

## MEETING OF THE COUNCIL OF GOVERNORS

WEDNESDAY, 9TH FEBRUARY 2022 AT 5PM

To be held virtually

Section 4.6 of the Standing Orders for the Practice and Procedure of the Council of Governors states that:

**4.6 Meetings of the Council of Governors shall be open to members of the public or representatives of the press unless, in accordance with paragraph 13(1) of the Schedule 7 of the 2006 Act, they resolve to exclude the public for special reasons.**

In view of the current coronavirus pandemic and governmental advice, the Trust 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 [dawn.stewart4@nhs.net](mailto:dawn.stewart4@nhs.net) by 1pm on Wednesday 09 February 2022.

### AGENDA

Time	Item no			Page No	Required Actions	Lead
1700	01/22	Chairman's welcome and announcements	Verbal	-	To note	Martin Havenhand, Chair
	02/22	Apologies for absence & quoracy check <i>Section 17.4 of Constitution: A meeting of the Council of Governors shall be quorate if not less than half of the elected Governors are present.</i>	Verbal	-	To note	Martin Havenhand, Chair
	03/22	Declaration of Interests	Verbal	-	To note	Martin Havenhand, Chair
1705	04/22	Minutes of previous meeting held on 10 November 2021	Enc.	3	For approval	Martin Havenhand, Chair
	05/22	Matters arising from the previous minutes (not covered elsewhere on the agenda) & action log	Verbal	-	-	Martin Havenhand, Chair
	06/22	Action Log	Enc.	14	For approval	Martin Havenhand, Chair
	07/22	Chairman's Report	Enc.	16	To note	Martin Havenhand, Chair
<b>Council of Governors Regulatory &amp; Statutory Duties</b>						
1715	08/22	Integrated Care System Developments <i>In attendance Robert McGough, Hill Dickinson</i>	Verbal	-	To note	Angela Wendzicha, Director of Corporate Affairs
1745	09/22	Report From Member Engagement Group	Enc.	19	To note	Gavin Rimmer, Lead Governor
1750	10/22	2022/23 Quality Account and Governors' Indicator	Enc.	22	To note	Helen Dobson, Interim Chief Nurse
1755	11/22	Governance Report	Enc.	25	To note	Angela Wendzicha, Director of

						Corporate Affairs
<b>Report from the Non-Executive Director Chairs of the Board Assurance Committees (5 minutes per report to include any questions)</b>						
1800	12/22	i. Finance and Performance Committee	Enc.	27	To note	Nicola Bancroft
		ii. People Committee	Enc.	30	To note	Lynn Hagger
		iii. Audit Committee	Enc.	34	To note	Kamran Malik
		iv. Quality Committee	Enc.	35	To note	Rumit Shah
		v. Charitable Funds Committee	Enc.	39	To note	Michael Smith
<b>Items for information only and to support earlier discussions</b>						
1825	13/22	Integrated Performance Report	Enc.	41	To note	Martin Havenhand, Chair
1830	14/22	Finance Report	Enc.	61	To note	Martin Havenhand, Chair
1835	15/22	Reset and Recovery Operational Report including COVID-19 update	Enc.	73	To note	Martin Havenhand, Chair
1840	16/22	Operational Objective Report	Enc.	90	To note	Martin Havenhand, Chair
1845	17/22	Approved Council of Governors sub committee minutes: i. Governor Member Engagement Group	Enc.	112	To note	Gavin Rimmer, Lead Governor
	18/22	Issues to be escalated to Board of Directors	Verbal	-	For approval	Martin Havenhand, Chair
	19/22	Council of Governors Work plan	Enc.	116	To note	Martin Havenhand, Chair
	20/22	Questions received from any member of the public relating to any agenda item	Verbal	-	-	Martin Havenhand, Chair
1850	21/22	Next meeting to be held Wednesday, 18 May 2022	Verbal	-	-	Martin Havenhand, Chair
		Close of Public Meeting				
		<p>In accordance with section 4.6 of the Standing Orders for the Practice and Procedure of The Council of Governors, the Council of Governors resolved:</p> <p><i>That representative of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest or other special reasons.</i></p>				

**Meeting etiquette:**

- Please submit apologies to the Corporate Governance Manager in advance of the meeting
- Arrive for the meeting on time, stay for its duration, and ensure regular attendance at all meetings
- If you have to leave before the end of the meeting, you should inform the Chairman beforehand. However, you should avoid this whenever possible.
- Please ensure your microphone is on mute unless you are speaking

**MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS  
HELD VIRTUALLY ON WEDNESDAY 10 NOVEMBER 2021**

- Chair:** Mr M Havenhand, Trust Chairman (Chair of the meeting)
- Public Governors:** Mr A Ball, Public Governor Wentworth Valley  
Mr G Berry, Public Governor Rest of England (from minute 75/21)  
Mr I Cocks, Public Governor Rother Valley South  
Mrs M Gambles, Public Governor Rotherham South  
Mr S Lowe, Public Governor Rotherham North  
Mr N Redfern, Public Governor Wentworth South  
Mr G Rimmer, Public Governor Rother Valley South & Lead Governor  
Mr A A Zaidi, Public Governor Rotherham South
- Staff Governors:** Mr J Cooper, Staff Governor  
Mrs C Denning, Staff Governor  
Dr J McDonough, Staff Governor
- Partner Governors:** Mrs J Flanagan, Partner Governor Voluntary Action Rotherham  
Ms E R Keenan, Partner Governor RMBC  
Dr J Lidster, Partner Governor Sheffield Hallam University  
Ms T Smith, Partner Governor Barnsley and Rotherham Chamber of Commerce
- Apologies:** Mr S Adalat, Partner Governor Rotherham Ethnic Minority Alliance  
Mr O Dickinson, Staff Governor  
Mr F Kler, Public Governor Rest of England  
Lt Col R MacPherson, Public Governor Wentworth South  
Mrs T McGee, Public Governor Wentworth North
- Members of the Board of Directors and other Trust staff in attendance either for the whole or part of the meeting:**
- Miss N Bancroft, Non-Executive Director
  - Mr G Barker, Engagement Lead, Mazars (External Auditors)
  - Mrs H Dobson, Interim Chief Nurse
  - Dr C Gardner, Executive Medical Director
  - Mr S Hackett, Director of Finance
  - Ms L Hagger, Non-Executive Director
  - Mrs S Kilgariff, Director of Operations / Deputy Chief Operating Officer
  - Mr K Malik, Non-Executive Director
  - Dr R Shah, Non-Executive Director
  - Mr M Smith, Non-Executive Director
  - Miss D Stewart, Corporate Governance Manager (minutes)
  - Ms A Wendzicha, Director of Corporate Affairs
  - Mr M Wright, Deputy Chief Executive

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In view of the current coronavirus pandemic and governmental advice, the Trust 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, the agenda and meeting papers were published on the Trust's website prior to the meeting with any questions communicated in advance of the meeting to the Corporate Governance Manager.

**64/21**            **WELCOME AND ANNOUNCEMENTS**

The Chairman welcomed all those present to the meeting.

**65/21**            **APOLOGIES FOR ABSENCE & QUORACY CHECK**

Apologies were noted, with the meeting confirmed to be quorate.

**66/21**            **DECLARATION OF CONFLICT OF INTEREST**

There were no declarations of any conflict of interest from Governors. The Chair reminded colleagues that should any become apparent during the course of the meeting, they would need to be declared.

Declarations were noted from two Non-Executive Directors (Dr Shah and Mr Smith), whose term of office would be discussed by the Council of Governors (agenda item 74/21).

**67/21**            **MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting held on 11 August 2021 were AGREED as a correct record.

**68/21**            **MATTERS ARISING**

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

**69/21**            **ACTION LOG**

The Council of Governors considered the action log and agreed closure of log numbers 10 to 13 (from 2021). The one remaining open action was log number 24 (electronic booking system from 2019) with Mr Havenhand to discuss the position with the Interim Chief Executive and Chief Operating Officer.

The action log would be updated accordingly.

70/21

## **CHAIRMAN'S REPORT**

The Council of Governors received and noted the Chairman's Report.

Mr Havenhand confirmed that Dr Jenkins secondment from Barnsley Hospital NHS FT as interim Chief Executive had been extended until March 2022. Work continued on determining a substantive appointment.

## **COUNCIL OF GOVERNORS REGULATORY AND STATUTORY REQUIREMENTS**

71/21

### **ESCALATION TO BOARD: GOVERNOR AND MEMBERSHIP UPDATE**

The Council of Governors received the report providing a position statement against the escalation from the Council of Governors to the Board of Directors in relation to the lack of engagement with the membership (minute 51/21 refers).

Ms Wendzicha confirmed that the matter had been raised at the September 2021 Board of Directors, with the actions taken to date as detailed within the report.

The position had been recently considered by the Governor Member Engagement Group at their meeting held on 2 November 2021. Mr Rimmer as Chair of the Group confirmed that the Group had been satisfied that the initial concerns had been addressed and had noted that further work underway. As such, the Group would recommend that the Council of Governors note the update, and formally close the escalation.

The Council of Governors noted the report, and confirmed that the escalation could be closed.

72/21

### **MEMBERSHIP & ENGAGEMENT STRATEGY**

The Council of Governors received the Membership and Engagement Strategy 2022 – 2025.

Ms Wendzicha confirmed that the draft Strategy had been shared with the Governor Member Engagement Group, with any comments received incorporated into the version presented to the Council.

It was noted that both the Membership and Engagement Strategy and the Trust-wide Public and Patient Involvement Strategy would support the aim to increase engagement in activities of the Trust.

In terms of next steps, an Implementation Plan would be developed which would be progressed following appointment of the Governor and Membership Officer. The Plan which would include milestones would be provided and monitored by the Membership Engagement Group

The Council of Governors approved the Membership and Engagement Strategy 2022 – 2025.

73/21

**DEPUTY LEAD GOVERNOR APPOINTMENT**

The Council of Governors received the report which outlined the process undertaken to appoint a Deputy Lead Governor.

The Council of Governors ratified the appointment of Mr Geoffrey Berry as Deputy Lead Governor.

74/21

**REPORT FROM GOVERNORS NOMINATION COMMITTEE**

The Council of Governors received the report which detailed the outcome and recommendations from the Governor Nominations Committee on a number of matters.

The Council of Governors noted that the Nominations Committee had received an update with regards to the substantive appointment of a Chief Executive, the outcome of the annual review of the Board's skill mix in relation to the Non-Executive Directors, and had commenced Non-Executive Director succession planning discussions for 2022.

The Committee had also considered the terms of office for two Non-Executive Directors, namely Dr Shah and Mr Smith.

Based upon the recommendations from the Governors Nomination Committee, the Council of Governors:

- Approved a further three year term of office for Dr Shah from 01 January 2022 to 31 December 2024.
- Approved a further six month term of office from 01 April 2022 to 30 September 2022 for Mr Smith.

The Council of Governors noted the report from the Governors Nomination Committee and approved the recommendations detailed in the report.

*Mr Berry, Public Governor joined the meeting at this point.*

75/21

**SUBSTANTIVE CHIEF EXECUTIVE APPOINTMENT**

This agenda item would be discussed in a confidential session at the end of the conclusion of the meeting.

76/21

**FIVE YEAR STRATEGY**

The Council of Governors received the report which detailed the latest position with regards to the Five Year Strategy 2022 – 2027, which would replace the current Strategy due to expire in March 2022.

Mr Wright confirmed that the Strategy, which had been previously considered and discussed by the Council of Governors and had been the subject of extensive consultation with stakeholders, had been approved by the Board of Directors at their September 2021 meeting, and was appended to the report.

In terms of the next steps, there would be a requirement to develop a number of supporting strategies/plans which would underpin implementation of the Five Year Strategy. In addition, operational objectives, key performance indicators and milestones had yet to be agreed by the Board.

In response to a question, it was confirmed that progress against the operational objectives would be monitored by the Board of Directors and through the Board and its Committee updates would be provided to the Council of Governors. **ACTION – Deputy Chief Executive**

Mr Rimmer suggested that the Membership and Engagement Strategy 2022 - 2025, as earlier agreed by the Council of Governors should also be factored into the Five Year Strategy, as not all members were necessarily patients utilising the services of the Trust. **ACTION – Deputy Chief Executive**

The Council of Governors noted and supported the Five Year Strategy 2022 – 2027.

77/21

### **CARE QUALITY COMMISSION UPDATE REPORT**

The Council of Governors received the report presented by the Interim Chief Nurse which detailed the position following the Care Quality Commission (CQC) inspections held in 2021.

Mrs Dobson indicated that the overall rating for the Trust remained unchanged as Requires Improvement; however, improvements had been seen in the ratings for a number of individual services. The CQC had acknowledged that progress since their last visit had been evident.

The CQC had identified 54 'must do' and 28 'should do' actions. Delivery and implementation of these requirements would be monitored through the CQC Delivery Group reporting through to the Executive Team and the Quality Committee. To ensure ownership and embeddedness of the actions in addition to shared learning, each Division was now required to present progress to the CQC Delivery Group.

The position with regards to the Urgent and Emergency Care Centre had been disappointing; however, due to the pressures within the service it had not been unexpected. Intensive work was being undertaken with the team to support delivery against their action plans.

Monthly engagement meetings continued with the CQC which provided the opportunity to provide progress updates and showcase activities being undertaken.

In response to a question, it was confirmed that a number of Trust Officers were also CQC Inspectors, this provided insight of the CQC requirements and offered the ability to harness good practice seen at other organisations when our Trust staff inspected other Trusts.

Mr Havenhand commented that it would be important that CQC actions were embedded and sustained, which would require leadership, to support improvement in the CQC ratings

The Council of Governors noted the Care Quality Commission Report.

**78/21**

### **QUALITY ACCOUNTS**

The Council of Governors received a verbal report from the Interim Chief Nurse with regards to the Quality Accounts 2021/22.

Mrs Dobson outlined the process in developing the Quality Accounts 2021/22. As a consequence of the pandemic a number of requirements, including the requirement for selection of a priority by the Council of Governors for external review, had been removed. At this time there was no indication that this particular requirement would be re-instated.

The Trust would shortly be considering nine quality priorities for 2022/23, three in each of the following domains:

- Patient Safety
- Patient Experience
- Clinical Effectiveness

The proposed priorities across these domains would be submitted to the Council of Governors as part of the consultation process.

#### **ACTION – Interim Chief Nurse**

The Council of Governors noted the position with regards the Quality Accounts.

**79/21**

### **CORPORATE GOVERNANCE REPORT**

The Council of Governors received the Corporate Governance Report presented by the Director of Corporate Affairs.

Ms Wendzicha specifically highlighted the statutory COVID-19 public inquiry, confirming that the Executive Directors would be considering the actions required by the Trust.

The Council of Governors noted the Corporate Governance Report.

**80/21**

### **AUDIT COMMITTEE ANNUAL REPORT**

The Council of Governors received and noted the Audit Committee Annual Report 2020/21.

The Annual Report set out how the Audit Committee had discharged its responsibilities, the work of Internal and External Auditors and other assurance functions.



**EXTERNAL AUDITORS REPORT TO THE COUNCIL OF GOVERNORS**

The Council of Governors welcomed to the meeting Mr Barker, Engagement Lead with Mazars (the Trust's External Auditor) to present the Independent Auditor's Report to the Council of Governors.

Mr Barker confirmed to the Council of Governors that having reviewed the 2020/21 Annual Accounts, in the opinion of the Auditors:

- They were a true and fair view of the financial position as at 31 March 2021, and of the Trust's income and expenditure;
- They had been prepared in accordance with the Department of Health and Social Care Accounting manual;
- They had also been prepared in accordance with the requirements of the National Health Service Act 2006.

The Audit Completion Certificate, which had been circulated separately to the Council of Governors papers, detailed the final elements of the work of the External Auditor. These final reviews were in relation to the arrangements for securing economy, efficiency and effectiveness of use of resources (Value for Money).

From this review three weaknesses had been identified, all of which were already known to the Trust, with the recommendations as detailed within the completion certificate. The weaknesses were in relation to:

- Governance and financial management
- Care Quality Commission Inspections
- NHS Improvement License conditions

The 2020/21 audit had been closed at the end of July 2021, with preparations now turning to 2021/22.

In response to a question as to whether the External Auditor would be in a position to offer proactive advice, Mr Barker reminded the Council that the role of the auditor was one of independence which could be compromised in providing advice outside the remit. However, the external auditor would continue to provide constructive information, available to all organisations, which the Trust could utilise. Mr Malik, confirmed that the Audit Committee received such a report, in addition to relevant case studies from which the Trust could take forward additional learning.

The Council of Governors noted the report and thanked Mr Barker for his attendance at the meeting

**REPORTS FROM THE NON-EXECUTIVE DIRECTORS**

The Council of Governors received and noted the reports from the Board Assurance Committees, with each Non-Executive Director Committee Chair providing supplementary information to their written reports.

**i. Finance Committee**

Miss Bancroft took the opportunity to highlight a number of key areas from her report.

Assurance across financial and operational matters continued to be monitored by the Committee. In terms of the operational plan priorities, deadlines for a number had been changed with completion anticipated in quarter four.

Challenges remained across a number of operational activities, particularly around the elective recovery programme. Whilst this was a similar position across the majority of organisations, Rotherham continued to benchmark positively in support of the overall Integrated Care System target.

In terms of the first six months of the financial year, the financial plan had been achieved. The position for the final six months had been considered by the Committee. The half two financial plan had yet to be agreed.

The Committee would shortly look to the requirements for 2022/23.

The financial governance improvement plan was being reviewed by the Committee to ensure that the required actions remained embedded.

**ii. People Committee**

Ms Hagger took the opportunity to highlight the following from the People Committee.

Since the time of writing the report, Ms Hagger confirmed that reciprocal mentoring meetings had now been arranged. The Committee had also considered on behalf of the Board, the Workforce Race Equality Standard Action Plan and Workforce Disability Standard Action Plan. Both had now been approved by the Board and were available on the Trust website.

Presentations to the Committee continued from each of the Divisions.

It was noted that the Committee had facilitated Ms Smith, Partner Governor, in further engagement opportunities with the Community Division.

Next steps for the Committee would be focus upon addressing cultural issues raised through such as the CQC inspections, health inequalities and assurance in terms of the vaccination programme.

In terms of the operational objective relating to staff health and wellbeing, Dr McDonough indicated that achievement of this priority was of significant importance as it had direct links to staff sickness and staff retention. As such he sought confirmation from the Committee that they were assured that all actions were being considered.

Ms Hagger confirmed that staff health and wellbeing was a concern for both the Committee and the Board of Directors, due to the factors raised by Dr McDonough. In attending a number of national and regional events, she would consider that the actions taken by the Trust and services being offered to staff were comparable to other organisations.

The Committee, in receiving Divisional updates, ensured that staff health and wellbeing was specifically discussed. However, there remained a reliance on staff reaching out to access the support available to them.

Additionally, Mr Wright confirmed that the Performance Meetings considered a number of performance metrics, with discussions held around implications to health and wellbeing. The Executive Team also held organisational walk rounds to talk to staff. However, it was acknowledged that colleagues were fatigued.

Dr Gardner outlined a number of support services currently, and potentially in the future pending an application to NHS Charities Together, available for staff to access to support their health and wellbeing. However, should Staff Governors have any further suggestions, he requested that they be communicated to him.

**ACTION – Staff Governors**

Mr Havenhand reiterated that the Board of Directors considered that all options were explored to support staff health and wellbeing, reiterating that Staff Governors should communicate any further actions which could be undertaken.

**iii. Audit Committee**

Mr Malik highlighted that action was being undertaken to address staff defined as 'decision makers' who had yet to make their annual standards of Business Conduct declarations.

Completion of actions as a result of reviews by the Internal Auditor had improved from the previously reported 64% to 77%.

One final report had been completed relating to Learning from Incidents. The opinion had been separated into two, with a significant assurance opinion for evidence on learning from incidents, and a limited assurance opinion in relation to the Organisational Learning Action Tracker.

The Committee's terms of reference had been reviewed and would be submitted to the Board of Directors for approval.

**iv. Quality Committee**

Dr Shah commented that operational challenges were being reflected in performance across a number of metrics and reports being presented to the Quality Committee.

Improvements were being seen by the Committee in a number of areas such as mortality, addressing the Care Quality Commission findings and Serious Incidents.

Although, not a matter considered by the Quality Committee, Mr Cocks based upon a personal experience approximately two years ago, sought assurance on the processes with regards to post-operative anticoagulation.

Mrs Dobson outlined the current process, with Mr Havenhand concurring that through his own experience, whilst daunting, information provided and support given by the Trust had been exceptional.

**v. Charitable Funds Committee**

Mr Smith indicated that the report provided an update on recent activities of the Charitable Funds Committee, including items funded by the Charity for the benefit of both staff and patients.

Grants from NHS Charities Together had funded a number of projects, with applications being progressed to access further grants.

**ITEMS FOR INFORMATION**

**83/21 INTEGRATED PERFORMANCE REPORT**

The Council of Governors received and noted the Integrated Performance Report (IPR) considered at the Board of Directors meeting held on 5 November 2021.

**84/21 FINANCE REPORT**

The Council of Governors received and noted the Finance Report considered at the Board of Directors meeting held on 5 November 2021.

The Director of Finance reported that the Trust had successfully completed the first half of the financial year and had received its financial allocation for the second half of the year.

The draft financial plan for the remainder of 2021/22 had been considered by the Board of Directors and would be submitted to the South Yorkshire and Bassetlaw Integrated Care System.

Mr Havenhand confirmed that the Board of Directors had been assured about the financial position of the Trust.

**85/21 RESET AND RECOVERY OPERATIONAL REPORT INCLUDING COVID-19 UPDATE**

The Council of Governors received and noted the Reset and Recovery Report considered at the Board of Directors meeting held on 5 November 2021.

The Director of Operations / Deputy Chief Operating Officer took the opportunity to report that although there continued to be significant operational challenges, positive progress continued in terms of the elective recovery. The aim remained that no patient was waiting longer than 52 weeks by the end of March 2022. However, this was dependent upon the ongoing challenges associated with the pandemic.

**86/21**      **APPROVED COUNCIL OF GOVERNORS SUB COMMITTEE MINUTES**

The Council of Governors received and noted the approved minutes from the following:

- i. Governor Nomination Committee held on 28 July 2021
- ii. Member Engagement Group held on 08 June 2021

**87/21**      **ISSUES TO BE ESCALATED TO THE BOARD OF DIRECTORS**

There were no items to be escalated to the Board of Directors.

**88/21**      **COUNCIL OF GOVERNORS WORK PLAN**

The forward work plan was received and noted.

Governors were reminded to liaise with the Lead Governor should there be any item they wish to add to future agendas.

**89/21**      **QUESTIONS FROM ANY MEMBER OF THE PUBLIC / ANY OTHER BUSINESS**

It was noted that no questions had been received from any member of the public prior to the meeting.

Ms Hagger raised a matter with regards to the Trust's Organ Donation Committee, in that the Committee was seeking an enthusiastic lay ambassador. Should any Governor be interested, they were requested to contact the Corporate Governance Manager in the first instance.

**ACTION – All Governors**

**90/21**      **CLOSE OF THE MEETING**

The Chair confirmed that the next meeting of the Council of Governors would be held on Wednesday, 09 February 2022.

In accordance with section 4.6 of the Standing Orders for the Practice and Procedure of The Council of Governors, the Council of Governors resolved:

*That representative of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest or other special reasons.*

The Council of Governors reconvened in confidential session to discuss agenda item 75/21.

**Martin Havenhand**  
**Trust Chairman**

**Date:**

Council of Governors Action Log

Log No	Meeting date	Report/ agenda title	Min Ref	Action	Lead Officer	Time scale	Response	Open/close
<b>2019</b>								
24	Oct-19	Matters arising	2019/76i	To discuss current arrangements re electronic appointments booking system and provide an update to next meeting	Chief Operating Officer (COO)	Jan-20	Update 02.11.21: Review has been completed with an number of recommendations to be considered. Internal discussions ongoing. 10.11.2021 Trust Chairman to discuss the position with the Interim CEO and COO Update as of 26th January 2022 the Executive Team have met and agreed a comprehensive outpatients improvement program. The Executive sponsor will be the COO, with program lead the General Manager for Clinical Support Services. A program manager has been appointed and commenced in the role. The first scoping meeting was held in December 2021. Key workstreams identified and included within the scope are Data collection dashboard development, Review of patient satisfaction and development of stakeholder group, Review of clinic start and finish times, Clinic booking facility, Review of electronic appointment partial and full booking system, and use of electronic SMS text reminders. Recommend to close the action, with the outpatients improvement team to feedback to Governors in 4- 6 months and has been added to forward work plan for CoG	Rec to close
<b>2021</b>								
14	Nov-21	Five Year Strategy	76/21	Progress against the operational objectives would be monitored by the Board of Directors and through the Board and its Committee updates would be provided to the Council of Governors.	Deputy Chief Executive		Operational Objectives report routinely submitted to Board of Directors to be provided to CoG. Added to forward work plan and agenda item 16/22 for information.	Rec to close
15	Nov-21	Five Year Strategy	76/21	Membership and Engagement Strategy 2022 -2025 to be factored into the Five Year Strategy	Deputy Chief Executive		We have developed a list of all the strategies which underpin the Trust Strategy to ensure they support the wider Trust goals, of which the Membership and Engagement strategy is one.	Rec to close

16	Nov-21	Quality Accounts	78/21	CoG to be involved in consultation process on development of 9 domains for 2022/23 Quality priorities	Interim Chief Nurse		February 2022 agenda, item 10/22	Rec to close
17	Nov-21	People Committee	82/21	Staff Governors to notify Dr Gardner of any further actions which could be taken to support staff health and wellbeing	Staff Governors		No comments submitted	Rec to close
2022								

Open
Rec to close
Closed

## COUNCIL OF GOVERNORS MEETING: 09 February 2022

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**Agenda item:** 07/22

**Report:** **Chairman's Report**

**Presented by:** Martin Havenhand, Chairman

**Author:** as above

**Action required:** For noting

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### **1.0 Introduction**

1.1 This report provides an update of activities since the last Council of Governors meeting in November 2021.

### **2.0 South Yorkshire Integrated Care System – Acute Federation**

2.1 Legislation to establish the new Integrated Care Boards (ICB) has been delayed and the SY ICB will now be formally established on 1<sup>st</sup> July 2022 and not 1<sup>st</sup> April 2022.

2.2 As part of the new ICB arrangements “Provider Collaboratives” are being established to work across the System. There will be a collaborative for Acute; Mental Health and Primary Care.

2.3 The Acute Provider Collaborative for SYICB will be known as the “Acute Federation” and its members are Barnsley Hospital NHS FT; Doncaster Teaching Hospital NHS FT; Rotherham NHS FT; Sheffield Children’s NHS FT and Sheffield Teaching Hospitals NHS FT. A new board has been established from January 2022 with each Trust Chair and Chief Executive being a member. We have appointed an Interim Managing Director in advance of a substantive appointment being made later this year.

2.4 I am Chair of the Acute Federation for 2022. The board will meet in shadow form until 1<sup>st</sup> April 2022.

### **3.0 Meeting with Pearse Butler, Chair Designate of the South Yorkshire Integrated Care Board**

3.1 The Chairman and Interim Chief Executive welcomed Pearse Butler on a visit to Rotherham Hospital as part of his ‘getting to know’ the NHS facilities across South Yorkshire. It was a good opportunity for the Trust to inform Pearse of some significant developments that have taken place within the hospital over the last few years including the urgent and emergency care centre, discharge lounge and the central control centre.

### **4.0 PROUD Awards**

4.1 The Rotherham NHS Foundation Trust annual PROUD Awards were held virtually on 19 November 2021. Although it was a virtual event, everyone who was able to participate had a great evening. There was an award given in thirteen categories:



- Values Award: Tony Bennett – Security
- Governor’s Award for Outstanding Colleagues: Sharon Ducker, Therapy Services
- Safe and Sound Award: Security and Children’s Ward
- Diversity and Inclusion Award: Paul Stewart and Gail Smith – Medicine
- Innovation and Improvement Award: Hip and Knee School
- Clinical Team of the Year: Supportive / Palliative Care Team
- Non-Clinical Team of the Year: Isolation and Curtain Team
- Public Recognition Award: John Brammer – Theatres
- Inspiring Leader Award: Sarah Newbold – Staff Engagement
- Apprentice of the Year Award: Claire Wilson – Estates
- Unsung Hero Award: Lisa Kerry – Stroke
- Chief Executive’s Award: Critical Care
- Chairman’s Award: Maternity Services

There was also special recognition award for Thunder the Therapy Dog who is a regular visitor to the Trust and brings joy to colleagues and patients with his kind, calm and loving nature.

- 4.2 It was very humbling to hear individual stories about our colleague’s significant contributions to patient care in the face of unprecedented challenges caused by the COVID 19 pandemic. The Board all attended the event and want to place on record our appreciation to all of the winners and all of those who were nominated.

## **5.0 Recognition of Learning Awards**

- 5.1 The Chairman and Interim Chief Executive attended the Recognition of Learning event on the 19 November and the Interim Chief Executive distributed certificates to a number of colleagues who had been successful in their training and academic and vocational qualifications.

## **6.0 Ambition Rotherham Board**

- 6.1 The Chairman chaired a meeting of the Rotherham Together Partnership, Ambition Rotherham Board on 17 November which focused on the positive messaging about Rotherham and the approach of ‘Rotherham a place to be proud of’.

- 6.2 Rotherham will be hosting three Women’s European football matches in 2022 and preparations are starting in earnest for Rotherham becoming the ‘children’s capital of culture’ in 2025.

## **7.0 NHS providers Chairs and CEO Network**

- 7.1 On the 2 December the Chairman attended this event where an update was received from the Chief Executive of NHS England, Amanda Pritchard, who highlighted the key issues being faced by the NHS, covid-19, elective recovery and winter. The Chief Executive of NHS Providers, Chris Hopson gave a strategic overview of the challenges facing the NHS and explained how NHS Providers were supporting and representing NHS provider Trusts in discussions at a national level and particularly around the health and care bill progressing through parliament.

## **8.0 Appointment of Chief Operating Officer**

8.1 Following a national recruitment process Sally Kilgariff our Director of Operations and Deputy Chief Operating Officer has been appointed Chief Operating Officer. She will take up the role in June 2022 on the retirement of George Briggs.

## **9.0 Yorkshire and Humber Chairs meeting 8 Dec 2021**

9.1 The Chairman attended this meeting which included presentations from the NHSE/I Chief Finance Officer, Julian Kelly, Richard Barker Regional Director of NHSE/I and Chris Hopson, Chief Executive of NHS Providers.

## **10.0 Strategic Board Meetings**

10.1 10 Dec 2021 - All Board directors attended an extremely valuable NHS cyber security training session presented by Templar Executives Ltd.

10.2 The second part of the Board session included a presentation by Robert McGough, a partner with Hill Dickinson Solicitors, who provided an up-to-date overview of the development of the Integrated Care Board and the Trusts involvement in the South Yorkshire system Provider Collaborative and our engagement within Rotherham Place and Rotherham Place Provider collaborative.

10.3 4 February 2022 - At this strategic meeting the Board of Directors will be looking in detail at the implementation plan for the Five Year Strategy and discussing the SY ICS Acute Federation Update.

## **11.0 Membership & Engagement Strategy**

11.1 The Membership and Engagement Strategy 2022 – 2025 approved by the Council of Governors at their November 2021 meeting was discussed and also approved by the Board of Directors at their meeting on 7 January 2022. The Governor Member Engagement Group will now oversee delivery of the strategy objectives.

**Martin Havenhand**  
**Chairman**  
**January 2022**

## COUNCIL OF GOVERNORS MEETING: 09 February 2022

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**Agenda item:** 09/22

**Report:** Report from Governors Member Engagement Group

**Presented by:** Gavin Rimmer, Lead Governor/Group Chair

**Author(s):** Dawn Stewart, Corporate Governance Manager

**Action required:** For noting

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### 1.0 **Background**

This item sets out to report on the matters and discussions held at the Governors Member Engagement Group (The Group) meetings held on 21 December 2021 and 11 January 2022.

### 2.0 **Resources to Support Membership Engagement**

The Group welcomed the allocation of interim resources to support implementation of the Membership Engagement Strategy and to progress some of the activities detailed later within this report. Although, originally scheduled to start in late December 2021, Kylie Wheeler, would now start in mid-January 2022.

### 3.0 **Membership Engagement Strategy Implementation Plan**

The Group received the implementation plan to support achievement of the Membership Engagement Strategy approved by the Council of Governor at their November 2021 meeting.

The implementation plan would have two objectives with milestones for each element supporting each objective:

- Objective 1 : To build and maintain our membership numbers by actively recruiting and retaining our members
- Objective 2 : To effectively engage and communicate with members

The Group further requested that the 2022 Governor election timetable be added to the implementation plan.

The Group would be exploring engagement opportunities with the Communication Team and Engagement and Inclusion Lead.

The Group was assured that progress was now being seen in actively progressing membership engagement.

### 4.0 **Cleansing of Membership Database**

The Group noted that the Public Membership having received a communication from the Trust in early September 2021 had had the opportunity to provide their e-mail details in order to increase electronic means of communication between the Trust and its membership.

Whilst 10% of the total public membership, circa 1,000 members, now had email contact details, the Group considered that other electronic communication channels could be utilised such as social media, in addition to traditional methods of communication.

The Group also discussed other mechanisms to recruit and engage with the Public Members, with suggestions to utilise the Rotherham Health App and vaccination centres to be further explored.

## **5.0 Governor Elections 2022**

The Group was informed of the Public Constituencies where elections would be held in 2022.

Eleven seats in total would be subject of election, these were:

Public:

- Wentworth North (2 Seats)
- Wentworth Valley (1 Seat)
- Rother Valley West (2 Seats)
- Rotherham North (1 Seat)
- Rotherham South (2 Seats)

Staff – 3 Seats

The formal process would commence in early March and close in mid-May 2022, with the focus of communication activities to be from January to March.

The Group received the demographics for each public constituency to help inform any activities they undertake in promoting the role of Governor to support nominations to ensure a diverse Council of Governors.

The Group would welcome the Council of Governors supporting the elections through promoting the role of a Governor.

## **6.0 Public Panel**

The Group would welcome the support of the Council of Governors in supporting the work of the Public Panel.

A number of sessions have been arranged to enable the general public to offer their views. Information on the dates and topics for these sessions can be found on the Trust's website

[Public Panel | Rotherham NHS Foundation Trust \(therotherhamft.nhs.uk\)](https://therotherhamft.nhs.uk)

It is important for the Trust to engage with its service users to obtain their views, therefore the Group would welcome the Council of Governors sharing the details of these sessions.

## **7.0 Engagement to ensure a diverse membership**

The Group welcomed the views of Shakoor Adalat, Partner Governor Rotherham Ethnic Minority Alliance, as to the steps which could be taken to ensure a diverse and engaged membership, which in turn would promote the role of the Governor and the Council of Governors. A productive discussion was held by the Group, with a number of actions to be taken forward.

## **COUNCIL OF GOVERNORS MEETING: 09 February 2022**

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**Agenda item:** 10/22

**Report:** 2022/23 Quality Account and Governors' Indicator

**Presented by:** Helen Dobson, Interim Chief Nurse

**Action required:** To note

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### **1.0 Introduction**

1.1 The Council of Governors plays an important role in determining the priorities for the Quality Account in the forthcoming year.

### **2.0 2021/22 Priorities**

2.1 In 2021/22 the Trust identified 9 quality improvement priorities, which were as follows;

#### Patient Safety

- Reduce Hospital Standardised Mortality Ratios (HSMR) and improve Learning from Deaths
- Falls
- Pressure Ulcers Prevention

#### Clinical Effectiveness

- Triangulation of Learning
- NICE and Policy Compliance
- Research Awareness - how does the organisation make research opportunity known to patients, the public and healthcare professionals?

#### Patient Experience

- Volunteers
- Responding and Learning from Friends and Family Test Survey
- Engagement with seldom heard groups with the aim of addressing any health inequalities

2.2 Progress against the achievement of these priorities is reported internally through the Clinical Governance Committee and Quality Committee. A paper on the year end position will be brought to a future Council of Governors meeting.

### **3.0 2022/23 Priorities**

3.1 The 2022/23 Priorities are still being developed, however the following has been proposed (from which the final nine will be selected);

## Patient Safety

- Implementation of NHS Improvement Safety Huddles
- Timely escalation and appropriate response to deteriorating patients
- Implement and embed Patient Safety Incident Response Framework (PSIRF)
- Diabetes insulin care/management
- Embedding of safe oxygen prescribing
- Improve medication management throughout the organisation - top 3 improvements to be identified
- Ensuring digitally requested investigations are reviewed and responded to appropriately
- Reduction in Hospital Acquired Infections

## Patient Experience

- Improved patient discharge process
- To develop and embed a Mental Health Strategy that provides care based on PLACE data
- Improved compliance with nutrition and hydration needs
- Develop a robust process to measure and improve following patient/user feedback
- Reinstate multi stakeholder patient experience visits to inform improvements
- Develop comprehensive and accessible patient information materials

## Clinical Effectiveness

- Reduction in patient treatment waiting times
- Implement a ward accreditation programme
- Development of an effective corporate tracker of triangulated learning from actions.
- Identify and develop a quality improvement tool for the organisation
- Clear digital identification of clinically unwell patients to drive quality improvements
- To further develop the resuscitation programme to provide accredited training courses
- Continuation of mortality and learning from deaths improvement work
- Expansion of digital flow programme

3.2 The long list has been identified from a variety of data sources that suggest these are areas for improvement such as external reviews, user feedback, audits, and performance data. Although each of these areas will be developed over the next year, consultation has commenced to identify which of these should be more formally scrutinised through the Quality Priority process.

3.3 It has been agreed that when setting the individual objectives to achieve these improvements, there will be a focus on ensuring that objectives are realistic and achievable within the agreed time period and that this reflects the uncertainty that the healthcare sector is currently operating within.

#### **4.0 Governor Choice of Indicator**

- 4.1 In previous years, the annual Quality Account has been produced and also included (as the Quality Report) within the Annual Account. Last year, there was no national requirement to include the Quality Report within the Annual Account and guidance has been published to confirm that this remains the case for 2021/22. The Quality Account will therefore only be published as a separate document.
- 4.2 There is also no national requirement for NHS Foundation Trusts to obtain external auditor assurance on the Quality Account. Any NHS Foundation Trust may choose to locally commission assurance over the Quality Account; although approval from within the Trust's own governance procedures is sufficient. A final decision on this has not yet been taken.
- 4.3 This means that there is no requirement for the Governors to select a local indicator for external audit although the views of the Council of Governors on the quality priority long list would be considered as a key stakeholder as part of the final selection process.
- 4.4 The 30 June 2022 has been confirmed as the date by when the Quality Account must be published on the Trust website.

#### **5.0 Conclusion**

- 5.1 The Governors are no longer required to select an indicator for audit of the Quality Account, however the Council of Governors are encouraged to provide feedback on the quality priorities to be selected for 2022/23.

**Helen Dobson  
Interim Chief Nurse  
February 2022**



**COUNCIL OF GOVERNORS MEETING: 09 February 2022**

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**Agenda item:** 11/22

**Report:** Corporate Governance Report

**Presented by:** Angela Wendzicha, Director of Corporate Affairs

**Author(s):** Dawn Stewart, Corporate Governance Manager

**Action required:** For noting

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**1. Introduction**

The following report provides a brief overview of some regulatory, statutory or statutory changes across healthcare since the last report to the Council of Governors.

**2.0 COVID Vaccinations as a condition of deployment**

2.1 The Council of Governors will note the changing position in relation to this matter and further updates are likely to be available at the meeting.

**3.0. Non-Executive Board Champions**

3.1 New guidance was published by NHS England and Improvement in December 2021 relating to a new approach to Non-Executive Director champion roles.

3.2 The position at the Trust was reviewed in response to the guidance, with the Board of Directors approving the number of Board champions be reduced, with the following being retained

<b>Role</b>	<b>Non-Executive Director Champion</b>
Maternity Board Safety Champion	Lynn Hagger
Wellbeing Guardian	Jo Bibby
Freedom to Speak Up	Kamran Malik
Doctors Disciplinary	Nicola Bancroft
Security Management	Mike Smith

3.3 The Director of Corporate Affairs will work with the Board to ensure role descriptions will be available and each Non-Executive Director is supported in these roles.

3.4 Former champion roles not referred to above will be aligned and overseen through the appropriate Board Assurance Committee(s).

**4.0 2022/23 Operational Planning Guidance**

4.1 On Friday 24 December, NHS England and NHS Improvement (NHSE/I) published the 2022/23 operational planning guidance. The priorities included in the document set out the task for the next financial year as the provider sector works to restore services, reduce the care backlog, and expand capacity.

#### 4.2 Key points from the guidance include:

- NHSE/I have acknowledged that the immediate operational focus for trusts should be on delivering on the objectives set out in the recent letter, 'Preparing the NHS for the potential impact of the Omicron variant'.
- The planning timetable and submission deadlines will be extended to the end of April 2022 and draft plans will be due in mid-March.
- Detailed annexes on revenue and capital allocations have not yet been published.
- Given the uncertain timeframe for the passage of the Health and Care Bill, the move to placing integrated care systems (ICSs) on a statutory footing will be pushed back to 1 July 2022.
- The priorities set out in the planning guidance are based on COVID-19 activity and disruption returning to early summer 2021 levels.
- Systems are being asked to deliver on the following ten priorities:
  - a. Investing in the workforce and strengthening a compassionate and inclusive culture
  - b. Delivering the NHS COVID-19 vaccination programme
  - c. Tackling the elective backlog
  - d. Improving the responsiveness of urgent and emergency care and community care
  - e. Improving timely access to primary care
  - f. Improving mental health services and services for people with a learning disability and/or autistic people
  - g. Developing approach to population health management, prevent ill-health, and address health inequalities
  - h. Exploiting the potential of digital technologies
  - i. Moving back to and beyond pre-pandemic levels of productivity
  - j. Establishing Integrated Care Boards and enabling collaborative system working

#### **5.0 NHS England and NHS Improvement**

- 5.1 Since the last meeting of the Council of Governors it has been announced that NHS Digital and NHSX are to be incorporated into NHS England and NHS Improvement.
- 5.2 It is anticipated that as a single organisation, there would be further acceleration of the digital transformation of the NHS and redoubling of efforts to address health inequalities.
- 5.3 It has been further announced that Health Education England is also to merge with NHS England and NHS Improvement.

**Dawn Stewart**  
**Corporate Governance Manager**  
**October 2021**

## **COUNCIL OF GOVERNORS MEETING: 09 February 2022**

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**Agenda item:** 12/22(i)

**Report:** **Report from the Finance and Performance Committee (FPC)**

**Author and Presented by:** Nicola Bancroft, Chair of FPC

**Action required:** To note

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1.0 FPC continues to meet monthly, although the January 2022 meeting was cancelled due to operational pressures being faced by the Trust from the Omicron variant of COVID 19. Chair's Assurance Logs from recent meetings were provided to the Board of Directors at their January 2022 meeting to demonstrate the degree of assurance received on all key matters.

### **2.0 Divisional Updates**

2.1 Since the last report to the Council of Governors, the FPC have received presentations from the Senior Management Teams from the Division of Medicine (November meeting) and Division of Clinical Support Services (December meeting).

2.2 The key messages from the Division of Medicine were:

- At Month 7 the Division was carrying a pay surplus of £170K, due in part to an underspend in the nursing pay budget of £80K and a reduction in locum spend.
- The Cost Improvement Programme (CIP) target for Medicine is £715K with recurrent schemes worth £614K identified.
- The Division had agreed a 'control total' for the full year of a £100k surplus.
- Operational performance challenges have been recognised within the specialities of Dermatology and Gastroenterology, resulting in increased waiting lists and the number of overdue follow-ups increasing.
- The emergency pathway has been extremely challenging, directly impacting on referral response times.
- There has been an improvement in cancer performance with all targets met except for the 2 week wait – this was due to patient choice and capacity issues due to such as short notice sickness.

2.3 The key messages from the Division of Clinical Support Services were:

- At Month 8 the Division was carrying a surplus of £59K and £306K Year to Date. The forecast outturn position is £74K surplus against an agreed control total of £100K.
- Pressures remain within Pharmacy in relation to staffing and recruitment with a plan in place.
- Establishment control and exceptional spend panel meeting now takes place on a weekly basis for additional scrutiny and challenge for all requested posts.
- The South Yorkshire & Bassetlaw (SYB) Pathology Network Business Case carries the ongoing retention and recruitment risks which are being managed.

- The Division is forecasting a CIP gap of £75K which the Leadership Team confident that this will be closed by the end of the year. The main risk is that the majority of schemes are non-recurrent and the Division are aware of the financial risk potentially being carried forward into the next financial year.
- Support had been given in relation to the Divisional Capital Plan with approval for the second MRI Scanner, replacement autoclaves and replacement general X-ray room. In addition there has been some targeted investment funding via South Yorkshire ICS to replace the Pharmacy Robot.

### **3.0 Operational Priorities**

- 3.1 The Committee received and discussed the update on progress against the 2021/22 Operational Priorities noting the one programme that is currently behind plan relates to Admission Avoidance and completion of the associated Business Case relating to Same Day Emergency Care (SDEC).
- 3.2 The Committee noted the ongoing work and significant operational pressures due to the pandemic, clarity was therefore sought as to the potential effect on completion of those programmes with an Amber status.

### **4.0 Integrated Performance Report**

- 4.1 The Committee in receiving the Integrated Performance Report had noted the following key issues:
- Increasing waiting lists continue to be a concern with the additional problem with access to ENT (Ears, Nose and Throat) in Doncaster.
  - Increasing demand within Urgent and Emergency Care Centre (UECC) with the associated increase in waiting times.
  - Improvement has been seen in cancer waits overall but some issues around capacity remain in general surgery and urology. Discussions are ongoing in how the Trust manages cancer in the future with the assistance of a focused management team.
  - The Community teams remain under pressure from a staffing perspective.
- 4.2 The Committee has also discussed how we know what 'good' looks like in terms of compliance against national standards and has requested the inclusion of benchmarking information into future reports.
- 4.2 In terms of winter planning, the Committee had noted the improvements made as a result of the recovery plan but remained concerned around waits in the UECC. All 'winter beds' have been opened.

### **5.0 Financial Report**

- 5.1 The Month 8 position was as follows:
- Good financial position with a surplus to plan of £630K and £1,030K to plan year to date
  - Some non-recurrent allocations have been assigned to the Trust but not yet received
  - The Trust does not foresee any difficulty in signing off as a Going Concern at the end of the year.

- Work remains ongoing to provide further clarity on our performance against the Better Payments Practice Code.
- Discussion took place in relation to the Carbon Energy Fund Scheme in particular the use of the contingency fund which was deemed to have been appropriately managed.
- The Committee in receiving a number of reports are assured on delivery of the £5m Cost Improvement Target

## **6.0 Board Assurance Framework and Risk Management**

- 6.1 The Committee now considers the Board Assurance Framework (BAF) and risk management at each meeting.
- 6.2 The three BAF risks aligned to the Committee have been discussed.
- 6.3 The Committee further discussed the BAF target scores for the year end and the rationale for those noting that due to the current position relating to the pandemic, the target score for BAF2 (Demand for care exceeds the resources available, leading to failure to achieve recognised healthcare standards and to recover performance to the required levels within agreed timeframes) is likely to remain at 16. The Committee further discussed and agreed the target scores for both BAF 8 (The financial plan is not delivered) and BAF 9 (The lack of capital investment may affect the delivery of some services ) are expected to remain the same until the year end.
- 6.4 The Committee discussed the three risks on the Trust Risk Register rated 15 and above assigned to the Finance and Performance Committee noting the review carried out by the newly appointed Quality, Governance and Risk Manager concluding that action plans to support mitigation of risks are not widely available on the Datix system.
- 6.5 A detailed piece of work has begun to address the gaps within the Risk Register and support end users in utilising the system effectively. The Committee have requested sight of the implementation plan at the January 2022 meeting.

**Nicola Bancroft**

**Non-Executive Director, Chair of Finance and Performance Committee**

## COUNCIL OF GOVERNORS MEETING: 09 February 2022

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**Agenda item:** 12/22(ii)

**Report:** **Report from People Committee (PC)**

**Presented by:** Lynn Hagger, Chair of People Committee

**Author(s):** as above

**Action required:** To note

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1.0 PC continues to meet monthly, although the January 2022 meeting was cancelled due to operational pressures being faced by the Trust from the Omicron variant of COVID 19. Chair's Assurance Logs from recent meetings were provided to the Board of Directors at their January 2022 meeting to demonstrate the degree of assurance received on all key matters.

### 2.0 **Divisional Update**

2.1 Since the last report to the Council of Governors, the PC have received presentations from the Senior Management Teams from the Division of Medicine (November meeting) and Division of Clinical Support Services (December meeting).

2.2 The key messages from the Division of Medicine were:

- Increased recruitment to both nursing vacancies and medical consultant vacancies in addition to the positive responsiveness of colleagues to the continuing COVID-19 pandemic.
- The positive response to the pandemic also created sustained pressures that impacted on the health and wellbeing of staff – this has resulted in the Divisional focus around health and wellbeing as follows:
  - Psychological support
  - Team time sessions
  - Promotion of health and wellbeing services
  - Increased use of the Trust therapy dog
  - Conversation Café's
  - Rewarding and acknowledging colleagues
  - Challenging behaviors and ensuring kindness, care and compassion to each other
- The Division are undertaking activities with regard to Equality, Diversity and Inclusion, including training across the wards and departments from the Equality and Diversity Team on how the team support staff and patients to bring their whole self to hospital in addition to race, religion in healthcare and understanding disability.
- The challenges in the Key Performance Indicators in relation to sickness and compliance with Personal Development Reviews.

2.2 The key messages from the Division of Clinical Support Services were:

- Staff have worked very hard during the pandemic and continue to be responsive to ongoing pressures and associated daily challenges.
- Maintaining positive compliance with Mandatory training, Personal Development Review completion and sickness absence rates. Compliance with Information Governance training has reduced but a plan was in place to improve compliance rates.
- The Division have a number of successful Apprenticeships ongoing and were looking at different ways of working to develop colleagues.
- Increased health and wellbeing offer for staff and promotion of local, regional and national support networks.
- Senior Leaders involved in the Team at the Top Leadership training with additional leadership development and training.
- Successful recruitment to posts within Radiology that have historically been difficult to recruit to.
- Key risks related to the continued challenges of a workforce dealing with the enhanced pressure of increased acuity and activity.
- A number of staff being supported through long COVID and long term sickness being managed through appropriate management plans.
- The proposed Pathology Operating Model South Yorkshire and Bassetlaw Integrated Care System Business Case remains an ongoing risk due to the potential impact on recruitment and retention of staff.

### **3.0 Board Assurance Framework and Risk Register**

3.1 The Committee now considers the Board Assurance Framework (BAF) and risk register at each meeting.

3.2 The quarter three position against the BAF risks aligned to the PC were considered at the December 2021 meeting.

3.3 Although the Committee noted the additional controls in place for BAF Risk 4 (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), following discussion, the PC agreed the scores should remain unchanged with further work required on the descriptors to ensure they are measurable.

3.4 The PC agreed that that progress is being made with the BAF Risks aligned to the Committee.

3.5 In terms of the risk register, there are currently no risks rated 15 and above aligned to the PC. However, the Committee noted that additional work was being undertaken by the Quality, Governance and Risk Manager on the risk register.

### **4.0 Workforce Report**

4.1 The Committee in receiving the December Workforce Report had noted the following:

- Sickness absence remains high across the Trust at 6.83% with the expectation that the new COVID variant will adversely impact on staff absence.

- Overall core mandatory training compliance remains above the Trust target at 85% with job specific below target at 77%.
- The 12 month rolling appraisal compliance rate is 82% with all Divisions being below the Trust target with the exception of Surgery (93.03%).
- Work continued around Equality, Diversity and Inclusion in particular the engagement work the team are currently doing with clinical teams around the behavioral framework.

## **5.0 Operational Objectives**

- 5.1 PC have discussed the three Operational Objectives aligned to the Committee noting that the delivery of the health and wellbeing has a 'green' status with the remaining two (employer of choice and organisational development programme) both showing an 'amber' status.
- 5.2 The Committee have discussed the outstanding actions and delays in progress due to operational pressures, noting that a plan was in place to address the outstanding issues.

## **6.0 Staff Survey**

- 6.1 The final overall response rate to the Staff Survey had been 59.6% and an improving trend in response rates from previous years.
- 6.2 The Trust is awaiting the feedback reports which are expected to highlight areas of good practice and opportunities for improvement.

## **7.0 Flu and COVID vaccination**

- 7.1 The Committee noted the Trust's successful Flu and COVID Vaccination programme. At the end of November 2021, the Trust had delivered 11,000 vaccinations and by the end of December 2021 will have delivered an additional 4,500 vaccinations.
- 7.2 The Trust continues to support Rotherham Place in the delivery of 13,000 COVID booster vaccinations in addition to working with the Rotherham Clinical Commissioning Group in vaccinating the 12-15 year old age groups.
- 7.3 The Committee continues to monitor the position in relation to the potential impact of the Governments requirement for all front line staff to be vaccinated against COVID as a condition of employment.

## **8.0 Demand and Capacity**

- 8.1 The Committee has received an update on the evolving model relating to demand and capacity planning that would also supports the job planning process. Development of an internal capacity planning tool remains ongoing, with the Committee to receive an update on progress at its April 2022 meeting.

## **9.0 Equality and Diversity**

- 9.1 The Committee received an update across a number of areas, including:



- An EDI lead for health and wellbeing has been appointed and will commence in post shortly.
- Recent international recruits are being supported by the team.
- The work carried out by the Engagement and Inclusion Lead in relation to highlighting gaps around Health Inequalities was commended.
- Divisional work was beginning to start again but staff networks have been challenged due to operational pressures
- The positive introduction of interns

**Lynn Hagger**  
**Non-Executive Director Chair of People Committee**

## **COUNCIL OF GOVERNORS MEETING: 09 February 2022**

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**Agenda item:** 12/22(iii)

**Report:** **Report from Audit Committee (AC)**

**Presented by:** Kamran Malik, Non-Executive Director Chair of Audit Committee

**Author(s):** as above

**Action required:** To note

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- 1.0 There has been no routine meeting of the Audit Committee (AC) since 29 October 2021, with the outcome of that meeting having been provided in the Chair's Report to the November 2021 Council of Governors meeting.
- 2.0 However, two meetings were convened on 07 and 30 December 2021 to facilitate discussion of the Board Assurance Framework (BAF) prior to consideration by the Board of Directors.
- 3.0 The 07 December 2021 AC meeting had considered the quarter two BAF, with the 30 December meeting considering the quarter three position.
- 4.0 In terms of the quarter three position, the AC had received and discussed the outcome of the discussions held by each of the Board Assurance Committees in December in relation to the BAF risk scores.
- 5.0 The AC consider that robust discussion was now being undertaken by each of the Board Assurance Committees in terms of both the BAF and the risk register.
- 6.0 The AC were assured of the actions being taken to strengthen the BAF process and align the BAF to the risk register.
- 7.0 The BAF will form part of the risk management review to be undertaken by the Internal Auditors starting in January 2022.
- 8.0 The 2022/23 BAF is planned to be considered by the Board of Directors in February 2022.

**Kamran Malik**  
**Non-Executive Director, Chair of Audit Committee**

## COUNCIL OF GOVERNORS MEETING: 09 February 2022

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**Agenda item:** 12/22(iv)

**Report:** **Report from Quality Committee (QC)**

**Presented by:** Runit Shah, Chair of Quality Committee  
**Author(s):** as above

**Action required:** To note

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1.0 The Quality Committee continues to meet monthly, with Chair's Assurance Logs from recent meetings provided to the Board of Directors at their January 2022 meeting to demonstrate the degree of assurance received on all key matters. Since the last report to the Council of Governors, the Quality Committee has met on two occasions, December 2021 and January 2022.

### **2.0 Divisional Update**

2.1 At its November 2021 meeting the Committee commenced its' programme of Divisional presentations as part of its routine agenda.

2.2 The first presentation was received from the Division of Medicine, who provided an overview of the senior management team in addition to of the metrics relating to the quality agenda.

2.3 The challenges within the Division related to staffing levels, with the Committee having noted the ongoing work to support recruitment and retention, in addition to the health and wellbeing for staff.

2.4 The Committee had particularly welcomed the information relating to quality improvement, in particular around falls in addition to the outcome approach of the Perfect Ward audit programme.

2.5 The Quality Committee will continue to receive monthly Divisional presentations with a focus on quality metrics.

### **3.0 Board Assurance Framework and Risk Register**

3.1 Both the Board Assurance Framework (BAF) and the risk register are now discussed by the Committee on a monthly basis.

3.2 The Committee discussed in detail the BAF Risks aligned to the Committee and have agreed the proposed risk scores for Quarter 3 for those specific risks acknowledging that the target scores for the those risks have not been met for the first half of the year. The Committee agreed that for BAF Risk 1 (Standards and quality of care do not deliver the required patient safety, clinical effectiveness and patient experience that meet regulatory requirements) remains at 20; BAF2 (Demand for care exceeds the resources available, leading to failure to achieve recognised healthcare standards

and to recover performance to the required levels within agreed timeframes) remains at 16; BAF Risk 3 (Should the Trust fail to 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 (experiences, quality and outcomes) for those who use our services) remains at 20 and finally, BAF Risk 6 (Insufficient robust Trust-wide quality and clinical governance arrangements impede the delivery of a number of Trust plans /objectives) remains at 20.

- 3.3 The Committee further discussed and noted the rationale for the target scores to remain the same until the year end.
- 3.4 The Committee agreed that the BAF has been strengthened insofar as how the risks are reviewed and updated noting the development work that has begun on the new BAF risks that link with the new 5 Year Strategy.
- 3.5 The Committee in reviewing the risks on the risk register aligned to the Quality Committee rated 15 and above discussed in detail the lack of visibility of action plans, however noted the detail contained within the plan presented by the Quality Governance and Risk Manager.

#### **4.0 Infection Control**

- 4.1 The Committee receives on a monthly basis an Infection Prevention and Control report, which includes the latest position against such as COVID-19 infection rates. The Committee discussed the fluctuating rates of COVID-19 positive patients and the impact on services.
- 4.2 The Committee noted that mitigating actions are in place including testing of non-elective patients on admission and at 3 day intervals.

#### **5.0 Operational Plan**

- 5.1 The Committee at its December 2021 meeting discussed the amber status of the two programmes aligned to the Quality Committee and expressed concern around the decision to postpone the relaunch of the Quality Strategy.

#### **6.0 Mortality**

- 6.1 The Committee has noted that the Summary Hospital-level Mortality Indicator (SHMI) data indicated that the Trust remained within the 'As Expected' band.
- 6.2 There continued to be the challenges around the process of learning from deaths, with a programme of work commenced by the recently appointed Learning from Deaths Manager to strengthen this process.
- 6.3 The Committee also discussed the challenges for mortality reviews and in particular in relation to the lack of data received via Dr Foster. In addition, changes to the way in which Stage 1 reviews are carried out following receipt of a National Medical Examiner's Directive resulting in this process reverting back to a paper-based system which in itself highlighted a risk to the delivery of the programme.

## **7.0 Serious Incidents**

- 7.1 In receiving the monthly Serious Incident report the Committee were assured that the level of incidents being reported was comparable to organisations of a similar size and highlighted a positive reporting culture at the Trust.
- 7.2 Work remains ongoing in ensuring oversight of completion and implementation of action plans.

## **8.0 Patient Experience Quarterly Report**

- 8.1 The Committee received the quarterly report, which indicated that against the Care Quality Commission (CQC) Patient Surveys, the Trust had been classified as one of the 10 Trusts achieving worse than expected. The Committee discussed the position and escalated the matter to the Board of Directors.

## **9.0 Health and Safety Executive**

- 9.1 The Committee noted the outcome of the recent Inspection by the Health and Safety Executive resulting in some improvements required to our overarching risk assessment relating to violence and aggression, risk assessments and training relating to moving and handling and the requirement to carry out risk assessment training. Assurance was received that the action plan would be completed as required by 28 February 2022. The Committee discussed the differences between risk assessments from a health and safety perspective and assessment of risks on the risk register.

## **10.0 Health and Safety Annual report**

- 10.1 The Committee received and recommended the annual Health and Safety Report 2020/21 to the Board of Directors.

## **11.0 Safer Staffing Reports**

- 11.1 The Committee has received two separate reports relating to Allied Health Professional and Medical staffing and was assured by the detail in both reports that the Trust is meeting safer staffing levels and where there are gaps in the medical workforce, work remains ongoing to recruit to those posts.
- 11.2 The Committee continues to closely monitor the impact to patients in terms of quality and patient experience against nurse staffing levels, and particularly in response to the pandemic.

## **12.0 Care Quality Commission**

- 12.1 The Committee continues to receive monthly reports in relation to delivery of the action plan following the recent inspection by the Care Quality Commission. The Committee received assurance around the new process introduced at Divisional level to demonstrate progress against the actions.

### **13.0 Clinical Effectiveness Quarterly Report**

13.1 The Quality Committee noted the lack of progress against some of the audits have not been completed or abandoned. All audits are currently under review.

### **14.0 Management of Sepsis**

14.1 The Quality Committee remains sighted on the ongoing issues with the management of sepsis and has sought a deep dive report for the next Committee.

**Dr Runit Shah**  
**Non-Executive Director Chair of Quality Committee**

## **COUNCIL OF GOVERNORS MEETING: 09 February 2022**

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**Agenda item:** 12/22(v)

**Report:** **Charitable Funds Committee (CFC) Chair's Report**

**Presented by:** Michael Smith, Chair, Charitable Funds Committee

**Author(s):** as above

**Action required:** To note

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1.0 Since the last report to the Council of Governors, the CFC has met once on 02 December 2021, with the key matters discussed detailed below.

### **2.0 Charity Annual Report and Accounts 2020/21**

The CFC having considered the Charity Annual Report and Accounts (2020/21), recommended that they were approved by the Corporate Trustee at their meeting held on 10 December 2021.

The Annual Report and Accounts can be found on the Charity Commission website.

### **3.0 Financial Position**

As previously reported, donations continue to be received. However, given the global context, they still remain relatively low. Work is ongoing to improve our fundraising within a new overall strategy.

### **4.0 Fundraising Activities**

The focus of activities over the festive period has been to raise funds for the refurbishment of the children's outdoor play area. A sub group has been meeting to formulate and implement ideas. Activities included a baking competition with the entries being judged and subsequently sold at a staff event in the wellbeing garden, where Christmas themed items were also sold and a raffle held.

A Santa's Jog saw people jogging, walking, cycling and horse riding for a minimum of 5km and paying a fee. Board members and others also wore Christmas Jumpers on an assigned day, again for a fee.

At the time of writing £6,486.23 has been raised.

### **5.0 NHS Charities Together**

During 2020/21 the Rotherham Hospital and Community Charity has benefited from a number of grants received from NHS Charities Together, primarily supporting the development of the Wellbeing Garden and Woodland Walk. The CFC is currently overseeing production of a new application, concerning psychological therapy which it is hoped will be supported by NHS Charities Together.

## **6.0 Charity Documentation**

A review of all governance documentation relating to the charity is being undertaken by the Director of Corporate Affairs.

## **7.0 Charity Relaunch**

During the latter half of 2021, the CFC has been focussed on developing a long-term strategy to facilitate a relaunch of the Charity to the population of Rotherham and to build up funds.

## **8.0 Charity Risk Register**

Similar to the Trust, the Charity has in place a risk register. The identified risks are monitored on a routine basis by the CFC, with agreement having been reached at the December meeting that the risks should be the subject of a detailed review.

**Michael Smith**

**Non-Executive Director / Chair of Charitable Funds Committee**



**Report as considered by Board of Directors  
Council of Governors agenda item 13/22**



**The Rotherham**  
NHS Foundation Trust

Board of Directors Meeting  
07 January 2022

<b>Agenda item</b>	P15/22
<b>Report</b>	<b>Integrated Performance Report – November 2021</b>
<b>Executive Lead</b>	Michael Wright, Deputy Chief Executive
<b>Link with the BAF</b>	B1, B2, B9
<b>How does this paper support Trust Values</b>	The Integrated Performance Report supports the Trust's <i>Ambitious</i> value in ensuring we are constantly striving to deliver stronger performance across all of the core domains.
<b>Purpose</b>	<b>For decision</b> <input type="checkbox"/> <b>For assurance</b> <input checked="" type="checkbox"/> <b>For information</b> <input type="checkbox"/>
<b>Executive Summary</b> (including reason for the report, background, key issues and risks)	<p>The Integrated Performance Report is the monthly summary of Trust performance across the four domains of Operational Delivery, Quality, Finance and Workforce.</p> <p>This month's report relates to November 2021 data wherever it is available. It highlights performance against agreed national, local or benchmarked targets. Statistical Process Control charts are included against key metrics.</p>
<b>Due Diligence</b>	Each of the Assurance Committees have received the relevant elements of the Integrated Performance Report or identical information, with the Executive Directors approving the content for their domain.
<b>Board powers to make this decision</b>	In order to be assured of the performance of the organisation, the Board needs to have visibility of the Trust's performance against core metrics.
<b>Who, What and When</b>	The Deputy Chief Executive is the Lead Executive for reporting on the performance of the organisation through the Integrated Performance Report on a monthly basis.
<b>Recommendations</b>	It is recommended that the Board of Directors note the Trust's performance against the metrics presented in the Integrated Performance Report and receive assurance on the basis of this report.
<b>Appendices</b>	Integrated Performance Report – November 2021 Integrated Performance Report Commentary – November 2021

# Board of Directors

# Integrated Performance Report - November 2021

Provided by

Business Intelligence Analytics, Health Informatics



PERFORMANCE SUMMARY

Quality	Operational Delivery	Finance	Workforce	Activity
Mortality	Planned Patient Care	Financial Position	Workforce Position	Acute
Infection Prevention & Control	Emergency Performance			Community Services
Patient Safety	Cancer Care			
Maternity	Inpatient Care			
Patient Feedback	Community Care			

CQC DOMAINS

Responsive	Effective	Safe	Caring	Well Led
Planned Patient Care	Mortality	Infection Prevention & Control	Patient Feedback	Workforce position
Emergency Performance	Inpatient Care	Patient Safety		Financial Position
Cancer Care		Maternity		
Community Care				

Trust Integrated Performance Dashboard - Operations

KPI		Reporting Period	Type of Standard	Target	Previous Month (3)	Previous Month (2)	Previous Month (1)	Current Month	YTD 21/22	Same Month Prev. Yr.	Trend	Data Quality
<b>Planned Patient Care</b>												
P1	Waiting List Size	Nov 2021	L	19,705	19,765	19,705	20,478	20,489	20,489	13,993		
P1A	Number of RTT Patients with a Decision to Admit	Nov 2021			2,644	2,773	2,914	3,038	3,038	3,719		
P2	Referral to Treatment (RTT) Performance	Nov 2021	N	92%	83.2%	82.5%	83.2%	81.9%	83.4%	69%		
P3	Number of 52+ Weeks	Nov 2021	L	48	124	67	47	44	44	445		
P3A	Number of 104+ Weeks	Nov 2021	N	0	0	0	0	0	0	0		
P4	Overdue Follow-Ups	Nov 2021	L	8,700	9,510	9,393	9,754	10,340	10,340	12,512		
P5	First to follow-up ratio	Nov 2021			2.99	3.05	2.97	2.88	2.98	3.27		
P6	Day case rate (%)	Nov 2021	B	80%	83.7%	85.2%	85.1%	87.7%	83.4%	90%		
P7	Diagnostic Waiting Times (DM01)	Oct 2021	N	1%	24.2%	23.8%	19.1%	17.4%	23.8%	42%		
P8	Diagnostic Activity Levels											
<b>Emergency Performance</b>												
E1	Number of Ambulance Handovers > 60 mins	Nov 2021	CQC	0	178	206	190	307	1,326	62		
E1A	Number of Ambulance Handovers > 30 mins	Nov 2021	CQC	0	384	441	438	579	3,038	211		
E2	Average Time to Initial Assessment in ED (Mins)	Nov 2021	N	15	23	27	25	28	23	16		
E3	Proportion of patients spending more than 12 hours in A&E from time of arrival	Nov 2021			6.74%	6.86%	7.89%	10.06%	7.87%			
E4	Number of 12 hour trolley waits	Nov 2021	N	0	0	0	0	0	0	0		
E5	Conversion rate from A&E (not including Observations)	Nov 2021			22.8%	21.9%	22.1%	21.5%	21.2%	27%		
E6	Proportion of same day emergency care	Nov 2021	L	33%	37.8%	41.0%	39.4%	41.6%	40.4%	34%		
<b>Cancer Care</b>												
Ca1	2 Week Wait Cancer Performance	Oct 2021	N	93%	95.2%	93.4%	92.4%	94.2%	94.4%	98%		
Ca2	2 Week Wait Breast Symptoms	Oct 2021	N	93%	92.0%	92.5%	96.2%	94.7%	91.3%	86%		
Ca3	31 day first treatment	Oct 2021	N	96%	93.8%	94.6%	95.6%	96.9%	95.9%	97%		
Ca4	62 Day Performance	Oct 2021	N	85%	78.2%	71.3%	67.9%	75.2%	73.9%	62%		
Ca5	Patients waiting longer than 62 days on the PTL	Nov 2021	L	75	87	90	86	70	70			
Ca6	28 day faster diagnosis standard	Oct 2021	N	75%	72.6%	74.8%	71.0%	73.0%	72.8%	56%		
<b>Inpatient Care</b>												
I1	Mean Length of Stay - Elective (excluding Day Cases)	Nov 2021			3.00	2.70	3.10	3.06	3.10	2.88		
I2	Mean Length of Stay - Non-Elective	Nov 2021			5.29	5.46	5.46	5.52	5.25	5.67		
I3	Length of Stay > 7 days (Snapshot Numbers)	Nov 2021	L	142	195	167	192	204	204	177		
I4	Length of Stay > 21 days (Snapshot Numbers)	Nov 2021	L	42	64	61	51	66	66	44		
I5	Right to Reside - % not recorded (Internal Performance from May)	Nov 2021	B	0%	15.3%	10.2%	11.7%	9.2%	9.2%	23%		
I6	Discharges before 5pm (inc transfers to Dis Lounge)	Nov 2021	L	70%	60.6%	60.5%	53.7%	54.8%	56.7%	53%		
<b>Outpatient Care</b>												
O1	Did Not Attend Rate (OutPatients)	Nov 2021	B	7%	8.6%	8.0%	8.7%	8.4%	8.1%	10%		
O4	% of all Outpatient activity delivered remotely via telephone or video consultation	Nov 2021	N	25%	18.4%	19.0%	15.6%	17.0%	17.7%			
O6	Number of patient pathways moved or discharged to PIFU, expressed as a proportion of all outpatient activity.	Nov 2021			0.18%	0.10%	0.03%	0.14%	0.09%			
<b>Community Care</b>												
CC1	MusculoSkeletal Physio <4 weeks	Nov 2021	L	80%	14.8%	13.7%	11.4%	16.4%	15.4%	19%		
CC2	% urgent referrals contacted within 2 working days by specialist nurse (Continence)	Nov 2021	L	95%	56.3%	58.8%	65.1%	79.2%	64.9%	89%		
CC3	A&E attendances from Care Homes	Nov 2021	L	144	119	144	143	159	159	116		
CC4	Admissions from Care Homes	Nov 2021	L	74	56	62	62	72	72	78		
CC5	Patients assessed within 5 working days from referral (Diabetes)	Oct 2021	L	95%	100.0%	70.6%	92.9%	100.0%	89.9%	98%		






Trust Integrated Performance Dashboard - Quality

KPI	Reporting Period	Type of Standard	Target	Previous Month (3)	Previous Month (2)	Previous Month (1)	Current Month	YTD 21/22	Same Month Prev. Yr	Forecast - Year End	Trend	Data Quality
<b>Mortality</b>												
M1	Mortality index - SHMI	Apr 2021	B	100	111.0	109.7	109.6	111.3	--	120.2		
M2	Mortality index - HSMR (Rolling 12 months)	May 2021	B	100	120.4	121.6	114.0	112.2	--	121.3		
M3	Number of deaths (crude mortality)	Nov 2021		-	92	90	84	110	659	157		
<b>Infection, Prevention and Control</b>												
In1	Clostridium-difficile Infections	Nov 2021		-	0	1	2	2	13	3		
In1a	Clostridium-difficile Infections (rate)	Nov 2021			32.9	32.8	29.2	27.4	0	0		
In2	MRSA Infections (Methicillin-resistant Staphylococcus Aureus)	Nov 2021	L	0	0	0	0	1	0	0		
In2a	MRSA Infections (Methicillin-resistant Staphylococcus Aureus) (Rate)	Nov 2021			1.4	1.4	1.4	1.4	0.0	0		
In3	E.coli blood bacteraemia, hospital acquired	Nov 2021			4	1	4	6	0	0		
<b>Patient Safety</b>												
PS1	Incidents - severe or above (one month behind)	Oct 2021	L	0	4	6	3	3	30	4		
PS2	% Potential of Under Reporting of Pt Safety Incidents	Nov 2021			51.4	51.9	51.2	51.7	49.8	0		
PS3	Never Events	Nov 2021	L	0	0	0	0	0	0	0		
PS4	Number of Patient Harms	Nov 2021		-	671	602	588	633	4,860	550		
PS5	Number of Patient Harms (Moderate and above)	Nov 2021		-	26	24	20	33	196	19		
PS6	Number of Patient Falls	Nov 2021		-	104	85	91	83	711	103		
PS7	Number of Pressure Ulcers (G3 and above)	Nov 2021		-	1	1	0	4	7	1		
PS8	Medication Incidents	Nov 2021		-	93	123	114	96	842	93		
PS9	Readmission Rates (one month behind)	Oct 2021	L	7.6%	8.0%	7.9%	6.8%	8.6%	8.0%	8.3%		
PS10	Venous Thromboembolism (VTE) Risk Assessment	Nov 2021	N	95.0%	96.9%	95.9%	95.4%	92.0%	95.7%	92.2%		
PS11	Number of complaints per 10,000 patient contacts	Nov 2021	L	8	9.9	5.2	9.3	10.4	7.9	12.3		
PS12	Proportion of complaints closed within 30 days	Nov 2021	L	100.0%	91.3%	100.0%	100.0%	100.0%	97.9%	100.0%		
PS13	Hip Fracture Best Compliance	Nov 2021	L	65.0%	79.2%	73.3%	74.1%	79.2%	75.5%	88.2%		
PS14	F&F Postive Score - Inpatients & Day Cases	Nov 2021	N	95.0%	99.1%	97.3%	98.0%	97.6%	97.9%	97.9%		
PS15	F&F Postive Score - Outpatients	Nov 2021	N	95.0%	97.6%	94.9%	98.7%	98.1%	97.9%	97.9%		
PS16	F&F Postive Score - Maternity	Nov 2021	N	95.0%	95.0%	100.0%	100.0%	96.9%	98.6%	98.9%		
PS17	Care Hours per Patient Day	Nov 2021	L	7.3	6.60	6.70	6.50	6.40	6.40	6.7		
<b>Maternity</b>												
Ma1	Bookings by 12 Week 6 Days	Nov 2021	N	90.0%	93.4%	93.8%	91.0%	92.5%	93.6%	91.1%		
Ma2	% of emergency Caesarean-sections	Nov 2021	L	16.5%	17.1%	19.3%	20.2%	14.8%	17.4%	17.4%		
Ma3	Breast Feeding Initiation Rate	Nov 2021	N	66.0%	67.5%	67.5%	67.1%	70.5%	68.9%	67.4%		
Ma4	Stillbirth Rate per 1000 live births (Rolling 12 months)	Nov 2021	L	4.66	4.11	4.50	4.08	3.62	3.62	4.87		
Ma4a	Number of Stillbirths	Nov 2021		-	0	1	0	0	1	1		
Ma5	1:1 care in labour	Nov 2021	L	75.0%	95.4%	97.9%	95.4%	96.4%	95.9%	96.2%		
Ma6	Serious Incidents (Maternity)	Oct 2021	L	0	0	3	0	0	4	0		
Ma7	Moderate and above Incidents (Harm Free)	Oct 2021		-	0	0	0	0	0			
Ma8	Cases Referred to HSIB	Nov 2021	L	0	0	0	0	1				
Ma9	Consultants on labour (Hours on Ward)	Nov 2021		-	62.5	62.5	62.5	62.5	62.5	--		

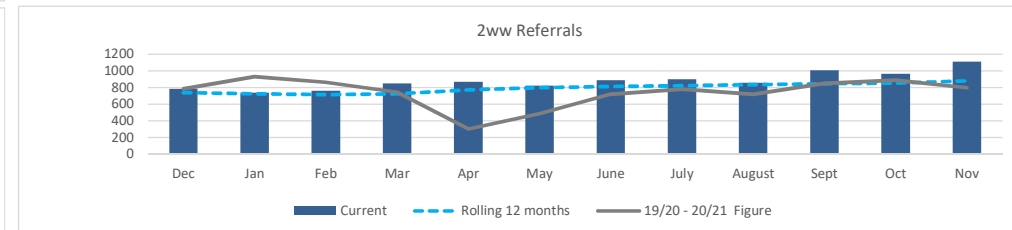
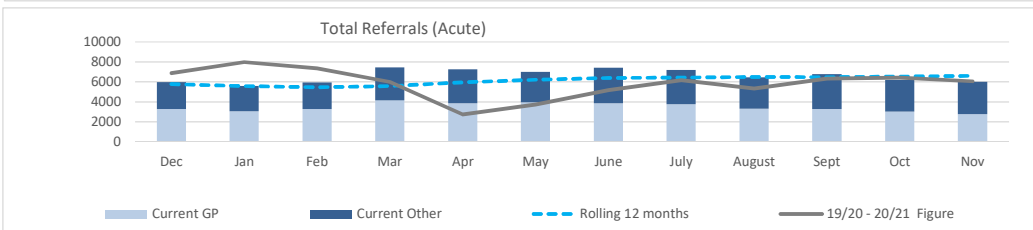
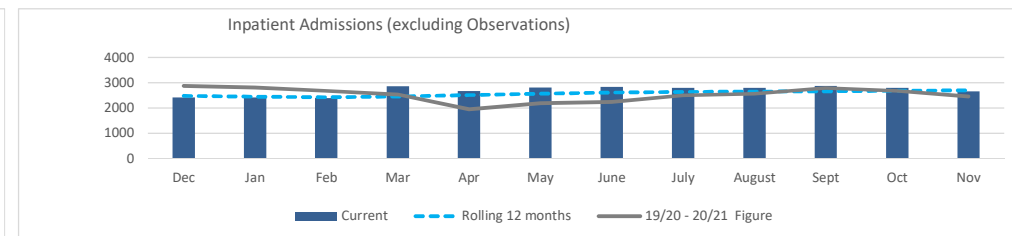
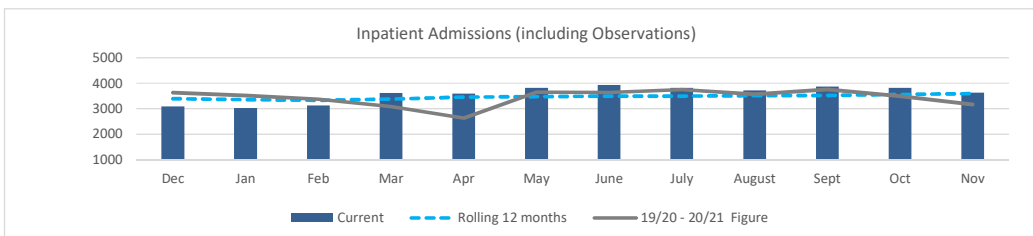
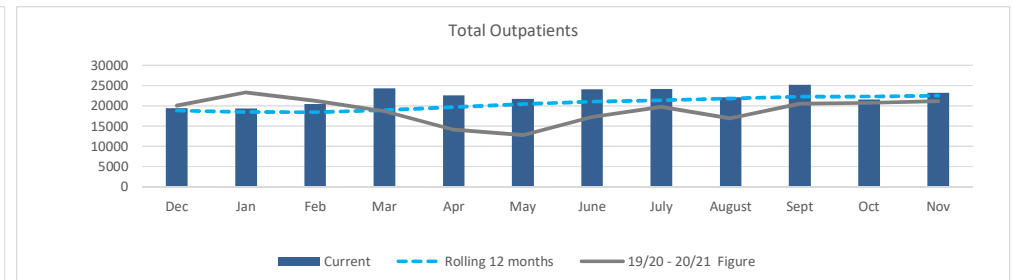
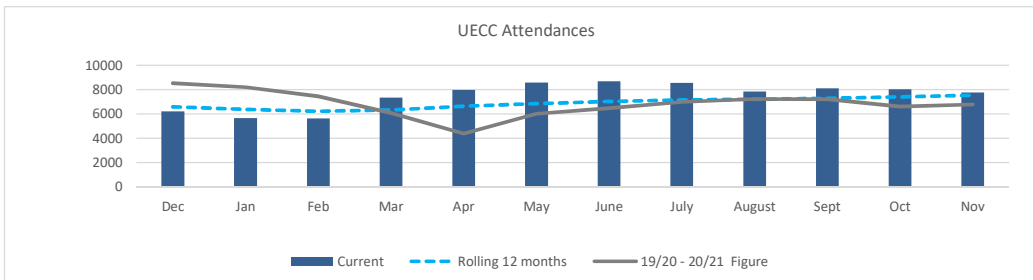
Trust Integrated Performance Dashboard - Workforce

KPI		Reporting Period	Type of Standard	Target	Previous Month (3)	Previous Month (2)	Previous Month (1)	Current Month	YTD 20/21	Same Month Prev. Yr	Forecast - Year End	Trend	Data Quality
<b>Workforce</b>													
W1	Whole Time Equivalent against plan - Total	Nov 2021	L	-236	-199	-243	-285	-279	-279	-225			
W2	Whole Time Equivalent plan - Nursing	Nov 2021	L	-106	-42	-57	-39	-23	-23	-119			
W3	Total Headcount	Nov 2021		-	4,881	4,892	4,911	4,905	4,905	4,794			
W4	Vacancy Rate - TOTAL	Nov 2021	B	5.40%	4.66%	5.65%	6.51%	6.39%	6.39%	5.38%			
W5	Vacancy Rate - Nursing	Nov 2021	B	8.10%	3.25%	4.36%	2.93%	1.79%	1.79%	9.23%			
W6	Time to Recruit	Nov 2021	L	34	28	31	31	30	30	36			
W8	Sickness Rates (%) - inc COVID related	Nov 2021	L	3.95%	6.68%	6.95%	6.84%	6.83%	5.91%	6.47%			
W9	Turnover	Nov 2021		0.63%	1.04%	1.20%	0.90%	0.80%	0.86%	0.59%			
W10	Appraisals complete (%)	Nov 2021	L	90.00%	65.00%	68.00%	79.00%	82.00%	82.00%	79.06%			
W11	MAST (% of staff up to date)	Nov 2021	L	85.00%	90.00%	89.00%	89.00%	88.00%	88.00%	91.66%			

Trust Integrated Performance Dashboard - Finance

	In Month Plan £000s	In Month Actual £000s	In Month Variance £000s	YTD Plan £000s	YTD Actual £000s	YTD Variance £000s	Forecast Variance £000s	Prior Month Forecast £000s
 I&E Performance (Actual)	(78)	552	630	(381)	649	1,030	512	108
 I&E Performance (Control Total)	(41)	589	630	(83)	946	1,029	513	109
 Efficiency Programme (CIP) - Risk Adjusted	503	1,501	998	2,762	3,567	805	157	(378)
 Capital Expenditure	1,224	1,105	119	7,334	4,517	2,817	1,077	1,000
 Cash Balance	0	1,242	1,242	1,357	30,197	28,840	14,363	13,006

Trust Integrated Performance Dashboard - Activity



Trust Integrated Performance Dashboard - Activity

**ACTIVITY**

OUTPATIENTS			
	Activity 2021	Activity 2019 (WDA)	As % of 2019/20 WDA
November	19,666	21,934	-10.3%
M7-12 YTD monthly average	40,253	46,763	-13.9%

DAYCASES			
	Activity 2021	Activity 2019 (WDA)	As % of 2019/20 WDA
November	1,990	2,061	-3.4%
M7-12 YTD monthly average	3,830	4,237	-9.6%

ELECTIVE ACTIVITY			
	Activity 2021	Activity 2019 (WDA)	As % of 2019/20 WDA
November	286	423	-32.4%
M7-12 YTD monthly average	606	841	-27.9%

**CLOCK STOPS - RTT**

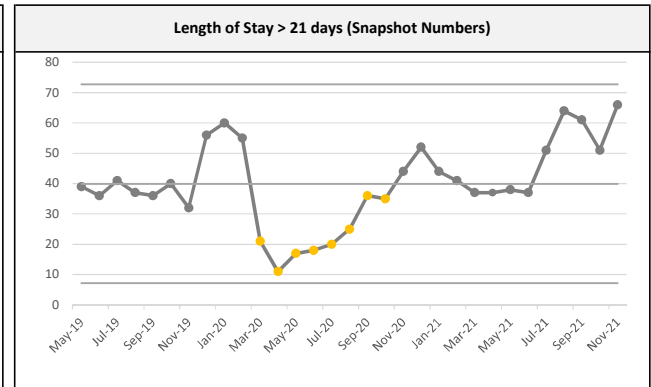
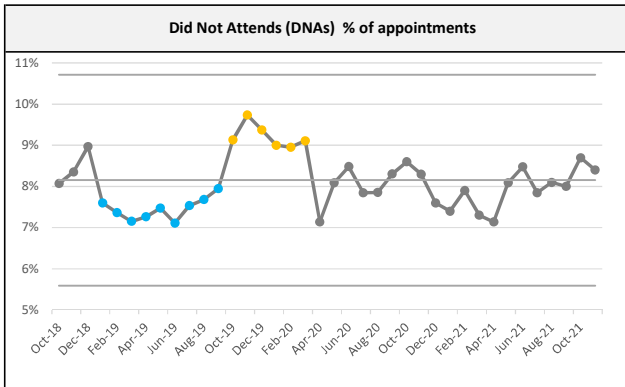
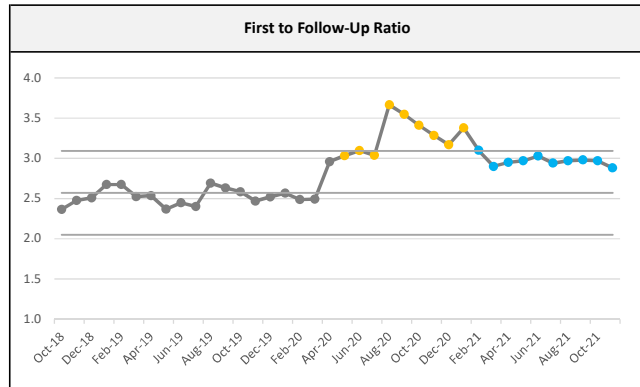
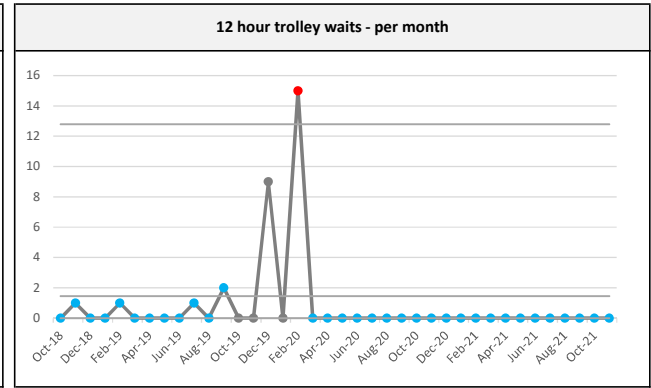
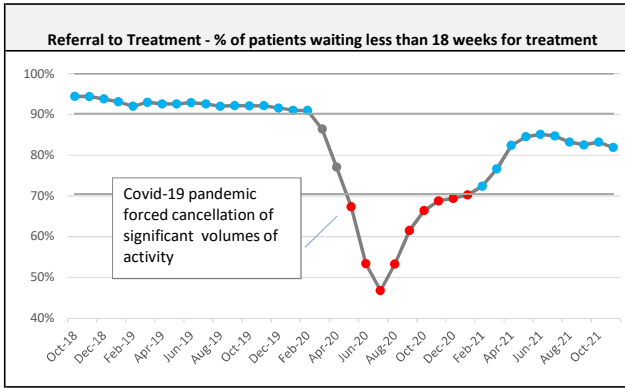
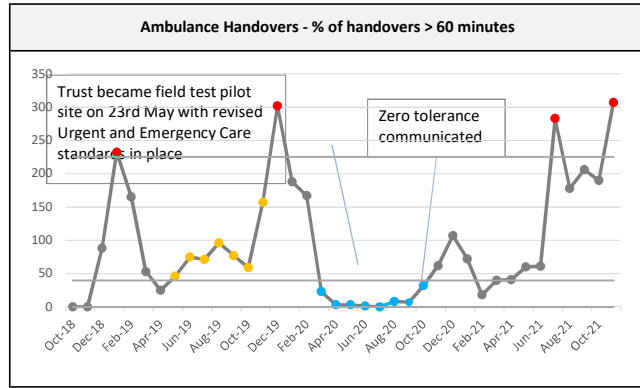
Clock Starts			
	Clock Starts 2021* includes ASIs	Clock Starts 2019	As % of 2019/20 WDA
November	7,228	6,530	10.70%
M7-12 YTD monthly average	7,089	6,998	1.30%

Clock Stops Admitted			
	Clock Stops 2021	Clock Stops 2019	As % of 2019/20 WDA
November	1,385	1,518	-8.80%
M7-12 YTD monthly average	1,295	1,590	-18.60%

Clock Stops Non-Admitted			
	Clock Stops 2021	Clock Stops 2019	As % of 2019/20 WDA
November	3,912	4,093	-4.40%
M7-12 YTD monthly average	3,777	4,296	-12.10%

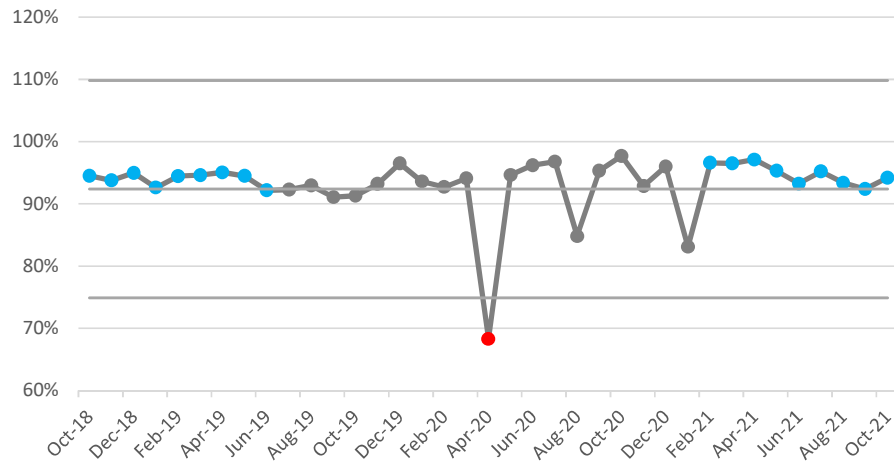


Trust Integrated Performance Dashboard - SPC Charts - Operational Performance (1)

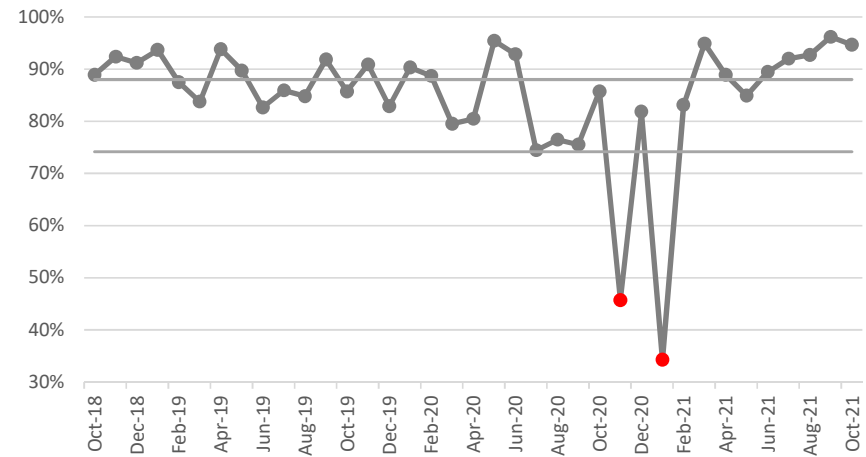


Trust Integrated Performance Dashboard - SPC Charts - Operational Performance (2)

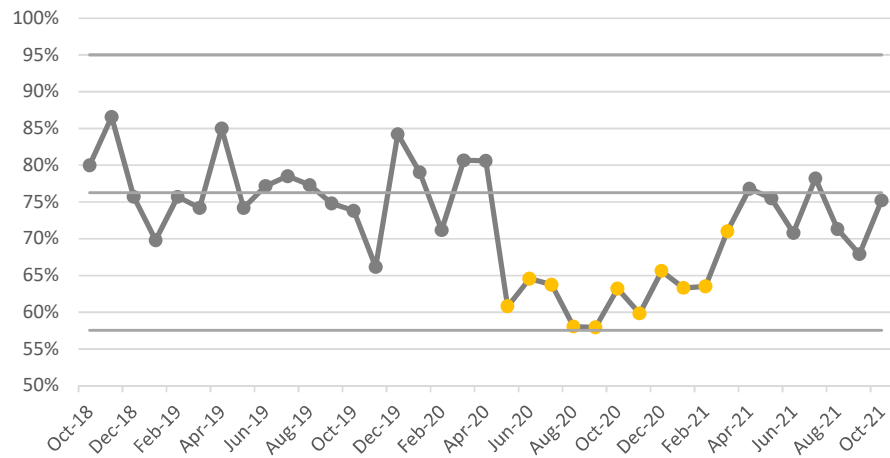
Cancer 2 week wait standard



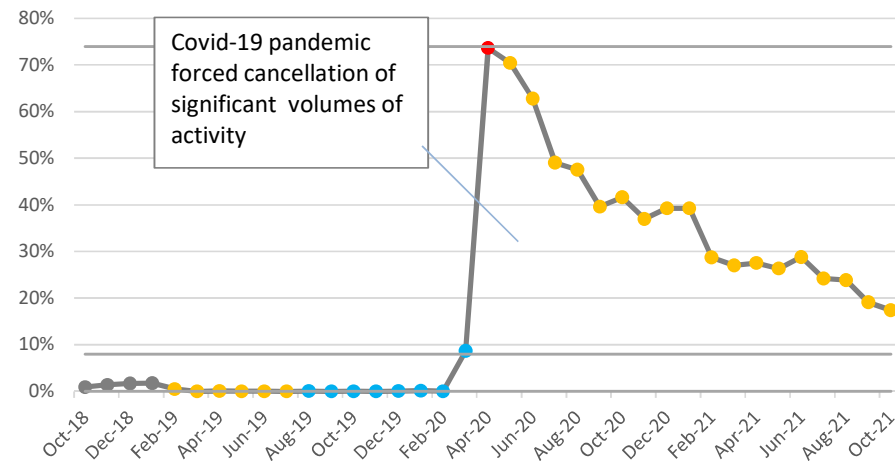
Cancer 2 week wait breast symptoms standard



Cancer 62 day first treatment standard

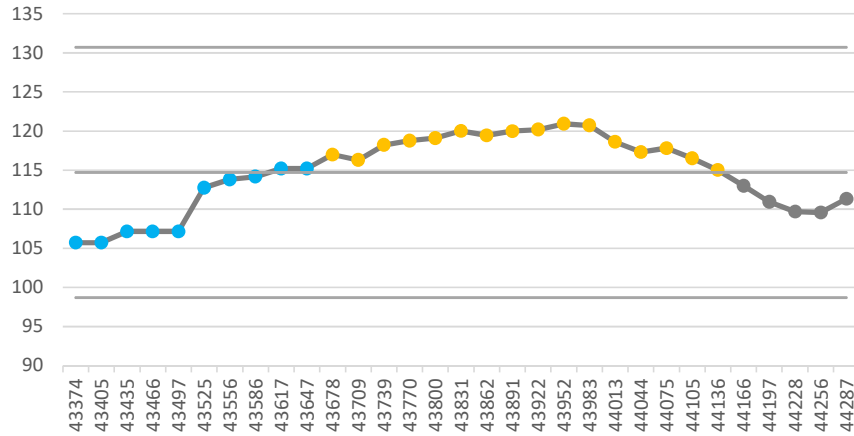


Diagnostics - % of breaches over 6 weeks (DM01)

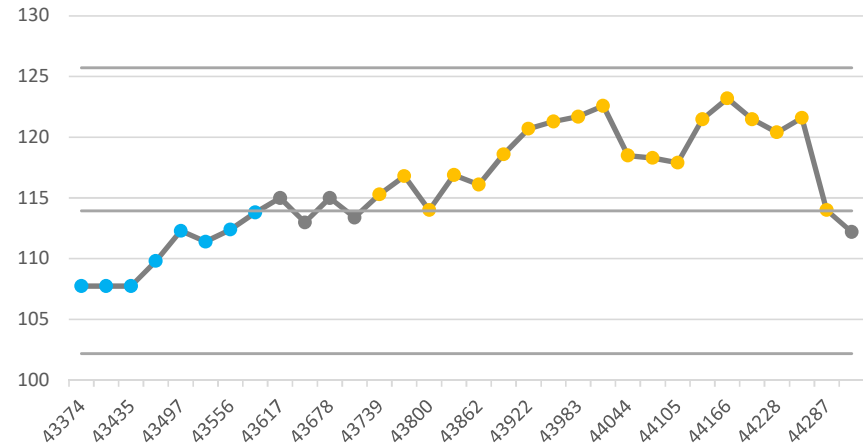


## Trust Integrated Performance Dashboard - SPC Charts - Quality (1)

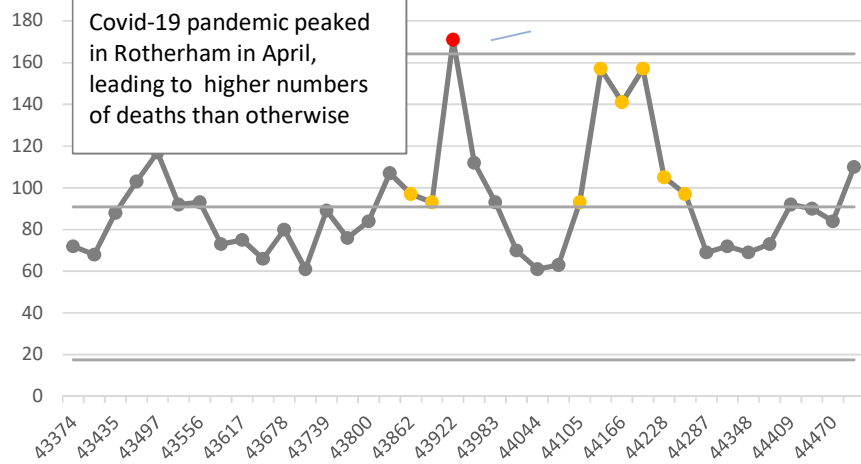
### Standardised Hospital Mortality Indicator (SHMI)



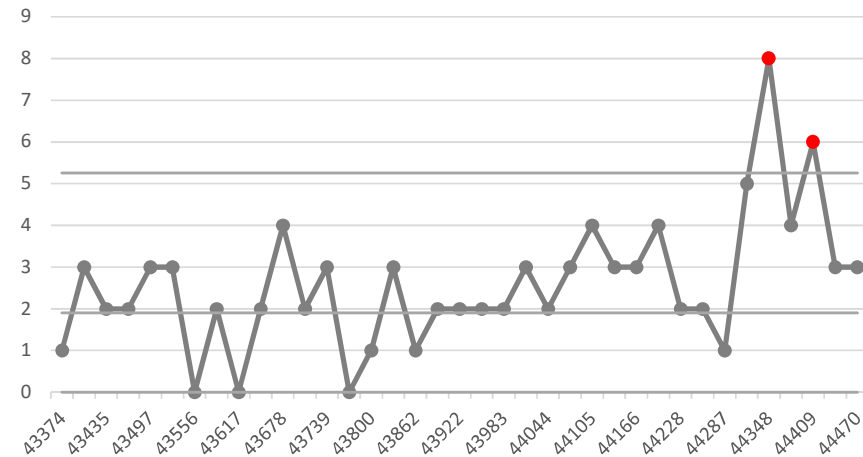
### Hospital Standardised Mortality Ratio (HSMR)



### Crude Mortality (number of deaths)

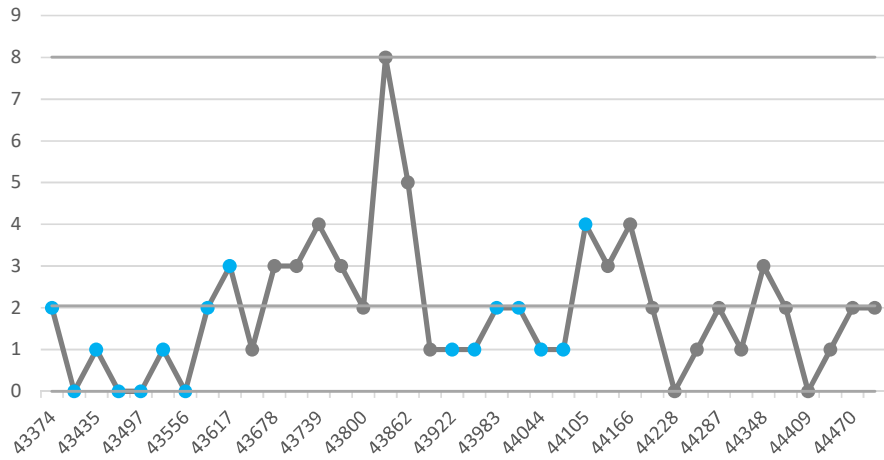


### Incidents (severe or above)

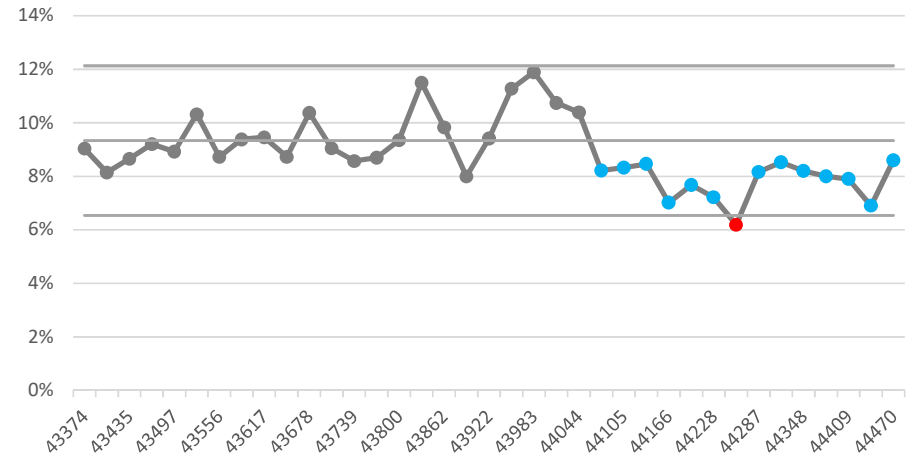


## Trust Integrated Performance Dashboard - SPC Charts - Quality (2)

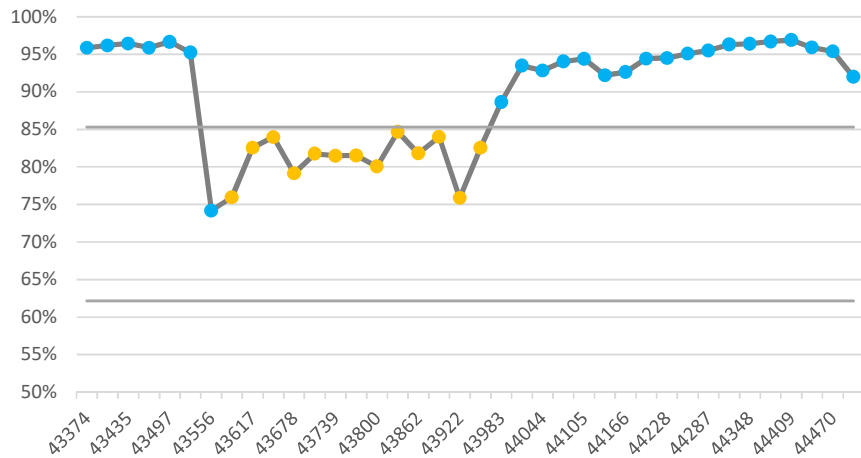
**Clostridium difficile infections (number)**



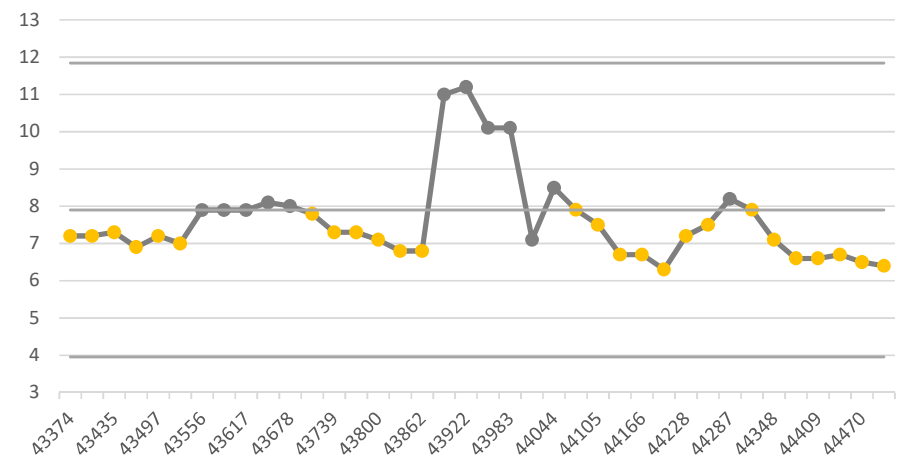
**Readmissions (%)**



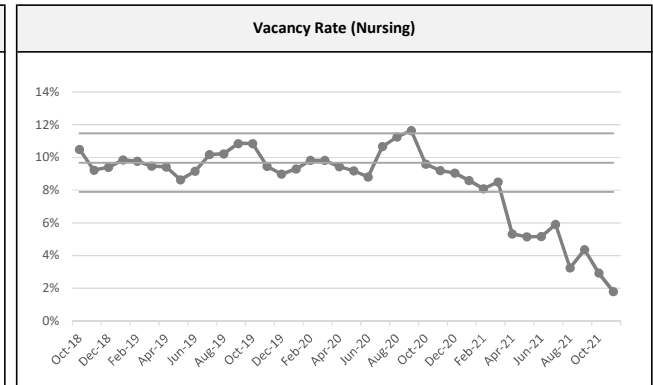
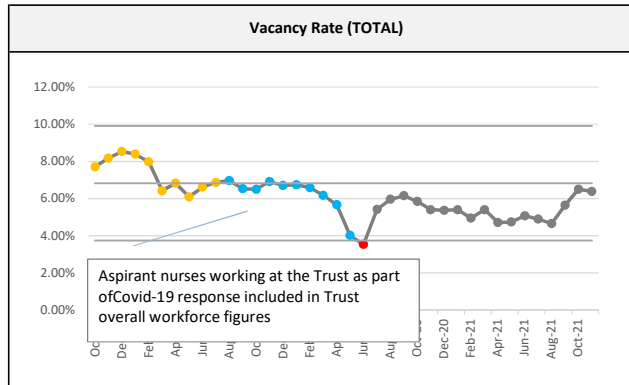
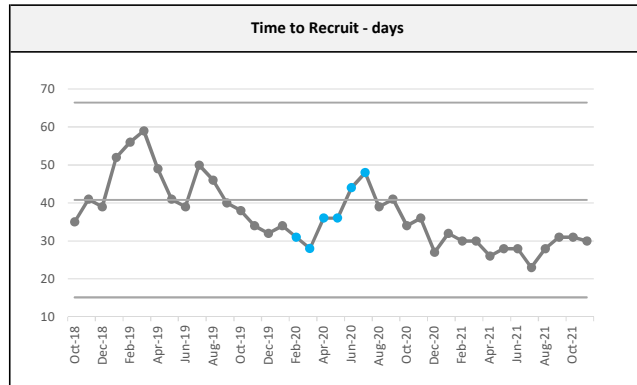
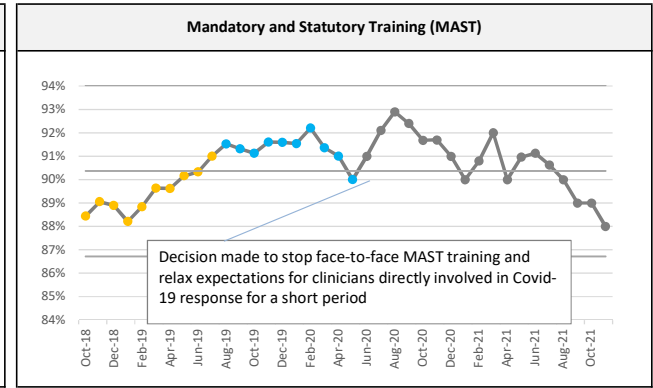
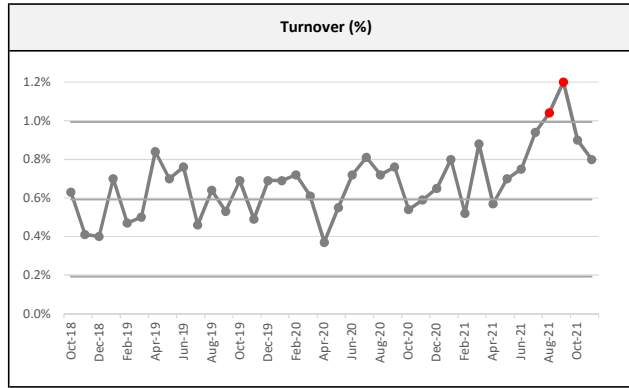
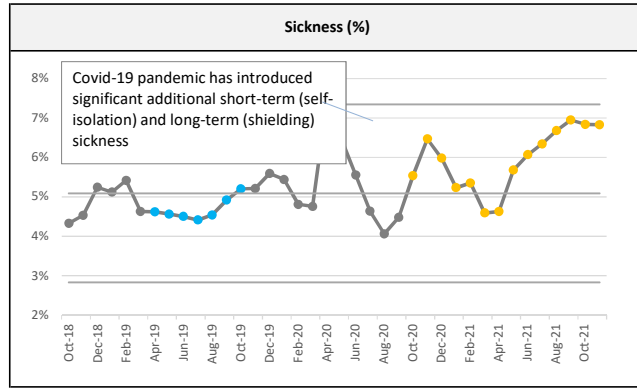
**Venous Thrombous Embolism compliance (%)**



**Care Hours per Patient Day**



Trust Integrated Performance Dashboard - SPC Charts - Workforce



Safer Staffing

Trust Wide Scorecard Rolling 12 Months & Year End position 20/21	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Daily staffing -actual trained staff v planned (Days)	85.42%	89.00%	88.00%	88.25%	86.51%	87.67%	89.80%	85.40%	82.55%	84.17%	87.39%	85.51%	86.74%
Daily staffing -actual trained staff v planned (Nights)	85.50%	89.70%	87.21%	85.24%	85.30%	88.23%	87.10%	89.95%	86.37%	83.00%	83.93%	82.94%	86.32%
Daily staffing - actual HCA v planned (Days)	91.79%	92.00%	101.69%	102.86%	105.41%	111.97%	129.70%	108.39%	104.30%	103.18%	100.43%	99.16%	101.90%
Daily staffing - actual HCA v planned (Nights)	89.44%	89.19%	99.1%	1.0071	120.72%	108.47%	113.20%	105.09%	101.02%	101.69%	98.49%	89.90%	95.29%
Care Hours per Patient per Day (CHPPD)	6.7	6.7	6.3	7.2	7.5	8.2	7.9	7.1	6.6	6.6	6.7	6.5	6.4

## Integrated Performance Report Commentary

### OPERATIONAL PERFORMANCE

#### Urgent & Emergency Care and Flow

- Site pressures increased in November, despite Covid-19 positive patients falling to the lowest level since July, in part due to significant demand at the front door with a high acuity of patients. UECC Attendances were above the previous year, 27% above November 2020 volumes and 3% above November 2019 volumes. In addition, admissions were 13% above 2019 volumes for the same month.
- The number of super-stranded patients (21 day+ length of stay) rose again in November and is well above the new national target that has been implemented in 2021/22, with a new peak for the highest numbers of 21+ day length of stay patients in the Trust.
- The increased challenges with flow through the organisation led to another difficult month regarding ambulance handover delays over 60 minutes, with over 300 recorded 'black breaches' in the month. In a further sign of the pressures in the site, 1 in 10 patients waited 12 hours in the department.
- These figures demonstrate the intense challenges experienced in the Trust in this month, through the combination of high demand at the front door, difficulties in flow out of the organisation, as well as the ongoing need to cohort Covid-19 patients appropriately.

#### Elective Care

- The size of the waiting list remained relatively stable in month, with referrals now close to pre-pandemic levels but capacity constrained by IPC requirements, sickness absence and workforce challenges. However, the RTT position deteriorated, driven by significant capacity challenges within a couple of the larger specialties. Inpatient activity was affected by the closure of one of the elective wards given the site pressures, with comparisons to volumes in 2019/20 significantly reduced.
- The drive to reduce the number of patients waiting over a year continued, and we have now seen over a 95% reduction since the peak in February 2021. Plans are in place to treat all the remaining patients by the end of March 2021. However, the recent developments around a further wave of Covid-19 and the Omicron variant is likely to lead to further cancellations of elective activity in Q4.
- From a benchmarking perspective, the October national data shows that the Trust's recovery around Referral to Treatment performance has been the

fastest of any acute or combined Trust nationally, with the Trust delivering the 7<sup>th</sup> best performance in the country. This is a particularly impressive achievement given how affected the Trust has been by Covid-19 compared to other trusts.

### Cancer

- The size of the Cancer Patient Tracking List (PTL) returned to end of September levels following a reduction in October. However, the PTL has fallen by 10% over the most recent weeks following concerted internal efforts, with the size of the Lower GI PTL – one of our most challenged tumour sites – falling by 50% over the last 3 months. The number of patients waiting over 62 days is now below target in November, although reducing it further in Q4 will become increasingly challenging given the likely impact of the next wave of Covid-19.
- Cancer recovery meetings have been re-focussed to address the ongoing challenges around 62 day performance in Lower GI and Prostate cancer, ensuring adequate time is given to supporting these two specialties to deliver.
- 62-day performance was well below the national standard again despite improving on the prior month, with 13 breaches in the month (of which 5.5 were in Urological cancers and 3.5 in Lower GI). The reintroduction of the straight to test pathway from October should support a reduction in the length of pathways in Lower GI. It has already delivered some radical improvements in the Faster Diagnosis Standard for Lower GI, with an improvement from under 35% to over 40% in October, and a further (un-validated) improvement to over 50% in November and very early data for December at over 60%.

## QUALITY SUMMARY

### Mortality

- No further Dr Foster reports have been received since the previous update in October. Therefore, as per the previous position, the HSMR is currently within the 'above expected' category. However, when all Covid-19 activity is excluded from the HSMR, the figure falls to 98.5, well below the target we set for March 2021 data, and within the 'as expected' category. This significant difference in index score demonstrates the impact that Covid-19 is having on our mortality indicator, and given the unprecedented nature of such a pandemic, it is helpful to consider multiple mortality indicators at this time, whilst the mortality models continue to be adapted. The in-month HSMR for May 2021 was 93.5, statistically within the 'as expected' band.
- Crude deaths in-month were slightly above previous months, with 33 Covid-19 related deaths compared to 20 in October 2021.



## Patient Safety

- There were 3 incidents deemed to be severe or above in November, and these have all been investigated at Harm Free Care and Serious Incident (SI) panels as appropriate. There was an increase in the total number of patient harms reported, but with 95% of these considered to cause either low harm or no harm.
- The Trust failed to meet the national Venous Thromboembolism (VTE) assessment target for the first month since February 2021, with work taking place to understand the reason for the drop in the number of VTE assessments completed within the non-achieving specialties.
- Complaints per 10,000 contacts increased again in month, although this proportionate increase was a result of 5 additional complaints in November. However, Friends and Family Test (FFT) results continued to be positive, with all scores well above the national target.
- Care Hours per Patient Day continued to be below the benchmark, although registered and unregistered fill rates were higher than October. However, unregistered fill rates are now significantly lower than Q1 this year due to an increase in vacancies over the last 6 months. The recruitment position continues to improve but with the expectation of significant staff absence through sickness and isolation over the next few months as well as increasing patient demand, the Trust is anticipating a further deterioration in the CHpPD position during January.

## Maternity

- Maternity performance was very strong this month, with the % of emergency Caesarean sections below target for the first time in 6 months. There were improvements in 1:1 care in labour and a significant increase in the breastfeeding initiation rate in month.
- CNST Update – Year 4 safety actions were launched in August 2021. These were reported via CGC in November. Areas of challenge have been identified. Carbon monoxide screening is a challenge for the region and work is ongoing with NHE/I to mitigate this.
- Ockenden – An initial report has been received from the national team regarding our submission, and an action plan is in the process of being developed by maternity services as a response to this preliminary feedback.
- Serious Incidents – There were no SIs reported in October or November.
- Maternity and Neonatal safety Champions - Meetings continue with Lynn Hagger (Non Executive Safety Champion) and Helen Dobson (Interim Chief Nurse).

## WORKFORCE SUMMARY

### Recruitment and Retention

- The Trust welcomed over 56 WTE in November 2021, with Community Services seeing the highest number of new starters in the month. These Trust figures included 12 new Nursing & Midwifery colleagues and 7 newly-qualified Nurses.
- Total Trust turnover rate was just over 10% which is a 2 percentage point increase on November 2020. Turnover is particularly high within Pharmacy and Therapies. However, the Nursing and Midwifery turnover rate remained the same as the previous month at just under 10%, with the number of nursing vacancies falling further in-month (although note that this includes a number of candidates going through the external recruitment process and awaiting PIN numbers).
- Of the 41 leavers in November, 9 colleagues left for reasons relating to work-life balance.
- There were promotions for over 22 WTE in-month, with more than 10 WTE relating to band 6 clinical staff. This will support our efforts to 'grow our own' and retain and develop our most talented colleagues with the greatest potential.

### Sickness

- The monthly sickness rate increased slightly to 6.8%, well above the 4% target. This trend was driven by an increase in short-term sickness, including for reasons of anxiety and stress as well as gastrointestinal problems and cough/cold symptoms. Sickness absence was high across all divisions, although UECC saw the highest in-month figure of 8.5%, followed by Surgery at 8.2%.
- 12-month rolling sickness rate is just under 6% compared to a figure under 4.5% a year ago. Covid-19 sickness accounts for approximately a fifth of the current sickness absence, so excluding Covid-19 sickness, the Trust is still experiencing sickness rates well above pre-pandemic levels.

### Appraisals and Mandatory Training

- Overall appraisal compliance rate is now at 82% which is a 3% increase on prior year and the previous month. All divisions are below the Trust target of 90% excluding Surgery, who achieved a figure of 93% at the end of November. Divisions continue to focus on ensuring that colleagues are released to conduct their appraisals, and that the relevant information is recorded onto the system.
- Core Mandatory and Statutory Training (MaST) is above the Trust target at 88%, although this is a slight deterioration on the previous month's performance. All Divisions with the exception of UECC and Medicine are

above the Trust target for both core and job-specific MaST combined together. However, compliance amongst Medical and Dental staff has fallen to below 80%.

- Mental Health Act training (39%), Hand Hygiene (69%) and Information Governance (80%) remain key focus areas for improvement.

## FINANCE SUMMARY

### Income & Expenditure (I&E)

- The Trust month 8 financial report shows an improvement in I&E performance in the month and year to date against the plan, with a still positive forecast variance for the year-end against the recently agreed H2 2021/22 financial plan. The control total is what the Trust's performance is measured against with NHSE/I, having adjusted for depreciation on donated assets. This positive variance equates to a £630k in-month surplus to plan, and a £1,030 surplus to plan year-to-date.
- Cost Improvement Programme performance showed over-delivery in-month (just under £1m) and year-to-date (just over £800k), based on the risk-adjusted schemes identified. If all of the risk can be eliminated, the forecast variance improves to an over-delivery of £378k against plan (+8%). However, a significant amount of this in year delivery is non-recurrent in nature, which will lead to ongoing cost containment challenges in 2022/23, especially given the financial pressures anticipated next year.
- Pay under-spent in month by £115k, with a substantial under-spend on substantive staff (£666k) being less-than-fully offset by increased expenditure on temporary bank and agency staff costs.
- The Trust is currently forecasting a surplus to plan of just over £500k for the financial year 2021/22. Within this forecast is an assumption that pay costs will overspend significantly, with a forecast improvement in recruitment to substantive staff, but also an increased reliance on agency staff within medical and nursing staff groups.

### Capital Expenditure

- Financial results for the first eight months of the 2021/22 financial year show expenditure of just over £4.5m year to date, representing an under-spend of approximately £2.8m year to date against plan. However, the forecast out-turn position shows a recovery of this compared to plan, with an under-spend of just over £1m by year-end. An under-spend of approximately £1m is required as the Trust's contribution to an SYB ICS potential over-commitment.
- There are a number of large and significant capital schemes planned for M9-12 which will lead to an increase in the run-rate. These include the purchase and installation of a new MRI scanner, ward refurbishment to allow for increased and more flexible elective bed capacity and End User

Device Refresh implementation.

### **Cash Flow**

- The Trust's underlying residual cash position is still strong when compared to the same position last year, with a closing cash balance of over £30m at the end of November.
- However, the large capital schemes still to be delivered will drive up commitments in the latter months of the year, with a forecast closing cash balance of £14.4m as at the end of March 2022.

**Report as considered by Board of Directors  
Council of Governors agenda item 14/22**

Board of Directors' Meeting  
07 January 2022



**The Rotherham**  
NHS Foundation Trust

<b>Agenda Item</b>	P17/22
<b>Report</b>	<b>Finance Report</b>
<b>Executive Lead</b>	Steve Hackett, Director of Finance
<b>Link with the BAF</b>	<p>B9 and B10: This report provides assurance regarding the financial results for April to November 2021 of the financial year 2021/22 against the Trust's approved financial plan for its income and expenditure account and capital programme, together with an update on cash management.</p> <p>A forecast out-turn position is provided up to the end of March 2022 on all of these areas.</p>
<b>How does this paper support Trust Values</b>	<p>This report supports the Trust's core values – (A)mbitious, (C)aring and (T)ogether by specifically focussing on two strategic themes:</p> <p>(a) Governance: Trusted, open governance:</p> <ul style="list-style-type: none"> <li>• Have an effective performance framework to help deliver outstanding results;</li> <li>• Be outstanding on the Care Quality Commission “well-led” framework across the Trust;</li> <li>• Have high quality data to provide robust information and support key decision making;</li> <li>• Ensure all teams have regular reviews and updates around key issues and opportunities to learn.</li> </ul> <p>(b) Finances: Strong financial foundations</p> <ul style="list-style-type: none"> <li>• Manage within approved budgets at all times;</li> <li>• Improve our efficiency and productivity and invest in our estates and facilities;</li> <li>• Use our money and resources wisely – only spend what we can afford.</li> </ul>
<b>Purpose</b>	<p><b>For decision</b> <input type="checkbox"/>    <b>For assurance</b> <input checked="" type="checkbox"/>    <b>For information</b> <input type="checkbox"/></p>
<b>Executive Summary</b> (including reason for the report, background, key issues and risks)	<p>This detailed report provides the Board of Directors with an update on:</p> <ul style="list-style-type: none"> <li>• Section 1 – Financial Summary in month and year to date – April to November 2021: <ul style="list-style-type: none"> <li>○ A summary of the key performance metrics linked to income and expenditure, capital expenditure and cash management.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Section 2 – Income &amp; Expenditure Account in month, year to date and forecast out-turn: <ul style="list-style-type: none"> <li>○ Financial results for the first eight months of the 2021/22 financial year. <ul style="list-style-type: none"> <li>- A surplus to plan of £630K in month and £1,030K surplus to plan year to date;</li> <li>- A similar surplus to a deficit (external) control total in month and £1,029K surplus year to date. This external control total performance is calculated after adjusting for depreciation on donated assets - £37K in month and £298K year to date, which does not form part of NHS funding.</li> </ul> </li> <li>○ A forecast out-turn position for the financial year showing an under-spend against plan of £512K (£513K against the external control total).</li> </ul> </li> <li>• Section 3 – Capital Expenditure 2021/22 <ul style="list-style-type: none"> <li>○ Financial results for the first eight months of the 2021/22 financial year show expenditure of £1,105K in month and £4,517K year to date representing an under-spend of £119K in month and £2,817K year to date respectively against plan.</li> <li>○ A forecast out-turn position for the full financial year is showing an expectation of delivering total expenditure of £13,581K leading to an under-spend of £1,077K. An under-spend of c. £1,000K is required as the Trust’s contribution to an SYB ICS potential over-commitment of £12,400K.</li> </ul> </li> <li>• Section 4 – Cash Flow 2021/22 <ul style="list-style-type: none"> <li>○ A cash flow statement for the first eight months of the 2021/22 financial year showing a decrease in cash of £7131K to a closing balance of £30,197K as at 30<sup>th</sup> November 2021.</li> <li>○ An indication of the cash balance as at 31<sup>st</sup> March 2022 – a further maximum probable decrease in cash of £15,834K to £14,363K.</li> </ul> </li> </ul>
<p><b>Due Diligence</b> (include the process the paper has gone through prior to presentation at Board of Directors’ meeting)</p>	<p>This report to the Board of Directors has been prepared directly from information contained in the Trust’s ledgers and is consistent with information reported externally to NHSE/I.</p> <ul style="list-style-type: none"> <li>○ The overall financial positions for I&amp;E (both actual and forecast out-turns) have been reviewed collectively by and agreed with the senior Finance Team together with the Director of Finance.</li> <li>○ The capital expenditure positions (both actual and forecast out-turns) have been discussed and reviewed by the Capital Planning &amp; Monitoring Group, chaired by the Director of Finance.</li> </ul>





















	<ul style="list-style-type: none"> <li>○ A more comprehensive and detailed report of the financial results in month, year to date and forecast out-turn has been presented to Finance &amp; Performance Committee.</li> <li>○ A summarised position of the information contained in this report has also been presented to the Executive Team.</li> </ul>
<b>Board powers to make this decision</b>	<p>Within Section 4.5 of Standing Financial Instructions – Budgetary Control and Reporting – paragraph 4.5.1 states that <i>“The Director of Finance will devise and maintain systems of budgetary control. These will include:</i></p> <p>(a) <i>Financial reports to the Board, in a form approved by Finance &amp; Performance Committee on behalf of the Board.”</i></p>
<b>Who, What and When</b> (What action is required, who is the lead and when should it be completed?)	No action to be taken given the overall satisfactory position being reported year to date and forecast out-turn positions in line with or better than plans.
<b>Recommendations</b>	It is recommended that the Board of Directors note the content of the report.
<b>Appendices</b>	<ol style="list-style-type: none"> <li>1. Income &amp; Expenditure Account Analysis for Month 8 2021/22 (November 2021)</li> <li>2. Income &amp; Expenditure Account Analysis Forecast Out-Turn Position for the Financial Year 2021/22</li> <li>3. Capital Expenditure for the Eight Months Ending 30<sup>th</sup> November 2021</li> <li>4. Capital Expenditure Forecast Out-Turn Position for the Financial Year 2021/22</li> <li>5. Cash Flow Statement for the Eight Months Ending 30<sup>th</sup> November 2021</li> </ol>

# Report as considered by Board of Directors Council of Governors agenda item 14/22

## 1. Key Financial Headlines

1.1 The key financial metrics for the Trust are shown in the table below. These are:

- Performance against the monthly income and expenditure plan;
- Capital expenditure;
- Cash management.

Key Headlines	Month			YTD			Forecast	Prior Month
	P £000s	A £000s	V £000s	P £000s	A £000s	V £000s	V £000s	FV £00s
 I&E Performance (Actual)	(78)	552	 630	(381)	649	 1,030	 512	 108
 I&E Performance (Control Total)	(41)	589	 630	(83)	946	 1,029	 513	 109
 Capital Expenditure	1,224	1,105	 119	7,334	4,517	 2,817	 1,077	 1,000
 Cash Balance	0	1,242	 1,242	1,357	30,197	 28,840	 14,363	 13,006

1.2 There is improvement in I&E performance in month and year to date against the plan with still a positive forecast variance for the year-end. The control total is what the Trust's performance is measured against with NHSE/I, having adjusted for depreciation on donated assets.

1.3 Capital expenditure is behind plan at present, both in month and year to date. A significant amount of expenditure still has to be incurred in the final four months of the financial year - £9,064K or 67% of the overall annual programme if the Trust is to deliver its planned year-end under-spend of £1,077K.

1.4 The cash position year to date is still very strong and is forecast to remain as such during the remainder of the year, despite a planned reducing cash balance throughout the remaining months.

## 2. Income & Expenditure Account

### 2.1 Financial Performance for the Eight Months Ending 30<sup>th</sup> November 2021

2.1.1 Appendix 1 shows the in-month and year to date position subjectively (by type of income/expenditure). The overall position at Month 8 is an in-month surplus to budget of £630K and a year to date surplus to budget of £1,030K.

2.1.2 Clinical income is very much in line with plan in month, as you would expect given that contracts with NHS commissioners have only recently been reset and agreed as part of setting the H2 2021/22 plan. Over-performance year to date is mainly driven by the funding for national pay awards that was accrued at the end of September 2021 and not previously budgeted for, which has now been paid by commissioners during October 2021.

2.1.3 Other operating income is above plan in month, with the major variance being on staff recharges (+£148K), which will be a direct offset to pay expenditure. Year to date is a mixture of over and under performance. Research & development (+£88K), education & training (+£221K), staff recharges (+£363K) and income from asset sales (+£56K) are all over-performing against budgets, which is being offset by under-performance on non-pay recharges (-£154K) and clinical & non-clinical services provided (-£107K).



- 2.1.4 Pay is under-spending in month by £115K, with a substantial under-spend on substantive staff (£666K) being less than fully offset by increased expenditure on temporary bank and agency staff costs. This is similar to the year to date position, which is being skewed by the over-commitment on reserves during September 2021 to fund previously unbudgeted national pay awards.
- 2.1.5 Non pay costs are under-spending against budget in month by £157K which is being primarily driven by clinical supplies and services (£134K, including drugs) and improvements in CIP delivery (+£460K) being offset by over-spends on premises (-£157K) and establishment expenses (-£94K). Year to date performance is showing an over-spend of £983K of which £605K relates to clinical supplies and services (mainly excluded drugs) and £559K relating to premises linked to increased energy and utilities costs.
- 2.1.6 Non operating costs are under-spending in month and year to date, primarily relating to depreciation charges due to continued slippage on the Trust's capital programme, a position that is replicated in the year to date performance.

## **2.2 Financial Performance Forecast Out-Turn Position for the Financial Year 2021/22**

- 2.2.1 Appendix 2 shows the forecast out-turn position subjectively (by type of income/expenditure). The Trust is currently forecasting a surplus to plan of £512K for the financial year 2021/22, which still represents a prudent position when considering the values remaining in reserves and contingency.
- 2.2.2 Clinical income is showing an improvement in performance for Months 9 to 12 due to increased recovery of costs for excluded drugs. The Trust has set itself a zero budget for excluded drugs income in H2 2021/22 due to the variability of income receivable from commissioners (particularly NHSI) during H1 2021/22.
- 2.2.3 Other operating income is being bolstered by anticipated receipts for research & development and education & training (£394K), increased income from staff recharges (£549K) and further income from agreements with mainly other NHS providers (£169K). There will be some offsetting adjustments to this increased income within both pay and non-pay forecasts.
- 2.2.4 Pay costs are expected to over-spend significantly during the remaining four months of the financial year. In addition to the additional costs referred to above, there is a significant forecast improvement in recruitment to substantive staff, whilst also indicating an increased reliance upon agency staff within both medical and nursing staff groups to reduce still further the gaps in establishment and rosters.
- 2.2.5 Non pay costs are also forecast to increase significantly. This represents further increased premises expenditure above levels previously experienced and a consequence of CIP transactions already delivered up to Month 8. With the finalisation of the Carbon & Energy Fund capital scheme having been completed in month, there is an expectation of reduced energy consumption, which is not yet factored into these forecast figures.
- 2.2.6 Non operating costs assume depreciation charges in line with plan for the remainder of the financial year but a forecast reduction in PDC dividends payable further improving the forecast variance as at 31st March 2022. This is due to the significantly higher than planned cash balances currently being experienced.

### 3. Capital Programme

#### 3.1 Capital Expenditure for the Eight Months Ending 30<sup>th</sup> November 2021

- 3.1.1 In month the Trust incurred costs of £1,105K against a budget of £1,224K, which is an under-spend position of £119K. Year to date, the capital programme is still significantly under-spending by £2,817K. Details are shown in Appendix 3.
- 3.1.2 **Estates Strategy** – Spend against ward and theatre refurbishments is taking place in advance of when it was initially expected to commence. The Carbon & Energy Fund scheme has now reached practical completion in month.
- 3.1.3 **Estates Maintenance** – Year to date expenditure is lower than anticipated; this was initially due to delays in schemes starting, which are now being progressed.
- 3.1.4 **Information Technology** - Expenditure to date against the Switchboard scheme has been low as a result of equipment being ordered and received during last financial year, which was included in the initial current year capital programme. Some of this under-spend has been used to help deliver the full MRI Scanner scheme within medical equipment in year. Expenditure against End User Device Refresh (replacement PCs, etc.) has been lower than originally planned for due to higher than expected stock levels currently being held by the Trust.
- 3.1.5 **Medical and Other Equipment** is significantly under-spending year to date (£916K) due to delays in business cases being produced as well as determining exact equipment specifications.
- 3.1.6 The contingency has a budget of £983K year to date, which purely represents a phasing issue with the plan linked to external monitoring requirements with NHSE/I.

#### 3.2 Capital Expenditure Forecast Out-Turn Position for the Financial Year 2021/22

- 3.2.1 A forecast out-turn position for the full financial year has been produced and is detailed in Appendix 4. This shows expenditure in line with budget of £14,658K subject to the paragraphs below.
- 3.2.2 As a result of the flood and subsequent fire at Doncaster Royal Infirmary, the SYB ICS has been told that it is required to meet the cost of the repairs from within its overall capital allocation across the system. At present, it is expected that the Trust will be required to under-spend its capital envelope in the region of c. £1,000K, which is all being planned for in the figures reported.
- 3.2.3 Longer lead times for **Information Technology** equipment have been identified as a potential risk since last month. As such, planned expenditure against End User Device Refresh will be brought forward, which has been updated in the month 8 forecast to ensure that equipment is delivered before the end of the financial year.
- 3.2.4 Procurement has recently been advised that lead times for some pieces of **Medical & Other Equipment** is now approximately 16 weeks, which could impact on the Trust's ability to use its full year budget if this is not proactively managed by Divisions.
- 3.2.5 The late notification of PDC funding awards, with further amounts still expected, poses a serious risk to planning and delivering expenditure before the end of the financial year. Any under-spend above that currently being forecast representing a real terms decrease

in the Trust's spending power as a result of the way national NHS capital controls are applied. Any increased under-spend will effectively represent a pre-commitment against available capital resources in 2022/23.

#### 4. Cash Management

- 4.1 A cash flow statement for the first eight months of the financial year is included in Appendix 5 and shows a significant closing cash balance as at 30<sup>th</sup> November 2021 of £30,197K.
- 4.2 Net overall reductions in working capital have effectively reduced the overall cash balance in the first eight months by only £713K, which is still much higher than was originally forecast. However, the cash balance will continue to reduce as financial provisions are released:
- (a) Settlement of creditors, accruals and estimates from 2020/21;
  - (b) Utilisation of deferred income balances that have arisen in year; and
  - (c) Release of reserves provided for during H1 2021/22.
- 4.3 Additionally, capital expenditure will significantly increase in the final four months of the year, with a further £9,064K still to be committed and delivered.
- 4.4 The Trust's underlying residual cash position is still strong, when compared to the same position last year. However, due to the various uncertainties that have arisen since the plan was produced for H2 2021/22, it is highly probable that there could be significant changes (both positive and negative) that could impact upon the closing cash position, which at this stage are very difficult to forecast. However, the cash position is not expected to be any lower than that produced for the plan as shown in the graph below.



**Steve Hackett**  
**Director of Finance**  
**16<sup>th</sup> December 2021**

**Report as considered by Board of Directors  
Council of Governors agenda item 14/22**

**Appendix 1**

**Income & Expenditure Account Analysis for Month 8 2021/22 (November 2021)**

Summary Income and Expenditure Position	AP £000s	Month			YTD			21/22 Monthly Trend / Variance
		P £000s	A £000s	V £000s	P £000s	A £000s	V £000s	
Clinical Income	298,913	24,311	24,394	83	199,226	201,559	2,333	
Other Operating Income	21,182	1,980	2,156	176	14,423	14,845	422	
Pay	(220,174)	(18,521)	(18,405)	115	(146,411)	(147,740)	(1,329)	
Non Pay	(86,031)	(6,606)	(6,449)	157	(58,007)	(58,990)	(983)	
Non Operating Costs	(14,587)	(1,242)	(1,144)	98	(9,611)	(9,025)	586	
<b>RETAINED SURPLUS / (DEFICIT)</b>	<b>(697)</b>	<b>(78)</b>	<b>552</b>	<b>630</b>	<b>(381)</b>	<b>649</b>	<b>1,030</b>	

**Report as considered by Board of Directors  
Council of Governors agenda item 14/22**

**Appendix 2**

**Income & Expenditure Account Analysis Forecast Out-Turn for the Financial Year 2021/22**

Summary Income and Expenditure Position	AP £000s	21/22	21/22	M1-M6	M7-M08	M09-M12	21/22	21/22 Monthly Trend / Variance
		FO £000s	FV £000s	AV £000s	AV £000s	FV £000s	Total FV £000s	
Clinical Income	298,913	301,745	2,832	2,280	53	498	2,832	
Other Operating Income	21,182	22,682	1,500	183	239	1,078	1,500	
Pay	(220,174)	(223,271)	(3,097)	(1,622)	292	(1,768)	(3,097)	
Non Pay	(86,031)	(87,548)	(1,518)	(966)	(16)	(535)	(1,518)	
Non Operating Costs	(14,587)	(13,792)	795	374	212	209	795	
<b>RETAINED SURPLUS / (DEFICIT)</b>	<b>(697)</b>	<b>(184)</b>	<b>512</b>	<b>250</b>	<b>780</b>	<b>(518)</b>	<b>512</b>	

**Report as considered by Board of Directors  
Council of Governors agenda item 14/22**

**Appendix 3**

**Capital Expenditure for the Eight Months Ending 30<sup>th</sup> November 2021**

Scheme Categories	AP £000s	Month 8			YTD		
		P £000s	A £000s	V £000s	P £000s	A £000s	V £000s
Carbon Energy Fund	661	0	581	(581)	661	581	80
Estates Strategy	3,600	400	161	239	1,300	1,784	(484)
Estates Maintenance	2,656	353	236	117	1,662	1,362	300
Information Technology	2,037	353	53	300	1,267	563	704
Medical & Other Equipment	5,704	0	100	(100)	1,461	545	916
Contingency	0	118	(26)	144	983	(317)	1,300
<b>Surplus/(Deficit)</b>	<b>14,658</b>	<b>1,224</b>	<b>1,105</b>	<b>119</b>	<b>7,334</b>	<b>4,517</b>	<b>2,817</b>

**Report as considered by Board of Directors  
Council of Governors agenda item 14/22**

**Appendix 4**

**Capital Expenditure Forecast Out-Turn Position for the Financial Year 2021/22**

Scheme Categories	AP	A	F	F	F	F	FOT	FOT
	£000s	M1 - M8 £000s	M9 £000s	M10 £000s	M11 £000s	M12 £000s	A £000s	V £000s
Carbon Energy Fund	661	581	0	0	0	0	581	80
Estates Strategy	3,600	1,784	171	245	294	378	2,872	728
Estates Maintenance	2,656	1,362	226	375	369	373	2,705	(49)
Information Technology	2,037	563	269	412	481	312	2,037	0
Medical & Other Equipment	5,704	545	272	428	1,627	2,832	5,704	0
Contingency	0	(317)	0	0	0	0	(317)	317
<b>Surplus/(Deficit)</b>	<b>14,658</b>	<b>4,517</b>	<b>938</b>	<b>1,460</b>	<b>2,771</b>	<b>3,895</b>	<b>13,581</b>	<b>1,077</b>

**Report as considered by Board of Directors  
Council of Governors agenda item 14/22**

**Appendix 5**

**Cash Flow Statement for the Eight Months Ending 30<sup>th</sup> November 2021**

	<b>30th November 2021</b> £000s
<b>Cash flows from operating activities</b>	
Operating surplus/(deficit)	3,495
Depreciation and amortisation	6,177
(Increase)/decrease in receivables	(986)
(Increase)/decrease in inventories	490
Increase/(decrease) in trade and other payables	(1,627)
Increase/(decrease) in other liabilities	3,161
Increase/(decrease) in provisions	56
<b><i>Net cash generated from / (used in) operations</i></b>	<b>10,766</b>
<b>Cash flows from investing activities</b>	
Interest received	0
Purchase of intangible assets	0
Purchase of property, plant and equipment and investment property	(8,121)
<b><i>Net cash generated from/(used in) investing activities</i></b>	<b>(8,121)</b>
<b>Cash flows from financing activities</b>	
Public Dividend Capital received	0
Loans from Department of Health and Social Care - repaid	(1,000)
Capital element of finance lease rental payments	(323)
Interest paid	(279)
Interest element of finance lease	(138)
PDC dividend paid	(1,618)
<b><i>Net cash generated from/(used in) financing activities</i></b>	<b>(3,358)</b>
<b><i>Increase/(decrease) in cash and cash equivalents</i></b>	<b>(713)</b>
<b>Cash and cash equivalents at start of year</b>	<b>30,910</b>
<b>Cash and cash equivalents at end of period</b>	<b>30,197</b>



**Report as considered by Board of Directors  
Council of Governors agenda item 15/22**

Board of Directors Meeting  
07 January 2022



The Rotherham  
NHS Foundation Trust

<b>Agenda item</b>	P16/21
<b>Report</b>	<b>Reset and Recovery Operational Report</b>
<b>Executive Lead</b>	George Briggs, Chief Operating Officer
<b>Link with the BAF</b>	B1 and B2: Risk scores have remained static from the previous quarter based on the Trust receiving increased pressure from admissions and activity showing the operational activity is off course with national standards.
<b>How does this paper support Trust Values</b>	Ambitious: Ensuring the Trust is delivering high quality services Caring: Ensuring patients are seen within the appropriate time frames Together: Working collaboratively with partners to achieve standards
<b>Purpose</b>	<b>For decision</b> <input type="checkbox"/> <b>For assurance</b> <input checked="" type="checkbox"/> <b>For information</b> <input type="checkbox"/>
<b>Executive Summary</b>	This report is presented for information that the Trust is undertaking the recovery actions where possible amidst delivering activity and emergency care during the ongoing phases of the pandemic and resulting challenging circumstances: <ul style="list-style-type: none"> <li>• Updates the Board on the recovery actions underway.</li> <li>• Provides an update on the Rotherham NHS Foundations Trust's (TRFT's) response to the recovery from the effects of the Covid-19 pandemic including the latest advice on the Omicron variant.</li> <li>• Describes the activity and actions the Trust has taken to deal with the pandemic, up to the month of November 2021.</li> </ul>
<b>Due Diligence</b> (include the process the paper has gone to prior to presentation at FPC Meeting)	This report is taken from the daily dashboard, the monthly IPR and the regional updates, and the notes from the monthly recovery meetings
<b>Board powers to make this decision</b>	The Board has delegated authority to FPC to review and feedback to the Board any assurance issues, and breaches in SO, SFIs, scheme of delegation etc. The Board has asked for a monthly update on the performance of operational areas of the Trust
<b>Who, what and when</b> (what action is required, who is the lead and when should it be completed?)	A monthly report is provided to the Finance and Performance Committee and to the Board of Directors and any actions required are the responsibility of the Chief Operating Officer with support from colleagues.
<b>Recommendations</b>	It is recommended that the Board note the report.
<b>Appendices</b>	1. Place response to next phase of the pandemic

## 1.0 Introduction

- 1.1 This paper covers key operational indicators, an overview of Covid-19 related issues and the recovery plans as of November 2021.
- 1.2 Recovery had been on plan since the high numbers of positive Covid-19 inpatients started to settle from March 21 although this has since deteriorated over September to November 2021. The phase 2 plans have been submitted to the CCG and ICS with final iterations on the week of 15<sup>th</sup> November 21.
- 1.3 The elective wards and surgical wards have been open and ring-fenced for elective patients, during the first half of this year. At times we have cancelled elective activity and utilised Keppel ward for non-electives. We have reinstated the elective ward mid-November and are maintaining a reduced elective program.
- 1.4 Covid numbers of inpatients has flexed daily varying from 70 in June to 60-70 in November 21. We have seen a gradual reduction to mid-twenties during the last 2 weeks of November.
- 1.5 Critical care have been under increasing pressure with numbers regularly going above funded beds TRFT has reported Critcon 1 (the network norm is level 0) consistently over the last 3 months. The number of available ICU beds has affected our elective capacity due to numbers of Covid and level 3 patients and staffing levels.

## 2.0 Recovery

- 2.1 The national and regional teams have implemented a recovery program, the CEO`s across the North East and Yorkshire were invited to a recovery forum led by Sir James Mackey “the North and East Yorkshire Recovery Taskforce”.
- 2.2 The key challenges and opportunities as identified by the regional team are detailed below:-

- Without additional action, the overall waiting list size will continue to increase, as will the number of 52 and 104 week long waiters.
- The scale of the recovery challenge in each provider is different, with some providers experiencing much greater mismatch in capacity and demand than others.
- A significant part of the elective recovery challenge (including long waiters) is not about inpatient capacity, but about non-admitted pathways. The biggest volumes by specialty are in orthopaedics; ENT, ophthalmology and “other.”
- The data also identifies further potential opportunities to accelerate elective recovery

TRFT has been working on our internal recovery as below:-

- Benchmark IPC practice as a Trust and as a region to make sure it is applied safely & consistently.
  - Review IPC / testing guidance for patients attending appointments.
- Opportunities to reduce DNA rates.
  - Utilising net call and patient initiated follow up.
- Increase day case activity
- Increase outpatient procedures.
- **Waiting List Management** - Longest Waits; Validation; RTT performance – an organisational focus on very long waits,

- Revisiting waiting list validation and clinical prioritisation of the list.
- **Collaboration on Fast Track High Volume Pathways for Non Admitted & Admitted** – SOP in place and weekly mutual aid meetings.

<b>Priorities</b>		<b>TRFT Actions</b>
<b>Time to treat</b>		
	Benchmarking IPC practices	SYB group to review guidelines TRFT involved
	Review IPC testing guidance	SYB group to review guidelines TRFT involved
	Reduce DNA rates	Re-implemented Netcall reminders broken down by specialties
	Increase day case and outpatient procedures	Initially we reduced day case to increase T&O activity we are now increasing activity.
<b>Waiting list management</b>		
	RTT monitoring	Recovery meeting weekly and fortnightly weekly updates
	Focus on long waits 52 weeks	No patients at 104 weeks rapidly reducing 52 weeks
	Validation	Weekly and fortnightly updates
	Clinical prioritisation	J Garner leads ICS TRFT position has improved
<b>Collaboration</b>		
	Sharing T&O and Ophthalmology PTL`s	ICS approach to share long waits opportunities for TRFT to support the ICS and earn additional income

### 2.3 Referral to Treatment November data

Referral to Treatment performance had improved between January to July hitting 84.7% against the 92% standard. Since then we have seen a gradual levelling off of performance with November being 81.9% (Oct 83.2%)

Total incomplete PTL size **20489** (20478 October 21)  
44 x 52 breaches for incompletes (47 in October 21)

The specialty detail below shows delivery in only 2 specialties.

Specialty	<18	>= 18	Total	%
Cardiology	985	173	1158	85.1%
Dermatology	1407	34	1441	97.6%
Ear, Nose & Throat	1686	844	2530	66.6%
Gastroenterology	718	231	949	75.7%
General Medicine	220	33	253	87.0%
General Surgery	1594	315	1909	83.5%
Geriatric Medicine	169	15	184	91.8%
Gynaecology	1722	462	2184	78.8%
Ophthalmology	2029	202	2231	90.9%
Oral Surgery	10	2	12	83.3%
Rheumatology	549	240	789	69.6%
Thoracic Medicine	899	182	1018	83.2%
Trauma & Orthopaedics	1782	463	2245	79.4%
Urology	983	130	1113	88.3%
X01 - Clinical Haematology	212	21	233	91.0%
X01 - OMFS	1213	325	1538	78.9%
X01 - Paediatric	525	12	537	97.8%
X01 - Paediatric Cardiology	70	12	82	85.4%
X01 - Rehabilitation Medicine	14	6	20	70.0%
Total 16787		3702	20489	81.9%

The Trust has previously utilised the independent sector in H1 now that H2 funding has become available we are struggling getting capacity from the IS in South Yorkshire.

Over the previous 2 months we have gradually reduced our elective capacity reducing our ring-fenced elective ward capacity to support Covid and complex medical patients, the elective orthopaedic ward has come back on line in November. We are on plan to reduce the number of patients waiting more than 52 weeks at the end of March 2022 to zero.

The waiting list had grown to approximately 20,500 patients as of the end of November, compared to the 17,000 patients waiting at the end of April. There has been a noticeable

increase in referral volumes since March 2021, OP activity is now close to 2019/20 volumes, which means this continued growth in the waiting list is linked to capacity. Demand and capacity plans have been submitted by all divisions, and overall activity plans submitted week of 15<sup>th</sup> November 21.

Within the waiting list are a number of very long-waiting patients, with divisional teams continuing to focus on bringing these patients in for treatment despite the ongoing capacity challenges. We aim to maintain zero 104 week waits and reduce our long waits

The recovery trajectories are monitored on a weekly and monthly basis, at the divisional Recovery Meetings. Operational teams continue to focus on ensuring clinically prioritised patients are treated within the appropriate timescales, and that long waiting patients are given treatment dates as soon as possible.

Within the outpatient areas we have found a number of anomalies regarding clinic letters being sent to GP's. The Text reminder system failed and we found a small number of letters hadn't been sent to patients, on review a number of issues re uncertainty of letters was discovered Initially a number of urology letters were believed to have been sent to a non-functioning printer which we believed was causing them to not be posted to GP's. on review we have found the following issues in the specialties below:-

Sleep  
Physiotherapy  
0-19 services in UECC  
Urology

- In sleep we had 456 appointment letters of which 98 did not attend we are not sure if the patients received these letters but because the other 358 attended we believe the letters were sent as a double check we are doing a harm review on the 98 patients to confirm and to make sure no untoward incident occurred.
- The UECC 0-19 only 4 letters were not sent but duplicates have been sent
- Urology (the initial issue) all letters were sent electronically due to a backup within the server which the team did not realise initially existed.
- Physio all letters were sent electronically.

A report has been set up in the data warehouse to check for any emails that are undelivered. The team are also sending test emails to any GP practice that they believe the email address may be incorrect / wrong.

Synertec are confirming we can close the unused prism printer to prevent further issues of confusion. A small task and finish group has been set up to oversee the final harm reviews and the report checking.

## 2.4 Cancer Recovery Performance

- 2 week waits numbers are on plan at 93.8% on track to be sustained against a 93% target.
- 2ww breast is now improving with Q3 on target.

Referral volumes are now above the previous year's numbers, services have to manage more patients with restricted capacity, as well as patient engagement challenges and infection prevention and control measures.

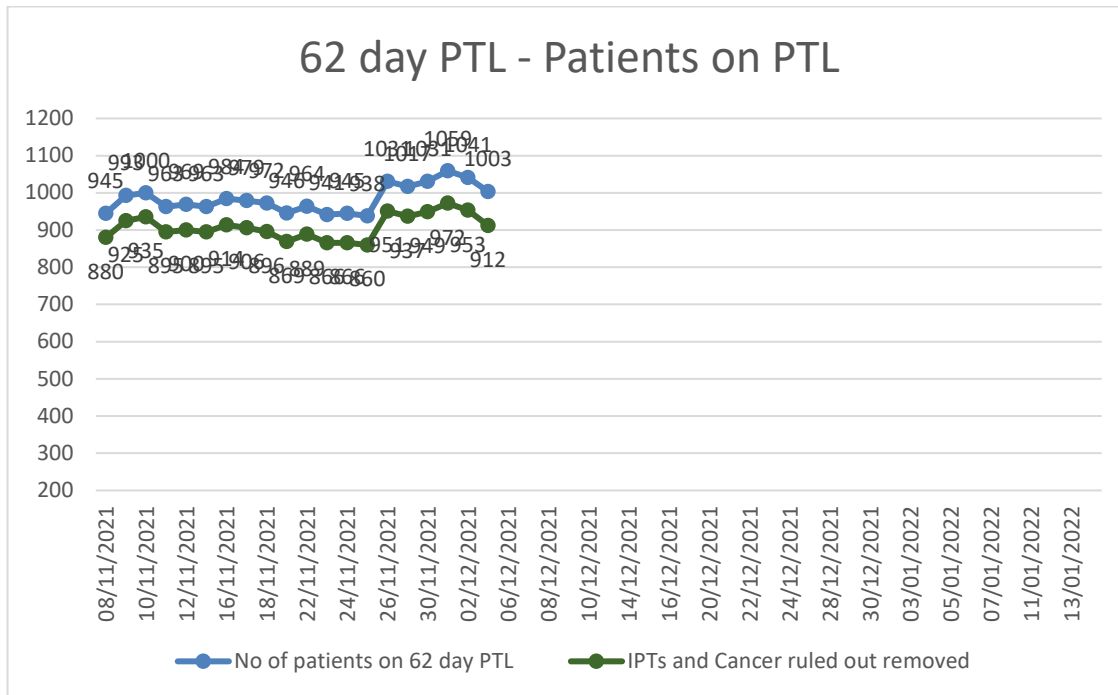
Existing performance improvement forums, including fortnightly Cancer Recovery meetings with operational teams and the monthly joint CCG and Trust Cancer Strategy & Improvement Committee are providing focus on the recovery plans.

Cancer Waiting Times Weekly Update		01/12/21		Upload deadline for Q3 2021/22 - 3rd Feb 2022					
Revision reports - June 2022									
Q3 2021/22 SUMMARY		Expected achievement (%) - includes treated and confirmed cancers with a planned treatment date. This report is based on the latest data available in RFT systems and is for preview purposes only. Officially reported performance figures are provided in the monthly CWT report, Specialty SLM reports, Divisional Dashboards, and							
Target	OCT 2021 Validated		NOV 2021 Validating		DEC 2021 Unvalidated		Q3 2021/22 to date		Operational standard (%)
	Data capture 100% complete (estimate)		Data capture 40% complete (estimate)		Data capture 0% complete (estimate)				
	Before reallocations	After reallocations	Before reallocations	After reallocations	Before reallocations	After reallocations	Before reallocations	After reallocations	
2ww	94.2		93.8		92.1		93.8		93
2ww Breast Symptoms	94.7		90.5		95		93		93
62 Day from GP	75.7	75.2	62.8	62.8	77.4	77.4	69.3	69	85
62 Day Consultant Upgrade	82.4	85.7	79.1	79.1	100	100	82.3	84.2	TBC
62 Day from Screening	100	100	100	100	100	100	100	100	90
31 Day First Treatment	96.9		90.3				94		96
31 Day Subs Treatment for Chemotherapy	100		100				100		98
31 Day Subs Treatment for Surgery	90.9		100				91.7		94
Faster Diagnosis Standard - 28 days	73		75.1		96.3		74.3		TBC

The faster diagnosis standard has an indicative target of 75%, which as can be seen we are above for the November and December data although this un-validated Q3 is circa 74.3%.

### Cancer 62-day focus

The Trust is achieving 70% in Q3 (indicative) which shows a deterioration in performance since Q1. Linked to high referrals sickness and absence in key pathways, the key areas of failure are Head and neck GI and Urological pathways with Lung being small single numbers.



The numbers of patients on the PTL saw a hike over a number of days in late November the highest number for a while.

## 2.5 DM01 Performance

DM01 diagnostic performance had been a marked challenge throughout the pandemic. But showing sustained positive improvements.

- The formal performance is 11.11% (17.38% October (24.1% August 19.1% September) against a pre pandemic performance of under 1% this is an improving position.
- 434 breaches (September 930 breaches)

### Diagnostics (DM01) - Patients Still Waiting at Month End November 2021

Category	Investigation	<6 weeks	≥ 6 weeks	Performance (% breaches)	Total WL
Imaging	Magnetic Resonance Imaging	417	210	33.49%	627
	Computed Tomography	328	93	22.09%	421
	Non-obstetric ultrasound	1027	0	0.00%	1027
	Barium Enema	0	0		0
	DEXA Scan	113	0	0.00%	113
Physiological Measurement	Audiology - Audiology Assessments	382	1	0.26%	383
	Cardiology - echocardiography	337	26	7.16%	363
	Cardiology - electrophysiology	0	0		0
	Neurophysiology - peripheral neurophysiology	0	0		0
	Respiratory physiology - sleep studies	265	104	28.18%	369
	Urodynamics - pressures & flows	12	0	0.00%	12
Endoscopy	Colonoscopy	156	0	0.00%	156
	Flexi sigmoidoscopy	78	0	0.00%	78
	Cystoscopy	79	0	0.00%	79
	Gastroscopy	277	0	0.00%	277
	<b>Total</b>	<b>3471</b>	<b>434</b>	<b>11.11%</b>	<b>3905</b>

Key areas of compromised performance are

- Magnetic Resonance Imaging MRI deterioration additional Mobile days have not been available from the company which means we will not recover until March 22
- Respiratory Physiology on track to achieve in January 22
- Audiology assessments improved month on month and have hit the standard at the end of November 21

The biggest area of concern is MRI with plans having to be reviewed, we should have had seventeen additional mobile days per month, and unfortunately, we have not seen the additional days so far due to national demand. Capital funding for a second MRI scanner has been included in the capital plans, which will support the sustainability of this service in the longer-term, especially given the breakdowns which continue to occur on the existing scanner.

Alongside this, our sleep study service saw a rapid growth in the waiting list and the backlog during Covid, due to the IPC guidance around Aerosol Generating Procedures (AGPs). Capacity has been increased recently and new referral guidelines have been agreed with primary care which come into effect in January 2022, hence we will see even more improvement from February.

### **3.0 Emergency Performance**

- 3.1 The care of our elective and emergency patients is balanced between demand capacity and available resources we are reviewing emergency performance on a daily basis with performance remaining complex. Attendances have varied across SYB and we are now seeing high numbers of Yorkshire ambulance dispositions with 20% increases in category 1 (complex patients). Admissions have been increasing across SYB with Mondays proving very difficult. The pattern has also changed with lots of walk-in and minors patients attending in the afternoon this has manifested in very high numbers of patients in the UECC on numerous occasions over 100 in the evening. These numbers of patients are overwhelming the UECC staff, and causing concern and an inability to manage patients in a timely way. This is a national issue and not specific to TRFT although the long waits in UECC are some of the longest nationally.
- 3.2 Linked to the above, a shortage of middle grades and inexperienced junior doctors has meant initial assessment times have deteriorated. Times to see a clinician are variable and have deteriorated, whilst overall time in the department has deteriorated. Ambulance handover have deteriorated across South Yorkshire.
- 3.3 TRFT has develop a capacity wheel which shows key pressure points and levels of escalation whilst the triggers are still being developed the wheel is proving very accurate at highlighting escalation and pressure points.
- 3.4 There has been an increase in the number of long stay patients which is an indication of reduced capacity in non-acute settings to support patients to return to their usual place of residence. This then contributing to a restriction in flow through the emergency pathway. We were reporting up to 60 plus long length of stay patients over 21 days with half of these awaiting social service support from packages of care to red community beds (this time in 2019 it was 35)



	Rolling	Time to Initial Assessment (Mins)	Time to be seen by a Clinician (Mins)	Mean Total Wait (Mins)	12hrs in Department
<b>Standard</b>		<b>15</b>	<b>60</b>	<b>200</b>	<b>0</b>
<b>Pre-Field Test (6wks)</b>		<b>15</b>	<b>93</b>	<b>189</b>	<b>3 (per day)</b>
Thu	<b>18/11/2021</b>	16	164	293	11
Fri	<b>19/11/2021</b>	26	171	309	20
Sat	<b>20/11/2021</b>	29	188	354	28
Sun	<b>21/11/2021</b>	26	158	322	27
Mon	<b>22/11/2021</b>	22	161	292	15
Tue	<b>23/11/2021</b>	18	123	282	16
Wed	<b>24/11/2021</b>	21	146	296	17
	<b>Rolling 7 Days</b>	<b>23</b>	<b>159</b>	<b>307</b>	<b>134 (19 per day)</b>
<b>Year to Date (21/22)</b>		<b>23</b>	<b>157</b>	<b>296</b>	<b>12 (per day)</b>
<b>May 21</b>		<b>18</b>	<b>131</b>	<b>246</b>	<b>2 (per day)</b>

3.5 As above, the deterioration across all indicators since May 2021 is more marked in long 12 hour waits in UECC. Averaging now 12 patients per day at 12 or more hours in the department.

#### **4.0 Conclusion and winter update**

4.1 The recovery of performance was fairly rapid initially during the first half of the year with an accelerated performance in June – July. The developments in the last month shows a reduction in RTT. Linked to no acute elective capacity on the hospital site.

4.2 Trauma and Orthopaedics have now recommenced elective activity.

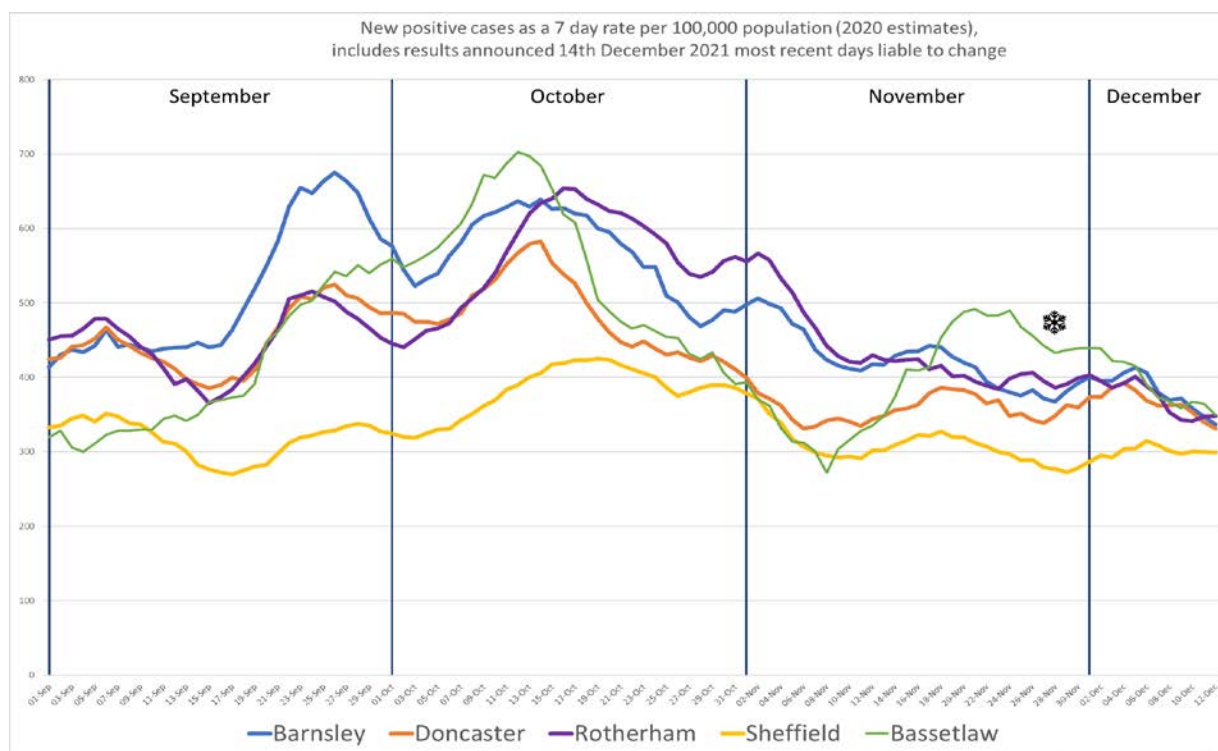
4.3 Although our referral to treatment time performance is 37<sup>th</sup> out of 171 trusts and over 52 week waiters are now down considerably. This remains at considerable risk due to emergency demand and the forecasted next phase of Covid Omicron variant.

4.4 Whilst we had planned to retain our ring-fenced orthopaedic ward over winter, non-elective pressures at the start of winter made it impossible to maintain the ward, we have recently reopened it to elective patients and are attempting to maintain that stance over the next 3 months. We have also enacted the additional second phase of winter beds by utilising beds on B10 (decant facility) again ahead of plan.

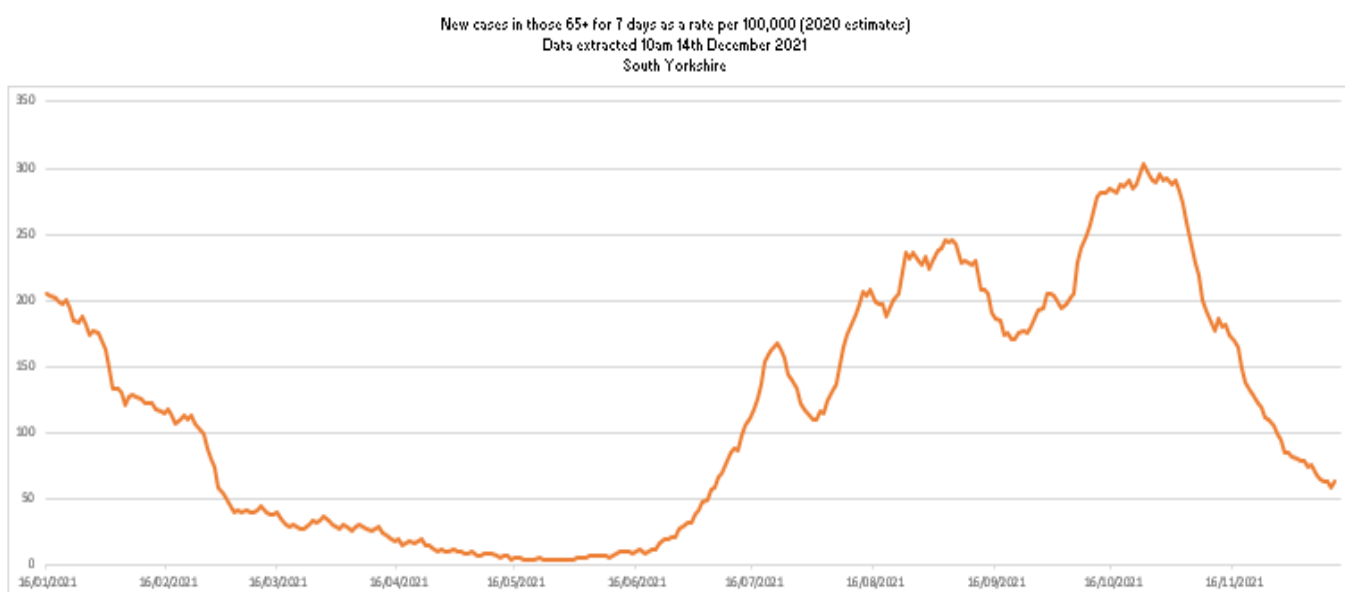
4.5 DMO1 performance has shown a remarkable improvement thanks to the CSS team and particularly cardiac echo, MRI and respiratory improvements.

4.6 Emergency performance has deteriorated markedly and has necessitated command and control with some improvements in flow. Ambulance dispositions and UECC attends are moving to a later period in the day putting pressure on the departments evening resources and creating long waits overnight. We are now looking at additional private sector community beds, to help reduce the complex patients with no right to reside, partnership working across the place is vital to get TRFT through the next few months.

- 4.7 This performance continues to show an organisation and a department under increased demand and stress with flow across the organisation compromised at key times of the week.
- 4.8 We are now well into planning the next phase of the pandemic and are preparing the teams for a difficult period if the predicted Omicron variant continues to increase, staffing sickness and absence are expected to be a limiting factor to any increase in capacity.
- 4.9 As can be seen Covid cases across SYB have shown a gradual reduction through November early December.

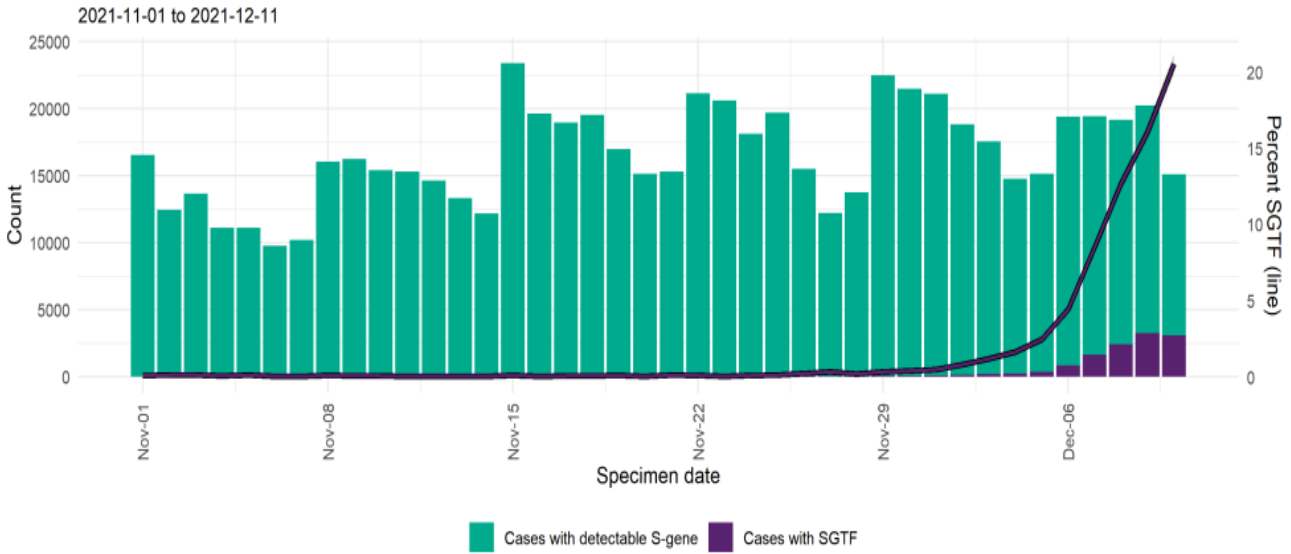


- 4.10 Patients with a new case of Covid over the age of 65 have also started to reduce considerably.



4.11

Number COVID19 cases with S gene +ve/SGTF and percentage SGTF by day, among those tested in TaqPath Labs (95% confidence intervals indicated by gray shading). Data updated on 2021-12-12



A detectable S gene is a proxy for Delta since April 2021. SGTF was a surveillance proxy for VOC-20DEC-01 however has largely consisted of Delta since August 2021. Local trends in these data may be affected by decisions to direct the processing of samples via a TaqPath laboratory. Only tests carried out with the TaqPath PCR assay and with confirmed SGTF or S gene results included, from Newcastle, Alderley Park, Milton Keynes and Glasgow Lighthouse Labs. SGTF refers to non-detectable S gene and <=30 CT values for N and ORF1ab genes. Detectable S-gene refers to <=30 CT values for S, N, and ORF1ab genes. Produced by Outbreak Surveillance Team, UKHSA.

4.12

**Breakdown of England daily cases by region.**

Region	Confirmed Omicron Cases	Change from Previous Report	SGTF cases*	Change from previous report
East Midlands	453	+157	583	+139
East of England	503	+159	1655	+591
London	1935	+685	4363	+2139
North East	100	+22	52	+14
North West	149	+28	1702	+558
South East	1002	+390	1473	+404
South West	231	+68	229	+61
West Midlands	64	+17	590	+256
Yorkshire and Humber	30	+7	465	+139
Unknown	20	+1	27	+17
<b>Total</b>	<b>4487</b>	<b>+1534</b>	<b>11139</b>	<b>+4318</b>

4.13 Omicron has shown a remarkable ability to grow and as can be seen is increasing daily hence our planning and concern.

- 4.14 NHSE have issued a requirement for a place update on our place plans for the next phase see appendix 1.
- 4.15 As a trust we have pre-emptively moved to a command and control footing with daily operational meeting and three times a week strategic gold meetings, planning for staffing shortages and additional capacity specifically in Critical Care.

**G Briggs**  
**Chief Operating Officer**  
**December 2021**

## Preparing the NHS for the potential impact of the Omicron variant and other winter pressures - Rotherham Place

		Lead	Position statement	Actions
Ensure the ramp-up of Covid 19 vaccination programme	General public	Jacqui Tuffnell (CCG)	Capacity now in place for over 30000 appointments per week – 7 days 8-8, this will provide sufficient appointment capacity for all boosters and also those who have not had 1 <sup>st</sup> or 2nd appointments. Excellent support from military and the fire service have also now offered support into vaccination sites.	Maintain sufficient capacity for remaining staff to be vaccinated.
	Staff	Steve Ned (TRFT)	Vaccinations will continue on site at TRFT for staff requiring initial vaccinations and boosters.	
	12-15 year olds	Victoria Takel (TRFT)	Currently in negotiations with CCG about funding increased resource to roll out vaccination of 12-15 year olds to reduce impact on other services. Clinics running over weekend prior to Christmas. Second dose ramp up 12 weeks after first dose so beginning of January is earliest this would be required.	Plan for service provision in schools and Greenoaks for remaining 12-15 year olds. Second dose and those children that have turned 12 recently.
	Housebound patients	Penny Fisher (TRFT)	Not currently in place	Review requirements to enable vaccination of housebound patients who are not able to access walk in services.
	Care home	Jacqui Tuffnell (CCG)	All care homes have been visited for booster jabs. Staff take up appears to be low and staff are being encouraged to attend one of the local vaccination sites.	Encourage staff to take up the booster
Maximise availability of Covid 19 treatments for high risk patients	Acute IV treatments	Sally Kilgariff/Jez Reynard	IV treatments are delivered to patients admitted with Covid or who develop Covid during their inpatient stay. There isn't currently a service for community patients with co-morbidities who require pre-emptive IV treatment. Patients are already receiving this treatment where clinically indicated however the unit will enable the patient to be discharged back to home quickly after treatment or for an oral medication to be quickly dispensed.	Plans are being put in place (led by the ICS) for acute based Covid medicine delivery units with an aim to have this in place in Rotherham from week commencing 20 December. Physical space and staff identified from the 20th
	Community oral treatments	TRFT /Jacqui Tuffnell (CCG)	Oral treatment not yet licenced for use. Once it is it will be dispensed from TRFT as the process is led from the acute	TRFT to have arrangements in place for oral treatment linked to ongoing community contract and transport contract confident we can deliver once required.
Settings, discharge	Discharge before Christmas - 7 day support	Sally Kilgariff/Katia Allchurch (TRFT) Jayne Metcalfe (RMBC)	Discharge co-ordinator support to wards in place substantively. IDT staffing in place over additional bank holidays, focus this week on clearing the board to ensure any discharges referred w/c 20.12.21 can be actioned prior to Christmas.	Seek additional support over bank holidays for ward based co-ordinator support. Confirm arrangements for OOH support on Christmas, boxing and new years day for any pathway 1-3 discharges that need to be supported. Confirm agreement with care homes around screening and accepting of referrals over bank holidays.

Maximise capacity across acute and community services enabling the maximum number of people to be discharged safely	Daily system meeting	Sally Kilgariff (TRFT) Claire Smith	Daily calls are in at exec level between Christmas and New Year and Bank Holiday (3rd Jan). Operational Place calls with partners are in before Christmas and in between Christmas and New Year. all OOH rotas to be shared across organisations to support escalation	completed
	Eliminate pathway zero discharge delays	Katia Allchurch (TRFT)	Processes in place to avoid delays including discharge co-ordinators on all wards. Use of personal budgets are considered and hotels (for non social care needs i.e. housing/homeless will be considered). Housing are linked in with the Integrated Discharge Team and there is a shared process on who to contact (including an OOH on call for emergencies only) to expedite decisions to discharge. Housing/Community Urgent Response/CHC/Reablement colleagues linked into the MDTs in Trust to support flow.	To continue focus on supporting timely and efficient discharges. Establish criteria/nurse led discharge processes. Ensure discharge registrar is in place over next few weeks. IDT cover 7 days a week
			Focus on LOS (21 and 14 days) this includes weekly MDTs, Surge Plan actions enacted which focus on increasing capacity and improving processes to support flow.	Additional capacity is being commissioned from Home Care that will respond as an urgent service to reduce the demand/wait for provision, this is likely to be in place after Christmas in Jan 22
	Making full use of non-acute beds	Claire Smith (CCG)	Full use of Hospice capacity is being explored, capacity dashboard includes information on availability of beds and community support daily. Additional funding has been provided via CCG to increase hours in Hospice at Home to meet increasing demand over winter/surge.	Ensure visibility of all non -acute beds including forward view of capacity
Virtual ward	Penny Fisher (TRFT)	Virtual Wards are in place for the Respiratory pathway	It is recommended that we explore as a Place the ability to widen provision to Frailty. The letter indicates that where evidence of outcomes and new provision is provided, they will support funding into 22/23. This needs to be explored further.	
Effective care	Ambulance response	Lesley Hammond (TRFT)	Daily review of all delays and cause of such. Utilise when staff allows RAT area out of hours to cohort and off load ambulances	Daily update pan trust. Daily escalation if required to CCG NHSE Plan to open RAT at difficult times weekends and evenings.
	Community crisis response	Claire Smith (CCG) Penny Fisher (TRFT)	Additional resource has been commissioned through Aging Well funding via the CCG and there is a work programme underway to support the Urgent Response 2 hr standard being achieved including ensuring the service has been profiled appropriately on the DOS. Whilst this is on track, there are concerns regarding the capacity of the service due to issues with recruitment/sickness in the team. Our Telecare service is linked in with YAS and a process/pathway is being developed for the DOS. The AT lead for Place is running sessions pre Christmas to promote use of technology in reducing need for care and improving flow from acute/supporting admission avoidance. Additional OT capacity has been resourced through winter monies to support review of Home Care packages.	Ongoing actions within the Rotherham Place Plan for Urgent and Emergency Transformation
	DOS	Claire Smith (CCG)	Service profiled on the DOS are being reviewed, work with Integrated Urgent Emergency Care NHSE is commenced to look at Rotherham's A-TED score and how this can be improved. Work streams have commenced to examine pathway redesign/development such as falls/frailty and Care Homes ANP service.	As above

Support patient safety in urgent care and manage el	Mental health learning disability and autism	Kate Tufnell (CCG) Michelle Vito	Crisis services, home treatment and adult mental health hospital liaison will continue to be accessible over the Christmas Bank holidays. Currently we are seeing an improved position on Patient flow processes and DTOCs improved from the pre-pandemic position so in a stronger position. Business continuity plans have been reviewed to enable staff to move across service areas according to need/demand. At this stage RDaSH is not anticipating stepping down any of the services. Vulnerable groups – teams are continuing to work with these groups and will maintain regular contact with them.	Directory of Services is being refreshed to include information on Rotherham mental health support services (over and above crisis support) to help signpost patients to available services. Scenario planning work underway to explore: oBed flow of beds if patients C-19+ oPhysical health beds – not applicable to Rotherham oStaffing profiles and potential hot spots oSupport to other partners in the system
	Critical care	Ben Vasey (TRFT)	Surge capacity identified up to 21 beds with a split between red and green. We are meeting with critical care team to go through the previous surge plans and see if need adapting. Surge plan written and checking if ok for this situation. More planned trust approach to nurse staffing in critical care and trigger points is get to certain number of beds that will initiated activity being reduced to support critical care. Assurance around oxygen levels - see below.	Shadow rotas being developed Communications out for volunteers to support additional beds all non ward based clinical staff being rostered to support.
	Elective care	Ben Vasey/Victoria Takel (TRFT)	Continued review of long waiters and clinical priority on waiting list. Even when elective activity is reduced that is taken into account. Plans to maintain elective orthopaedic ward. Endoscopy work to continue. Mutual aid meetings continue at COO level. Biggest challenge we envisage is around our clinically urgent P1-P2 and cancer who require HDU post op. Porces in place to book electives into critical care to give forward view of demand/capacity and GPICs nursing levels.	Communications to all patients explaining position, daily review of plans Silver meeting to agree activity plans linked to capacity
	Independent sector	Ben Vasey/Victoria Takel (TRFT)	No plans currently to utilise IS capacity.	Initial conversation to be started with teams around the use of Kinvara
	Primary Care	Jacqui Tuffnell (CCG)	Consideration has been given to what can be stepped down locally to free up resources and communicated to GPs. Extended access, winter additional capacity schemes and the winter access fund will all be supporting general practice to sustain activity this winter. Additional telephony support is also being recruited to ensure patients calls are handled as quickly as feasible to improve public perception in relation to access.	Ongoing
	Cancer	Kevin Wilkinson (TRFT) Jacqui Tuffnell (CCG)	All diagnostics are in place to support patients with suspected cancer. SYB work collectively to support patients surgery as a system and everything possible is done to ensure P1 and P2 surgery goes ahead. Checklists have been reviewed to ensure patient pathways are optimised. Unfortunately IS within SYB is not able to take cancer however IS is being utilised to release capacity to ensure cancer can be delivered. Communication and safety netting is embedded into processes within TRFT. Our regular communications support the national messaging to come forward if there are any symptoms.	Ongoing
eir	Support for staff to stay well	Paul Ferrie (TRFT)	Work ongoing to support staff wellbeing, links to Mental Health and Wellbeing offers across Place	Look at provision of rest areas, hot food out of hours and other ways of supporting staff to stay well when they are at work. Support staff to take leave when they are able to.

Support staff and maximise the availability	Mental health and wellbeing		Support and advice for staff is available 24 hours a day 7 days a week either by phone or online.	Maintain this service
	Workforce planning, flexibility and training		Review of staff skills and roles already undertaken to enable swift redeployment of staff to critical areas as demand dictates. Staff identified that can work in alternative areas and training and skills will be updated to enable this. Services that can be stood down identified and plans for how the released staff can be utilised will be reviewed in line with the emerging situation. Carry over of annual leave policy reviewed to support staff to carry over leave if they are unable to take it before March.	Task and finish group to be set up review staffing requirements and options. Review options for redeploying office based/back office staff to frontline services i.e. supporting wards at meal times and with communication with families of patients
	Recruitment	Paul Ferrie (TRFT)	Recruitment to support response to Omicron and resulting pressures will be prioritised and fast tracked appropriately.	
	Volunteers	Mavis Francis (TRFT)	RMBC has a volunteer hub and there is a community hub in place that can be access by Rotherham residents supporting health and wellbeing and giving information and advice	Review ask of volunteers i.e. supporting patient communications with family and friends.
Ensure surge plans and processes are ready to be implemented	Incident co-ordination	G Briggs (TRFT)	There is Gold command at Place level, Organisational Gold and Silver meetings (daily when required), all actions at level 3 and 4 across system are being enacted, daily escalation calls in place including 2x weekly operational Place calls and weekly executive escalation calls, TRFT command and control and control centre operationalised	Monitor and ensure appropriate incident co-ordination is in place depending on the escalation levels across Place.
	Surge plans	Claire Smith CCG+C8	Surge/Winter Plan has been signed off by the A&E delivery Board in October 2021, there is an action plan in place monitored through the Board, with risks and key mitigation highlighted at monthly meetings or through the weekly executive escalation meetings. The plan is consistently reviewed with additional actions taking place based on appraisal of success of schemes/emerging trends/demand/areas of escalation or perceived additional blockages. The plan is managed by the Joint Head of Adult Commissioning in the CCG as lead across Place for winter/surge planning.	Ongoing review of surge plan and actions
	Supplies	M King (TRFT)	daily updates from Supplies team add to daily dashboard via Incident control team flag shortages of stock to NHSE and ICS	Daily dashboard re stock available Update by item by previous demand
	Oxygen	Chris Tobin (TRFT)	The bulk Oxygen tank levels are monitored 24/7 by BOC on telemetry, when the level reaches 50% delivery is triggered. The biggest restriction is flow our system is governed to a maximum of 3000 litres per minute. We have monitoring and a series of alarms that trigger alerts should flow reach the thresholds. To note during the last wave we did not reach the peak flow.	Review oxygen requirements during previous waves and ensure that current supply arrangements meet that demand.
	Infection prevention and control	Helen Dobson/Anne Kerrane (TRFT)	Working to current UK Infection prevention and control guidance.	Ensure that IPC practices are responsive to a potentially changing situation and communicate any changes clearly to all areas. Explore links with Barnsley about business continuity plans if IPC staffing is compromised. Review guidance on use of Thor v Bioquell.



Other action				
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**Report as considered by Board of Directors  
Council of Governors agenda item 16/22**

Board of Directors' Meeting  
07 January 2022



The Rotherham  
NHS Foundation Trust

<b>Agenda item</b>	P10/22
<b>Report</b>	<b>Operational Objectives 2020/21 Review</b>
<b>Executive Lead</b>	Michael Wright, Deputy Chief Executive
<b>Link with the BAF</b>	B1, B4, B5, B7, B8, B9, B10, B12
<b>How does this paper support Trust Values</b>	<p>Ambitious – The paper provides detail of the delivery of the ambitious operational objectives for 2021/22 as at the end of Month 8.</p> <p>Together – colleagues work together to ensure that the continual monitoring and assurance of operational objectives is underpinned by robust governance arrangements.</p>
<b>Purpose</b>	<b>For decision</b> <input type="checkbox"/> <b>For assurance</b> <input checked="" type="checkbox"/> <b>For information</b> <input type="checkbox"/>
<b>Executive Summary</b>	<p>The purpose of this paper is to present to the Board of Directors a review of progress against the 2021/22 Operational Plan priorities and associated programmes as at Month 8.</p> <p>At the end of Month 8, one of the ten programmes is rag rated Blue (completed) one is rag rated Green (on plan), seven are rag rated Amber (behind plan with mitigation or actions in place to recover) and one is rag rated Red (behind plan with more significant action required).</p> <p>Mitigation and recommendations for action against programmes that are rag rated amber and/or red are described in the body of the report.</p>
<b>Due Diligence</b>	The content of individual monthly highlight reports has been presented to Board Assurance Committees.
<b>Board powers to make this decision</b>	The principal purpose of the Board is to support the timely delivery of the Trust's strategic objectives / Annual Operational Plan, whilst being assured as to compliance with appropriate statutory and legislative requirements, such as those determined, inter alia, by the Care Quality Commission (CQC).
<b>Who, What and When</b>	Individual Executive Directors act as Executive SROs (Senior Responsible Officers) for each area for ensuring achievement of the Operational Objectives and priorities and are responsible for realising the relevant milestones.
<b>Recommendations</b>	It is recommended that Board consider any actions or additional assurance required as a result of this report.
<b>Appendices</b>	1: Operational Objectives 2021-22 Programme Highlight Reports (October - November 2021)

## **1.0 Introduction**

1.1. The Operational Plan for 2021/22 is built around six key themes:-

- Safely exit the Covid-19 pandemic
- Focus on the fundamentals of care
- Deliver elective recovery for patients
- Empower and enable staff to deliver
- Deliver a step change improvement in flow
- Drive the organisation forwards

1.2. The ten priorities that derive from the above themes are supported by 10 operational programmes that are set out to deliver the organisational objectives for the Trust this year.

1.3. The delivery and monitoring of the programmes utilises a standardised Highlight Report (see Appendix 1) so that the Trust can maintain a clear line of sight on progress.

1.4. The Highlight Reports incorporate two Red, Amber, Green (RAG) indicators to assist assurance. The first looking at the progress of the plan of delivery (achievement of milestones) and the second examining the impact of that progress (realisation of the metrics).


1.5. This paper presents a high level update on progress during Months 7 and 8, against each of the programmes of work and reports, by exception, any areas of concern with recommendations for continuance into the next planning cycle.


## **2.0 Progress against Operational Objectives and Priorities**

2.1 Each of the programmes supporting the delivery of the Trust's Operational Objectives and Priorities have been BRAG (Blue, Red, Amber, Green) rated as to their status at the end of September 2021 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 The following tables provide the summary position at Months 7 and 8 on each of the programmes of work with their respective BRAG rating. More detailed highlight reports are attached at Appendix 1.

## Theme: Safely Exit the Covid-19 Pandemic

Programme	Scope	Summary Position	Status
<b>01.1 Health and Wellbeing</b> (Executive Director of Workforce and Organisational Development)	To deliver the full programme of health and wellbeing initiatives for staff	Covid booster and flu campaigns successfully completed. Occupational Health tender evaluated with a decision on a new provider to be made by year end. NHS Wellbeing framework launched. Staff Survey completed with an improvement on the previous year's response rate (provisionally reported as 58%).	Green
<b>01.2 Identify new practices to embed</b> (Director of Strategy, Planning and Performance)	Support to clinical and corporate areas to understand what positive changes made through Covid-19 would want to be maintained / developed / embedded	Decision made to undertake this work as part of the Operational Plan 2022/23 process during quarter four.	Amber

## Theme: Focus on the Fundamentals of Care

Programme	Scope	Summary Position	Status
<b>02.1 Standards of Care and Quality Improvement</b> (Executive Chief Nurse and Director of Infection, Prevention, Control (DIPC))	Embed agreed standards of care and support teams to deliver and embed quality improvement	Quality Improvement projects are having a positive impact on performance notably in relation to falls and pressure ulcers. The relaunch of the Quality Strategy is delayed until next year to allow time to develop proposals to include a Quality Academy function.	Amber
<b>02.2 Learning from Deaths</b> (Executive Medical Director)	Embed effective learning from deaths practices and deliver improved mortality rate	The new Mortality and Learning from Deaths Manager commenced in November. Their priority will be to work closely with divisions to review internal processes and make recommendations for improvements that will further reduce HSMR.	Amber

## Theme: Deliver Elective Recovery for Patients

Programme	Scope	Summary Position	Status
03 Plan the long-term recovery of Elective Care / Operational Excellence (Chief Operating Officer)	Achieve nationally defined targets and requirements with access to Elective Recovery funds, provide staff training on recording elective care pathways	Cancellation of clinics due to site pressures and staff absence resulted in activity levels below plan in November. Referral to treatment (RTT) training tool expected to be rolled out in January. Orthopaedic Planned Care Citizens Panel meetings now scheduled to take place monthly to make recommendations for action.	Amber

## Theme: Empower and Enable Staff to Deliver

Programme	Scope	Summary Position	Status
04.1 Organisational Development Programme (Director of Workforce and Organisational Development)	Design and launch organisational development programme for divisional teams	New behavioural framework launched. Divisional leadership programme to continue first phase with existing provider. 360 appraisal facilitators appointed. General Managers completed new psychometric profile analysis "PRINT" ©.	Amber
04.2 Employer of Choice (Director of Workforce and Organisational Development)	Build a culture so the Trust is seen as an employer of choice, appointing to key clinical leadership vacancies	Review of the Medical and Dental recruitment strategy has been delayed further. Medical and non-medical recruitment packs updated but not ready for publication due to set backs in graphics.	Amber

## Theme: Deliver a Step Change Improvement in Flow

Programme	Scope	Summary Position	Status
05.1 Best Practice Discharge Processes (Deputy Chief Operating Officer/Director of Operations)	Ensure best practice discharge solutions. Includes digital patient flow/command centre	Mixture of results in October/November affecting the achievement of targets e.g. length of stay has increased due to high patient acuity and pressures on discharging patients. Discharge lounge is being under-utilised which is also affecting targets, but is on an improving trajectory. Best practice discharge process mapping workshops not yet completed due to site pressures and staff absence. Positive progress has been made in relation to new OPEL (Operational Pressures Escalations Levels) escalation tool roll out.	Amber

## Theme: Deliver a Step Change Improvement in Flow (continued)

Programme	Scope	Summary Position	Status
05.2 Admission Avoidance (Deputy Chief Operating Officer/Director of Operations)	Implementation of an appropriate Same Day Emergency Care (SDEC) service at acute site and ensure effective ambulatory frailty pathways are in place	Same Day Emergency Care (SDEC) business case has not been finalised despite an extension to timeline. The frailty pathway and model is under review with a decision expected in January. We are working with Rotherham Clinical Commission Group and Rotherham Metropolitan Borough Council to update the local Directory of Services.	Red

## Theme: Drive the Organisation Forwards

Programme	Scope	Summary Position	Status
06 Removal of Breach of Licence/5 Year Strategy (Deputy Chief Executive)	To have long standing breach of license lifted by March 2022 and to publish a new 5 Year Trust Strategy by the end of September 2021	The new 5 Year Strategy has been launched in December, and as such this programme will be closed.	Completed

### **3.0 Conclusions**

3.1 The Board Assurance Committees play a key role in ensuring effective oversight and delivery of the Operational Plan. In December, the Committees considered reports on progress in all areas and confirmed the following assertions with recommendations for action as deemed applicable.

### **4.0 Quality Committee**

4.1 The quality improvement projects taking place across the trust are progressing well and are achieving the objectives as set out in the original mandate. This is reflected in the outcome metrics in that there have been no falls resulting in the death of a patient and the number of pressure ulcers graded 3 and 4 has also improved when compared to the same period last year. Both the Acute Medical Unit and Urgent and Emergency Care services are seeing a reduction in deep tissue injuries and unstageable pressure ulcers. The review and data interrogation of pressure ulcers graded 2 has been completed and is on track to deliver.

4.2 The Frailty Quality Improvement Week successfully completed in October. An action plan is in implementation with delegated activity and timescales for completion set between 30 and 90 days. The quality improvement methodology deployed during the QI week followed the “Plan, Do, Study, Act” (PDSA) approach. The teams involved have been fully engaged in the process

4.3 An internal decision has been taken to postpone the relaunch of the Safe and Sound Quality Strategy until next year to allow time to fully consider the resource and timeline implications of introducing a Quality Academy which could take up to two years to establish. For this reason the programme is rated amber status. The Standards of Care and Quality Improvement programme will however continue to deliver against the remainder of its objectives (see bullet points below) and the associated metrics will be monitored in order to measure the programme's overall success.

- Articulate and embed agreed standards of care across the organisation
- Identify clear quality improvement methodology and resources
- Support teams to deliver and embed continuous quality improvement

4.4 On 22<sup>nd</sup> December, the Quality Committee questioned the amber rag status of the Standards of Care and Quality Improvement programme due to the significant delay in plans to relaunch the Safe and Sound Quality Strategy. The Senior Responsible Officer confirmed that, in accordance with this year's programme mandate and milestone plans, the refinements to the existing strategy have already been completed and having worked alongside NHS Improvement a standardised approach is now in place. However, now that the proposal to establish a Quality Improvement Faculty has been stated, the Quality Strategy will require a re-write next year albeit subject to Trust Board approval and development of any associated business case. An outline strategy is planned for completion by the end of the year which will then be presented to Trust Board stating the reasons behind the proposal to make such a fundamental change that has ultimately affected delivery of this year's plans to relaunch an updated version of the existing strategy. The Quality Committee therefore assigned limited assurance to the programme accepting that work will continue as planned this year but with a view to continuation into next year due to proposals to develop a Quality Improvement Faculty and the impact that its development will have on trust quality priorities and next year's plans.

4.4 The Learning from Deaths Programme requires monthly updates from the contracted data provider, Dr Foster, in order to measure ongoing improvements aligned to programme delivery. However, due to ongoing national data issues Dr Foster reports are not being published on a monthly basis. This is due to a national decision and part of a process of regular changes that are being made by Dr Foster to ensure that the most accurate data is in use. Nonetheless, the data presented to the Quality Committee in December shows clear evidence that sustained progress is being made across the trust and this is having a positive impact on mortality indicators for example, without Covid HSMR (Hospital Standardised Mortality Ratio) has fallen within the expected category at 93.5 which is below the trust's internal KPI of 100. It will take some months before the data finally stabilises, however, and a true picture of HSMR can be presented.

4.5 The Medical Examiner has raised a concern at the Safe and Sound Mortality and Learning from Deaths group following publication of the National Medical Examiner's directive relating to Medical Examiner's independent scrutiny of deaths. The directive states that Stage 1/Medical Examiner independent 'scrutiny' reviews should not form part of patient records (i.e. Meditech) and as a result the trust's Medical Examiner's processing of Stage 1/scrutiny documentation has reverted to a paper-based system.

This will cause an issue with the reporting of Stage 1 reviews as the trust can no longer automatically pull the data from Meditech. The information available on Stage 1's completed will therefore be inaccurate until a workaround is confirmed. The potential change in process will have a greater impact on Medicine division due to the number of deaths occurring there and also due to capacity across the wider trust to complete mortality reviews in a timely manner. This topic was therefore highlighted to Quality Committee as a risk to programme delivery and its negative impact on the achievement of key performance indicators.

- 4.6 Divisional Mortality and Learning from Deaths Sub Groups have continued to provide inconsistent information to the Safe and Safe Mortality and Learning from Deaths Group which has compromised the ability of the group to undertake appropriate discussions. This is preceded by lack of quoracy at divisional mortality meetings where key themes and trends are therefore not sufficiently discussed and decisions and learning from deaths are being deferred. The newly appointed Mortality and Learning from Deaths Manager will be working closely with Divisions during the coming weeks to review internal governance processes and make recommendations to improve their effectiveness which will in turn impact positively on hospital mortality indicators and quality of patient care provision. This topic was also highlighted to Quality Committee as an overall risk to programme delivery.
- 4.7 No further progress has been made to commence mandatory training for Sepsis due to the delayed installation of the relevant training course into the Electronic Staff Records. It is anticipated that the work will be completed by the end of December, however, the target to achieve 85% compliance by November has therefore not been achieved. This is also highlighted as a risk to programme delivery.
- 4.8 The overall rag rating of the Learning from Deaths Programme is at amber status despite completing over 80% of its milestones. This is due to the number of metrics that are not consistently achieving target and the increasing level of risk this presents to overall delivery.
- 4.9 The Quality Committee held on 22<sup>nd</sup> December assigned limited assurance to the Learning from Deaths Programme due to ongoing technical challenges which is adversely impacting on the production of metrics.

## **5.0 People Committee**

- 5.1 The Health and Wellbeing programme is delivering on all key objectives as set out in the original mandate as described below and with milestones and metrics consistently on track:-
- **Maintain national health and wellbeing offer and access regional mental health hubs/access to psychological and physical support** – Staff across the trust have access to a number of support systems including counselling and various pilot initiatives relating to healthy minds, health eating, healthy body.
  - **Review Occupational Health Service Specification** – the review identified new requirements which resulted in the service going out to tender. A decision will be made on the new provider before the end of the year.



- **Encourage and embed health and wellbeing conversations** – training is available for managers on how to conduct the new appraisal process launched earlier this year. Health and wellbeing conversations are recorded in conjunction with the appraisal and career conversation elements of the discussion. The target to achieve 80% completed appraisals was exceeded in November.
- **Facilitate the process for COVID and flu vaccinations/booster jabs** – the trust is the highest performing in the region for rolling out its COVID and Flu vaccination campaigns. This is evident from the number of jabs carried out (4,016 COVID boosters – includes Rotherham Metropolitan Borough Council) and 3,003 flu vaccinations (trust staff only).
- **Improve usage of effective e-rostering to support flexibility/work life balance** – The number of rosters approved 42 days in advance is above internal target levels. Line Manager training has continued to ensure rosters are published in good time and this will ultimately support staff in achieving their work life balance goals.

- 5.2 The rag status of the Organisational Development Programme has been under review in recent weeks due to the delay in selecting a suitable provider to deliver the Leadership Development Programme. The Executive Management Team has now agreed to retain its Amber rag status as the decision has been taken to continue the work already started earlier this year with an existing provider. A benefits review will be undertaken in early 2022 to determine any further requirements. To support the leadership development work a new psychometric profiling tool has been introduced and there is now a full cohort of trained, 360 appraisal facilitators who will also assist leaders and their teams. This activity will support delivery of one of the key objectives of this programme which is to sustain improvements in individual and team performance and effectiveness.
- 5.3 The Employer of Choice programme has been set back again due reduced capacity issues. This has further delayed achievement of the key milestone (previously deferred) regarding updating the Medical and Dental Recruitment Strategy.
- 5.4 Progress around publication of the revamped recruitment packs (medical and non-medical) is impacted by low capacity within graphics services. However, a recruitment campaign is due to commence in December to appoint a Digital Communications Assistant. The new post holder will commence work on refreshing the Trust's website (including our recruitment pages), which will subsequently help improve our candidate attraction rates.
- 5.5 Medical staffing recruitment remains challenging with Acute Medicine posts being re-advertised in the British Medical Journal. Discussions are also taking place to consider possible new roles such as joint posts with Urgent and Emergency Care specialists.
- 5.6 The People Committee held on 17<sup>th</sup> December found limited assurance on progress due to the amber rating of two out of three programmes, however, the Committee recognised that progress is being made in relation to the Employer of Choice programme in order to restore its rag status back to Green (on track).

## **6.0 Finance and Performance Committee**

- 6.1 Good progress is being made to deliver the “Plan the Long-term Recovery of Elective Care / Operational Excellence” Programme. Setbacks in achieving locally agreed targets based on the ICS Recovery Programme are attributed in part to cancellation of clinics and theatre sessions on account of prolonged periods of high escalation across the trust and also due to the impact that high levels of sickness absence within anaesthetics is having on cancellation of theatre lists. In addition, key medical workforce vacancies in some specialties is affecting our ability to manage demand coming into the trust.
- 6.2 As part of elective care recovery efforts nationally, the trust is expected to implement “patient initiated follow-up pathways (PIFU) across at least five major outpatient specialties before the end of March 2022. Sleep Studies and Ophthalmology are now in implementation with Gastroenterology, Ear Nose and Throat (ENT) and General Surgery in the pipeline for implementation by the end of the year (subject to internal governance approval to changes in clinical practice and processes). The development of PIFU pathways in Ophthalmology will contribute to the wider discussions taking place across the system aimed at reducing the backlog. Outcomes from the monthly Planned Care Citizens Panel meetings will also be factored into recommendations and actions to reduce backlog and overdue reviews.
- 6.3 One of the key objectives of the Elective Care/Operational Excellence programme is to ensure that a robust training package and clear guidance is in place to support operational managers and planning teams to record elective care pathways appropriately in systems. In order to achieve this objective the trust has worked closely with Barnsley Hospital NHS Foundation Trust to develop a bespoke Referral to Treatment (RTT) training tool. This activity is now completed. The associated training package – which is expected to be rolled out in the new year – will support the achievement of the trust’s internal performance metric that 50% of all relevant staff will complete the training by February 2022, with up to 90% completed by the end of March. RTT training will then form part of a full induction package for all relevant new starters in order to further embed standard working practices across the elective care function, and also to achieve targets relating to the RTT Incomplete Standard.
- 6.4 Discussions scheduled to take place with divisional and corporate teams around new ways of working post-COVID and the distribution of COVID packs were not completed in October as planned due the decision taken to move this work into the 2022/23 Operational Planning process. These discussions can then incorporate the essential topics aligned to the programme around operational performance, financial and workforce sustainability and quality of service provision. However, as there is still uncertainty around the national operational planning guidance at this stage, the programme is rag rated Amber due to the potential risk this may cause to programme delivery.
- 6.5 The Best Practice Discharge Processes programme has two key objectives namely:
- Ensure best practice discharge processes are implemented, and
  - Ensure appropriate digital solutions and processes are implemented

Unfortunately due to site pressures and continuing absence of key staff members, the workshop organised to identify improvements and develop an action plan to make changes in discharge pathways and processes has not yet taken place.

A further attempt will be made in December to complete the task; however, the delay will undoubtedly impact negatively on the likelihood of this programme achieving performance targets this year and slow down the practical application of any changes in pathways and processes identified that would otherwise improve the flow of patients through the organisation.

The movement of patients to the Discharge Lounge is intended to optimise discharge processes and improve patient flow by releasing time to care for acutely ill patients that have been admitted in an emergency or following elective treatment. However the Discharge Lounge remains under-utilised (around 20% patients discharged via the discharge lounge against a target of 40%). In order to take action to improve usage, discussions are taking place at ward level and with the Discharge Lounge team to identify the reasons behind its decline and with a view to preparing an engagement and communication campaign that will better market the service and its benefits across the Trust.

The digitisation of patient flow is progressing well through the operational control centre based on D level. The Operational Pressures Escalation Levels (OPEL) management solution will provide visibility from the control centre and across the site. Solution testing and roll out is on track for completion in December.

The number of inaccurate medicines to take out (TTOs) received by Pharmacy remains challenging and is contributing to delays in discharging patients. In response to this, Pharmacy will be prioritising services to undertake a training and education programme aimed at significantly reducing inaccuracies. The success of the training scheme will be evaluated to ensure that the desired changes in working practices are embedded.

- 6.6 The Same Day Emergency Care business case has not been approved despite an extension to timescales for completion. This lead to a review of the rag status of this programme. The Executive Management Team decided that more significant action would need to be taken to bring the programme back on track and as such it is now rag rated Red. It is expected that the parameters of the business case will be made clear following further discussions in December and following a tour of the location by Executives.
- 6.7 The Frailty pilot ended in October following the planned Quality Improvement week. Lessons learned and outstanding issues have been factored into a 30, 60, 90 day transition plan along with supporting actions and delegated responsibilities for delivery. The frailty pathway model, based on the quick turnaround concept tested during the pilot phase, will continue for the foreseeable future. Patients will be assessed by frailty specialist nurses and therapists with support from the Consultant Geriatrician/frailty specialist in the emergency department or short stay area with a view to patients returning home either on the same day or within 72 hours of admission. Discussions are taking place within the Division of Medicine around the future of the frailty model and its possible configuration and specification. The next key milestone within the programme is to make the decision on the proposed clinical pathway and model by the end of January 2022.

- 6.8 The Breach of Licence/5 Year Strategy programme is now completed.
- 6.9 The Finance and Performance Committee held on 22<sup>nd</sup> December assigned limited assurance to all programmes within their remit with the exception of Removal of the Breach of Licence/5 Year Strategy which was completed ahead of plan.

The Finance and Performance Committee discussed the likelihood of achieving programme delivery across all areas by the end of the year in the light of significant operational pressures and the changing status of the pandemic. The rag status of the programmes will be updated to reflect the realistic prospect of full or partial delivery during quarter four. Where necessary papers will be presented to the Executive Management Team in order to decide on significant changes required to this year's plan and where delays may result in deferment to next year.

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

**Michael Wright**  
**Deputy Chief Executive**  
**January 2022**



# Operational Objectives 2021-22

## October - November 2021

### Appendix 1: Programme Highlight Reports

Board of Directors Meeting

7<sup>th</sup> January 2022

# Operational Plan 21/22 Programme Highlight Report – Oct - Nov 2021

<b>Programme:</b> O1.1	Health & Well Being (HWB)			<b>Current</b>			
<b>Exec Lead:</b>	Director of Workforce & OD	<b>Impact</b>		<b>Progress</b>	Red	Amber	Green
<b>SRO:</b>	Deputy Director of HR	People		<b>Previous</b>			
<b>Overview:</b>	<p>To deliver a full programme of HWB initiatives available for all TRFT staff to access. This will include key priorities contained in the NHS People Plan /P&amp;PG :- Maintain national HWB offer and access regional mental health hubs (SYB); Enhanced OH &amp; HWB offer (review of OH service specification); Encourage and embed health and wellbeing conversations (including training and support to line managers and a means of tracking delivery); Continue to offer colleagues risk assessments; Facilitate the process for Covid (and flu) vaccinations / booster jabs in line with national guidance; Access to psychological and physical support for colleagues; Improve usage of effective e-rostering to support flexibility, planning annual leave, work-life balance.</p>						
<b>Summary Position:</b>	<p>The flu and Covid vaccination programme ended on 14<sup>th</sup> November after a successful roll out of 4016 Covid booster vaccinations (Trust and RMBC combined) and 3003 flu vaccinations (Trust only). The Trust has been the best performing Trust in the region for delivering Covid vaccinations. The contract with the Trust’s employee assistance provider is due to be replaced at the beginning of December. The new service will provide free, confidential advice to staff looking for mental health support. The Occupational Health Tender has been evaluated with a view to a decision being made on the new provider by the end of the year. The NHS Wellbeing Framework launched at the beginning of November. This framework will provide detailed oversight of organisational wellbeing. The national staff survey closed at the end of November.</p>						
<i>Activities completed October/November</i>	<ul style="list-style-type: none"> <li>▪ Mental Health Awareness Day – 10<sup>th</sup> October 2021</li> <li>▪ Menopause Awareness Day – 18<sup>th</sup> October 2021</li> <li>▪ Stress Awareness Week – 1 – 5<sup>th</sup> October 2021</li> <li>▪ COVID Booster and annual Flu vaccination programmes</li> <li>▪ Evaluate responses to occupational health tender</li> <li>▪ Launched NHS Wellbeing Framework</li> <li>▪ Closure of the national staff survey</li> </ul>						
<i>Activities planned for December/January</i>	<ul style="list-style-type: none"> <li>▪ Develop plans to complete NHS Wellbeing Framework (by end of Quarter 4) to include staff engagement, people pulse data and staff survey information (key milestone to implement quarterly staff survey tracker moved to February 2021)</li> <li>▪ Continue to seek out opportunities to bid for a variety of wellbeing opportunities such as complimentary therapies and weight loss</li> <li>▪ Continue to work with ICS partners to evaluate the healthy minds, health eating, healthy body pilot</li> </ul>						
<i>Key risks to overall delivery</i>	<ul style="list-style-type: none"> <li>▪ None</li> </ul>						

# Operational Plan 21/22 Programme Highlight Report – Oct - Nov 2021

<b>Programme:</b> O1.2	Identify new practices to embed			<b>Current</b>			
<b>Exec Lead:</b>	Director of Strategy, Planning & Performance	<b>Impact</b>		<b>Progress</b>	Red	Amber	Green
<b>SRO:</b>	Assistant Director of Strategy, Planning & Delivery	F&PC		<b>Previous</b>			
<b>Overview:</b>	<p>Understand the current sustainability of services post COVID. Identify key actions / areas for focus for unsustainable services                  Identification of changes made through COVID which services / corporate teams want / hope to maintain                  Support services / corporate teams to maintain the positive changes made through COVID</p>						
<b>Summary Position:</b>	<p>A decision has been made to move this work to within the Operational Planning 2022/23 process which will commence in the new year therefore planned discussions with General Management have been postponed along with distribution of the COVID packs.</p>						
<i>Activities completed October/November</i>	<ul style="list-style-type: none"> <li>None</li> </ul>						
<i>Activities planned for December/January</i>	<ul style="list-style-type: none"> <li>Commencement of operational planning cycle</li> </ul>						
<i>Key risks to overall delivery</i>	<ul style="list-style-type: none"> <li>Continued uncertainty around national operational planning guidance</li> </ul>						
<i>Key issues</i>	<ul style="list-style-type: none"> <li>None</li> </ul>						

# Operational Plan 21/22 Programme Highlight Report – Oct - Nov 2021

<b>Programme:</b> O2.1	Standards of Care & Quality Improvement			<b>Current</b>
<b>Exec Lead:</b>	Executive Chief Nurse & DIPC	<b>Impact</b>		<b>Progress</b> Red Amber Green
<b>SRO:</b>	Dep. Chief Nurse (Safety, Safeguarding, Risk Management)	Quality		<b>Previous</b>

**Overview:** Review and relaunch the Safe and Sound Quality Strategy. Articulate and embed agreed standards of care across the organisation consistently. Identify clear quality improvement methodology and resources. Support teams to deliver and embed continuous quality improvement

**Summary Position:** Falls data has been mapped against the new national guidelines and is being measured against 1000 bed days. Latest falls data indicates the trust is consistently below moderate harm and above lower/no harm levels nationally. Education work is continuing across divisions to reduce falls in high risk areas such falls at the bedside and toilet areas. Category 2 Pressure ulcers data has been reviewed and is on track to deliver. The Frailty QI week completed in October as planned. A 30/60/90 day action plan is in place to support teams to embed identified improvements. An internal decision has been made to postpone the re-launch of the Safe and Sound Quality Strategy until the new financial year to allow time to consider the possible establishment of a Quality Improvement Faculty. A QI Faculty will require specific funding and could take up to two years to establish. The relaunch of the Quality Improvement toolkit aligned to the strategy relaunch will also need to be postponed following this decision, however, the Quality Matrons will continue to support teams to utilise improvement methodology currently in place until the toolkit can be launched.

- Activities completed October/November*
- Conduct data quality checks via Datix to reflect National Falls Network national averages
  - Implement escalation plan and proforma for deteriorating patients on Meditech
  - Review Category 2 Pressure ulcers
  - Commence Quality Dashboard refresh
  - Update Standards of Care and Quality Improvement milestone plan for Q4 (requires Executive approval)
  - Commence Frailty quality improvement week and progress Falls EPIQ into ward areas as listed in the above summary

- Activities planned for December/January*
- Seek Executive approval to close the programme two months early (end January) due to postponement of the re-launch of the quality strategy and associated toolkit until next year
  - Continue to embed improvements identified during implementation of the 5 Quality Improvement Projects already started this year

*Key risks to overall delivery*

- Insufficient time to prepare the updated strategy in full and present to Trust Board during quarter four.

*Key issues*

- None



# Operational Plan 21/22 Programme Highlight Report – Oct - Nov 2021

<b>Programme:</b> O2.2	Learning from Deaths			<b>Current</b>
<b>Exec Lead:</b>	Executive Medical Director	<b>Impact</b>		<b>Progress</b> Red Amber Green
<b>SRO:</b>	Deputy Medical Director for Professional Standards	Quality		<b>Previous</b>
<b>Overview:</b>	<p>Improve the quality of care provided within the Trust. Reduce the level of excess mortality within the Trust. Improve the quality and accuracy of our clinical coding (including documentation) so that it fully reflects our patient cohort and standard of care provided. Support the clinical, quality and operational governance structures to support and promote learning and improvements in the quality of care.</p>			
<b>Summary Position:</b>	<p>The investigation into palliative care processes and coding has been achieved ahead of plan and the updated Mortality Coding Process is now in place. A training video is in development to support end users. The new Sepsis e-learning package has not yet been installed in ESR therefore the 85% compliance target has not been achieved. The new Mortality and Learning from Deaths Policy is in implementation. Actions identified by 360 Assurance have been uploaded to the on line tracker with evidence. 360 Assurance will conduct their follow up review during quarter 4. The new Mortality and Learning from Deaths Manager joined the trust in November. Their priority will be to work closely with divisions to review internal processes and make recommendations for improvements.</p>			
<i>Activities completed October/November</i>	<ul style="list-style-type: none"> <li>▪ Full revision and approval of the Trust’s Mortality Policy, now updated in line with new mortality review process.</li> <li>▪ New Mortality and Learning from Deaths Manager appointed and commenced in post</li> <li>▪ Terms of Reference for Safe and Sound Mortality Group and Sub-Groups reviewed to re-align membership and purpose to the LfD agenda</li> <li>▪ Updated Mortality Coding Process approved and implemented with appropriate communication plan in place</li> <li>▪ 360 Assurance Audit required actions completed and uploaded with evidence.</li> </ul>			
<i>Activities planned for December/January</i>	<ul style="list-style-type: none"> <li>▪ Identify divisional learning and actions associated with Dr Foster alerts for alcoholic liver disease and congestive heart failure</li> <li>▪ Strengthen SJR review process in line with Trust KPIs and presentation of themes/trends within Divisional Sub-Groups.</li> <li>▪ New Mortality &amp; LFD Manager to begin to review processes and make recommendations for further improvements.</li> <li>▪ Clinical coding training video in place</li> </ul>			
<i>Key risks to overall delivery</i>	<ul style="list-style-type: none"> <li>▪ Clinician capacity and operational pressures leads to non-quotate mortality meetings where key decisions are then deferred</li> <li>▪ 85% compliance target at risk due to installation issues related to Sepsis e-learning training package</li> <li>▪ Timeliness of junior doctors attending bereavement centre to complete death certificates impacts on S1 and SJR KPIs (30, 60 days).</li> <li>▪ National ME directive that Stage 1/ME ‘scrutiny’ reviews should not form part of Meditech/patient records.</li> </ul>			
<i>Key issues</i>	<ul style="list-style-type: none"> <li>▪ Mortality lead for medicine not in place</li> <li>▪ HSMR data impacted by COVID</li> <li>▪ Dr. Foster database issues continuing to cause late data submission (national data/system problem, in the process of being rectified)</li> </ul>	105		

# Operational Plan 21/22 Programme Highlight Report – Oct - Nov 2021

<b>Programme:</b> O3	Plan the long-term recovery of Elective Care / Operational Excellence			<b>Current</b>
<b>Exec Lead:</b>	Chief Operating Officer	<b>Impact</b>		<b>Progress</b> Red Amber Green
<b>SRO:</b>	Director of Strategy, Planning and Performance	F&PC		<b>Previous</b>

**Overview:** **Elective Care Recovery** will aim to achieve a) a set of defined targets against the national constitutional standards b) adherence to the key requirements in the national planning guidance, relating to a system’s ability to access the Elective Recovery Fund. **Operational Excellence** will aim to achieve a) a robust and accessible package of training for colleagues around elective care and b) clear guidance for staff on how to record elective care pathways in our systems.

**Summary Position:**

**Elective Recovery** – activity levels were above plan in October, but below plan in November across Outpatients and inpatient activity, due in part to the cancellation of clinics and theatres due to non-elective pressures, as well as anaesthetic sickness forcing list cancellations.

**PIFU** - the national expectation is that the Trust will have PIFU in place for at least 5 major outpatient specialties, moving or discharging 1.5% of all outpatient attendances to PIFU pathways by December 2021, and 2% by March 2022. Sleep Studies (CPAP) continues to progress well and Ophthalmology went live on 22nd November. Work is now progressing with Gastro with Phase 1 being the IBD Nurse pathway which will go live on 23rd Dec, and Phase 2 (rest of Gastro) by end of Feb 22. Q4 will see ENT and General Surgery initiate their PIFU pathways once clinical protocols/standard operating procedures have been approved.

**Orthopaedic Planned Care Citizens Panel** - the first meeting took place on the 4th November, with further monthly meetings scheduled through to April 22. Following initial patient feedback, an action plan is under development to progress agreed patient feedback.

**Operational Excellence** – we are working with Barnsley to deliver a bespoke TRFT RTT training tool. The RTT training is designed, and internal trainers have been identified and trained. The content of the training will be taken to the Validators meeting in January where training roll-out will be discussed and agreed. To be rolled-out across the organisation by March 22.

**Activities completed October/November**

- Waiting list analysis based on deprivation and BAME built into PowerBI
- RTT – train the trainer session 26<sup>th</sup> November

**Activities planned for December/January**

- Orthopaedic Planned Care Patient Panel – December and January meetings
- PIFU – Gastro phase 1 roll-out
- RTT training roll-out – Validators Meeting (January)

**Key risks to overall delivery**

- Winter pressures are likely to make increases in activity more challenging, especially if the ring-fenced bed base is lost at any future point.
- Future Covid waves will also impact on recovery as activity levels will fall with increased sickness from clinical teams.

**Key issues**

- Elective Recovery efforts have been hampered by non-elective pressures, leading to cancellation of significant activity in Q3

# Operational Plan 21/22 Programme Highlight Report – Oct – Nov 2021

<b>Programme:</b> O4.1	Organisational Development Programme			<b>Current</b>			
<b>Exec Lead:</b>	Director of Workforce & OD	<b>Impact</b>		<b>Progress</b>	Red	Amber	Green
<b>SRO:</b>	Deputy Director of HR	People		<b>Previous</b>			
<b>Overview:</b>	<p>Ascertain how Divisions operate: challenges, successes, areas for continuous improvement; Look at ways to improve effectiveness of Divisional management and leadership; Generate rich picture of good stories and not-so-good stories; Improve senior leadership teams' integrated performance; Develop and integrate effective coaching and mentoring framework to improve individual and team performance and effectiveness; Enhance leadership behaviours and safe practice intentions and actions; Further improve patient care, safe practice, safe and effective management and leadership; Develop far-reaching OD Plan that aids the sustained improvement of the Divisions operating principles; Further embed The Trust's values, mission and strategy; Increase levels of Transparency, Communication and Participation.</p>						
<b>Summary Position:</b>	<p>The new behavioural framework was successfully launched at the beginning of October. The existing provider will continue to roll out the first piece of work associated with the Divisional Leadership programme. A review of the benefits will be undertaken in the new financial year in order to identify any further requirements. Eleven 360 appraisal facilitators are now in place to support the Divisional Leadership Programme, however, due to unforeseen delays the process has not yet started and this now places the target to achieve 80% in January at risk. The trust has looked at improving the effectiveness of divisional management and leadership further by introducing a new psychometric profiling tool, namely "PRINT". So far all General Managers have completed the profiling exercise.</p>						
<b>Activities completed October/November</b>	<ul style="list-style-type: none"> <li>Complete 360 appraisal facilitator training (passed by NHS Leadership Academy)</li> <li>Launch new behavioural framework</li> </ul>						
<b>Activities planned December/January</b>	<ul style="list-style-type: none"> <li>Existing provider to continue roll out of existing leadership programme</li> <li>Facilitate 360 appraisals</li> </ul>						
<b>Key risks to overall delivery</b>	<ul style="list-style-type: none"> <li>360 appraisals delayed therefore target to complete 80% by January 2022 is at risk</li> </ul>						
<b>Key issues</b>	<ul style="list-style-type: none"> <li>None</li> </ul>						

**Blue** Achieved / Completed

**Green** On Target / Plan

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

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

# Operational Plan 21/22 Programme Highlight Report – Oct - Nov 2021

<b>Programme:</b> O4.2	Employer of Choice																				
<b>Exec Lead:</b>	Director of Workforce & OD																				
<b>SRO:</b>	Deputy Director of HR																				
<b>Impact</b>																					
<b>People</b>																					
<b>Overview:</b>	Identify and recruit to key posts, including through the exploration of alternative markets & new roles and have mitigation plans in place if roles not filled. Build and maintain our reputation externally, improving our brand as an employer of choice. Review of how we sell TRFT as a place to work, such as an updated website. Develop our own M&D staff to become Clinical Leaders. Attract external applicants to undertake leadership roles. Encourage trainees to apply for consultant posts upon completion of training. Retain staff once recruited. Recruitment strategy of direct advertisement, liaising with recruitment agencies when this route has been unsuccessful or a dual strategy of both concurrently.																				
<b>Summary Position:</b>	Recruitment remains challenging in Acute Medicine, Gastroenterology and Rheumatology, however, the number of consultant vacancies (25.9) remains lower overall than the original base line identified at the start of this programme (27.4). Acute Medical posts are to be re-advertised in the British Medical Journal. Suggestions around joint posts with UECC are under consideration. Recruitment packs for medical and non-medical staff have been updated, however, the re-design and graphics work required to overhaul the packs and potentially increase our candidate attraction rates has been significantly delayed in the last few months due to capacity issues both within the medical staffing service and Trust graphics. A recruitment campaign is due to commence in December to appoint a Digital Communications Assistant who will revamp the recruitment pages on the trust web site, ultimately improving our employer brand. Reduced capacity within the medical staffing service has also resulted in a further delay in finalising the Medical and Dental recruitment strategy.																				
<b>Activities completed October/November</b>	<ul style="list-style-type: none"> <li>Improvements/enhancements to recruitment packs/web site/branding materials (medical and non-medical vacancies)</li> </ul>																				
<b>Activities planned for December/January</b>	<ul style="list-style-type: none"> <li>Medical and Dental recruitment strategy updated (key milestone)</li> <li>Commence Digital Communications Assistant recruitment</li> </ul>																				
<b>Key risks to overall delivery</b>	<ul style="list-style-type: none"> <li>Candidates once interviewed are not appointable</li> <li>COVID continues to impact on international recruitment</li> <li>Capacity to overhaul job packs (medical &amp; non-medical) in graphics design services and medical staffing team</li> </ul>																				
<b>Key issues</b>	<ul style="list-style-type: none"> <li>Cost of advertisement in professional journals exceeds divisional budgets normally covered by unfilled vacancies</li> </ul>																				

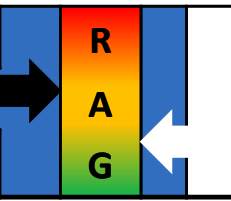

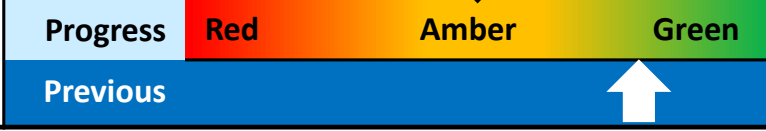
Blue Achieved / Completed

Green On Target / Plan

108 Amber Behind plan with mitigation or actions in place to recover

Red Behind plan no mitigation or more significant action required

# Operational Plan 21/22 Programme Highlight Report – Oct - Nov 2021

<b>Programme:</b> O5.1	Best Practice Discharge Processes			<b>Current</b>			
<b>Exec Lead:</b>	Deputy Chief Operating Officer / Director of Operations	<b>Impact</b>		<b>Progress</b>	Red	Amber	Green
<b>SRO:</b>	Associate Director of Operations	F&PC		<b>Previous</b>			
<b>Overview:</b>	<p>Ensure best practice discharge processes are implemented. Ensure appropriate digital solutions and processes are implemented (to include escalation system, teletracking, command centre).</p>						
<b>Summary Position:</b>	<p>The <b>LoS</b> position on patients occupying a bed for more than 7 and 21 days has worsened from September to November (this is a reflection of the increased level of acuity of patients that are admitted and pressures in discharging on Pathways 1, 2 and 3). Whilst below target, both <b>Right to Reside not recorded</b> and <b>Discharge Lounge Utilisation</b> metrics are showing an improving position.</p> <p><b>Discharge Lounge utilisation</b> has plateaued at 21%. To address this, engagement with ward teams is being undertaken to understand what the blockages are to using the lounge, and with the Discharge Lounge itself to promote the new facility and the service it offers. Review of weekend utilisation in progress.</p> <p><b>Trust Escalation Management Tool (Escalation Wheel)</b> – Phase 1 testing complete. Phase 2 OPEL level of the wheel complete. Phase 3 is the ability of the system to send notifications in regards to OPEL, escalation and de-escalation alongside category and metric level notification. This is on track for completion by early December (date TBC).</p> <p><b>TTOs</b> - Pharmacy have reported that 25% of TTOs they receive are incorrect, and there are ongoing challenges around communicating the required changes to clinical teams. Pharmacy to deliver prioritised TTO training, piloting on 2 wards initially, and review the impact to ensure the training package has the desired effect. CCU training delivered for those routinely writing TTO's, and training for Fitzwilliam ward arranged for the 8<sup>th</sup> Dec.</p> <p><b>IDT Review</b> – workshop to commence process mapping of the current and future state cancelled twice due to staff leave/sickness/operational pressures in IDT. To be rearranged in December.</p>						
<i>Activities completed October/November</i>	<ul style="list-style-type: none"> <li>Discharge Co-ordinators Workshop 18<sup>th</sup> October</li> <li>Ward by Ward Programme for Improvement - in progress with reviews of Wards A3, A4, A5 and A7 completed</li> <li>Trust Escalation Management Tool (Escalation Wheel) – Phase 2 completion</li> </ul>						
<i>Activities planned for December/January</i>	<ul style="list-style-type: none"> <li>Ongoing ward by ward improvement reviews</li> <li>Discharge Focus Week on A4 – commencing 13<sup>th</sup> December</li> <li>IDT Review - process mapping of the current and future state to commence (1<sup>st</sup> December session cancelled)</li> <li>Escalation Management Tool – Phase 3 scheduled for early December</li> <li>Review of Surgery Discharge Co-ordinator requirements</li> </ul>						

# Operational Plan 21/22 Programme Highlight Report – Oct-Nov 2021

<b>Programme:</b> O5.2	Admission Avoidance						<b>Current</b>
<b>Exec Lead:</b>	Chief Operating Officer	<b>Impact</b>					<b>Progress</b> Red Amber Green
<b>SRO:</b>	General Manager Medicine	F&PC					<b>Previous</b> ↑
<b>Overview:</b>	Implementation of an appropriate SDEC service at acute site. Ensure effective ambulatory and frailty pathways are in place.						
<b>Summary Position:</b>	<p><b>SDEC</b> - the SDEC/AMU business case was issued to the Exec Team for their comments, and following this a meeting is planned in on the 7<sup>th</sup> Dec for the Exec Team to have a walk round the unit followed by a Q&amp;A session.</p> <p><b>Frailty pathway</b> - The Frailty Quality Improvement week completed in early October as planned and this has now brought the pilot phase to a close. Agreed next steps are in place to transition the identified changes in working practices into business as usual during the next 30 – 90 days. For the foreseeable future the frailty pathway/model will continue to be based on the quick turnaround concept as executed during the pilot (i.e. with a view to patients returning home either on the same day or within three days). Discussions are taking place within the Division of Medicine to determine whether any further enhancements can be made to the frailty pathway/model before the end of this financial year.</p>						
<b>Activities completed October/November</b>	<ul style="list-style-type: none"> <li>▪ Frailty Pilot completion</li> <li>▪ Frailty Assessment Pro-forma go-live 11<sup>th</sup> October</li> <li>▪ Frailty Quality Improvement Week</li> <li>▪ Draft SDEC/AMU business case issued to the Exec Team</li> </ul>						
<b>Activities planned for December/January</b>	<ul style="list-style-type: none"> <li>▪ SDEC business case – Exec Team walk around and Q&amp;A session 7<sup>th</sup> December, followed by meetings with the Exec Team on the 13<sup>th</sup> and 17<sup>th</sup> December to agree clear parameters of the business case</li> <li>▪ Determination of any further enhancements to the frailty pathway/model</li> </ul>						
<b>Key risks to overall delivery</b>	<ul style="list-style-type: none"> <li>▪ Cannot deliver an appropriate model of SDEC/proposed model is unaffordable</li> </ul>						
<b>Key issues</b>	<ul style="list-style-type: none"> <li>▪ Delays to SDEC/AMU business case approval</li> </ul>						

# Operational Plan 21/22 Programme Highlight Report – Oct – Nov 2021

<b>Programme:</b> O6	Removal of Breach of Licence / Five Year Strategy		Completed	Current			
<b>Exec Lead:</b>	Deputy Chief Executive	Impact		Progress	Red	Amber	Green
<b>SRO:</b>	Dir. of Finance / Dir. of Strategy, Planning & Performance	F&PC		Previous	↑		
<b>Overview:</b>	To have the longstanding breach of licence lifted by March 2022 and to publish a new Trust Strategy by the end of September 2021.						
<b>Summary Position:</b>	As reported in the last report Breach of of licence and undertakings have been removed ahead of plan. The Trust Strategy was approved at the Trust Board in September subject to minor amendments and will now be published slightly later than planned in December. This will complete the activities aligned to the programme which is therefore recommended for closure once the strategy has been launched.						
<i>Activities completed October/ November</i>	<ul style="list-style-type: none"> <li>▪ Minor amendments made and strategy finalised ready for publication</li> <li>▪ Senior leaders workshop held on strategy delivery plan</li> </ul>						
<i>Activities planned for December/ January</i>	<ul style="list-style-type: none"> <li>▪ Board development session on Trust’s strategy delivery plan 10/12/21</li> <li>▪ New Trust Strategy published</li> </ul>						
<i>Key risks to overall delivery</i>	<ul style="list-style-type: none"> <li>▪ None</li> </ul>						
<i>Key issues</i>	<ul style="list-style-type: none"> <li>▪ None</li> </ul>						

**Blue** Achieved / Completed

**Green** On Target / Plan

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

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

**MINUTES OF THE GOVERNORS MEMBER ENGAGEMENT GROUP MEETING HELD VIRTUALLY ON TUESDAY 21 DECEMBER 2021**

**Present:** Mr G Rimmer, Public Governor Rother Valley South / Lead Governor (Chair)  
Mrs C Denning, Staff Governor  
Mrs M Gambles, Public Governor Rotherham South  
Mr M McPherson, Public Governor Wentworth South  
Mr N Redfern, Public Governor Rotherham North  
Ms T Smith, Partner Governor, Barnsley and Rotherham Chamber of Commerce

**Apologies:** Mr S Adalat, Partner Governor Rotherham Ethnic Minority Alliance

**In attendance:** Mrs T Curran, Communications Officer  
Mr M Havenhand, Trust Chairman  
Miss D Stewart, Corporate Governance Manager (minutes)  
Ms A Wendzicha, Director of Corporate Affairs

**33/21 WELCOME AND APOLOGIES**

Mr Rimmer welcomed all those present to the meeting, with apologies noted.

**34/21 QUORACY CHECK**

The meeting was declared quorate.

**35/21 DECLARATIONS OF ANY CONFLICT OF INTEREST**

There were no declarations of any conflict of interest relating to any agenda item.

**36/21 MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting held on 2 November 2021, were approved as a correct record.

**37/21 MATTERS ARISING**

There were no matters arising from the previous meeting, which were not covered by the agenda or action log.

**38/21 ACTION LOG**

The Committee received the action log and agreed that log numbers 4, 7, 16, 19 and 20 could be closed.

The two remaining open actions were log number 5 and 18.



**MEMBERSHIP ENGAGEMENT UPDATE****i. Membership Database**

The Group received the report which detailed the exercise which had been undertaken to start the process to cleanse the membership database.

It was noted that a number of members had taken the opportunity to update their contact details including provision of their e-mail address to increase the options for electronic communication. However, as detailed within the report only approximately 10% of members were contactable electronically, therefore other communication channels would also need to be utilised to engage with members.

Ms Wendzicha indicated that a focussed piece of work would commence in January and February 2022 to re-engage with the membership, being creative in utilisation of all communication channels available to the Trust. The Group discussed the options available, including social media, text messaging, engaging with current hospitalised patients/visitors.

It was suggested that the Rotherham Health App may be another mechanism to grow the membership and contact those who were current members. This would be explored further with the Director of Health Informatics.

**ACTION – Ms Wendzicha**

Similarly, it was suggested that vaccination centres provided an opportunity in terms of contacting existing members and growing the membership. This would be further explored.

**ACTION – Ms Wendzicha**

Mrs Curran took the opportunity before she left the meeting to highlight the elections communication plan, proposed activities/events, and a communication received from Mr Adalat regarding focussed engagement and communication across a wide range of communities.

The Group agreed that it was important that Mr Adalat, bring his views to the Group and suggested that the next meeting be specifically arranged around his availability.

The sub Group were asked to feed any specific ideas for events to Mrs Curran.

**ACTION – Mr Rimmer / Mrs Gambles / Mr Redfern**

The Group noted the Report.

*Ms Smith joined the meeting at this point.*

*Mrs Curran left the meeting at this point.*

## ii. Governor Membership Officer

Ms Wendzicha confirmed that an interim officer would be joining the Trust on 29 December 2021. The officer would support implementation of the Member Engagement Strategy.

40/21

### **MEMBERSHIP ENGAGEMENT STRATEGY – IMPLEMENTATION PLAN**

The Group received the high level Membership and Engagement Implementation Plan to support achievement of the Membership Engagement Strategy.

The implementation plan had the two objectives of:

- Objective 1 : To build and maintain our membership numbers by actively recruiting and retaining our members
- Objective 2 : To effectively engage and communicate with members

In support of each objective were a number of known actions with milestones, and in due course the Plan would be populated with further matters discussed and agreed by the Group for inclusion, such as the Governor Elections and engagement events.

The Group noted the Implementation Plan and were assured that progress was being made in terms of engagement with the membership.

41/21

### **PREPARING FOR 2022 GOVERNOR ELECTIONS**

The Group received the report detailing the 2022 Public and Staff Governor elections.

In total, eleven seats would be available, eight public and three staff seats, with the indicative timetable based upon 2021 detailed within the report. For Public Governors, the aim remained to ensure that a least one Public Governor represented each Public Constituency.

The Group noted the communication plan and considered that in order to maximise nominations, there should be two separate approaches in promoting the Public and Staff Elections. The focus of the communication activities would need to be from January to March 2022.

In terms of Staff Governors, contact would be made with the two Staff Governors who would be subject to re-election in 2022.

**ACTION – Mr Rimmer and Mrs Denning**

It was agreed that the indicative election timetable would be added to the Plan for completeness.

**ACTION – Ms Wendzicha**

The Group noted the report which would be utilised to support 2022 election activities.

42/21

**ANY OTHER BUSINESS**

**i. Public Panel**

Mrs Gambles took the opportunity to brief the Group on the recent Public Panels.

There had been two virtual sessions to engage with the general public, whereby they could offer their views on patient experience and help make services work better for local people. However, both sessions had been poorly attended, with a request that Governors promote the Public Panel sessions.

It was noted that the Patient Engagement and Inclusion Lead had indicated that although her engagement activities continued to be held virtually, once face to face sessions resumed, she would ensure Governors were invited.

The Group agreed that it was important that they continued to support the Patient Engagement and Inclusion Lead in her activities.

Post meeting note – the link to the website was recirculated to the Governors in their weekly message on 23 December 2021, having been initially circulated on 3 December.

**ii. High Sherriff of South Yorkshire**

The Group was notified by Mr McPherson that he was the High Sherriff (designate) of South Yorkshire in 2022. As such he was giving advance notice that his availability for Governor related meetings may be limited.

The Group congratulated Mr McPherson on his appointment, and that he remain committed in his Governor role, despite the potential challenges on his time. The Group anticipated that as High Sherriff he would be an excellent advocate for Rotherham.

43/21

**DATE OF NEXT MEETING**

It was agreed that the next meeting would be arranged for early January 2022 to progress election communication activities and to ensure Mr Adalat was available the meeting would be arranged around his availability.

## Calendar of Business for Council of Governors 2022

REPORT - ORDER		2022			
		Feb 09	May 18	Aug 17	Nov 16
<b>Procedural items</b>					
Welcome and announcements	Chair	/	/	/	/
Apologies and quoracy check	Chair	/	/	/	/
Declaration of Interest	Chair	/	/	/	/
Minutes of the previous meeting	Chair	/	/	/	/
Matters arising and action log	Chair	/	/	/	/
Chairman's report	Chair	/	/	/	/
Patient Story	Lead Governor				
<b>Report from the Non-Executive Chairs of Board Committees</b>					
Report from Audit Committee	NED Chair	/	/	/	/
Annual Report from Audit Committee	NED Chair			/	
Report from Finance and Performance Committee	NED Chair	/	/	/	/
Report from Quality Committee	NED Chair	/	/	/	/
Report from People Committee	NED Chair	/	/	/	/
Report from Charitable Funds Committee	CFC Chair	/	/	/	/
<b>Report from the Executive Directors</b>					
Finance Report (for information)	DoF	/	/	/	/
Integrated Performance Report (for information)	CEO	/	/	/	/
Operational Recovery Report (for information)	COO	/	/	/	/
Operational Objectives Progress Report (for information)	DCEO	/	/	/	/
Forward Plan/Operational Objectives	CEO		/	/	
Five Year Strategy (current strategy 2022 -2027)	ICEO				
Quality Priorities	CN	/			
Draft Quality Account/Quality Report	CN		/		
Annual Report (through Annual Members Meeting)	DoCA				
Annual Accounts (through Annual Members Meeting)	DoF				
<b>Governor Regulatory and Statutory Requirements</b>					
Governance Report	DoCA	/	/	/	/
Constitution – formal review Last review October 2018	DoCA	/dfd	/		
Governors Standing Orders (linked to Constitution review) To be reviewed every 3 years as a minimum or in conjunction with any changes to Constitution. Last review October 2018	DoCA	/dfd	/		
Appointment of Vice Chair (as needed)	DoCA				
Appointment of Senior Independent Director (as needed)	DoCA		/		
Appointment / Reappointment of NED's (as needed)	NomComm	/	/	/	/
Appointment/Reappointment of Chair (as needed)	NomComm	/	/	/	/
Outcome of Chair and NED Appraisals	NomComm		/		
External Auditors (contract renewal) Contract with Mazars LLP effective from 01/10/2020 for 3 years with option to extend for 1 further year	DoCA				

### Key:

CoCA (Director of Corporate Affairs)  
DoF (Director of Finance)  
NomComm (Nominations Committee)

MD (Medical Director)  
CEO (Chief Executive)  
CN (Chief Nurse)

NED (Non-Executive Director)

## Calendar of Business for Council of Governors 2022

External Auditors Engagement report to CoG following closure of annual audit	DoCA			/	
Lead Governor Appointment	DoCA		/		
Deputy Lead Governor Appointment	DoCA				
Review of Lead Governor appointment process	DoCA		/		
Feedback from Governors' Surgery – once activities resume	Lead Governor	/	/	/	/
Governor Elections (part of Governance Report)	DoCA	/	/	/	/
Council of Governors Annual Review of Effectiveness	DoCA		/		
Governor Engagement Strategy (current Strategy 2021-2023)	DoCA				
Member Engagement Strategy (current Strategy 2022 -2025)	DoCA				
<b>Sub Groups of the Council of Governors</b>					
Nomination Committee Report	Chair	/	/	/	/
Nomination Committee Approved Minutes	Chair	/	/	/	/
Nomination Committee Terms of Reference	Chair				/
Member Engagement Group Report	Group Chair	/	/	/	/
Members Engagement Group Approved Minutes	Group Chair	/	/	/	/
Member Engagement Group Terms of Reference	Group Chair			/	
<b>Ad hoc matters</b>					
Update on New Governance Framework	CoSec	/			
Feedback report from outpatients improvement team	COO		/	/	

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