documentation of CURB65</td>
<td>Complete Post COVID re-set and lessons learned workshops</td>
<td>Develop and implement mortality dashboard to be presented to the Board quarterly, incorporating themes, trends and learning from all SJRs</td>
<td>Increase Medical Examiner capacity, and recruit to vacant Medical Examiner’s Office posts</td>
<td>Develop business case around in-hospital palliative care medical resource</td>
<td>Introduce Sepsis UK eLearning for children &amp; adults</td>
<td>Business Case for site room/Command Centre approved</td>
<td>Real time dashboard available to manage agreed indicators</td>
<td>Existing site room refurbished</td>
<td>Implementation of agreed approach completed</td>
<td>Roll out palliative care training across Trust – including end of life recognition and discharge to preferred place of death</td>
<td>100% of Stage 1 reviews completed within 30 days (start to be determined)</td>
</tr>
<tr>
<td>Key Stakeholders Identified</td>
<td>Update rich picture and digital road map from “front door to back door”</td>
<td>Agree implementation plan based on agreed approach and secure approval of associated business case(s)</td>
<td>Commence implementation of agreed approach</td>
<td>85% of relevant staff completed Sepsis training</td>
<td>HSMR Below 110 (profile to be determined)</td>
<td>100% of Stage 2 reviews completed within 60 days (start to be determined)</td>
<td>30%↑ av. time ED admitted patient to reach inpatient bed</td>
<td>20%↑ av. time inpatients wait for certain diagnostic tests</td>
<td>40%↑ AMU bed days (culmination across all P1 projects)</td>
<td>GP services run by UECC team → reliance on agency doctors</td>
<td>75%↑ OH agency usage</td>
</tr>
<tr>
<td>Agree future model</td>
<td>Draft appraisal report for Executive consideration</td>
<td>Executive consideration of completed appraisal report</td>
<td>Complete review of face to face clinics, identify areas for VF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>At least 5 AMU/ASU empty beds available at 8pm every night 7 days a week</td>
<td></td>
<td>35%↑ virtual clinics attendance</td>
</tr>
<tr>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-----</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Commence implementation of Virtual First in selected clinics</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>Commence 20/21 contracting dialogue re local tariff / incentive arrangements</strong></td>
<td><strong>Complete reconfiguration of 3 clinics to VF operation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Produce and agree plan to reconfigure remaining clinics</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Greenoaks site redevelopment commenced</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Complete Greenoaks relocation to former OCU building</strong></td>
<td><strong>Complete options appraisal and business case for future use of former Greenoaks site</strong></td>
<td></td>
<td></td>
<td><strong>Handover refurbished B6</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Agree future approach with Barnsley</strong></td>
<td><strong>Develop and adopt plans for joint service</strong></td>
<td><strong>Complete capacity planning and agree appropriate surgical bed base</strong></td>
<td><strong>Agree expectations with partners re discharge processes and procedures</strong></td>
<td><strong>Develop VF policy to embed behavioural change</strong></td>
<td><strong>Ophthalmology relocated RCHC</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Sustainable Rota in place 7 days a week</strong></td>
<td><strong>Sustainable Rota in place and operating effectively</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Rightsize non-elective medical bed base, establishing additional medical ward &amp; frailty unit</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Time to triage standard met</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Mean total time to be seen standard met</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Implement long-term solution to community bed base, rationalising existing capacity</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Implement CCG Contract Performance Notice removed</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>&lt;61 cumulative ambulance handover delays</strong></td>
<td><strong>&lt;91 cumulative ambulance handover delays</strong></td>
<td><strong>&lt;122 cumulative ambulance handover delays</strong></td>
<td><strong>&lt;153 cumulative ambulance handover delays</strong></td>
<td><strong>&lt;183 cumulative ambulance handover delays</strong></td>
<td><strong>&lt;214 cumulative ambulance handover delays</strong></td>
<td><strong>&lt;244 cumulative ambulance handover delays</strong></td>
<td><strong>&lt;275 cumulative ambulance handover delays</strong></td>
<td><strong>&lt;306 cumulative ambulance handover delays</strong></td>
<td><strong>&lt;334 cumulative ambulance handover delays</strong></td>
<td><strong>&lt;365 cumulative ambulance handover delays</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Implement monthly internal staff survey</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**<5 Delayed Transfers of Care at any time**

**<5 Delayed Transfers of Care at any time**

**<5 Delayed Transfers of Care at any time**

**<5 Delayed Transfers of Care at any time**

**<5 Delayed Transfers of Care at any time**

**<5 Delayed Transfers of Care at any time**

**<10 medical outliers at any time**

**<10 medical outliers at any time**

**<10 medical outliers at any time**

**<10 medical outliers at any time**

**No more than 3½% delayed transfers of care**
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revise and formalise Executive Team meetings</strong></td>
<td><strong>Develop refreshed approach to PDR, building on the qualitative aspects</strong></td>
<td>Completed 3 TWC Sessions</td>
<td>Achieved 156 live, 282 Youtube Cex Brief</td>
<td>Achieved 9,058 Fb, 7,400 Twitter followers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Hold Executive Team Away Day to agree new vision for the team</strong></td>
<td>Complete the Talent Management approach</td>
<td>Introduce joint monthly Executive Team and Senior Leadership Team meetings</td>
<td>Redefine support / operational meetings to improve governance and decision making</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt;90% compliance with individual appraisal targets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Develop ToRs for vacancy control group</strong></td>
<td>Establish clear centralised process for approving all vacancies</td>
<td>Establish in-year delivery profiles</td>
<td>Review rostering set-up re. rotas and shifts</td>
<td>Review e-rostering / NHSPI authorisation and access controls</td>
<td>Interface developed for interaction between both systems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Develop ToRs for agency review group</strong></td>
<td>Establish clear centralised process for approving all agency staff</td>
<td>Establish robust exception reporting</td>
<td>Agency spend &lt;= agreed plan profile</td>
<td>Agency spend remains below NHSI ceiling</td>
<td>Agency spend remains below NHSI ceiling</td>
<td>Agency spend &lt;= agreed plan profile</td>
<td>Agency spend remains below NHSI ceiling</td>
<td>Agency spend remains below NHSI ceiling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EOT</strong></td>
<td><strong>Implement and embed exit interview process (PLACE HOLD - needs date)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Achieve break-even financial position</strong></td>
<td><strong>Complete implementation of new, staff led QI approach</strong></td>
<td>Significant improvement in 2019 NSS scores for Q21a-d &amp; Q4f</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Achieve break-even financial position</strong></td>
<td><strong>Develop divisional leadership teams</strong></td>
<td><strong>&gt;85% compliance with Mandatory training requirements</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Achieve break-even financial position</strong></td>
<td><strong>Deliver the Trust's operational plan</strong></td>
<td><strong>Achieve &quot;Good&quot; rating at next CQC well-led review</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Achieve break-even financial position</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Achieve break-even financial position</strong></td>
<td><strong>Achieve break-even financial position</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>-----</td>
</tr>
<tr>
<td>Cash position within 5% of planned position</td>
<td>Cash position within 5% of planned position</td>
<td>Cash position within 5% of planned position</td>
<td>Cash position within 5% of planned position</td>
<td>Cash position within 5% of planned position</td>
<td>Cash position within 5% of planned position</td>
<td>Cash position within 5% of planned position</td>
<td>Cash position within 5% of planned position</td>
<td>Cash position within 5% of planned position</td>
<td>Cash position within 5% of planned position</td>
<td>Cash position within 5% of planned position</td>
<td>Cash balance adequate</td>
</tr>
<tr>
<td>Produce definitive guidance of when to recognise a CIP</td>
<td>Process (ToRs) for Service Sustainability Reviews agreed by Executive</td>
<td>Establish CIP Board and agree programme of schemes</td>
<td>Review and agree revised reporting of CIP performance</td>
<td>Agreement on Deep Dive services and the team for each service</td>
<td>Agree sustainability measures</td>
<td>Commence roll out of Deep Dive in Services agreed</td>
<td>Complete Deep Dive for 2-3 services and produce action plans</td>
<td>Adoption of 21/22 scheme plans</td>
<td>Improved delivery of CIPs and recurrency thereof</td>
<td>Early identification of schemes, risks and issues, greater transparency and inclusive delivery</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>-----</td>
</tr>
<tr>
<td>Review current forecasting process</td>
<td>Draft of process for approval</td>
<td>Establish Capital Planning and Monitoring Group to oversee all aspects of capital expenditure</td>
<td>Develop &amp; agree processes for monthly out-turn position, commitments and forecasting.</td>
<td>Review current process for establishing capital plans, both short-term &amp; longer term</td>
<td>Develop indicative 5 year plan</td>
<td>Review monthly control process to ensure financial reporting reconciles to ledger</td>
<td>Determine potential delivery route for themes identified</td>
<td>Budget holders (£10K); Service managers (£20K/£50K); GMs / EDs (£100K)</td>
<td>Agree monthly reporting requirements at all levels of the organisation, ensuring that all outputs are fully reconcilable to the source data and consistent between different sources for:</td>
<td>Implement reporting agreed as BAU</td>
<td>Agree a suite of reporting information to be provided to the Board of Directors</td>
</tr>
</tbody>
</table>

- Review budget setting process for FY 21/22
- Ensure meaningful recovery plans produced when services under-perform against budgets
- Produce revised detailed guidance and standard documentation
- Agree revised arrangements with Exec & communicate
- Re-base pay budgets for FY 21/22 ensuring triangulation/reconciliation to job planning outputs, agreed safe staffing establishments and e-rostering system
- Ensure meaningful recovery plans produced when services under-perform against budgets
- Produce revised detailed guidance and standard documentation
- Agree revised arrangements with Exec & communicate
- Re-base pay budgets for FY 21/22 ensuring triangulation/reconciliation to job planning outputs, agreed safe staffing establishments and e-rostering system
- Review monthly control process to ensure financial reporting reconciles to ledger
- Determine potential delivery route for themes identified
- Budget holders (£10K); Service managers (£20K/£50K); GMs / EDs (£100K)
- Agree monthly reporting requirements at all levels of the organisation, ensuring that all outputs are fully reconcilable to the source data and consistent between different sources for: |
<table>
<thead>
<tr>
<th>Month</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>May-20</td>
<td>Perform stocktake of actions completed to date (and related new evidence)</td>
</tr>
<tr>
<td>Jun-20</td>
<td>Update and revise CQC Improvement Plan</td>
</tr>
<tr>
<td>Jul-20</td>
<td>Re-launch CQC Improvement Plan (post Covid-19) (PLACE HOLD - needs date)</td>
</tr>
<tr>
<td>Aug-20</td>
<td>Ensure all agreed 2019 CQC Improvement Plan actions are completed with evidence, unless there are appropriate mitigating reasons</td>
</tr>
<tr>
<td>Sep-20</td>
<td>All 2019 CQC Improvement Plan actions not completed have adopted mitigating plans in place with agreed revised timelines</td>
</tr>
<tr>
<td>Oct-20</td>
<td>All 2019 CQC Improvement Plan actions not completed have adopted mitigating plans in place with agreed revised timelines</td>
</tr>
<tr>
<td>Nov-20</td>
<td>Ensure all agreed 2019 CQC Improvement Plan actions are completed with evidence, unless there are appropriate mitigating reasons</td>
</tr>
<tr>
<td>Dec-20</td>
<td>Re-launch CQC Improvement Plan (post Covid-19) (PLACE HOLD - needs date)</td>
</tr>
<tr>
<td>Jan-21</td>
<td>Develop and implement summary improvement plans for services reviewed through the service-level quality review process</td>
</tr>
<tr>
<td>Feb-21</td>
<td>5 additional services reviewed focused on those rated RI at last inspection and/or requesting additional support</td>
</tr>
<tr>
<td>Mar-21</td>
<td>Ensure all agreed 2019 CQC Improvement Plan actions are completed with evidence, unless there are appropriate mitigating reasons</td>
</tr>
<tr>
<td>EOY</td>
<td>Ensure all agreed 2019 CQC Improvement Plan actions are completed with evidence, unless there are appropriate mitigating reasons</td>
</tr>
</tbody>
</table>

Legend:
- **On Plan**
- **Behind plan, actions in place to recover**
- **Behind plan, more significant action required**
Operational Objectives 2020-21
June 2020

Appendix 2 – Programme Highlight Reports v2.0

Trust Board of Directors

4 August 2020
### Project Name: Mortality

<table>
<thead>
<tr>
<th>Project ID:</th>
<th>O1</th>
<th>Exec SRO: Executive Medical Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>30 June 2020</td>
<td>Project SRO: TBD</td>
</tr>
<tr>
<td>Assurance Committee:</td>
<td>Quality</td>
<td></td>
</tr>
<tr>
<td>Current Status Q1:</td>
<td>Amber</td>
<td></td>
</tr>
<tr>
<td>Previous Status:</td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

#### Scope:

The mandate for this project is currently undergoing development. The initial scope includes:

- Develop and implement changes to coding and reporting systems and create a dashboard
- Re-introduce Community Acquired Pneumonia (CAP) care bundle and supporting education
- Introduce SEPSIS UK e-learning for children and adults
- Roll out palliative care training including end of life recognition and discharge to preferred place of death
- Recruit to vacant Medical Examiner posts and develop business case around in house palliative care resource
- Work with place partners to increase the volume of hospice capacity and ensure appropriate end of life care

#### Summary Position:

Revised reporting methodology for non-elective observations is now in place which will reduce the impact on our standard mortality ratios and bring the underlying data set into line with our peers. The clinical coding team continue to support doctors by providing resource packs available on the Hub but it is recognised that more education is needed to reduce the number of queries raised and also to ensure that coding is signed off before the national data set is submitted. Although the project has delivered the milestones due in Q1, it is assessed at amber risk awaiting completion of the project mandate / plan and assignment of a project SRO.

#### Activities completed this quarter

- Non-elective observation coding is in place

#### Activities not completed

- None

#### Activities planned for next month

- Complete project mandate
- Assign Project SRO

#### Key risks to overall delivery

- None

#### Key issues

- The absence of a Project SRO will impede timely delivery of the projects’ defined objectives
### Optimising Flow

**Date:** 30 June 2020  
**Project SRO:** TBD  
**Project ID:** O2 / P1.1  
**Current Status Q1:** Amber

<table>
<thead>
<tr>
<th>Scope:</th>
<th>Significantly improve transactional and organisational inefficiencies that traditionally rely on manually outdated processes, taking into account lessons learned from COVID 19 and recovery plans that have already progressed the digitisation of patient flow and achieving better patient outcomes by improving communication between care providers by developing predictive and prescriptive decision support tools that can be displayed on any internet connected device (including the new digital Command Centre’s interactive “wall of analytics”) and generating analytical data from digitised processes, work and information flow, offering a holistic real time view of how our integrated care services are operating and supporting tactical problem solving and decision making.</th>
</tr>
</thead>
</table>

| Summary Position: | Good progress has been made during the pandemic to progress patient flow digitisation and develop key analytics. It has also seen multi-agency buy-in to the speed at which patient care and discharge arrangements have changed and how much information exchange is required between teams, including remote. The Right to Reside patient assessment exemplifies how tasks can be re-built to inform patient flow decisions. Similarly, the amalgamation of Estimated Discharge Dates across several fields in Meditech provides instantaneous information on the status of the patient. The project is currently assessed at amber risk awaiting the assignment of a project SRO due to staffing changes. A plan is in place to assign in the coming period on an interim basis whilst recruitment proceeds. |

| Activities completed this quarter |  
|---|---|
| ▪ Access to Trust systems has been provided to RMBC staff where required (with restrictions enforced)  
▪ Right to Reside assessment updated in Meditech (used to define which patients should stay in hospital)  
▪ Estimated Discharge Date amalgamated across all required fields within Meditech (improves visibility at any point of access) |

| Activities not completed | None |

| Activities planned for next month |  
|---|---|
| ▪ Review the draft business case for investment in a refurbished site room/command centre and the recommendations for support roles to progress implementation and change management  
▪ Assign Project SRO and complete the identification of key stakeholders and review the draft rich picture/digital road map |

| Key risks to overall delivery |  
|---|---|
| ▪ End of fixed term contract in August of Head of Nursing (Operations) will create a gap in expert knowledge and experience |

| Key issues | The absence of a Project SRO will impede timely delivery of the projects’ defined objectives |

| Status | Blue: Completed  
Green: On Plan  
Amber: Behind plan with mitigation or actions in place to recover  
Red: Behind plan no mitigation or more significant action required |

---

*The Rotherham NHS Foundation Trust*
Project Name: Embed Same Day Emergency Care  
Project ID: O2 / P1.2  
Exec SRO: Chief Operating Officer  
Date: 30 June 2020  
Project SRO: TBD  
Assurance Committee: F&PC  
Current Status Q1: Amber  
Previous Status: None

Scope: Confirm the Trust’s ambition towards the development and implementation of SDEC across all divisions, given the range of options available, agreeing an implementation approach (milestone plan) involving, if necessary, the development of a single business case(s) reflecting the desired model and implement the agreed model across the Trust, identifying and implementing the necessary data flows.

Summary Position: The NHS Long Term Plan sates that every acute hospital with a type 1 A&E department will move to a comprehensive model of SDEC. The Trust has already implemented some aspects of SDEC in surgery, medicine and gynaecology, but further opportunities to extend the scope and benefit of SDEC remain. Separate business cases have been developed by the clinical divisions in relative isolation. The Trust is keen to take stock of progress and align the cases into a cohesive strategic proposal for the trust to consider; however, confirmation of the Trusts ambition towards the development and implementation of SDEC across all divisions will be required, given the range of available options. The project is currently assessed at amber risk awaiting the assignment of a project SRO. A plan is in place to assign in the coming period.

<table>
<thead>
<tr>
<th>Activities completed this quarter</th>
<th>Development of project mandate and outline plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities not completed</td>
<td>None</td>
</tr>
</tbody>
</table>
| Activities planned for next month | In consultation with the Executive, confirm the Trust’s ambition towards the development and implementation of SDEC  
Assign Project SRO  
Develop key metrics |
| Key risks to overall delivery     | Cannot deliver an appropriate model of SDEC by the target date of September 2020  
Proposed model is unaffordable |
| Key issues                        | Separate business cases are currently developed in isolation and will need agreement on how to unify  
The absence of a Project SRO will impede timely delivery of the projects’ defined objectives |
<table>
<thead>
<tr>
<th>Project Name:</th>
<th>Develop sustainable Primary Care streaming and GP OOH service</th>
<th>Assurance Committee:</th>
<th>F&amp;PC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project ID:</td>
<td>O2 / P1.3</td>
<td>Exec SRO:</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>Date:</td>
<td>30 June 2020</td>
<td>Project SRO:</td>
<td>General Manager UECC</td>
</tr>
</tbody>
</table>

Scope: Undertake an appraisal of both the TRFT and GP Federation GP OOH models, including cost comparison, risk (reputational, financial, quality), income from RCCG, income clarification, gap analysis and potential redundancies.

Summary Position: In August 2019 TRFT informed the RCCG that it would not wish to provide the GP OOH service beyond the current contract period (31 March 2020). At the onset of COVID, GP front door streaming commenced at the UECC, increasing our cost base. The GP Federation have proposed a GP OOH model costed at £3.6m. This model has been appraised against a TRFT costed model and the report will be considered by the Executive Meeting of 9 July, with recommendations that: TRFT continue to provide the services; start to develop a working relationship with the Federation; and engage with commissioners to request the required funding which will allow TRFT to remain the gatekeepers of their own front door. The current funding envelope of £3.5m covers this new model but does not allow for overheads (utilities etc.). Inclusion of 23% overheads equates to an additional cost of £806k. If, however, a community overhead is applied this reduces to £455k and clarification of the approach to adopt is required.

Activities completed this quarter
- Future model agreed in preparation for Executive Team consideration

Activities not completed
- None

Activities planned for next month
- Executive Team agreement to future model recommendations
- Consultation with DoF to consider and clarify which approach to overheads to adopt
- Initial engagement with Commissioners to explore options around the required additional funding (once overheads clarified)
- Development of key metrics

Key risks to overall delivery
- RCCG do not provide the additional funding required, or will only provide in part
- TRFT continuation of the GP OOH service beyond contract expiry

Key issues
- No current funding in place for overheads
### Operational Plan 20/21 Programme Highlight Report – June 2020

**Project Name:** Outpatient Transformation  
**Project ID:** O2 / P2  
**Exec SRO:** Chief Operating Officer  
**Project SRO:** TBD  
**Date:** 30 June 2020  
**Assurance Committee:** F&PC  
**Current Status Q1:** Amber  
**Previous Status:** None  

**Summary Position:**
A representative group, chaired by the Chief Operating Officer, has been meeting fortnightly to progress COVID recovery plans and bring outpatient services up to a safe standard to allow essential clinics to resume on site. All patients are triaged by telephone and clinic booking rules in Meditech have been divided into separate channels “face to face” or “video consultation”. Considering alignment with national/regional schemes to leverage innovative improvement approaches. Data inputting is proving inconsistent which will impact on required base line measures. The project is currently assessed at amber risk awaiting the assignment of a project SRO due to staffing changes. A plan is in place to assign in the coming period on an interim basis whilst recruitment proceeds.

**Activities completed this quarter**
- Bi-weekly outpatient work stream meetings scheduled
- Perspex screens to be installed around outpatient reception areas, social distancing to continue, patient letters updated regarding face coverings, signage for corridors and stairs installed, PC video cameras supplied
- Self service check in pilot commenced in Phlebotomy and steps in place to pilot in Greenoaks

**Activities not completed**
- None

**Activities planned for next month**
- Services to confirm booking rules with the Contact Centre for virtual and face to face clinics
- Assemble data around new to follow ups/contract performance/DNAs/cancellations 2019/20 to identify hot spots and potential for “Virtual First” review and develop baselines
- Assign Project SRO

**Key risks to overall delivery**
- Insufficient clinical resource available to participate in pathway and process reviews
- Patients’ capability to adapt to digital care in the longer term is over-estimated and face to face appointments resume to pre-COVID levels

**Key issues**
- The absence of a Project SRO will impede timely delivery of the projects’ defined objectives

**Scope:**
Deliver a step change reduction in the number of face to face appointments, lowering the overall number and utilising technology solutions where appropriate including the local reconfiguration of outpatient areas linked to the reduction of face to face clinics and COVID recovery plans and developing a strategy to incentivise the continuation of virtual clinics through a “Virtual First” approach.

**Scope:**
Deliver a step change reduction in the number of face to face appointments, lowering the overall number and utilising technology solutions where appropriate including the local reconfiguration of outpatient areas linked to the reduction of face to face clinics and COVID recovery plans and developing a strategy to incentivise the continuation of virtual clinics through a “Virtual First” approach.
<table>
<thead>
<tr>
<th>Project Name: Estates Moves – Greenoaks</th>
<th>Assurance Committee: F&amp;PC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project ID: O2 / P6.1</td>
<td>Current Status Q1: Amber</td>
</tr>
<tr>
<td>Date: 30 June 2020</td>
<td>Previous Status: None</td>
</tr>
<tr>
<td>Project SRO: Director of Estates and Facilities</td>
<td></td>
</tr>
</tbody>
</table>

**Scope:**
Relocate ante and post-natal outpatient care from Greenoaks and Colposcopy and Hysteroscopy sessions currently undertaken in Endoscopy/theatres to the former Oakwood Community Unit (OCU) and develop an options appraisal to identify options for the re-utilisation of the former Greenoaks Site.

**Summary Position:**
After 28 July 2020, all services currently running out of the existing building will move to the former OCU unit/new Greenoaks. To reduce costs, only items of furniture or clinical equipment which cannot be sourced second hand/refurbished from around the hospital/Estates storage have been included in the final purchasing inventory. Colposcopy sessions that are currently being undertaken at the private Hospital Kinvara will be diverted to Greenoaks once the new clinical areas are ready for use. These arrangements will be reconsidered if lead time for delivery of essential new equipment is delayed beyond 31 August. The project is currently over budget.

**Activities completed this quarter**
- Removal arrangements in place for Friday 24 and Monday 26 July
- Communication plans mobilised (patients and support services informed, local media campaign and web page updates)

**Activities not completed**
- Final costings for the clinical/non-clinical equipment inventory due to additional time needed to identify second hand replacements and make decisions on specialty specific endoscopy equipment requiring extensive input from clinicians

**Activities planned for next month**
- Deep clean the new unit and empty existing Greenoaks
- Complete the first QA questionnaire in accordance with the needs of the British Society of Colposcopy
- Finalise the inventory and decide on funding arrangements for purchasing new items of equipment
- Meetings with supplier and configuration of self-check in kiosks
- Commence pathway and process review meetings (interdependency with Priority 2 Outpatients Transformation)
- Commence options appraisal process for re-utilisation of old Greenoaks site
- Complete Greenoaks relocation to former OCU building

**Key risks to overall delivery**
- Extensive lead time on delivery of some of the new equipment may delay transfer of Colposcopy/Hysteroscopy sessions

**Key issues**
- None

---

**Behind plan with mitigation or actions in place to recover**

**Behind plan no mitigation or more significant action required**

**Project Name:** Estates Moves – Ophthalmology  
**Project ID:** O2 / P6.2  
**Exec SRO:** Chief Operating Officer  
**Project SRO:** Director of Estates and Facilities  
**Assurance Committee:** F&PC  
**Current Status Q1:** Green  
**Previous Status:** None

**Scope:** Move Ophthalmology outpatient services from Ward B6 and main outpatients to RCHC and identify alternative use for vacated space, developing plans for subsequent moves into Ward B6 (Q3/4) taking into consideration COVID recovery plans.

**Summary Position:**
Due to the impact of COVID on construction and other building works the move has been delayed to the end of October 2020 (in plan) although an earlier handover date has not been ruled out as work will resume at pace in July/August. Weekly joint site meetings have also re-started to mobilise the plan of works which is being project managed by NHS Property Services. A separate action plan has been developed by the service around the relocation of staff and to support patient access. No further Ophthalmology outpatient activity will be carried out on Ward B6 which is now partly being used as the Discharge Lounge and to store Ophthalmology equipment ready for the move.

**Activities completed this quarter**
- None scheduled

**Activities not completed**
- None

**Activities planned for next month**
- Review furniture/equipment inventory (identify items for moving, scrapping and purchasing)
- Resume joint weekly site meetings
- Review service mobilisation plans and action logs via Teams meetings

**Key risks to overall delivery**
- Financial investment required to re-furbish Ward B6 may not be affordable in this financial year
- Decision to reconfigure Ward B6 is not reached before winter pressures and possible second wave of COVID, impacting on required bed numbers for critical care and other acutely ill patients

**Key issues**
- None
<table>
<thead>
<tr>
<th>Project Name:</th>
<th>Gastroenterology Service</th>
<th>Assurance Committee:</th>
<th>F&amp;PC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project ID:</td>
<td>O2 / P7</td>
<td>Exec SRO:</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>Date:</td>
<td>30 June 2020</td>
<td>Project SRO:</td>
<td>Divisional Director Integrated Medicine</td>
</tr>
<tr>
<td>Scope:</td>
<td>Implement joint Gastroenterology service with Barnsley Hospital NHS Foundation Trust including a joint GI bleed rota and joint ward cover</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Status Q1:</td>
<td>Green</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous Status:</td>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Summary Position:**
An agreement in principle to provide a joint Gastroenterology service with Rotherham and Barnsley has been made, and the Trusts intend to integrate the two services. The new OOH GI Bleed rota with Barnsley went live on 6 January 2020. As a consequence of the COVID-19 pandemic, the ICS requested all acute providers to reduce the transfer of patients and suggested we keep patients on acute sites with support from other providers. In order to comply, we have postponed the GI bleed rota with Barnsley and are now dealing with patients on the TRFT site via a local rota. STH have agreed to support TRFT as required (to date we have not needed to transfer any GI patients).

**Activities completed this quarter**
- Postponement of joint GI bleed rota with Barnsley

**Activities not completed**
- None

**Activities planned for next month**
- Executive meeting with Barnsley to agree future approach and consider initial plans and timelines. This may be split into 2 x stages: Stage 1 – Ward cover & Stage 2 – Outpatients and Endoscopy
- Reconciliation of views surrounding the transfer of critical care patients

**Key risks to overall delivery**
- 2nd wave of COVID-19
- Lack of recruitment of substantive Gastroenterology Consultant at TRFT resulting in potential disengagement

**Key issues**
- Continuation of COVID-19
- Differing views exist between the two Trusts on the transfer of critical care patients requiring scoping potentially resulting in the requirement to maintain a separate on-call team post implementation or an additional SLA with a third Trust
<table>
<thead>
<tr>
<th>Project Name:</th>
<th>UECC Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project ID:</td>
<td>O2/IP2</td>
</tr>
<tr>
<td>Exec SRO:</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>Date:</td>
<td>30 June 2020</td>
</tr>
<tr>
<td>Project SRO:</td>
<td>Deputy Chief Operating Officer</td>
</tr>
<tr>
<td>Assurance Committee:</td>
<td>F&amp;PC</td>
</tr>
<tr>
<td>Current Status Q1:</td>
<td>Green</td>
</tr>
<tr>
<td>Previous Status:</td>
<td>None</td>
</tr>
</tbody>
</table>

**Scope:**
Improve patient flow throughout the hospital through establishment of a larger acute medical bed base, optimising and supporting emergency care pathways and implementing a plan to ensure a significant step change in performance.

**Summary Position:**
In order to improve flow through the hospital, a number of actions are planned which will ultimately result in a larger acute medical bed base to manage non-elective demand and which will ensure appropriate provision of services within this bed base such as through a frailty ward with established emergency pathways. Concurrently, the Trust intends to rationalise the community bed base following the temporary decision to close the Oakwood Community Unit and instead utilise the capacity at Ackroyd and Aythorpe Lodges. Work is commencing on production of a detailed mandate and implementation plan.

**Activities completed this quarter**
- Achieved target of less than 91 cumulative (April-June) ambulance handover delays (greater than 60 minutes) with an outturn of 7

**Activities not completed**
- None

**Activities planned for next month**
- Development of a project mandate and plan to ensure performance and delivery against the milestones, targets and measures as prescribed within the agreed NHSI Improvement Plan (detailed within the Trust Programme Key Milestones tracker)
- Achieve <122 cumulative ambulance handover delays
- Achieve <5 Delayed Transfers of Care at any time

**Key risks to overall delivery**
- None

**Key issues**
- The Delayed Transfers of Care (DToC) key metric has been replaced nationally with the new Discharge Measures including Right to Reside which has been monitored locally since the beginning of Covid-19 when DTOC reporting was suspended nationally.
- We will aim to keep outlier patients at 10 or under throughout the year, the exception being during the winter period when we will formally plan to increase agreed outlier numbers as part of our winter plans, in contradiction to the realisation of a future target.
## Project Name: Staff Engagement

### Project ID:
O3 / P3

### Exec SRO:
Director of Workforce and OD

### Date:
30 June 2020

### Project SRO:
Deputy Director of HR

### Current Status Q1:
Green

### Previous Status:
None

### Summary Position:
During quarter one the project mandate for this project has been developed and agreed by the Trust Board. Work has commenced on further developing the implementation plan to ensure achievement of the delivery milestones. Our People Strategy “The Rotherham Way” 2020-23 was approved by Trust Board and finalised for publication. A new People Committee, meeting on a monthly basis, has been established and will oversee implementation of this programme of work.

### Activities completed this quarter
- Project mandate and high-level plan developed and agreed at Trust Board
- Our People Strategy 2020-23 signed off for publication
- People Committee monthly meetings scheduled

### Activities not completed
- None

### Activities planned for next month
- Commence planning and agree format of monthly staff surveys
- Prepare plans to re-launch Together we Can workshops (average 2 workshops per month (August to March) to achieve target levels
- Commence review of data analytics/capability for monitoring and targeting social media account usage/number of hits

### Key risks to overall delivery
- Continuation of COVID 19 recovery or potential second wave minimises the opportunity for staff to get involved in activities

### Key issues
- Establishment of QSIR faculty is dependent on availability and timing of certification sessions before March 2021

---

**Operational Plan 20/21 Programme Highlight Report – June 2020**
<table>
<thead>
<tr>
<th>Project Name:</th>
<th>Senior Leadership Effectiveness / Well Lead</th>
<th>Assurance Committee:</th>
<th>People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project ID:</td>
<td>O3 / P4</td>
<td>Interim Chief Executive</td>
<td>Green</td>
</tr>
<tr>
<td>Date:</td>
<td>30 June 2020</td>
<td>Interim Deputy Chief Executive</td>
<td>None</td>
</tr>
<tr>
<td>Scope:</td>
<td>Maximise the effectiveness of the senior leadership within the organisation, empowering staff to work collectively to make informed decisions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summary Position:</td>
<td>Work has commenced to ensure the effective functioning of the Executive with the Executive Team meetings being revised and formalised and an Executive Team Away Day held to develop a team vision and strengthen collective leadership. A revised performance management framework is in development which will strengthen our performance management approach, hold teams to account and increase the pace of improvement and assuring performance. In the next period, we will establish a CQC Delivery Board to oversee implementation of the CQC Improvement Plan and assist with the achievement of a ‘Good’ rating at the next well-led review as well as bring forward our plans to include Senior Leadership Teams in the Executive Team on a monthly basis to support wider leadership development across the Trust.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Activities completed this quarter | • Revised and formalised Executive Team meetings  
• Held Executive Team Away Day to agree new vision for the team  
• Commenced specification and development of a revised performance management framework |
| Activities not completed | None |
| Activities planned for next month | • Commence development of online survey to undertake peer reviews for Executive Team 360s  
• Establish CQC Delivery Board chaired by the Interim CEx which will assist in achieving a ‘Good’ rating at the next CQC well-led review  
• Continue development of a revised performance management framework  
• Commence action plan development towards delivery of future milestones |
| Key risks to overall delivery | None |
| Key issues | None |
### Operational Plan 20/21 Programme Highlight Report – June 2020

<table>
<thead>
<tr>
<th>Project Name:</th>
<th>Financial Performance Management Framework</th>
<th>Assurance Committee:</th>
<th>F&amp;PC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project ID:</td>
<td>O4.1</td>
<td>Exec SRO:</td>
<td>Director of Finance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Current Status Q1:</td>
<td>Green</td>
</tr>
<tr>
<td>Date:</td>
<td>30 June 2020</td>
<td>Project SRO:</td>
<td>Deputy Director of Finance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Previous Status:</td>
<td>None</td>
</tr>
<tr>
<td>Scope:</td>
<td>Review current financial performance management framework (FPMF) to establish more robust and improved arrangements focused on understanding variances to plan, taking corrective and prospective actions in mitigation of adverse financial performance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Summary Position:</td>
<td>During quarter one the project mandate for this project has been developed and agreed by the Trust Board. Work has commenced on mapping out and defining the Financial Performance Management Framework. Due to COVID-19, normal business planning was halted in March 2020 and the present emergency financial budgeting and cash management arrangements introduced nationally for April to July of the current financial year. Latest national advice suggests these arrangements will continue into August, possibly September, but beyond that remains unclear. As a consequence, the Trust currently has no formal cash management targets in place.</td>
</tr>
</tbody>
</table>
| Activities completed this quarter | - Project mandate developed and agreed  
- Commenced mapping out and defining the Financial Performance Management Framework  
- Achieve break-even financial position - Plan Q1 £0 / Actual Q1 £10K deficit, but the Trust achieved its break-even control total after a technical adjustment for donated assets expenditure in accordance with national guidance and requirements.  
- Cash position within 5% of planned position - Plan Q1 £0 / Actual Q1 £24,177K. Due to COVID-19, no cash management target in place. |
| Activities not completed | None |
| Activities planned for next month | - Define the Financial Performance Management Framework across the organisational hierarchy.  
- Achieve break-even financial position and cash position within 5% of planned position. |
| Key risks to overall delivery | - Continuation of COVID-19 recovery or potential second wave minimises the opportunity for colleagues to get involved in the project causing potential future milestone slippage.  
- COVID-19 recovery and operational pressures disengages key stakeholders. |
| Key issues | None |
### Service Sustainability Reviews

**Project Name:** Service Sustainability Reviews  
**Project ID:** O4.2  
**Exec SRO:** Interim Deputy Chief Executive  
**Current Status Q1:** Green

**Date:** 30 June 2020  
**Project SRO:** Assistant Director of Strategy, Planning & Integration  
**Previous Status:** None

**Scope:** Provide a high level sustainability score for each service within the Trust and develop clear and supported plans for selected services which will move services to a sustainable footing

**Summary Position:** Quarter one has focused on establishing the project. The project mandate for this project has been developed and agreed by the Trust Executive and Trust Board. An SRO has been appointed and key stakeholders identified.

**Activities completed this quarter**
- Completion and agreement of the Project Mandate
- Identification of the SRO for the project

**Activities not completed**
- None

**Activities planned for next month**
- Process (ToRs) for Service Sustainability Reviews agreed by Executive.
- Activities to begin the work to deliver the reviews

**Key risks to overall delivery**
- Lack of information available at service level to be able to fully understand and provide a sustainability score for each service
- Lack of capacity within informatics teams (finance, BI, workforce) to develop information to support the reviews
- Lack of capacity within clinical services to fully engage with the reviews
- Services unable to identify solutions to the sustainability issues

**Key issues**
- None
### Project Name:
CIP Delivery & Governance

<table>
<thead>
<tr>
<th>Project ID:</th>
<th>O4.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exec SRO:</td>
<td>Interim Deputy Chief Executive</td>
</tr>
<tr>
<td>Project SRO:</td>
<td>Prog. Dir. Transformation / Head of PMO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th>30 June 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Status Q1:</td>
<td>Green</td>
</tr>
<tr>
<td>Previous Status:</td>
<td>None</td>
</tr>
</tbody>
</table>

### Scope:
Review current arrangements to strengthen the Trust’s Cost Improvement Programme by developing more robust governance and executing targeted efficiency improvements; establishing a CIP Board; producing a robust, monitored and assured programme of works and establishing a planning mechanism for the identification and adoption of 20/21 schemes.

### Summary Position:
During quarter one the project mandate for this project has been developed and agreed by the Trust Board. Work has commenced on reviewing and developing revised governance arrangements and will be agreed in consultation with the Interim DCE and DoF.

### Activities completed this quarter
- Produced definitive guidance and examples of when to recognise a CIP (and when not to).

### Activities not completed
- None

### Activities planned for next month
- Review present governance arrangements regarding the Trust’s cost improvement programme across divisions & corporate services
- Produce revised governance arrangements, TOR’s and standard documentation in consultation with the Interim Deputy Chief Executive and Director of Finance
- Revised governance arrangements agreed by Executive for adoption

### Key risks to overall delivery
- Continuation of COVID 19 recovery or potential second wave minimises the opportunity for colleagues to get involved in the project causing potential future milestone slippage and non-inclusive determination of appropriate CIPS – mitigation would be to focus development and delivery through available resources and increase communication to key stakeholders
- Lack of Engagement – Division / Organisationally – mitigation is to strengthen governance by introduction of a new CIP Board which will maintain focus on planning, delivery, intervention and accountability.

### Key issues
- None
<table>
<thead>
<tr>
<th>Project Name:</th>
<th>Budget Setting &amp; Control Processes</th>
<th>Assurance Committee:</th>
<th>F&amp;PC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project ID:</td>
<td>O4.4</td>
<td>Exec SRO:</td>
<td>Director of Finance</td>
</tr>
<tr>
<td>Date:</td>
<td>30 June 2020</td>
<td>Project SRO:</td>
<td>Deputy Director of Finance</td>
</tr>
<tr>
<td>Scope:</td>
<td>Ensure appropriate budget setting and budgetary control processes are in place for the whole organisation with forecasting methodology / recovery plans linked to forecasting.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Status Q1:</td>
<td>Green</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous Status:</td>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Summary Position:** During quarter one the project mandate for this project has been developed and agreed by the Trust Board.

**Activities completed this quarter:**
- Project mandate developed and agreed

**Activities not completed:**
- None

**Activities planned for next month:**
- Review current forecasting process
- Seek approval for agreed resource to undertake rebasing exercise

**Key risks to overall delivery:**
- Continuation of COVID-19 recovery or potential second wave minimises the opportunity for colleagues to get involved in the project causing potential future milestone slippage
- COVID-19 recovery and operational pressures disengages key stakeholders
- Lack of resource to undertake rebasing exercise resulting in poor results and limited assurance on the accuracy of pay budgets

**Key issues:**
- None
## Project Name:
Integrated Financial Reporting

**Project ID:** 04.5  
**Exec SRO:** Director of Finance  
**Project SRO:** Deputy Director of Finance

### Date:
30 June 2020

### Scope:
Explore the possibilities for integrated reporting at all levels in the organisation to bring together finance, activity and workforce in a coordinated and consistent way as part of the normal monthly budgetary reporting and control structure.

### Summary Position:
During quarter one the project mandate for this project has been developed and agreed by the Trust Board.

### Activities completed this quarter
- Project mandate developed and agreed

### Activities not completed
- None

### Activities planned for next month
- None – Project workstreams due to commence September 2020

### Key risks to overall delivery
- Continuation of COVID-19 recovery or potential second wave minimises the opportunity for colleagues to get involved in the project causing potential future milestone slippage
- COVID-19 recovery and operational pressures disengages key stakeholders
- Failure to gain engagement with budget holders across the organisation

### Key issues
- None
## Business Case Process

### Scope:
Implement a revised end-to-end business case process within the Trust from concept to post implementation review (including the evaluation of financial benefits and recovery).

### Business Case Process

<table>
<thead>
<tr>
<th>O4.6</th>
<th>Interim Deputy Chief Executive</th>
</tr>
</thead>
</table>

### Project ID:
30 June 2020

### Exec SRO:
Assistant Director of Strategy, Planning & Integration

### Project SRO:

### Current Status Q1:
Green

### Previous Status:
None

### Project SRO:

### Date:
30 June 2020

### Summary Position:
During quarter one the project mandate for this project has been developed and agreed by the Trust Board.

### Activities completed this quarter:
- Project mandate completed

### Activities not completed:
- None

### Activities planned for next month:
- Draft of process for approval

### Key risks to overall delivery:
- Continuation of COVID 19 recovery or potential second wave minimises the opportunity for colleagues to get involved in the project causing potential future milestone slippage
- Not implemented appropriately
- Learning around Business Case Training not applied

### Key issues:
- None
**Operational Plan 20/21 Programme Highlight Report – June 2020**

**Project Name:** Workforce Controls (Recruitment & Retention)  
**Assurance Committee:** People

**Project ID:** O4.7 (O3 / P5)  
**Exec SRO:** Interim Deputy Chief Executive  
**Current Status Q1:** Amber

**Date:** 30 June 2020  
**Project SRO:** Deputy Director of HR  
**Previous Status:** None

**Scope:** Increase the proportion of our workforce who are substantively employed by the Trust and in doing so, reduce the vacancy rate and ensure a minimum 10% in-year reduction in agency cost.

**Summary Position:** During quarter one the project mandate for this project has been developed and agreed by the Trust Board. Work has begun on developing workforce controls to better manage agency spend and establishment position. New vacancy, nurse bank/agency and locum agency control panels have been established and terms of reference agreed. As a result of continued COVID-19 pressures, the Trust attained a ‘Time to Clear’ recruitment metric of 44 days against a target of under 34 days.

**Activities completed this quarter**
- Established new weekly vacancy control panel, nurse bank/agency control panel and locum agency panel
- Developed Terms of Reference for the above panels

**Activities not completed**
- The ‘Time to Clear’ recruitment metric of less than 34 days was not achieved, reporting an end of June ‘Time to Clear’ of 44 days due to continuing COVID-19 pressures

**Activities planned for next month**
- Hold E-Roster Oversight Group meeting
- Establish clear centralised processes for approving all vacancies and agency staff
- Achieve a ‘Time to Clear’ recruitment metric of less than 34 days

**Key risks to overall delivery**
- Continuation of COVID-19 recovery or potential second wave restricts the availability of colleagues resulting in future milestone slippage and non-achievement of delivery targets
- Student nurses do not join the Trust
- International nurses cannot commence due to availability/restrictions

**Key issues**
- None

---

**Blue** Completed  
**Green** On Plan  
**Amber** Behind plan with mitigation or actions in place to recover  
**Red** Behind plan no mitigation or more significant action required
## Project Name:
**Capital Programme**

## Project ID:
**O4.8**

## Exec SRO:
**Director of Finance**

## Project SRO:
**Deputy Director of Finance**

## Date:
**30 June 2020**

## Summary Position:
- Effectively manage the capital programme ensuring delivery to plan.

## Scope:
New national capital control processes introduced by NHSE/I from 1 April and the Trust is now managed against an annual capital allocation determined by SYBICS as part of its wider capital control total. A capital allocation of £7,092K for 2020/21 has been agreed. Capital expenditure is being overseen by the DoF, with monthly review meetings established with key colleagues in Estates, Health Informatics and Finance to review expenditure incurred year to date, commitments and accruals required for work in progress and forecast out-turn figures for the full financial year. Monthly reporting of this information is reviewed by the newly established Capital Planning and Monitoring Group which will include appropriate divisional representation. At the end of Q1, the capital programme delivered to plan after accounting for COVID expenditure: Plan £1,522k; Actual £2,619k; Variance £(1,096)k; COVID-19 expenditure £1,146k; Variance £50k. Although expected to be nationally funded, COVID expenditure is charged against internal programme until confirmed and recovered.

## Activities completed this quarter:
- Established Capital Planning and Monitoring Group to oversee all aspects of capital expenditure.
- Capital programme delivered to plan.

## Activities not completed:
- None

## Activities planned for next month:
- Develop clear terms of reference for the new Capital Planning and Monitoring Group
- Develop & agree processes for monthly out-turn position, commitments and forecasting
- Capital programme delivered to plan

## Key risks to overall delivery:
- Continuation of COVID-19 recovery or potential second wave minimises the opportunity for colleagues to get involved causing potential future milestone slippage and disengagement of key stakeholders
- Financial slippage & substitution
- COVID-19 related capital expenditure not nationally funded in full

## Key issues:
- 2 technical issues outstanding – categorisation of leases & financial accounting and approval & financial accounting for the Carbon & Energy Fund scheme both need to be resolved to determine level of unrestricted capital resources available to the Trust in 20/21.
### Project Name: CQC Improvement Plan

<table>
<thead>
<tr>
<th>Project ID:</th>
<th>IP1</th>
<th>Exec SRO:</th>
<th>Executive Chief Nurse &amp; DIPC</th>
<th>Assurance Committee:</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>30 June 2020</td>
<td>Project SRO:</td>
<td>Quality Governance, Compliance and Risk Manager</td>
<td>Current Status Q1:</td>
<td>Amber</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Previous Status:</td>
<td>None</td>
</tr>
</tbody>
</table>

**Scope:**

Ensure delivery of the CQC Improvement Plan with all actions fully completed and evidenced (or appropriate mitigations put in place with revised time-lines for delivery) by reinforcing existing governance and senior oversight and reinstating monthly action-led review and delivery meetings.

Ensure individual services receive detailed and relevant feedback and support by relaunching the Safe and Sound programme to drive a learning culture, implement the new Patient Safety Framework and continuing the programme of Safe and Sound Quality Reviews.

### Summary Position:

Significant progress has been made within the Trust’s CQC Improvement Plan and the immediate focus this year will be on ensuring all actions are fully completed and evidenced as appropriate. Some actions may need to be revisited as a result of the impact of the Covid-19 pandemic creating slippage. The CQC Improvement Plan governance structure will be retained, with monthly review meetings re-instated to ensure appropriate senior oversight of delivery. The Safe and Sound programme will be re-launched once the impacts of the Covid-19 pandemic have subsided, with all new staff inducted into the approach in addition to a full programme of Safe and Sound Quality Reviews. These were temporarily paused due to Covid-19 but will be re-established as soon as is practicable.

### Activities completed this quarter

- Ongoing management of the CQC Improvement Plan (actions relating to inspections in 2016, 2018 and 2019)

### Activities not completed

- Due to COVID-19, the CQC Improvement Plan was subject to some slippage which was reported to relevant groups and committees.

### Activities planned for next month

- Planning for anticipated inspection (Q1 inspection postponed due to COVID-19)
- Establishment of a CQC Delivery Group (formerly the CQC Steering Group)
- Safe and Sound reviews

### Key risks to overall delivery

- Failure to deliver on outstanding actions affecting future inspections and quality of care

### Key issues

- Slippage due to COVID-19
### Agenda item 272/20

**Executive Lead**  
Anna Milanec, Director of Corporate Affairs (non-voting) / Company Secretary

**Link with the BAF**  
n/a

### Purpose

<table>
<thead>
<tr>
<th>Decision</th>
<th>To note</th>
<th>Approval</th>
<th>For information</th>
</tr>
</thead>
</table>

#### Executive Summary (including reason for the report, background, key issues and risks)

This is the regular quarterly report to the Board of Directors relating to the Board Assurance Framework and containing the proposed quarter 1 risk scores for all 12 BAF items as recommended by the Finance & Performance Committee, People Committee, Quality Committee and Audit Committee.

Following the recommendation of the Trust’s Internal Auditors, during Q1 the recommendations from each of the Executive Leads to the Board Assurance Committees in relation to the BAF items they are responsible for, were reviewed by the Audit Committee at its meeting on 28 July 2020.

The key points arising are:

- The BAF has been reset for 2020/21 using the new BAF format agreed at the session following the Board of Directors meeting on 07 July 2020
- The Board of Directors has two BAF risks to oversee for 2020/21:
  - **B11**: Misaligned governance and decision-making may arise from divergent Trust and ICS interests and objectives
  - **B12**: Ineffective relationships with key partners may lead to a lack of integrated working and poor service configuration across the Rotherham Place
- The full BAF\(^1\) was presented to the Audit Committee on 28 July 2020, as recommended by the Trust’s Internal Auditors
- Proposed risk scores for Q1 are:
  - **B11**: 3 (L) x 4 (C) = 12
  - **B12**: 3 (L) x 4 (C) = 12
- Proposed target risk score to be achieved by end March 2021 are:
  - **B11**: 2 (L) x 4 (C) = 8
  - **B12**: 2 (L) x 4 (C) = 8

---

\(^1\) The ‘full’ BAF refers to the summary sheet together with all of the detailed sheets received and challenged by the Board Assurance Committees on a quarterly basis.
| Recommendations | The Board is asked to note the content of this report, and to APPROVE:  
| | • The Q1 and target risk scores for BAF items B11 and B12; and  
| | • The scores determined by the assurance committees for Q4. |
| Appendices | Appendix 1: Q1 review of the BAF in simple view |
1.0 Introduction

1.1  As part of the oversight of the Board Assurance Framework for 2020/21 this update for Q1 is presented to the Board of Directors for consideration.

1.2  The full BAF was presented to the Audit Committee at its meeting on 28 July 2020 for approval of the Q1 risk score and target risk score for BAF item B8 and overview of the Q1 risk scores proposed by the Executive Director leads for BAF items B1, B2, B3, B4, B5, B6, B7, B9 and B10 which were to be reviewed by the People Committee on 24 July and Finance & Performance Committee and Quality Committee at their meetings on 29 July 2020.

1.3  To support the Audit Committee’s overview of BAF items B1, B2, B3, B4, B5, B6, B7, B9 and B10 the rationale behind the proposed Q1 and target risk scores for each of the items was included in the report to the Audit Committee.

1.4  The Audit Committee did not review BAF items B11 and B12 since these are to be overseen by the Board of Directors during 2020/21, although the proposed Q1 and target risk scores for these BAF items were provided to the Committee.

2.0 Q1 Outcome

2.1  The full details of B4, B5 and B6 were presented to the People Committee meeting on 24 July 2020.

The Committee considered the proposal that all three risk scores for Q1 should be reduced from 4 (L) x 4 (C) = 16 to 3 (L) x 4 (C) = 12. However, after consideration the Committee decided that the Q1 risk scores for all three BAF items should remain at 4 (L) x 4 (C) = 16 since more assurance was required before such a reduction could be agreed.

The target risk scores to be achieved by 31 March 2021 for all three BAF items were agreed to be 2 (L) x 4 (C) = 8

2.2  The full details of B9 and B10 were presented to the Finance & Performance Committee at its meeting on 29 July 2020.

The Committee considered the proposal that the Q1 risk score for B9 should be reduced from 5 (L) x 5 (C) = 25 to 1 (L) x 5 (C) = 5. However, although the Committee acknowledged that the financial plan had been delivered at the end of Q1 (the basis for the proposed reduction in risk score) uncertainty remained in relation to the financial arrangements for the remainder of the financial year. Hence the Committee considered that this uncertainty should be reflected in the Q1 risk score which should therefore be reduced from the inherent risk score of 5 (L) x 5 (C) = 25 to 4 (L) x 5 (C) = 20.

The target risk score to be achieved by 31 March 2021 for B9 was agreed as 3 (L) x 5 (C) = 15.

For B10 the Committee agreed an increase in risk score from the inherent risk score of 2 (L) x 4 (C) = 8 as at 01 April 2020 to 4 (L) x 5 (C) = 20 for Q1. It was agreed that the target risk score to be achieved by 31 March 2021 should 3 (L) x 5 (C) = 15.
The full details of B1, B2, B3 and B7 were presented to the Quality Committee at its meeting on 29 July 2020.

The Committee noted that at the Executive Team Meeting on 09 July 2020 it was agreed that the Chief Nurse and Medical Director would be the Executive Leads for B2. However, following further discussion between the Medical Director and Chief Nurse, it was agreed that the ownership of this BAF item should revert to the Chief Operating Officer as the controls for this item sat within his portfolio. This is consistent with the Executive Director leadership of this BAF item during 2019/20.

After consideration, the Committee proposed no changes to the scoring for BAF items B1, B2 and B7 which remain the same as at the end of Q4 2019/20².

For BAF item B3 (a new BAF item) the Committee agreed an increase in risk score from the inherent risk score of \(3 \times 4 = 12\) as at 01 April 2020 to \(4 \times 4 = 16\) for Q1.

The Committee agreed to the following target risk scores to be achieved by 31 March 2021:
- B1: \(3 \times 5 = 15\)
- B2: \(3 \times 4 = 12\)
- B3: \(2 \times 4 = 8\)
- B7: \(2 \times 5 = 10\)

The full details of BAF items B1, B2, B3, B4, B5, B6, B7, B9 and B10 were presented to the Audit Committee at its meeting on 28 July 2020.

In relation to BAF item B8 the Committee agreed no change in risk score which remains the same as at the end of Q4 2019/20³ at \(4 \times 5 = 20\). A target risk score of \(3 \times 5 = 15\) was agreed.

The Audit Committee accepted the recommendations made by the People Committee in relation to BAF items B4, B5 and B6 and considered the proposed Q1 and target risk scores to be proposed by the Executive Director leads to the Quality Committee and Finance & Performance Committee scheduled to meet the following day.

The Committee noted that the Quality Committee would consider whether sufficient capacity and capability was in place to deal with the gaps in control and assurance detailed in BAF items B1, B2, B3 and B7. In addition, the Finance & Performance Committee would review whether the proposed Q1 risk score for BAF item B9 was appropriate in the context of the annual financial plan.

The current scoring position of the BAF is shown in appendix 1, with full information being provided to Board members separately.

### Recommendation for consideration by the Board of Directors

3.1 The Board of Directors is responsible for agreeing the Q1 risk score and target risk scores for BAF items B11 and B12.

3.2 B11: The proposed Q1 score is \(3 \times 4 = 12\) (no change)

---

² BAF item B7 2020/21 maps to BAF item B6 2019/20
³ BAF item B8 2020/21 maps to BAF item B7 2019/20
This risk score is proposed because during this quarter collaboration across the ICS has been focused on the response to the COVID-19 pandemic with all other collaboration paused. Consequently, it has not been possible to further mitigate this risk during Q1.

The proposed target risk score to be achieved by 31 March 2021 is $2 \times 4 = 8$

3.3 **B12**: The proposed Q1 score is $3 \times 4 = 12$ (no change)

This risk score is proposed because the Executive Team has been meeting and working more closely with partners across the Place which has mitigated any potential increase in risk score caused by the pandemic.

The proposed target risk score to be achieved by 31 March 2021 is $2 \times 4 = 8$

Anna Milanec
Director of Corporate Affairs / Company Secretary
July 2020
## Q1 review of the BAF – simple view

<table>
<thead>
<tr>
<th>ID</th>
<th>Risk title</th>
<th>Risk Owner</th>
<th>Oversight Committee</th>
<th>Date on which oversight Committee reviewed Q1 BAF scores</th>
<th>Q1 2020/21 risk score</th>
<th>Target Risk Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1</td>
<td>Standards and quality of care do not deliver the required patient safety, clinical effectiveness and patient experience that meet regulatory requirements</td>
<td>CN / MD</td>
<td>QC</td>
<td>29-Jul-20</td>
<td>4x5</td>
<td>3x5</td>
</tr>
<tr>
<td>B2</td>
<td>Demand for care exceeds the resources available, leading to failure to achieve recognised healthcare standards</td>
<td>COO</td>
<td>QC</td>
<td>29-Jul-20</td>
<td>4x4</td>
<td>3x4</td>
</tr>
<tr>
<td>B3</td>
<td>Should the Trust fail to actively engage with, or listen to the experience of service users, there is a risk that the organisation will not learn or improve the quality of care (experience, quality and outcomes) for those who use our services</td>
<td>CN / MD</td>
<td>QC</td>
<td>29-Jul-20</td>
<td>4x4</td>
<td>2x4</td>
</tr>
<tr>
<td>B4</td>
<td>Lack of effective staff engagement will impact on staff experience resulting in poor staff survey results which impact on the organisation's ability to deliver the Trust's plan</td>
<td>DoW</td>
<td>PC</td>
<td>24-Jul-20</td>
<td>4x4</td>
<td>2x4</td>
</tr>
<tr>
<td>B5</td>
<td>Inability to recruit and retain staff within the organisation leading to impaired ability to deliver the Trust plan and increased temporary staffing costs</td>
<td>DoW</td>
<td>PC</td>
<td>24-Jul-20</td>
<td>4x4</td>
<td>2x4</td>
</tr>
<tr>
<td>B6</td>
<td>The lack of development of new roles within the organisation leads to continued workforce gaps impacting on the Trust's ability to deliver its plan</td>
<td>DoW</td>
<td>PC</td>
<td>24-Jul-20</td>
<td>4x4</td>
<td>2x4</td>
</tr>
<tr>
<td>B7</td>
<td>Insufficiently robust Trust-wide quality and clinical governance arrangements impede the delivery of a number of Trust plans / objectives</td>
<td>CN / MD</td>
<td>QC</td>
<td>29-Jul-20</td>
<td>3x5</td>
<td>2x5</td>
</tr>
<tr>
<td>B8</td>
<td>There is a risk that the delivery of a number of (non-clinical / quality focussed) Trust plans / objectives may be at risk due to there being insufficiently robust governance arrangements in place across the Trust e.g. financial governance arrangements</td>
<td>DCE DoF</td>
<td>Audit</td>
<td>28-Jul-20</td>
<td>4x5</td>
<td>3x5</td>
</tr>
<tr>
<td>B9</td>
<td>The financial plan is not delivered</td>
<td>DoF</td>
<td>F&amp;PC</td>
<td>29-Jul-20</td>
<td>4x5</td>
<td>3x5</td>
</tr>
<tr>
<td>B10</td>
<td>The lack of capital investment may affect the delivery of some services</td>
<td>DoF</td>
<td>F&amp;PC</td>
<td>29-Jul-20</td>
<td>4x5</td>
<td>3x5</td>
</tr>
<tr>
<td>B11</td>
<td>Misaligned governance and decision-making may arise from divergent Trust and ICS interests and objectives</td>
<td>DCE</td>
<td>BoD</td>
<td>-</td>
<td>3x4</td>
<td>2x4</td>
</tr>
<tr>
<td>B12</td>
<td>Ineffective relationships with key partners may lead to a lack of integrated working and poor service configuration across the Rotherham Place</td>
<td>COO</td>
<td>BoD</td>
<td>-</td>
<td>3x4</td>
<td>2x4</td>
</tr>
<tr>
<td>Strategic Objective</td>
<td>Risk Identity</td>
<td>Link to in-year objectives from Improvement Plan</td>
<td>Operational Objective Cross Reference</td>
<td>Risk Register/Identifiers</td>
<td>Risk Owner</td>
<td>Committee</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------</td>
<td>-------------------------------------------------</td>
<td>-------------------------------------</td>
<td>---------------------------</td>
<td>------------</td>
<td>-----------</td>
</tr>
<tr>
<td>PATIENTS: Survive in healthcare</td>
<td>B1</td>
<td>Standards and quality of care do not deliver the expected patient safety, clinical outcomes and patient experience as set out in the Improvement Plan and mandatory requirements.</td>
<td>Operational Objective Cross Reference</td>
<td>Risk Register/Identifiers</td>
<td>Risk Owner</td>
<td>Committee</td>
</tr>
<tr>
<td></td>
<td>164</td>
<td>N/A</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Priority: Survive in healthcare</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLLABORATION: Engaged, accountable colleagues</td>
<td>B4</td>
<td>Link to in-year objectives from Improvement Plan</td>
<td>Operational Objective Cross Reference</td>
<td>Risk Register/Identifiers</td>
<td>Risk Owner</td>
<td>Committee</td>
</tr>
<tr>
<td></td>
<td>59</td>
<td>Partnerships with partners are not driven by clear strategies, or are poorly managed and lack alignment with the business strategy.</td>
<td>Operational Objective Cross Reference</td>
<td>Risk Register/Identifiers</td>
<td>Risk Owner</td>
<td>Committee</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Priority: Colloboration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- **Risk Identity** refers to the specific risk associated with the strategic objective.
- **Priority** indicates the priority level of the risk.
- **Operational Objective Cross Reference** links to the operational objectives.
- **Risk Register/Identifiers** includes any relevant identifiers or references.
- **Risk Owner** and **Committee** provide the responsible parties.
- **Date Last Scored** and **Date Risk Scored** indicate when the risk assessment was last performed.
- **Q1 Risk Score** to **Q4 Risk Score** reflect the risk scores for each quarter.
- **2020/21 Target Risk Score** sets the target risk score for the year.
- **Change Score** indicates any changes in risk scores.
### STRATEGIC OBJECTIVE:
**PATIENTS: Excellence in healthcare**

- Deliver high quality care to our patients every day
- Put patients at the centre of what we do
- Continuously improve the quality of care and services we provide
- Develop and implement new models of care for the future

Which means…
- Deliver high quality care to our patients every day
- Put patients at the centre of what we do
- Continuously improve the quality of care and services we provide
- Develop and implement new models of care for the future

### Operational Objectives (5) & In-Year Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Lead Contact</th>
<th>Date by which to be achieved</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Ensuring that the quality of care delivered to our patients is consistently high</td>
<td>Medical Director &amp; Chief Nurse</td>
<td>31/03/21</td>
<td>Achieved (post-mitigation) as of 31 March 2021. As at Q1 4 recommendations have been fully implemented. The 2 remaining recommendations are marked as implemented by the Trust but require validation by 360 Assurance.</td>
</tr>
<tr>
<td>1.2</td>
<td>Ongoing impact of COVID-19 on elective and non-elective activity with loss of national monitoring for certain KPIs complicated by staff absence</td>
<td>Medical Director (Divisional Director for Integrated Medicine) &amp; Medical Director</td>
<td>01 April 2020</td>
<td>Monthly reporting of HSMR and SHMI at CGC, QAC and Trust Board and via TRFT Reports on Quality Priorities 2020/21. Reports on the review of mortality indicators throughout the year.</td>
</tr>
<tr>
<td>1.3</td>
<td>Anchoring the trust in risk management framework to set risk appetite for risks that may compromise the delivery of outcomes for our service users (score of 6 - 10)</td>
<td>Medical Director (Divisional Director for Integrated Medicine) &amp; Medical Director</td>
<td>31/03/21</td>
<td>Current Risk Appetite (based on current risk score): TRFT has a moderate (12-15)</td>
</tr>
<tr>
<td>1.4</td>
<td>Robust Serious Incident process supported by weekly Harm-Free Care meetings and Serious Incident Panel meetings</td>
<td>Medical Director (Divisional Director for Integrated Medicine) &amp; Medical Director</td>
<td>31/03/21</td>
<td>C (catastrophic) L (likely) x L (possible) x 3 = 45 In line with / below appetite of MODERATE (12 - 15)</td>
</tr>
<tr>
<td>1.5</td>
<td>Assurance re: compliance with NICE guidance and /or policies is lacking</td>
<td>Medical Director (Divisional Director for Integrated Medicine) &amp; Medical Director</td>
<td>31/03/21</td>
<td>C (catastrophic) L (likely) x L (possible) x 3 = 15 In line with / below appetite of MODERATE (12 - 15)</td>
</tr>
</tbody>
</table>

### Reports on Quality Priorities 2020/21

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Lead Contact</th>
<th>Date by which to be achieved</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Ensuring that the quality of care delivered to our patients is consistently high</td>
<td>Medical Director &amp; Chief Nurse</td>
<td>31/03/21</td>
<td>Achieved (post-mitigation) as of 31 March 2021. As at Q1 4 recommendations have been fully implemented. The 2 remaining recommendations are marked as implemented by the Trust but require validation by 360 Assurance.</td>
</tr>
<tr>
<td>1.2</td>
<td>Ongoing impact of COVID-19 on elective and non-elective activity with loss of national monitoring for certain KPIs complicated by staff absence</td>
<td>Medical Director (Divisional Director for Integrated Medicine) &amp; Medical Director</td>
<td>01 April 2020</td>
<td>Monthly reporting of HSMR and SHMI at CGC, QAC and Trust Board and via TRFT Reports on Quality Priorities 2020/21. Reports on the review of mortality indicators throughout the year.</td>
</tr>
<tr>
<td>1.3</td>
<td>Anchoring the trust in risk management framework to set risk appetite for risks that may compromise the delivery of outcomes for our service users (score of 6 - 10)</td>
<td>Medical Director (Divisional Director for Integrated Medicine) &amp; Medical Director</td>
<td>31/03/21</td>
<td>Current Risk Appetite (based on current risk score): TRFT has a moderate (12-15)</td>
</tr>
<tr>
<td>1.4</td>
<td>Robust Serious Incident process supported by weekly Harm-Free Care meetings and Serious Incident Panel meetings</td>
<td>Medical Director (Divisional Director for Integrated Medicine) &amp; Medical Director</td>
<td>31/03/21</td>
<td>C (catastrophic) L (likely) x L (possible) x 3 = 45 In line with / below appetite of MODERATE (12 - 15)</td>
</tr>
<tr>
<td>1.5</td>
<td>Assurance re: compliance with NICE guidance and /or policies is lacking</td>
<td>Medical Director (Divisional Director for Integrated Medicine) &amp; Medical Director</td>
<td>31/03/21</td>
<td>C (catastrophic) L (likely) x L (possible) x 3 = 15 In line with / below appetite of MODERATE (12 - 15)</td>
</tr>
</tbody>
</table>
### PATIENTS: Excellence in healthcare

**BAF Item B2: Demand for care exceeds the resources available, leading to failure to achieve recognised healthcare standards**

**Risk Owner:** Chief Nurse / Medical Director

1. **STRATEGIC OBJECTIVE**
   - PATIENTS: Excellence in healthcare
   - Deliver high quality care to our patients every day
   - Put patients at the centre of what we do
   - Continuously improve the quality of care and services we provide

2. **Assignments and Controls**
   - **PATIENTS: Excellence in healthcare**
     - Large reduction in elective surgery capacity due to COVID-19
     - Delays in emergency capacity due to COVID-19
     - Lack of staff, equipment and materials
     - Reduced activity resulting in reduced recovery time of 17 months

3. **Gap in controls / assurance (C) or assurance (A)**
   - **GAPS IN CONTROL (C) or ASSURANCE (A)**
     - Exist where adequate controls are not in place, or where collectively they are not sufficiently evident
     - Exist where there is a failure to gain evidence that the controls are effective

4. **What are the key controls that are in place to mitigate this risk?**
   - **Risk Appetite:**
     - **LIKELIHOOD X CONSEQUENCE = RISK SCORE**
       - **High**
         - **INITIAL RISK SCORE**
         - **TARGET RISK SCORE**

5. **EAYS IN CONTROL (C), or ASSURANCE (A)**
   - **gaps in control (C)** to be closed by tuning the control to the risk appetite:
     - Gaps in control (C)
     - Gaps in assurance (A)

6. **EAYS IN CONTROL (C), or ASSURANCE (A)**
   - **MEASUREMENT ACCURATE**
     - **ENABLE**

7. **EAYS IN CONTROL (C), or ASSURANCE (A)**
   - **TRACEABILITY**
     - **TUNING**

---

### Sources of assurance

- **Internal:** Management, operational day to day departmental reporting
- **Internal:** Oversight functions & review by committees
- **Independent, external review**

---

**Note:** The assurance detailed in red are planned assurances which have not yet been received. Once received each entry will be updated to state whether the assurance was positive or negative.
### PATIENTS: Excellence in healthcare

**BAF Item B3:** Should the Trust fail to actively engage with, or listen to the experience of service users, there is a risk that the organisation will not learn or improve the quality of care (experience, quality and outcomes) for those who use our services.

**Risk Owner:** Chief Nurse / Medical Director

**Audit Committee:** Quality Committee

**Link to Operational Risks (scoring 15+):**

**Risk Summary:** 

- **Changes incurred by COVID-19:**... have changed the dynamic of patient experience as the whole patient journey has been affected. It is difficult to disentangle the direct effect of COVID-19 from the indirect effect of changes in practice, which have resulted in factors that affect the experience of care...  
- **Assessment of significant and unmitigated risks:**... There is a risk that the Trust will not achieve the strategic objectives, due to a lack of engagement with patients.

#### STRATEGIC OBJECTIVE

**STRATEGIC OBJECTIVE**

**PATIENTS: Excellence in healthcare**

**Which means...**

- Deliver high quality care to our patients every day
- Put patients at the centre of what we do
- Continuously improve the quality of care and services we provide

**Develop and implement new models of care for the future**

**Link to 2020/21 in-year operational objectives:**

**Link to Operational Risks (scoring 15+):**

**TRFT has a very low risk appetite for risks that may affect the experience of our service users (score of 1 - 5).**

**TRFT has a low risk appetite for risk that may compromise the delivery of outcomes for our service users (score of 6 - 10).**

**TRFT has a low risk appetite for risks that may compromise safety (1-5).**

---

### CONTROLS and MITIGATION

<table>
<thead>
<tr>
<th>Ref</th>
<th>Control</th>
<th>Assurance or Evidence Actually Received</th>
<th>Gaps in Controls (C) or Assurance (A)</th>
<th>Controls and Mitigation</th>
<th>Date Last Assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Implementation of actions based on the outcomes of the national patient survey (annual survey, Maternity and UECC services and to annual CaPMT meetings)</td>
<td>✔️</td>
<td></td>
<td></td>
<td>Oct-19</td>
</tr>
<tr>
<td>22</td>
<td>Change to patient survey provider from Picker, which provides increased level of assurance.</td>
<td>✔️</td>
<td></td>
<td></td>
<td>Nov-19</td>
</tr>
<tr>
<td>23</td>
<td>All patient survey actions monitored quarterly at Patient Experience Group.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>The review of the complaints process by Clinical Governance Committee for evidence against Patient Experience.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Effective process established during Q1 with a review by of COVID-19 in April and May.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Investors also consider Board decisions, surveys on the Trust’s nursing, service and patient experience websites and the actions taken in response.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Engagement &amp; Inclusion Lead to review business case documentation to ensure all business cases (e.g. those for service redesign) include patient engagement in service development.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Friends &amp; Family Test is not conducted during Q1 due to COVID-19.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Patient Survey process reviewed with new trust wide patient experience programme.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Engagement &amp; Inclusion Lead to review business case documentation to ensure all business cases (e.g. those for service redesign) include patient engagement in service development.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>New patient survey provider to Picker which provides increased level of assurance.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>COVID-19 restrictions have negatively impacted on the communication between ward staff and patient's families leading to concerns being raised with complaints team.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Friends &amp; Family Test currently paused due to COVID-19 (impact due to suspension of events).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Voice of the patient not heard in some of the Trust’s clinical practices.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Engagement &amp; Inclusion Lead to review business case documentation to ensure all business cases (e.g. those for service redesign) include patient engagement in service development.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Role of Patient Experience Officer embedded into Divisional governance meetings.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Engagement &amp; Inclusion Lead to review business case documentation to ensure all business cases (e.g. those for service redesign) include patient engagement in service development.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Friends &amp; Family Test currently paused due to COVID-19.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Voice of the patient not heard in some of the Trust’s clinical practices.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Engagement &amp; Inclusion Lead to review business case documentation to ensure all business cases (e.g. those for service redesign) include patient engagement in service development.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>Role of Patient Experience Officer embedded into Divisional governance meetings.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### REFERENCES


N.B. The assurance details in tables are planned assurances which have not yet been received. Once received each entry will be updated to state whether the assurance was positive or negative.
## STRATEGIC OBJECTIVE:
**COLLEAGUES: Engaged, accountable colleagues**

**Which means:**
- Recruit, retain and develop a high performing, effective and motivated workforce
- Be a learning organisation with a culture of continuous improvement
- Engage with colleagues and communicate effectively
- Develop strong leadership at all levels of the organisation

**Executive Summary - Quarterly Update:**
- Establishment of People Committee in April 2020
- Board approval of People Strategy in June 2020
- Revised arrangements for Team Brief received positive feedback from colleagues and increased audience
- Engagement with staff as part of COVID-19 response from health and wellbeing perspective and general communications and engagement

### Risks

<table>
<thead>
<tr>
<th>Ref</th>
<th>Control</th>
<th>Description</th>
<th>Impact</th>
<th>Owner</th>
<th>Control Gap</th>
<th>Mitigating Actions to Be Taken</th>
<th>Responsible Executive</th>
<th>Responsible Director</th>
<th>Responsible Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1</td>
<td>Implementation of Staff Inclusion Networks (BAME, LGBTQI, Disability)</td>
<td>The Trust has also started a conversation with all colleagues about Black Lives Matter at point of Trust at Board in August 2020</td>
<td>L (likely) x C (major)</td>
<td>G1</td>
<td></td>
<td></td>
<td>Director of Workforce</td>
<td>G1</td>
<td>People Committee</td>
</tr>
<tr>
<td>C2</td>
<td>Risk assessment process for COVID-19 for all vulnerable workers to ensure that colleagues are protected as appropriate is being reviewed and monitored</td>
<td></td>
<td>L (likely) x C (major)</td>
<td>G1</td>
<td></td>
<td></td>
<td>Director of Workforce</td>
<td>G1</td>
<td>People Committee</td>
</tr>
<tr>
<td>C3</td>
<td>Endurance &amp; Resilience - Improved F&amp;P framework</td>
<td>Improved F&amp;P framework to support colleagues during COVID-19 by improving engagement. This included an internal review and engagement with stakeholders to ensure that adequate controls are in place to manage and monitor decision making</td>
<td>L (likely) x C (major)</td>
<td>G1</td>
<td></td>
<td></td>
<td>Director of Workforce</td>
<td>G1</td>
<td>People Committee</td>
</tr>
<tr>
<td>C4</td>
<td>Professional Development Framework (PDR) process</td>
<td>Professional Development Framework (PDR) process</td>
<td>L (likely) x C (major)</td>
<td>G1</td>
<td></td>
<td></td>
<td>Director of Workforce</td>
<td>G1</td>
<td>People Committee</td>
</tr>
<tr>
<td>C5</td>
<td>Cost of developing and implementing the BAME, LGBTQI, Disability Inclusion Networks</td>
<td></td>
<td>L (likely) x C (major)</td>
<td>G1</td>
<td></td>
<td></td>
<td>Director of Workforce</td>
<td>G1</td>
<td>People Committee</td>
</tr>
<tr>
<td>C6</td>
<td>Inclusion of colleagues in debrief following COVID-19 for relevant stakeholders to be included in the debrief</td>
<td></td>
<td>L (likely) x C (major)</td>
<td>G1</td>
<td></td>
<td></td>
<td>Director of Workforce</td>
<td>G1</td>
<td>People Committee</td>
</tr>
<tr>
<td>C7</td>
<td>Personal development programme</td>
<td>Personal development programme</td>
<td>L (likely) x C (major)</td>
<td>G1</td>
<td></td>
<td></td>
<td>Director of Workforce</td>
<td>G1</td>
<td>People Committee</td>
</tr>
<tr>
<td>C8</td>
<td>Diverse and Inclusive - Improved F&amp;P framework</td>
<td>Improved F&amp;P framework to support colleagues during COVID-19 by improving engagement. This included an internal review and engagement with stakeholders to ensure that adequate controls are in place to manage and monitor decision making</td>
<td>L (likely) x C (major)</td>
<td>G1</td>
<td></td>
<td></td>
<td>Director of Workforce</td>
<td>G1</td>
<td>People Committee</td>
</tr>
<tr>
<td>C9</td>
<td>Inclusion of colleagues in debrief following COVID-19 for relevant stakeholders to be included in the debrief</td>
<td></td>
<td>L (likely) x C (major)</td>
<td>G1</td>
<td></td>
<td></td>
<td>Director of Workforce</td>
<td>G1</td>
<td>People Committee</td>
</tr>
</tbody>
</table>

### Sources of Assurance: 1. Internal: Management, operational day to day departmental reporting; 2. Internal: Oversight functions & review by committees; 3. Independent, external review

### N.B.
- The assurances detailed in italics are planned assurances which have not yet been received. Once received each entry will be updated to state whether the assurance was positive or negative.
**COLLEAGUES: Engaged, accountable colleagues**

- Recruit, retain and develop a high performing, effective and motivated workforce
- Be a learning organisation with a culture of continuous improvement
- Engage with colleagues and communicate effectively
- Develop strong leadership at all levels of the organisation

**Operational Update**

Establishment of People Committee in April 2020

Board approval of People Strategy in June 2020

Three control improvement projects to temporary workforce spend

- Trust’s inability to recruit to vacancies across the organisation
- Hiring of nurses to address heart failure workload
- Need to manage healthcare costs

**Risk Appetite**

TRFT has a **MODERATE** risk appetite for actions and decisions taken in relation to workforce (12 - 15)

Operational Workforce Group reviews with Divisions key operational workforce metrics to understand performance and areas where workforce standards need to be improved

**Executive Summary - Quarterly Update**

- Initial Risk Score: 4
- Second Risk Score: 8
- Revised Risk Score: 16

**Strategic Objective**

Which means...

- Recruit, retain and develop a high performing, effective and motivated workforce
- Be a learning organisation with a culture of continuous improvement
- Engage with colleagues and communicate effectively
- Develop strong leadership at all levels of the organisation

**Operational Update**

- Board approval of People Strategy in June 2020
- Three control improvement projects to temporary workforce spend

**Control Objectives**

- Operational Workforce Group reviews with Divisions key operational workforce metrics to understand performance and areas where workforce standards need to be improved
- Manage healthcare costs

**Risk Appetite**

TRFT has a **MODERATE** risk appetite for actions and decisions taken in relation to workforce (12 - 15)

Operational Workforce Group reviews with Divisions key operational workforce metrics to understand performance and areas where workforce standards need to be improved

**Executive Summary - Quarterly Update**

- Initial Risk Score: 4
- Second Risk Score: 8
- Revised Risk Score: 16

**Strategic Objective**

Which means...

- Recruit, retain and develop a high performing, effective and motivated workforce
- Be a learning organisation with a culture of continuous improvement
- Engage with colleagues and communicate effectively
- Develop strong leadership at all levels of the organisation

**Operational Update**

- Board approval of People Strategy in June 2020
- Three control improvement projects to temporary workforce spend

**Control Objectives**

- Operational Workforce Group reviews with Divisions key operational workforce metrics to understand performance and areas where workforce standards need to be improved
- Manage healthcare costs

**Risk Appetite**

TRFT has a **MODERATE** risk appetite for actions and decisions taken in relation to workforce (12 - 15)

Operational Workforce Group reviews with Divisions key operational workforce metrics to understand performance and areas where workforce standards need to be improved

**Executive Summary - Quarterly Update**

- Initial Risk Score: 4
- Second Risk Score: 8
- Revised Risk Score: 16

**Strategic Objective**

Which means...

- Recruit, retain and develop a high performing, effective and motivated workforce
- Be a learning organisation with a culture of continuous improvement
- Engage with colleagues and communicate effectively
- Develop strong leadership at all levels of the organisation

**Operational Update**

- Board approval of People Strategy in June 2020
- Three control improvement projects to temporary workforce spend

**Control Objectives**

- Operational Workforce Group reviews with Divisions key operational workforce metrics to understand performance and areas where workforce standards need to be improved
- Manage healthcare costs
COLLEAGUES: Engaged, accountable colleagues

Strategic Objective:
- Recruit, retain and develop a high performing, effective and motivated workforce
- Be a learning organisation with a culture of continuous improvement
- Engage with colleagues and communicate effectively
- Develop strong leadership at all levels of the organisation

Operational Risks (scoring 15+):
- Workforce: increase the substantive establishment of our staff, including through improving our staff engagement
- BAF Item B6: The lack of development of new roles within the organisation leads to continued workforce gaps impacting on the Trust’s ability to deliver its plan
- Insufficient provision of medical cover within the UECC
- Inability to fill high number of registered nurse vacancies leading to potentially a reduction in patient experience and safety

Current Risk Appetite (based on current risk score):
- Moderate (12 - 15)

Target Risk Appetite (based on target risk score):
- Low (6 - 10)

1. People Strategy approved by Board of Directors (positive)
   
2. Regional (ICS) commitment to increase number of nurse training placements during 2020/21 in-line with its early stages (C)
   
3. Establishment of People Committee in April 2020
   
4. Development of trainee nursing associates is ongoing in 2020/21

Assurance in relation to impact:
- Increased provision of medical cover within the UECC
- Increased numbers of registered nurses

Sources of assurance:
1. Internal: Management, operational day to day departmental reporting
2. Internal: Oversight functions & review by committees
3. Independent, external review

N.B. The assurance statements below are planned assurances which have not yet been realised. Once realised each entry will be updated to state whether the assurance was positive or negative.
GOVERNANCE: trusted, open governance

The Trust focuses on assurance and performance management to help deliver outstanding results

We outline in the table below the performance management across the Trust and interventions we have implemented or are scheduled to implement

Enforce an annual review of key issues and opportunities to learn

- Have an effective performance framework to help deliver outstanding results
- Be outstanding on the CQC’ “Good” framework across the Trust
- Be effective in managing and delivering improvement

- Ensure all teams have regular reviews and updates around key issues and opportunities to learn

- Risk Appetite:
  - LIKELIHOOD X CONSEQUENCE = RISK SCORE
  - TRFT has a risk appetite for risks that may compromise safety (1-5) - LOW
  - TRFT has a risk appetite for Compliance / Regulatory risk which may compromise the Trust's compliance with its statutory

INITIAL RISK SCORE

Overall improved corporate quality governance arrangements although ongoing focus required to ensure robust Divisional governance arrangements

**Q1 RISK SCORE Q2 RISK**

Current Risk Appetite (based on current risk score):

3 x 5 = 15

L (possible) x L (possible) x L (unlikely) x

DATE LAST PROVIDED

CONTROL GAP MITIGATING ACTIONS TO BE TAKEN TO CLOSE THE GAP

**Ref**

July 2020 Board of Improvement’ by the CQC at its last three inspections over a five year period

(A)

- IPR at Perf Meetings (negative: HSMR at 116 SHMI 119).

Directors meeting

The Trust has been recorded as a Band 1 trust based on SHMI data for several months now, meaning that there have been no CQC inspections in the last six months due to the Trust. The Trust's HSMR has increased to just under 117 from under 110 a year ago (and 105 a year before that)

(C&A)

TIAA Assurance Review of Clinical Audit (May 2019) gave a reasonable assurance rating, and 6 Important recommendations (C&A)

Monthly repot goes through Clinical Governance Committee and Clinical Effectiveness & Research Committee. Associate CQC Contact updated on behalf of Medical Director. HUB Steering Group set up with input from Medical Director to review policy compliance.

(C&A)

G5 Medical Director

- Implementation of Chief Nurse and Medical Director structures with increased senior medical and nursing leadership capacity, oversight and challenge

**CN:**

C3 A3

- Introduction of SJR and morbidity meetings

**MD:**

G2

- Suboptimal mortality review process

**C2 A2**

- Risk Management Strategy in place

360 Assurance Quality governance internal audit planned for Q3 2020/21

- Annual Clinical Audit Plan completion monitored via quarterly reports to Clinical Governance Committee and via monthly Clinical Effectiveness and Research Group

**G10 Medical Director & Chief Nurse**

- Safe & Sound work streams not yet having 100% of deaths reviewed by Medical Examiner and standing mortality section as part of Clinical Governance Committee

**N.B.**

- the assurances detailed in italics are planned assurances which have not yet been received. Once received each entry will be updated to state whether the assurance was positive or negative.
# GOVERNANCE: Trusted, open governance

## STRATEGIC OBJECTIVE:

**GOVERNANCE: Trusted, open governance**

### What means:

- Have an effective performance framework to help deliver outstanding results
- Be outstanding on the COC ‘well-led’ framework across the Trust
- Have high quality data to provide robust information and support decision making
- Ensure all teams have regular reviews and updates around key issues and opportunities to learn

### Operational Risks

- **Gap in control** = exist where adequate controls are not in place, or where collectively they are not sufficiently evident
- **Gap in assurance** = exist where there is a failure to gain evidence that the controls are effective

### Boards & Committees

- Executive Committee
- Board Assurance
- Board Strategy
- Board Finance
- Board Performance
- Board Audit
- Board Committees

### Performance framework for delivery of objective, priorities and improvement Plan needs to mature and extend into Q3

### Risk Register

**Risk: BAF Item B8**

There is a risk that the delivery of a number of (non-clinical / quality focussed) Trust teams are helping to take the Trust forward such that it is a high-performing and highly-regarded Trust across the Trust e.g. financial governance arrangements

### Governance

- **Goal:** To ensure there is a well-led and strong, integrated, strategic, and operational performance framework in place to serve the Trust
- **Objective:** To produce a robust set of performance data that demonstrates the Trust’s financial performance
- **Action:** To ensure there is a well-led and strong, integrated, strategic, and operational performance framework in place to serve the Trust

### Control and Mitigations

<table>
<thead>
<tr>
<th>No.</th>
<th>CONTROL</th>
<th>ASSURANCE / EVIDENCE ACTUALLY REQUIRED</th>
<th>SOURCES OF EVIDENCE / PERFORMANCE</th>
<th>DEBT LAST ASSURANCE</th>
<th>CONTROLS AND MITIGATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Functional Team away day in May 2020 focussed on Trust governance arrangements. The day brought the team together and discussed and agreed on a plan to implement the necessary controls to document and detail areas of control and assurance.</td>
<td>✓</td>
<td>June 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A2</td>
<td>Functional Team away day in May 2020 focussed on Trust governance arrangements. The day brought the team together and discussed and agreed on a plan to implement the necessary controls to document and detail areas of control and assurance.</td>
<td>☑</td>
<td>June 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A3</td>
<td>Reformed weekly Executive Team Meetings with agenda, supporting documentation and minutes. Notes from meetings provided to Board of Directors is to be discussed as a report on a monthly basis.</td>
<td>✓</td>
<td>July 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A4</td>
<td>Functional Team away day in May 2020 focussed on Trust governance arrangements. The day brought the team together and discussed and agreed on a plan to implement the necessary controls to document and detail areas of control and assurance.</td>
<td>☑</td>
<td>June 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A5</td>
<td>Reformed weekly Executive Team Meetings with agenda, supporting documentation and minutes. Notes from meetings provided to Board of Directors is to be discussed as a report on a monthly basis.</td>
<td>✓</td>
<td>February 2021</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| A6  | Project Management Team 

---

### Summary

- **Target Risk Score:** (based on target risk scenario)
- **Actual Risk Score:** (based on actual risk scenario)
- **Gap in control:** when there is a failure in compliance or performance that is not in line with objectives, or if there is a failure to gain evidence that the risk scores are in line with MODERATE (12 - 15)
- **Goal:** To ensure there is a well-led and strong, integrated, strategic, and operational performance framework in place to serve the Trust

---

### Notes

- Executive Committee in June 2020 focused on team and members assessment. The day brought the team together and encouraged them to step outside their individual portfolios and make positive contributions to discussions across all subjects (positive)
- Revised governance arrangements, Terms of Reference and Standard documentation
- Sources of assurance: 1. Internal: Management, operational day to day departmental reporting; 2. Internal: Oversight functions & review by committees; 3. Independent, external review
- A strategic objective. 1: Internal Management, operational day to day departmental reporting. 2: Internal Oversight functions & review by committees. 3: Independent, external review
**FINANCE: Strong financial foundations**

<table>
<thead>
<tr>
<th>Strategic Objective: Deliver strong financial foundations through:-</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Improving liquidity whilst ensuring appropriate investment in estates and services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Managing within the approved budget and reduce the underlying deficit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Improving financial performance through service transformation and cost improvement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Source:** Five Year Strategy 2017 - 2022

**Operational Risks (scoring 15+):**

- Increased cost of bank and agency resulting in over spend against budgets
- Insufficient cash to pay goods and services in a timely manner

**Risk Appetite:**

- TRFT has a **LOW** likelihood X consequence = risk score of 15 in line with a **MODERATE** risk appetite.

**Executive Summary - Quarterly Update:**

- Lack of planning guidance for Month 5 to Month 12 outside of this financial year, hence the target risk score for 2020/21 is 15 in line with a **MODERATE** risk appetite.

**Target Risk Appetite (based on target risk score):**

- **5 x 5 = 25**
- **4 x 5 = 20**

**Key controls that are in place to mitigate this risk:**

<table>
<thead>
<tr>
<th>Ref</th>
<th>Source of Assurance / Evidence</th>
<th>Date Last Provided</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>G1</td>
<td>Detailed forecast (quarterly) (positive / negative)</td>
<td>Jul-20</td>
<td>G7 Head of Financial Services</td>
</tr>
<tr>
<td>G2</td>
<td>Business cases scrutinised by FPC with recommendation made to Board of Directors</td>
<td>Feb-20</td>
<td>G4 Interim Director of Finance</td>
</tr>
<tr>
<td>G3</td>
<td>Customer Focus Group (positive / negative)</td>
<td>Mar-20</td>
<td>G6 Head of Financial Services</td>
</tr>
<tr>
<td>G4</td>
<td>Action plan in place.</td>
<td>May-20</td>
<td>G3 Head of Finance and PMO</td>
</tr>
<tr>
<td>G5</td>
<td>Internal Audit, External Audit and Counter Fraud report recommendations (positive / negative)</td>
<td>Sep-20</td>
<td>G9 Head of Financial Services</td>
</tr>
<tr>
<td>G6</td>
<td>Issues to be raised at the Shareholders’ Meeting (positive / negative)</td>
<td>Oct-20</td>
<td>G12 Director of Health Informatics</td>
</tr>
<tr>
<td>G7</td>
<td>Key committees in place which receive reports and subsequently monitor implementation of action plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G8</td>
<td>Bank and agency costs (medical and nursing gaps in rotas filled with premium rate bank and agency spend exceeding budget)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G9</td>
<td>Adequate checks and balances (positive / negative)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G10</td>
<td>Overall performance management (positive / negative)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G11</td>
<td>Risk Management (positive / negative)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G12</td>
<td>Financial budget agreed by Board and Corporate Directorates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G13</td>
<td>Implementation of Internal Audit, External Audit and Counter Fraud report recommendations (positive / negative)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G14</td>
<td>Finance, procurement, procurement (positive / negative)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G15</td>
<td>Finalised Estate Strategy (positive / negative)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G16</td>
<td>Development of Cost Improvement Programme (positive / negative)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G17</td>
<td>Progress reports on each project mandate (positive / negative)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G18</td>
<td>Internal Audit, External Audit and Counter Fraud report recommendations (positive / negative)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G19</td>
<td>Overall performance management (positive / negative)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G20</td>
<td>Risk Management (positive / negative)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Assurance or evidence actually received:**

- [ ] Positive
- [ ] Negative

**CONTROL**

- All controls in place and work is under way to close gaps and mitigate risk.

**Ref**

- G1 - G20

**Movement**

<table>
<thead>
<tr>
<th>Ref</th>
<th>Date Last Provided</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>G1</td>
<td>Jul-20</td>
<td>G7 Head of Financial Services</td>
</tr>
<tr>
<td>G2</td>
<td>Feb-20</td>
<td>G4 Interim Director of Finance</td>
</tr>
<tr>
<td>G3</td>
<td>Mar-20</td>
<td>G6 Head of Financial Services</td>
</tr>
<tr>
<td>G4</td>
<td>May-20</td>
<td>G3 Head of Finance and PMO</td>
</tr>
<tr>
<td>G5</td>
<td>Sep-20</td>
<td>G9 Head of Financial Services</td>
</tr>
<tr>
<td>G6</td>
<td>Oct-20</td>
<td>G12 Director of Health Informatics</td>
</tr>
<tr>
<td>G7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G20</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## STRATEGIC OBJECTIVE:
Deliver strong financial foundations through ensuring appropriate investment in assets and services - managing within the approved budget and reduce the underlying deficit - improving financial performance through service transformation and cost improvement.

### Operational Year: 2021/2022

### Context

- **Strategic view of lease options and clarity as to whether these are revenue leases or finance leases that count against capital delegated limits**
- **Carbon Energy Fund implications**
- **Understanding Trust's cash solvency position on a long-term, recurrent basis**
- **Space utilisation and aligning capital expenditure to future strategic vision**

### Risk Appetite

TRFT has a **LOW** risk appetite with statutory requirements (6 - 10). A **LOW** risk appetite will be reached outside of this financial year, hence the target risk score for 2020/21 is 15 in line with a **MODERATE**.

### Likelihood x Consequence = Risk Score

- **High (20 - 25)**
- **Target Risk Appetite (based on target risk score):**
- **Risk Score Movement**

### Controls

<table>
<thead>
<tr>
<th>Assurance or Evidence Actually Received</th>
<th>Source of Assurance / Evidence (i.e. what are we currently doing about this risk?)</th>
<th>Date Last Assurance Provided</th>
<th>Gap in Control</th>
<th>Control Gap Will Be Closed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ref</td>
<td>C2 - Source of appeal of application from CTC on EGRF restraining order issued by the Trust (1.1)</td>
<td>31/03/21</td>
<td>(C)</td>
<td>TBC</td>
</tr>
<tr>
<td></td>
<td>C3 - Source of appeal of application from CTC on EGRF restraining order issued by the Trust (1.1)</td>
<td>31/03/21</td>
<td>(C)</td>
<td>TBC</td>
</tr>
<tr>
<td></td>
<td>C4 - Limit energy fund implications (1.2)</td>
<td>31/03/21</td>
<td>(A)</td>
<td>TBC</td>
</tr>
<tr>
<td></td>
<td>C5 - Source of appeal of application from CTC on EGRF restraining order issued by the Trust (1.1)</td>
<td>31/03/21</td>
<td>(C)</td>
<td>TBC</td>
</tr>
<tr>
<td></td>
<td>C6 - Limit energy fund implications (1.2)</td>
<td>31/03/21</td>
<td>(A)</td>
<td>TBC</td>
</tr>
<tr>
<td></td>
<td>C7 - Limit energy fund implications (1.2)</td>
<td>31/03/21</td>
<td>(A)</td>
<td>TBC</td>
</tr>
<tr>
<td></td>
<td>C8 - Limit energy fund implications (1.2)</td>
<td>31/03/21</td>
<td>(A)</td>
<td>TBC</td>
</tr>
<tr>
<td></td>
<td>C9 - Limit energy fund implications (1.2)</td>
<td>31/03/21</td>
<td>(A)</td>
<td>TBC</td>
</tr>
<tr>
<td></td>
<td>C10 - Limit energy fund implications (1.2)</td>
<td>31/03/21</td>
<td>(A)</td>
<td>TBC</td>
</tr>
<tr>
<td></td>
<td>C11 - Limit energy fund implications (1.2)</td>
<td>31/03/21</td>
<td>(A)</td>
<td>TBC</td>
</tr>
<tr>
<td></td>
<td>C12 - Limit energy fund implications (1.2)</td>
<td>31/03/21</td>
<td>(A)</td>
<td>TBC</td>
</tr>
<tr>
<td></td>
<td>C13 - Limit energy fund implications (1.2)</td>
<td>31/03/21</td>
<td>(A)</td>
<td>TBC</td>
</tr>
</tbody>
</table>

### Date in Control: 01/04/2021

- **Ref**
- **GAP**
- **Referring Actions to be Taken to Close the Gap**
- **Closing Date in the相当年**

### Notes

- **Sources of assurance:**
  - **Internal:** Management, operational day to day departmental reporting; **Internal:** Oversight functions & review by committees; **Independent, external review**
  - **N.B.** the assurances detailed above are planned assurances which have not yet been received.
  - Once received each entry will be updated to state whether the assurance was positive or negative.
## PARTNERS: Securing the future together

### Link to 2020/21 in-year operational objectives

<table>
<thead>
<tr>
<th>Initial Risk Score</th>
<th>QQ Risk Score</th>
<th>Risk Score MOVEMENT</th>
<th>PROBABILITY</th>
<th>CONSEQUENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 x 4 = 12</td>
<td>3 x 4 = 12</td>
<td>L (possible) to L (possible)</td>
<td>💲</td>
<td>📊</td>
</tr>
</tbody>
</table>

### Initial Risk Score

- **Risk Score**: 3 x 4 = 12
- **Probability**: L (possible)
- **Consequence**: 💲 📊

### Risk Appetite

**TRFT has a MODERATE risk appetite for partnerships which may support and benefit the people we serve (12 - 15)**

### Gap in Assurance

- **Exist where adequate controls are not in place, or where collectively they are not sufficiently evident**

### Gap in Control

- **Exist where there is a failure to gain evidence that the controls are effective**

### Target Risk Score

**31/03/21**

- **Target Risk Score**
  - **In line with / below appetite of / LOW (6 - 10)**

### Gaps in Control or Assurance (C) or Assurance (A)

- **Sources of assurance**: 1. Internal: Management, operational day to day departmental reporting; 2. Internal: Oversight functions & review by committees; 3. Independent, external review

N.B. The assurances detailed in italics are planned assurances which have not yet been received. Once received each entry will be updated to state whether the assurance was positive or negative.

### CONTROLS and MITIGATION

#### G5

**TRFT Committee (in Common) in place**

- **Initial Risk Score**: 1
- **Target Risk Score**: 1
- **Score MOVEMENT**: C (major) L (unlikely) x C (major)

<table>
<thead>
<tr>
<th>Ref</th>
<th>Control</th>
<th>Assurance (i.e. what are we currently doing about this risk?)</th>
<th>Mitigation (i.e. how do we know that we are making an impact in managing the risk?)</th>
<th>Source of Assurance / Evidence actually received</th>
<th>Monitor or evidence actually received</th>
<th>Date last reviewed</th>
<th>Responsible Non-Executive Director</th>
<th>Date last reviewed</th>
<th>Link to / source of evidence for the mitigation action(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>G5</td>
<td>TRFT Committee (in Common) in place</td>
<td>Improve the quality of the cases of change and ensure they are presented to the relevant committees within the Trust's governance arrangements</td>
<td>Through effective challenge by the Trust's representatives at ICS, the Trust will continue to ensure that the right issues are raised to the right committees</td>
<td>Ref</td>
<td>Ref</td>
<td>June 2020</td>
<td>Interim Deputy Chief Executive</td>
<td>Mar-21</td>
<td></td>
</tr>
<tr>
<td>G6</td>
<td>Chair of TRFT Audit Committee to ensure effective governance arrangements</td>
<td>Collaborative governance arrangements between TRFT and the ICS to ensure that arrangements and decision making are aligned</td>
<td>Through the development of mechanisms to ensure collaborative decision making arrangements</td>
<td>Ref</td>
<td>Ref</td>
<td>June 2020</td>
<td>Interim Deputy Chief Executive</td>
<td>Mar-21</td>
<td></td>
</tr>
<tr>
<td>G7</td>
<td>Regular attendance at ICS governance fora e.g. Health Executive Group (HEG)</td>
<td>A3</td>
<td>Calls for change proposals to be circulated to all providers prior to adoption</td>
<td>1. Internal: (operational) 2. Internal: (oversight) 3. External: (to relevant committees)</td>
<td>1. Internal: (operational) 2. Internal: (oversight) 3. External: (to relevant committees)</td>
<td>June 2020</td>
<td>Interim Deputy Chief Executive</td>
<td>Mar-21</td>
<td></td>
</tr>
<tr>
<td>G8</td>
<td>Change proposals are circulated to all providers prior to adoption</td>
<td>A3</td>
<td>Change proposals are circulated to all providers prior to adoption</td>
<td>1. Internal: (operational) 2. Internal: (oversight) 3. External: (to relevant committees)</td>
<td>1. Internal: (operational) 2. Internal: (oversight) 3. External: (to relevant committees)</td>
<td>June 2020</td>
<td>Interim Deputy Chief Executive</td>
<td>Mar-21</td>
<td></td>
</tr>
<tr>
<td>G9</td>
<td>The ICS in being a lead role in a number of ICS wide developments e.g. (positive)</td>
<td>A5</td>
<td>The ICS in being a lead role in a number of ICS wide developments e.g. (positive)</td>
<td>1. Internal: (operational) 2. Internal: (oversight) 3. External: (to relevant committees)</td>
<td>1. Internal: (operational) 2. Internal: (oversight) 3. External: (to relevant committees)</td>
<td>June 2020</td>
<td>Interim Deputy Chief Executive</td>
<td>Mar-21</td>
<td></td>
</tr>
<tr>
<td>G10</td>
<td>TRFT has a MODERATE risk appetite for partnerships which may support and benefit the people we serve (12 - 15)</td>
<td>Collaborative governance arrangements between TRFT and the ICS to ensure that arrangements and decision making are aligned</td>
<td>Through effective challenge by the Trust's representatives at ICS, the Trust will continue to ensure that the right issues are raised to the right committees</td>
<td>Ref</td>
<td>Ref</td>
<td>June 2020</td>
<td>Interim Deputy Chief Executive</td>
<td>Mar-21</td>
<td></td>
</tr>
</tbody>
</table>
### Strategic Objective

**Partners: Securing the future together**

- Work with our partners to provide sustainable health and care services for the population of Rotherham
- Be open to new ideas and innovations and adapt those wherever we can
- Collaborate with partners across South Yorkshire & Bassetlaw on key services to improve service resilience and sustainability

### Risk Appetite

- **TRFT has a MODERATE risk appetite for partnerships which may support and benefit the people we serve (12 - 15)**

### Current Risk Appetite (based on current risk score):

- **Moderate (12 - 15)**

### Target Risk Appetite (based on target risk score):

- **In line with / below appetite of LOW (6 - 10)**

### Link to Operational Risks (scoring 15+):

- **C-19: We will support our local health and social care partners in their responses**
- **BAF Item B12: Ineffective relationships with key partners may lead to a lack of integrated working and poor service configuration across the Rotherham Place**

### Responsible Executive Director

- **Chief Operating Officer**

### Date the risk last reviewed:

- N/A

---

### Controls

<table>
<thead>
<tr>
<th>Ref</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Integrate at a senior level with Rotherham Place e.g. Interim Deputy Chief Executive into an Integrated Care and Reconfiguration Project. Rotherham Integrated Health &amp; Social Care Plan 2020 to 2023 (positive)</td>
</tr>
<tr>
<td>A2</td>
<td>Clear governance structures are in place to support decision making for the Place</td>
</tr>
<tr>
<td>A3</td>
<td>Twice weekly Rotherham Place COVID19 Bronze response meeting led by Rotherham CCG to align and prioritise actions</td>
</tr>
</tbody>
</table>

### Assurance or Evidence Actually Received

<table>
<thead>
<tr>
<th>Ref</th>
<th>Assurance / Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>No evidence submitted inappropriately removed ((\nabla))</td>
</tr>
<tr>
<td>A2</td>
<td>Inactivity emerging inappropriately removed ((\nabla))</td>
</tr>
</tbody>
</table>

### Date last assurance provided

<table>
<thead>
<tr>
<th>Ref</th>
<th>Date last assured</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>March 2021</td>
</tr>
<tr>
<td>A2</td>
<td></td>
</tr>
</tbody>
</table>

### Mitigating Actions to be taken to close the gap

<table>
<thead>
<tr>
<th>Ref</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>G1</td>
<td>Task does not have a substantive Executive line ((\nabla))</td>
</tr>
</tbody>
</table>

###总务担当

- Chief Operating Officer
- Interim Deputy Chief Executive
- Interim Director of Finance

---

### Governance

- **Sources of assurance:** 1. Internal: Management, operational day to day departmental reporting; 2. Internal: Oversight functions & review by committees; 3. Independent, external review

---

**N.B.** The assurances detailed in italics are planned assurances which have not yet been received. Once received each entry will be updated to state whether the assurance was positive or negative.
<table>
<thead>
<tr>
<th>Agenda item</th>
<th>273/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report</td>
<td>Risk Management Report Q1</td>
</tr>
<tr>
<td>Executive Lead</td>
<td>Angela Wood, Chief Nurse</td>
</tr>
<tr>
<td>Link with the BAF</td>
<td>B1-12</td>
</tr>
<tr>
<td>Purpose</td>
<td>Decision ☐ To note √ Approval ☐ For information ☐</td>
</tr>
</tbody>
</table>
| Executive Summary (including reason for the report, background, key issues and risks) | To present the Risk Register. The report is based on the risk register from Datix as at 22 July 2020. The key points arising from the report are:  
- There are 18 approved risks (scoring 15 or above) on the risk register. |
| Recommendations | It is recommended that the Risk Register is noted. |
| Appendices | 1. Internal Audit Recommendations from the Review of Risk Management  
2. 15 and above Risk Register |
1. Introduction

1.1 This report provides an update to the Board of Directors for the purpose of providing assurance with regards to Risk Management.

1.2 Since the previous report in May 2020 the monthly Risk Analysis Group and Risk Management Committee have continued, and they have reviewed the risks scoring 15 or above along with management information in relation to all risks.

2. Review of Risk Management Arrangements

2.1 A review has been undertaken by Internal Audit of Risk Management within the Trust. Limited assurance was given to the report and the recommendations are located in Appendix 1. Work is being undertaken to address the findings.

3. Risk Register

3.1 There are 18 approved risks scoring 15 or above which are detailed in Appendix 1.

4. Conclusion

4.1 A review has been undertaken of risk management and the actions are being delivered.

Anne Rolfe
Quality Governance, Compliance and Risk Manager
July 2020
## Appendix 1 – Internal Audit Recommendations from the Review of Risk Management

<table>
<thead>
<tr>
<th>Title</th>
<th>Finding</th>
<th>Risk</th>
<th>Risk Score</th>
<th>Action</th>
<th>Responsible Officer</th>
<th>Implementation Date</th>
<th>Management Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7 Risk owner responsibilities</strong></td>
<td>The role and responsibilities of a risk owner is not explicitly defined in the strategy or guidelines.</td>
<td>If the role and responsibilities of an individual risk owner are not clearly defined, then risks may not be managed in accordance with the Trust-wide strategic approach.</td>
<td>Low 3x2</td>
<td>The Strategy and/or Guidelines should be amended to define the role of a risk owner clearly.</td>
<td>Anne Rolfe, Quality Governance, Compliance and Risk Manager</td>
<td>30-Sep-20</td>
<td>Agreed</td>
</tr>
<tr>
<td>Title</td>
<td>Finding</td>
<td>Risk Score</td>
<td>Action</td>
<td>Responsible Officer</td>
<td>Implementation Date</td>
<td>Management Response</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td>------------</td>
<td>--------</td>
<td>---------------------</td>
<td>--------------------</td>
<td>---------------------</td>
<td></td>
</tr>
</tbody>
</table>
| 8 Risk Management Committee responsibilities | a. There is some duplication of work between RAG and RMC around review of risk scores and descriptors.  
   b. RMC could focus more on ensuring that the approach adopted to risk management is effective and proactive by challenging actions in place to manage risks to target levels.  
   c. We noted issues with attendance at RMC, including cases of cancelled meetings, lack of representatives from particular divisions, and not meeting quorum. | Medium 3x4 | Review RMC Terms of Reference to clarify the need to challenge how risks are being actively managed towards target. | Anne Rolfe, Quality Governance, Compliance and Risk Manager | 31-Aug-20 | Agreed |
<table>
<thead>
<tr>
<th>Title</th>
<th>Finding</th>
<th>Risk</th>
<th>Risk Score</th>
<th>Action</th>
<th>Responsible Officer</th>
<th>Implementation Date</th>
<th>Management Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Recording and reporting actions against risks</td>
<td>a. The Trust does not currently use Datix to track individual actions against risks; meaning that information on ownership and timescales of actions is not explicitly clear from the risk register downloads. b. RMC receives risk reports in a template that is manually compiled; all of the information could be compiled automatically through use of the Datix action planning module.</td>
<td>If actions are not clearly identified in the Datix system, this makes reporting less effective and there is a lack of oversight of actions in place for each risk. If separate templates, outside the Datix system, are used for risk reporting, this duplicates effort.</td>
<td>Medium 4x3</td>
<td>Review the functionality of Datix to explore if actions can be more clearly logged, enabling an automated report format which includes information about when each risk was last reviewed, planned mitigating actions, and target dates.</td>
<td>Anne Rolfe, Quality Governance, Compliance and Risk Manager</td>
<td>30-Sep-20</td>
<td>Agreed</td>
</tr>
<tr>
<td>Title</td>
<td>Finding</td>
<td>Risk</td>
<td>Risk Score</td>
<td>Action</td>
<td>Responsible Officer</td>
<td>Implementation Date</td>
<td>Management Response</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>--------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>10 Escalation and reporting</td>
<td>a. Seven different groups receive the 15+ risk register (or their relevant sections of this), without sufficient clarity on what their respective responsibilities are.</td>
<td>If reports to Board and board committees are not clear on their purpose, then the Board may not get sufficient assurance that risks are being managed.</td>
<td>Medium 4x3</td>
<td>Cover sheets and the detail of information reported have been revised for all board committees; the new format was agreed at Audit Committee in May 2020. This will provide more direction and relevant information for groups receiving risk management information.</td>
<td>Anne Rolfe, Quality Governance, Compliance and Risk Manager</td>
<td>Implemented</td>
<td>Risk Management is a standing agenda item at Exec team and any issues to highlight are raised as appropriate, for example updates from RMC and RAG.</td>
</tr>
<tr>
<td>Title</td>
<td>Finding</td>
<td>Risk</td>
<td>Risk Score</td>
<td>Action</td>
<td>Responsible Officer</td>
<td>Implementation Date</td>
<td>Management Response</td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td>------</td>
<td>------------</td>
<td>--------</td>
<td>---------------------</td>
<td>---------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td></td>
<td>revised standard agenda with an associated work plan. The work plan should be clear on the discussions that should be held on each item.” The Trust asks divisions to review risks at quality governance meetings.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Finding</td>
<td>Risk</td>
<td>Risk Score</td>
<td>Action</td>
<td>Responsible Officer</td>
<td>Implementation Date</td>
<td>Management Response</td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td>------</td>
<td>------------</td>
<td>--------</td>
<td>---------------------</td>
<td>---------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>11 Invalid “Manager” field on Datix</td>
<td>24.1% of risks are not assigned a valid Manager; the DatixWeb instructions define the manager as the person who is responsible for the risks, ie operationally.</td>
<td>If risks are not assigned to a manager, then they may not be reviewed and managed in accordance with the Trust-wide Strategy and Guidelines.</td>
<td>Medium 3x3</td>
<td>Review the risk register and rectify any invalid “Manager” fields. Dashboards set up through Datix to review mandatory fields which will be subject to review. This will be fed back in to Risk Management Committee.</td>
<td>Anne Rolfe, Quality Governance, Compliance and Risk Manager</td>
<td>30-Jun-20</td>
<td>Dashboards will be set up to highlight any blank fields.</td>
</tr>
<tr>
<td>Title</td>
<td>Finding</td>
<td>Risk</td>
<td>Risk Score</td>
<td>Action</td>
<td>Responsible Officer</td>
<td>Implementation Date</td>
<td>Management Response</td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td>------</td>
<td>------------</td>
<td>--------</td>
<td>---------------------</td>
<td>---------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>12</td>
<td>Divisional/CSU Quality Governance documents</td>
<td>Although the Governance documents do align to Trust-wide strategy (insofar as they stipulate that they will adhere to it) the documents we reviewed have several gaps which may indicate that their risk management arrangements are not sufficiently outlined, as follows: · UECC’s Terms of Reference does not make any reference to their responsibilities for risk managements. · None of the Terms of Reference stipulate which risk levels the divisions/CSUs are responsible for. · None of the divisions/CSUs have a work planner (Sexual Health’s Terms of Reference explicitly states that they will produce one). · None of the governance documents for the divisions/CSUs we tested stipulate that they should be managing action plans around risks. The standard agenda for</td>
<td>If divisions/CSUs do not have clearly defined responsibilities around risk management per their governance documents, then they may not exercise robust and efficient risk management processes.</td>
<td>Medium 3x3</td>
<td>See finding and action 4 in the Divisional Quality Governance audit (1920/RFT/09): Obtain feedback from divisions about use of their agendas and develop a revised standard agenda with an associated work plan. The work plan should be clear on the discussions that should be held on each item.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Finding</td>
<td>Risk</td>
<td>Action</td>
<td>Responsible Officer</td>
<td>Implementation Date</td>
<td>Management Response</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>--------</td>
<td>---------------------</td>
<td>---------------------</td>
<td>---------------------</td>
<td></td>
</tr>
<tr>
<td>Quality Governance meetings outlined by the Clinical Governance Committee does not give any context on what action should be taken with the risk register at different divisional forums</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Finding</td>
<td>Risk</td>
<td>Risk Score</td>
<td>Action</td>
<td>Responsible Officer</td>
<td>Implementation Date</td>
<td>Management Response</td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td>------</td>
<td>------------</td>
<td>--------</td>
<td>---------------------</td>
<td>---------------------</td>
<td>---------------------</td>
</tr>
</tbody>
</table>
| 13 Divisional/CSU risk management arrangements | Although all divisions/CSUs are demonstrating some continuous maintenance of their risk registers, we identified the following issues:  

- a. The majority of documented risk management discussion at divisional/CSU level is reactive (risk scores and descriptors) rather than proactive (challenge of action plans).  
- b. divisions/CSUs should be reviewing – while most focus on 12-15 (as stipulated in the Strategy) there are some inconsistencies and this could result in duplicated effort with other groups.  
- c. Risks are not being consistently reviewed at the frequency stipulated in the guidelines.  

| | If divisions do not have clearly defined roles and responsibilities with regards to risk management, then risks may not be managed effectively. | Medium 3x3 | See finding and action 4 in the Divisional Quality Governance audit (1920/RFT/09): Obtain feedback from divisions about use of their agendas and develop a revised standard agenda with an associated work plan. The work plan should be clear on the discussions that should be held on each item. |
## Appendix 2 – 15 and above Risk Register

There are 18 approved risks scoring 15 or above and are detailed below.

<table>
<thead>
<tr>
<th>ID</th>
<th>Responsible Executive Director</th>
<th>Responsible Manager</th>
<th>Division</th>
<th>Title</th>
<th>Risk Type</th>
<th>Risk level (current)</th>
<th>Risk level (Target)</th>
<th>Date Reviewed</th>
<th>Review date</th>
<th>Assurance Committee</th>
<th>Change in Current Risk Score from previous report</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>3813</td>
<td>Chief Operating Officer</td>
<td>Divisional General Manager</td>
<td>Division of Surgery</td>
<td>Continual breakdown of Automatic Endoscope Reprocessors affecting equipment disinfection and patient lists</td>
<td>Clinical Patient Safety and Quality</td>
<td>Significant 15</td>
<td>Moderate 6</td>
<td>02/07/2020</td>
<td>01/09/2020</td>
<td>Finance and Performance Committee</td>
<td>↑</td>
<td>Due to COVID the replacement scheme has been delayed, therefore there is no change to the risk.</td>
</tr>
<tr>
<td>3997</td>
<td>Chief Operating Officer</td>
<td>Divisional General Manager</td>
<td>Division of Integrated Medicine</td>
<td>Ability to Deliver the TB Service in line with National Guidance (NICE)</td>
<td>Staffing and Competence</td>
<td>Extreme Risk 20</td>
<td>Moderate 6</td>
<td>12/06/2020</td>
<td>10/08/2020</td>
<td>Quality Committee</td>
<td>↑</td>
<td>A business case was produced and approved within the Trust however further work is required with regards to funding. It was agreed that the risk would be increased with the recent increase in TB cases in Rotherham and the fragility of the service.</td>
</tr>
<tr>
<td>4174</td>
<td>Medical Director</td>
<td>Medical Director</td>
<td>Corporate Services</td>
<td>Clinicians do not always recognise the deteriorating patient</td>
<td>Clinical Patient Safety and Quality</td>
<td>Significant 15</td>
<td>Moderate 5</td>
<td>15/05/2020</td>
<td>15/07/2020</td>
<td>Quality Committee</td>
<td>↔</td>
<td>Although clinicians identify and treat deteriorating patients there are still times when these incidents are escalated to Serous Incident Panel and more robust actions need to be taken with evidence of improvement before the risk can be reduced.</td>
</tr>
<tr>
<td>4630</td>
<td>Deputy Chief Executive</td>
<td>Director of Health Informatics</td>
<td>Corporate Services</td>
<td>Reliability of Infrastructure</td>
<td>IT</td>
<td>Significant 15</td>
<td>High Risk 10</td>
<td>09/04/2020</td>
<td>01/07/2020</td>
<td>Finance and Performance Committee</td>
<td>↔</td>
<td>There is no change to the infrastructure therefore the risk remains the same.</td>
</tr>
<tr>
<td>4959</td>
<td>Chief Operating Officer</td>
<td>Divisional General Manager</td>
<td>Division of Integrated Medicine</td>
<td>The Divisions (Acute CSU) ability to ensure that there are adequate numbers of suitably qualified, competent and experienced nurses</td>
<td>Clinical Patient Safety and Quality</td>
<td>Extreme Risk 20</td>
<td>Moderate 4</td>
<td>14/07/2020</td>
<td>14/08/2020</td>
<td>Quality Committee</td>
<td>↔</td>
<td>Staffing challenges remain across the division of Integrated medicine. There are still significant vacancies and currently recruitment has been affected by COVID.</td>
</tr>
<tr>
<td>ID</td>
<td>Responsibl e Executive Director</td>
<td>Responsibl e Manager</td>
<td>Division</td>
<td>Title</td>
<td>Risk Type</td>
<td>Risk level (current)</td>
<td>Risk level (Target)</td>
<td>Date Reviewed</td>
<td>Review date</td>
<td>Assurance Committee</td>
<td>Change in Current Risk Score from previous report.</td>
<td>Notes</td>
</tr>
<tr>
<td>-----</td>
<td>---------------------------------</td>
<td>----------------------</td>
<td>----------</td>
<td>-------</td>
<td>-----------</td>
<td>---------------------</td>
<td>---------------------</td>
<td>---------------</td>
<td>-------------</td>
<td>-------------------</td>
<td>-----------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>5100</td>
<td>Chief Operating Officer</td>
<td>Deputy Chief Operating Officer</td>
<td>Corporate Services</td>
<td>Risk of inappropriate care and safety for patients within available resources due to operational challenges</td>
<td>Clinical Patient Safety and Quality</td>
<td>Significant 15</td>
<td>High Risk 9</td>
<td>15/05/2020</td>
<td>01/12/2020</td>
<td>Finance and Performance Committee</td>
<td>The risk remains an issue and the Chief Nurse and Chief Operating Officer are meeting to review the risk in detail and identify further mitigating actions.</td>
<td></td>
</tr>
<tr>
<td>5169</td>
<td>Medical Director</td>
<td>Medical Examiner</td>
<td>Corporate Services</td>
<td>Significantly raised HSMR and SHMI meaning higher mortality rates than expected</td>
<td>Clinical Patient Safety and Quality</td>
<td>Extreme Risk 20</td>
<td>High Risk 9</td>
<td>15/05/2020</td>
<td>15/06/2020</td>
<td>Quality Committee</td>
<td>The risk remains the same as the Trust still has the same performance and issues with regards to mortality.</td>
<td></td>
</tr>
<tr>
<td>5238</td>
<td>Chief Operating Officer</td>
<td>Divisional General Manager</td>
<td>Division of Emergency Care</td>
<td>Insufficient provision of medical cover within the UECC</td>
<td>Clinical Patient Safety and Quality</td>
<td>Significant 12</td>
<td>High Risk 8</td>
<td>15/05/2020</td>
<td>14/07/2020</td>
<td>Quality Committee</td>
<td>Reduced from 16 to 12. Presented to Risk Management Committee for approval however it was not approved due to challenge that the staffing vacancies in UECC still remain significant. Service agreed to review the risk at the Divisional Governance Meeting.</td>
<td></td>
</tr>
<tr>
<td>5442</td>
<td>Chief Nurse</td>
<td>Deputy Chief Nurse</td>
<td>Corporate Services</td>
<td>Inability to fill high number of registered nurse vacancies leading to potentially a reduction in patient experience and safety</td>
<td>Staffing and Competence</td>
<td>Extreme Risk 20</td>
<td>Moderate 4</td>
<td>06/07/2020</td>
<td>10/08/2020</td>
<td>People Committee</td>
<td>Risk score remains the same due to current staffing issues made more acute currently due to COVID absences.</td>
<td></td>
</tr>
<tr>
<td>5715</td>
<td>Chief Operating Officer</td>
<td>Lead Advanced Clinical Practitioner - Hospital at Night Team</td>
<td>Corporate Services</td>
<td>Ability to treat deteriorating patients in a timely manner due to lack of capacity within the Hospital at night team.</td>
<td>Clinical Patient Safety and Quality</td>
<td>Significant 15</td>
<td>Moderate 4</td>
<td>15/05/2020</td>
<td>15/07/2020</td>
<td>Quality Committee</td>
<td>Risk score remains the same due to the capacity with in the hospital at night team and the impact it has on the treatment of deteriorating patients.</td>
<td></td>
</tr>
<tr>
<td>5779</td>
<td>Chief Operating Officer</td>
<td>Divisional General Manager</td>
<td>Division of Integrated Medicine</td>
<td>Opening additional capacity on AMU above funded bed base (44)</td>
<td>Clinical Patient Safety and Quality</td>
<td>Significant 15</td>
<td>High Risk 9</td>
<td>08/06/2020</td>
<td>08/07/2020</td>
<td>Quality Committee</td>
<td>The risk remains the same due to the current use of AMU and the requirement for increased capacity to manage patient flow.</td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td>Responsibl e Executive Director</td>
<td>Responsibl e Manager</td>
<td>Division</td>
<td>Title</td>
<td>Risk Type</td>
<td>Risk level (current)</td>
<td>Risk level (Target)</td>
<td>Date Reviewed</td>
<td>Review date</td>
<td>Assurance Committee</td>
<td>Change in Current Risk Score from previous report.</td>
<td>Notes</td>
</tr>
<tr>
<td>------</td>
<td>---------------------------------</td>
<td>----------------------</td>
<td>---------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>----------------------</td>
<td>---------------------</td>
<td>---------------</td>
<td>-------------</td>
<td>---------------------</td>
<td>------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>5907</td>
<td>Chief Operating Officer</td>
<td>Divisional General Manager</td>
<td>Division of Clinical Support</td>
<td>Loose filing of patient records across the Trust</td>
<td>Clinical Patient Safety and Quality</td>
<td>Significant 15</td>
<td>Moderate 6</td>
<td>07/07/2020</td>
<td>07/08/2020</td>
<td>Quality Committee</td>
<td></td>
<td>Although significant work has been undertaken to resolve this, backlog still remains and current workforce capacity is an issue.</td>
</tr>
<tr>
<td>6031</td>
<td>Chief Operating Officer</td>
<td>Divisional General Manager</td>
<td>Division of Integrated Medicine</td>
<td>Divisions of Medicine reliance on Bank and Agency to deliver services</td>
<td>Financial Risk</td>
<td>Extreme Risk 16</td>
<td>Significant 12</td>
<td>08/06/2020</td>
<td>08/07/2020</td>
<td>Quality Committee</td>
<td></td>
<td>New</td>
</tr>
<tr>
<td>6075</td>
<td>Medical Director</td>
<td>UECC Divisional Director</td>
<td>No Specific Division</td>
<td>Increased 30 day mortality due to delayed boarding</td>
<td>Clinical Patient Safety and Quality</td>
<td>Significant 15</td>
<td>Significant 12</td>
<td>31/01/2020</td>
<td>14/07/2020</td>
<td>Quality Committee</td>
<td></td>
<td>Discussions were held at the Risk Management Committee about whether the risk score should be reduced. The Division have agreed to review the risk and its score in detail at the next Governance Meeting.</td>
</tr>
<tr>
<td>6095</td>
<td>Chief Nurse</td>
<td>Deputy Chief Nurse</td>
<td>Corporate Services</td>
<td>Risk of patient harm as a result of lack of governance and oversight of Point of Care Testing (POCT) usage across the Trust</td>
<td>Clinical Patient Safety and Quality</td>
<td>Extreme Risk 16</td>
<td>Moderate 4</td>
<td>15/05/2020</td>
<td>15/07/2020</td>
<td>Quality Committee</td>
<td></td>
<td>The risk with regards to POCT remains at present, and although processes have been put in place they require embedding and sufficient assurance has not been provided.</td>
</tr>
<tr>
<td>6127</td>
<td>Chief Nurse</td>
<td>Deputy Chief Nurse</td>
<td>Corporate Services</td>
<td>Inability to deliver planned and emergency services due to national pandemic</td>
<td>Clinical Patient Safety and Quality</td>
<td>Extreme Risk 25</td>
<td>Moderate 5</td>
<td>15/05/2020</td>
<td>15/06/2020</td>
<td>Quality Committee</td>
<td></td>
<td>The risks in relation to COVID-19 are reviewed at the Executive Team Meeting on a weekly basis, and the score of this risk will be reviewed and updated and reduced due to the Trust moving to Business as Usual when delivery is identified as sustainable.</td>
</tr>
<tr>
<td>6167</td>
<td>Chief Operating Officer</td>
<td>Divisional General Manager</td>
<td>Division of Integrated Medicine</td>
<td>Increase costs of Consultant Medical staff due to review of job plans</td>
<td>Financial Risk</td>
<td>Significant 15</td>
<td>High Risk 9</td>
<td>27/05/2020</td>
<td>20/07/2020</td>
<td>Quality Committee</td>
<td></td>
<td>The risk was added as a 15 – with a moderate consequence and certain likelihood. There is a risk of all job plans increasing, around 1 PA per consultant plus increased costs for on call. The maximum risk is £339k.</td>
</tr>
</tbody>
</table>
### Risk Management Summary

<table>
<thead>
<tr>
<th>ID</th>
<th>Division</th>
<th>Title</th>
<th>Risk level (current)</th>
<th>Risk level (Target)</th>
<th>Date Reviewed</th>
<th>Review date</th>
<th>Assurance Committee</th>
<th>Change in Current Risk Score from previous report.</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>6212</td>
<td>Chief Nurse</td>
<td>Management of injuries to infants under 2 years, including non-mobile babies</td>
<td>Extreme Risk 16</td>
<td>High Risk 8</td>
<td>07/07/2020</td>
<td>07/08/2020</td>
<td>Quality Committee</td>
<td>New</td>
<td>The risk was added in July and increased to consequence 4 by likelihood 4 due to the CQC concerns raised and the impact this has on patient safety and the Trust reputation, the risk score has been increased.</td>
</tr>
</tbody>
</table>

Since the previous report in May 2020, the following has been undertaken:

- The addition of three risks to the register of risks scoring 15 or above (reference 6031, 6167 and 6212)
- The removal of five risks from the register of risks scoring 15 or above (see table below)

<table>
<thead>
<tr>
<th>ID</th>
<th>Division</th>
<th>Title</th>
<th>Risk level (current)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>4363</td>
<td>Corporate Services</td>
<td>Increased cost of bank and agency resulting in over spend against budgets</td>
<td>Significant 12</td>
<td>Risk score reduced to 12. Expenditure against budgets as at 31st May 2021 was showing an over-spend against budgets of £596K of which £528K is directly attributable to COVID-19, leaving a residual over-spend of £68K. Medical staff are under-spending which reflects the work being done via the recently established agency review group however. However, further work is required on the over-spend related to administrative and clerical staff (£204K). Therefore, whilst there is a slightly improved position, until this run rate settles and the Trust start to move out of emergency measures related to COVID-19 and start to get back to more business as usual, the risk needs to remain on the risk register as a 4 x 3 = 12.</td>
</tr>
<tr>
<td>5154</td>
<td>Corporate Services</td>
<td>Insufficient cash to pay goods and services in a timely manner</td>
<td>Significant 15</td>
<td>Risk was closed as covered by risk 4379.</td>
</tr>
<tr>
<td>5422</td>
<td>Division of Clinical Support</td>
<td>There is a risk of loss of Pathology capacity due to the age of equipment affecting turnaround times and supporting diagnosis</td>
<td>Extreme Risk 16</td>
<td>The risk was closed as the funding had been obtained and therefore the risk was no longer required.</td>
</tr>
<tr>
<td>Division</td>
<td>Risk Issue</td>
<td>Risk Score</td>
<td>Action Details</td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------------------------------------</td>
<td>------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Division of Integrated Medicine</td>
<td>Cardiac Team capacity resulting in possible clinical risk for heart failure patients</td>
<td>Significant 12</td>
<td>Approved at July 2020 RMC for reduction in risk score as process mapping occurred and short and long term plans in place. This will be reviewed on a regular basis through local governance and increased if required.</td>
<td></td>
</tr>
<tr>
<td>Division of Emergency Care</td>
<td>Bank and Agency Costs</td>
<td>Significant 12</td>
<td>Risk score reduced to 12 due to the reduced costs within the division, recognising that this is both nursing and medical costings. The risk will be reviewed on a regular basis.</td>
<td></td>
</tr>
</tbody>
</table>
### Board of Directors’ Meeting
4 August 2020

<table>
<thead>
<tr>
<th>Agenda item</th>
<th>274/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report</td>
<td>Quarterly Freedom to Speak up Guardian’s Report</td>
</tr>
<tr>
<td>Executive Lead</td>
<td>Angela Wood, Chief Nurse</td>
</tr>
<tr>
<td>Link with the BAF</td>
<td>B1</td>
</tr>
</tbody>
</table>

| Purpose | Decision [ ] To note [✓] Approval [ ] For information [ ] |

<table>
<thead>
<tr>
<th>Executive Summary (including reason for the report, background, key issues and risks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To provide the board with an update of Speaking up concerns which have been raised both to the Freedom to speak up Guardian and through other official routes.</td>
</tr>
<tr>
<td>To provide an update of how the profile of the Speaking up agenda is being raised and embedded within The Rotherham NHS Foundation Trust.</td>
</tr>
<tr>
<td>The key points arising from the report are:</td>
</tr>
<tr>
<td>• UECC teams listening event via teams</td>
</tr>
<tr>
<td>• NGO national index published</td>
</tr>
<tr>
<td>• NGO to issue new policy template in 2020</td>
</tr>
<tr>
<td>• NGO to publish new e-learning package’s in 2020</td>
</tr>
<tr>
<td>• New FTSU self-review published</td>
</tr>
<tr>
<td>• Lead Guardian working with Head of Equality, Diversity and Inclusion to increase reporting - Call it out, Work it out, launching Q2</td>
</tr>
<tr>
<td>• Quarterly trust Guardians meeting held via teams</td>
</tr>
<tr>
<td>• Regional NGO meeting now monthly via teams</td>
</tr>
<tr>
<td>• Lead Guardian joined SMOC rota during Covid response</td>
</tr>
<tr>
<td>• Mast E-learning now fully rolled out (Trust Compliance of 97.12%)</td>
</tr>
</tbody>
</table>

| Recommendations | It is recommended that the Board note this report. |
| Appendices | N/A |
1. **Introduction**

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

1.2 The Trust introduced FTSU Guardians in 2015 with a FTSUG lead appointed in October 2016.

1.3 The report aims to provide the board with a high level overview of the FTSUG activity during Quarter 1, highlighting the number of concerns raised this quarter any actions taken and resultant learning.

2. **Background**

2.1 This paper provides a review of FTSU concerns raised in quarter one 2020/21. The report also details extracts of the data collated by the National Guardians office (NGO), including national and regional comparative data in order to contextualise the FTSUG agenda within TRFT.

3. **Reporting and Governance**

3.1 The NGO is still looking to launch a new Policy template in 2020 for trusts to benchmark their current policies against, this is due to feedback they have received that the term “whistleblowing” within its current template is hindering speaking up.

3.2 During Quarter one there have been 10 concerns raised which is an increase of four from quarter one data last year.

3.3 Four relate to attitudes and behaviours, two to policy & procedures, two to staffing levels and two performances/capability. The attitudes and behaviours and capability have been directed to HR and immediate line managers and further support is being given to the individuals concerned. The policy & procedures and staffing concerns were raised by UECC staff and are being addressed by the UECC Management in consultation with staff and one of the UECC FTSU Guardians. As with all concerns raised, staff can choose to have their concern investigated completely openly where their name is disclosed, closed where we don’t disclose their name or anonymous. Of the concerns raised in quarter one, 5 were open and 5 closed. There were no concerns raised during Q1 that relate to the trusts response to Covid.

4. **FTSU MAST**

4.1 National guidelines on Freedom to Speak Up training in the health sector in England were published in August 2019. The NGO is still looking to launch an e-learning package in 2020 for each of the below groups.
4.2 The principles set out in the document include the need for the training to be regular.

4.3 TRFT is one of the few trusts in the country that already has FTSU as a MAST subject. The FTSU Mast e-learning core training is in place. The Trust has an overall compliance rating of 97.12%.

<table>
<thead>
<tr>
<th>Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>All workers*</td>
</tr>
<tr>
<td>Line and middle managers**</td>
</tr>
<tr>
<td>Senior leaders***</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core training</td>
<td>All workers*</td>
</tr>
<tr>
<td>Line and middle management</td>
<td>Line and middle managers</td>
</tr>
<tr>
<td>training</td>
<td>Senior leaders</td>
</tr>
<tr>
<td>Senior Leader training</td>
<td>Senior leaders</td>
</tr>
</tbody>
</table>

5. National Case Reviews

5.1 There has been one case review published by the NGO during quarter one, which relates to the Whittington Health NHS Care trust. The report makes three recommendations re good practice that could be considered by TRFT:

- FTSU Guardian included in exit interviews
- FTSU lead attends Staff side group
- FTSU Lead role increased from 1.5WTE to full time

6. National Guardian Office Data

6.1 The Trust has submitted data on a quarterly basis to the National Guardian’s office.

7. TRFT Comparison With National Data

7.1 The NGO have published the latest Index based upon the 2019 annual NHS staff survey which contains several questions that are helpful indicators of speaking up culture. The FTSU index was calculated as the mean average of responses to the following four questions from the NHS Staff Survey:

- % of staff "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly (question 17a)

- % of staff "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents (question 17b)

- % of staff "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it (question 18a)
• % of staff "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice (question 18b)

The national scores ranges from 86.6 to 68.5%. The TRFT score was 77.3% satisfaction, which is up 1.3% on the 2018 survey. Locally only 2.9% points divided the trusts;

Sheffield teaching Hospitals 79.2% up 0.2%
Barnsely 78.3% up 0.3%
RDASH 80.2% up 3.2%
Doncaster 78.7% up 2.7%

The value of comparison between Trusts is difficult to determine, however the higher scores tend to be at trusts with either Outstanding or Good CQC ratings. The NGO however remains keen for trusts to avoid comparison.

7.2 The key performance indicator for organisation is that the NGO receive a data return each quarter which contains data on speaking up. The national full year data will be available later in quarter 2 2020/21.

8. **Conclusion**

8.1 There is a general upward trend in speaking up cases in the last eighteen months. The awareness across the trust in relation to FTSU is rising and this will improve further with the rollout of the new e-learning packages being launched by the NGO in 2020. The lead guardian continues to work with all staff groups to raise awareness.
<table>
<thead>
<tr>
<th>Agenda item</th>
<th>275/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report</td>
<td>Quarterly ‘How We Learn from Deaths’ Report</td>
</tr>
<tr>
<td>Executive Lead</td>
<td>Dr Callum Gardner, Executive Medical Director</td>
</tr>
<tr>
<td>Link with the BAF</td>
<td>B1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decision</td>
</tr>
</tbody>
</table>

**Executive Summary (including reason for the report, background, key issues and risks)**

This report is the quarterly update report for the Board about the Learning from Deaths programme.

The Trust has seen a significant increase in clinical workload for clinicians in view of the pandemic COVID-19 and, as such, some of the quality improvement work has had to be slowed to enable those to do that.

The Moving2Good programme with Mortality as the safety priority has not progressed as planned but this will be restarted as soon as possible.

The Medical Examiner’s (ME) service has been operating in a different manner than planned by the ME directed by Department of Health to aid families and coroners rather than scrutinise all deaths.

The Health Informatics Team now has a team scrutinising the data, alerting in-house the areas of special focus required, and developing a real-time Mortality Insights dashboard within Power Bi to really improve the ongoing of the mortality work. This real-time Mortality dashboard will be rolled out to enable clinicians to use data to their advantage for quality improvement work.

**Recommendations**

It is recommended that the Board of Directors note this report.

**Appendices**

None
1.0 **Introduction**

1.1 The Learning from Deaths programme has had improved focus with the introduction of a Learning from Deaths Nurse. This provided the divisions with expert help from an experienced individual to identify improvement projects. The themes identified from the external Learning from Deaths report have been used to start the process. Falls were identified as a theme and this currently is an area where the Trust is focussing its efforts and is keen to make improvements.

1.2 The Learning from Deaths Nurse position was a six-month, fixed-term post utilising funding from NHSIE and is coming to an end. It is vitally important that the Trust continues with this role as progress in such a short space of time has been shown to have great impact. A Business Case is being prepared and a seconded post will be advertised until a substantive is appointed.

1.3 A review of peer organisations has shown that all of the regional organisations have a multi-disciplinary team pushing this agenda forwards and the Trust may need to implement similar in view of our current national mortality position.

1.4 The AMD Clinical Effectiveness has been in post for six months and will be working with the divisions to develop quality improvement projects based on these themes.

2.0 **Progress**

2.1 The Health Informatics team has now developed a Mortality Insights real-time dashboard where the divisions can see the data for themselves and implement change where necessary based on this. The dashboard will be live for use in the very near future and will be a major step in progressing the mortality agenda; in the meantime, an early iteration of the mortality dashboard is now live and is presented monthly to the Clinical Governance Committee and Quality Committee.

2.2 The dashboard uses the Meditech data within Power Bi to identify numbers of reviews, timing of reviews, trigger for reviews, and any comments regarding the quality of care. It will also allow cross referencing where a review has been undertaken if a subsequent alert regarding diagnosis is received. This will assure the Trust regarding that trigger.

2.3 The Meditech Mortality forms have been reviewed and altered in line with the changing national guidance. There are currently two forms, the first being the stage 1 review which is completed by the Medical Examiner with trigger questions to send for a stage 2 review, a Structured Judgement Review, where the divisions review the case and identify areas for improvement. The clinician makes a judgement on the quality of care and scores parts of the admission and the admission as a whole into good care or poor care and a range in between. The second stage form went back on line in July.

2.4 There is also now an added section whereby the level of harm is identified. For example, investigations could have been delayed or omitted, but did this actually cause harm? This will be picked up from the Power Bi dashboard and escalated. It is a very powerful way of filtering where improvement efforts should be focussed and will feed easily into the harm free meetings and the SUI process.

2.5 The quality report aims to highlight 3 KPIs with regards to the overall number of deaths reviewed, the number of stage 1 reviews done within 30 days, and the number of stage 2 reviews done within 60 days. The dashboard will show the division’s performance and can be held accountable to the Executive Medical Director for improvement if necessary.
3.0 Mortality Data

3.1 The Trust has alerted on other respiratory diseases, chronic obstructive pulmonary disease, pneumonia and respiratory insufficiency/arrest. It has previously alerted on intestinal obstruction without hernia and has subsequently now alerted again in both HSMR and SHMI.

3.2 It is therefore important that we review the respiratory disease pathways and ensure appropriate documentation regarding severity of the condition using the risk stratification tool CURB65, that a primary diagnosis is reached early within the admission with appropriate comorbidities pinned down, and that work with the coding department is continued to ensure that the relative risk of dying from these conditions on admission are appropriately adjusted for. This work is ongoing but the Trust is yet to see the impact of this as yet. Furthermore, the Executive Medical Director has asked the Associated Medical Director for Health Informatics and Digital Strategy to revise and relaunch the community-acquired pneumonia care bundle on Meditech, which will hopefully include an auto-populated CURB65 score.

3.3 With regards to the intestinal obstruction without hernia, there was a review of the previous cases which found some themes; these were that some of the patients were coded for wrongly and that they did not have obstruction but rather pseudo-obstruction, which is very common in severe illness, which in itself is associated with a relatively high mortality rate. Many of the cases were classified as having no quality of care issues.

3.4 The Surgical Division have since conducted another review of the historical cases and the new cases adding to the new alert. This was a full peer reviewed case review programme within the division so that assurance can be taken from it. 10 cases were reviewed, 8 cases of which were identified as having had no issues with care. Of the 2 remaining cases labelled adhesional bowel obstruction, in one of them the department felt the issue was one of intra-operative decision making and following discussion a programme of internal learning was implemented; in the other case, the reviewers felt that there was generally poor care, in terms of being reactive from surgeons instead of proactive, but that this was unlikely to have affected outcome.

3.5 Other cases within the full cohort of reviews were found to have “constipation” and not obstruction and therefore the Trust needs to ensure that the coding is appropriate. This is being addressed by the coders cohabiting the Oldfield centre so that soon after death there is the ME to verify the diagnosis initially.

3.6 The Coding Department have worked with some of the divisions to ensure that the clinicians have documented appropriate wording to allow accurate reflection of the admission; this will be rolled out across all divisions. They currently meet with all the junior rotational doctors to help show that documentation is the key to improving issues with data coding and have developed a You Tube video whereby it identifies areas where clinicians can help the coding of mortality data.

3.7 The Trust has recently signed a contract whereby the Dr Foster team can access our HES data prior to submission nationally so that we can review and make improvements in a more timely manner than waiting for it to be nationally reported. This is a common practice in many organisations and will allow the Trust to be sighted on issues before nationally alerting.
4.0 Medical Examiner service

4.1 The Medical Examiner service has been working since March 2020 where stage 1 reviews have been conducted and areas of concern highlighted for stage 2 reviews by the divisions. Cases which the ME felt should be promptly escalated have been sent to the Harm Free weekly meeting and the weekly SI panel. This has worked well and cases have been identified early. The process will be strengthened by the use of Datix where cases can be logged via this portal and cross referenced with inquests and complaints.

4.2 In light of the COVID 19 pandemic, the service was asked to work in a different way to help with the registration of deaths, work more closely with the Coroner, and ultimately aim to alleviate some of the distress to bereaved families. This has meant that the scrutiny of all cases has not been achieved but the service is working very hard to catch up.

4.3 The team have had personal recommendation from the Coroner’s office regarding the speedy turnaround of cases and have avoided many inquests. This is an important step for families as the distress from an inappropriate inquest is significant.

4.4 The team has also been involved in much of the community deaths during the pandemic and this has also significantly aided the primary care teams, enabling them to work more efficiently. This has also avoided unnecessary inquests due to community case scrutiny.

4.5 The team is due for expansion in the very near future and will by April 2021 review all community deaths as well as all in-hospital deaths. This is very exciting as it will enable the Trust to work collaboratively with the primary care teams when scrutinising deaths and highlighting themes and trends across the Health Economy.

5.0 Reviews

5.1 There have been 401 deaths from April 2020; 247 of these were reviewed by the ME at stage 1 (61.5%) and the number of second stage is 16% (8 reviews have been undertaken out of the 50 that were identified as necessary). The tables below show the number of electronic reviews conducted on Meditech.

5.2 Please note that the Meditech system does not allow a review to be conducted electronically if the death has been greater than 3 months old and therefore some of the ones documented above on paper will not feature. The ME reviews on paper are retained within the ME service for scrutiny by the Medical Director and the regional ME if necessary.
<table>
<thead>
<tr>
<th>Month</th>
<th>MED</th>
<th>SURG</th>
<th>FH/OTHER</th>
<th>ALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jun-19</td>
<td>34</td>
<td>6</td>
<td>2</td>
<td>42</td>
</tr>
<tr>
<td>Jul-19</td>
<td>63</td>
<td>8</td>
<td>0</td>
<td>71</td>
</tr>
<tr>
<td>Aug-19</td>
<td>71</td>
<td>8</td>
<td>0</td>
<td>79</td>
</tr>
<tr>
<td>Sep-19</td>
<td>70</td>
<td>4</td>
<td>1</td>
<td>75</td>
</tr>
<tr>
<td>Oct-19</td>
<td>67</td>
<td>12</td>
<td>1</td>
<td>80</td>
</tr>
<tr>
<td>Nov-19</td>
<td>56</td>
<td>15</td>
<td>0</td>
<td>71</td>
</tr>
<tr>
<td>Dec-19</td>
<td>90</td>
<td>10</td>
<td>2</td>
<td>102</td>
</tr>
<tr>
<td>Jan-20</td>
<td>70</td>
<td>15</td>
<td>2</td>
<td>87</td>
</tr>
<tr>
<td>Feb-20</td>
<td>100</td>
<td>16</td>
<td>1</td>
<td>117</td>
</tr>
<tr>
<td>Mar-20</td>
<td>107</td>
<td>9</td>
<td>2</td>
<td>118</td>
</tr>
<tr>
<td>Apr-20</td>
<td>136</td>
<td>10</td>
<td>5</td>
<td>151</td>
</tr>
<tr>
<td>May-20</td>
<td>97</td>
<td>4</td>
<td>3</td>
<td>104</td>
</tr>
<tr>
<td>Jun-20</td>
<td>36</td>
<td>2</td>
<td>2</td>
<td>40</td>
</tr>
</tbody>
</table>

Review considered completed if document is 'signed'

<table>
<thead>
<tr>
<th>Month</th>
<th>MED</th>
<th>SURG</th>
<th>FH/OTHER</th>
<th>ALL</th>
<th>% Of Deaths S1 Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jun-19</td>
<td>3</td>
<td></td>
<td>3</td>
<td>3</td>
<td>7.1%</td>
</tr>
<tr>
<td>Jul-19</td>
<td>1</td>
<td></td>
<td>1</td>
<td>1</td>
<td>1.4%</td>
</tr>
<tr>
<td>Aug-19</td>
<td>1</td>
<td></td>
<td>1</td>
<td>1</td>
<td>1.3%</td>
</tr>
<tr>
<td>Sep-19</td>
<td>2</td>
<td></td>
<td>2</td>
<td>2</td>
<td>2.7%</td>
</tr>
<tr>
<td>Oct-19</td>
<td>4</td>
<td>3</td>
<td></td>
<td>7</td>
<td>8.8%</td>
</tr>
<tr>
<td>Nov-19</td>
<td>3</td>
<td>6</td>
<td>9</td>
<td>9</td>
<td>12.7%</td>
</tr>
<tr>
<td>Dec-19</td>
<td>17</td>
<td>2</td>
<td></td>
<td>19</td>
<td>18.6%</td>
</tr>
<tr>
<td>Jan-20</td>
<td>46</td>
<td>10</td>
<td></td>
<td>56</td>
<td>64.4%</td>
</tr>
<tr>
<td>Feb-20</td>
<td>37</td>
<td>4</td>
<td>41</td>
<td>41</td>
<td>35.0%</td>
</tr>
<tr>
<td>Mar-20</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2.5%</td>
</tr>
<tr>
<td>Apr-20</td>
<td>2</td>
<td></td>
<td>2</td>
<td>2</td>
<td>1.3%</td>
</tr>
<tr>
<td>May-20</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Jun-20</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Dr Carrie Kelly  
Medical Examiner  
July 2020
<table>
<thead>
<tr>
<th>Agenda item</th>
<th>276/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report</td>
<td>Revision to Standards of Business Conduct</td>
</tr>
<tr>
<td>Executive Lead</td>
<td>Anna Milanec, Director of Corporate Affairs / Company Secretary</td>
</tr>
<tr>
<td>Link with the BAF</td>
<td>B8</td>
</tr>
<tr>
<td>Purpose</td>
<td>Decision</td>
</tr>
</tbody>
</table>

**Executive Summary (including reason for the report, background, key issues and risks)**

The Standards of Business Conduct have been slightly revised in order to:

- Enable the Trust to introduce an electronic process for declarations of interest using the Declarations of Interest Module on the Electronic Staff Record (ESR) thereby increasing the compliance of ‘Decision Making Staff’ with the requirement to make an annual return
- Make explicit the fact that ‘Decision Making Staff’ must make either a nil return or a declaration of interest on an annual basis

**Recommendations**

The Board of Directors is requested to **review and approve** the revisions to the Standards of Business Conduct which were presented to the Audit Committee at their meeting on 28 July 2020.

**Appendices**

1. Revised Standards of Business Conduct
1.0 Introduction

1.1 Following a proactive conflicts of interest exercise undertaken by the Trust’s Local Counter Fraud Specialist, the Trust’s Standards of Business Conduct (approved by the Board of Directors in May 2019) have been slightly revised to make explicit mention of that fact that all ‘Decision Making Staff’ must make either an annual declaration of interest or a nil return (see section 5.3 and Appendix 1 Policy Summary of the ‘Standards’).

1.2 In addition, in order to improve the compliance of ‘Decision Making Staff’ with this annual requirement, the Trust will be rolling out the newly released Declarations of Interest module of the Electronic Staff Record (ESR) system on 01 September 2020. This module of ESR enables all staff to make their declaration of interest electronically. It is able to identify all staff at Agenda for Change band 8D or above, Directors, Non-Executive Directors and Consultants (Decision Making Staff) and to repeatedly remind them that they need to make an annual declaration of interest or nil return until the point that they have done so. Reports on compliance by Decision Making Staff will be able to be produced from the ESR system to enable the Trust to monitor compliance and take remedial action if required.

1.3 The roll out of this electronic method of declarations of interest declarations has required the Standards of Business Conduct to be slightly altered to remove the current manual declaration process and form and describe the electronic process to be used in its place (amendments made throughout the document).

1.4 All amendments to the Standards of Business Conduct are highlighted in yellow in the appended document.

2.0 Recommendation

2.1 The Audit Committee reviewed these revisions to the Standards of Business Conduct at their July meeting and recommend the amended Standards of Business Conduct for approval by the Board of Directors.

Lisa Reid
Head of Governance
July 2020
<table>
<thead>
<tr>
<th>Author:</th>
<th>Lisa Reid, Head of Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revised and Approved by Audit Committee:</td>
<td>May 2019</td>
</tr>
<tr>
<td>Revised and Approved by Board of Directors</td>
<td><strong>August 2020</strong></td>
</tr>
<tr>
<td>Review date:</td>
<td>May 2022</td>
</tr>
<tr>
<td>Version:</td>
<td>10</td>
</tr>
<tr>
<td>Section</td>
<td>Page</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>1. INTRODUCTION</td>
<td>3</td>
</tr>
<tr>
<td>2. REGULATORY BACKGROUND, NATIONAL GUIDANCE AND SCOPE</td>
<td>3</td>
</tr>
<tr>
<td>3. ROLES AND RESPONSIBILITIES</td>
<td>3</td>
</tr>
<tr>
<td>4. CONSEQUENCES OF NOT COMPLYING WITH THE STANDARDS OF BUSINESS CONDUCT</td>
<td>5</td>
</tr>
<tr>
<td>5. CONFLICTS OF INTEREST</td>
<td>5</td>
</tr>
<tr>
<td>6. GIFTS AND HOSPITALITY</td>
<td>7</td>
</tr>
<tr>
<td>7. OUTSIDE EMPLOYMENT</td>
<td>9</td>
</tr>
<tr>
<td>8. OUTSIDE INTERESTS</td>
<td>9</td>
</tr>
<tr>
<td>9. SHAREHOLDINGS AND OTHER OWNERSHIP ISSUES</td>
<td>10</td>
</tr>
<tr>
<td>10. PATENTS</td>
<td>10</td>
</tr>
<tr>
<td>11. LOYALTY INTERESTS</td>
<td>11</td>
</tr>
<tr>
<td>12. DONATIONS</td>
<td>11</td>
</tr>
<tr>
<td>13. SPONSORED EVENTS</td>
<td>11</td>
</tr>
<tr>
<td>14. SPONSORSHIP FOR COURSES, CONFERENCES, MEETINGS AND PUBLICATIONS</td>
<td>12</td>
</tr>
<tr>
<td>15. SPONSORED RESEARCH</td>
<td>12</td>
</tr>
<tr>
<td>16. SPONSORED POSTS</td>
<td>13</td>
</tr>
<tr>
<td>17. CLINICAL PRIVATE PRACTICE</td>
<td>13</td>
</tr>
<tr>
<td>18. MONITORING COMPLIANCE AND EFFECTIVENESS</td>
<td>14</td>
</tr>
<tr>
<td>19. REVIEW</td>
<td>15</td>
</tr>
<tr>
<td>APPENDIX 1: GUIDING PRINCIPLES AND POLICY SUMMARY</td>
<td>16</td>
</tr>
<tr>
<td>APPENDIX 2: IDENTIFICATION &amp; DECLARATION OF INTERESTS (INCLUDING GIFTS</td>
<td>18</td>
</tr>
<tr>
<td>APPENDIX 3: MANAGEMENT OF INTERESTS</td>
<td>20</td>
</tr>
<tr>
<td>APPENDIX 4: DEALING WITH BREACHES</td>
<td>22</td>
</tr>
<tr>
<td>APPENDIX 5: NHS ENGLAND GUIDANCE ON THE MANAGEMENT OF CONFLICTS OF</td>
<td>24</td>
</tr>
<tr>
<td>APPENDIX 6: THE SEVEN PRINCIPLES OF PUBLIC LIFE</td>
<td>25</td>
</tr>
<tr>
<td>APPENDIX 7: STANDARDS OF BUSINESS CONDUCT DECLARATION FORM FOR GIFTS,</td>
<td>26</td>
</tr>
<tr>
<td>APPENDIX 8: CODE OF CONDUCT FOR NHS MANAGERS</td>
<td>29</td>
</tr>
<tr>
<td>APPENDIX 9: OTHER TRUST POLICIES AND ASSOCIATED DOCUMENTATION</td>
<td>30</td>
</tr>
<tr>
<td>APPENDIX 10: BRIBERY, CORRUPTION AND FRAUD</td>
<td>31</td>
</tr>
</tbody>
</table>
1. Introduction

The Rotherham NHS Foundation Trust (the ‘organisation’), and the people who work with and for us, collaborate closely with other organisations, delivering high quality care for our patients. These partnerships have many benefits and should help ensure that public money is spent efficiently and wisely. But there is a risk that conflicts of interest may arise.

Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. We are committed to maximising our resources for the benefit of the whole community. As an organisation and as individuals, we have a duty to ensure that all our dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that we are using our finite resources in the best interests of patients.

2. Regulatory Background, National Guidance and Scope

Staff must comply with the national guidance recently published by NHS England available here: https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf (see Appendix A)

NHS England have published some Frequently Asked Questions to assist staff in understanding the new conflicts of interest guidance. These are available here: www.england.nhs.uk/ourwork/coi

In addition managers must comply with the Code of Conduct for NHS Managers, October 2002 (see Appendix 8). Additional policies have been developed that build upon the core policies referenced herewith.

At The Rotherham NHS Foundation Trust we use the skills of many different people, all of whom are vital to our work. This includes people on differing employment terms, who for the purposes of this policy we refer to as ‘staff’ and are include: all salaried employees; all prospective employees – who are part-way through recruitment; contractors and sub-contractors; agency staff; and committee, sub-committee and advisory group members (who may not be directly employed or engaged by the organisation)

The Rotherham NHS Foundation Trust’s Standards of Business Conduct set out the Trust and NHS England’s required standards of business practice and regulatory compliance and as such all staff members should adhere to the Standards of Business Conduct at all times. All staff members are expected to familiarise themselves and comply with their professional code of conduct and the seven Nolan Principles for Public Life (see Appendix 6). As members of Trust staff, you also have a responsibility to raise compliance and ethics concerns through our established channels (see Appendix 4: Dealing with Breaches for further information about your responsibility to report any breaches of these Standards).

3. Roles and Responsibilities

3.1 Managers are responsible for ensuring that their staff, including new staff, are aware of and understand the contents of the Standards of Business Conduct and that all conflicts of interest, gifts and hospitality offered and received are submitted to the Head of Governance and are kept up to date.

3.2 All Trust staff are accountable and responsible for understanding and complying with the Standards of Business Conduct, NHS England’s guidance on the
management of conflicts of interest, applicable laws, regulations, and Trust policies that are related to their jobs. In fulfilling these responsibilities each member of staff must:

- Read, understand, and comply with the Standards of Business Conduct and all Trust policies that are related to his/her job.
- Declare any potential material interest
- Participate in training and educational programs or events required for his/her job.
- Obtain guidance for resolving a business practice or compliance concern if he/she is uncertain about how to proceed in a situation.
- Report possible violations of the Standards of Business Conduct, policies, applicable laws, and regulatory requirements.
- Cooperate fully in any investigation.
- Make a commitment to conduct the Trust’s business with integrity and in compliance with applicable laws and regulatory requirements.

We must expect the best from ourselves because who we are as an organisation and as individuals is as important as our ability to deliver the best care and services. How we manage our hospital and community services internally — and how we think about and work with patients, partners, governments, suppliers and communities — impacts upon our productivity and success. It's not enough to just do the right things; we also have to do them in the right way.

These Standards of Business Conduct provide information, education, and resources to help you make good, informed business decisions and to act on them with integrity. In addition, managers should use this resource to foster, manage, and reward a culture of accountability and integrity within their departments. Working together, we can continuously enhance our culture in ways that benefit patients and partners, and that strengthen our interactions with one another.

All staff must declare any potential interest as soon as it arises. Please see Appendix 2 for details of how to identify and declare an interest.

Appendix 3 provides details of how these interests should be managed to avoid a conflict of interest and Appendix 4 describes how the Trust will deal with any breaches of these Standards of Business Conduct.

3.3 **Why the Trust has Standards of Business Conduct**

This policy will help our staff manage conflicts of interest risks effectively. It introduces consistent principles and rules; provides simple advice about what to do in common situations; and supports good judgement about how to approach and manage interests. This policy should be considered alongside the other organisational policies referenced within it and those detailed in Appendix 10.

As responsible public sector healthcare providers, it is not enough to intend to do things right, we must also do them in the right way. That means making business decisions and taking appropriate actions that are ethical and in compliance with applicable legal requirements. As we make these decisions, our values must shine through in all our interactions. The Standards of Business Conduct are an extension of the Trust’s values and reflect our continued commitment to ethical business practices and regulatory compliance. In addition, adherence to these Standards will ensure your compliance with NHS England’s guidance on the management of conflicts of interest introduced in February 2017.
3.4 How to use the Standards of Business Conduct

The Standards of Business Conduct summarise the regulatory requirements and business practices that guide our decision making and business activities. The Standards contain basic information about our policies as well as information about a particular practice or compliance concern. It is essential that you thoroughly review this publication and make a commitment to uphold its requirements. The Standards of Business Conduct are not intended to cover every issue or situation you may face as a Trust employee. Nor do they replace other more detailed policies. It is your responsibility to be fully aware of these Standards and to adhere to them at all times.

If you need details on a specific policy, you may contact the Company Secretary or Head of Governance. If you need guidance regarding a business practice or compliance issue or wish to report a possible violation / breach, talk to your immediate supervisor, manager, another member of management, the Company Secretary, Head of Governance, HR team or Local Counter Fraud Specialist. (See Appendix 4: Dealing with Breaches for further information). The Trust will handle all inquiries discreetly and make every effort to maintain, within the limits allowed by the law, the confidentiality of anyone requesting guidance or reporting a possible violation / breach.

4. Consequences of Not Complying With the Standards of Business Conduct

Failure to comply with the Trust’s Standards of Business Conduct may result in disciplinary actions up to and including termination of employment and a referral to the Local Counter Fraud Specialist. See Appendix 4: Dealing with Breaches for further information.

Failure to read and/or acknowledge the Standards of Business Conduct does not exempt a staff member from his/her responsibility to comply with the Standards of Business Conduct, NHS England’s guidance on the management of conflicts of interest, applicable laws, regulations, and Trust policies that are related to his/her job.

5. Conflicts of Interest

5.1 Definition:

A 'conflict of interest' is: “A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.”

A conflict of interest may be actual (there is a material conflict between one or more interests) or potential (there is the possibility of a material conflict between one or more interests in the future).

Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived conflicts of interest can be damaging. All interests should be declared where there is a risk of perceived improper conduct.

1 ‘Managing Conflicts of Interest in the NHS: Model policy content for organisations, NHS England, April 2017’
5.2 Interests

Interests fall into the following categories:

**Financial interests:** Where an individual may get direct financial benefit\(^2\) from the consequences of a decision they are involved in making.

**Non-financial professional interests:** Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.

**Non-financial personal interests:** Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.

**Indirect interests:** Where an individual has a close association\(^3\) with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

The *NHS Code of Conduct and Accountability* (third revision, April 2013) very clearly establishes that Boards of Directors must act in a manner which protects the interest of the NHS in the conduct of their business. The values of Accountability, Probity and Openness must underpin the work of each and every NHS Board. All Board members must act impartially and must not be influenced (or be perceived to have been influenced by) business or social interests.

Therefore, all members of the Board of Directors (including Non-Executive Directors) and Governors must declare interests which are ‘relevant and material’ and these must be recorded on the Register of Director’s interests which is available to the public and in the minutes of the Board meetings. All existing Board Directors should declare relevant and material interests. Any Board Directors or members of the Council of Governors appointed / elected subsequently should do so on appointment or election. If a conflict of interest is established the Board member should withdraw themselves from the discussion and play no part in the decision to be made.

The Health and Social Care Act 2012 states: ‘If a director of a public benefit corporation has in any way a direct or indirect interest in a proposed transaction or arrangement with the corporation, the director must declare the nature and extent of that interest to the other directors.’\(^4\) See the Trust’s ‘Standing Orders’ Section 3 for further information. It is the responsibility of all staff members to avoid conflicts of interest and Directors have a statutory duty to avoid such conflicts of interest enshrined within the Health and Social Care Act 2012\(^5\). It is important to remember that a

\(^2\) This may be a financial gain, or avoidance of a loss.

\(^3\) A common sense approach should be applied to the term ‘close association’. Such an association might arise, depending on the circumstances, through relationships with close family members and relatives, close friends and associates, and business partners.


member of staff does not need to exploit his or her position to obtain an actual benefit (financial or otherwise) for a conflict of interest to occur.

5.3 Decision Making Staff

Some staff are more likely than others to have a decision making influence on the use of taxpayers’ money, because of the requirements of their role. For example, those staff of the Trust who have responsibility for committing resources either directly: by ordering or influencing the ordering of goods and services or by their involvement in the recruitment of new employees; or indirectly: by prescribing or influencing the choice of product or service to be used. For the purposes of this document these people are referred to as ‘decision making staff.’ Decision making staff in this organisation are:

- Executive and Non-Executive directors (or equivalent roles) who have decision making roles which involve the spending of taxpayers’ money
- Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services
- Those at Agenda for Change band 8D and above and all Consultants
- Administrative and clinical staff who have the power to enter into contracts on behalf of their organisation
- Administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of good, medicines, medical devices or equipment, and formulary decisions

5.4 The procedure for registering these interests is set out in Appendix 2.

5.5 All Decision Making Staff must either make a declaration of interest annually or make a nil return annually (using the Declarations of Interest module of the Electronic Staff Record (ESR)).

6. Gifts and Hospitality

6.1 Gifts

It is the policy of the Trust to base commercial decisions on commercial criteria. This policy serves the Trust’s business interests and fosters constructive relationships with organisations and individuals doing business, or seeking to do business with the Trust. Staff should not accept gifts that may affect, or be seen to affect, their professional judgement or integrity, and to avoid seeking to exert influence to obtain preferential consideration. All such gifts must be returned and hospitality refused.

It is recognised that gifts are commonplace and often deserved, and in some cases can be accepted. However moral judgement should be exercised, especially when dealing with vulnerable people.

**Gifts from suppliers or contractors:**
Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value.

Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6 in total, and need not be declared.

**Gifts from other sources (e.g. patients, families, service users):**
Gifts of cash and vouchers to individuals should always be declined. Staff should not ask for any gifts. Gifts valued at over £25 should be treated with caution and only be accepted on behalf of The Rotherham NHS Foundation Trust not in a personal
capacity. These should be declared by staff using the declaration form at *Appendix 7* and the advice of the Company Secretary or Head of Governance should be sought before such gifts are accepted on behalf of the organisation.

Modest gifts accepted under a value of £25 do not need to be declared. A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).

Multiple gifts from the same source over a 12 month period should be treated in the same way as single gifts over £25 where the cumulative value exceeds £50.

Staff must declare, seek approval to accept and register gifts of any kind, from any source (using the form at *Appendix 7*) if they are worth **£25** or more, even where they have been refused / declined. Similarly a declaration (using the form at *Appendix 7*) must be made if several small gifts, benefits, hospitality or sponsorship of any kind are offered totalling over **£50** from the same or a closely related source in a 12-month period. A declaration is required when items have been refused or returned; or approval is required to accept the item(s) being offered.

6.2 **Hospitality**

Staff should not ask for, or accept, hospitality that may affect, or be seen to affect, their professional judgement. Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event. Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted, and must be declared, if modest and reasonable. Senior approval must be obtained.

*Meals and refreshments:*
Under a value of **£25** - may be accepted and need not be declared. Of a value between **£25** and **£75** - may be accepted and must be declared. Over a value of **£75** - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the organisation’s register(s) of interest as to why it was permissible to accept. A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

*Travel and accommodation:*
Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared. Offers which go beyond modest, or are of a type that the organisation itself might not usually offer, need approval by senior staff, should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded on the organisation’s register(s) of interest as to why it was permissible to accept travel and accommodation of this type. A non-exhaustive list of examples includes: offers of business class or first class travel and accommodation (including domestic travel) and offers of foreign travel and accommodation.

A declaration (using the form at *Appendix 7*) must be made for all offers of travel and accommodation with a value of **£25** or more. No accommodation or travel should be booked before the declaration has been approved.
7. Outside Employment

(Use the Declarations of Interest module of the Electronic Staff Record (ESR))

Staff should declare any existing outside employment on appointment and any new outside employment when it arises. Where a risk of conflict of interest arises, the general management actions outlined in this policy should be considered and applied to mitigate risks.

Where contracts of employment or terms and conditions of engagement permit, staff may be required to seek prior approval from the organisation to engage in outside employment. The organisation may also have legitimate reasons within employment law for knowing about outside employment of staff, even when this does not give rise to risk of a conflict.

8. Outside Interests

(Use the Declarations of Interest module of the Electronic Staff Record (ESR))

All Trust staff (excluding medical staff) are expected to devote the whole of their professional time and ability to deliver the requirements of their post and any other roles and activities, as approved by their line manager, to further the Trust’s business. All Trust employees (including medical staff unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed) must notify their line manager if they intend to take up external employment or carry out paid work particularly work which may conflict with their work for the Trust. The line manager (with the support of HR Department) will determine whether the interests of the Trust are likely to be harmed in accordance with sections 4 and 20 of these Standards.

Where any such employment or paid activity (e.g. consultancy, speaking at conferences) is intended to take place during the employee’s normal contracted hours, line manager approval is required. If the work carried out is part of the employee’s normal duties, or could reasonably be regarded as falling within normal duties of the post and is carried out during the normal working hours of that employee, then any fee must be made payable to the Trust.

If the employee wishes to undertake during what would be their normal working hours any paid activity which is personal in nature rather than forming part of the employee’s normal duties, they must seek approval to an appropriate period of leave from their normal duties, paid (i.e. annual leave but not study leave) or unpaid, to enable them to undertake the activity. In those circumstances the fee may be retained by the employee.

Any employee who wishes to undertake a ‘one off’ paid activity entirely in their own time using their own materials and subject matter, that attracts a fee will be able to retain the fee paid, however it would be their responsibility to inform the tax office as appropriate.

Where an employee holds another appointment outside the Trust, including self-employment and is off sick from their Trust post, or on Carers’ or Bereavement leave, they should not normally undertake any paid work during the period of sickness and any intention to do so should be agreed with their manager in advance.

Where an employee is found to be working elsewhere, including self-employment, whilst in receipt of contractual sick pay and a GP Fit Note (which stated that the
employee could work elsewhere) cannot be provided to confirm their eligibility to work, this may be treated as gross misconduct under the Trust’s Disciplinary Procedure and the Trust’s Local Counter Fraud Specialist will also be notified, which could result in criminal prosecution. Employees must not take up any paid or unpaid employment during periods of Study Leave during their contracted hours. Such conduct may be treated as gross misconduct under the Trust’s Disciplinary Procedure and will be referred to the Trust’s Local Counter Fraud Specialist which could result in criminal proceedings.

Employees must not take up any paid or unpaid employment during periods of annual leave where such work would prevent the employee from taking their full annual leave entitlement under the Working Time Regulations (28 days). Employees must not take up any paid employment with the Trust (i.e. any bank shifts or consultancy work) during periods of paid annual leave. In the event that an employee receives payment for a bank shift when they are in a period of paid annual leave from their employment with the Trust, payment for the bank shift must be reimbursed to the Trust.

The Trust may deduct from the salary, or any other sums owed to the employee, any money owed to the Trust under this policy. All staff should not undertake work outside of their contracted hours where such work would be in breach of the Working Time Regulations, although they are entitled to opt out of this if they so wish. This needs to be formally agreed with their manager in writing.

9. Shareholdings and Other Ownership Issues

(Use the Declarations of Interest module of the Electronic Staff Record (ESR))

Staff should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with the organisation. Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.

10. Patents

(Use the Declarations of Interest module of the Electronic Staff Record (ESR))

Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by the organisation.

Staff should seek prior permission from the organisation before entering into any agreement with bodies regarding product development, research, work on pathways etc, where this impacts on the organisation’s own time, or uses its equipment, resources or intellectual property. Where holding of patents and other intellectual property rights give rise to a conflict of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.
11. Loyalty Interests

(Loyalty Interests should be declared by staff involved in decision making where they:

- Hold a position of authority in another NHS organisation or commercial, charity, 
  voluntary, professional, statutory or other body which could be seen to influence 
  decisions they take in their NHS role.
- Sit on advisory groups or other paid or unpaid decision making forums that can 
  influence how an organisation spends taxpayers’ money for example Integrated 
  Care System (ICS), Acute Federation or Operational Delivery Network (ODN) 
  groups.
- Are, or could be, involved in the recruitment or management of close family 
  members and relatives, close friends and associates, and business partners.
- Are aware that their organisation does business with an organisation in which 
  close family members and relatives, close friends and associates, and business 
  partners have decision making responsibilities.

12. Donations

(Donations made by suppliers or bodies seeking to do business with the organisation 
should be treated with caution and not routinely accepted. In exceptional 
circumstances they may be accepted but should always be declared. A clear reason 
should be recorded as to why it was deemed acceptable, alongside the actual or 
estimated value.

Staff should not actively solicit charitable donations unless this is a prescribed or 
expected part of their duties for the organisation, or is being pursued on behalf of the 
organisation’s own registered charity or other charitable body and is not for their own 
personal gain. Staff must obtain permission from the organisation if in their 
professional role they intend to undertake fundraising activities on behalf of a pre-
approved charitable campaign for a charity other than the organisation’s own.

Staff who receive a charitable funds donation on behalf of the Trust Charity (The 
Rotherham Hospital and Community Charity) or affiliated appeals are expected to 
ensure they act in accordance with the appropriate policy and procedures in place for 
the receipt of charitable funds. Should staff have any concerns regarding this process 
they should liaise with their line manager or the Charity Engagement and 
Development Manager.

Donations, when received, should be made to a specific charitable fund (never to an 
individual) and a receipt should be issued. Staff wishing to make a donation to a 
charitable fund in lieu of receiving a professional fee may do so, subject to ensuring 
that they take personal responsibility for ensuring that any tax liabilities related to 
such donations are properly discharged and accounted for.

13. Sponsored Events

(Sponsorship of events by appropriate external bodies will only be approved if a 
reasonable person would conclude that the event will result in clear benefit to the
organisation and the NHS. During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.

No information should be supplied to the sponsor from whom they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied. At the organisation’s discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event.

The involvement of a sponsor in an event should always be clearly identified. Staff within the organisation involved in securing sponsorship of events should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event. Staff arranging sponsored events must declare this to the organisation.

14. Sponsorship for Courses, Conferences, Meetings And Publications

( use the form at Appendix 7 to declare)

Staff may accept commercial sponsorship for courses, conference, meetings and publications if they are reasonably justifiable and in accordance with the principles set out in this policy. In cases of doubt, advice should be sought from your line manager or the Company Secretary or Head of Governance. Permission (with details of the proposed sponsorship) must be obtained from the Company Secretary or Head of Governance in writing (using the form at Appendix 7 for course, conferences and meetings or the Declarations of Interest module of the electronic Staff Record (ESR) for publications) in advance of accepting the sponsorship from the company.

Acceptance of commercial sponsorship should not in any way compromise purchasing decisions. Where sponsorship is related to study leave, authorisation should be obtained via the approved system at the time and a copy of the study leave form attached to the declaration form (Appendix 7) and forwarded to the Head of Governance for inclusion in the register.

N.B. for medical staff a copy of the study leave form is forwarded to the Medical Education Manager for inclusion in the register held by PGME which is provided to the Company Secretary Department on an annual basis. If training / study is undertaken in the staff member’s own time this should be indicated on the declaration form.

If staff are in any doubt as to when a declaration should be made they should err on the side of caution and are strongly advised to make a declaration. See the Trust’s ‘Standing Orders’; NHS England’s Conflicts of Interest Guidance included at Appendix 5 and the Policy and Guidance for the Procurement of Goods, Services and Works (Procurement Policy) for further information.

15. Sponsored Research

( use the Declarations of Interest module of the Electronic Staff Record (ESR)

Funding sources for research purposes must be transparent. Any proposed research must go through the relevant health research authority or other approvals process.

There must be a written protocol and written contract between staff, the organisation, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those

215
services. The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service. Staff should declare involvement with sponsored research to the organisation.

16. Sponsored Posts

(Use the Declarations of Interest module of the Electronic Staff Record (ESR))

External sponsorship of a post requires prior approval from the organisation. Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate.

Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. This should be audited for the duration of the sponsorship. Written agreements should detail the circumstances under which organisations have the ability to exit sponsorship arrangements if conflicts of interest which cannot be managed arise. Under no circumstances should staff agree to “linked deals” whereby sponsorship is linked to the purchase of particular products, or to supply from particular sources.

Sponsored post holders must not promote or favour the sponsor’s products, and information about alternative products and suppliers should be provided. Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts.

Staff should declare any other interests arising as a result of their association with the sponsor, in line with the content in the rest of this policy.

Staff should be particularly careful of using, or making public, internal information of a “commercial in confidence” nature, particularly if its disclosure would prejudice the principle of a purchasing system based on fair competition or the viability of the Trust. This principle applies whether private competitors or other NHS providers are concerned and whether or not disclosure is prompted by the expectation of personal gain.

17. Clinical Private Practice

(Use the Declarations of Interest module of the Electronic Staff Record (ESR))

Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises including: where they practise (name of private facility); what they practise (specialty, major procedures); and when they practise (identified sessions/time commitment).

Clinical staff should (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed): seek prior approval of their organisation before taking up private practice; ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take

---

6 Hospital Consultants are already required to provide their employer with this information by virtue of Para.3 Sch. 9 of the Terms and Conditions – Consultants (England) 2003: https://www.bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/contracts/consultanttermsandconditions.pdf
precedence over private work. Clinical staff should also not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines: https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf

Hospital Consultants should not initiate discussions about providing their Private Professional Services for NHS patients, nor should they ask other staff to initiate such discussions on their behalf.

18. Monitoring Compliance and Effectiveness

18.1 Proactive Review of Interests: We will prompt decision making staff annually to review declarations they have made and, as appropriate, update them or make a nil return.

18.2 Records and Publication: The organisation will maintain the following registers: Register of Directors’ Interests; Register of Governors’ Interests; Register of Gifts, Benefits, Hospitality and Sponsorship for Course / Conference Attendance; and Register of Staff Interests

All declared interests that are material will be promptly transferred to the appropriate register by the Head of Governance or the Corporate Governance Manger.

The organisation will publish the interests declared by decision making staff at bands 8D (or equivalent) and above in the Register of Directors’ Interests or the Register of Staff Interests. In addition, those interests declared by staff at lower bands who have given their consent for publication will also be published. This information will be refreshed annually and will be available on the ‘key corporate documents’ page of the organisation’s website.

If decision making staff have substantial grounds for believing that publication of their interests should not take place then they should contact the Head of Governance to explain why. In exceptional circumstances, for instance where publication of information might put a member of staff at risk of harm, information may be withheld or redacted on public registers. However, this would be the exception and information will not be withheld or redacted merely because of a personal preference.

18.3 Wider Transparency Initiatives

The Rotherham NHS Foundation Trust fully supports wider transparency initiatives in healthcare, and we encourage staff to engage actively with these.

Relevant staff are strongly encouraged to give their consent for payments they receive from the pharmaceutical industry to be disclosed as part of the Association of British Pharmaceutical Industry (ABPI) Disclosure UK initiative. These ‘transfers of value’ include payments relating to: speaking at and chairing meetings; training services; advisory board meetings; fees and expenses paid to healthcare professionals; sponsorship of attendance at meetings, which includes registration fees and the costs of accommodation and travel, both inside and outside the UK and donations, grants and benefits in kind provided to healthcare organisations.

7 These provisions already apply to Hospital Consultants by virtue of Paras.5 and 20, Sch. 9 of the Terms and Conditions – Consultants (England) 2003: https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf
Further information about the scheme can be found on the ABPI website: http://www.abpi.org.uk/our-work/disclosure/about/Pages/default.aspx

In addition, the ‘transfers of value’ detailed above should also be declared to the organisation using either the form at Appendix 7 or the Declarations of Interest module of the electronic Staff Record (ESR) as appropriate.

19. Review

This policy will be reviewed in three years’ time unless an earlier review is required. This will be led by the Head of Governance.
Appendix 1: Guiding Principles and Policy Summary

1. **The Rotherham NHS Foundation Trust** is committed to being a high performing Trust. To that end, we must continuously achieve superior safety, and business results while simultaneously adhering to high ethical standards.

The Trust aspires to be at the leading edge of competition within the field of healthcare provision. That requires the Trust’s resources – financial, operational, technological, and human – to be employed wisely and evaluated regularly.

While we maintain flexibility to adapt to changing conditions, the nature of our business requires a focused, long-term approach. We will consistently strive to improve efficiency and productivity through learning, sharing and implementing best practices.

We aim to achieve our goals by executing our business plans and by adhering to these guiding principles, our values and the core policies.

The following principles guide our relationships with our service users, staff members, external partners and communities:

2. **Patients** – Success depends on our ability to consistently satisfy ever changing patient preferences. We commit to be innovative and responsive in order to provide first class patient care and high quality, safe services. This entails all health professionals keeping up to date with changes in clinical best practice / guidance such as that produced by the National Institute for Health and Care Excellence (NICE), Royal Colleges and other advisory agencies. Health professionals are expected to take such guidance fully into account when exercising their clinical judgment.

3. **Employees** – The quality of our workforce provides a valuable competitive edge. To build on this advantage, we will strive to recruit and retain the highest calibre people available and to maximise their opportunities for success through training and development. We are committed to maintaining a safe work environment enriched by diversity and characterised by open communication, trust, and fair treatment.

4. **External Partners** – We aim to work with our partners in an open and responsive manner. We will maintain high ethical standards, respect and recognise our partners’ expertise and the valid contribution that each can make to the provision of high quality services and an improved patient experience and outcome.

5. **Communities & Social Responsibility** – We commit to being a good corporate citizen, maintaining high ethical standards, obeying all applicable laws, rules and regulations, and respecting local cultures and running safe and environmentally responsible services.
Policy Summary

Adhering to this policy will help to ensure that we use NHS money wisely, providing best value for taxpayers and accountability to our patients for the decisions we take.

<table>
<thead>
<tr>
<th>As a member of staff you should…</th>
<th>As an organisation we will…</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use your common sense and judgement to consider whether the interests you have could affect the way taxpayers' money is spent</td>
<td>• Identify a team or individual with responsibility for:</td>
</tr>
<tr>
<td>• Regularly consider what interests you have and declare these as they arise. If in doubt, declare.</td>
<td>o Keeping this policy under review to ensure they are in line with the guidance.</td>
</tr>
<tr>
<td>• <strong>NOT</strong> misuse your position to further your own interests or those close to you</td>
<td>o Providing advice, training and support for staff on how interests should be managed.</td>
</tr>
<tr>
<td>• <strong>NOT</strong> be influenced, or give the impression that you have been influenced by outside interests</td>
<td>o Maintaining register(s) of interests.</td>
</tr>
<tr>
<td>• <strong>NOT</strong> allow outside interests you have to inappropriately affect the decisions you make when using taxpayers’ money</td>
<td>o Auditing this policy and its associated processes and procedures at least once every three years.</td>
</tr>
</tbody>
</table>

---

8 Executive and Non-Executive directors (or equivalent roles) who have decision making roles which involve the spending of taxpayers’ money; Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services; Those at Agenda for Change band 8D and above and all Consultants; Administrative and clinical staff who have the power to enter into contracts on behalf of their organisation; Administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of good, medicines, medical devices or equipment, and formulary decisions.
Appendix 2: Identification & declaration of interests (including gifts and hospitality)

All staff should identify and declare material interests at the earliest opportunity (and in any event within 28 days). If staff are in any doubt as to whether an interest is material then they should declare it, so that it can be considered. Declarations should be made:

- On appointment with the organisation.
- When staff move to a new role or their responsibilities change significantly.
- At the beginning of a new project/piece of work.
- As soon as circumstances change and new interests arise (for instance, in a meeting when interests staff hold are relevant to the matters in discussion).

This declaration must include:

- The person’s name and their role with the organisation
- A description of the interest declared (reflecting the type of interest they are declaring e.g. financial interest, non-financial interest etc)
- Relevant dates relating to the interest
- Space for comments (e.g. action taken to mitigate conflict)

A declaration of interest should be made using the Declarations of Interest module of the Electronic Staff Record (ESR)

Declarations should be made to the Head of Governance. Advice as to the materiality of the conflict of interest can be obtained from the Company Secretary or the Head of Governance.

After expiry, an interest will remain on the register for a minimum of 6 months and a private record of historic interests will be retained for a minimum of 6 years.

It is the responsibility of the member of staff to ensure that he/she is not placed in a position which risks, or appears to risk, conflict between his/her private interests and his/her duties and responsibilities on behalf of the Trust.

See the Trust’s ‘Standing Orders’ Section 3 for further information.

It is not possible to list all situations or relationships which may give rise to a conflict of interest, or the appearance of one, so each situation must be evaluated on its individual facts. NHS England have published some Frequently Asked Questions designed to assist in understanding what a conflict of interest is. These are available here: www.england.nhs.uk/ourwork/coi Examples of situations where conflicts of interest may arise, and the principles which should be applied, are given below.

Personal and Business Integrity

Staff members must disclose any material financial interest in any competitor, supplier, customer or other business with which the Trust has significant business dealings. As described earlier for the purposes of this policy ‘staff’ include:

- All salaried employees
- All prospective employees – who are part-way through recruitment
• Contractors and sub-contractors
• Agency staff; and
• Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the organisation)

These disclosures should be made using the Declarations of Interest module of the Electronic Staff Record (ESR).

Staff may not hold any material financial interest in a supplier, customer or other external business if they have any involvement in the Trust’s dealings with that business or supervise anyone with such involvement.

Save as may be expressly permitted in writing, no member of staff may hold a material financial interest in any business the activities of which are:

• In direct competition with the Trust; or
• Otherwise against the interests of the Trust.

The activities of staff members’ close relatives can sometimes create conflicts of interest. Staff should disclose any situation where a close relative works or performs services for, or has a material financial interest in, any competitor, supplier, customer or other business with which the Trust has significant business dealings.

These disclosures should be made using the Declarations of Interest module of the Electronic Staff Record (ESR).

No member of staff should have any business involvement with a close relative or with any business for which a close relative works or in which a close relative holds a material financial interest.

No staff member should ever be in a situation where they have the ability to employ, supervise, affect terms and conditions of employment, or influence the management of any close relative. A ‘close relative’ is someone with whom you have a close family or personal relationship such that it could give rise to a conflict of interest (or the perception of a conflict of interest) in the situations described. It includes any spouse, partner, parent, stepparent, child, step-child, sibling, step-sibling, nephew, niece, aunt, uncle, grandparent, grandchild (and any such relationships arising by marriage).  

If you and a close relative both work within Trust you should ensure that you both act in accordance with the Trust’s Policy for Close Personal Relationships at Work.

---

Appendix 3: Management of Interests

General
If an interest is declared but there is no risk of a conflict arising then no action is warranted. However, if a material interest is declared then the general management actions that could be applied include:

- restricting staff involvement in associated discussions and excluding them from decision making
- removing staff from the whole decision making process
- removing staff responsibility for an entire area of work
- removing staff from their role altogether if they are unable to operate effectively in it because the conflict is so significant

Each case will be different and context-specific, and The Rotherham NHS Foundation Trust will always clarify the circumstances and issues with the individuals involved. Staff should maintain a written audit trail of information considered and actions taken.

Staff who declare material interests should make their line manager or the person(s) they are working to aware of their existence.

Common Situations
This section sets out the principles and rules to be adopted by staff in common situations, and what information should be declared.

Strategic decision making groups
In common with other NHS bodies The Rotherham NHS Foundation Trust uses a variety of different groups to make key strategic decisions about things such as:

- Entering into (or renewing) large scale contracts.
- Awarding grants.
- Making procurement decisions.
- Selection of medicines, equipment, and devices.

The interests of those who are involved in these groups should be well known so that they can be managed effectively. For this organisation these groups are:

- Board of Directors
- Corporate Trustee
- Charitable Funds Committee
- Business Investment Committee
- Medical Devices Management Group
- Rotherham Medicines Optimisation Group

These groups should adopt the following principles:

- Chairs should consider any known interests of members in advance, and begin each meeting by asking for declaration of relevant material interests.
- Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise.
- Any new interests identified should be added to the organisation’s register(s).
- The vice chair (or other non-conflicted member) should chair all or part of the meeting if the chair has an interest that may prejudice their judgement.
If a member has an actual or potential interest the chair should consider the following approaches and ensure that the reason for the chosen action is documented in minutes or records:

- Requiring the member to not attend the meeting.
- Excluding the member from receiving meeting papers relating to their interest.
- Excluding the member from all or part of the relevant discussion and decision.
- Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate.
- Removing the member from the group or process altogether.

The default response should not always be to exclude members with interests, as this may have a detrimental effect on the quality of the decision being made. Good judgement is required to ensure proportionate management of risk.

**Procurement**

Procurement should be managed in an open and transparent manner, compliant with procurement and other relevant law, to ensure there is no discrimination against or in favour of any provider. Procurement processes should be conducted in a manner that does not constitute anti-competitive behaviour - which is against the interest of patients and the public.

Those involved in procurement exercises for and on behalf of the organisation should keep records that show a clear audit trail of how conflicts of interest have been identified and managed as part of procurement processes. At every stage of procurement steps should be taken to identify and manage conflicts of interest to ensure and to protect the integrity of the process.

In the interest of the Trust, its officers and clinicians, it is important to ensure that contact with commercial representatives is conducted in a satisfactory way.

The Procurement department has adopted the former NHS Supplies/PASA code of conduct to protect staff, its own interests and those of the NHS as a whole. The Code applies to every level of the organisation. Advice may be sought from the Head of Procurement.

See the Trust’s *Policy and Guidance for the Procurement of Goods, Services and Works (Procurement Policy)*

Appendix 4: Dealing with breaches

There will be situations when interests will not be identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of the deliberate actions of staff or other organisations. For the purposes of this policy these situations are referred to as ‘breaches’.

Identifying and reporting breaches

Staff who are aware about actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to the Company Secretary, the Head of Governance or the Local Counter Fraud Specialist:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anna Milanec</td>
<td>Company Secretary</td>
<td>Company Secretary, General Management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Anna Milanec</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lisa Reid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Amanda Smith</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rotherham General Hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Corridor, Level D</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Anna <a href="mailto:milanec@nhs.net">milanec@nhs.net</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lisa <a href="mailto:Reid@nhs.net">Reid@nhs.net</a></td>
</tr>
<tr>
<td>Lisa Reid</td>
<td>Head of Governance</td>
<td>Rotherham General</td>
</tr>
<tr>
<td>Amanda Smith</td>
<td>Local Counter Fraud Specialist</td>
<td>Oak House, Moorhead Way</td>
</tr>
<tr>
<td>Amanda Smith</td>
<td>Local Counter Fraud Specialist</td>
<td>Oak House, Moorhead Way</td>
</tr>
<tr>
<td>Amanda Smith</td>
<td>Local Counter Fraud Specialist</td>
<td>Oak House, Moorhead Way</td>
</tr>
<tr>
<td>Amanda Smith</td>
<td>Local Counter Fraud Specialist</td>
<td>Oak House, Moorhead Way</td>
</tr>
<tr>
<td>Amanda Smith</td>
<td>Local Counter Fraud Specialist</td>
<td>Oak House, Moorhead Way</td>
</tr>
</tbody>
</table>

Any suspicions of fraud should only be reported to the Local Counter Fraud Specialist.

To ensure that interests are effectively managed staff are encouraged to speak up about actual or suspected breaches. Every individual has a responsibility to do this.

The organisation will investigate each reported breach according to its own specific facts and merits, and give relevant parties the opportunity to explain and clarify any relevant circumstances.

Following investigation the organisation will:

- Decide if there has been or is potential for a breach and if so the severity of the breach is.
- Assess whether further action is required in response – this is likely to involve any staff member involved and their line manager, as a minimum.
- Consider who else inside and outside the organisation should be made aware
- Take appropriate action as set out in the next section.

Taking action in response to breaches

Action taken in response to breaches of this policy will be in accordance with the disciplinary procedures of the organisation, the Counter Fraud, Bribery and Corruption Policy and could involve organisational leads for staff support (e.g. Human Resources), fraud (e.g. Local Counter Fraud Specialists), members of the management or executive teams and organisational auditors.

Breaches could require action in one or more of the following ways:

- Clarification or strengthening of existing policy, process and procedures.
• Consideration as to whether HR/employment law/contractual action should be taken against staff or others.

• Consideration being given to escalation to external parties. This might include referral of matters to external auditors, The NHS Counter Fraud Authority, the Police, statutory health bodies (such as NHS England, NHS Improvement or the CQC), and/or health professional regulatory bodies.

Inappropriate or ineffective management of interests can have serious implications for the organisation and staff. There will be occasions where it is necessary to consider the imposition of sanctions for breaches.

Sanctions should not be considered until the circumstances surrounding breaches have been properly investigated. However, if such investigations establish wrongdoing or fault then the organisation can and will consider the range of possible sanctions that are available, in a manner which is proportionate to the breach. This includes:

• Employment law action against staff, which might include
  • Informal action (such as reprimand, or signposting to training and/or guidance).
  • Formal disciplinary action (such as formal warning, the requirement for additional training, re-arrangement of duties, re-deployment, demotion, or dismissal).

• Reporting incidents to the external parties described above for them to consider what further investigations or sanctions might be.

• Contractual action, such as exercise of remedies or sanctions against the body or staff which caused the breach.

• Legal action, such as investigation and prosecution under fraud, bribery and corruption legislation.

Learning and transparency concerning breaches

Reports on breaches, the impact of these, and action taken will be considered by the Audit Committee at least six monthly.

To ensure that lessons are learnt and management of interests can continually improve, anonymised information on breaches, the impact of these, and action taken will be prepared and published within the Standards of Business Conduct Annual Report published on the 'key corporate documents' page of the Trust’s website as appropriate, or made available for inspection by the public upon request.
Appendix 5: NHS England Guidance on the Management of Conflicts of Interests

February 2017
Appendix 6: The Seven Principles of Public Life

As recommended by the Committee on Standards in Public Life Committee (Nolan Committee), 1995

1. Selflessness
Holders of public office should act solely in terms of the public interest.

2. Integrity
Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3. Objectivity
Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4. Accountability
Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5. Openness
Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6. Honesty
Holders of public office should be truthful.

7. Leadership
Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

These principles apply to all aspects of public life

Source: https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2  last accessed 30/1/17
Appendix 7: Standards of Business Conduct Declaration Form for Gifts, Benefits, Hospitality or Sponsorship

The Standards of Business Conduct require staff to declare gifts, benefits, hospitality or sponsorship, which are relevant and material to the Trust. All staff are required to comply with all Trust policies and procedures for procurement. **Please complete the declaration below if your situation satisfies any of the following criteria:**

1. **Hospitality over the value of £25**

   Offers made by suppliers, third parties, other NHS organisations to pay travelling, hotel or other such expenses should be formally recorded.

   Prior authorisation must be obtained before acceptance of hospitality over the value of £25. Hospitality cannot be accepted without prior authorisation.

2. **Gifts over an apparent value of £25**

   Gift offered with an apparent value of over £25 should not be accepted without prior authorisation.

   In addition gifts should be declared if several small gifts, worth a total of over £50 are received from the same or closely related source in a 12 month period.

   All gifts or hospitality over £25 must be declared, whether accepted or not. Your line manager will be able to advise you if it is appropriate to accept the gift.

3. **Sponsorship for Attendance at Courses and Conferences including fees and travel (over the value of £25)**

   Commercial sponsorship includes NHS funding from an external source, including funding of all or part of the costs of a member of staff, NHS research, staff, training, pharmaceuticals, equipment, meeting rooms, costs associated with meetings, meals, gifts, hospitality, hotel and transport costs (including trips abroad), provision of free services (speakers), buildings or premises.

<table>
<thead>
<tr>
<th>Name of person completing form:</th>
<th>Date form completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title:</td>
<td></td>
</tr>
<tr>
<td>Ward/Department:</td>
<td></td>
</tr>
<tr>
<td>Telephone extension and email address:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is this hospitality / a gift / commercial sponsorship</th>
<th>Hospitality</th>
<th>Gift</th>
<th>Commercial Sponsorship</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location venue, town/city, country</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

229
<table>
<thead>
<tr>
<th>Sponsor name(s) of companies</th>
<th>Financial Value of Sponsorship</th>
<th>Total</th>
<th>Travel</th>
<th>£</th>
<th>Accommodation</th>
<th>£</th>
<th>Other</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of sponsorship travel, delegate fees, hospitality etc</td>
<td>Indicate whether actual or estimated value</td>
<td>£</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is receipt of the benefit to be undertaken in:</td>
<td>Work time / study leave / personal time / annual leave (delete as appropriate and append additional information and a copy of study leave form as appropriate)</td>
<td>Yes</td>
<td>No</td>
<td>If Yes, specify nature of offer:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who has approved receipt of the benefit?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the offer of Gift / Hospitality / Benefit / Sponsorship been declined?</td>
<td>Yes</td>
<td>/</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Declaration</td>
<td>I have read and understood The Rotherham NHS Foundation Trust's Standards of Business Conduct as they relate to conflicts of interest, personal activities and hospitality and declare that the information I have provided on this form is correct and complete. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings, including termination of employment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature of person completing form</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Submit completed form to: Head of Governance, General Management Corridor, D Level, lisa.reid9@nhs.net
Tel: 01709 427747

For Office Use Only

<table>
<thead>
<tr>
<th>Request Approved</th>
<th>Date form received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request Not Approved</td>
<td></td>
</tr>
<tr>
<td>Reasons:</td>
<td></td>
</tr>
</tbody>
</table>

Signature: |

Date: |

Copy to Central Register |

Copy to Requestor |

N.B. The details of each declaration will be published in the Standards of Business Conduct Annual Report and this information is available to the public via the Trust’s website.

With thanks to Rotherham, Doncaster and South Humber NHS Foundation Trust.
NOTES FOR THE COMPLETION OF THE
STANDARDS OF BUSINESS CONDUCT DECLARATION FORM FOR
GIFTS, BENEFITS, HOSPITALITY OR SPONSORSHIP

1. This proforma must be completed for all offers of funding by an external (non NHS) source for all or part of the costs of:
   - A member of staff
   - Staff training
   - Equipment
   - Costs associated with meetings
   - Buildings or premises
   - Hotel and transport costs (including trips abroad)
   - Provision of free services (speakers)
   - Pharmaceuticals
   - Meeting rooms
   - Meals
   - Hospitality
   - Gifts*

* Staff must declare and register gifts, benefits, hospitality or sponsorship of any kind if they are worth £25 or more, whether refused or accepted. Similarly a declaration must be made if several small gifts, benefits, hospitality or sponsorship of any kind are offered totalling over £50 from the same or a closely related source in a 12-month period. A declaration is required when items have been refused or returned; or approval is required to accept the item(s) being offered

2. Provide as much detail as possible regarding the event/gift/benefit for declaration, e.g. dates of travel, method and class of travel, accommodation, food and drinks included etc.

3. Provide details of costs and indicate whether actual or estimate.

4. Provide the name of the company and/or individual offering the sponsorship/gift/hospitality.

5. Indicate the date and the name of the person referred to for approval.

   Approval arrangements for sponsored study leave are:
   - Medical Staff to be approved by Clinical Directors
   - Clinical Directors to be approved by Medical Director
   - Non-medical staff to be approved by Line Manager

   Approval for all other offers of gifts, hospitality and sponsorship will be via the Trust’s Head of Governance or Company Secretary.

6. Staff should indicate whether sponsorship of study leave has been accepted or refused.

7. Refusal of sponsored events/offer of gifts or benefits should be declared.

8. The proforma should be completed as soon as is practicably possible as no retrospective approval for gifts, hospitality or sponsorship will be provided.

9. If you are unsure what to declare, please discuss with your immediate manager in the first instance. Further advice can be obtained from the Head of Governance, Company Secretary, Director of Finance and the Director of Human Resources

10. The details of each declaration will be published in the Standards of Business Conduct Annual Report and this information is available to the public.
Appendix 9: Other Trust Policies and Associated Documentation

1. Other Trust Policies

1.1 The policies listed below underpin the Trust’s standards of Business Conduct.

- Employee Alcohol and Substance Misuse Policy
- Counter Fraud, Bribery & Corruption Policy (version 2 July 2018)
- Standing Orders
- Standing Financial Instructions
- Policy for Close Personal Relationships at Work.
- Policy and Guidance for the Procurement of Goods, Services and Works (Procurement Policy)
- Policy for Managing Bullying and Harassment
- Managing Attendance Policy
- Policy and Procedure for Supporting Staff to Raise Concerns at Work (Including Whistleblowing)
- A Colleague’s Guide to Raising Concerns (Whistleblowing)
- Risk Management policies
- Guidance For Supplier Representatives Attending Trust Sites
- Policy for Information Technology Acceptable Use

2. Associated Documentation

- Freedom of Information Act 2000
- ABHI Code of Business Practice
- NHS Code of Conduct and Accountability (July 2004)
- Policy for Information Technology Acceptable Use
Appendix 10: Bribery, Corruption and Fraud

(see also 6 Gifts and Hospitality)

10.1 The Bribery Act 2010, which came into force in July 2011, makes it a criminal offence to give or offer a bribe, or to request, offer to receive or accept a bribe whether in the UK or abroad. It is also a criminal offence under this Act for any director, manager or officer of the Trust to allow or ‘turn a blind eye’ to acts of bribery within the organisation. The penalty for bribery can be up to 10 years’ imprisonment, with an unlimited fine.

Bribery is defined by the Act as:

‘…giving or receiving a financial or other advantage in connection with the “improper performance” of a position of trust, or a function that is expected to be performed impartially or in good faith.

Bribery does not have to involve cash or an actual payment exchanging hands and can take many forms such as a gift, lavish treatment during a business trip or tickets to an event.’

For example, a member of staff who has decision making responsibilities in relation to the award of a contract being offered tickets to an event by a company involved in the procurement process. In the context of the Bribery Act 2010, the offence of bribery refers to accepting, as well as offering, a bribe.

A new corporate offence was also introduced by the Bribery Act:

- Failure of a commercial organisation to prevent bribery

This means that the Trust can be held responsible if it fails to enact adequate procedures to prevent bribery.

Any member of senior management or any Board member who consents to, or connives in, any active or passive bribery offence will, together with the Trust, be liable for the corporate offence under the Act.

Any individual associated with the Trust who commits acts or omissions forming part of a bribery offence may be liable under the Act. This also applies where an individual is part of a conspiracy to commit the offence with others – including, for example, their employer.

Anyone can report concerns about bribery in the NHS. The Trust’s Local Counter Fraud Specialist wants to hear about any suspicions or concerns about bribery. All allegations will be thoroughly and professionally investigated.

Staff should report any suspicions or allegations of bribery immediately to one of the following:

- The Trust’s Local Counter Fraud Specialist (LCFS) to deal with in line with the usual procedures for investigating NHS fraud and corruption

  Amanda Smith
  LCFS
  Oak House

10 Source: [http://www.thebriberyact2010.co.uk/what-is-a-bribe.asp](http://www.thebriberyact2010.co.uk/what-is-a-bribe.asp) last accessed on 30/1/17.
The Trust’s whistleblowing officer. Please see latest version of the Trust’s *Policy and Procedure for Supporting Staff to Raise Concerns at Work (Including Whistleblowing)* for contact details

The NHS Fraud and Corruption Reporting Line (0800 028 40 60) or the online fraud reporting form at [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk)

All of the above will treat your referral with the utmost discretion and investigate the matter in a professional and impartial manner.
<table>
<thead>
<tr>
<th>Agenda item</th>
<th>277/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report</td>
<td>Organ Donation Annual Report</td>
</tr>
<tr>
<td>Executive Lead</td>
<td>Dr Callum Gardner, Executive Medical Director</td>
</tr>
<tr>
<td>Link with the BAF</td>
<td></td>
</tr>
<tr>
<td>Purpose</td>
<td>Decision</td>
</tr>
</tbody>
</table>

**Executive Summary (including reason for the report, background, key issues and risks)**

The purpose and responsibilities of the Organ Donation Committee are set out in the report, along with the Committee membership.

**The objectives for 2020/21 are as follows:**

- To promote and educate during Organ Donation week September 2020 – likely via social media / virtual meetings (instructions awaited).
- Display materials around the Trust.
- Looking to “light” the front of the building pink for the start of Organ Donation Week.
- Provide teaching to all relevant staff.
- Aim continued communications via social media regarding the change in the law.
- Raising awareness – creation of “storyboards” to display within Critical Care & within the hospital in areas of “high foot fall” outlining a donor and recipient journey.
- Identify key areas of improvement where Organ Donation funds can be of help.
- Continue excellent communication regarding organ donation despite change in working brought about by Covid-19.

**Recommendations**

It is recommended that the Board note the contents of this report.

**Appendices**

1. Annual Organ Donation Committee Report 2019/20
Organ Donation Committee

Purpose & Responsibilities:

- To lead on donation policy and practice.
- To raise awareness.
- Ensure that donation is accepted and viewed as usual practice.
- To maximise organ donation.
- Ensure that all local policies are reviewed, developed and implemented in line with national guidance.
- Monitor donation activity (mainly within Critical Care & UECC).
- Collect data for the UK Transplant Potential Donor Audit.
- Actively promote communications about donation activity to all within the Trust and community.
- To ensure a discussion about donation features in all end of life care where appropriate.
- To deliver educational programmes to meet recognised training needs for organ donation.

Organ Donation Committee Membership

Executive Lead: Dr Callum Gardner, Executive Medical Director
Chair: Lynn Hagger, Non-Executive Director
Clinical Lead for Organ Donation: Dr Clare Windsor
Specialist Nurse for Organ Donation: Joanne Cheetham
ITU Link Nurse: Helen Reid, Staff Nurse
UECC Consultant: Dr Stephen How
UECC Nurse
Theatre Representative: Rina Smith
Histopathology & Mortuary Manager: Tracey Hamilton-Martin
Communications: Damian Staples

Organ Donation Committee Activity

Quarterly meetings.

Key activities:
- Organ Donation week (September 2019) – promotion and information sharing within the Trust. Stall in hospital foyer. Over 250 people signed on to the organ donation registry.
- Promotion – regular promotion via social media, posters (now inside lifts), continued presence of promotional material within the hospital foyer. Electronic promotion via screens in GP surgeries.
- Continuous projection of Organ Donation material across the screens in the UECC waiting areas.
- Promotion via Rotherham Football Club – Organ Donation information displayed on their website.
- Representation at key Organ Donation Events – many now held virtually due to Covid-19.
- Raising awareness – information presented at the Trust Board, organ donation training for relevant staff.

Change in Law – Opt Out

- Max and Keira’s Law came into effect on 20\textsuperscript{th} May 2020.
- Promoted within the Trust.
- National and regional promotion on hold due to Covid-19.
- Organ Donation Wall in hospital foyer entitled “Organ Donation – The Gift of Life.”
  New sign erected and painted organ donation pink.

Objectives for 2020/21

- Promote and educate during Organ Donation week September 2020 – likely via social media / virtual meetings (instructions awaited).
- Display materials around the Trust.
- Looking to “light” the front of the building pink for the start of Organ Donation Week.
- Provide teaching to all relevant staff.
- Aim continued communications via social media regarding the change in the law.
- Raising awareness – creation of “storyboards” to display within Critical Care & within the hospital in areas of “high footfall” outlining a donor and recipient journey.
- Identify key areas of improvement where Organ Donation funds can be of help.
- Continue excellent communication regarding organ donation despite change in working brought about by Covid-19.

Organ Donation Results 2019/20

NHS Blood & Transplant Actual and Deceased Organ Donation Report 1 April 2019 – 31 March 2020

- 2019/20 has been a challenging year for organ donation and transplant nationally.
- During the height of the Covid-19 pandemic, the majority of transplant surgeries ceased, with only super urgent liver and hearts proceeding.
- Nationally there has been a significant drop in organ donation numbers, as an active and recent Covid-19 infection prohibits a person from donating.
- Despite this our Trust has continued to perform well (one proceeding donation included in this report; two further donations just after and outside the dates of this report).

- Key results:
  - 4 actual solid organ donors leading to 11 patients receiving lifesaving or life changing transplants.
  - In addition to the 4 proceeding donors, there were 2 consented donors that were not suitable to proceed.
  - 8 kidneys, 2 livers.
As a Trust there were no missed opportunities to follow best practice:

- 100% referral - no missed potential organ donors (referral of 15 potential organ donors).
- 100% collaborative approach – SNOD present at all discussions.
- 100% neurological death testing ensuring no missed opportunities.

Dr Clare Windsor
Consultant Anaesthetist
Clinical Lead Organ Donation
July 2020