

## **The Rotherham NHS Foundation Trust Annual Report 2021/22**

### **A brief history and statutory background**

The Rotherham NHS Foundation Trust was established on 01 June 2005 pursuant to Section 6 of the Health and Social Care (Community Health and Social Care) Act 2003. We are regulated by NHS Improvement/England, are membership-based and a public benefit corporation. The Care Quality Commission (CQC) regulates the quality of the services the Trust provides. Prior to 2005, the Trust was known as Rotherham General Hospitals NHS Trust.

In 2011, Rotherham Community Health Services was acquired by the Trust resulting in a combined Trust providing both acute and community services across Rotherham, Doncaster and Barnsley.

### **Activities of The Rotherham NHS Foundation Trust**

The Trust is registered with the CQC to carry out the following legally regulated services:

- Treatment of disease, disorder or injury
- Surgical procedures
- Diagnostic and screening procedures
- Maternity and midwifery services
- Termination of pregnancies
- Family planning services
- Assessment of medical treatment for persons detained under the Mental Health Act 1983

We deliver our care across multiple sites with the majority of our acute services being provided at the Trust's Moorgate Road site. The Trust also provides services at Breathing Space, Park Rehabilitation Centre, Rotherham Community Health Centre, Rotherham Intermediate Care Centre, New Street Health Centre in Barnsley and at The Flying Scotsman Centre in Doncaster.

As at 31 March 2022, the Trust has close to 5,000 dedicated members of staff working across an Acute and Community model of care serving a population of approximately 265,411 across the South Yorkshire and Bassetlaw region. The Trust has a Divisional management structure in order to co-ordinate and deliver healthcare services, which is constructed as follows:

- Medicine
- Surgery
- Urgent and Emergency Care Centre
- Community
- Family Health
- Clinical Support Services

The Trust has additional support services comprising Health Informatics, Estates and Facilities, Strategy, Planning and Performance, Workforce and Finance, all of which are led by an Executive Director.

### **A summary of 2021/22**

The last 12 months have been exceptionally difficult for the NHS as a whole with the challenges we faced from the new Omicron variant of Covid-19. Nevertheless, we have faced these challenges at the Trust as a team and by working collectively we have delivered some incredible achievements.

There are a number of areas where the Trust is performing very well; we have strong and productive partnerships with a range of organisations across the system, which we have invested time in developing over the last year.

We have seen an increase in our waiting lists as referrals began to increase back to pre-Covid levels. Elective activity has been reduced for the majority of the reporting period due predominantly to the ongoing challenges relating to the pandemic. Treatment for cancer has been an important focus for the Trust during the last year with a reduction seen in the backlog of patients waiting over 62 days.

We have received recognition nationally as only one of a few organisations to receive digital aspirant funding and our elective recovery has been seen to be performing as one of the top ten Trusts in the country. In addition to this, our return to a financially balanced position were all really positive.

However, we do recognise that we have a number of challenges that we must overcome. During May and June 2021, we welcomed inspectors from the CQC as part of their routine inspection cycle. The inspection encompassed four core service areas (Urgent and Emergency Care, Medical Care (including Care of the Older Person), Maternity, and services for Children and Young People. A separate Well-Led inspection was also carried out.

We were disappointed that the Trust's overall rating remained as 'Requires Improvement' and we are committed to ensuring the Trust builds on the improvements already made to ensure we offer and deliver exceptional care to our patients and service users.

Our new Strategy (Our Journey Together) looks to the future and builds upon what we have already achieved. We acknowledge that our people are our most valuable commodity in ensuring our continuing success and we are committed to ensuring we have the right people with the right skills to deliver high quality services.

Staff engagement continues to be one of our key priorities and the Trust had a higher response rate to previous years, and higher than the national average. Out of 117 questions, 92 were scored positively. Our aggregate scores brought the Trust out as second best of the four South Yorkshire acute Trusts, and fourth out of the 12 acute Trusts across Yorkshire and the Humber.

Throughout the year, we have continued to change and adapt to new ways of working so that we can continue to provide safe and effective care for our patients. Patient safety and the quality of care we provide remain top priorities for the Trust and are at the heart of everything we do.

We have also made investments in our estate to help improve the patient experience. In 2021, we opened our new Discharge Lounge providing modern clinical facilities. In April 2021, we created a new Division of Therapies, Dietetics and Community Care, enabling greater visibility of their fantastic services and our colleagues that deliver them.

Over the last year, we have played an increasingly active role within the South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) which in itself has continued to develop at pace. In addition, we have continued to play a leading role in Place-based working with partners across the Rotherham Integrated Care Partnership.

### **Estates Improvements**

The 2021/22 capital programme builds on the previous years' successful delivery of multiple fast track construction developments in maintaining accessibility to services during the Covid-19 pandemic. This years' schemes further improve accessibility to services and assist in the Trusts return to business, post pandemic and include:

- Implementation of the AccessAble web-based platform, improving accessibility to all services for all service users
- Refurbishment of Kepple Ward
- High risk backlog infrastructure replacement of aging High Voltage electrical infrastructure, thereby improving organisational resilience
- Replacement of 350 windows, improving patient and staff comfort and experience, front of house appearance and reduction in energy demand
- Staff wellbeing developments and refurbishments of grounds and gardens, staff rest rooms and wellbeing facilities

### **Performance Summary**

Performance against key healthcare targets at the Trust during the year has been severely affected by the pandemic and national reporting requirements have changed, as have our local and national expectations.

### **Emergency Access**

The Rotherham NHS Foundation Trust has continued to be a field test site for the proposed Urgent Care Metrics throughout 2021/22, and as such we are unable to report against our performance within the Urgent and Emergency Care Centre (UECC) for many of the standard metrics, such as the 4-hour standard.

Implementing the proposed new field test standards has now been underway for almost 3 years. The new standards require a different approach to managing patients in the UECC in particular, with patients requiring a different approach to care to that of a department operating under a 4-hour target. That will therefore have an impact on our performance when considered against more traditional metrics.

Our operational improvement journey has continued, with a focus on effective ward rounds and discharge planning by ward teams. These pieces of work continue to be supported by the Integrated Discharge Team with staff from the Trust and Rotherham Metropolitan Borough Council (RMBC) coming together to form a single point of access for all complex discharges.

Through 2021/22 there has been a continued focus on the importance of improving flow through the organisation to support the UECC. This includes continued attention on identifying planned discharges, increasing discharges and standardising the number of discharges across all seven days of the week.

The Trust participated in the development of a Winter Plan in partnership with the Place (Rotherham) system. This consisted of modelling of the anticipated demand that would be placed upon acute and community services and the actions required to meet this demand. All partners across the borough were engaged with the plan and contributed to specific actions. This resulted in additional acute and community capacity being brought on stream from the autumn with additional beds provided by Rotherham Metropolitan Borough Council (RMBC) and the Clinical Commissioning Group (CCG) within the care and nursing home sector.

The Trust placed significant focus on the challenges posed by Covid-19 and winter, and colleagues worked closely with partner organisations in particular to improve the quality and timeliness of the transfer of patients from acute settings once they were medically fit to do so. The recording of a patient's Right to Reside (RtR) status when they are in an acute bed is now embedded within daily ward rounds and within the relevant areas of the Electronic Patient Record. This is to ensure we can maintain daily oversight of our position regarding patients who are medically fit to be discharged out of the Trust

### 18 Week Referral to Treatment Waiting Times

Following a significant reduction in the Trust's waiting list size in 2020/21 due to reduced referral volumes, in 2021/22 the organisation saw waiting list numbers increase significantly (by just over 70%) as referrals increased back to pre Covid-19 levels, but capacity remained constrained. However, at least a third of this increase was due to the Trust amending its reporting processes to ensure the most recent guidance around Appointment Slot Issues (ASIs) was being followed, with these patients now counted as part of the Trust's total waiting list.

The Trust's elective care activity was reduced for most of the year due to some of the challenges posed by the pandemic, including significantly increased staff sickness levels, and the necessary infection, prevention and control measures. Elective capacity was further reduced in November 2021 and then for most of the fourth quarter of the year, as emergency pressures required us to utilise these beds

for our non-elective patients. During these periods, the Trust was only able to continue with inpatient treatments that were urgent or for patients on cancer pathways.

Despite these challenges, the Trust reduced the numbers of patients waiting over 52 weeks from approximately 600 at the end of 2020/21 to fewer than 100 by the end of 2021/22, although this was a slight increase from a low of just over 30 just before the Christmas period.

From a performance perspective, following a steady improvement in delivery of the Referral to Treatment standard up to a peak of 85.1% in July 2021, waiting times were then affected by the pressures seen over the autumn and winter, with 74.8% of patients waiting under 18 weeks by the end of the year. There were particular challenges in some of our specialties with a small medical workforce due to the ongoing impact of the Covid-19 pandemic on staff sickness levels, as well as those specialties that are more reliant on theatre and elective bed capacity.

Capacity pressures and requirements to manage the pandemic will continue to be monitored in 2022/23, as the Trust continues to mitigate the current challenges and aims to return to pre Covid-19 levels of activity as soon as possible.

### Cancer waiting times

The timely management of patients referred on to a cancer pathway is an important focus for the Trust. During the first year of the pandemic the Trust had to limit and reduce access to some diagnostics and treatment within cancer pathways due to the national guidance at the time. This was implemented in a clinically appropriate way, with all urgent cancer patients treated appropriately and the Trust recommencing diagnostic services as soon as it was safe to do so. With NHS services re-opened throughout 2021/22, the Trust saw referral volumes increase to pre Covid-19 levels. Teams managed these within the capacity available, with the Trust reducing the backlog of patients waiting over 62 days to within the trajectory set at the start of the year and supporting the wider Cancer Alliance area to deliver to plan.

As well as a clear focus on ensuring fewer patients were waiting over 62 days on cancer pathways, the Trust also prepared for the introduction of the Faster Diagnosis Standard in 2022/23. This included a review of the front end of pathways within those specialties where performance is well below the standard and benchmarks poorly compared to other trusts, including Lower Gastrointestinal tumour sites. The reintroduction of the straight-to-test diagnostic pathway made a significant difference and supported a ten percent point improvement in performance, from under 65% to above the 75% standard by March 2022.

The Trust failed to deliver the constitutional 62-day standard throughout the year, due to some of the pressures described above. Re-setting expectations around cancer performance and delivery will be a priority in 2022/23, with a particular focus on our Prostate pathway. Despite this, the Trust was recognised nationally as one of the most effective in terms of recovery of cancer performance, especially given our management of the increase of referral volumes we have experienced.