The Rotherham NHS Foundation Trust

MEETING OF THE COUNCIL OF GOVERNORS

WEDNESDAY, 18TH MAY 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 by 1pm on Wednesday 18 May 2022.

AGENDA

Time	Item no			Page No	Required Actions	Lead
1700	24/22	Chairman's welcome and announcements	Verbal	-	To note	Martin Havenhand, Chair
	25/22	Apologies for absence & quoracy check *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.*	Verbal	-	To note	Martin Havenhand, Chair
	26/22	Declaration of Interests	Verbal	-	To note	Martin Havenhand, Chair
1705	27/22	Minutes of previous meeting held on 09 February 2022	Enc.	3	For approval	Martin Havenhand, Chair
	28/22	Matters arising from the previous minutes (not covered elsewhere on the agenda) & action log	Verbal	-	-	Martin Havenhand, Chair
	29/22	Action Log	Enc.	12	For approval	Martin Havenhand, Chair
1710	30/22	Chairman's Report	Enc.	13	To note	Martin Havenhand, Chair
Council of Governors Regulatory & Statutory Duties						
1720	31/22	Operational Objectives 2021/22 Review and Operational Plan 2022/23	Enc.	32	To note	Dr Richard Jenkins, Interim Chief Executive
1730	32/22	Draft 2021/22 Annual Quality Account	Verbal	-	To note	Helen Dobson, Chief Nurse
1735	33/22	Report from Nominations Committee • NED Appraisal • NED Terms of Office	Enc.	40	To note and approve	Martin Havenhand, Chair
1740	34/22	Report From Member Engagement Group	Enc.	42	To note	Gavin Rimmer, Lead Governor

		• including review of Terms of Reference				
1745	35/22	2022 Governor Elections Report	Enc.	47	To note	Angela Wendzicha, Director of Corporate Affairs & Gavin Rimmer, Lead Governor
1750	36/22	Governance Report	Enc.	51	To note	Angela Wendzicha, Director of Corporate Affairs
1755	37/22	Annual Effectiveness Review of Council of Governors	Enc.	53	To note and approve	Angela Wendzicha, Director of Corporate Affairs
		Other matters				
1800	38/22	Out-Patient Transformation Programme	Enc.	80	To note	George Briggs, Chief Operating Officer
Report from the Non-Executive Director Chairs of the Board Assurance Committees (5 minutes per report to include any questions)						
1805	39/22	i. Finance and Performance Committee	Enc.	82	To note	Nicola Bancroft
		ii. People Committee	Enc.	85	To note	Lynn Hagger
		iii. Audit Committee	Enc.	89	To note	Kamran Malik
		iv. Quality Committee	Enc.	92	To note	Rumit Shah
		v. Charitable Funds Committee	Enc.	96	To note	Michael Smith
Items for information only and to support earlier discussions						
1830	40/22	Integrated Performance Report	Enc.	98	To note	Martin Havenhand, Chair
1835	41/22	Finance Report	Enc.	117	To note	Martin Havenhand, Chair
1840	42/22	Reset and Recovery Operational Report including COVID-19 update	Enc.	124	To note	Martin Havenhand, Chair
1845	43/22	Approved Council of Governors sub committee minutes: i. Governor Member Engagement Group (11.01.222 & 01.03.22)	Enc.	132	To note	Gavin Rimmer, Lead Governor
	44/22	Issues to be escalated to Board of Directors	Verbal	-	For approval	Martin Havenhand, Chair
	45/22	Council of Governors Work plan	Enc.	139	To note	Martin Havenhand, Chair
1850	46/22	Report from Nominations Committee • Chairs Appraisal • Chairs Term of Office	Enc.	141	To note and approve	Gavin Rimmer, Lead Governor
1900	47/22	Next meeting to be held Wednesday,17 August 2022				
		Close of Public Meeting				

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**

The Rotherham NHS Foundation Trust

MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS HELD VIRTUALLY ON WEDNESDAY 09 FEBRUARY 2022

Chair: Mr M Havenhand, Trust Chairman (Chair of the meeting)

Public Governors: Mr G Berry, Public Governor Rest of England
Mrs M Gambles, Public Governor Rotherham South
Mr F Kler, Public Governor Rest of England
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
Cllr E R Keenan, Partner Governor RMBC
Dr J Lidster, Partner Governor Sheffield Hallam University

Apologies: Mr S Adalat, Partner Governor Rotherham Ethnic Minority Alliance
Mr A Ball, Public Governor Wentworth Valley
Mr I Cocks, Public Governor Rother Valley South
Mr S Lowe, Public Governor Rotherham North
Lt Col R MacPherson, Public Governor Wentworth South
Ms T Smith, Partner Governor Barnsley and Rotherham Chamber of Commerce

Members of the Board of Directors, other Trust staff and invited guests in attendance either for the whole or part of the meeting:
Miss N Bancroft, Non-Executive Director
Dr J Bibby, Non-Executive Director
Mr G Briggs, Chief Operating Officer
Mrs H Craven, Non-Executive Director
Mrs H Dobson, Interim Chief Nurse
Dr C Gardner, Executive Medical Director
Mr S Hackett, Director of Finance
Ms L Hagger, Non-Executive Director
Mr R McGough, Hill Dickinson LLP (minute 08/22 only)
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.

01/22 **WELCOME AND ANNOUNCEMENTS**

The Chairman welcomed all those present to the meeting.

02/22 **APOLOGIES FOR ABSENCE & QUORACY CHECK**

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

03/22 **DECLARATION OF CONFLICT OF INTEREST**

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

04/22 **MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting held on 10 November 2021 were AGREED as a correct record.

05/22 **MATTERS ARISING**

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

06/22 **ACTION LOG**

The Council of Governors agreed that action log numbers 24 (from 2019), 14, 15 and 16 (all from 2021) would be closed. The action log would be updated accordingly.

With regards to action log 24 (from 2019) relating to the electronic booking system, Mr Zaidi sought clarity as to the outpatient improvement plan which would be taken forward to address the matter originally raised, and the wider issues identified by the Executive Team. Mr Briggs explained the position as detailed in the log and confirmed that the working group initially involved in the discussions, would once again be part of the engagement process.

As recommended the action would be closed, with an update from the improvement team to be submitted to the Council of Governors.

Mr Zaidi, further highlighted recent difficulties patients were having in speaking to the Contact Centre, the length of time before their call was answered, often resulting in patients ending the call before they had spoken to a member of the Contact Team. Mr Briggs was aware of a number of complaints on the matter, which was a result of the Contact Centre staff working from home during the pandemic and the calls being re-routed. However, staff were returning to on site working and other technology was being brought in to support the position.

The suggestion from Mr Zaidi that patients be sent an appointment date in the first instance, with the Contact Centre only being telephoned should the appointment not be convenient, would form part of the outpatient improvement plan programme of work.

With regards to action log 17 relating to staff wellbeing, Dr McDonough suggested that this item remain open, as it had not been fully understood at the time that Staff Governors were to provide feedback on any further actions regarding staff health and well-being.

Mr Havenhand commented that the action had been one of immediacy to receive specific feedback from Staff Governors.

It was noted that the Board of Directors routinely sought assurance as to the health and wellbeing of staff, and considered opportunities to be utilised to provide further support. For example as part of the monthly virtual visits by the Board to wards and services, staff were actively encouraged to provide feedback on how they were feeling and any additional support required.

The Council of Governors agreed that action log 17 would remain open until the next Council of Governors meeting to facilitate further discussion by the Staff Governors with the Chairman and Chief Executive.

07/22 **CHAIRMAN'S REPORT**

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

It was noted that the list of PROUD Award winners as detailed within the report was incomplete. It was noted that the Outstanding Volunteer Award had been received by those volunteers who had supported the patient support line during the pandemic.

COUNCIL OF GOVERNORS REGULATORY AND STATUTORY REQUIREMENTS

08/22 **INTEGRATED CARE SYSTEM DEVELOPMENTS**

The Council of Governors welcomed to the meeting Mr McGough from Hill Dickinson LLP to provide an update on the latest developments within the Integrated Care System.

The Council of Governors were provided with a comprehensive, and informative presentation of the position. The key matters noted by the Council of Governors were:

- Royal assent of the Health and Care Bill was now expected by 1 April 2022;
- Clinical Commissioning Group dissolution and Integrated Care System / Integrated Care Board establishment was currently set for 1 July 2022. However, this could be delayed until October 2022;
- Still awaited to support the transition was the new Code of Governance and a refreshed guide for the duties of Governors.

Mr Havenhand thanked Mr McGough for his presentation, and update on the position, commenting that the Council of Governors would welcome further briefings on developments.

09/22 **REPORT FROM MEMBER ENGAGEMENT GROUP**

The Council of Governors received the report from the Member Engagement Group outlining discussions held at their recent meetings in December 2021 and January 2022.

Mr Rimmer indicated that a productive discussion had taken place at the January meeting with valuable comment and suggestions from Mr Adalat on opportunities to engage with the local ethnic minority communities.

Progress continued to be seen in engagement activities and arrangements for the forthcoming staff and public Governor elections.

The Council of Governors noted the report.

10/22 **QUALITY PRIORITIES 2022/23**

The Council of Governors welcomed to the meeting the Interim Chief Nurse to present the report outlining the Quality Priorities for 2022/23.

Mrs Dobson explained that the report detailed the proposed long list of quality priorities for 2022/23 against the three domains of patient safety, patient experience and clinical effectiveness. This long list would be the subject of consultation, with the aim to agree one priority in each of the three domains.

In order to gather the views of the Council of Governors, it was agreed that the long list would be circulated to enable each Governor to choose their top priority from each domain. The information would then be compiled, with the Lead Governor to submit the consensus of the Council of Governors to the Interim Chief Nurse. **ACTION – Mr Rimmer, Lead Governor**

In terms of the 2021/22 end of year reporting, it was noted that the Quality Account would once again not be required for inclusion in the Trust's Annual Report. However, there remained a requirement to produce it as a separate document which would be published by 30 June 2022. As part of the production process, guidance would normally require external assurance from the External Auditor. Although this was no longer mandated, a decision was to be taken as to whether this would still be undertaken.

It was noted that the guidance had removed the requirement that Governors select a local indicator for external audit as part of the process.

The Council of Governors noted the report.

11/22 **GOVERNANCE REPORT**

The Council of Governors received and noted, for information, the Governance Report detailing the ongoing discussion regarding COVID vaccinations as a condition of deployment, the changed approach to Non-Executive Director Champions and publication of 2022/23 Operational Planning Guidance.

12/22 **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.

Due to continued operational challenges, progressing the operational priorities and key performance indicators had been significantly impeded. However, where possible Mr Briggs continued to focus on priority areas.

The financial position as at the end of November 2021 was as detailed within the report. As the January meeting had been cancelled due to operational pressures, Miss Bancroft had taken to opportunity to meet with the Director of Finance and his deputy to review the December 2021 financial position and the capital programme.

The Council of Governors noted that the financial position remained on trajectory.

ii. People Committee

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

Recruitment remained challenging in a number of clinical specialities with opportunities to revise recruitment packs and utilise digital activities being explored.

The intern programme continued to be expanded, with the Board of Directors having received an inspirational presentation on the programme for young adults aged 16 to 24 years with educational and healthcare needs.

Staff health and wellbeing remained of focus for the Committee, further explored when visiting teams and talking to staff. A comprehensive range of initiatives were available from the Trust, with the Integrated Care System also offering support.

iii. Audit Committee

Mr Malik highlighted that since the last meeting of the Council of Governors the Audit Committee had held two extra meetings to consider the quarterly Board Assurance Framework.

One matter to draw to the Council of Governors attention was information shared by Mazars, the Trust's external auditor, at the Audit Committee meeting held earlier in the day. It had been reported that Mazars had has been fined £250,000 by the Financial Reporting Council due to its failure to comply with the Regulatory Framework for Auditing in its audit of a local authority's 2019 financial statements. It was noted that Mazars had originally received a regulatory penalty of £314,000, but the sanction had been discounted due to Mazars cooperation at an early stage and admissions.

Mr Malik indicated that the Financial Reporting Council had undertaken a further set of audits, with Mazars having achieved 100% compliance, being rated as good with limited improvement required.

The Audit Committee had received sufficient assurance that corrective measures had been established across all sectors of their portfolio.

iv. Quality Committee

Dr Shah reported that enhanced focus was being given by the Committee to the Board Assurance Framework and the risk register. In addition Divisions were being invited to present to the Committee.

As indicated in other sections of the meeting the pandemic was impeding achievement of a number of objectives, with significant focus required to recover the position against the backdrop of staff absence and increasing activity.

The Committee continued to create a culture of triangulation of information and learning.

v. Charitable Funds Committee

Mr Smith informed the Council of Governors that the financial position of the Charity remained stable. However, actions would be required to increase the level of donations beyond those grants available from NHS Charities Together.

A long term strategy was being developed, supported by the establishment of a sub group discussing fundraising ideas.

In response to a question from a public Governor, it was confirmed that there were a number of routes to allocate charity monies. These included taking forward the suggestions made by staff as part of a charity survey, direct requests from wards and departments, and through the Charity Engagement and Development Manager working directly with services. The Committee supported by executive director colleagues considered and prioritised the requests.

ITEMS FOR INFORMATION

13/22 INTEGRATED PERFORMANCE REPORT

The Council of Governors received and noted the Integrated Performance Report (IPR) considered at the Board of Directors meeting held on 7 January 2022.

14/22 FINANCE REPORT

The Council of Governors received and noted the Finance Report considered at the Board of Directors meeting held on 7 January 2022.

Mr Hackett, Director of Finance, indicated that the report reflected that the Trust was moving towards the final quarter of the 2021/22 financial year, with planning having already commenced for the end of year accounts and the external review.

Looking ahead to the 2022/23 financial year, early indications were that it would be more challenging. Once the financial requirements were known, the Council of Governors would receive further information through the finance reports.

15/22 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 7 January 2022.

Mr Briggs, Chief Operating Officer, reported that the position continued to vary daily in terms of the number of COVID cases. January 2022 had seen an average of 100 inpatients, currently there were 45 COVID positive inpatients in hospital. On a positive note, the number requiring Intensive Care had been lower than previous waves. However, the Omicron variant had had a significant impact on staff absence.

In addition to COVID inpatients, the number of long stay patients had increased. There were 91 patients having been in hospital for over three weeks, with the majority waiting for care packages or admission to a care home.

Rotherham Metropolitan Borough Council were being supportive to the Trust, however, they were experiencing similar challenges with staffing due to the Omicron variant.

In order to manage available beds, the Trust had taken the decision to cease elective admissions for a period of approximately six weeks. As the number of COVID cases continued to fall, the Trust was beginning the process to resume recovery and its full elective activities, although it was noted that there remained challenges in some specialities such as ENT. However, it would take approximately two years for the NHS to recover to pre-pandemic performance.

Mr Havenhand commented that the Trust was immensely proud of its staff for their support and resilience over what had been a challenging two years.

16/22 **OPERATIONAL OBJECTIVE REPORT**

The Council of Governors received and noted the Operational Objective Report considered at the Board of Directors meeting held on 7 January 2022.

Mr Wright, Deputy Chief Executive, confirmed that against the ten objectives agreed for 2021/22, one had been completed, one remained on plan, seven were behind plan with mitigating action in place and one was behind plan with significant action required.

The pandemic had adversely affected progress as reported in a number of the discussions by the Council of Governors. The challenges in January 2022 would undoubtedly be reflected in the next update report to the Board of Directors.

Discussions were now underway with regards to the proposed 2022/23 operational objectives.

17/22 **APPROVED COUNCIL OF GOVERNORS SUB COMMITTEE MINUTES**

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

i. Member Engagement Group held on 21 December 2021

18/22 **ISSUES TO BE ESCALATED TO THE BOARD OF DIRECTORS**

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

19/22 **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.

20/22 **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 nor had any Governor any further question they would wish to raise.

21/22 **CLOSE OF THE MEETING**

The Chair confirmed that the next meeting of the Council of Governors would be held on Wednesday, 18 May 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.

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
	2021							
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	May-22	No comments submitted before February 2022 meeting. 09.02.2022 - Timeframe extended to May 2022 CoG meeting to enable further discussion	Rec to close
		2022						
1	Feb-22	Quality Priorities 2022/22	Oct-22	Governors to provide feedback on their priorities across the three domains to the Lead Governor who would relay to the Interim Chief Nurse	Lead Governor		Complete - information provided to Interim Chief Nurse by Lead Governor	Rec to close

Open
Rec to close
Closed

COUNCIL OF GOVERNORS MEETING: 18 May 2022

Agenda item: 30/22

Report: **Chairman's Report**

Presented by: Martin Havenhand, Chairman
Author: as above

Action required: For noting

1.0 Introduction

1.1 This report provides an update of activities since the last Council of Governors meeting in February 2022.

2.0 Governor Resignations

2.1 Since the last meeting of the Council of Governors Frank Kler, Public Governor for the Rest of England has tendered his resignation with immediate effect.

2.2 In addition James Cooper, Staff Governor, in taking up an appointment at another Trust in the summer, will be standing down from the role of Staff Governor on 31 May 2022.

2.3 On behalf of the Council of Governors, I have thanked both Frank and James for their contributions during their time in office.

2.4 The impact of these resignations will form part of a later discussion to be held by the Council of Governors in terms of the 2022 Governor elections.

3.0 Chief Executive (CEO) Appointment

3.1 Dr Richard Jenkins our Interim Joint CEO with Barnsley Hospital NHS FT (BHNFT) has had his secondment from BHNFT extended to 30th September 2022.

4.0 Chief Nurse Appointment

4.1 Following external advertisement, interviews for the role of Chief Nurse were held on 24 March 2022.

4.2 I am pleased to report that Mrs Helen Dobson, who had been interim Chief Nurse, has been substantively appointed as our Chief Nurse.

5.0 Non Executive Director (NED) Appraisals

5.1 During April the Chair and Lead Governor have completed all the NEDs annual performance reviews. In addition the Senior Independent Director and the Lead Governor completed the annual appraisal of the Chair.

6.0 Strategic Board Meeting 08 April 2022

6.1 The Board of Directors addressed two issues, firstly developing the themes for the Operational Plan for 2022/23 and secondly the Board Assurance Framework review to take account of the new 5 Year Strategy.

7.0 South Yorkshire and Bassetlaw Acute Federation (SYBAF)

7.1 The Health and Care Bill received Royal Assent on 28 April 2022 resulting in the Health and Care Act 2022 becoming law. This will establish Integrated Care Boards as statutory bodies from 1st July 2022 to lead Integrated Care Systems. As part of these new arrangements each System will need to establish Provider Collaboratives including one for Acute Services, and one for Mental Health Services.

7.2 The Acute Provider Collaborative in our system is called the Acute Federation and a board (consisting of the Chairs and CEOs of the 5 acute Trusts in South Yorkshire and Bassetlaw) has been meeting in shadow form since the beginning of the year and had its first formal board meeting in April.

7.3 I chair the SYBAF board for 2022 and all the Acute Trust boards are meeting virtually on 16th May supported by the NHSE/I Provider Collaborative Development Support Team. The session will provide an update for all board colleagues and will consider a draft 'Statement of Purpose' and priorities for 2022/23.

7.3 The SYBAF is working with the ICB to consider how Governors will be engaged in this new approach.

7.4 An addendum to the NHS Foundation Trust Code of Governance is currently being worked up which suggests approaches for how Boards and Governors can work together to support systems. A consultation was expected in the Spring (we have yet to receive the detail) and Governors will be invited to provide feedback on the addendum to the Foundation Trust Code of Governance. A presentation from NHS England/Improvement can be found at Appendix 1 and we will provide you with more information as it becomes available to us.

Martin Havenhand
Chairman
May 2022

System working and collaboration - The role of foundation trust councils of governors

11 April 2022

NHS England and NHS Improvement

Why integrated care?

- The population the NHS serves has changed significantly since it was introduced in 1948.
- To meet the challenges of today, new ways of delivering health and care services are needed.
- Integration will improve the NHS's ability to meet a range of challenges and improve experience and outcomes for patients in a number of ways. These include:
  - Enabling different health, care and other service providers to provide **joined up care** that meets the increasingly **complex needs** of individuals.
  - **Improving the patient experience**, for example by treating patients in the most appropriate setting and reducing the number of appointments they need to attend.
  - Helping to tackle the **elective backlog** that has grown during the pandemic.
  - **Reducing health inequalities**, including by working with other services outside of health and care such as housing or community services.

What are Integrated Care Systems?

The purpose of the ICS is to bring together
- ✓ NHS provider organisations (primary and secondary),
- ✓ commissioners,
- ✓ local authorities

across 42 geographical areas in England.

The ICS comprises:
- ✓ an Integrated Care Board (local NHS organisations)
- ✓ an Integrated Care Partnership (NHS organisations and local authorities)

Four core aims:
- ✓ improve outcomes in population health & healthcare
- ✓ tackle inequalities in outcomes, experience & access
- ✓ enhance productivity & value for money
- ✓ help NHS support broader social & economic development.

ICSs are made up of places.

Places are made up of smaller neighbourhoods.

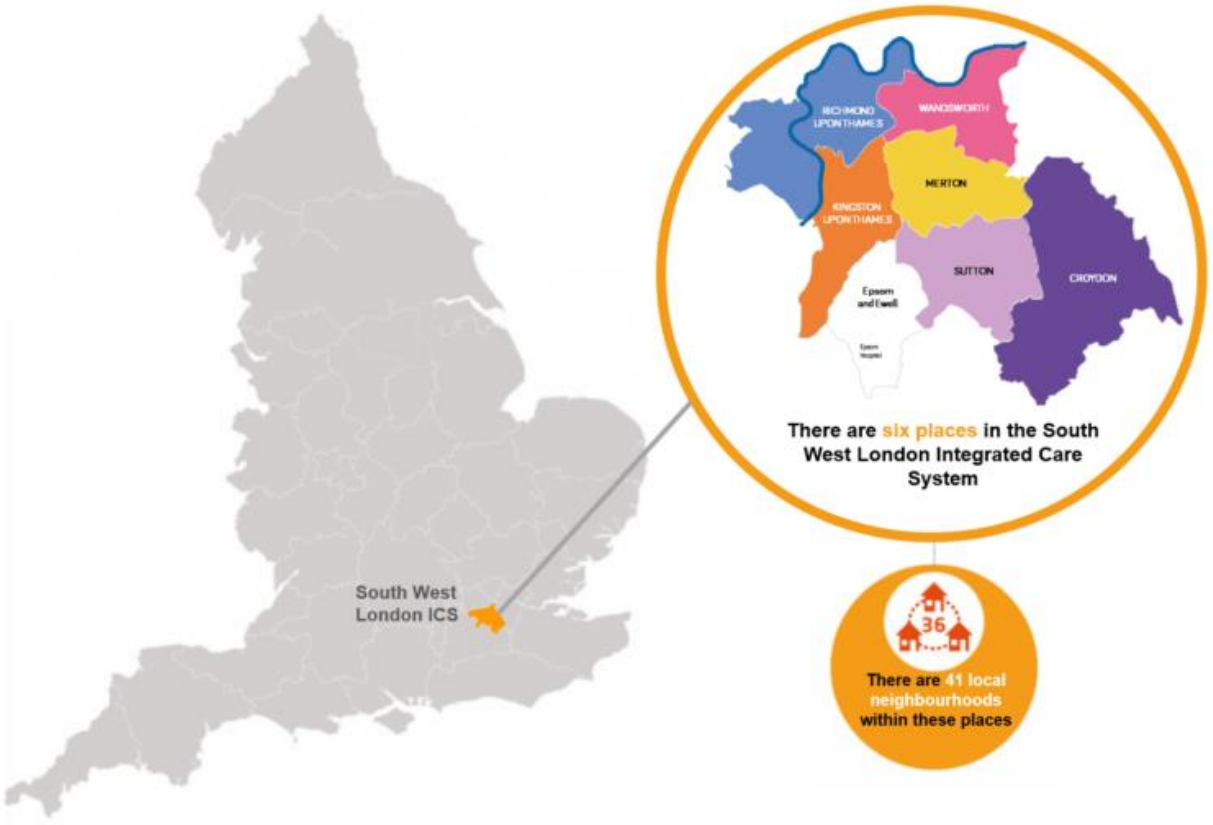


Image: South West London Health & Care Partnership

Examples of good practice in integrated care

Mental Health - Somerset ICS
The Open Mental Health partnership established by the ICS has brought together doctors, nurses, psychologists and charities and has provided thousands of people in need of support with their mental health with faster, joined up care.

Children's care - South Yorkshire and Bassetlaw ICS
630 children in South Yorkshire who needed emergency surgery during the COVID-19 pandemic received fast, joined-up care because hospitals, GPs and ambulance services worked together effectively to direct patients to the most appropriate service.

Care for older people – Surrey Heartlands ICS
The ICS has worked with providers to identify patients over 65 who were on four or more waiting lists. Over 3,000 patients across Guildford and Waverley were identified and the system can offer patients appointments that involve multiple specialists, often virtually, to reduce the number of appointments needed and improve the patient experience.

Integrated Care Systems – what have we done so far?

July 2017 NHSE announced 10 areas to become the first ICSs

Four more were chosen in 2018

Other systems evolved from old Sustainability and Transformation Partnerships

April 2021 every area of England covered by an ICS

July 2022 the Health and Care Bill will create the legal structures for ICSs

Health and Care Bill

The Health and Care Bill currently in parliament will remove outdated rules about competition and enable collaboration between health and care providers, to support integrated care.

It is designed to put into practice many of the proposals in the government's *Integration and Innovation White Paper*, published in February 2021.

A key purpose of the new legislation is removing barriers to integration. It is designed to support NHS organisations, local authorities and other services in working together to improve health outcomes.

The bill will make Integrated Care Boards and Integrated Care Partnerships that together comprise the ICS into statutory organisations that will have responsibility for receiving money, planning and leading care in their area.

The bill specifies how ICSs should be set up and the role of the integrated care board (ICB) and integrated care partnership (ICP).

What does this mean for providers?

- As Integrated Care Systems develop, providers are not only expected to provide high-quality care and operate efficiently, but to consider the effects of their decisions on:
  - the **health and wellbeing of the people of England** (including inequalities in that health and wellbeing)
  - the **quality of services provided or arranged** by both themselves and other relevant bodies (including inequalities in benefits from those services)
  - the **sustainable and efficient use of resources** by both themselves and other relevant bodies
- Individual organisations will increasingly be judged against their contribution to the objectives of the ICS, alongside existing duties to deliver safe and effective care.
- Trusts are also expected to avoid making decisions that might benefit their own institution but worsen the position for the system overall.
- Foundation trusts will remain independent legal entities, accountable to: **Members** via council of Governors, the **Integrated Care Board** via contracts, the **Care Quality Commission** as quality regulator and **NHS England** via the licence (Monitor will be abolished). They will, however:
  - be required to prepare a joint system plan with local partners
  - have capital spending plans approved by the Integrated Care Board
  - provide the Integrated Care Board with any information it requires

What does this mean for governors?

Updating the guide for governors

- There is no change to the statutory duties of foundation trust governors in the 2012 Act.
- The ICS design framework (2021) commits to an update to the Guide for Governors, to help providers work collaboratively.
- We have been developing an ‘addendum’ to the Guide for Governors – to be read alongside the main document.
- It applies to council of governors’ role **within its own foundation trust’s governance**.

Guiding principles

- Councils of governors will continue to represent the interests of the members of the NHS foundation trust and the public.
- Representing **‘the public’** is wider than patients and the public local to the trust or those from governors’ own electorates.
- To support collaboration between organisations and the delivery of better, joined up care, **councils of governors are required to form a rounded view of the interests of the ‘public at large’.**
- This includes the whole population of the Integrated Care System.

How does this affect governors?

- Councils of governors will need to evaluate the consequences of a decision on other NHS partners in their system, and the impact on the public at large.
- This will mainly affect:

✓ **Holding the non-executive directors individually and collectively to account for the performance of the board of directors.**

✓ **Representing the interests of the members of the NHS foundation trust and the public.**

✓ **Approving ‘significant transactions’, mergers, acquisitions, separations or dissolutions.**

Holding non-executive directors individually and collectively to account for the performance of the board

General considerations

- Overall the responsibility for running a foundation trust sits with the boards of directors.
- The council of governors is the collective body through which directors explain and justify their actions.
- Holding to account is about **assurance, not performance management of individual directors or the board.**
- Councils of governors may not always agree with decisions taken by directors, and directors do not have to adhere to the council's preferences - but the board does have to consider its views.

Additional considerations as a result of system-working

- A trust's contribution to ICS objectives, is now a key way to measure its success.
- When governors hold non-executives to account for the performance of the board, they should consider:
  - ✓ The trust's contribution to system plans and their delivery
  - ✓ How open the trust is to collaborating with others
  - ✓ Whether the board's decision making reflects the public at large
  - ✓ Whether the trust has been fulfilling its 'triple aim' duty of:
    - ➢ Better health and wellbeing for everyone
    - ➢ Better quality of health services for all individuals
    - ➢ Sustainable use of NHS resources
- Councils of governors can also demonstrate the interests of the public at large to the board if they feel it's not operating in the public's interests

Illustrative scenario: What might this look like?

The council of governors may already:

- ✓ observe the contributions of the non-executive directors at board meetings and during meetings with governors
- ✓ gather information on the performance of the board against its strategy and plans
- ✓ receive the trust's quality report and accounts and questioning the non-executive directors on their content.

To consider the trust's role in its ICS, the council of governors may also:

- ✓ Look to understand the arrangements for the trust's participation across the system – eg in the Integrated Care Board, the Integrated Care Partnership, place-based partnerships, provider collaboratives – and how the interests of patients and the public are considered.
- ✓ Request information on system plans, programmes and performance from the board to understand how the trust's plans and performance relate to the ICS's.
- ✓ Receive assurance from non-executive directors that the board's decisions consider the 'triple aim' duty and have the opportunity to question the non-executive directors about this.
- ✓ Seek out information from the Integrated Care Board and Integrated Care Partnership about the trust's performance, to supplement internally generated views.
- ✓ Be provided with appropriate information by the trust, and given opportunities to meet the board to raise questions about the trust's role within the system(s) it's part of.

Representing the interests of the members of the NHS foundation trust and the public

General considerations

- This duty underpins all elements of a governors' role.
- A council of governors should interact regularly with members of the trust and the public to ensure it understands their views, and clearly communicate non-confidential information on trust performance and planning in return.
- A number of different bodies and organisations (such as Healthwatch or health and social care charities) represent the interests of the public. Governors should work collaboratively with one another and with other representative bodies, to ensure that the public has been as broadly represented as possible.

Additional considerations as a result of system-working

- Councils of governors are not restricted to representing the interests of a narrow section of the public served by the NHS foundation trust.
- Governors are required to take account of the interests of the 'public at large'. This includes the population of the local system of which the trust is part.
- Governors should use their trust's facilities to engage widely, and not limit engagement to the public and patients in their electorate or personal networks. This will allow them to make decisions based on relevant evidence of what represents the overall public interest.
- Councils of governors must follow their trust's communications or media policies when engaging and communicating with the public.

Illustrative scenario: What might this look like?

The council of governors may already use:

- ✓ Governor drop-in events where members and the public can meet governors.
- ✓ A dedicated page on the foundation trust's website to share information and surveys to gather members' and the public's views.
- ✓ Agreed routes for feeding views back to the board, such as regular reports or presentations at council meetings.

To consider the views of the wider public, the council of governors may also:

- ✓ Work with the trust to use technology to engage with members and the public eg: adding to face-to-face interactions with virtual engagement via online events.
- ✓ Consider how it can engage with other stakeholders, eg local branches of Healthwatch and voluntary sector organisations. Governors may also work with their trust to build relationships with organisations that can help gather the views of seldom heard groups.
- ✓ Receive a breakdown of data by key demographic group as part of the performance data that the trust already provides its governors (for example a breakdown of cancer waiting times by ethnicity), along with the population health data that underpins the ICS's planning. This helps the council of governors see the impact of trust actions on health inequalities, and where the trust may need to work with ICS partners to address wider factors.

Approving ‘significant transactions’, mergers, acquisitions, separations or dissolutions

General considerations

- Members of a council of governors need to vote to approve their foundation trust entering into any signification transaction, mergers, acquisition, separation or dissolution.
- The board of directors is responsible for deciding whether a transaction should proceed.
- Councils of governors are responsible for assuring themselves that the board of directors has been thorough and comprehensive in reaching its decision to undertake a transaction, and that it has appropriately considered the interests of members and the public as part of the decision-making process.
- As long as they are assured, governors should not withhold their consent. They can disagree with a decision but still consent if due diligence was followed.
- They should consider the implications of withholding consent in terms of the key risks the transaction was designed to address.

Additional considerations as a result of system-working

- Governors need to be assured that the interests of the ‘public at large’ were considered.
- All transaction proposals need to demonstrate a clear case for change to meet NHS England and NHS Improvement’s assurance requirements. This includes how they will result in improvements to the quality of services.
- Benefits from the transaction could be to the patients served by the trust or to the wider public. This means councils of governors may be expected to consent to decisions that benefit the public across the system, but may not be of immediate advantage to their foundation trust.
- Consent should not be given for decisions that benefit the NHS foundation trust without regard for the effect on other NHS organisations, or the overall position of a wider footprint such as an ICS.

Illustrative scenario: What might this look like?

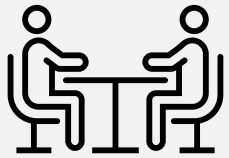
A council of governors may be asked to consider a significant transaction that does not immediately benefit their foundation trust, but is expected to benefit the population of the wider area.

Some governors might disagree with the transaction, but the full council will give consent if all processes have been followed, the interests of the public at large have been considered and assurance has been received.

To reach this decision:

- ✓ The board would provide the council of governors with appropriate information on the proposed transaction, including:
  - the benefits for patients and the public in the wider ICS
  - the impact on quality of services
  - system performance
  - system's financial position.
- ✓ The board would be open about any risks and opportunities for the NHS foundation trust and how these would be addressed.
- ✓ The board would provide evidence that the interests of the public were appropriately considered, and effective engagement processes were followed.
- ✓ The council of governors would be given the opportunity to challenge the processes and to ask the non-executive directors questions around any key areas of concern.

How boards and councils of governors can work together to support systems



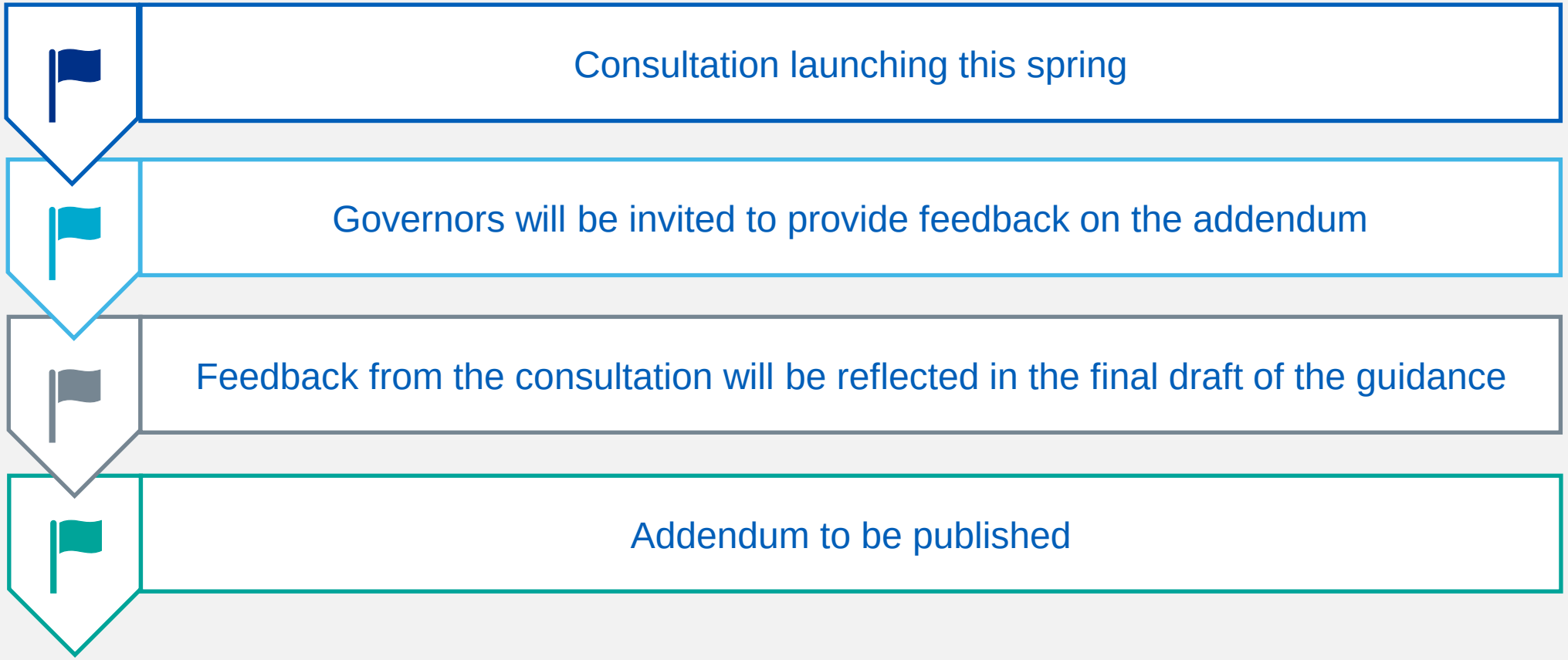
- The addendum includes suggested approaches for how boards and governors can work together to support systems, along with examples of activities already being done by trusts.
- Includes lists of key relationships governors will foster, and sets out expectations around communications and engagement organised by the trust, from these two perspectives:
  - **Supporting governors to fulfil the duties of a council of governors**
  - **Supporting governors to understand their duties in the context of ICSs and system working**

Practical tips

Trusts should work with governors to understand the following:

- ✓ What is the foundation trust's ICS footprint?
- ✓ Who are the key partners in the system?
- ✓ What is the membership of the Integrated Care Partnership?
- ✓ What is the membership of the board and committees of the Integrated Care Board?
- ✓ How is the trust contributing to the ICS, and what is the impact of the ICS on existing trust plans?
- ✓ How is the trust fulfilling the triple aim duty of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources?
- ✓ How can the council of governors support the trust in leading in or contributing to its ICS?
- ✓ How can the council of governors best communicate the ICS plans to the trust members and public?

The consultation and next steps



Documents referenced

Health and Care Bill 2021

Integration and Innovation White Paper February 2021

ICS Design Framework 2021

Your statutory duties A reference guide for NHS foundation trust governors 2013

COUNCIL OF GOVERNORS MEETING: 18 May 2022

Agenda item: 31/22

Report: **Operational Objectives 2021/22 Review and Operational Plan 2022/23**
Presented by: Dr Richard Jenkins, Interim Chief Executive
Author(s): as above

Action required: To note

This paper presents a high level update on progress at the end of the year against each of the 2021-22 Operational Plan priorities, and also presents a summary of the Trust's Operational Plan for 2022-23.

The paper reports, by exception, any areas of concern and addresses any needs for continuance into next year's planning cycle where applicable. At the end of Month 12, two of the ten programmes were BRAG rated blue (completed/closed) one was BRAG rated green (on plan), six were BRAG rated amber (behind plan) and one was BRAG rated red (significantly behind plan). The paper provides further information on delivery against the original objectives.

The learning we take from reviewing delivery against our 2021-22 Operational Plan supports in the development of the plan for the subsequent year, along with the publication of the NHS National Planning Guidance for 2022-23. These elements, together with the launch of the Trust's 5 Year Strategy 2022 – 2027 have enabled the Trust Board to develop a comprehensive and ambitious plan for the upcoming year, based on our five strategic ambitions.

The paper sets out the process we have followed to develop the Operational Plan for 2022-23, and the subsequent plan which is to be disseminated to the organisation.

The Council of Governors is asked to note the contents of this report.

Operational Objectives 2021-22 Delivery and Operational Plan 2022-23

1.0 Introduction

1.1. The Operational Plan for 2021/22 was 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 have been supported by ten operational programmes that set out to deliver the organisational objectives for the Trust during the 12 months ending March 2022.

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 March 2022 as illustrated below:

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

2.2 The Board Assurance Committees play a key role in ensuring effective oversight and delivery of the Operational Plan. In April 2022 the People Committee, Quality Committee and Finance and Performance Committee considered reports on progress in all areas and made recommendations for further action as deemed applicable.

2.3 There has been a continued risk to delivery of the programmes of work throughout the year as a result of our response to the ongoing COVID-19 pandemic and the changing requirements of the Department of Health and Social Care, NHS England / Improvement and our system partners. Without the impact of the pandemic, a much greater level of progress would have been made in delivery of the projects and consequently a higher number of projects would have successfully completed.

2.4. An update on the year end position regarding overall achievement of objectives, milestones and benefit metrics for each programme along with the closure of risks and issues is summarised below.

Theme: Safely Exit the Covid-19 Pandemic

Programme	Scope	Summary Position	Status
01.1 Health and Wellbeing (Executive Director of Workforce and Organisational Development)	To deliver the full programme of health and wellbeing initiatives for staff	Covid-19 mandatory vaccination programmed was revoked on 15th March. Sheffield Teaching hospital occupational health services contract commenced on 1st March.	**Green**

Programme	Scope	Summary Position	Status
01.2 Identify new practices to embed (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	Programme closed	**Closed**

Theme: Focus on the Fundamentals of Care

Programme	Scope	Summary Position	Status
02.1 Standards of Care and Quality Improvement (Executive Chief Nurse and Director of Infection, Prevention, Control (DIPC)	Embed agreed standards of care and support teams to deliver and embed quality improvement	The updated Quality Strategy will not be presented to Trust Board until the business case for the proposed Quality Faculty is signed off in the new financial year. Four new quality improvement projects have started implementation.	**Amber**
02.2 Learning from Deaths (Executive Medical Director)	Embed effective learning from deaths practices and deliver improved mortality rate	The Hospital Standardised Mortality Ratio score has consistently reduced, standing at 107.0 (November 2021 data) at the end of the year. The Summary Hospital Mortality Indicator (SHMI) (November 2021 data) has been recorded as “within the expected range at 107.71. Clinical coding now more accurately reflects our patient cohort and the standard of care provided. Governance arrangements, reporting and associated learning from deaths have continued to improve.	**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	Elective recovery activity has fallen behind 2019-20 levels. Number of patients waiting 52 weeks has increased.	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	Feedback from participants in the Team at the Top leadership programme has been positive. Key elements of the original specification will be factored into next year's bid to locate a new provider.	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	Trust branding and marketing for consultant vacancies will be enhanced through the new contract with the British Medical Journal. Three new consultants are on track to commence in Urgent and Emergency care later this year.	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	The command centre is now established with all digital requirements in place. Best practice discharge solutions are partly in place.	Amber

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	The outcome of the Same Day Emergency Care SDEC business case has not been decided. The preferred frailty pathway and operating model has not been finalised	Red

Programme	Scope	Summary Position	Status
	frailty pathways are in place		

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	Programme Completed	**Completed**

3.0 Building the plan for 2022-23

3.1 The working titles for this year's priorities are listed below and have been specifically linked to the Trust's P-R-O-U-D Strategic Ambitions. Further details can be found in Appendix 1.

1. **Patients** : Empower our teams to deliver improvements in care
2. **Rotherham** – Ensure equal access to services
3. **Our Partners** – Work together to succeed for our communities
4. **Us** – Commit to a focus on Workplace Wellbeing and Compassionate Leadership
5. **Delivery** – Implement sustainable change to deliver high quality, timely and affordable care

3.2 These priorities were developed over a number of weeks, following engagement with colleagues through the Trust Senior Leaders meeting, the Executive Team meeting, through the Assurance Committees and at a Board Development Session in early April. These contributions were brought together, with consistent ideas identified and prioritised for the coming year. It should be noted that the Trust's Operational Plan is not a mutually exhaustive list of everything the Trust will deliver this year, nor is it designed to encompass all the 'business as usual' activities within our remit. Rather, it is a collection of the biggest priority areas of focus for 2022-23, with a small number of specific objectives identified within each of these areas.

3.3 To ensure clarity over delivery expectations and the plan's success, more detailed programme plans have been produced, in order to set out the main objectives and deliverables for each priority and include measures of success, high level activities and key milestones. The Strategy, Planning and Delivery team will support the Executive Leads and Senior Responsible Officers in expediting the enabling projects and actions to complete delivery.

3.4 The Executive Team will be sighted in advance of any fundamental changes required to plans or for the purpose of mitigating significant risk to delivery as part of the process of managing change control. The expectation is that project

administration will be tailored to a minimum where possible and in a way so as to optimise resources available to support delivery of the priorities and to learn from the pandemic in a positive way by empowering staff across the Trust to contribute to delivering this year's priorities without feeling over-burdened by bureaucracy.

3.5 The Operational Plan for 2022/23 is built around the five strategic ambitions, underpinned by thirteen key enablers as described in the table below, and as displayed in Appendix 2.

Strategic Ambition/Priority	Mandate Title	Summary of enablers	Executive Lead	Assurance Committee
1.0 Patients	1.1 Empower our teams to deliver improvements in care	1.1(a) Quality Improvement methodology 1.1(b) Quality governance processes and practices 1.1(c) Quality priorities	Chief Nurse	Quality Committee
2.0 Rotherham	2.1 Ensure equal access to services	2.1(a) Reduce Health Inequalities 2.1(b) Start to implement our Green Plan 2.1(c) Enhance digital services for patients and families	Deputy Chief Executive	Finance & Performance Committee
3.0 Our Partners	3.1 Work together to succeed for our Communities	3.1(a) Deliver the new Urgent and Community Response 2-hour standard 3.1(b) Ensure discharge arrangements are highly effective and sustainable	Deputy Chief Executive	Finance & Performance Committee
4.0 Us	4.1 Commit to a focus on Workplace Wellbeing and Compassionate Leadership	4.1(a) Improve staff facilities and increase wellbeing support 4.1(b) Divisional Leadership teams undertake a bespoke leadership development programme	Director of People and Organisation Development	People Committee
5.0 Delivery	5.1 Implement sustainable change to deliver high quality, timely and affordable care	5.1(a) Shorten elective waiting times 5.1(b) Increase use of same day emergency care/shorten waiting times in Urgent and Emergency Care Centre 5.1(c) Implement new systems to better understand the cost of service delivery at patient level	Chief Operating Officer	Finance & Performance Committee

4.0 Conclusion

4.1 The Operational Plan for 2021-22 was partially delivered, with several elements not fully completed as planned due to the continuation of the pandemic and a need to redirect critical resource to managing the relative impact. A number of the priorities from last year have therefore been carried forward into 2022-23, albeit with a slightly different focus, as they remain core objectives for the Trust.

4.2 The Operational Plan for 2022-23 has been developed through close working with the Senior Leaders within the Trust, with significant Board engagement in advance of approval. It is an ambitious plan, designed to focus our attention on the issues most pertinent to the Trust this year.

Trust Operational Plan

The Rotherham NHS Foundation Trust

Patients

Empower our teams to deliver improvements in care they strive to

Implement a **quality improvement** methodology in the organisation

Embed effective **quality governance** processes and practices across our organisation

Deliver the Trust **Quality Priorities**

Rotherham

Ensure equal access to services

Ensure equal access to services and reduce **health inequalities** in Rotherham

Implement year one of our **Green Plan**

Enhance our **digital services** to support patients and their families across Rotherham

Our Partners

Work together to succeed for our communities

Deliver the new **Urgent Community Response** 2-hour standard

Ensure **discharge arrangements** are highly effective and sustainable through working with partners in Rotherham

Us

Commit to a focus on workplace wellbeing and compassionate leadership

Improve our staff facilities and increase the **wellbeing support** available to our staff

Divisional leadership teams will undertake a bespoke **leadership development programme**

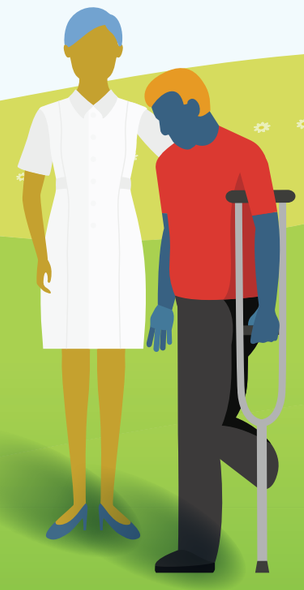
Delivery

Implement sustainable change to deliver high quality, timely and affordable care

Shorten elective waiting times for patients, modernise our outpatient services and improve theatre throughput

Increase the use of **same day emergency care** and shorten waiting times for patients in **UECC**

Implement new systems to better understand the **costs of our service delivery** at patient level



Ambitious Caring Together

Proud

COUNCIL OF GOVERNORS MEETING: 18 May 2022

Agenda item: 33/22

Report: **Report from Governors Nomination Committee**

Presented by: Martin Havenhand, Chairman and Gavin Rimmer, Lead Governor
Author(s): Angela Wendzicha, Director of Corporate Affairs & Dawn Stewart, Corporate Governance Manager

Action required: For noting/approval

1. Background

1.1 This item sets out to report on the matters and discussions held at the Governors Nominations Committee held on 05 May 2022 regarding the Trust's Non-Executive Directors (NEDs).

2. Appraisals ('PDR')

2.1 The appraisal and objective setting process for NEDs supports the Governors to achieve their statutory role regarding the appointment, or re-appointment of NEDs, as laid out in The NHS Foundation Trust Code of Governance:

B.6.c The council of governors, which is responsible for the appointment and re- appointment of non-executive directors, should take the lead on agreeing a process for the evaluation of the chairperson and the non-executives, with the chairperson and the non-executives. The outcomes of the evaluation of the non-executive directors should be agreed with them by the chairperson. The outcomes of the evaluation of the chairperson should be agreed by him or her with the senior independent director. The outcomes of the evaluation of the non-executive directors and the chairperson should be reported to the governors. The governors should bear in mind that it may be desirable to use the senior independent director to lead the evaluation of the chairperson.

2.2 The Governor Nominations Committee at its meeting on 05 May received details on the outcomes of the robust appraisal and objective setting process for all NEDs.

2.3 The NEDs' appraisal process took place over two stages as described below:

Stage 1: The opportunity for Governor and Board colleagues to respond to a questionnaire about the performance of each NED, which was then utilised as part of the discussions.

Stage 2: Chairman, Martin Havenhand, with the support of the Lead Governor, Gavin Rimmer, reviewed the performance of Lynn Hagger, Heather Craven, Michael Smith, Nicola Bancroft, Kamran Malik, Joanna Bibby and Rumit Shah for 2021/22 and proposed the objectives for 2022/23.

2.4 **The Council of Governors is requested to note that the appraisal and objective setting process for the NEDs has concluded.**

3.0 Non-Executive Director Terms of Office

3.1 Based upon the outcome of the Non-Executive Director appraisals and taking into account the terms of office, the Governors Nomination Committee considered and supported the following:

i. Extension of the term of office for Nicola Bancroft from 01 October 2022 to 30 September 2025.
ii. Extension of the term of office for Heather Craven from 01 March 2023 to 29 February 2024

3.2 **The Council of Governors is requested to approve the extension of the terms of office for Nicola Bancroft and Heather Craven.**

3.3 The Committee additionally agreed immediate commencement of the recruitment process to replace two Non-Executive Directors, namely Lynn Hagger and Michael Smith whose term of office would conclude on 30 September 2022.

3.4 **The Council of Governors is requested to note that Non-Executive Director recruitment will shortly commence.**

COUNCIL OF GOVERNORS MEETING: 18 May 2022

Agenda item: 34/22

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

1.0 Background

This item sets out to report on the matters and discussions at the Governors Member Engagement Group (The Group) meetings held on 01 an 22 March 2022.

2.0 Governor Elections 2022

The Group continued to focus on the Governor Elections, including opportunities to promote both the Trust and the role of Governor. The outcome of the elections are detailed in a separate report to the Council of Governors.

3.0 Engagement Opportunities

The Group continued to explore the opportunities to engage with the membership, and reflected upon the first event held on 17 March 2022.

The Group consider it important to engage with the local ethnic communities, and schools/colleges as a means to increase membership diversity to reflect the Rotherham population. This in turn would lead to a more diverse Council of Governors.

The Group has agreed that two further engagement events should be arranged prior to the Annual Members Meeting on 20 September.

4.0 Terms of Reference

The Group reviewed its terms of reference which are attached at appendix 1. The Committee noted that only minor amendments were required.

5.0 Recommendations

The Council of Governors is asked to:

i. Note the activities of The Group;
ii. Approve The Groups revised Terms of Reference.

TERMS OF REFERENCE

The Rotherham NHS Foundation Trust

For clarity the term member(s) relates to either Public or Staff

NAME OF GROUP:	Member Engagement Group
ACCOUNTABLE TO:	Council of Governors
REPORTING THROUGH:	Council of Governors
Authority	The Council of Governors Membership Engagement Group is constituted as a sub-committee of the Council of Governors to assist the Council of Governors to develop and implement the Trust's Membership Engagement Strategy.
PRIMARY PURPOSE:	The Group reports to the Council of Governors and has delegated authority from the Council within the Terms of Reference Recognising the Governors statutory role is to: *Represent the interests of the members of the Trust as a whole and the interests of the public* The Group is appointed and authorised by the Council of Governors to focus on strategies to manage Trust membership, encourage involvement of, and engagement with, Members and the public and ensure retention of members. The Group will have a focus on achieving and maintaining a full Council of Governors that represents the diversity of Rotherham. The main purpose is to ensure that it supports the Council in fulfilling its duty to engage with the Trust's members and the public.
COMPOSITION OF GROUP/MEMBERSHIP: (Governor membership will be rotated and refreshed during any Governor's three year term of office)	• At least half of the Public Governors • At least one Staff governor • At least one Partner Governor The Chair of the Group will be a Public Governor selected by the Council of Governors. Membership and Chair will rotate on an annual basis at the beginning of June.
IN ATTENDANCE: (i.e. NOT voting members)	• Lead Trust Officer ~~–~~ Governor and Membership Officer ~~Individual to be determined~~ • Representative from the Communications Team
LEAD OFFICER:	• Lead Trust Officer ~~–~~ Governor and Membership Officer~~Individual to be determined~~ Responsible for ensuring that the Group is advised, updated and assured on pertinent areas, and ensuring it

	is fully informed of key issues and risks within the terms of reference of the Group.

RESPONSIBILITIES:	~~**Short Term**~~ • Develop and co-implement a strategy to engage the general public and trust members in the ~~next~~ Public Governor elections. • Work with the Trust's communications team to deliver profiles, press releases and interviews with local media to raise awareness and participation in the elections. • Recommend changes to the Constitution to facilitate awareness and participation in the elections. • Promote attendance at the Annual Members Meeting (AMM) on an annual basis~~anticipated to be held at the end of September 2020 to existing membership using the platforms identified above.~~ • ~~**Medium Term**~~ • Develop the strategy for the Council to engage on behalf of the Trust, with the Trust's members. • Continue quarterly/bi annual engagement with local media as appropriate. • Regularly receive and analyse reports from the Trust's membership database. • Ensure efficient mechanisms are in place for Governors to gain member and public feedback to, for example engagement by the Council of Governors including: ➢ Governors' Drop-in Sessions. These sessions are to be held monthly. A mix of staff, patient and public governor identify a suitable 'base' and talk to and take comments from staff, patients and visitors. These are then fed back to the Executive Directors for comment/action. ➢ The Annual Members Meeting ➢ Undertake listening exercises within the local community. Utilising other NHS premises such as GP surgeries to gather the views from service users ➢ Website – each governor has their profile and details of the constituency they serve, published on the

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	Trusts website with an e-mail for members to contact governors ➢ Governors attend community presentations held in their constituency in relation to hospital/patient issues ➢ Health talks – Governors attend health talks ➢ Raise the profile of Foundation Members and Governors within the Trust • Ensure engagement with the Trust's Communications Team to enable Governors to be involved in elements of the content of the quarterly 'Your Health' magazine to highlight the work of the Governors is effectively communicated to Trust members and the wider public. • Identify any trends highlighted through engagement, through a nominated Governor from the Group on the Trust's Patient Experience Group
SERVICED BY:	• Lead Trust Officer ~~—~~ The Governor and Membership Officer will:~~Individual to be determined who will~~: ➢ Agree the agenda with the Chair ➢ Advise the Group on pertinent areas and ensure it is fully informed of key issues and risks ➢ Ensure minutes and collation of papers are undertaken
FREQUENCY OF MEETINGS:	The Member Engagement Group shall meet ~~Q~~quarterly, ideally in: January (to support engagement activities for Governor Elections) April (to support engagement activities for Governor Elections and Business Planning Cycle and seeking views on the Trust's forward plan) July (to support timetable for Annual Members Meeting) October
REQUIRED ATTENDANCE:	Governor members should attend the majority of meetings (3/4)
QUORUM:	3 Governors (from any constituency) plus a Public Governor as Chair
REPORTING MECHANISM:	• The Chair of the Group to provide a written report on the last meeting to the next Council of Governors' meeting • The approved minutes of the Group to be presented to the next Council of Governors' meeting

MINUTES CIRCULATED TO:	The draft minutes of the Group will be circulated to all Group members. Final approved minutes to be circulated to members of the Council of Governors.
REVIEW DATE:	The Member Engagement Group shall review its Terms of Reference annually. Any amendments shall be presented to the Council of Governors for approval.
DATE APPROVED	Recommended for approval by the Member Engagement Group on [ ] Approved by Council of Governors on ~~15 July 2020~~[ ]
PROCESS FOR MONITORING THE EFFECTIVENESS OF THE ABOVE:	Review of effectiveness to take place annually using Committee Effectiveness Audit tool.

COUNCIL OF GOVERNORS MEETING: 18 May 2022

Agenda item: 35/22

Report: **2022 Governor Elections Report**

Presented by: Angela Wendzicha, Director of Corporate Affairs & Gavin Rimmer, Lead Governor

Author(s): Angela Wendzicha, Director of Corporate Affairs & Dawn Stewart, Corporate Governance Manager

Action required: For noting

1.0 Governor Elections 2022

1.1 In 2022 Governor elections were held in the following constituencies:

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 term of office for these seats will be 01.06.2022 to 31.05.2025 (three years).

1.2 CIVICA managed the election process on our behalf, with the election timetable as detailed below:

ELECTION STAGE	OPTION – 55 (Long)
Trust to send nomination material and data	Wednesday, 16 Feb 2022
Notice of Election / nomination open	Wednesday, 2 Mar 2022
Nominations deadline	Wednesday, 30 Mar 2022
Summary of valid nominated candidates published	Thursday, 31 Mar 2022
Final date for candidate withdrawal	Wednesday, 6 Apr 2022
Electoral data to be provided by Trust	Monday, 11 Apr 2022
Notice of Poll published	Friday, 22 Apr 2022
Voting packs dispatched	Monday, 25 Apr 2022
Close of election	Thursday, 19 May 2022
Declaration of results	**Friday, 20 May 2022**

1.3 The Governor Engagement Group met to consider the opportunities to engage with the membership at the nomination phase.

1.4 At the conclusion of the Nominations phase five candidates had completed their application and as such were elected unopposed with no requirement to proceed to the voting phase.

1.5 Therefore, from 1 June 2022, the following will be elected/re-elected as Governors:

Public

- Mrs Marilyn Gambles and Mr A A Zaidi re-elected to the Rotherham South seats for a period of three years.
- Mr Neil Adshead elected unopposed to the Rother Valley West seat for a period of three years.

Staff

- Dr Julian McDonough re-elected to the Staff Governor seat for a period of three years
- Mrs Precious Keta elected unopposed to the Staff Governor seat for a period of three years

1.6 During April 2022 resignations were received from Frank Kler, Public Governor for the Rest of England and James Cooper, Staff Governor. Unfortunately due to the timing, it was not possible to add them to the elections process.

1.7 As a result, the Council of Governors has the following vacancies:

Public:

- Wentworth North (2 Seats)
- Wentworth Valley (1 Seat)
- Rother Valley West (1 Seats)
- Rotherham North (1 Seat)
- Rest of England (1 Seat)

(6 vacancies across 16 Public Governor Seats)

Staff

- 2 Seats

(2 vacancies across 5 Staff Governor Seats)

Partner Governors

- Rotherham Ethnic Minority Alliance (REMA)
- Rotherham Partnership
- The University of Sheffield

(3 vacancies across 7 Partner Governor Seats)

2.0 **Vacancies on Council of Governors**

2.1 Annex 6 of the Constitution – Council of Governors Additional Provisions - states:

8. Vacancies

8.1 Where a Governor's membership of the Council of Governors ceases for one or more of the reasons set out in paragraph 2.0, Public Governors and Staff Governors shall, either be replaced by elections or in accordance with the relevant Electoral Scheme(s) set out in Annex 5, and the Local Authority Governor and the Partnership Governors are to be replaced in accordance with the processes agreed.

8.2 Where an elected Governor ceases to hold office during his term of office the Trust shall offer the candidate who secured the second highest number of votes in the last election for the constituency (or Staff Class, as the case may be) in which the vacancy has arisen the opportunity to assume the vacant office for the unexpired balance of the retired Governor's term of office. If that candidate does not accept to fill the vacancy, it shall then be offered to that candidate who secured the next higher of votes until the vacancy is filled.

8.3 If no candidate is available or is willing to fill a vacancy arising pursuant to paragraphs 8.1 and 8.2 above, the provisions of paragraph 9.0 Cooptee(s) shall apply.

8.4 To avoid doubt where a vacancy remains unfilled notwithstanding the application of the provisions of paragraph 9.0 (Cooptees) such office shall stand vacant until the next scheduled election (unless by so doing this causes the aggregate number of Governors who are Public Governors to be less than half the total membership of the Council of Governors (excluding Cooptees). In that event, an election will be held in accordance with the Election Scheme as soon as reasonably practicable).

2.2 The Council of Governors are specifically asked to note the statement in section 8.4 of Annex 6 as there are currently 10 Public Governors in office, with the total membership of the Council of Governors being 28.

2.3 Therefore, there is a requirement that further mid-term elections will be required to be undertaken.

3.0 Cooptees to Council of Governors

3.1 Additionally, during the Nomination phase one public candidate, who having spoken with the Lead Governor and having attended an awareness event on the role of a member and what it means to be a Governor, had prepared an on line application. However, due to last minute technical issues had missed the submission deadline. In adhering to the election rules it was not possible to consider this application after the close of the Nomination phase.

3.2 The candidate is a member of the Rotherham North constituency and has indicated that he still wishes to be considered for the role of Governor.

3.3 There is a provision within the Trust's Constitution to appoint cooptees to the Council of Governors:

Annex 6 of the Constitution – Council of Governors Additional Provisions - states:
COOPTEES TO COUNCIL OF GOVERNORS

9. Cooptees

9.1 Where any vacancy remains unfilled notwithstanding compliance with the procedures described in paragraph 8.0, the Lead Governor shall put forward to the Council of Governors individuals to be Cooptees in accordance with the process agreed by the Secretary. Each such individual shall be a Member of the constituency to which the vacancy relates.

9.2 The Council of Governors shall select up to 3 Cooptees from those put forward and recommend them to the Council of Governors for appointment.

9.3 The Council of Governors shall make the final decision whether to appoint those recommended.

9.4 For the avoidance of doubt, Cooptees shall have no voting rights and shall act in an advisory capacity only

3.4 The Lead Governor will be in a position to provide further information as to the applicant, John Dougan and would recommend that he be appointed as a coopted Governors.

3.5 The Governors are requested to note that should approval be given, due to the requirement for mid-term election as outlined in section 2, the term as a coopted Governor may be for a limited period.

3.0 **Recommendations**

3.1 The Council of Governors is asked to:

i. Note the outturn of the 2022 Governor Elections;
ii. Note the total Governor representation;
iii. Note the requirement for mid-term Governor elections;
iv. Delegate to the Membership Engagement Group taking forward the elections;
v. Approve co-opting Mr John Dougan as Public Governor for Rotherham North until the midterm elections are concluded.

Angela Wendzicha
Director of Corporate Affairs

Gavin Rimmer
Lead Governor

May 2022

COUNCIL OF GOVERNORS MEETING: 18 May 2022

Agenda item: 36/22

Report: **Corporate Governance Report**

Presented by: Angela Wendzicha, Director of Corporate Affairs
Author(s): Angela Wendzicha, Director of Corporate Affairs & Dawn Stewart, Corporate Governance Manager

Action required: For noting

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. Health and Care Act 2022

The Health and Care Bill received Royal Assent on 28 April 2022 resulting in the Health and Care Act 2022, putting Integrated Care Systems on a statutory footing. This is the most significant legislative change in health in over ten years setting up the structures and systems to reform how health and adult social care work together, tackle long waiting lists and address chronic conditions and inequalities in health outcomes.

NHS England / Improvement (NHSE/I) will publish guidance to Clinical Commissioning Groups in May 2022 on preparing Integrated Care Board (ICB) constitutions, and further guidance in July 2022 on ICBs' ongoing governance duties.

Several other pieces of statutory guidance are expected to be published this summer, including on the integrated care partnership's integrated care strategy, the ICB's five year forward plan, and delegations.

The Director of Corporate Affairs will commence reviewing the Trust's Corporate Governance documentation to ensure alignment with the new Act.

3. Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust (Ockenden Review)

The final report from the independent review of maternity services at Shrewsbury and Telford Hospital NHS Trust was published on 30 March 2022.

A copy of the summary report can be found:

https://www.gov.uk/government/publications/final-report-of-the-ockenden-review/ockenden-review-summary-of-findings-conclusions-and-essential-actions

This final report follows on from the first report published in December 2020. In the first report, the local actions for learning (LAfL) and immediate and essential actions (IEAs) to be implemented at Shrewsbury, and across the wider maternity system in England were outlined.

The final report builds upon the first report, in that all the LAfL and IEAs within that report remain important and must be progressed. For the final report, the review team identified a number of new themes to be shared across all maternity services in England as a matter of urgency to bring about positive and essential change.

In terms of The Rotherham NHS Foundation Trust, the Board of Directors routinely receives on a monthly basis a report from the Head of Midwifery, outlining progress and self-assessment in implementation of the IEAs.

In April the Board was informed that the March 2022 self-assessed position against the seven immediate and essential actions (IEAs) had been reviewed by the Local Maternity System on the 4 March 2022, with the Trust's aggregate position across all seven domains being 93%. The Integrated Care System aggregate was 84%. Furthermore, the Trust had been notified that the regional support and surveillance visit to assess compliance would take place on 25 May 2022.

The Board had also been informed that the Trust's assessment of the position against the new themes and requirements, following publication of the final Ockenden Review, was underway and would be reported to the Board in due course.

4 COVID 19 Public Inquiry

On 10 March 2022 the government published draft terms of reference for consultation in preparation for the forthcoming public inquiry into the COVID-19 pandemic. The findings of the consultation were published in May 2022 with recommended Terms of Reference establishing that the Inquiry will:

The terms of reference intend to cover:

- preparedness
- the public health response
- the response in the health and care sector
- economic response

The inquiry will play a key role in learning the lessons from the pandemic and informing the government's preparations for the future.

It also reflects the importance of understanding the experiences of those most affected by the pandemic - including bereaved families - as well as looking at any disparities evident in the impact of the pandemic and the government's response.

Similar to all NHS organisations, the Trust will be required to provide information to support the inquiry. A Task and finish Group, chaired by the Director of Corporate Affairs has been established within the Trust to ensure the Trust can respond to any requests from the Inquiry.

5 Annual Report and Accounts 2021/22

The Trust is currently in the process of developing the Annual Report and Accounts for 2021/22.

The Annual Report and Accounts will be formally presented to the Council of Governors at the Annual Members Meeting to be held on 20 September 2022.

COUNCIL OF GOVERNORS MEETING: 18 May 2022

Agenda item: 37/22

Report: **Annual Effectiveness Review of Council of Governors**

Presented by: Angela Wendzicha, Director of Corporate Affairs
Author(s): Angela Wendzicha, Director of Corporate Affairs & Dawn Stewart, Corporate Governance Manager

Action required: For noting and approval

1.0 Governor Annual Review of Effectiveness

1.1 Section B.6.5 of the Code states *"led by the Chairperson, the Council of Governors should periodically assess their collective performance and should regularly communicate to members and the public details on how they have discharged their responsibilities, including their impact and effectiveness on:*

- *Holding the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors*
- *Contributing to the development of forward plans of the NHS foundation trust*
- *Communicating with their member constituencies and the public and transmitting their views to the Board of Directors*

The Council of Governors should use this process to review its roles, structure, composition and procedures, taking into account emerging best practice".

1.2 The Council of Governors is asked to note the attached documents:

i. Review against The NHS Foundation Trust Code of Governance undertaken as part of the disclosures process to complete the 2021/22 Annual Report and Accounts[1] attached at Appendix 1.
ii. Council of Governors Effectiveness Survey 2021/22 attached at Appendix 2

1.3 With regard to the effectiveness survey, the main area for continued focus is member engagement.

1.4 Whilst the Governor Member Engagement Group was established during the midst of the COVID-19 pandemic, it is envisaged that the work of this Group will increase the opportunities for the Council of Governors to engage with their members. Their work will be informed to the full Council, with opportunities for all Governors to be involved in the activities emanating from the Group.

1.5 The next meeting of the Governor Member Engagement Group will be on 7 June 2022 with the results from the Governors Effectiveness Survey to be an item for

[1] ***Disclosures as set out in the NHS Foundation Trust Code of Governance***
The Rotherham NHS Foundation Trust has applied the principles of the *NHS Foundation Trust Code of Governance* on a 'comply or explain' basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

consideration by the Group.

1.6 Member engagement remains a high priority for the Council of Governors and the Trust.

Angela Wendzicha
Director of Corporate Affairs
May 2022

Appendix 1

1. Introduction

1.1 In accordance with the requirements of the annual self-certification providing assurance that the Trust is compliant with the conditions of the NHS Provider licence, the Trust is required to self-certify, amongst other things that our Governors have received sufficient training and guidance to carry out their roles.

1.2 During the last financial year, in support of the draft declaration, the Governors have received the following training:

Integrated Performance Report	31 March 2021	Part of Governors Forum	Louise Tuckett
Five Year Strategy	30 June 2021	Part of Governors Forum	Louise Tuckett
Governors Focus Conference	6-8 July 2021	Virtual	NHS Providers
Operational matters	Sept 2021	Part of Governors Forum	George Briggs
ICS Developments	Sept 2021	Part of Governors Forum	Hill Dickinson
Governor Workshop	Sept 2021	Virtual	NHS Providers
Digital Strategy	Jan 2022	Part of Governors Forum	James Rawlinson
Role of NEDs	Various dates in year	Part of Governors Forum	HC, JB, KM
Equality and Inclusion	Early April 2022	Part of Governors Forum	Emily Wraw

2. Recommendation

Taking the above into consideration, it is recommended that the Council of Governors support the positive declaration as set out below prior to approval by the Board in June 2022.

Governor Training	The Board is satisfied that during the financial year most recently ended the Trust has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.	**CONFIRMED** for 2021/22

Q1 I am clear on what my statutory roles and responsibilities are

Answered: 9 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly Agree	66.67%	6
Agree	33.33%	3
Neither agree nor disagree	0.00%	0
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		9

Q2 I am clear about the difference between the roles and responsibilities of the Council of Governor and the Board of Directors

Answered: 9 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly Agree	88.89%	8
Agree	11.11%	1
Neither agree nor disagree	0.00%	0
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		9

Q3 The Council of Governors has been able to fulfil its duty of holding the Non-Executive Directors (NEDs) to account for the performance of the Board

Answered: 9 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly Agree	66.67%	6
Agree	22.22%	2
Neither agree nor disagree	11.11%	1
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		9

Q4 The Council of Governors has fulfilled its statutory duties with regard to NED appointments and appraisals

Answered: 9 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly Agree	66.67%	6
Agree	33.33%	3
Neither agree nor disagree	0.00%	0
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		9

Q5 The Council of Governors / Governors have received sufficient information about the Trust's performance

Answered: 9 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly Agree	44.44%	4
Agree	55.56%	5
Neither agree nor disagree	0.00%	0
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		9

Q6 As a Governor I feel respected and valued for the contributions I make

Answered: 9 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly Agree	44.44%	4
Agree	55.56%	5
Neither agree nor disagree	0.00%	0
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		9

Q7 I have been provided with opportunities for training, both provided internally and externally

Answered: 9 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly Agree	77.78%	7
Agree	22.22%	2
Neither agree nor disagree	0.00%	0
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		9

Q8 Council of Governor meetings are chaired effectively

Answered: 9 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly Agree	88.89%	8
Agree	11.11%	1
Neither agree nor disagree	0.00%	0
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		9

Q9 Council meeting agendas are relevant and timely, with adequate time given for discussion of each item

Answered: 9 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly Agree	55.56%	5
Agree	44.44%	4
Neither agree nor disagree	0.00%	0
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		9

Q10 I have the opportunity to speak at meetings and am made to feel comfortable doing so

Answered: 9 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly Agree	55.56%	5
Agree	44.44%	4
Neither agree nor disagree	0.00%	0
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		9

Q11 NEDs are available at the Council of Governor meetings to answer questions raised by Governors

Answered: 9 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly Agree	66.67%	6
Agree	33.33%	3
Neither agree nor disagree	0.00%	0
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		9

Q12 The Governor sub Committee/Groups I attend are effective and I feel my contribution is valued

Answered: 9 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly Agree	44.44%	4
Agree	44.44%	4
Neither agree nor disagree	11.11%	1
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		9

Q13 I am aware of the Membership Strategy

Answered: 9 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	44.44%	4
Agree	33.33%	3
Neither agree nor disagree	22.22%	2
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		9

Q14 I have sufficient communication / contact with FT members in my role as Governor

Answered: 8 Skipped: 1

ANSWER CHOICES	RESPONSES	
Strongly agree	25.00%	2
Agree	12.50%	1
Neither agree nor disagree	62.50%	5
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		8

Q15 I am satisfied that the profile of the Governors within the Trust and externally is sufficient for others to understand their role and function

Answered: 9 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	0.00%	0
Agree	66.67%	6
Neither agree nor disagree	33.33%	3
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		9

Q16 To support the Governor Member Engagement Group in exploring engagement opportunities, do you have any suggestions of activities which Governors could actively support as a means of proactively engaging with members?

Answered: 6 Skipped: 3

#	RESPONSES	DATE
1	With the easing of Covid restrictions it is hoped that Gov's will in the near future be able to start attending some hospital visits	5/1/2022 10:51 AM
2	no	4/28/2022 3:34 PM
3	Some of the later questions do not relate to the Role of Partner Governor. There is no focus on the Partner Governor in this evaluation.	4/27/2022 5:37 PM
4	Visit community events. Hold surgeries in the Trust. Governors to be available to ask and answer questions.	4/27/2022 3:30 PM
5	in addition to Q15- think we could do more to promote the role in communities which could enhance engagement	4/27/2022 1:33 PM
6	The long awaited email contact of existing members to improve comms, increase awareness and generate interest.	4/27/2022 9:55 AM

Q17 I understand the key points in the Trust's Annual Report and Accounts

Answered: 9 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	33.33%	3
Agree	55.56%	5
Neither agree nor disagree	11.11%	1
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		9

Q18 I am aware of the new 5 Year Strategy for the Trust

Answered: 9 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	22.22%	2
Agree	77.78%	7
Neither agree nor disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		9

Q19 The Council of Governors were involved in the development of these Strategic Ambitions

Answered: 9 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	11.11%	1
Agree	77.78%	7
Neither agree nor disagree	11.11%	1
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		9

Q20 Governors are provided with updates against strategic priorities and associated objectives.

Answered: 9 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	33.33%	3
Agree	66.67%	6
Neither agree nor disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		9

Q21 In responding to different ways of working in response to the COVID 19 pandemic, what aspects of the Council of Governors' activities do you feel have worked well and should continue?

Answered: 6 Skipped: 3

#	RESPONSES	DATE
1	Video conferencing	5/5/2022 3:32 PM
2	The use of MS Team meetings has proved a great way to allow Gov's to balance taking part in Gov & Committee meetings whilst balancing their own employment roles. Without the MS Team meeting I would not have been able to attend a number of committee and other meetings alongside my daytime work commitments	5/1/2022 11:01 AM
3	Virtual meetings have allowed us all to attend in a more flexible way however I feel face to face meetings would allow for more networking	4/28/2022 3:36 PM
4	Virtual Meetings have worked well and should continue... meetings should at least be conducted in a Hybrid Form. All Governors are Volunteers and many may be representatives of groups which have increased risk of serious illness with Covid therefore technology should continue to enable their input into all facets of the Governor Role.	4/27/2022 5:50 PM
5	meeting online has been helpful, making it much easier for me to attend evening meetings	4/27/2022 1:37 PM
6	Effective remote working.	4/27/2022 9:58 AM

Q22 What do you miss from the way the Council of Governors' operated before the pandemic?

Answered: 7 Skipped: 2

#	RESPONSES	DATE
1	Face to face meetings	5/5/2022 3:32 PM
2	Hospital visits	5/1/2022 11:01 AM
3	I was elected after start of pandemic so unable to comment	4/28/2022 3:36 PM
4	Obviously Social Contact and Real Face to Face discussions.	4/27/2022 5:50 PM
5	Face to face meetings and interacting with members.	4/27/2022 3:32 PM
6	Cannot think of anything	4/27/2022 1:37 PM
7	The ability to meet F2F	4/27/2022 9:58 AM

Q23 Where do you feel you have made an impact as a Governor?

Answered: 7 Skipped: 2

#	RESPONSES	DATE
1	Members forum	5/5/2022 3:32 PM
2	I am privileged to be amongst the Trusts Veteran Aware working group	5/1/2022 11:01 AM
3	Involved in recruitment of NEDs x3 and also joined the member engagement group.	4/28/2022 3:36 PM
4	On Nomination Committee on NED Appointments (Around 5 over past years) ; Appointment of Chair, Appraisal of NED and Chair ... including Poor Performance of NED and influence in decision making. Critical and Supportive Questioning of NEDS .. Critical and Supportive discussion on a range of issues .. which involved reflection, clarification on behalf of NEDS Feedback to NEDS / Chairs on Quality Committee, Finance and Performance Committee... as observer	4/27/2022 5:50 PM
5	Patient involvement.	4/27/2022 3:32 PM
6	Representing a partnership organisation, involved in the education of health care workforce- feeding back on trust challenges to partner org where appropriate	4/27/2022 1:37 PM
7	Supporting the Governor, representing the public supporting change/progress.	4/27/2022 9:58 AM

Q24 Where do you feel that the Council of Governors have made an impact in 2021/22?

Answered: 6 Skipped: 3

#	RESPONSES	DATE
1	Unsure	5/5/2022 3:32 PM
2	Through the Gov Chair, the council have been able to raise assurance questions of the NEDs and Directors	5/1/2022 11:01 AM
3	involved in recruitment of 3 NEDs	4/28/2022 3:36 PM
4	Absolute Support for the Principal and Management of the Changes to Executive Roles of Chief Executive, HR and Finance Director. This has gone absolutely and disastrously wrong in a similar Trust in another area of the Country with the same decisions ... eg North Tees and South Tees Hospitals.	4/27/2022 5:50 PM
5	supporting trust with new ways of working, new leadership roles, providing constructive challenge where necessary	4/27/2022 1:37 PM
6	Maintenance of momentum during pandemic	4/27/2022 9:58 AM

COUNCIL OF GOVERNORS MEETING: 18 May 2022

Agenda item:	38/22
Report:	**Out-Patient Transformation Programme**
Presented by:	George Briggs – COO and Executive Sponsor
Author(s):	Jennifer Lindsay – Programme Lead
Action required:	To note.

Introduction:

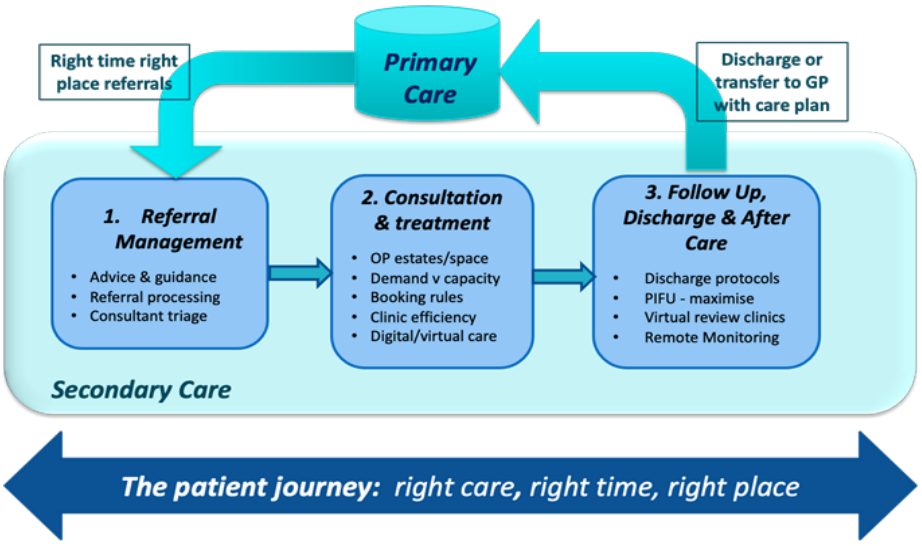
The Executive team agreed that the transformation and modernisation of Out-Patients would be a 'tier 1' change programme for the Trust in 2022/23. This was based on a number of factors, including the need to improve access to and efficiency of use of clinic rooms in OP, within a post-COVID, elective recovery plan. The requirement for improvement and transformation within OP was also identified and highlighted by members of the Council of Governors.

Purpose and Objective of the Programme:

The programme will address and organisation wide approach to the 'flow' of patients through the secondary care service from point of referral through to diagnosis, treatment, admission or transfer back to primary care. The range of issues to be addressed are wide and complex; but will focus on balancing the number of referrals made to secondary care, ensuring that these are clinically appropriate, are aligned to the resource and capacity available at the hospital and will place a focus on the patient at the centre of care, ensuring the provision of appropriate levels of communication and providing an excellent patient experience. A key emphasis will be to implement a digital clinic room booking tool, to improve access for specialities and improve the process for OP service users.

Programme Overview:

The proposal for the programme is to review the processes and functionality of the system, following the route of the patient 'flow' from the initial stage of referral from primary care and the appropriate management of that referral; then to the patient attendance in out-patients; and finally, to the post-attendance stage, of continued follow up or transfer back to primary care.



Within each of these three areas there are multiple opportunities for improvement based on feedback received to date. An outline of the expected key areas are as follows:

1. ***Referral Management Process:***
   - Provision of Advice & Guidance to primary care
   - Consultant triage to appropriate patient pathway
   - Clinic planning, booking rules and patient communication (letters, texts etc.)

2. ***Consultation and Treatment:***
   - Improved access to Out-Patient clinic rooms via digital room booking tool.
   - Improved facilities to enable delivery of non-face-to-face care (virtual clinics)
   - Improved communications with patients, including digital letters and texts

3. ***Follow Up, Discharge & Aftercare:***
   - Roll out of 'Patient Initiated Follow Up' across wider range of specialities
   - Development of virtual review clinics
   - Onward patient care in community & primary care

Key Deliverables:

- Install digital room booking tool to facilitate specialities access to OP clinic rooms
- Support Consultants to delivery more efficient care; delivering advice & guidance and facilitated discharge for patients
- Focus on patient engagement and improved communication methods to keep them involved and informed

Timescales:

- April 2022 to September 2023.

COUNCIL OF GOVERNORS MEETING: 18 May 2022

Agenda item: 39/22(i)

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

Author and Presented by: Nicola Bancroft, Chair of FPC

Action required: To note

1.0 FPC continues to meet monthly, with Chair's Assurance Logs from recent meetings provided to the Board of Directors at their May 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 Surgery (March meeting) and Community Division (April meeting).

2.2 The key messages from the Division of Surgery were:

- At Month 11 the Division was carrying £70K deficit in month with an agreed control total of £2.75m for the full year;
- There are ongoing challenges relating to staffing with agency spend projected to increase by £143K due to recovery work, impact of COVID-19 and sickness. A robust process is in place to ensure managerial oversight of staffing vacancies and agency usage;
- Cost Improvement Programme (CIP): Schemes had been identified for 2022/23 acknowledging that additional engagement with larger transformational schemes was still required;
- The majority of actions within the financial improvement action plan had been completed;
- There was good operational performance in relation to Referral to Treatment (RTT). The Division has been national joint top in Endoscopy, and 6th Trust nationally re 52 week waiters;
- Work continued to improve cancer performance.

2.3 The key messages from the Community Division were:

- Staffing levels: A significant number of nurses had left during the pandemic with the Division starting to recover with increased numbers of support workers;
- Cost Improvement: Over achieved by £419K for non-recurrent CIPs and 100% recurrent CIP achieved;
- A number of new externally approved schemes have supported income generation such as 'Physio First funding which will be continued into 2022-23;
- Levels of activity within the Community have grown significantly resulting in the number of visits per day increasing;
- Performance against the urgent community response two hour target is at 85% which is above the national target of 70%.

3.0 Board Assurance Framework and Risk Management

3.1 The Committee continues to consider the Board Assurance Framework (BAF) and risk management at each meeting.

3.2 The Committee have discussed the year end position in relation to the BAF, noting that the new BAF risks were in development and would align with the new Five Year Strategy.

4.0 Financial Report (2021/22)

4.1 The Committee received and noted the Integrated Financial report highlighting the following:

- The Trust has delivered a deficit to plan in March 2022 of £276K, whilst delivering an overall surplus to plan at year end of £1,158K
- There has been an underspend in pay costs against an overspend in non-pay costs;
- Expenditure on drugs and clinical supplies continue to increase in month with increasing energy and utility costs seen in month;
- CIP: Over performance in year of non-recurrent cost improvement programmes;
- The Trust has a healthy cash balance in month and at year end had £33.3M in the bank.

5.0 Financial Plan 2022/23

5.1 The Committee has considered and assessed the assumptions within the draft Financial Plan 2022/23, including addressing any system requirements and assessing any organisation risks. The draft has now been submitted to NHS England / Improvement and the Integrated Care System for consideration.

6.0 Operational Performance

6.1 The Committee noted the key points:

- Recovery of performance continues, with a reduction seen in Referral To Treatment (RTT) times;
- Elective activity within Trauma and Orthopaedics has recommenced with our dedicated orthopaedic ward re-opened to elective patients;
- Challenges continue with the emergency pathways due to the increasing number of COVID positive patients and increasing staff absences with revised Infection Prevention and Control guidance expected.
- There is a marginal improvement in performance within Emergency Care; however, it remains under pressure due to compromised flow of patients within the Trust;
- Discussions continue within the Executive Team in relation to the expected challenges around the activity uplift for 2022-23.

7.0 Operational Priorities

7.1 The Committee reviewed the year end position in relation to progress against the Operation Plan 2021/22 highlighting the following:

- Of the five programmes assigned to the FPC for monitoring, one had closed, one had been completed, two remained amber and one remained red.
- Discussions have taken place in relation to ring fencing resources to enable delivery on agreed priorities.

8.0 2022/23 Operational Plan

8.1 The Committee has reviewed and commented upon the proposed mandates assigned to the FPC, to support delivery of the 2022/23 Operational Plan. The Operational Plan in its totality would be considered by the Board of Directors on 6 May 2022.

9.0 Committee Governance

9.1 The Committee has taken the opportunity to review its terms of reference, prior to formal consideration by the Board of Directors, and also undertaken a Committee Self-assessment.

Nicola Bancroft
Non-Executive Director, Chair of Finance and Performance Committee

The Rotherham NHS Foundation Trust

COUNCIL OF GOVERNORS MEETING: 18 February 2022

Agenda item: 39/22(ii)

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

Presented by: Lynn Hagger, Chair of People Committee
Author(s): as above

Action required: To note

1.0 PC continues to meet monthly, with Chair's Assurance Logs from recent meetings provided to the Board of Directors at their April 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 Surgery and Community Division (February meeting), Corporate Area – Estates (March meeting) and Corporate Area – Finance (April meeting).

2.2 Key highlights from the Division of Surgery were:

- The best practice leadership model GIRFT (getting it right first time) was followed;
- Healthy working environment, with staff having the ability to contribute to new ideas and suggestions;
- Excellent progress in roster management, contributing to improved work experiences;
- Successes were being proactively celebrated;
- High compliance rates in terms of completion of appraisals and mandatory training;
- High sickness absence within the Division;
- Circa 70% of staff having completed the annual staff survey.

2.3 Key highlights from the Community Division were:

- In November 2021 the Therapies Team had been incorporated into the Division, with the benefit of two service managers to support the Division;
- Short term sickness has been very high. Long term sickness was below Trust average;
- Appraisals were are falling short of the target and stood at 74%.
- Compliance in all core mandatory training areas;
- The average age of district nurses was 52, and having special class status they could retire at 55;
- A nursing video for a recruitment campaign had been created with the Division looking at International recruitment opportunities.

2.4 Key highlights from the Corporate Area – Estates were:

- Covered a wide range of areas from portering, switchboard, security, energy, maintenance, fire and health & safety;
- 3rd largest budget in the Trust, but has the lowest paid manual workforce, nearly 300 of the staff on bands 1 – 3;
- Estates governance obtained an 8th consecutive Royal Society for the Prevention of Accidents (RoSPA) Gold award;
- Whilst below the Trust average on sickness, there was a higher than normal level of complex long term sickness cases;
- Appraisal rates stood at around 77%;
- Turnover is below the Trust average at 4.9%;
- A key risk is an ageing workforce, with work ongoing in attracting a more diverse workforce, both with regards to ethnicity and gender

2.5 Key highlights from the Corporate Area – Finance were:

- Appraisal completion rates stood at 91%;
- Mandatory training compliance was 85%;
- Long and short term sickness absence was below the Trust average;
- All nine actions from the finance governance action plan had been implemented;
- There was improved communication and transparency within the team;
- Succession planning had commenced for a number of key senior roles within the team.

3.0 Board Assurance Framework and Risk Register

3.1 The Committee continues to consider the Board Assurance Framework (BAF) and risk register at each meeting.

3.2 In terms of the Risk Register, the risks aligned to the Committee have been reviewed. The Committee noted that a new format for the Risk Register had been introduced, with discussions being held on aligning risks to appropriate committees and ensuring improved articulation of the risk.

3.3 Introduction of the new Five Year Strategy and alignment to the BAF had been reviewed. This would result in BAF risks for 2021/22 being closed and new BAF risks developed that align to the five year strategy for which the Committee will have oversight.

4.0 Operational Objectives

4.1 PC have discussed the three 2021/22 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.

4.2 The Committee have discussed the outstanding actions and agreed closure of the 2021/22 Operational Plan objectives aligned to the Committee. However, it was noted that some would be carried forward into 2022/23.

4.3 In terms of the 2022/23 Operational Plan, the Committee reviewed the mandate designed to deliver Priority 2, namely “Commit to a Focus on Workplace Wellbeing and Compassionate Leadership”. This Priority is aligned to the Trust’s Strategic

Ambition “Us” as well as the People Strategy 2020-23 Staff Engagement domain.

5.0 Workforce Report

5.1 The Committee in receiving the Workforce Report at its April meeting had noted the following:

- Sickness absence remains high across the Trust at 7%;
- Overall core mandatory training compliance remains above the Trust target at 91%;
- Work continued around the Staff Survey results

6.0 Health & Wellbeing Update

6.1 The Committee have received a comprehensive report outlining the health and wellbeing activities undertaken at the Trust. These included, but were not limited to, access to a Behavioural Therapist, Trauma Resilience, Mindfulness, and Complementary Therapies.

7.0 E-Roster Deep Dive

7.1 At the February meeting the Committee discussed the E-Roster Deep Dive report. This had been undertaken as a result of the review undertaken by 360 Assurance (the Trust’s Internal Auditor) which had a limited assurance conclusion and a number of recommendations to be taken forward. The report presented to the Committee had provided an update as to the progress being made in this area.

7.2 The Committee noted that there remains opportunities to maximise utilisation of e-roster and its applications. Working with the e-roster governance groups to establish priorities, work plans and the right framework would support an annual plan of developmental work, whilst ensuring continuing compliance with key performance indicators.

8.0 Gender Pay Gap Annual Report and Data Submission

8.1 The Committee has discussed the Gender Pay Gap Annual Report. A copy of the report can be found on the Trust website:
Equality and diversity monitoring data | Rotherham NHS Foundation Trust (therotherhamft.nhs.uk)

9.0 Public Sector Equality Duty Compliance Report 2021

9.1 This is the Trust’s Annual Equality and Diversity report, which it is required to be published in order to fulfil part of the Public Sector Equality Duty, as set out in the Equality Act 2010.

9.2 The report examines the diversity of the Trust’s local population, patients, staff, volunteers and public members. It also provides an update against the Trust’s equality objectives.

A copy of the report can be found on the Trust website:
Equality and diversity monitoring data | Rotherham NHS Foundation Trust (therotherhamft.nhs.uk)

10.0 Medical Consultant Job Pack

10.1 The Committee has discussed the development of a revised Medical Consultant Job Pack to support recruitment in this area.

11.0 Committee Governance

11.1 The Committee has taken the opportunity to review its terms of reference, prior to formal consideration by the Board of Directors, and also undertaken a Committee Self-assessment.

Lynn Hagger
Non-Executive Director Chair of People Committee

COUNCIL OF GOVERNORS MEETING: 18 May 2022

Agenda item: 39/22(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

1.0 The Audit Committee has met twice since the last meeting of the Council of Governors (February and April 2022). This report provides an update in a number of key areas.

2.0 **Board Assurance Framework (BAF) and Risk Management**

2.1 The Audit Committee continues to review the BAF and risk management arrangements at each of its meetings.

2.2 The Committee has monitored progress against the action plan to facilitate a robust framework for the management of risk.

2.3 In terms of the BAF, the Audit Committee has considered its own assigned BAF risks, in addition to taking an overview of the discussions held at the Board Assurance Committees, prior to making recommendations to the Board of Directors.

2.4 The Audit Committee has noted the development of the 2022/23 BAF.

3.0 **Internal Audit (360 Assurance)**

3.1 The Audit Committee continues to receive reports from 360 Assurance at each of its meetings.

3.2 Reviews undertaken to date are listed below, including the relevant assurance rating:

- Strategic Risk Management – Limited
- General ledger and financial reporting arrangements - Significant
- Estates Procurement – Significant
- Performance Management – significant
- Complaints – Significant /Limited
- Learning from Deaths – Governance (revisit) - Limited

3.3 The recommendations from each of the reviews are tracked through to completion by 360 Assurance, with the first follow up rate for the 2021/22 year standing at 70%, with an overall implementation rate of 90%.

3.4 The matters detailed in section 3.2 and 3.3 inform the Head of Internal Audit Opinion as part of the year-end process. The Audit Committee noted at its April meeting the interim Head of Internal Audit Opinion “an interim opinion of significant assurance that

there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied consistently."

3.5 The Audit Committee has approved the Internal Audit Work Plan / Strategy for 2022/23

4.0 Counter Fraud (360 Assurance)

4.1 The Audit Committee continues to receive a report at each meeting relating to counter fraud matters, and approved at its April meeting the Counter Fraud work plan for 2022/23.

5.0 External Audit (Mazars)

5.1 The Audit Committee now receives a report at each meeting from Mazars. This report details recent and relevant national publications which may be of relevance to the Audit Committee.

5.2 The Audit Committee has received and noted the Audit Strategy Memorandum 2021/22 which details the approach and timeline for completing the year end audit and highlights any potential risk.

5.3 As the External Auditor is appointed by the Council of Governors, it is relevant that the Council is aware that the fee to undertake the work remained unchanged at £90,000 plus VAT.

6.0 Financial Reporting

6.1 The Audit Committee received three reports relating to financial reporting including details of breaches of the Standing Financial Instruction, losses and special payments and tender waivers. The Committee was assured of the systems and processes in place in terms of reporting in all three areas.

7.0 Annual Report and Accounts

7.1 The Audit Committee in working towards the deadline for submission of the Annual Report and Accounts 2021/22 has received a number of documents and statements, including the Provider Licence Self-assessment, required to be completed to support the submission to NHS England / Improvement by 22 June 2022.

7.2 The draft unaudited Accounts have been submitted to NHS England / Improvement and the External Auditors on 26 April 2022.

7.3 Mazars', the Trust's appointed External Auditors will start the audit of the accounts from 9 May 2022.

7.4 Other documents considered by the Audit Committee in relation to the preparation of the Annual Report included the draft Annual Governance Statement.

7.5 The Audit Committee will consider the final Annual Report and Accounts 2021/22 at an extraordinary meeting in June, prior to formal recommendation to the Board of Directors.

8.0 Whistleblowing

8.1 The Lead Freedom to Speak Up Guardian has attended recent meetings to present the outcome of the annual review of the Freedom to Speak Up Strategy, the revised Whistleblowing Policy prior to recommendation to the Board of Directors, and the annual report/review from the Freedom to Speak Up Guardian

9.0 Committee Governance

9.1 The Committee has taken the opportunity to review its terms of reference, prior to formal consideration by the Board of Directors, and also undertaken a Committee Self-assessment.

Kamran Malik
Non-Executive Director, Chair of Audit Committee

COUNCIL OF GOVERNORS MEETING: 18 May 2022

Agenda item: 39/22(iv)

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

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

Action required: To note

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 May 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 three occasions, February, March and April 2022.

2.0 **Divisional Updates**

2.1 Since the last report to the Council of Governors, the QC have received presentations from the Senior Management Teams from the Division of Clinical Support Services (March meeting) and the Division of Surgery (April meeting).

2.2 Key messages from the Division of Clinical Support were:

- Succession planning: The Division has a number of long serving professional leads;
- Proud of their response to the challenges of working during the pandemic
- A number of improvements to accommodation to improve the patient experience
- Recovery of diagnostic waiting times
- The maintenance of quality and safety metrics

3.0 Key messages from the Division of Surgery were:

- Benchmarking well nationally with regard to operational performance, however challenges remained due to COVID
- Work is on-going on Waiting Well and Shaping Up for Surgery
- Quality and Well Led action plans are in place

4.0 Board Assurance Framework and Risk Register

4.1 The Committee continues to receive reports on a monthly basis against the Board Assurance Framework and the Risk register with a total of 17 risks (graded 15 and above) aligned to the Quality Committee for oversight.

4.2 The Committee has noted the ongoing development of the new Board Assurance Framework, with the revised strategic risks discussed by the Board in May 2022.

5.0 Infection Control

5.1 The Committee has received the report detailing the year end position in relation to Health Care Associated Infections (HCAI) highlighting the following:

- Clostridium difficile trajectory for 2021-22 was breached as was the Klebsiella trajectory
- The Trust saw an increase in COVID-19 cases which was expected when the legal requirement to test and isolate if positive was removed.
- Carbapenamase producing enterobacteriaceae (CPE) cases have increased with reviews of cases ongoing with support from the regional field epidemiology team at UK Health Security Agency.

5.2 Despite the increasing cases, the Committee noted the positive feedback from the external team at NHS Improvement / England.

6.0 Operational Plan 2021/22

6.1 The Committee received and discussed the year end position in relation to the two programmes aligned to the Committee, namely Standards of Care and Quality Improvement and Learning from Deaths.

6.2 The Committee concluded there was insufficient evidence presented within the report to sign off the objectives at year end and has requested more detail to be presented to the May Committee.

7.0 Operational Plan 2022/23

7.1 The Committee has considered the mandates aligned to the Committee for the Operational Plan 2022/23.

7.2 The Committee suggested a number of amendments which were incorporated into the Operational Plan 2022.23 presented to the May Board of Directors meeting.

8.0 Mortality

8.1 The Committee has noted that the Summary Hospital-level Mortality Indicator (SHMI) data indicated that the Trust remained within the 'As Expected' band.

8.2 The latest Hospital Standardised Mortality Ratio **(**HSMR) is 102 and is anticipated to be below 100 next month. Excluding COVID data, it has consistently been below 100.

9.0 Quality Improvement Priorities 2022/23

9.1 The Committee has discussed and supported the nine Quality Improvement Priorities for 2022/23:

Patient Safety

- 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

- To develop and embed the Mental Health Strategy
- Develop a robust process to measure and improve following patient/user feedback
- Develop comprehensive and accessible patient information materials

Clinical Effectiveness

- Identify and develop a quality improvement tool for the organisation
- Clear digital identification of clinically unwell patients to drive quality improvements
- Continuation of mortality and learning from deaths improvement work

9.2 The Committee has requested that additional work was undertaken to ensure clarity of the objective and the quality improvement expected as a result.

10.0 Safer Staffing Reports (Nursing)

10.1 The Committee received the report detailing the six monthly review of nurse staffing levels.

10.2 The review shows current establishments are safe with one exception – the Acute Surgical Unit which is related to Surgical Same Day Emergency Care as they have additional beds utilising support workers. A business case will be produced.

10.3 The report was considered at the May Board meeting, with the outcome of the review required to be published on the Trust's website.

11.0 Care Quality Commission

11.1 The Committee continues to receive monthly reports in relation to delivery of the action plan following the recent inspection by the Care Quality Commission.

12.0 Medication Safety

12.1 The Committee receives quarterly reports from the Medication Committee highlighting the number of medication incidents within the Trust, including the level of harm.

12.2 The Trust has an ongoing overarching Medicines Management Quality Improvement Plan in place.

13.0 Tendable Audit Report

13.1 The Committee received the first report from the Tendable Audit Programme which are tools that enable the Trust to drive improvement.

14.0 Serious Incident Report

14.1 The Committee receives a report on the ongoing serious incidents reported by the Trust and whilst we have seen an increase in the number of serious incidents, this is against a background of an increase in the occupied bed days in addition to an increase in the acuity of patients we are looking after.

15.0 Committee Governance

15.1 The Committee has taken the opportunity to review its terms of reference, prior to formal consideration by the Board of Directors, and also undertaken a Committee Self-assessment.

Dr Rumit Shah
Non-Executive Director Chair of Quality Committee

COUNCIL OF GOVERNORS MEETING: 18 May 2022

Agenda item: 39/22(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

1.0 Since the last report to the Council of Governors, the CFC has met once on 15 February 2022, with the key matters discussed detailed below.

2.0 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 and the Charity has appointed a fundraising manager, Rachel Dawes, who commenced on 25th April.

3.0 Self-assessment of the Charity's Compliance with the refreshed Charity Governance Code

The Committee has taken the opportunity to discuss the annual self-assessment of the Charity's compliance with the refreshed Charity Governance Code. A small working group is to be established to progress the self-assessment.

4.0 Fundraising and Other Activities

Fund raising activities continue, with the next event being the charity's first official charity Skydive on Friday 17 June 2022 at Skydive Hibaltstow, North Lincolnshire.

An event on Valentine's Day had gone really well and staff were very pleased to receive their free hot chocolate and cupcake, funded by the Charity

5.0 NHS Charities Together

The Committee noted that a further grant application had been submitted for consideration by NHS Charities Together.

6.0 Charity Documentation

The Director of Corporate Affairs confirmed that the review of the Charity governance documentation had commenced, with a number of documents including those held by the Charity Commission being reviewed.

7.0 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, the risks will need to be reviewed to ensure that it reflected the Charity Strategy.

Michael Smith
Non-Executive Director / Chair of Charitable Funds Committee

Report as considered by Board of Directors
Council of Governors agenda item 40/22

Board of Directors Meeting
06 May 2022

The Rotherham NHS Foundation Trust

Agenda item	P82/22
Report	**Integrated Performance Report – March 2022**
Executive Lead	Michael Wright, Deputy Chief Executive
Link with the BAF	B1, B2, B9
How does this paper support Trust Values	The Integrated Performance Report supports the Trust's *Ambitious* value in ensuring we are constantly striving to deliver stronger performance across all of the core domains.
Purpose	**For decision** ☐ **For assurance** ☒ **For information** ☐
Executive Summary (including reason for the report, background, key issues and risks)	The Integrated Performance Report is the monthly summary of Trust performance across the four domains of Operational Delivery, Quality, Finance and Workforce. This month's report relates to March 2022 data wherever it is available. It highlights performance against agreed national, local or benchmarked targets. Statistical Process Control charts are included against key metrics.
Due Diligence	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.
Board powers to make this decision	In order to be assured of the performance of the organisation, the Board needs to have visibility of the Trust's performance against core metrics.
Who, What and When	The Deputy Chief Executive is the Lead Executive for reporting on the performance of the organisation through the Integrated Performance Report on a monthly basis.
Recommendations	It is recommended that the Board of Directors note the Trust's performance against the metrics presented in the Integrated Performance Report and receive assurance on the basis of this report.
Appendices	Integrated Performance Report – March 2022

Board of Directors

Integrated Performance Report - March 2022

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				

The Rotherham NHS
NHS Foundation Trust

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	Forecast - Year End	Trend	Data Quality
Planned Patient Care													
P1	Waiting List Size	Mar 2022	L	**19,705**	21,496	22,333	22,486	22,378	22,378	13,040			
P1A	Number of RTT Patients with a Decision to Admit	Mar 2022			3,127	3,462	3,569	3,687	3,687	3,464			
P2	Referral to Treatment (RTT) Performance	Mar 2022	N	**92%**	80.4%	77.2%	76.2%	74.8%	81.1%	77%			
P3	Number of 52+ Weeks	Mar 2022			35	48	59	62	62	559			
P3A	Number of 104+ Weeks	Mar 2022	N	**0**	0	0	0	0	0	0			
P4	Overdue Follow-Ups	Mar 2022	L	**10,773**	11,268	12,458	11,622	12,517	12,517	11,810			
P5	First to follow-up ratio	Mar 2022	B	**2.5**	2.94	2.69	2.52	2.31	2.85	2.95			
P6	Day case rate (%)	Mar 2022	B	**80%**	84.7%	89.5%	87.6%	85.0%	84.4%	84%			
P7	Diagnostic Waiting Times (DM01)	Mar 2022	N	**1%**	10.0%	9.8%	6.1%	5.8%	18.2%	27%			
P8	Diagnostic Activity Levels												
Emergency Performance													
E1	Number of Ambulance Handovers > 60 mins	Mar 2022	CQC	**0**	327	100	109	270	2,132	40			
E1A	Number of Ambulance Handovers > 30 mins	Mar 2022	CQC	**0**	608	314	341	531	4,832	165			
E2	Average Time to Initial Assesment in ED (Mins)	Mar 2022	N	**15**	25	24	23	26	24	20			
E3	Proportion of patients spending more than 12 hours in A&E from time of arrival	Mar 2022			9.43%	7.19%	7.99%	9.74%	6.43%				
E4	Number of 12 hour trolley waits	Mar 2022	N	**0**	0	0	0	0	0	0			
E5	Conversion rate from A&E (not including Observations)	Mar 2022			23.3%	23.5%	22.7%	20.5%	21.6%	24%			
E6	Proportion of same day emergency care	Mar 2022	L	**33%**	38.3%	39.0%	42.3%	41.1%	40.3%	35%			
Cancer Care													
Ca1	2 Week Wait Cancer Performance	Feb 2022	N	**93%**	95.1%	93.8%	91.0%	92.0%	93.9%	97%			
Ca2	2 Week Wait Breast Symptoms	Feb 2022	N	**93%**	84.8%	86.7%	78.0%	88.9%	88.8%	83%			
Ca3	31 day first treatment	Feb 2022	N	**96%**	95.5%	96.6%	94.8%	92.9%	95.6%	99%			
Ca4	62 Day Performance	Feb 2022	N	**85%**	68.6%	71.5%	74.2%	74.5%	73.2%	64%			
Ca5	Patients waiting longer than 62 days on the PTL	Mar 2022	L	**75**	72	89	82	65	65				
Ca6	28 day faster diagnosis standard	Feb 2022	N	**75%**	75.7%	79.7%	72.2%	76.5%	74.1%	66%			
Inpatient Care													
I1	Mean Length of Stay - Elective (excluding Day Cases)	Mar 2022			3.48	4.75	2.81	2.64	3.16	2.85			
I2	Mean Length of Stay - Non-Elective	Mar 2022			5.87	5.63	6.16	5.66	5.44	5.01			
I3	Length of Stay > 7 days (Snapshot Numbers)	Mar 2022	L	**142**	192	218	187	217	217	136			
I4	Length of Stay > 21 days (Snapshot Numbers)	Mar 2022	L	**42**	50	84	56	80	80	37			
I5	Right to Reside - % not recorded (Internal Performance from May)	Mar 2022	B	**0%**	7.4%	6.2%	4.6%	3.8%	3.8%	11%			
I6	Discharges before 5pm (inc transfers to Dis Lounge)	Mar 2022	L	**70%**	56.8%	55.1%	54.0%	50.2%	55.9%	52%			
Outpatient Care													
O1	Did Not Attend Rate (OutPatients)	Mar 2022	B	**7%**	9.3%	7.7%	7.6%	9.2%	8.5%	7%			
O4	% of all Outpatient activity delivered remotely via telephone or video consultation	Mar 2022	N	**25%**	16.5%	17.1%	15.6%	16.5%	17.4%				
O5	Advice and Guidance - Metric still being worked up												
O6	Number of patient pathways moved or discharged to PIFU, expressed as a proportion of all outpatient activity.	Mar 2022			0.30%	0.28%	0.32%	0.23%	0.17%				
Community Care													
CC1	MusculoSkeletal Physio <4 weeks	Mar 2022	L	**80%**	13.9%	13.6%	19.9%	20.9%	16.0%	12%			
CC2	% urgent referrals contacted within 2 working days by specialist nurse (Continence)	Mar 2022	L	**95%**	76.0%	64.7%	63.6%	62.7%	65.5%	71%			
CC3	A&E attendances from Care Homes	Mar 2022	L	**144**	134	124	138	142	142	112			
CC4	Admissions from Care Homes	Mar 2022	L	**74**	61	85	60	69	69	64			
CC5	Patients assessed within 5 working days from referral (Diabetes)	Mar 2022	L	**95%**	50.0%	100.0%	83.3%	90.9%	88.2%	73%			

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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
Mortality													
M1	Mortality index - SHMI	Oct 2021	B	-	110.7	109.5	107.7	107.7	--	116.50			
M2	Mortality index - HSMR (Rolling 12 months)	Dec 2021	B	-	114.6	111.5	107.0	102.6	--	121.50			
M3	Number of deaths (crude mortality)	Mar 2022		-	98	101	82	83	1,023	97			
Infection, Prevention and Control													
In1	Clostridium-difficile Infections	Mar 2022		-	6	3	2	2	26	1			
In1a	Clostridium-difficile Infections (rate)	Mar 2022		-	15.4	16.1	17.5	18.0	15.4	18.4			
In2	MRSA Infections (Methicillin-resistant Staphylococcus Aureus)	Mar 2022	L	**0**	0	0	0	0	1	0			
In2a	MRSA Infections (Methicillin-resistant Staphylococcus Aureus) (Rate)	Mar 2022		-	0.70	0.70	0.70	0.69	0.70	0.0	**0**		
In3	E.coli blood bactertaemica, hospital acquired	Mar 2022		-	4	1	4	2	40	2	**0**		
In4	CPE Infections, Hospital Provider	Mar 2022		-	1	2	1	0	5	-	**0**		
In5	GRE Infections - data collection to commence from April 2022												
Patient Safety													
PS1	Incidents - severe or above (one month behind)	Feb 2022	L	**0**	7	6	7	4	54	2			
PS2	% Potential of Under Reporting of Pt Safety Incidents	Mar 2022		-	52.1	52.4	52.5	51.8	50.6	46.1			
PS3	Never Events	Mar 2022	L	**0**	0	0	0	0	0	0			
PS4	Number of Patient Harms	Mar 2022		-	713	673	624	604	7,467	555			
PS5	Number of Patient Harms (Moderate and above)	Mar 2022		-	27	36	34	23	317	19			
PS6	Number of Patient Falls	Mar 2022		-	101	119	80	91	1102	38			
PS7	Number of Pressure Ulcers (G3 and above)	Mar 2022		-	0	1	0	0	4	1			
PS8	Medication Incidents	Mar 2022		-	116	91	106	107	1262	89			
PS9	Readmission Rates (one month behind)	Feb 2022	L	**7.6%**	7.9%	8.5%	8.1%	7.3%	8.0%	7.2%			
PS10	Venous Thromboembolism (VTE) Risk Assessment	Mar 2022	N	**95.0%**	93.6%	94.6%	94.5%	95.3%	95.4%	95.1%			
PS11	Number of complaints per 10,000 patient contacts	Mar 2022	L	**8**	3.50	11.93	8.08	10.49	8.12	9.40733772			
PS12	Proportion of complaints closed within 30 days	Mar 2022	L	**100.0%**	100.0%	100.0%	100.0%	100.0%	98.5%	100.0%			
PS13	Hip Fracture Best Compliance	Mar 2022	L	**65.0%**	66.7%	41.7%	64.3%	86.7%	63.4%	75.0%			
PS14	F&F Postive Score - Inpatients & Day Cases	Mar 2022	N	**95.0%**	97.7%	98.5%	97.3%	97.0%	97.8%	97.9%			
PS15	F&F Postive Score - Outpatients	Mar 2022	N	**95.0%**	98.0%	97.9%	98.6%	96.9%	97.8%	97.9%			
PS16	F&F Postive Score - Maternity	Mar 2022	N	**95.0%**	100.0%	100.0%	96.9%	98.1%	98.6%	98.9%			
PS17	Care Hours per Patient Day	Mar 2022	L	**7.3**	6.50	6.20	6.50	6.20	6.20	7.5			
Maternity													
Ma1	Bookings by 12 Week 6 Days	Mar 2022	N	**90.0%**	94.0%	91.7%	87.4%	93.7%	92.9%	93.7%			
Ma2	% of emergency Caesarean-sections	Mar 2022	L		15.8%	18.8%	22.7%	17.5%	17.8%	8.1%			
Ma3	Breast Feeding Initiation Rate	Mar 2022	N	**66.0%**	64.0%	64.9%	67.9%	63.6%	67.6%	68.9%			
Ma4	Stillbirth Rate per 1000 live births (Rolling 12 months)	Mar 2022	L	**4.66**	3.58	3.57	3.14	2.35	2.35	6.15			
Ma4a	Number of Stillbirths	Mar 2022		-	1	0	0	1	3	3			
Ma5	1:1 care in labour	Mar 2022	L	**75.0%**	95.0%	97.1%	98.6%	97.2%	96.3%	93.0%			
Ma6	Serious Incidents (Maternity)	Feb 2022	L	**0**	0	1	0	0	5	0			
Ma7	Moderate and above Incidents (Harm Free)	Feb 2022		-	0	0	0	0	0	0			
Ma8	Cases Referred to HSIB	Mar 2022	L	**5**	1	0	0	0	2	0			
Ma9	Consultants on labour (Hours on Ward)	Mar 2022		-	62.50	62.50	62.50	62.50	62.50	--			
Ma10	% women on continuity of care pathway	--											

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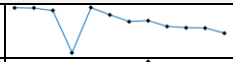
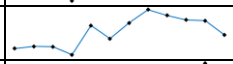
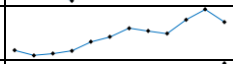
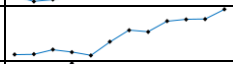
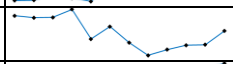
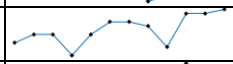
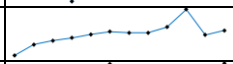
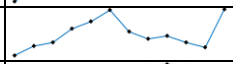
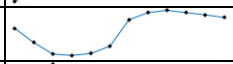
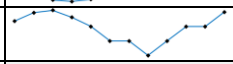
Trust Integrated Performance Dashboard - Workforce

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
Workforce													
W1	Whole Time Equivalent against plan - Total	Mar 2022	L	**-164**	-315	-323	-325	-357	-357	-229			
W2	Whole Time Equivalent plan - Nursing	Mar 2022	L	**-102**	-30	-36	-37	-53	-53	-109			
W3	Total Headcount	Mar 2022		-	4,899	4,930	4,953	4,925	4,925	4,831			
W4	Vacancy Rate - TOTAL	Mar 2022	L	**3.90%**	7.17%	7.30%	7.32%	8.04%	8.04%	5.41%			
W5	Vacancy Rate - Nursing	Mar 2022	L	**7.90%**	2.29%	2.69%	2.73%	3.96%	3.96%	8.47%			
W6	Time to Recruit	Mar 2022	L	**34**	25	33	33	34	34	30			
W8	Sickness Rates (%) - inc COVID related	Mar 2022	L	**3.95%**	7.40%	9.13%	6.63%	7.05%	6.66%	4.59%			
W9	Turnover	Mar 2022		**0.63%**	0.84%	0.75%	0.68%	1.21%	0.83%	0.88%			
W10	Appraisals complete (%)	Mar 2022	L	**90.00%**	83.00%	82.00%	81.00%	80.00%	80.00%	81.00%			
W11	MAST (% of staff up to date)	Mar 2022	L	**85.00%**	89.00%	90.00%	90.00%	91.00%	91.00%	92.00%			
W12	% of jobs advertised as flexible	Mar 2022		-	53.57%	41.67%	46.46%	51.43%	48.28%	-			

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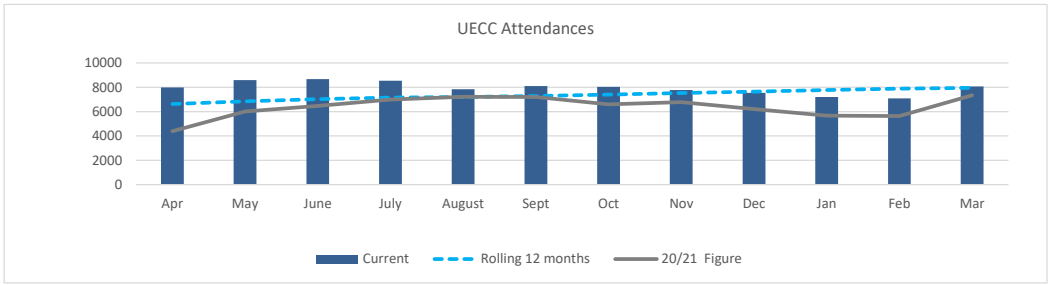
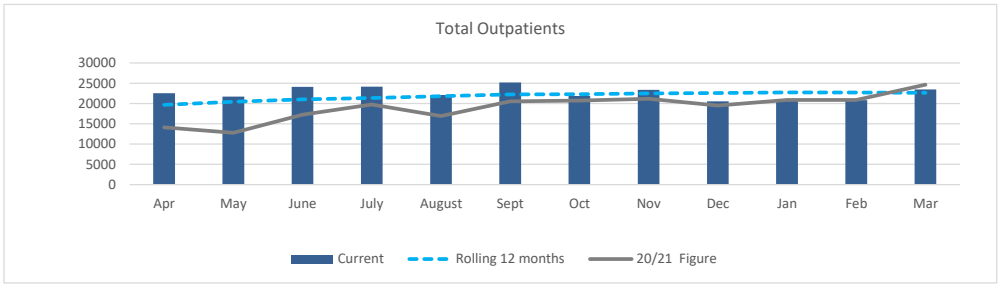
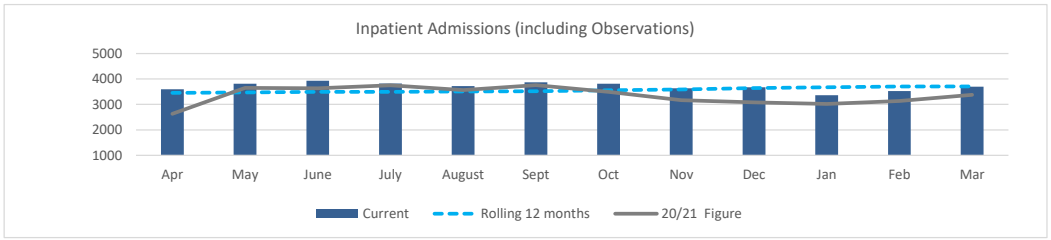
Trust Integrated Performance Dashboard - Finance

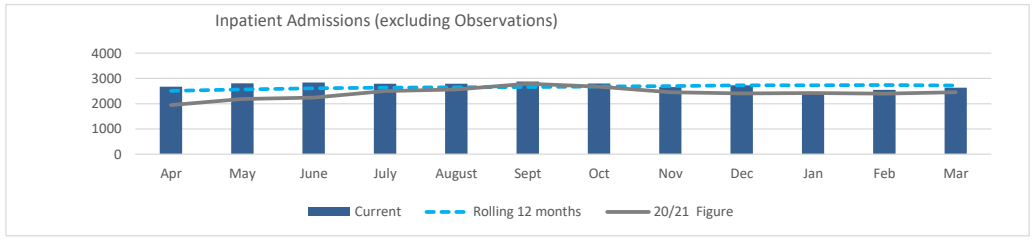
	In Month Plan £000s	In Month Actual £000s	In Month Variance £000s	YTD Plan £000s	YTD Actual £000s	YTD Variance £000s	Prior Month Forecast £000s
I&E Performance (Actual)	(79)	(355)	(276)	(697)	461	1,158	1,912
I&E Performance (Control Total)	(42)	(332)	(290)	(249)	1,478	1,727	1,913
iency Programme (CIP) - Risk Adjusted	585	757	172	5,022	6,099	1,077	976
Capital Expenditure	4,271	8,617	(4,346)	15,717	15,024	693	835
Cash Balance	722	(2,138)	(2,860)	14,952	33,303	18,351	0

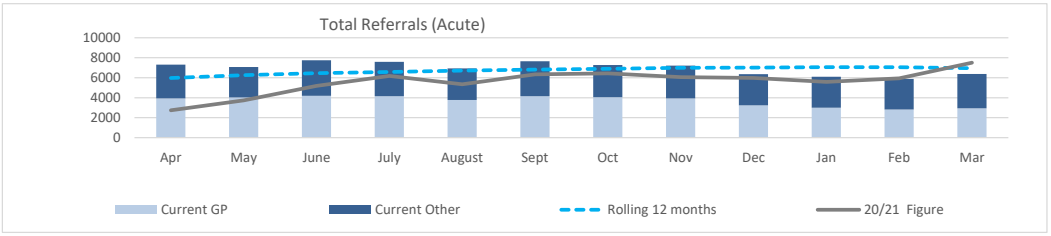
Trust Integrated Performance Dashboard - Activity

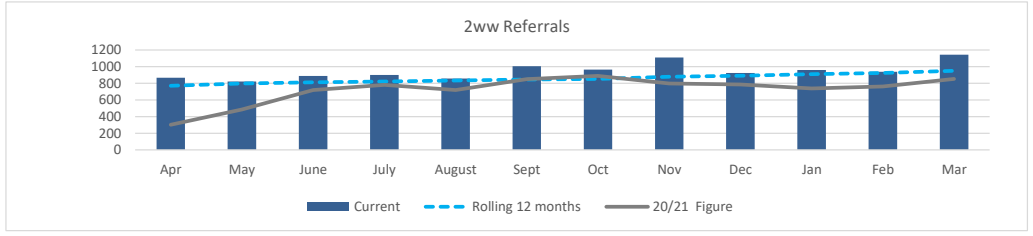












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Trust Integrated Performance Dashboard - Activity

ACTIVITY

OUTPATIENTS

	Activity 20/21	Activity 19/20 (WDA)	As % of 2019/20 WDA
March	22,066	19,488	13.2%
M7-12 YTD monthly average	20,571	21,608	-4.8%

DAYCASES

	Activity 20/21	Activity 19/20 (WDA)	As % of 2019/20 WDA
March	1,902	1,747	8.9%
M7-12 YTD monthly average	1,768	2,040	-13.3%

INPATIENT ACTIVITY

	Activity 20/21	Activity 19/20 (WDA)	As % of 2019/20 WDA
March	338	365	-7.4%
M7-12 YTD monthly average	267	382	-30.1%

CLOCK STOPS - RTT

Clock Starts

	Clock Starts 2021* includes ASIs	Clock Starts 19/20	As % of 2019/20 WDA
March	7,450	4,679	59.2%
M7-12 YTD monthly average	6,792	6,527	4.1%

Clock Stops Admitted

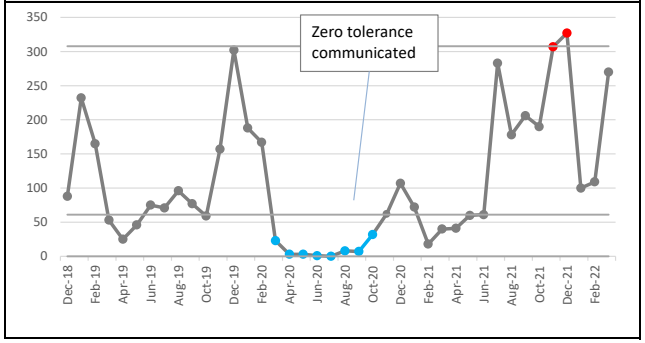
	Clock Stops 2021	Clock Starts 19/20	As % of 2019/20 WDA
March	1,358	1,097	23.8%
M7-12 YTD monthly average	1,201	1,437	-16.4%

Clock Stops Non-Admitted

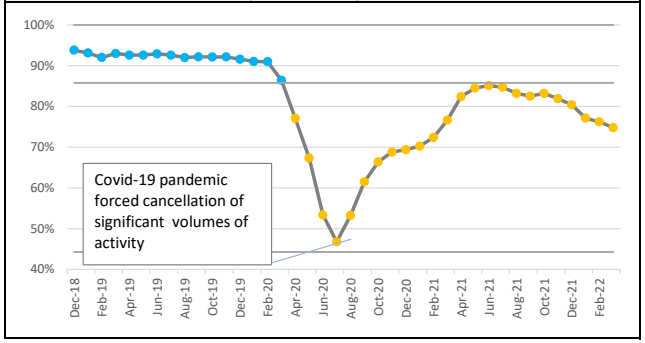
	Clock Stops 2021	Clock Starts 19/20	As % of 2019/20 WDA
March	4,381	3,357	30.5%
M7-12 YTD monthly average	3,800	4,018	-5.4%

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

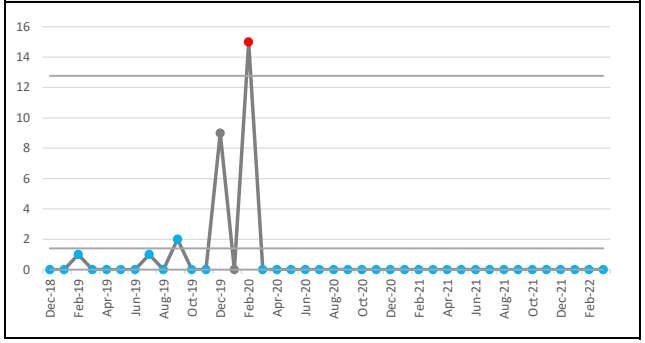
Ambulance Handovers - % of handovers > 60 minutes



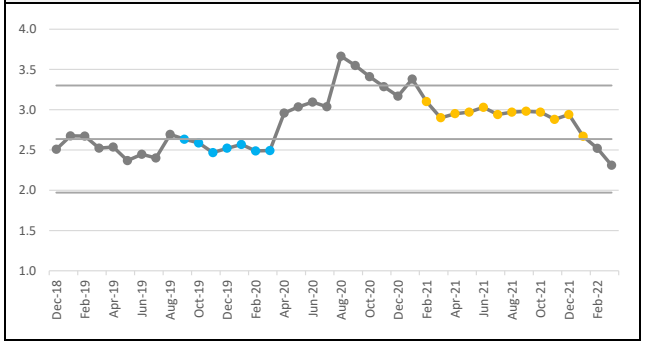
Referral to Treatment - % of patients waiting less than 18 weeks for treatment



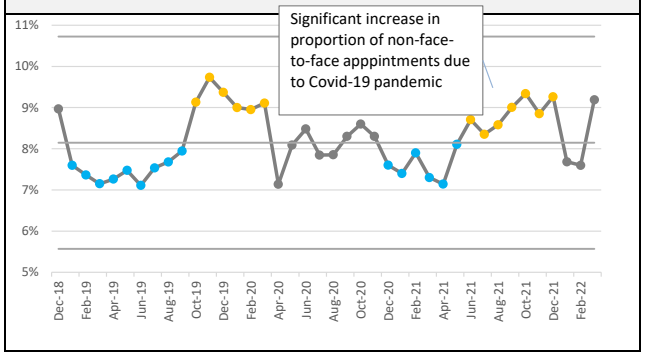
12 hour trolley waits - per month



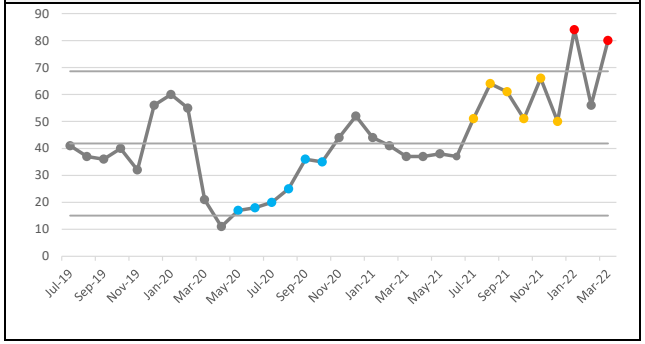
First to Follow-Up Ratio



Did Not Attends (DNAs) % of appointments

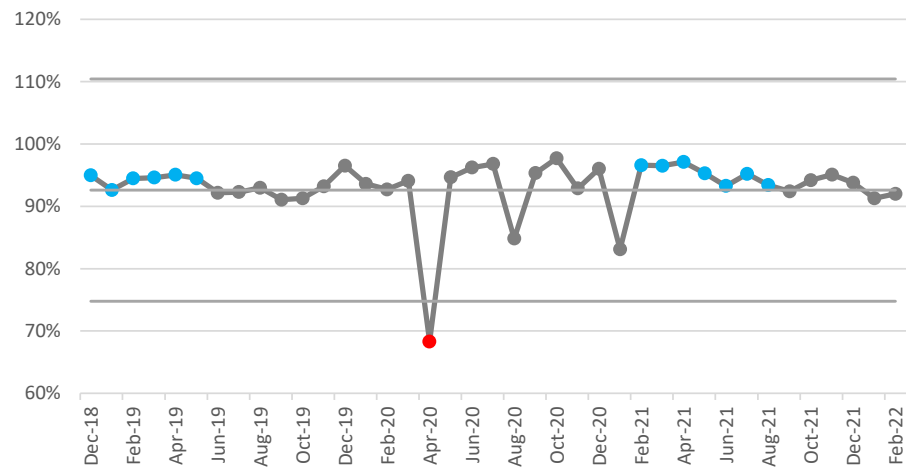


Length of Stay > 21 days (Snapshot Numbers)

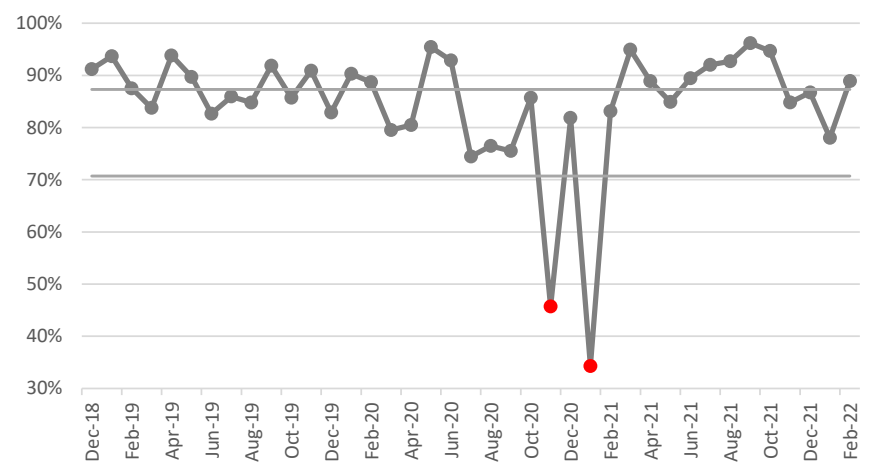


Trust Integrated Performance Dashboard - SPC Charts - Operational Performance (2)

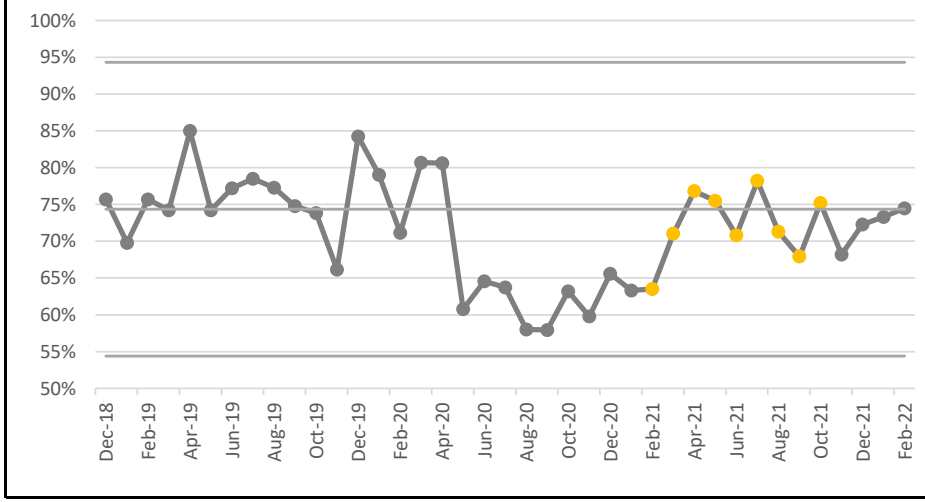
Cancer 2 week wait standard



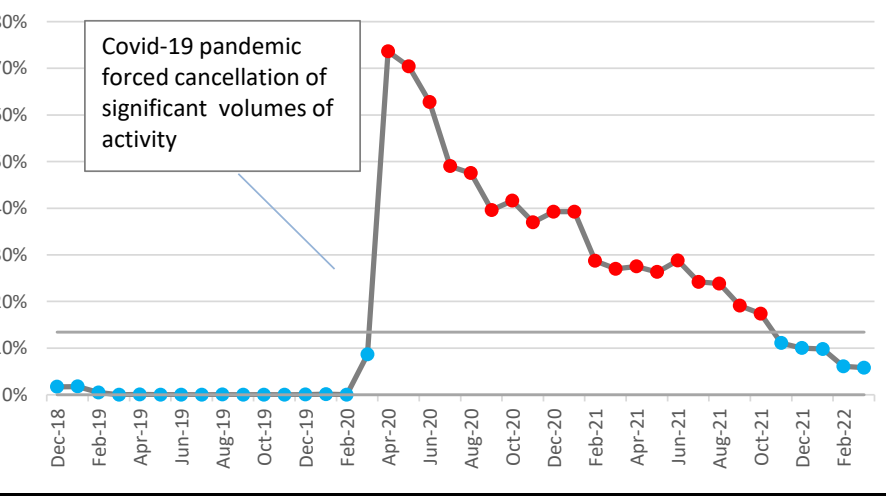
Cancer 2 week wait breast symptoms standard



Cancer 62 day first treatment standard

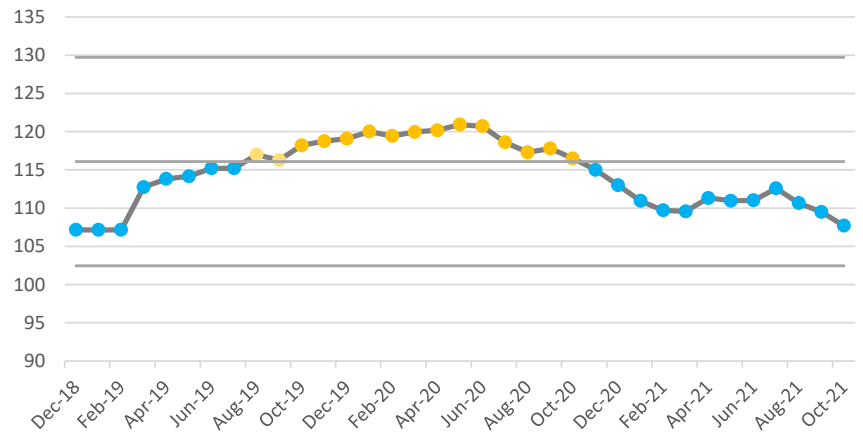


Diagnostics - % of breaches over 6 weeks (DM01)

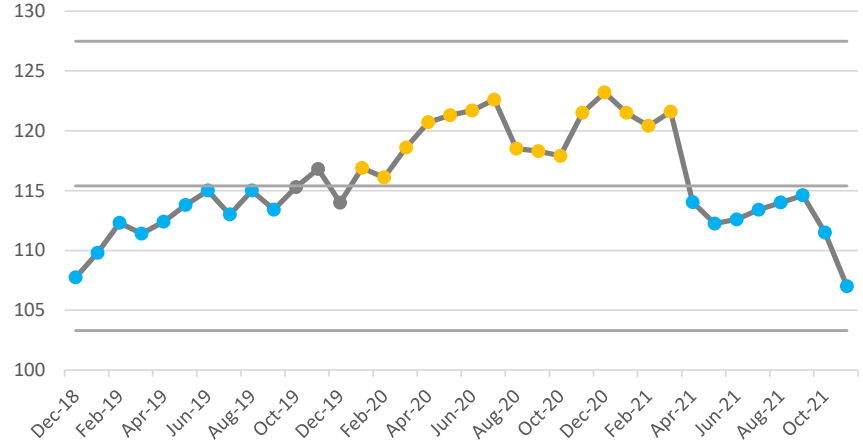


Trust Integrated Performance Dashboard - SPC Charts - Quality (1)

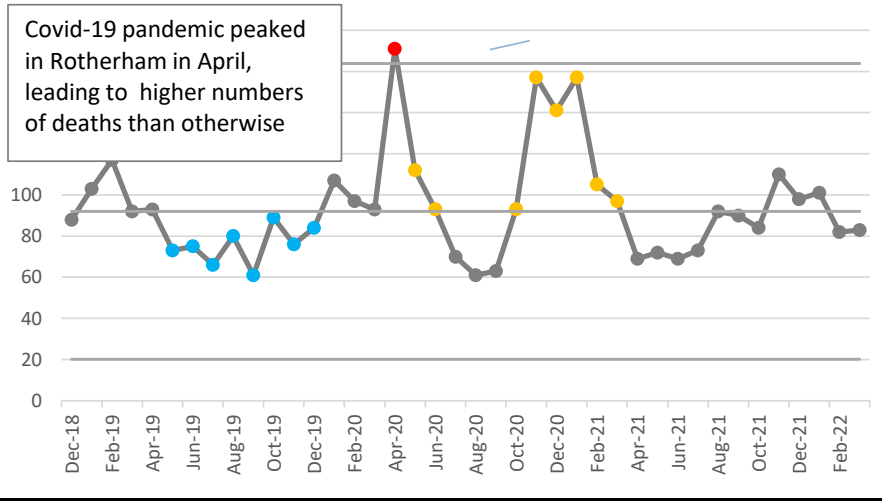
Standardised Hospital Mortality Indicator (SHMI)



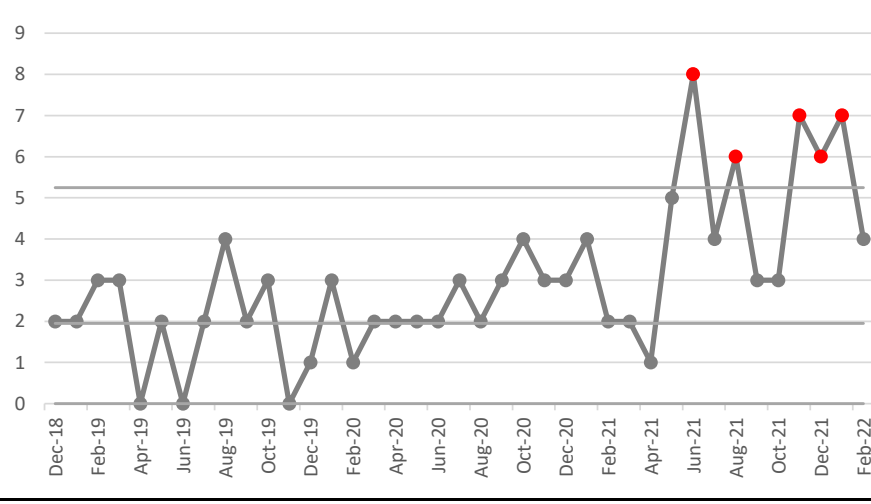
Hospital Standardised Mortality Ratio (HSMR)



Crude Mortality (number of deaths)

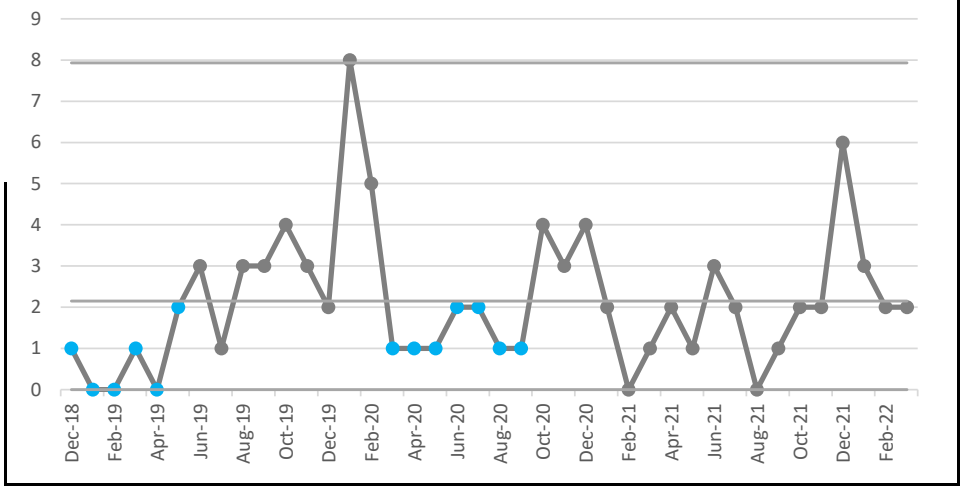


Incidents (severe or above)

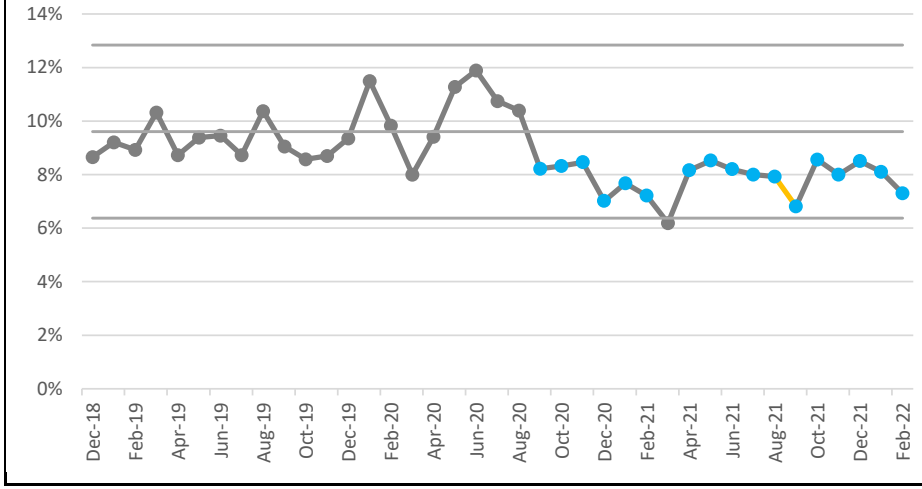


Trust Integrated Performance Dashboard - SPC Charts - Quality (2)

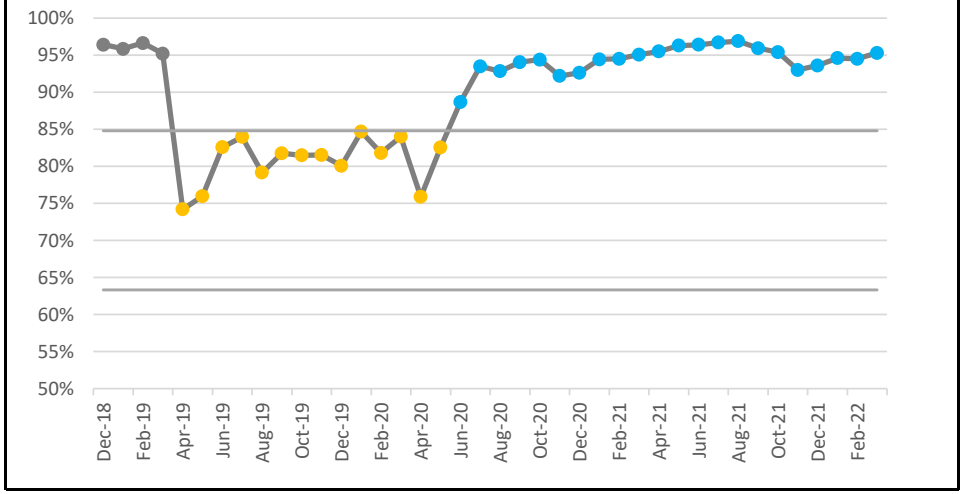
Clostridium difficile infections (number)



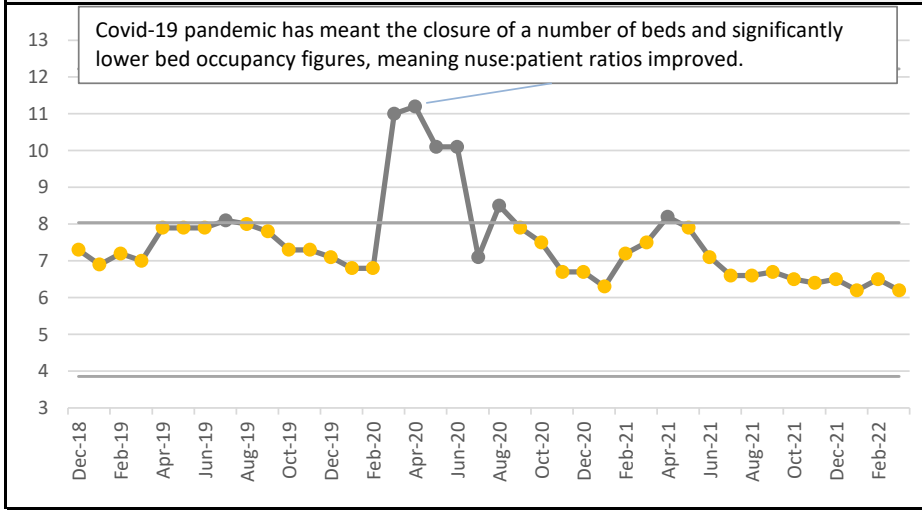
Readmissions (%)



Venous Thrombous Embolism compliance (%)

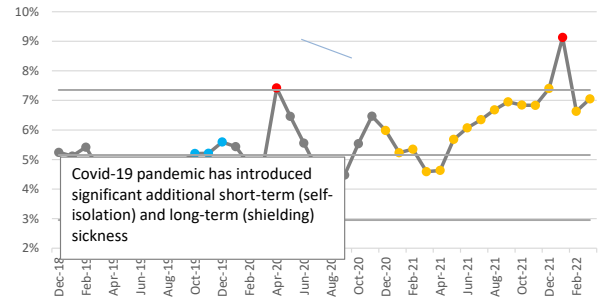


Care Hours per Patient Day

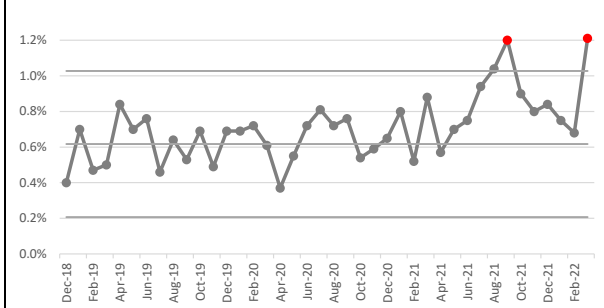


Trust Integrated Performance Dashboard - SPC Charts - Workforce

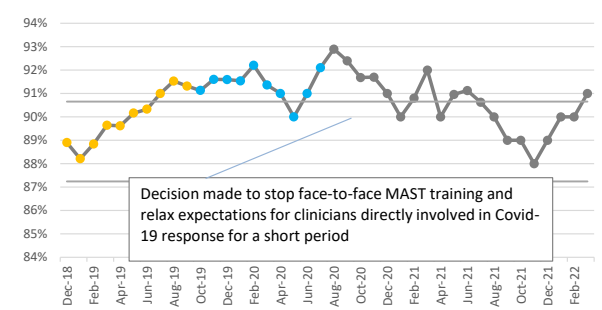
Sickness (%)



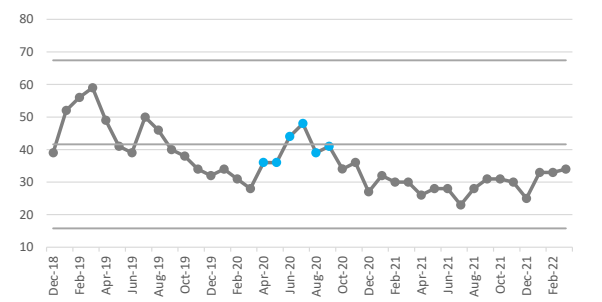
Turnover (%)



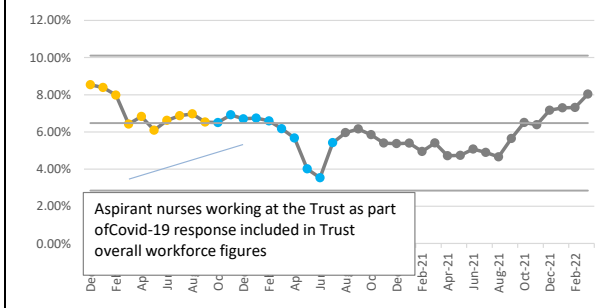
Mandatory and Statutory Training (MAST)



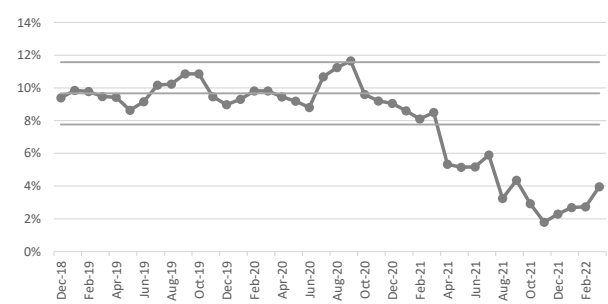
Time to Recruit - days



Vacancy Rate (TOTAL)



Vacancy Rate (Nursing)



Safer Staffing

Trust Wide Scorecard Rolling 12 Months & Year End position 20/21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Daily staffing -actual trained staff v planned (Days)	86.51%	87.67%	89.80%	85.40%	82.55%	84.17%	87.39%	85.51%	86.74%	89.65%	87.75%	87.62%	86.48%
Daily staffing -actual trained staff v planned (Nights)	85.30%	88.23%	87.10%	89.95%	86.37%	83.00%	83.93%	82.94%	86.32%	87.50%	87.06%	86.41%	84.29%
Daily staffing - actual HCA v planned (Days)	105.41%	111.97%	129.70%	108.39%	104.30%	103.18%	100.43%	99.16%	101.90%	94.90%	90.63%	89.55%	89.47%
Daily staffing - actual HCA v planned (Nights)	1.2072	108.47%	113.20%	105.09%	101.02%	101.69%	98.49%	89.90%	95.29%	90.95%	89.28%	89.06%	92.35%
Care Hours per Patient per Day (CHPPD)	7.5	8.2	7.9	7.1	6.6	6.6	6.7	6.5	6.4	6.5	6.2	6.5	6.2

Integrated Performance Report Commentary

OPERATIONAL PERFORMANCE

Urgent & Emergency Care and Flow

- Site pressures remained high in February and March, and whilst Covid-19 patient volumes fell in February, this preceded a sudden resurgence in March, with an even higher Omicron variant peak occurring in Rotherham during the month, with 80-110 Covid-19 positive inpatients for a more-than three week period. UECC Attendances over the latest two-month period were 16% above 2021 levels, with admissions just slightly above the levels from the previous year (104%).
- Related to this, the number of super-stranded patients (21 day+ length of stay) rose significantly during March, back to the levels seen in January. Some of the challenges arose from care home beds being closed for IPC reasons.
- The increased challenges with flow through the organisation led to another difficult month in March regarding ambulance handover delays over 60 minutes, with 270 'black breaches' in the month, but this followed relatively positive performance against this metric in February, when the site position wasn't quite as stretched. The propotion of patients waiting 12 hours in department was still well above the national targets that have now been set for 2022/23 (2%), with close to 10% of patients spending at least 12 hours in the UECC in March. This will be a key focus for the Trust moving forward given the new national expectations around this metric.
- These figures demonstrate the intense challenges experienced in the Trust in this month, through the combination of high demand at the front door, the ongoing need to cohort Covid-19 patients appropriately and high levels of staff sickness due to the prevalence of Covid-19 in the community. With the changes in IPC guidance recently announced and implemented within the Trust, we expect to see these pressures ease given the reduced need for additional cohorting and the ward moves this requires.

Elective Care

- The size of the waiting list has increased further, with the total growth now at over 30% over this year. Despite the increase in the number of patients waiting, the RTT position has deteriorated significantly, driven in part by capacity challenges within a few of the larger specialties. However, the most significant impact has come from the closure of our orthopaedic elective ward for a further 7 weeks (following the closure in November) and a reduction in the number of

of activity, reflecting this switch in our capacity. With the closure of the elective beds, we have now seen an increase in the number of 52+ week waiters for the first time in almost a year since the peak in February 2021. Our elective beds have now re-opened (as of 21st February 2022) and teams have put plans in place to ensure as many as possible of these long-waiting patients are treated by the end of the year.

Cancer

- Following a reduction in the size of the Cancer Patient Tracking List (PTL) through December, it has gradually increased since then, to the highest level since November 2020. This has been driven by increases in the Upper GI and Skin PTLs, with Lower GI also increasing following the recent significant reductions.
- 62-day performance was well below the national standard again despite improving on the prior month, with 20.5 breaches in the month (of which 8.5 were in Urological cancers and 4 in Lower GI). We continue to see more patients waiting longer for their treatment due to being unfit, or due to poor engagement in their pathway. The additional time added to pathways due to IPC controls is also lengthening pathways, but the implementation of the UKHSA guidance in the next few weeks should immediately reduce some pathways by 3-6 days. The re-introduction of the straight to test pathway in Lower GI has supported a significant improvement in Faster Diagnosis Standard (FDS) performance throughout Q3, with the Trust now ranking 20th of all trusts for FDS, compared to 3rd quartile performance just a few months earlier.

QUALITY SUMMARY

Mortality

- The latest Dr Foster data has now been updated to September 2021. 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 101.5, well 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 September 2021 was 104.1 statistically within the 'as expected' band.
- Crude mortality was 3.1% over the 12-month period, compared to 3.3% regional average (acute, non-specialist Trusts) and 3.2% nationally (acute, non-specialist).

indicator, and given the unprecedented nature of such a pandemic, it is helpful to review other mortality indicators to ensure the full picture is being presented. The in-month HSMR for December 2021 was 87.4, which is statistically within the 'as expected' band.

- Crude mortality was 3.5% over the 12-month period, compared to 3.1% regional average (acute, non-specialist Trusts) and 3.2% nationally (acute, non-specialist Trusts).

Patient Safety

- There were 4 incidents deemed to be severe or above in March, and these have all been investigated at Harm Free Care and Serious Incident (SI) panels as appropriate. Staffing levels continued to be affected in the last two months due to the Covid-19 pandemic, although we saw a reduction in the number of falls despite this. There was also a reduction in the total number of patient harms reported across these two months, with more than 95% of these considered to cause either low harm or no harm.
- The Trust re-met the national Venous Thromboembolism (VTE) assessment target again in March, following a further focus internally to ensure the relevant documentation is completed and recorded as required.
- Complaints per 10,000 contacts were above target in February and March, although a number of these related to issues that will be resolved by changes to IPC guidance, with visiting restrictions being one of the main issues identified. 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 well below the benchmark, with a deterioration in trained fill rates in the most recent two months. This is being addressed through recruitment of additional HCAs, with a new international nursing campaign also due to start in the coming months. The prevalence of Covid-19 in the community led to much higher staff sickness rates, as well as an increase in annual leave taken in March as the financial year ended, which affected our ability to fill all shifts as planned. It is anticipated that this will improve in May once the infection rate is lower.

Maternity

- Maternity performance saw a further improvement in bookings within 13 weeks and the rolling stillbirth rate.
- CNST Update – There has been no further update received since the Trust was informed that the discretionary payment for year 4 is currently paused, but we continue to work towards all 10 safety actions.

There are some challenges with the maternity service dataset and carbon monoxide monitoring which the team are focussing on.

- Ockenden – An Ockenden visit is planned for late May, which the team are preparing for. This is part of the national visits to all acute sites following the publication of the latest report.

WORKFORCE SUMMARY

Recruitment and Retention

- The number of new starters for March 2022 decreased slightly (~45 WTE) compared with previous month (~56 WTE), and represents a ~12 WTE decrease compared with March 2021. Surgery have seen the highest number of new starters for March 2022 (17) followed by Community Services, (9). The Trust welcomed 6 qualified Nursing & Midwifery staff in March 2022, 2 of whom were attributed to the Community Services Division.
- Overall vacancies for Nursing & Midwifery and support to Nursing & Midwifery was ~112 WTE for the month of March. This is reduced to 36 WTE when taking into consideration the candidates going through the external recruitment process. There are currently 41 WTE newly qualified nurses/midwives who are currently awaiting confirmation of registration who have been included in the above figures.
- 12 month rolling turnover (voluntary leavers only) for the Trust was 11.3%, and represents a 2.9% increase compared to March 2021. The Nursing & Midwifery turnover (12 month rolling rate) for the month of March 2022 was 10.5% and represents an increase of 0.55% compared with previous month.
- Of the 37 leavers in January, 10 colleagues left for reasons relating to relocation.
- Promotions, both permanent and temporary taken place over the month of March 2022 equate to over 15 WTE with just under 5 WTE attributing 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 absence rate (inc COVID-19) increased by 0.4% to 7%, which is above the Trust target by 3%. The increase in the overall Trust sickness rate was driven by short-term sickness (3.2%), a 0.5% increase compared with previous month.
- Sickness absence (inc COVID-19) remains above target in all Divisions with the exception of Corporate Services for the month of March with Medicine being the highest (8.9%). 12 month rolling sickness absence for March 2022 was 6.7% and represents a 0.2% increase compared to previous month.

- Compared with March 2021, rolling sickness absence has increase by 2.84%. 12 month rolling sickness absence excluding Covid-19 is 5.36% which is a 0.08% increase compared with previous month

Appraisals and Mandatory Training

- Overall appraisal rolling 12 month compliance rate for the month of March is 80% which is a 1% decrease compared to March 2021. The rolling 12 month appraisal rate has decreased by 1% compared to previous month.
- All Divisions remain below the Trust target of 90%
- Core MaST compliance has increased by 1% (91%), compared to previous month and is 6% above the Trust target (85%). Hand Hygiene compliance has increased by 2.5% (74%), compared to previous month (72%), and is still below the Trust target. Information Governance compliance has fallen to 87%, which is below the CQUINN target of 95%. Mental Health Act (1yr) has the lowest compliance rate at 53%.
- All Divisions with the exception of Medicine and Urgent & Emergency Care are above the Trust target for both core and job-specific combined together. The Nursing and Midwifery staff group has the lowest compliance rate overall for both Core and Job Specific combined together with 86% compliance.

FINANCE SUMMARY

The Finance summary commentary is included within the separate Finance Report.

Report as considered by Board of Directors
Council of Governors agenda item 41/22

Council of Governors Meeting
18 May 2022

The Rotherham NHS Foundation Trust

Agenda Item	/22
Report	**Finance Report**
Executive Lead	Steve Hackett, Director of Finance
Link with the BAF	B9 and B10: This report provides assurance regarding the financial results for the financial year 2021/22 against the Trust's approved financial plans for its income and expenditure account and capital programme, together with an update on cash management.
How does this paper support Trust Values	This report supports the Trust's core values – (A)mbitious, (C)aring and (T)ogether by specifically focussing on two strategic themes: (a) Governance: Trusted, open governance: • Have an effective performance framework to help deliver outstanding results; • Be outstanding on the Care Quality Commission "well-led" framework across the Trust; • Have high quality data to provide robust information and support key decision making; • Ensure all teams have regular reviews and updates around key issues and opportunities to learn. (b) Finances: Strong financial foundations • Manage within approved budgets at all times; • Improve our efficiency and productivity and invest in our estates and facilities; • Use our money and resources wisely – only spend what we can afford.
Purpose	**For decision** ☐ **For assurance** ☒ **For information** ☐
Executive Summary (including reason for the report, background, key issues and risks)	This detailed report provides the Board of Directors with an update on: • Section 1 – Financial Summary in month and year to date – April 2021 to March 2022: o A summary of the key performance metrics linked to income and expenditure (including cost improvement performance), capital expenditure and cash management. • Section 2 – Income & Expenditure Account in month and year to date April 2021 to March 2022:

	o Financial results for the twelve months period. - A deficit to plan of £276K in month and £1,158K surplus to plan cumulatively; - A deficit to the (external) control total in month of £290K £1,727K surplus year to date. This external control total performance is calculated after adjusting for for income and expenditure on donated assets, including the write-down of £583K PPE stock purchased nationally in 2020/21. • Section 3 – Capital Expenditure 2021/22 o Financial results for the financial year 2021/22 show expenditure of £8,617K in month and £15,024K year to date representing an over-spend of £4,346K in month and an under-spend of £693K year to date respectively against plan. • Section 4 – Cash Flow Position 2021/22 o A cash flow position for the financial year 2021/22 showing an increase in cash of £2,393K throughout the twelve months period to a closing balance of £33,303K as at 31st March 2022.
Due Diligence (include the process the paper has gone through prior to presentation at Board of Directors' meeting)	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. o The overall financial positions for I&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. o The capital expenditure positions (both actual and forecast out-turns) have been discussed and reviewed by the Capital Planning & Monitoring Group, chaired by the Director of Finance. o More comprehensive and detailed reports on these financial results have been presented to both the Executive Team and Finance & Performance Committee.
Board powers to make this decision	Within Section 4.5 of Standing Financial Instructions – Budgetary Control and Reporting – paragraph 4.5.1 states that *"The Director of Finance will devise and maintain systems of budgetary control. These will include:* *(a) Financial reports to the Board, in a form approved by Finance & Performance Committee on behalf of the Board."*
Who, What and When (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.

Recommendations	It is recommended that the Board of Directors note the content of the report.
Appendices	1. Income & Expenditure Account Analysis for Month 12 2021/22 (March 2022) 2. Capital Expenditure for the Twelve Months Ending 31st March 2022

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 P £000s	Month A £000s	Month V £000s	YTD P £000s	YTD A £000s	YTD V £000s	Prior Month FV £00s
I&E Performance (Actual)	(79)	(355)	(276)	(697)	461	1,158	1,912
I&E Performance (Control Total)	(42)	(332)	(290)	(249)	1,478	1,727	1,913
Capital Expenditure	4,271	8,617	(4,346)	15,717	15,024	693	835
Cash Balance	722	(2,138)	(2,860)	14,952	33,303	18,351	0

1.2 There has been a slight deterioration in month and in the year–end out-turn that is £754K worse than forecast. However, this is after transacting £697K of previously unplanned capital to revenue transfers. The control total is what the Trust's performance is measured against with NHSE/I, having adjusted for income and expenditure on donated assets, including the write-down of PPE stock purchased nationally in 2020/21.

1.3 Capital expenditure has significantly over-spent in month as was previously forecast and has an out-turn for the year end of £693K underspent, which is very much in line with the previous month's forecast.

1.4 Whilst the cash position has reduced by £2,138K in month the out-turn position at 31st March 2022 is still a healthy £33,303K.

2. Income & Expenditure Account Performance for the Twelve Months Ending 31st March 2022

2.1 Appendix 1 shows the in-month and year to date position. The overall position at Month 12 is an in-month deficit to plan of £276K. This gives a cumulative out-turn year to date of £1,158K favourable to plan, which is after accounting for £697K of capital to revenue transfers.

2.2 Clinical income is better than plan in month due to:

(a) Increased expenditure on excluded drugs reclaimable from NHSE/I (£254K);
(b) Release of deferred income to match expenditure (£168K) mainly associated with the digital aspirant programme and cancer alliance; and
(c) Increased non-commissioned non-NHS activity (£43K).

2.3 Other operating income is above plan in month due mainly to increased research, education and training income (£194K) together with increased staff recharges (£335K), with the latter being a direct offset to pay expenditure.

2.4 Pay is significantly under-spending in month, whereas non-pay is significantly over-spending. This represents a realignment of reserves to fund expenditure where it has been incurred rather than where it has been originally budgeted. Therefore, Reserves is

now showing a positive variance on pay of £5,202K in month and a negative variance of £4,999K on non-pay.

2.5 Expenditure on drugs and clinical supplies continues to increase in month (£736K over-spend) although much of the decrease in year-end stock (£304K) can be attributed to this area. Additionally, there has also been a further increase in premises expenditure in month (£511K over-spend), which includes energy & utility costs, computer equipment and building & engineering costs.

2.6 Non-operating costs have over-spent in month due to the capitalisation of expenditure into previous months, which has resulted in increased depreciation charges during March 2022.

3. Capital Expenditure 2021/22

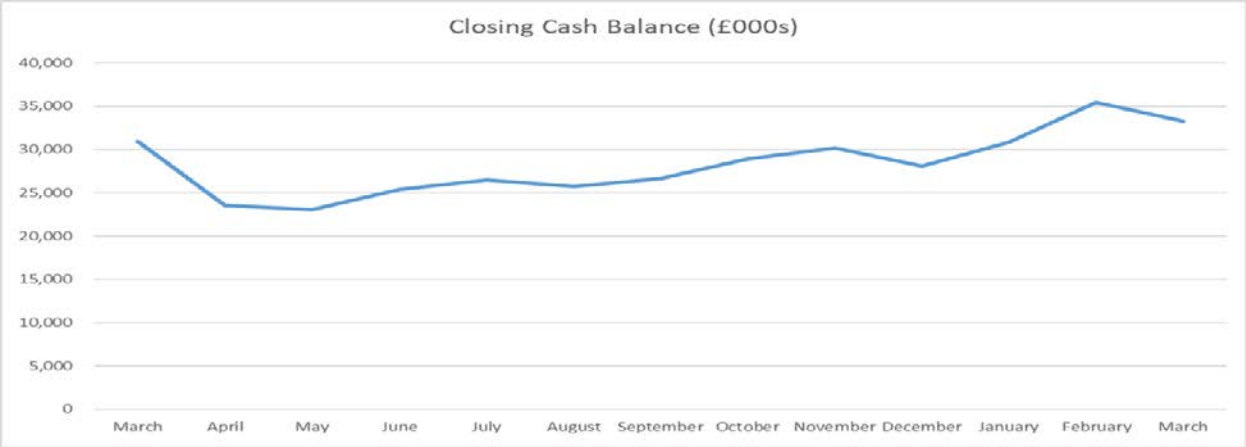
3.1 During March 2022, the Trust incurred significant costs of £8,617K against a budget of £4,271K to deliver a year to date out-turn of £693K under-spend, which is very much in line with the previous month's forecast (See Appendix 2).

3.2 During the last quarter of the financial year, the Trust has made significant additional capital commitments against both internal and external resources, which have been managed via further capital to revenue expenditure transfers during the month. However, certain of those commitments have not been delivered before 31st March 2022 and will be carried forward into the next financial year. These will be closely monitored and controlled by the Capital Planning & Monitoring Group within the totality of resources available to it.

3.3 Overall a very satisfactory out-turn position.

4. Cash Flow Position 2021/22

4.1 A cash flow position below, for the financial year 2021/22 is showing an increase in cash of £2,393K throughout the twelve months period to a closing balance of £33,303K as at 31st March 2022.



Steve Hackett
Director of Finance
20th April 2022

Appendix 1

Income & Expenditure Account Analysis for Month 12 2021/22 (March 2022)

Summary Income and Expenditure Position	AP	Month			YTD			21/22
		P	A	V	P	A	V	Monthly Trend /
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	Variance
Clinical Income	302,319	26,025	26,523	498	302,319	305,780	3,461	
Other Operating Income	22,812	2,827	3,522	695	22,812	24,315	1,503	
Pay	(223,211)	(19,014)	(13,888)	5,127	(223,211)	(219,572)	3,638	
Non Pay	(88,030)	(8,675)	(15,144)	(6,469)	(88,030)	(96,346)	(8,316)	
Non Operating Costs	(14,587)	(1,242)	(1,370)	(127)	(14,587)	(13,715)	872	
RETAINED SURPLUS / (DEFICIT)	(697)	(79)	(355)	(276)	(697)	461	1,158	

Appendix 2

Capital Expenditure for the Twelve Months Ending 31st March 2022

Scheme Categories	AP	Month 12			YTD		
		P	A	V	P	A	V
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Carbon Energy Fund	661	0	0	0	661	581	80
Estates Strategy	4,300	1,100	1,256	(156)	4,300	3,420	880
Estates Maintenance	2,656	220	1,150	(930)	2,656	2,168	488
Information Technology	2,763	968	1,529	(561)	2,763	3,188	(425)
Medical & Other Equipment	4,914	2,792	4,631	(1,839)	4,914	5,922	(1,008)
Contingency	423	(809)	51	(860)	423	(256)	679
Surplus/(Deficit)	**15,717**	**4,271**	**8,617**	**(4,346)**	**15,717**	**15,024**	**693**

Report as considered by Board of Directors
Council of Governors agenda item 42/22

Board of Directors' Meeting
06 May 2022

The Rotherham NHS Foundation Trust

Agenda item	P83/22
Report	**Reset and Recovery Operational Report**
Executive Lead	George Briggs, Chief Operating Officer
Link with the BAF	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
How does this paper support Trust Values	Ambitious: Ensuring the Trust is delivering high quality services Caring: Ensuring patients are seen within the appropriate time frames Together: Working collaboratively with partners to achieve standards
Purpose	**For decision** ☐ **For assurance** ☒ **For information** ☐
Executive Summary	This report is presented to the Board of Directors for information regarding the recovery actions and plans to deliver elective activity and emergency care during the ongoing phases of the pandemic and resulting challenging circumstances: • Updates the Board of Directors on the recovery actions underway • Provides an update on the Rotherham NHS Foundations Trust's (TRFT`s) response to the recovery from the effects of the Covid-19 pandemic • Describes the activity and actions the Trust has taken to deal with the pandemic up to the month of March 2022
Due Diligence (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
Board powers to make this decision	The Chief Operating Officer and the Finance and Performance Committee has delegated authority to review and feedback to the Board of Directors any assurance issues and breaches in SO, SFIs, scheme of delegation etc.
Who, what and when (what action is required, who is the lead and when should it be completed?)	A monthly report is provided to the Finance and Performance Committee and to the Board of Directors and any actions required are the responsibility of the Chief Operating Officer with support from colleagues.
Recommendations	It is recommended that: The Board of Directors note the report
Appendices	1. Operational update

Appendix 1

1.0 Introduction

1.1 This paper covers key operational indicators, an overview of Covid-19 related issues and the recovery plans as of March 2022.

1.2 Recovery had recommenced since the high numbers of positive Covid-19 inpatients started to settle from January 2022 and this has shown a reduction over the last 2 months due to high numbers of Covid-19 and complex long length of stay patients in our beds.

1.3 The elective wards and surgical wards had 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. During December – January we had 3 elective wards which were utilised for Covid-19 positive and resolved patients. The Trust managed to reopen these for a month in February but during March we have seen a reduction in elective capacity forcing us to run a reduced elective programme.

1.4 Covid-19 numbers of inpatients has flexed daily varying from 70 in June to over 100 in January. Recent weeks have seen a spike in numbers again up to 115 in March 2022.

1.5 Critical Care has constantly been under pressure with demand above the expected numbers. This has seen a settling over the last 2 months. During the latter part of 2021 a number of outpatient letters did not appear to have been sent via our automatic service.

1.6 On investigation, the majority of these have been sent electronically as per our normal processes but in a small number of cases the letters were not sent. These have all been identified and a harm review undertaken to ensure that no ill effects have been experienced by patients. Seven reviews are outstanding in Urology and will be complete this month. A new audit system and review of letters has been instigated by the Patient Administration teams to ensure the confusion does not arise again. This has encouraged us to review other systems of electronic delivery which has commenced.

2.0 Recovery

2.1 TRFT has been working on its internal recovery as previously discussed below:

- Benchmark IPC practice as a Trust and as a region to make sure it is applied safely and 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 capacity clinic and treatment rooms
- **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
- Reopen ring-fenced elective wards

3.0 **Referral to Treatment.**

3.1 Referral to Treatment performance had improved between January to July 84.7% against the 92% standard.

3.2 Since then we have seen a gradual deterioration of performance with; (September 82.5%, January 77.2%, February 76.2%**) March at 74.8%**

3.3 **The waiting list size has come down slightly the first time in 6 months:**

- Total incomplete PTL size **22378**
  - (**20,478** November 2021 and **22,486** February 2022)
- 75 x 52 week breaches for incompletes (67 in September 2021, 48 in January 2022)

3.4 Long wait patients ie the 75 over 1 year waits although the best in SYB is deteriorating monthly linked to capacity in beds and operators. TRFT does not have any 2 year waits and nobody waiting over 78 weeks we are now focusing by specialty on reducing the long waits and reducing the size of the waiting list.

3.5 Incompletes - 13 March 2022

Specialty Group	<18	>=18	Total	%
Cardiology	1193	308	1501	79.5%
Dermatology	1506	247	1753	85.9%
Ear, Nose & Throat	1671	687	2358	70.9%
Gastroenterology	912	390	1302	70.0%
General Medicine	334	37	371	90.0%
General Surgery	1427	406	1833	77.9%
Geriatric Medicine	96	4	100	96.0%
Gynaecology	1266	494	1760	71.9%
Ophthalmology	2114	540	2654	79.7%
Oral Surgery	9	7	16	56.3%
Rheumatology	534	441	975	54.8%
Thoracic Medicine	917	174	1091	84.1%
Trauma & Orthopaedics	1438	809	2247	64.0%
Urology	982	353	1335	73.6%
X01 - Clinical Haematology	226	5	231	97.8%
X01 - OMFS	1428	671	2099	68.0%
X01 – Paediatric	560	28	588	95.2%
X01 - Paediatric Cardiology	82	38	120	68.3%
X01 - Rehabilitation Medicine	40	4	44	90.9%
Totals	**16735**	**5643**	**22378**	**74.8%**

3.6 Over the previous months we had gradually reduced our elective capacity reducing our ring-fenced elective ward capacity to support Covid-19 and complex medical patients, the elective Orthopaedic ward came back on line in February. Unfortunately, during March

and April numbers of Covid-19 and complex delays increased considerably, this necessitated closing some elective capacity again to accommodate emergency flow.

- We have achieved the plan to reduce the number of patients waiting more than 104 weeks to zero by March 2022

- 52 weeks is required to be at zero by the end of March 2023. The numbers of 52 weeks have increased over the last few months and we are expecting to see a spike of over 200 in the next 2 months which will require focused management over the next 6 months. Rheumatology and ENT are proving to be complex and staffing levels as well as demand are causing difficulties.

3.7 The waiting list had grown to approximately 22,500 patients as of the end of February, compared to the 17,000 patients waiting at the end of April 2021. There has been a noticeable increase in referral volumes since March 2021, which explains some of this waiting list pressure. For the first time we have seen a steadying of the patient numbers on the list with a slight reduction this month.

3.8 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 52 week long waits as per the national requirements March 2025. Whilst we are clear on the overall reduction we will see a slight increase to 160-200 52 week waits in the next 2 months whilst activity and recruitment plans are enacted.

3.9 The present number of Complex delayed discharges, patients over 21 days has compromised capacity across the main wards, this has remained stubbornly high at around the 80 patient mark linked to community capacity brokerage and post Covid-19 access.

4.0 Cancer Recovery Performance

4.1 2 week waits numbers are on plan at 94% and 93% and on track to be sustained against a 93% target. For quarter 3 provisional figures for month of December remain above target with January and February figure only partially validated.

4.2 Referral volumes are 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.

4.3 Fortnightly Cancer Recovery meetings with operational teams and the monthly joint Clinical Commissioning Group (CCG) and Trust Cancer Strategy & Improvement Committee are providing focus on the recovery plans.

4.4 The faster diagnosis standard (FDS) has a target of 75%, which as can be seen we are above for the Q3 data circa 76.1%. February and January are un-validated but are showing above the FDS at 76.4%

5.0 Cancer 62-day focus

5.1 Although the national standard is moving to faster diagnosis and combining Screening and the standard 62 days (which will show a marked improvement in our performance), we are achieving 72% in Q3 (indicative) linked to high referrals reduction in capacity Due to Covid-19 and sickness and absence in key pathways, the key areas of failure are Head and neck GI and Urological pathways.

Cancer Waiting Times

Summary of Reported Performance - Feb 22

NHS
The Rotherham
NHS Foundation Trust

	Reporting Status	Final Figures						Provisional Figures
Indicator	Operational Standard (%)	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
2 WEEK WAIT	93	87.9	92.7	95.5	92.2	95.2	93.6	94.4
2 WEEK WAIT SYMPTOMS	93	87.9	75.4	65.7	76.5	88.0	93.6	89.1
28 DAY FASTER DIAGNOSIS STANDARD	75	55.3	49.6	60.6	65.4	72.9	72.7	76.0
31 DAY FIRST TREATMENT	96	98.8	92.7	95.1	95.9	96.7	95.0	96.4
31 DAY SUBSEQUENT TREATMENT - CHEMO	98	100.0	100.0	100.0	100.0	100.0	100.0	100.0
31 DAY SUBSEQUENT TREATMENT - SURGERY	94	92.9	92.6	96.2	97.3	100.0	100.0	97.1
62 DAY SCREENING STANDARD	90	60.0	33.3	94.1	92.9	86.8	86.5	95.0
62 DAY STANDARD	85	67.7	60.5	64.9	66.4	74.3	73.4	72.2
62 DAY UPGRADE STANDARD		88.2	90.3	89.7	88.3	91.7	87.0	85.4

The figures for the period Oct 21 to Feb 22 are provisional.

Data is as reported to the National Cancer Waiting Times system at the last monthly deadline on 01/04/22. Revision reports are due to run on 31/05/22.

Provisional figures for previous months are as reported to the national CWT system on the date indicated and may no longer match those in the provisional monthly reports published by NHS England.

For more information visit https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/cancerwaitingtimescwt under 'Report generation'.

	Reporting Status	Final Figures						Provisional Figures				
Indicator	Operational Standard (%) ▲	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022
2 WEEK WAIT	93	97.1	95.4	93.3	95.2	93.4	92.3	94.2	95.1	93.8	91.1	92.1
2 WEEK WAIT SYMPTOMS	93	88.9	84.9	89.5	92.0	92.5	96.2	94.7	84.8	86.7	78.0	88.9
28 DAY FASTER DIAGNOSIS STANDARD	75	70.8	76.5	71.5	72.7	74.6	71.0	72.9	75.7	79.6	72.1	76.4
31 DAY FIRST TREATMENT	96	98.1	97.2	94.9	94.8	94.7	95.7	97.0	95.6	96.6	94.8	92.7
31 DAY SUBSEQUENT TREATMENT - CHEMO	98	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0		100.0
31 DAY SUBSEQUENT TREATMENT - SURGERY	94	100.0	100.0	100.0	100.0	100.0	100.0	90.9	100.0	100.0	92.3	100.0
62 DAY SCREENING STANDARD	90	93.3	90.0	77.8	88.9	83.3	87.5	100.0	100.0	86.7	53.8	100.0
62 DAY STANDARD	85	76.0	74.8	72.3	79.7	71.8	67.0	77.0	69.0	71.9	74.2	75.9
62 DAY UPGRADE STANDARD		90.7	96.5	89.8	92.1	83.0	88.1	85.7	82.3	87.1	85.2	88.1

5.2 Cancer type shows 3 key specialisms that are not delivering the new main FDS standard specifically Urology and GI with Haematology tiny numbers

6.0 DM01 Performance

6.1 DM01 diagnostic performance had been a marked challenge throughout the pandemic. We are showing positive improvements and I believe we will be on target ahead of the 2022/23 national proposal 95% March 2025. (93.47% for March 2022).

6.2 The validated performance is 5.76% (9.38% January, 19.1% September) against a pre pandemic performance of under 1% and this is a very slowly improving position. 303 breaches (September 930 breaches).

Diagnostics (DM01) - Patients Still Waiting at Month End
March 2022

Category	Investigation	<6 weeks	≥ 6 weeks	Performance (% breaches)	Total WL
Imaging	Magnetic Resonance Imaging	647	29	4.29%	676
	Computed Tomography	829	158	16.01%	987
	Non-obstetric ultrasound	1568	1	0.06%	1569
	Barium Enema	0	0		0
	DEXA Scan	168	0	0.00%	168
Physiological Measurement	Audiology - Audiology Assessments	377	25	6.22%	402
	Cardiology - echocardiography	296	1	0.34%	297
	Cardiology - electrophysiology	0	0		0
	Neurophysiology - peripheral neurophysiology	0	0		0
	Respiratory physiology - sleep studies	280	86	23.50%	366
	Urodynamics - pressures & flows	3	0	0.00%	3
Endoscopy	Colonoscopy	274	2	0.72%	276
	Flexi sigmoidoscopy	84	0	0.00%	84
	Cystoscopy	85	1	1.16%	86
	Gastroscopy	345	0	0.00%	345
	Total	4956	303	5.76%	5259

6.3 The biggest area of concern is CT with plans to utilise the CT in a box being reviewed and cardiac CT an area for concern.

6.4 Alongside this, our Sleep Study Service saw a rapid growth in the waiting list and the backlog during Covid-19, 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.

7.0 Emergency Performance

7.1 The care of our elective and emergency patients is balanced between demand capacity and available resources and 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 up to 20-25% increases in category 1 (complex patients). Admissions have been increasing across SYB with Mondays proving very difficult.

7.2 The numbers of patients at times are continuing to 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. This links to TRFT being one of the 14 national pilot sites and the change in ways of working this has brought about ie we do not admit patients at 4 hours and a number are in the department a long time whilst they are assessed, treated and reviewed. This is just under 50% of our long wait patients which is indicative of the new ways of working.

7.3 The other 50% are clearly for admission and waiting far too long for access to a bed, although in UECC the patients have individual rooms with beds and access to amenities we have ensured these patients are appropriately cared for whilst we work on improving the emergency flow.

7.4 An increase in staff with Covid-19 specifically shortage of Consultants and middle grades and junior doctors has meant initial assessment times have deteriorated. Times to see a clinician are variable, whilst overall time in the department has deteriorated. Ambulance handover have deteriorated across South Yorkshire.

7.5 There continues to be a marked concern 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 is contributing to a restriction in flow through the emergency pathway. We are reporting up to 80 patients with long lengths of stay at over 21 days with half of these awaiting social service support from packages of care to community beds (In 2019 it was 35). Early indications showed a slight improvement in February but with care homes reclosing again due to community Covid-19 numbers have deteriorated again. The sought after reduction had got to around the 60 patient mark but this quickly deteriorated when we saw the increase in numbers of homes with Covid-19 close.

7.6 Please find below the latest data:

	Rolling	Time to Initial Assessment (Mins)	Time to be seen by a Clinician (Mins)	Mean Total Wait (Mins)	12hrs in Department
Standard		**15**	**60**	**200**	**0**
Pre-Field Test (6wks)		**15**	**93**	**189**	**3 (per day)**
Mon	**14/03/2022**	20	114	305	28
Tue	**15/03/2022**	24	179	349	33
Wed	**16/03/2022**	30	189	345	28
Thu	**17/03/2022**	28	156	349	28
Fri	**18/03/2022**	26	171	321	12
Sat	**19/03/2022**	22	193	357	42
Thu	**20/03/2022**	18	133	297	17
	Rolling 7 Days	**24**	**162**	**332**	**188 (27 per day)**
Year to Date (21/22)		**23**	**160**	**305**	**16 (per day)**

May 21	**18**	**131**	**246**	**2 (per day)**

7.7 As above, the deterioration across all indicators since May 2021 is more marked in long 12 hour waits in UECC, averaging 16 patients per day at 12 or more hours in the department. We no longer discharge or admit at 4 hours which compromises the overall number of long waits as we purposefully aim to review, get results and commence treatment within the UECC. Often patients wait until this is complete before discharge or admission and we often keep patients in UECC overnight before discharge with transport.

Other organisations utilise clinical decisions units for these patients TRFT does not have a CDU.

8.0 Conclusion

8.1 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 months shows a reduction in RTT linked to no acute elective capacity on the hospital site.

8.2 Trauma and Orthopaedics recommenced elective activity at the end of February 2022. This remained at considerable risk due to emergency demand and the next phase of the Covid-19 Omicron variant.

8.3 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. The ward has closed over the Easter period due to demand and high numbers of emergency patients across all pathways.

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

8.5 Emergency performance had shown a very slight improvement but this is marginal. Performance overall 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 utilising additional private sector community beds, to help reduce the complex patients with no right to reside,

8.6 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.

8.7 As a Trust we pre-emptively moved to a command and control footing with daily operational meeting and three times a week strategic gold meetings.

George Briggs
Chief Operating Officer

Sally Kilgariff
Deputy Chief Operating Officer

April 2022

The Rotherham NHS Foundation Trust

MINUTES OF THE GOVERNORS MEMBER ENGAGEMENT GROUP MEETING HELD VIRTUALLY ON TUESDAY 11 JANUARY 2022

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

Apologies: None

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

01/22 **WELCOME AND APOLOGIES**

Mr Rimmer welcomed all those present to the meeting. There were no apologies.

02/22 **QUORACY CHECK**

The meeting was declared quorate.

03/22 **DECLARATIONS OF ANY CONFLICT OF INTEREST**

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

04/22 **MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting held on 22 December 2021 were approved as a correct record.

05/22 **MATTERS ARISING**

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

06/22 **ACTION LOG**

It was noted that as it had only been three weeks, including Christmas and New Year, since the last meeting, there had been limited progress against the actions from the previous meeting.

07/22 **PREPARING FOR 2022 GOVERNOR ELECTIONS**

To support discussion by the Group, the elections report submitted to the previous meeting had been recirculated.

Ms Wendzicha informed the Group that the additional resources previously notified to the Group to support engagement activities with the membership would shortly be in place. With Kylie Wheeler, Corporate Governance Assistant, to commence on 17 January 2022. This post would initially cover maternity leave; however, would provide a sufficient timeframe to support the actions raised by the Group.

The Group welcomed the information, and anticipated that the engagement activities would lead to interest in the Governor Elections and attendance at the Annual Members Meeting.

The Group agreed that they would further discuss the Governor elections at its next meeting, when it would receive the confirmed election timetable.

ACTION - Ms Wendzicha

08/22 **ENGAGEMENT TO ENSURE A DIVERSE MEMBERSHIP**

For the benefit of Mr Adalat who had been unable to attend previous meetings of the Group, Mr Rimmer provided a summary of the Groups objective to increase membership, improve engagement, and to ensure a diverse membership representative of the Rotherham population.

To begin the process the membership database was being cleansed, with the Group also having discussed opportunities to engage and recruit members utilising the Rotherham Health App and vaccination centres having been considered at the previous meeting.

The matter now requiring specific discussion, hence the additional meeting arranged to accommodate Mr Adalat's availability, were opportunities for engagement with the Black, Asian and Minority Ethnic (BAME) communities of Rotherham.

In welcoming the opportunity to provide advice the Group, Mr Adalat indicated that in his view the starting point would be perception of the Trust within the BAME community. Feedback from the groups he had direct contact with was that there was negativity surrounding services provided, with Rotherham not the hospital of choice. In small communities, bad experiences circulated quickly, with patients and families reluctant to give feedback to the Trust.

Encouraging opportunities to provide feedback on experiences, would increase engagement with local communities, which would lead to other avenues to engage with the membership.

Mr Adalat also indicated that he was aware of negative comments and experiences from BAME staff members.

A number of suggestions to start the conversation with the local community, included:

- The forthcoming Ramadan
- Attendance at local Group meetings
- Utilising local radio stations
- Locations of large gatherings such as gyms and sporting venues

Ms Wendzicha in acknowledging the reluctance of the local community to provide feedback, highlighted a number of mechanisms which could be followed to ensure that information was provided from which the Trust had the opportunity to address to improve the position for other patients. These included the formal Complaints / Your Experience process, and other anonymous methods such as patient surveys or the Friends and Family Test feedback.

Mr Adalat continued to highlight the positive benefits to be gained from diverse literature, in terms of language and graphics, when produced by the Trust. Ms Wendzicha confirmed that when reviewing documentation in relation to Governor Elections and membership it had demonstrated diversity, and she would ensure that this practice continued.

Based upon the discussions, the Group considered that there was a role for the Engagement and Inclusion Lead to ensure that the experiences of local communities was brought back into the organisation.

On another matter of ensuring diversity, Ms Smith commented that in reviewing the membership demographics across the constituencies subject to election in 2022, the Group should also consider additional engagement with those under 40 years of age. To facilitate this the Barnsley and Rotherham Chamber of Commerce would continue to circulate information. Ms Smith also highlighted that engaging with the Rotherham Education system could be explored by the Group.

Mr Havenhand, Trust Chairman, thanked Mr Adalat for his observations, and added the following comments:

- Perception of the Trust's services within the local community would be addressed when shared with the Trust;
- Opportunities to gather feedback utilising a number of mechanisms were available to ensure improvements were made from negative experiences;
- The perception of the Trust would be addressed through the work of the Engagement and Inclusion Lead, and the Head of Equality Diversity and Inclusion;

- BAME staff had a number of opportunities to express their views and concerns, through such as the Freedom to Speak Up Guardian and staff survey;
- The Board of Directors considered equality, diversity and inclusion important and had commenced a reciprocal mentoring programme with staff.

In concluding the discussion, Mr Rimmer summarised the actions to be taken as follows:

- To begin to engage with the local BAME communities in some of the areas suggested. **ACTION – Group & Ms Wendzicha**
- To consider the impact of Trust literature within the BAME communities. **ACTION – Mrs Curran**
- Utilise the Public Panel as a mechanism to gather feedback **ACTION – Mrs Curran to discuss with Engagement and Inclusion Lead**
- Consideration of opportunities to engage with a diverse age range of members and the local community. **ACTION – Group & Ms Wendzicha**
- Facilitate meetings with the families Mr Adalat had identified as having had poor experiences of Trust services. **ACTION – Ms Wendzicha**

09/22 **ANY OTHER BUSINESS**

There were no items of any other business.

10/22 **DATE OF NEXT MEETING**

The Group agreed that their next meeting would be held on 22 February 2022 at 5pm.

The Rotherham NHS Foundation Trust

MINUTES OF THE GOVERNOR MEMBER ENGAGEMENT GROUP MEETING HELD VIRTUALLY ON TUESDAY 01 MARCH 2022

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

Apologies: Mrs C Denning, Staff Governor

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

11/22 WELCOME AND APOLOGIES

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

12/22 QUORACY CHECK

The meeting was declared quorate.

13/22 DECLARATIONS OF ANY CONFLICT OF INTEREST

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

14/22 MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 11 January 2022 were approved as a correct record.

15/22 MATTERS ARISING

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

16/22 ACTION LOG

The Group approved closure of log numbers 23 and 25 (from 2021) and 1, 3, 4 and 6 (from 2022).

Log Number 2 (engage with BAME community) – the Group agreed that although no longer a Partner Governor, Mr Adalat should continue to be utilised as potential source of contact with the BAME communities.

The Trust's Head of Equality, Diversity and Inclusion, would also continue to be utilised to support engagement opportunities. Mr Rimmer informed the Group that the Head of Equality, Diversity and Inclusion would be attending the April 2022 development session (Forum) which would be a timely in widening discussions beyond the Group.

Ms Smith highlighted that she was working in conjunction with the local libraries in developing the use of technology (TV screens) to share information from a number of sources with local communities. The Group agreed that this would be a useful mechanism to promote membership, and the role of Governor. It was recognised that there was also a wider application in promoting Trust services, relaying health promotion messages and support the Trust in addressing health inequalities, particularly if shared in different languages. Mrs Curran would further explore the options and opportunities. New action opened. **ACTION – Mrs Curran**

Log number 5 (areas to reach out to younger members /population) – It was noted that this would be incorporated into the planned engagement event, further information to be shared later in the meeting. The Group further considered that there were significant opportunities in terms of local colleges, with a letter to be drafted on behalf of the Trust Chairman / Council of Governors which would be issued to the College Principals. New action opened. **ACTION – Mrs Curran/Ms Smith on behalf of Mr Havenhand**

Lt Col McPherson informed the Group that in his new role as High Sheriff, which would formally commence on 1 April, he would be taking the opportunity to visit local educational and public sector venues. He would use these sessions as an opportunity to promote membership and the role of Governor and would welcome receiving any information from the Trust he could share.

The action log would be updated accordingly.

17/22 **PREPARING FOR 2022 GOVERNOR ELECTIONS**

The Group received the confirmed 2022 Governor Election timetable, and constituencies where elections were to be held.

The Group were informed of the activities undertaken to date by Trust Officers to promote the role of Governor and the elections. These included circulation of promotional posters, press and social media releases, information shared in staff communications and direct mailing to members in the Constituencies.

Promotion of the nomination phase would continue during the month by the Trust, with the Governors also requested to promote the role. Any further opportunities as to areas where the information could be shared was requested to be communicated to Trust Officers. **ACTION - GROUP**

Mr Rimmer indicated that in discussion with an associate who may be interested in the Governor role, it would be beneficial if there was a customised short and easy read document on the role and expectations of a Governor which could be shared with prospective nominees.

ACTION – Corporate Governance Manager

Lt Col McPherson added that he had found that the most effective mechanism was personal contact providing a first-hand insight of the role.

The Group noted the current position with regard to the 2022 Governor Elections.

18/22 **ENGAGEMENT OPPORTUNITIES**

Ms Wendzicha took the opportunity to inform the Group of an engagement event planned for Thursday 17 March 2022.

The event would focus on two areas, firstly what it meant to be a member, and secondly the role of a Governor.

The event would be held in the Lecture Theatre, with a reduced capacity of twenty due to the restrictions which remained in place. However, opportunities to record the event would be explored should interested numbers exceed the venue capacity.

The event would be published as part of the elections nominations phase and within the local media.

Mr Rimmer and Ms Wendzicha would meet in the following week to discuss the specific arrangements for the event.

ACTION – Group Chair / Ms Wendzicha

It was acknowledged that this first engagement event would be a test of the appetite within the membership, and wider population, for attending such sessions. It would also provide knowledge as to the planning requirements to increase attendance at the Annual Members Meeting in September 2022.

19/22 **TERMS OF REFERENCE**

Ms Wendzicha indicated that she had reviewed the Group's terms of reference, and would discuss with Mr Rimmer a number of proposed amendments, which would be submitted to the next meeting of the Group.

20/22 **ANY OTHER BUSINESS**

There were no items of any other business.

21/22 **DATE OF NEXT MEETING**

The Group agreed that their next meeting would be held on Tuesday 22 March 2022 at 5pm.

Calendar of Business for Council of Governors 2022

REPORT - ORDER		2022			
		Feb	May	Aug	Nov
		09	18	17	16
Procedural items					
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	/	/	/	/
Report from the Non-Executive Chairs of Board Committees					
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	/	/	/	/
Report from the Executive Directors					
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				
Governor Regulatory and Statutory Requirements					
Governance Report	DoCA	/	/	/	/
Constitution – formal review Last review October 2018	DoCA	/dfd	/dfd	/	
Constitution – Partner Governors	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	/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				
Feedback from Governors' Surgery – once activities resume	Lead Governor	/	/	/	/
Governor Elections (part of Governance Report or Member Engagement Group 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				
Sub Groups of the Council of Governors					
Nomination Committee Report	Chair	/	/	/	/
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Feedback report from outpatients improvement team	COO		/	/	

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)

COUNCIL OF GOVERNORS MEETING: 18 May 2022

Agenda item: 46/22

Report: **Report from Governors Nomination Committee**

Presented by: Gavin Rimmer, Lead Governor and Lynn Hagger, Senior Independent Director (SID)

Author(s): Angela Wendzicha, Director of Corporate Affairs & Dawn Stewart, Corporate Governance Manager

Action required: For noting/approval

1. Background

1.1 The following paper provides a report on the matters and discussions held at the Governors Nominations Committee held on 05 May 2022 regarding the Trust's Chairman.

2. Appraisals ('PDR')

2.1 The appraisal and objective setting process for the Chair supports the Governors to achieve their statutory role regarding the appointment, or re-appointment of the Chair, as laid out in The NHS Foundation Trust Code of Governance:

B.6.c The council of governors, which is responsible for the appointment and re- appointment of non-executive directors, should take the lead on agreeing a process for the evaluation of the chairperson and the non-executives, with the chairperson and the non-executives. The outcomes of the evaluation of the non-executive directors should be agreed with them by the chairperson. The outcomes of the evaluation of the chairperson should be agreed by him or her with the senior independent director. The outcomes of the evaluation of the non-executive directors and the chairperson should be reported to the governors. The governors should bear in mind that it may be desirable to use the senior independent director to lead the evaluation of the chairperson.

2.2 The Governor Nominations Committee at its meeting on 05 May received details on the outcomes of the robust appraisal and objective setting process of the Chairman. The Senior Independent Director was in attendance to support the discussion regarding the Chairman.

2.3 The Chair's appraisal process was conducted within the NHS England / Improvement (NHSE/I) framework for chairs appraisals by the Trust's Senior Independent Director (SID).

Stage 1: Lynn Hagger (SID) issued questionnaires to Governors, Board colleagues and selected external partners.

Stage 2: Lynn Hagger, together with the Lead Governor, Gavin Rimmer, then reviewed the Chair's performance for 2021/22 and set the objectives for 2022/23. The outcome of the Chair's appraisal was discussed with members of the Governors Nominations Committee who supported the outcome.

Stage 3: Following the Council of Governors meeting, the SID will complete the formal Chairs appraisal template and submit it to the chair of NHSI, with a copy to the Regional Director of NHSE/I by no later than 30 June 2022.

2.4 **The Council of Governors is requested to note that the appraisal and objective setting process for the Chairman has concluded.**

3.0 Chairs Term of Office

3.1 The Governors Nomination Committee in noting that the Chairs term of office was due to conclude on 31 January 2023, having served nine years in office, discussed the proposal from the Lead Governor that a further one year extension be offered to Mr Havenhand.

3.2 The Director of Corporate Affairs advised the Committee that guidance from NHS Improvement (last updated in April 2016) advises that Non-Executive Directors and Chairs can serve up to a maximum of ten years, depending on individual circumstances. The relevant circumstances in this case relate to the imminent changes within the NHS due to the establishment of the Integrated Care Boards and the ongoing work that has commenced working within the system. In addition there is the need to secure a substantive Chief Executive for the Trust and Mr Havenhand has started to establish a working relationship with the new Chair of Barnsley. The final matter to be taken into account is the need for Non-Executive Directors to be independent and there is a risk that the longer an individual is in post, the less likely they are to be able to demonstrate this. The Director of Corporate Affairs confirmed that having discussed the matter of independence with the Chair, she had been satisfied that this would be maintained should a further term be offered.

3.3 The Committee took into consideration a number of relevant factors, including the Trust having yet to secure a permanent Chief Executive appointment, the imminent changes within the NHS due to the establishment of the Integrated Care Boards, and the requirement for continuity at this time in order to maintain relationships within the system.

3.4 The Governors Nomination Committee supported a one year extension for the Trust Chairman from 01 February 2023 to 31 January 2024.

3.5 **The Council of Governors is asked to approve the recommendation that the term of office for the Trust Chairman be extended by one year to 31 January 2024.**