

Agenda item	
Report	Annual Report from The Rotherham NHS Foundation Trust
Executive Lead	Michael Wright, Deputy Chief Executive
Purpose	Decision <input type="checkbox"/> To note <input checked="" type="checkbox"/> Approval <input type="checkbox"/> For information <input type="checkbox"/>
Executive Summary (including reason for the report, background, key issues and risks)	To provide an update to the Health Select Commission in accordance with their work plan.
Recommendations	It is recommended that members of the Health Select Commission note the contents of the report.
Appendices	None

The Trust and the NHS have undoubtedly faced the most challenging year in their history. The COVID-19 pandemic impacted on every NHS service and required changes to the way that they were delivered. Our staff, have continued to deliver healthcare throughout the year at a time when the Trust was one of the most severely COVID-19 affected hospitals in the country. Every day, colleagues went above and beyond to make a massive difference to patients, families, in community settings and the hospital, frontline and corporate areas. The speed at which the Trust was able to implement the required new ways of working, and our colleagues' ability to cope with a quickly changing environment was, and has remained, inspiring.

During the final few months of 2020/21, a number of our colleagues rapidly established our COVID-19 vaccination centre at our Old Greenoaks site. By the end of March 2021 10,667 colleagues had received a vaccination, administered not only to our own staff, but also to other health and care colleagues.

The achievement of national targets both across the wider NHS and at the Trust was severely impacted by the pandemic. At the height of the second wave of COVID-19, 35% of our inpatient bed base was occupied by inpatients suffering from COVID-19. In the twelve month period from April 2020 to March 2021, the Trust cared for 2,532 in patients with COVID-19.

Whilst the year was clearly dominated by the pandemic, the Trust achieved success in several key areas. The following paragraphs touch on both areas where the Trust encountered challenges during the year, but also areas where there were tangible improvements that should be celebrated.

We increased the number of critical care beds from 13 to 22 by creating a separate unit adjacent to the main unit; we developed a standalone non-COVID resuscitation unit within our Urgent & Emergency Care Centre and ward staff supported patients by creating COVID-19 specific wards.

The diagnostic waiting time target, which aims to support patients receiving their diagnostic test within six weeks, has traditionally been a standard the Trust has reliably achieved. However, along with a number of other standards we did not deliver against this performance measure during 2020/21 with all specialities reducing planned activity to support emergency COVID-19 services.

The cancer service team had spent a great deal of time over the previous year decreasing the Patient Tracking List (PTL) from in excess of 1,000 patients to 700 patients by the end of 2020. Unfortunately the first phase of the pandemic meant we had to modify our cancer services to support emergency patients. This resulted in the numbers on the waiting list going back up to the previous year's numbers of over 1000.

We have since recommenced the majority of our cancer services, although the need to socially distance, allow time between patients, and the reduction in face-to-face appointments has meant we have lost a lot of our normal capacity. In order to counter this teams have staggered appointments, undertaken a significant number of phone and video consultations, and reviewed all patients on the PTL to ensure anyone who needs treatment can get it as soon as possible.

The main cancer standard of 62 days to treatment from referral also deteriorated as predicted with only 60% of patients seen against a national target of 85%. Further work is taking place to improve this position as we recover from the pandemic.

Given that we have been a field test site for the proposed new A&E standards during 2020/21, we are unable to compare our urgent care performance against some of the well-known national indicators, such as the 4-hour access target. Nevertheless, we continued to track our performance through existing indicators and the new pilot measures.

Length of time spent in A&E by our patients is an issue that the Trust has been focused on; having seen a number of 12-hour trolley breaches during the previous year (2019/20). This year we have seen a marked reduction in patients waiting for long periods with no patients reported as waiting over 12 hours from a decision to admit (compared to 27 in 2019/20). The Trust has taken significant steps to address this position, a number of which were influenced by the pandemic and the requirements to stream COVID-19 and non-COVID-19 patients. We have also dramatically reduced our ambulance handover times.

Clearly there is a lot of work to be undertaken, and as we move out of this phase of the pandemic and plan for the next phases we will continue to strive to ensure that services are improved and patients and their families receive the care they need. The Trust has an improvement plan in place and will continue to further improve the quality and performance of Urgent and Emergency services and the care of our inpatients.

The Trust continues to strive to deliver the highest quality of compassionate, patient-centred and harm-free care as possible, and to continue its improvement journey. Whilst this has been challenging during the COVID-19 pandemic, the Trust has seen a number of positive improvements. The fundamentals of care will be a key objective for 2021/22.

The Trust will continue its proactive engagement in the national 'Get It Right First Time' (GIRFT) programme, for which the Trust has one of the best reputations for improvement and engagement in the whole of Yorkshire and the Humber.

The Trust's mortality scores (HSMR and SHMI) continue to be significantly higher than the national average and mortality will therefore continue to be a key improvement priority for the Trust and the Trust's Medical Director throughout 2021/22. The impact of COVID-19 on death rates has made it difficult to measure the effect of the work the Trust has done in this area but there has been recent evidence of a fall in underlying mortality rates.

We will continue to ensure that we fully understand and address the drivers of this performance, focussing on the '3C's' of quality of Care; Case mix; and Coding, and will continue monthly reporting to the Trust's Clinical Governance Committee, Safe & Sound Mortality Group, Quality Committee, and the Board of Directors.

The Trust has made progress on key patient flow initiatives throughout 2020/21, such as the 'SAFER flow bundle', but key work streams will continue to focus on flow throughout 2021/22, supported by a new, central Command Centre which will be fully integrated into the Trust's IT systems. Such patient flow initiatives will also be supported by the introduction and embedding of new 'Safe & Sound Ward Round and Acute Assessment Standards' and 'Safe & Sound Discharge Standards'.

As stated previously, our workforce has responded fantastically to the management of the pandemic. During the year we launched our Trust's People Strategy, which has a core theme of the importance of the health and wellbeing of our people.

During 2020/21, we took part in the National Staff Survey exercise and achieved the highest response rate that the Trust has ever achieved. In addition, when published the results demonstrated that the Trust is the third most improved in the country. Whilst accepting that we are on a journey of improvement, the survey results were really positive and give the Trust a strong platform from which to move forwards.

During 2020/21, the Trust also made improvements to financial governance which are now embedded. The Trust saw financial challenges particularly at the end of 2019/20. During 2020/21, the Trust over delivered against the financial plan by £8.126M, ending the year with a surplus of £0.473M against a planned deficit of £7.653M. Whilst this represents a significant achievement, the funding mechanisms in place during 2020/21 were amended to support the effective management of the pandemic. Funding was made available to ensure that the Trust could meet its obligations in responding to the pandemic.

The effective and efficient use of resources remains critical and central to our planning for 2021/22, and the risk to the financial sustainability of the Trust remains; and accordingly, we will need to manage this on a longer term basis, beyond 2021/22.

We continued to develop and build upon our Trust 5-year strategy, although the normal centrally-led annual planning processes for 2020/21 were paused when the pandemic started. As a result, for 2020/21, we had a condensed operational plan which became our key focus. The plan included a number of COVID-19 specific objectives which were a key focus throughout the year.

As we move forward into the recovery phase of the pandemic, we will take with us lessons learnt from this unprecedented period in the history of healthcare, and continue to apply our knowledge to making our services better and more sustainable for the population of Rotherham and beyond.