

## MEETING OF THE COUNCIL OF GOVERNORS

WEDNESDAY, 16<sup>TH</sup> NOVEMBER 2022 AT 5PM  
LECTURE THEATRE, POST GRADUATE MEDICAL EDUCATION CENTRE

### AGENDA

Time	Item no			Page No	Required Actions	Lead
1700	75/22	Chairman's welcome and announcements	Verbal	-	To note	Martin Havenhand, Chair
	76/22	Apologies for absence & quoracy check  <i>Section 17.4 of Constitution: A meeting of the Council of Governors shall be quorate if not less than half of the elected Governors are present.</i>	Verbal	-	To note	Martin Havenhand, Chair
	77/22	Declaration of Interests	Verbal	-	To note	Martin Havenhand, Chair
	78/22	Minutes of previous meeting held on: <ul style="list-style-type: none"> <li>16 August 2022</li> <li>27 September 2022</li> </ul>	Enc.	3 12	For approval	Martin Havenhand, Chair
	79/22	Matters arising from the previous minutes (not covered elsewhere on the agenda) & action log	Verbal	-	-	Martin Havenhand, Chair
	80/22	Action Log	Enc.	15	For approval	Martin Havenhand, Chair
1710	81/22	Chairman's Report	Enc.	16	To note	Martin Havenhand, Chair
<b>Council of Governors Regulatory &amp; Statutory Duties</b>						
1715	82/22	Strategy Update	Video	-	To note	Michael Wright, Deputy Chief Executive
1735	83/22	Corporate Governance Report	Enc.	19	To note	Alan Wolfe, Quality Governance Compliance and Risk
1740	84/22	Constitution Deferred until February 2023 pending updated Provider Licence which is currently out to Consultation	-	-	To note	Alan Wolfe, Quality Governance Compliance and Risk
1740	85/22	Report from Member Engagement Group	Enc.	45	To note	Gavin Rimmer, Lead Governor
1745	86/22	External Auditors Engagement report to CoG following closure of annual audit	Enc.	56	To note	Mazars
1750	87/22	Outpatients Improvement Status Progress Report	Enc.	57	To note	Sally Kilgariff, Chief Operating Officer
1755	88/22	Finance Report	Enc.	59	To note	Michael Wright, Deputy Chief Executive

**Report from the Non-Executive Director Chairs of the Board Assurance Committees  
(5 minutes per report to include any questions)**

1800	89/22	i. Finance and Performance Committee	Enc.	68	To note	Martin Temple
		ii. People Committee	Enc.	70	To note	Jo Bibby
		iii. Audit and Risk Committee	Enc.	72	To note	Kamran Malik
		iv. Quality Committee	Enc.	74	To note	Rumit Shah
		v. Charitable Funds Committee	Enc.	76	To note	Heather Craven

**Items for information only and to support earlier discussions**

1825	90/22	Operational Objectives Progress Report	Enc.	78	To note	Michael Wright, Deputy Chief Executive
1830	91/22	Integrated Performance Report	Enc.	103	To note	Michael Wright, Deputy Chief Executive
1840	92/22	Governor Member Engagement Group Approved Minutes – August 2022 meeting	Enc.	125	To note	Gavin Rimmer, Lead Governor
1845	93/22	Issues to be escalated to Board of Directors	Verbal	-	For approval	Martin Havenhand, Chair
	94/22	Council of Governors Work plan	Enc.	130	To note	Martin Havenhand, Chair
	95/22	Next meeting to be held on Wednesday, 15 February 2023				Martin Havenhand, Chair
		Close of 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.

**MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS  
HELD VIRTUALLY ON WEDNESDAY, 17 AUGUST 2022**

**Chair:** Mr M Havenhand, Trust Chairman

**Public Governors:** Mr A Ball, Public Governor Wentworth Valley  
Mr G Berry, Public Governor Rest of England  
Mr J Dougan, Co-opted Governor Rotherham North  
Mrs M Gambles, Public Governor Rotherham South  
Mr S Lowe, Public Governor Rotherham North  
Mr A A Zaidi, Public Governor Rotherham South

**Staff Governors:** Mrs C Denning, Staff Governor  
Mrs P Keta, Staff Governor  
Dr J McDonough, Staff Governor

**Partner Governors:** Mrs J Flanagan, Partner Governor Voluntary Action Rotherham  
Ms T Smith, Partner Governor Barnsley and Rotherham Chamber of Commerce

**Apologies:**

**Public Governors:** Lt Col R McPherson, Public Governor Wentworth South  
Mr N Redfern, Public Governor Wentworth South  
Mr G Rimmer, Public Governor Rother Valley South & Lead Governor  
**Partner Governors:** Dr J Lidster, Partner Governor Sheffield Hallam University

**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  
Mrs H Craven, Non-Executive Director  
Dr C Gardner, Executive Medical Director  
Mr S Hackett, Director of Finance  
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  
Mrs Jodie Roberts, Director of Operations/Deputy Chief Operating Officer  
Mrs S Douglas, Deputy Medical Director  
Ms C Storer, Deputy Chief Nurse

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, 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.

**48/22**            **WELCOME AND ANNOUNCEMENTS**

The Chairman welcomed all those present to the meeting, specifically Mr Dougan and Ms Keta attending their first meeting, as were a number of Trust officers.

**49/22**            **APOLOGIES FOR ABSENCE & QUORACY CHECK**

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

**50/22**            **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.

**51/22**            **MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting held on 18 May 2022 were agreed as a correct record.

**52/22**            **MATTERS ARISING**

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

**53/22**            **ACTION LOG**

The Council of Governors considered its action log from previous meetings and approved the recommendation that log numbers 2 to 7 inclusive would be closed. There were no remaining actions open from any previous meeting.

At this point in the meeting a **Constitutional Matter** was highlighted to the Council by the Chairman and Director of Corporate Affairs relating to attendance at the Council of Governors.

Ms Wendzicha explained that the Constitution stated the where a Governor had not attended three consecutive meetings of the Council of Governors

there was a requirement for the Council of Governors to discuss as to whether the Governor would have their office terminated.

Lt Col McPherson, Public Governor for Wentworth South, in not being present at this meeting now met the criteria as defined by the Constitution, therefore it was for the Council to discuss the reasons for his absence, and whether they were satisfied that it was reasonable.

Mr Havenhand informed the Council that Lt Col McPherson had been appointed South Yorkshire High Sheriff for 2022 / 23. In accepting the appointment he had highlighted the potential impact on his Governor role in terms of attendance at meetings. However, he had also stated that he remained committed to his role as a Public Governor.

Having discussed the matter, the recommendation from the Chairman and Lead Governor, would be that the Council of Governors note the position with regards attendance by Lt Col McPherson, agree that he retain his position as Public Governor and accepting that in his role as High Sheriff there may be occasions when he would not be available to attend Council meetings.

The Council of Governors agreed the recommendation, stating that Lt Col McPherson had made significant contributions as a Public Governor, and his role as High Sheriff would provide opportunities to promote the Trust.

In conclusion, the Council of Governors in accepting that the absences had been reasonable and in that he would attend meetings where feasible, approved Mr McPherson retaining his role. The Council of Governors further extended their congratulations on his appointment as High Sheriff.

54/22

### **CHAIRMAN'S REPORT**

The Council of Governors received the Chairman's Report.

Mr Havenhand drew the Council's attention to a number of matters from his report.

Firstly, Mr Havenhand confirmed that following approval by the respective Board of Directors, and with the support of both Council of Governors, Dr Richard Jenkins had been appointed as substantive joint Chief Executive for The Rotherham NHS Foundation Trust and Barnsley Hospital NHS Foundation Trust. This would be effective from 1 September 2022.

Mr Havenhand thanked the Council of Governors for their support over the two years of the interim Chief Executive arrangements, and for supporting the joint appointment.

The report additionally informed the Council that Dr Gardner, Medical Director would be leaving the Trust in early September 2022, to take up a similar role in Peterborough. The Council of Governors extended their appreciation to Dr Gardner and wished him every success in his new role.

The Board of Directors had also considered and approved a number of key Board roles, with the Council of Governors confirming their support. These roles were:

- Vice Chair: Miss Nicola Bancroft to be appointed until 30 September 2025 subject to annual review;
- Senior Independent Director: Miss Nicola Bancroft be appointed for 2022/23.

The Council of Governors were informed of the discussions within the South Yorkshire and Bassetlaw Acute Federation, with a further all Board, and clinicians, development session to be held on 19 September 2022.

The report further detailed arrangements to ensure that Governors across South Yorkshire remained informed of their changing role following approval of the Health and Social Care Act, and establishment of the Integrated Care Board and Integrated Care Partnership. This would include a South Yorkshire Foundation Trusts (Acute and Mental Health) Governors Conference provisionally being scheduled for 3 October 2022. It was anticipated that guest speakers would include colleagues from NHS Providers and the Integrated Care Board.

In addition to system wide information sharing, the Director of Corporate Affairs had provided a briefing session as to the main changes to the role of Governors the previous evening. Mr Berry commented that the session had been beneficial, and requested that the presentation be circulated to those Governors who had not been able to attend. Ms Wendzicha agreed to share an updated version, and would be available to undertake further sessions as requested.

**ACTION – Director of Corporate Affairs**

The Council of Governors noted the report, and supported the Board's decision with regard to the Vice Chair and Senior Independent Director.

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

**55/22**

### **FINANCIAL PLAN 2022/23**

The Council of Governors received the report presented by the Director of Finance providing a high level summary of the Board approved 2022/23 Financial Plan.

Mr Hackett explained that due to lengthy NHS negotiations with the Treasury, allocation of funds and late additional resources being made available, it had been necessary to revise the proposed financial plan on a number of occasions. Each iteration required discussion by the Board and resubmission to the system during quarter one, hence the reason it was being presented to the Council later than usual.

As detailed, the initial financial plan had been a deficit of £9m. However, as a consequence of additional allocations equating to £4.3m and an improved cost improvement programme of £2m, the deficit plan now stood at £2.7m. This had been accepted by the South Yorkshire Integrated Care Board, however there was a caveat that there may be a request that it was reduced further.

Included within the plan was a capital programme equating to £12.7m, allocated across estates, information technology and medical equipment. Monthly cash flow projections were as detailed within the report, with an anticipated strong cash position of circa £20m outturn at the end of 2022/23.

The Council of Governors noted the Financial Plan for 2022/23 as agreed by the Board of Directors.

## **56/22 ANNUAL QUALITY ACCOUNT 2021/22**

In the absence of the Chief Nurse, Ms Storer, Deputy Chief Nurse was welcomed to the meeting and proceeded to present the Annual Quality Account 2021/22 Report.

Ms Storer confirmed that the Annual Quality Account had been published by the required deadline of 30 June 2022, with the Council receiving separately to the meeting papers, an electronic copy.

Ms Storer considered that they provided an accurate summary of organisational activities - which had once again been dominated by COVID – service provision, colleagues and the community.

Key highlights were:

- Organisational response to COVID, including long covid clinics and the vaccination programme;
- Positive performance in terms of cancer, with Rotherham being a top performer, although recognising that improvement were still required;
- Elective recovery, where again the Trust was nationally a top performer;
- Positive progress in implementing Care Quality Commission recommendations and removal of a number of section notices;
- Sustained mortality improvement;
- Completion of the safeguarding plan resulting in strengthened policies and processes;
- Commencement of the quality improvement programme;
- Establishment of Public Panels.

Mr Berry sought clarification as to the mortality Structure Judgement Review (SJR) data and the avoidability score. Dr Gardner indicated that there was an agreed process to review cases with a poor avoidability or quality of care score. This would include review by the Mortality Group and the Serious Incident Panel.

Ms Smith wished to acknowledge the positive progress and national recognition demonstrated by the Quality Accounts.

The Council of Governors noted the Annual Quality Account 2021/22.

## **57/22 CORPORATE GOVERNANCE REPORT**

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

Ms Wendzicha took the opportunity to reference the proposed changes to the Code of Governance, applicable to all NHS Trusts and Foundation Trusts, and which had not been updated since 2014. The key changes to the Code were documented within the report and would now enable the Trust to review its constitutional documents.

The report additionally detailed the draft addendum to the existing regulatory document “Your Statutory Duties – a reference guide for NHS Foundation Trust Governors” published in May 2022. The document provided clarification as to the role of the Council of Governors’ within the context of Integrated Care Systems. As reported earlier in the meeting Governors had been briefed on the changes at the session held on 16 August.

The Council of Governors noted the Corporate Governance Report.

58/22

### **LEAD GOVERNOR RATIFICATION**

The Council of Governors received the report detailing the annual process to appoint the Lead Governor.

The Council of Governors ratified the appointment of Mr Gavin Rimmer, Public Governor for Rother Valley South, to the role of Lead Governor up to 31 May 2023.

59/22

### **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 and Performance Committee (FPC)**

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

Having received earlier in the meeting the 2022/23 Financial Plan, the Council were informed that the FPC continued to give particular scrutiny to delivery of the cost improvement programme which would be vital in achieving the financial plan. This oversight included review of the Divisional position and any cross cutting schemes.

FPC had commenced review of the year end forecasts, and assessing the associated risks/challenges, with performance and workforce assumptions being integral to the forecasting process.

In terms of operational activities, a new weekly acute performance meeting had been established, chaired by the Chief Executive, with the aim to drive forward improvements.

Finally, the FPC now provided oversight with regard to cyber security arrangements. Overall, FPC were assured that robust processes were in place, and which had been externally validated.



Ms Smith questioned whether the FPC had taken into account the impact of any further waves of the pandemic as part of the forecasting process. Miss Bancroft confirmed that this had been considered, and had also formed part of the discussion regarding the Winter Plan.

**ii. People Committee (PC)**

Although Dr Bibby was in the meeting, as she was travelling, Mr Smith as vice chair highlighted the following from the PC.

Having received a presentation from the Health Informatics team, the greatest risk highlighted had been recruitment, the growing digital footprint and requests for data/information to support the organisation.

The presentation from the Division of Family Health had detailed a number of positives such as improved sickness absence rates and a 90% compliance rate for mandatory training.

However, the Urgent and Emergency Care Centre presentation had highlighted continued challenges across a number of areas. It was anticipated that following completion of recruitment to the management team this would lead to strengthened focus.

Other matters to highlight was the Compassionate Leadership presentation and the significant assurance rating from the Internal Auditors following their revisit review of e-rostering.

There had been no meeting of the PC in August, instead a workshop had been held to establish the future strategic direction of the Committee which in turn would determine its forward work plan.

**iii. Audit Committee (AC)**

Mr Malik wished to place on record the Committee's appreciation to Trust teams, and external partners, for an efficient closure of 2021/22 year end activities.

It was noted that the AC continued to increase its focus on risk management.

**iv. Quality Committee (QC)**

Dr Shah took the opportunity to update the Council on recent activities from the QC.

Utilising the results of the annual review of committee effectiveness, consideration had been given to the core purpose of the QC, its forward work plan and membership. The first meeting under this new regime had been held in August, resulting in increased in-depth discussions.

There had been improvements in terms of patient falls, however areas of challenge remained staff sickness absence and training compliance.

v. **Charitable Funds Committee (CFC)**

Mr Smith took the opportunity to update the Council on a number of matters relating to the Charity.

Now having a Head of Fundraising in post, a new Charity Strategy had been agreed and its implementation was routinely monitored by the CFC. The Charity Hub had been opened by the Mayor of Rotherham in the hospital main entrance, providing a more visible presence of the Charity and its activities.

The Mayor of Rotherham had also chosen the hospital charity as one of the four charities he would support during his term in office.

Fundraising activities continued, with future events including a Sky Dive. A number charitable requests had been funded and there had been a successful bid for grant funding from NHS Charities Together to engage an occupational psychologist jointly with Barnsley Hospital NHS Foundation Trust.

**ITEMS FOR INFORMATION**

**60/22 OPERATIONAL OBJECTIVES PROGRESS REPORT**

The Council of Governors received and noted the Operational Objectives progress report considered at the Board of Directors meeting held on 08 July 2022.

Mr Wright, Deputy Chief Executive, confirmed that quarter one had been a positive start, with any scheme being rated amber having a plan in place to return it to its trajectory.

**61/22 INTEGRATED PERFORMANCE REPORT**

The Council of Governors received and noted the Integrated Performance Report (IPR) considered at the Board of Directors meeting held on 08 July 2022.

**62/22 FINANCE REPORT**

The Council of Governors received and noted the Finance Report considered at the Board of Directors meeting held on 08 July 2022. This report provided additional detail in support of the Chairs report from the Finance and Performance Committee.

**63/22 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 08 July 2022.

Mrs Roberts confirmed that recovery continued. Although there remained significant challenges, particularly in UECC, robust Divisional recovery plans were in place.

**64/22**      **ISSUES TO BE ESCALATED TO THE BOARD OF DIRECTORS**

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

**65/22**      **COUNCIL OF GOVERNORS WORK PLAN**

The forward work plan was received and noted. Governors were reminded to liaise with the Lead Governor or deputy Lead Governor should there be any item they wished to add to future agendas.

**66/22**      **CLOSE OF THE MEETING**

Prior to formally closing the meeting, Mr Havenhand made a number of announcements.

Firstly, this would be the final meeting attended by Ms Hagger (although not in attendance) and Mr Smith as both completed their term of office at the end of September 2022. On behalf of the Council of Governors, Mr Havenhand wished to place on record appreciation to Ms Hagger and Mr Smith for their contributions during their time at the Trust and extended best wishes to both for the future.

Secondly, since the last Council meeting, the nominated Partner Governor for RMBC – Cllr Eve Rose Keenan - had stepped down, with a new representative being sought. Additionally, Mr Adshead, elected in June 2022, had resigned as a result of increased work commitments since taking on the role of Public Governor.

Finally, this would be the last Council of Governors meeting for Mrs Flanagan, Partner Governor for Voluntary Action Rotherham (VAR), as she would be standing down as a VAR Trustee in November 2022. Having represented VAR since 2017, and prior to that having been the Partner Governor for Sheffield Hallam University (2006 and 2015), Mrs Flanagan had a long association with the Council of Governors. Mrs Flanagan was thanked for her significant contributions over the years, with the best wishes of the Council extended to her for the future.

The Chair closed the meeting confirming that the next meeting of the Council of Governors would be held on Wednesday, 16 November 2022, with the Annual Members Meeting to be held on Tuesday, 20 September 2022.

**Martin Havenhand**  
**Trust Chairman**  
**Date:**

**MINUTES OF THE EXTRA-ORDINARY MEETING OF THE COUNCIL OF GOVERNORS  
HELD VIRTUALLY ON TUESDAY, 27 SEPTEMBER 2022**

**Chair:** Mr M Havenhand, Trust Chairman

**Public Governors:** Mr A Ball, Public Governor Wentworth Valley  
Mr G Berry, Public Governor Rest of England  
Mr J Dougan, Co-opted Governor Rotherham North  
Mrs M Gambles, Public Governor Rotherham South  
Mr S Lowe, Public Governor Rotherham North  
Lt Col R MacPherson, Public Governor Wentworth South  
Mr N Redfern, Public Governor Wentworth South  
Mr G Rimmer, Public Governor Rother Valley South & Lead Governor

**Staff Governors:** Mrs C Denning, Staff Governor

**Partner  
Governors:** Cllr J Baker-Rogers, Partner Governor RMBC  
Mrs J Flanagan, Partner Governor Voluntary Action Rotherham  
Dr J Lidster, Partner Governor Sheffield Hallam University  
Ms T Smith, Partner Governor Barnsley and Rotherham Chamber of  
Commerce

**Apologies:** Mrs P Keta, Staff Governor  
Dr J McDonough, Staff Governor  
Mr A A Zaidi, Public Governor Rotherham South

**In attendance:** Ms A Wendzicha, Director of Corporate Affairs  
Miss D Stewart, Corporate Governance Manager (minutes)

**67/22 WELCOME AND ANNOUNCEMENTS**

The Chairman welcomed all those present to the meeting and thanked Governors for making themselves available at short notice to consider the one agenda item.

**68/22 APOLOGIES FOR ABSENCE & QUORACY CHECK**

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

**69/22 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.

**70/22**      **MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting would be considered at the next scheduled meeting.

**71/22**      **MATTERS ARISING**

As the minutes from the previous meeting would be taken at the next meeting there were no matters arising.

**72/22**      **ACTION LOG**

The action log would be considered at the next scheduled meeting.

**73/22**      **NON-EXECUTIVE DIRECTOR RECRUITMENT**

The Council of Governors received the report circulated earlier in the day regarding the outcome of the Non-Executive Director recruitment process.

Mr Havenhand explained, that as previously notified to the Council of Governors due to the conclusion of the terms of office for Ms Hagger and Mr Smith at the end of September 2022, it would be necessary to undertake a recruitment process to appoint two new Non-Executive Directors.

Having considered the skills required by the Board of Directors, and agreeing that applicants would be sought from a nursing and digital/legal/partnership background, an external recruitment agency (GatenbySanderson) had been commissioned to undertake the recruitment process on behalf of the Trust.

A total of 40 applications had been received, with three candidates shortlisted for the nursing position and five for the digital/legal/partnership position.

These eight candidates had been interviewed by the Appointments Panel, which included the Lead Governor and one staff and one public Governor supported by Trust Officers, on 26 September 2022. The Panel had also been supported by a stakeholder Focus Group, who had provided their views on each candidate to the Appointments Panel.

The Governors Nomination Committee had convened earlier in the day (27 September 2022) and received the recommendations from the Appointments Panel.

Mr Rimmer and Governor colleagues on the Appointments Panel indicated that they had been assured of the robustness of the recruitment process, and were pleased with the calibre of the candidates, who were all residents of Rotherham, and had the relevant skills and experience required by the Board of Directors.

The Governors Nomination Committee having considered the matter, would recommend to the Council of Governors that the following appointments were approved:

- i. Dee Sissons be appointed as Non-Executive Director (Nursing) with a start date of 1 October 2022 for a three year term of office. Remuneration would be £13,000 per annum, based upon four days per month.
- ii. Martin Temple be appointed as Non-Executive Director (Digital/Legal/Partnership) with a start date of 1 October 2022, for a three year term of office. Remuneration would be £13,000 per annum, based upon four days per month.
- iii. Zlakha Ahmed be appointed as Associate Non-Executive Director, which would be a non-voting role, with an opportunity to develop as a Non-Executive Director for the future. The start date would be 1 October 2022, for a 12 month term. Remuneration would be £6,500, based upon 2 days per month.

74/22

**DATE OF NEXT MEETING**

The next meeting of the Council of Governors would be held on Wednesday 16 November 2022 commencing at 1700hr. It was noted that it was hoped that this meeting would be held in person.

The meeting was declared closed.

**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
		2022						
8	Aug-22	Chairman's Report	54/22	Updated presentation on new responsibilities for Governors to be circulated to those Governors who were not able to attend the session on 15.08.2022.	Director of Corporate Affairs		Updated presentation circulated	Rec to close

Open
Rec to close
Closed

## **COUNCIL OF GOVERNORS MEETING: 16 November 2022**

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**Agenda item:** 81/22

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

**Presented by:** Martin Havenhand, Chairman  
**Author:** as above

**Action required:** For Noting

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### **1.0 Introduction**

1.1 This report provides an update since the last meeting of the Council of Governors.

### **2.0 Annual Members Meeting**

2.1 The Trust held its Annual Members Meeting virtually on 20 September 2022. The Chairman, Chief Executive and Executive Directors presented the Trust's Annual Report and Accounts for 2021/22. Our external auditor presented their view on the accounts and the Lead Governor commented on the annual performance of the Trust on behalf of the Council of Governors.

2.2 In addition a number of our colleagues shared their personal stories about the challenges of dealing with COVID-19. It was also an opportunity for our Chief Executive to highlight the key priorities for 2022/23.

2.3 To date we have had 159 viewings of the recording and this can still be viewed on the Trust's website.

[https://www.therotherhamft.nhs.uk/Corporate\\_Governance\\_Information/Corporate\\_committees\\_and\\_meetings/](https://www.therotherhamft.nhs.uk/Corporate_Governance_Information/Corporate_committees_and_meetings/)

### **3.0 South Yorkshire and Bassetlaw Acute Federation (SY&BAF)**

3.1 On 3<sup>rd</sup> October the SY&BAF organised a conference for Governors of all the Foundation Trusts in SY&B. The purpose was to update and brief Governors about the Health and Social Care Act 2022, the establishment of the Integrated Care Board (ICB) and the Integrated Care Partnership (ICP) and the additional duties of Governors to hold their Non Executives to account in respect of collaborative working.

3.2 Dr Richard Jenkins has been appointed as one of the 5 Rotherham Place representatives on the recently established ICP.

3.3 On 24<sup>th</sup> October the SY&BAF appointed a substantive Managing Director who will commence their duties in the new year.

### **4.0 Medical Director**

4.1 I am pleased to report that, following a formal recruitment process, the Trust has appointed to the substantive role of Medical Director. Dr Jo Beahan will commence her employment



with us on Monday 12<sup>th</sup> December 2022. Jo is an Urgent and Emergency Consultant and Deputy Medical Director at Barnsley Hospital. Mrs Susan Douglas our Deputy Medical Director will continue in the role of Interim Medical Director until that time.

## **5.0 Joint Partnership with Barnsley**

- 5.1 The first meeting of the Joint Partnership was held on 4<sup>th</sup> October and a joint strategic statement was agreed and recommended for approval by each board. The following statement was approved by the board on 4<sup>th</sup> November 2022.

“The Rotherham NHS Foundation Trust and Barnsley Hospital NHS Foundation Trust have formalised their partnership through the substantive appointment of a Joint Chief Executive, with both trusts committing to build on the close relationship they have formed in recent years. These last three years have presented some of the biggest challenges that we face as an NHS, but by working together, learning from one another and utilising the complementary strengths of each organisation, we have shown how we can deliver more in partnership.

With the wider systemic challenges likely to continue for some time, this partnership will support sustainability across our services for the people of Barnsley and Rotherham. It will enable us to mitigate some of the key risks we are facing as individual organisations, and offer us opportunities that would not be available to us as single providers. Working together in partnership will also strengthen our voice and influence at system and regional forums, with the two trusts collectively serving a population of over half a million people, and employing more than 8,000 colleagues. It offers opportunities to our colleagues to grow and flourish as part of a larger partnership of trusts, and thus to punch above our individual organisational weights to recruit the best talent. To ensure the success of the partnership, we will build in the notion of ‘better together’ within our cultures, and encourage our colleagues to identify ways in which they can utilise the partnership to the benefit of their teams, patients and wider communities across Barnsley and Rotherham.”

## **6.0 Trust Strategy**

- 6.1 The Trust has produced a video outlining the progress to date against the Strategy. There will be an opportunity to view the video at the Council of Governors meeting.

## **7.0 Care Quality Commission Update**

- 7.1 On Wednesday 26 October, the Trust appeared at Sheffield Magistrates’ Court charged by the CQC in relation to a single charge pertaining to failing to protect children from the risk of harm due to poor safeguarding processes. The CQC and the Court were clear that these failures did not lead to actual harm, but that risk was present. The Trust has apologised unreservedly for the deficiencies which related to policies, training and oversight in the main. Extensive work has been done since 2019 to address these arrangements.
- 7.2 The Board of Directors at its meeting on 04 November 2022 considered a report for Information describing the steps to be taken to achieve the aim of being rated ‘Good or above’ by the Care Quality Commission.
- 7.3 The report outlined the important correlation between the ‘Journey to Good’ and the embedding of a sustainable, standardised Quality Improvement approach. An approach that drives a culture of continuous improvement, enabling the Trust to move away from a reactive, regulatory driven organisation to one of curiosity and innovation to deliver the best possible care for patients and a productive and creative environment for our staff.

## **8.0 Winter Plan**

- 8.1 The Board of Directors have approved the Winter Plan which sets out the winter plan for The Rotherham NHS Foundation Trust. The plan also sits within the wider context of the Rotherham Place Winter plan.
- 8.2 Thinking differently for Winter is the focus of the plan, with the focus on admission avoidance and discharge. This will include new ways of working and supporting our population to remain well at home and getting care in the right place at the right time.

## **9.0 Strategic Board Meeting**

- 9.1 The Board of Directors at their Strategic Board Forum meeting on 7 October 2022 focussed on risk and a review of the Trust's risk appetite and received an update on the Trust's Quality Improvement Programme by the Chief Nurse.

**Martin Havenhand**  
**Chairman**  
**November 2022**

## COUNCIL OF GOVERNORS MEETING: 16 November 2022

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**Agenda item:** 83/22

**Report:** Corporate Governance Report

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

**Author(s):** as above

**Action required:** For noting

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### 1.0 Introduction

1.1 The following report provides an overview of some regulatory and statutory developments and updates relevant to healthcare.

### 2.0 Care Quality Commission (CQC) Prosecution

2.1 The Trust attended the Sheffield Magistrates Court on Wednesday 26 October 2022 and pleaded guilty to one charge brought under Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 whereby the Trust failed to discharge its duty under the relevant legislation in providing safe care and treatment and exposed service users to significant risk of avoidable harm relating to incidents that occurred between January 2019 and February 2020.

2.2 The Trust received a fine of £200K plus a statutory surcharge of £170 and agreed costs of the CQC amounting to £33,000.68 to be paid to the court within 28 days.

### 3.0 Addendum to Your Statutory Duties – Reference Guide for NHS Foundation Trust Governors – System Working and Collaboration: Role of Foundation Trust Councils of Governors

3.1 The final addendum to the reference guide for Governors on their statutory duties was published on 27 October 2022. The addendum provides a focus and guide to the role of the council of governors within system working and collaboration.

3.2 The addendum is based on existing statutory duties described within the National Health Service Act 2006 as amended by the Health and Social Care Act 2021. Indeed, there is no change to the statutory duties for council of governors as set out in 2006 Act. The additional element relates to the principles regarding collaboration and system working as set out in the Health and Care Act 2022.

3.3 Given the final version has just been published, this will be reviewed in detail and further guidance and support given to the Council of Governors to enable them to carry out their statutory functions effectively.

3.4 The revised code is attached at appendix 1.

#### **4. Provider Licence: Consultation**

- 4.1 On 28 October 2022, NHS England launched a consultation on the proposed modifications to the NHS Provider Licence. The consultation is due to close on 09 December 2022.
- 4.2 The NHS Provider Licence was first introduced in 2013 and is held by all NHS Foundation Trusts and consists of six sections each containing high level conditions that providers must meet. The Provider Licence forms part of the oversight arrangements for NHS providers and serves as the legal mechanism for regulatory intervention.
- 4.3 Changes brought about by the Health and Care Act 2022 mean that changes are required to support system working within the new statutory framework. The proposed changes include:
- Supporting system working
  - Enhancing the oversight of key services provided by the independent sector
  - Addressing Climate Change
  - Technical Amendments
- 4.4 A full review will be carried out of the documentation.

#### **5.0 Ministerial Appointments**

- 5.1 Steve Barclay was appointed Secretary of State for Health and Social Care on 25 October 2022.
- 5.2 Steve Brine MP has been appointed as Chair of the Health and Social Care Committee.

#### **6.0 Board Assurance Framework & Risk Appetite**

- 6.1 The Board of Directors at its meeting on 4 November 2022 considered the Board Assurance Framework, noting the outcome of discussions at each of the Board Assurance Committees.
- 6.2 The Board also formally approved the Risk Appetite and Risk Tolerance scores for 2022/23, and approved the overarching risk appetite statement:

*“The Rotherham NHS Foundation Trust recognises that its long term sustainability depends upon the delivery of Strategic Ambitions in addition to the ongoing relationships with service users, staff, public, regulatory and strategic partners. As such, The Rotherham NHS Foundation Trust will not accept risks that materially provide a negative impact on quality and patient safety.*

*In contrast, The Rotherham NHS Foundation Trust has a greater appetite to take considered risks in terms of their impact on organisational issues. The Trust has a greater appetite to pursue partnerships, commercial gain and clinical innovation in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment.”*

Addendum to Your statutory duties –  
reference guide for NHS foundation trust  
governors

## System working and collaboration: role of foundation trust councils of governors

27 October 2022

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# Equality and health inequalities statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

# About this document

This addendum supplements existing guidance for NHS foundation trust governors and explains how the legal duties of foundation trust councils of governors support system working and collaboration.

## Key points

- This addendum is based on the existing statutory duties in the 2006 Act, and the principles regarding collaboration and system working in the June 2021 [Integrated care systems: design framework](#).
- 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'.
- Updated considerations are set out in respect to the following legal duties of councils of governors: holding the non-executive directors to account, representing the interests of trust members and the public, and approving significant transactions, mergers, acquisitions, separations or dissolutions.
- This addendum only applies to a council of governors' statutory role within its own foundation trust's governance.

## Action required

- NHS England expects councils of governors to act in line with the principles in this addendum.

## Other guidance and resources

- [Integrated care systems: design framework](#)
- [Working together at scale: guidance on provider collaboratives](#)
- The wider suite of [Integrated care systems: guidance](#)



# 1. Introduction

This addendum to NHS England's [Your statutory duties: A reference guide for NHS foundation trust governors](#) (the guide for governors), originally published by Monitor, explains how the duties of NHS foundation trust councils of governors support system working and collaboration, and provides examples of good practice. It supplements (rather than replaces) the guide for governors, and the two documents should be used in conjunction.

The guide for governors lays out the statutory duties of NHS foundation trust councils of governors, as provided by the [National Health Service Act 2006](#) (the 2006 Act) and amended by the [Health and Social Care Act 2012](#). It is written for councils of governors (rather than trust boards). The legislation applies to councils of governors as a whole, not individual governors. Councils have no powers of delegation, so they can only take decisions in full council.

There is no change to the statutory duties for councils of governors, as outlined in the 2006 Act. For more details on any of the NHS foundation trust councils of governors' statutory duties and powers, please refer to the legislation or contact your trust secretary.

This addendum is based on the statutory duties in the 2006 Act and the principles regarding collaboration and system working in the June 2021 [Integrated care systems: design framework](#) and the Health and Care Act 2022. NHS England expects councils of governors to act in line with the principles in this addendum.

This addendum only applies to a council of governors' role **within its own foundation trust's governance**. It does not relate to the governance of the boards of integrated care boards (ICBs).

## 1.1 What has changed and why?

### Background

A great deal has changed since the guide for governors was last updated in August 2013. With the publication of the NHS Long Term Plan (a 10-year plan outlining the

future of the NHS) in January 2019, the NHS set out its ambition to develop new ways of working based on the principles of co-design and collaboration.<sup>1</sup>

These principles are not new to the NHS, as ‘working together for patients’ has been a core part of the NHS Constitution since 2012. However, the importance of different parts of the health and care system working together in the best interests of patients and the public has been starkly demonstrated during the COVID-19 pandemic. The immediate and long-term challenges facing the NHS, such as an ageing population, increased demand for services and health inequalities, can only be solved by organisations working together and putting patients, service users and populations at the heart of decision-making.

A key milestone in achieving this was the establishment of integrated care systems (ICSs) across England. ICSs bring local health and care organisations together to deliver the priorities for the health and care system, including complying with the triple aim of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources.<sup>2</sup> They do this over the defined geographical area, and depend on NHS organisations, local authorities and other partners that deliver health and care services working together to plan care that meets the needs of their population. This approach is often called ‘system working’.

The Health and Care Act 2022 has removed legal barriers to collaboration and integrated care and put ICSs on a statutory footing by establishing for each ICS:

- An integrated care partnership (ICP), a statutory joint committee of the ICB and the responsible local authorities in the ICS, bringing together organisations and representatives concerned with improving the care, health and wellbeing of the population. Each partnership has been established by the NHS and local government as equal partners and has a duty to develop an integrated care strategy proposing how the NHS and local government should exercise their functions to integrate health and care and address the needs of the population identified in the local joint strategic needs assessment(s).
- An ICB, which brings the NHS together locally, to improve population health and care; its unitary board allocates NHS budget and commissions services, and – having regard to the ICP’s integrated care strategy – produces a five-year joint

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<sup>1</sup> [NHS Long Term Plan](#), p110, 7.1.

<sup>2</sup> [Integration and innovation: working together to improve health and social care for all](#) p23, 3.11.

plan for health services and annual capital plan agreed with its partner NHS trusts and foundation trusts.

The ICP and ICB, together with other key elements of the new arrangements including place-based partnerships and provider collaboratives, will bring together all partners within an ICS.

As ICSs develop, organisations are not only expected to provide high-quality care and manage their own finances, but to take on responsibility for wider objectives relating to NHS resources and population health jointly with other providers. This means that system and place-based partnerships will plan and co-ordinate services in a way that improves population health and reduces inequalities.

The success of individual trusts and foundation trusts will increasingly be judged against their contribution to the objectives of the ICS, in addition to their existing duties to deliver safe, effective care and effective use of resources.<sup>3</sup> Trusts are also expected to avoid making decisions that might benefit their own institution but worsen the position for the system overall.<sup>4</sup>

### **Forming a rounded view in representing ‘the public’**

The 2006 Act provides councils of governors with their statutory duties. Within those duties, councils of governors are legally responsible for representing the interests of the members of the NHS foundation trust and the public.<sup>5</sup>

While the meaning of ‘the public’ is not specified in legislation, councils of governors are not restricted to representing the interests of a narrow section of the public served by the NHS foundation trust – that is, patients and the public within the vicinity of the trust or those who form 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 population of the local system of which the NHS foundation trust is part. No organisation can operate in isolation, and each is dependent on the efforts of others.

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<sup>3</sup> [Integrated care systems: design framework](#), p30.

<sup>4</sup> [NHS Long Term Plan](#), p112, 7.9.

<sup>5</sup> Paragraph 10A(b) of Schedule 7 to the [NHS Act 2006](#).

While staff governors and patient, carer and service user governors represent specific constituencies, they are also expected to represent the interests of the members of the trust as a whole and the public. Therefore, they are required to seek and form a view of the interests of the ‘public at large’.

This expectation also extends to appointed governors.<sup>6</sup> The continued expectation of appointed governors is that they will work to further the relationship between their own organisation and the NHS foundation trust, but do so within the context of the system, of which they are part.

There is no requirement for trusts to appoint a governor from an ICB; however, they are free to do so, if they wish.

## 2. Updated considerations for the statutory duties of councils of governors

**The statutory duties of councils of governors have not changed, and governors should not anticipate any material change to their day-to-day role.**

However, the NHS’ move to a new way of working will affect what councils of governors need to consider when performing their statutory duties. Councils of governors will need to be assured their foundation trust board has considered the consequences of decisions on other partners within their system, and the impact on the public at large.

This section provides clarity on the three statutory duties that will be most affected by the transition to system working, setting out additional considerations for each duty, that reflect the new context trusts are operating in:

- a. Holding the non-executive directors individually and collectively to account for the performance of the board of directors.
- b. Representing the interests of the members of the NHS foundation trust and the public.

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<sup>6</sup> At least one governor is required to be appointed by a qualifying local authority and at least one by a university if the hospitals include a medical or dental school provided by a university. A foundation trust can decide whether to have any further appointing organisations, specifying as such in its constitution.

- c. Approving ‘significant transactions’, mergers, acquisitions, separations or dissolutions.<sup>7</sup>

Chapter 3 of the guide for governors gives the complete statutory duties and powers of the council of governors.

## 2.1 General duties of the council of governors (Chapter 4 of the guide for governors)

### a. Holding the non-executive directors to account

#### What are the legal requirements?

The council of governors has a duty to hold the non-executive directors individually and collectively to account for the performance of the board of directors.

#### General considerations

The guide for governors stipulates: “Holding the non-executive directors to account for the performance of the board does not mean the governors should question every decision or every plan. The role of governors in ‘holding to account’ is one of assurance of the performance of the board.”<sup>8</sup> It suggests that the council of governors should therefore assess what it believes are the key areas of enquiry and provide appropriate challenge. These could be for example:

- due process is not being followed
- the interests of the members and of the public are not being appropriately represented
- the trust is at risk of breaching the conditions of its licence.

Councils of governors may not always agree with the decisions taken by the directors, and directors do not always have to adhere to the council’s preferences. However, the board of directors, as a whole, does have to give due consideration to the views of the council of governors, especially in relation to matters that concern the interests of the members of the NHS foundation trust and the public.<sup>9</sup>

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<sup>7</sup> [Your statutory duties – a reference guide for governors](#), p19.

<sup>8</sup> [Your statutory duties – a reference guide for governors](#), p28.

<sup>9</sup> Ibid.

Chapter 4, section 4.1 of the guide for governors gives a complete description of this duty.

### **What is the role of councils of governors?**

Overall responsibility for running an NHS foundation trust lies with the board of directors, and the council of governors is the collective body through which directors explain and justify their actions. Holding to account is therefore not about the performance of individual directors, nor performance management of the board – that is, the council's role is as follows:

1. To consider the board's account of its performance against the criteria that the council has agreed with the board and based on the conditions in the provider licence.
2. To question the board on its account and feedback in a considered manner based on the evidence presented (asking for more evidence if necessary and reasonable).
3. In extreme cases, to raise difficult issues and, after listening to the account of the board, to consider contacting NHS England if it forms a reasonable belief that the trust is in danger of breaching the terms of its licence.

### **Updated considerations for governors to discuss with their trust's board regarding system working**

1. The success of an individual foundation trust will increasingly be judged against its contribution to the objectives of the ICS. This means the board's performance must now be seen in part as the trust's contribution to system-wide plans and their delivery, and its openness to collaboration with other partners, including with other providers through provider collaboratives. In holding non-executive directors to account for the performance of the board, NHS foundation trust councils of governors should consider whether the interests of the public at large have been factored into board decision-making, and be assured of the board's performance in the context of the system as a whole, and as part of the wider provision of health and social care.

Councils of governors are permitted to demonstrate the interests of the public at large to the board if they feel that the board is not operating in the public's

interests. (For further detail, please see Section 2.1b: Representing the interests of trust members and the public.)

2. Consideration should also be given to how the trust board's decision-making complies with 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, as well as the role the trust is playing in reducing health inequalities in access, experience and outcomes.
3. The statutory duties of councils of governors have not changed, and the relationship of councils of governors remains with their own foundation trust board, the ICB or any other part of the system(s) their trust operates in. It remains the case that if governors are acting outside the context of a council meeting they do so solely as individuals, ie outside their statutory role as governor.

### **Illustrative scenario 1: A council of governors considers the role the NHS foundation trust has played within the ICS in holding the non-executive directors to account for the performance of the board**

To hold the non-executive directors to account, the council of governors may already have a number of approaches in place, including:

1. Observing the contributions of the non-executive directors at board meetings and during meetings with governors.
2. Gathering information on the performance of the board against its strategy and plans.
3. Receiving the trust's quality report and accounts and questioning the non-executive directors on their content.

These allow the council of governors to determine its key areas of concern and provide appropriate challenge.

The council of governors is mindful that NHS England has now set a clear expectation that NHS foundation trusts will collaborate effectively with system partners to co-design and deliver plans, and that the failure of a trust to do so may be treated as a breach of governance licence conditions.

To form a view about the trust's contribution to system performance and development, the council of governors may need to adapt its approaches.

1. Seeking to understand the arrangements for the trust's contribution to shared planning and decision-making forums – eg system and place-based arrangements and provider collaboratives – and how the interests of patients and the public are considered.
2. Requesting information on the ICP's integrated care strategy and the ICB's five-year joint plan from the board to understand how the trust's plans relate to overarching system development.
3. Requesting information on the ICB's performance from the board to understand how the trust's performance relates to that of its system.
4. Receiving assurance from non-executive directors that the board's decisions comply with the triple aim duty – better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources – and have the opportunity to question the non-executive directors about this.

The trust is expected to ensure that the council of governors is provided with appropriate information, and that the governors are given opportunities to meet the board to raise questions about the trust's role within the system, or systems, of which it is part.

## **b. Representing the interests of trust members and the public**

### **What are the legal requirements?**

Under the 2006 Act, councils of governors have a duty to represent the interests of the members of the NHS foundation trust and the public.



## General considerations

The general duty to represent the interests of members and the public includes (but is not limited to) all other statutory duties that councils of governors are expected to fulfil, and should underpin all elements of their role as outlined in the guide for governors and the NHS foundation trust's own constitution. The council of governors should therefore interact regularly with the members of the trust and the public to ensure it understands their views, and to clearly communicate information on trust and system performance and planning in return. However, governors should take care to disclose only those matters that the trust considers non-confidential.<sup>10</sup>

Councils of governors must be mindful that a number of different bodies and organisations (such as Healthwatch) represent the interests of the public, and governors should therefore work collaboratively with one another and with other representative bodies, to ensure that the public has been as broadly represented as possible.

It should be noted that while staff, patient, carer and service user governors represent specific constituencies, they are also expected to represent the interests of the members of the trust as a whole and the public at large.

Chapter 4, section 4.2 of the guide for governors gives a complete description of this duty.

### **Updated considerations for governors to discuss with their trust's board regarding system working**

1. Each ICB will be expected to build a range of engagement approaches into its activities at every level, and to prioritise engaging with groups affected by health inequalities in access, experience and outcomes, in a culturally competent way. This will be supported by a legal duty for each ICB to make arrangements to involve patients, unpaid carers and the public in planning and commissioning arrangements, and by a continuation of existing foundation trust duties relating to patient and public involvement, including the role of foundation trust governors.
2. Councils of governors are not restricted to representing the interests of a narrow section of the public served by the NHS foundation trust – that is, patients and the

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<sup>10</sup> [Your statutory duties – a reference guide for governors](#), p31.

public within the vicinity of the trust or those who form governors' own electorates. To discharge this statutory duty, councils of 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.

3. **There is no expectation that the way governors undertake this duty should materially change.** However, councils of governors should be assured that their trust is engaging widely, and when engaging with the public themselves, councils of governors need not limit their engagement to the public and patients in their electorate or personal networks. They may also work with their board to consider how best to engage with other bodies and organisations in their system that represent the interests of the public at large (such as voluntary sector organisations and Healthwatch). Governors must also adhere to their trust's communications or media policies when engaging and communicating with the public.
4. In some cases, councils of governors will need to consider the interests of patients and the public in other parts of their system and beyond their own ICS. This can be because the trust:
  - a. is located within a large ICS or is geographically distant from other system partners
  - b. has a specialist service footprint
  - c. is near a geographical boundary and may provide services to members and patients from other ICSs

Governors should work with their board to consider how to represent the interests of the public across a wide geographical footprint or in other ICSs.

## **Illustrative scenario 2: An NHS foundation trust and its council of governors work together to strengthen mechanisms by which the council of governors can consider the views of the wider public**

The council of governors may already have various ways through which it engages with members and the public. These may include 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. The council of governors may also have agreed routes for feeding views back to the board, such as regular reports or presentations at council meetings.

To strengthen mechanisms to consider the views of the wider public, the council of governors should take additional steps:

1. Working with the trust to use technology to engage with members and the public. This could include adding to face-to-face interactions with virtual engagement via online events, which could improve accessibility for some patient cohorts and the public.
2. Considering how it can engage with other stakeholders that have a role in promoting the interests of patients and the public, 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.
3. Asking for information on how the trust intends to address health inequalities in both its own plan and contributing to that for the wider system. This could be supplemented as appropriate with the population health data (eg demographics and deprivation data) that underpins the ICB's planning, including the identification of unmet need. This helps the council of governors understand the impact of action taken by the trust to address health inequalities.
4. If the trust's footprint is wide, or even extends beyond its ICS (because it sits in a large ICS, provides specialist services or sits on a geographical boundary), the council of governors might work with its board to consider how best to represent the interests of members and the public; for example, by:

- a. being aware of how the trust's services are used and accessed
- b. being assured that the trust has considered the impact of any changes or decisions on the public using its services, irrespective of what system they are in
- c. being assured that the trust has assessed the impact of its decisions on the care being provided to patients across the ICS.

## 2.2 Taking decisions on significant transactions, mergers, acquisitions, separations and dissolutions (Chapter 10 of the guide for governors)

### c. Approving significant transactions, mergers, acquisitions, separations or dissolutions

Chapter 10 of the guide for governors explains what a 'significant transaction' is.

It may also be helpful to refer to Appendix 10: Legal and regulatory requirements for transactions of the [Transactions guidance](#)<sup>11</sup> for a more detailed and operational definition.

#### What are the legal requirements?

Under the 2012 Act:

- **More than half the members of the full council of governors of the trust voting** need to approve the foundation trust entering into any significant transaction, as specified in the trust's constitution. This means more than half the governors who are in attendance at the meeting and who vote at that meeting.
- **More than half the members of the full council of governors** must approve any application by the foundation trust to merge with or acquire another trust, to separate the trust into two or more new NHS foundation trusts or to dissolve the trust. This means more than half the total number of governors, not just half the number who attend the meeting at which the decision is taken. If the other party

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<sup>11</sup> Assuring and supporting complex change: Statutory transactions, including mergers and acquisitions

to the proposed transaction is also an NHS foundation trust, more than half the governors of that foundation trust must also approve the transaction.<sup>12</sup>

### **What are councils of governors asked to take a decision on?**

The 2006 Act states that the foundation trust's constitution "must provide for all the powers of the organisation to be exercisable by the board of directors on its behalf".<sup>13</sup> As such it is the board of directors that must decide 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 (that is, has undertaken due diligence), and that it has appropriately considered the interests of members and the public as part of the decision-making process.<sup>14</sup> As long as they are appropriately assured of this, governors should not unreasonably withhold their consent for a proposal to go ahead.<sup>15</sup> They should consider the implications of withholding consent in terms of the key risks the transaction was designed to address.

Given councils of governors have no power of delegation, they can only make decisions in full council. Hence, they should attempt to reach a consensus based on the broad views of the council members. In common with boards of directors, they should not allow themselves to be unduly influenced by the views of individuals, but instead should attempt to ensure that all voices are heard and considered.

The council of governors must obtain sufficient information from the board of directors on the proposed significant transaction, merger, acquisition, separation or dissolution to make an informed decision.<sup>16</sup>

Chapter 10 of the guide for governors gives a more complete description of this duty.

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<sup>12</sup> [Your statutory duties – a reference guide for governors](#), p60.

<sup>13</sup> Paragraph 15(2) of Schedule 7 to the [NHS Act 2006](#).

<sup>14</sup> [Your statutory duties – a reference guide for governors](#), p63–4.

<sup>15</sup> Ibid.

<sup>16</sup> Ibid.

## **Updated considerations for governors to discuss with their trust's board regarding system working**

1. Governors need to be assured that the process undertaken by the board in reaching its decision was appropriate, and that the interests of the 'public at large' were considered. A council can disagree with the merits of a particular decision of the board on a transaction, but still give its consent because due diligence has been followed and assurance received. To withhold its consent, the council of governors would need to establish that appropriate due diligence was either not undertaken or properly factored into decision-making.
2. All transaction proposals need to demonstrate a clear case for change to meet NHS England's assurance requirements, including how they will result in material improvements to the quality of services. Benefits arising from the transaction could be for the patients served by the trust or the wider public, eg by impacting patients of other providers or reducing health inequalities across the population. In the context of the NHS' new way of working, this means that councils of governors may well be expected to consent to decisions that benefit the broader public interest while not being of immediate advantage to or creating some level of risk for their NHS foundation trust. Consent should not be given for decisions that benefit the NHS foundation trust without regard to the effect on other NHS organisations, or the overall position of a wider footprint such as an ICS.

### **Illustrative scenario 3: A council of governors approves a significant transaction that may not immediately benefit the individual trust but overall does benefit the population of the wider ICS**

The council of governors provides consent because the board has adequately assured it that the appropriate process has been followed.

This significant transaction may not immediately benefit the individual NHS foundation trust but overall is expected to benefit the population of the wider ICS. Some governors disagreed with the merits of the board's proposed transaction, but the full

council gave consent because all processes have been followed, the interests of the public at large have been considered and assurance has been received.

To reach this decision:

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

## 3. Working with the board

This section contains suggested approaches to support better working between the council of governors and the board, along with examples of developmental activities already underway across trusts.

### 3.1 Building relationships and understanding roles

#### Key relationships

- Trust secretary/membership manager and governor liaison role
- Trust chair
- Trust non-executive directors
- Trust chief executive officer
- Trust board and/executive directors
- Foundation trust members

## Practical tips

Governors will receive an induction from their organisation. They should familiarise themselves with the following documents, along with any others their trust secretary, membership manager or anyone in a governor liaison role signposts them to:

- trust's constitution
- Code of Conduct
- confidentiality and data protection policies
- conflict of interest policies
- communications policy
- Nolan principles.

These documents help governors understand the principles and processes by which their trust is governed, outline the composition and general duties of the board, and set out expectations of governor conduct.

It is important that trust boards and their governors act in line with the Nolan principles and are open and transparent with one another. Doing so creates a better environment for challenging conversations.

For more information please refer to Chapter 2 of [Your statutory duties: A reference guide for NHS foundation trust governors](#) which outlines the governance structure of NHS foundation trusts. Please also see your trust's own constitution for information that is specific to your own organisation.

## 3.2 Supporting governors to fulfil the duties of a council of governors

### Key relationships

- Trust secretaries/membership manager and governor liaison role
- Trust chair
- Trust non-executive directors
- Trust chief executive officer
- Trust board/executive directors



## Expectations: communications and engagement

Governors can expect to attend a variety of meetings organised by the trust, which intend to help inform their decision-making, and to support governors in fulfilling their duties. Formally, this will include council of governor meetings and annual members meetings. Governors should also be encouraged to attend public trust board meetings.

The trust may also organise other meetings or forms of engagement such as:

- informal meetings such as Q&As with the chief executive or chair, and workshops with the non-executive directors or board
- regular briefings to members and governors from the chief executive or chair
- ad-hoc briefings or dissemination of information as an issue arises
- non-executive director updates at council of governor meetings.

The board should engage early with the governors about transaction plans. From the outset directors and governors should agree a process for engagement on the transaction, to include:

- the content and timing of information to be provided to governors and any training needs
- how the views of members will be sought and stakeholders kept informed
- how governors can get involved with developing the future governance model, eg by working on the constitution for the post-transaction foundation trust.<sup>17</sup>

## 3.3 Supporting governors to understand their duties in the context of ICSs and system working

### Key relationships

- Trust chair
- Trust chief executive officer
- Trust board secretary/membership manager and governor liaison role

## Expectations: communications and engagement

- The trust's chair should facilitate engagement between the ICB, the ICP and the trust's council of governors.

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<sup>17</sup> Assuring and supporting complex change: Statutory transactions, including mergers and acquisitions

- The trust should also ensure governors are updated in a timely way on system plans, decisions and delivery.
- The trust should ensure governors receive information on the ICP's integrated care strategy and the ICB' five-year forward plan, as decisions and aspects of delivery that directly affect the trust and its patients.
- The council of governors should consider how it can support its board to engage with patients and the community across the geography of the ICS.

There is no agreed way that a trust should do this. Suggestions based on existing examples are:

- Attending public trust board meetings to listen to the discussion on ICS arrangements. This should also indicate whether the board is acting in the wider public interest and provides an opportunity to hear the types of questions non-executive directors are asking in this respect.
- Board members providing ICS updates at council meetings to ensure that governors are well informed and have an opportunity to ask questions.
- Governor engagement sessions arranged by the ICB or ICP to update on progress in the delivery of system plans.
- The chair cascading key messages after an ICP or ICB meeting.

## Practical tips

Your trust 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 ICP?
- What is the membership of the board and committees of the ICB?
- How is the trust contributing to the ICS, and what is the impact of the ICS on existing trust plans?
- How is the trust's decision-making complying with 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?

## 4. Further information

For national context:

- [NHS Long Term Plan](#)
- [Integration and innovation: working together to improve health and social care for all](#)
- [Integrated care systems: design framework](#)

Relevant NHS England guidance:

- [Statutory transactions guidance](#)
- [Guidance on pay for very senior managers in NHS trusts and foundation trusts](#)
- [NHS Oversight Framework 2022/23](#)
- [Guidance on good governance and collaboration](#)

Other resources for governors:

- Govern Well – [NHS providers' national training programme for governors](#)

NHS England  
Wellington House  
133-155 Waterloo Road  
London  
SE1 8UG

This publication can be made available in a number of alternative formats on request.

## COUNCIL OF GOVERNORS MEETING: 16 November 2022

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**Agenda item:** 85/22

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

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

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

**Action required:** For noting

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### 1.0 **Background**

This item sets out to report on the matters and discussions at the Governors Member Engagement Group (The Group) meeting held on 25 October 2022.

### 2.0 **Mid-Term Governor Elections 2022**

The Group discussed the mid-term Governor Elections, including opportunities undertaken to promote both the elections and the role of Governor. The nominations phase of the elections would close on 3 November, with the Group discussing any additional actions which could be taken.

The Group noted that as part of the review of the Constitution consideration was being given to the constituencies.

Post meeting note - At the close of the Nominations phase on 03 November 2022, one nomination had been received for the Wentworth North public constituency and three nominations for the Staff Governor roles. The latter will now proceed to the voting phase.

### 3.0 **Annual Members Meeting 2022**

The Group took the opportunity to reflect upon the Annual Members Meeting (AMM) once again held virtually on 20 September 2022.

The Group considered the AMM had been professional in its presentation and informative as to Trust activities and had provided information as to the new system working.

The AMM recording had, to date, received circa 159 views, which if similar to 2021, it was anticipated would increase in the coming weeks and months.

The Group anticipated that there would be a return to a face to face AMM in 2023, which would encompass the statutory requirements, in addition to other opportunities to showcase Trust services.

### 4.0 **Membership data**

The Group received membership data, outlining the demographics of the current membership. This data would support areas to prioritise future engagement activities and opportunities to increase the membership.

The Group will be exploring production of the membership application leaflet in different languages, inclusion of information on appointment and discharge letters, and staff membership being an 'opt out' system rather than the current one of 'opting in'.

## **5.0 Engagement Opportunities**

The Group continue to explore opportunities to engage with the membership, and received a detailed report from the Head of Governance as to activities arranged within the community during October and November 2022.

The Group agreed that engagement opportunities should continue to be explored, and where possible Governors to attend existing community events or locations where there is guaranteed footfall (e.g. supermarkets), rather than events being specifically arranged.

Currently, Governors attending external events would require a member of Trust staff also to be in attendance. However, the Group agreed the recommendation that Governors should undertake conflict resolution training which would enable them (in pairs) to attend engagement events unaccompanied by a member of Trust staff. This training session will be held on 06 December 2022 at 4pm in the Lecture Theatre at the hospital.

For information, attached at appendix 1 is the latest iteration of the engagement calendar as presented to the Group.

## **6.0 Governors Surgery**

The Group received a report relating to Governors Surgeries, which have now resumed, with the first sessions having been held in September and October 2022.

A further session is planned for 16 November 2022 and would be held at Breathing Space as part of their World COPD day.

Feedback from the September and October Governors Surgeries is detailed at appendix 2, and as part of the submission of this report to the Council of Governors includes management responses.

## **7.0 Recommendations**

The Council of Governors is asked to:

- i. Note the activities of The Group;
- ii. Continue to support the engagement activities, such as the Governors Surgery and other engagement opportunities being arranged in the community;
- iii. Attend the conflict resolution training in order to enable Public and Partner Governors to undertake unaccompanied engagement activities in the community

## Governor Engagement Opportunities / Events Calendar

### Yet to be included:

- **Local Parish Council events - local knowledge from Governors**
- **RMBC events – none on their events page currently**
- **Opportunities to engage with women** – Head of Governance meeting with Partner Governor on 27 October 2022 for advice about how to target women in engagement activities.
- **Learning and Development Team – happy to include any leaflets with any careers events they attend**

### Included since August 2022 Governors' Member Engagement Group meeting:

- Events taking place in specific constituencies where there are Governor vacancies – events planned and some held during October 2022.
- Opportunities with local ethnic communities – events planned during October 2022 targeting the areas of Rotherham with the populations that are currently underrepresented in our Membership and on the Council of Governors

Month / Year	Date	Event	Requirements
September 2022	3 <sup>rd</sup> and 4 <sup>th</sup>	Stand at Rotherham Show or at least Governor presence  Discussions are being held within the Trust regarding purchasing a stand.	Governor participate – seek views from patients / general public ambassador of role of governor Share information on membership and role of governor Promoted on website Pictures from show on website to include Governors Trust having an area at the Show to cover number of services  <i>Governors indicated they could attend, but were not available on the day</i>
	21st	Walk round with Senior Nurses	Ability to promote role of Governor
	28th	Governors Surgery	Governor participate – seek views from patients / general public ambassador of role of governor Share information on membership and role of governor  <i>2 Governors participated in the session</i>
	TBC	Recorded interview for Local Radio specifically about upcoming elections	Chairman / Lead Governor  17.10.2022 - Paid coverage on RB1 Radio (seven 30 second spots per day) for 14 days during election period to promote elections

Month / Year	Date	Event	Requirements
	15 <sup>th</sup>	Chamber Means Business Exhibition	Free event being run by Barnsley and Rotherham Chamber of Commerce. 5 day delegate tickets received to attend and on reserve list for a stand  'Chamber Means Business is an annual exhibition which has been put together to give member businesses the opportunity to promote themselves and their products and services'.  <i>Trust Chairman attended – no Governors available</i>
	20 <sup>th</sup>	Annual Members Meeting	Specific reference to upcoming elections in presentation Lead Governor raised the profile of Governors in his section
	20 <sup>th</sup>	Public Panel	Governors attend public panel, ensuring that screen name indicates that they are attending representing the Council of Governors to hear the views of the public.
October	11 <sup>th</sup> AM	Walk round with Senior Nurses	Promote role of Governor
	11 <sup>th</sup> PM	<b>Park Rehabilitation Centre</b>	Promote role of Governor and try to recruit Members  <i>2 Public Governors attended with Head of Governance</i>
	17 <sup>th</sup> at 11am	<b>Breathing Space: Choir session</b>	<i>No Governors available</i>
	18 <sup>th</sup>	Public Panel	Governors attend public panel, ensuring that screen name indicates that they are attending representing the Council of Governors to hear the views of the public.
	18 <sup>th</sup>	Interview with Lead Governor for website	Interview recorded on 18 <sup>th</sup> October 2022. Will be edited then uploaded to the Trust's website.
	18 <sup>th</sup> at 10am	<b>Breathing Space: 5 min slot on rehab session</b>	<i>No Governors available for time slot</i>



Month / Year	Date	Event	Requirements
	18 <sup>th</sup> at 2pm	<b>Breathing Space: 5 min slot on rehab session</b>	<i>No Governors available for time slot</i>
	19 <sup>th</sup>	Governors Surgery	Governors participate – seek views from patients / general public ambassador of role of governor Share information on membership and role of governor Session promoted via social media prior to the session  <i>1 Governor held a session</i>
	24 <sup>th</sup> at 10am	<b>Breathing Space: 5 min slot on rehab session</b>	<i>No Governors available</i>
	24 <sup>th</sup> at 2pm	<b>Breathing Space: 5 min slot on rehab session</b>	<i>1 Public Governor and Corporate Governance Manager will attend</i>
	24 <sup>th</sup> 2pm to 5pm	<b>Rotherham Ethnic Minority Alliance (REMA) at the Unity Centre, Rotherham</b>	<i>2 Public Governors and Head of Governance will attend</i>
	25 <sup>th</sup> 2pm to 7pm	<b>Stand on Main Street at Gulliver's Theme Park</b>	<i>No Governors available</i>
	26 <sup>th</sup> Any time	<b>Stand at main entrance to Morrisons in Catcliffe</b>	<i>No Governors available</i>
	31 <sup>st</sup>	UECC Public Event	Ambassador of role of governor in attending
November	2 <sup>nd</sup>	<b>Breathing Space 'Breatheasy support Group'</b>	<i>1 Partner Governor and a member of the Corporate Governance team will attend</i>
	3 <sup>rd</sup>	Walk round with Senior Nurses	Promote role of Governor in attending

Month / Year	Date	Event	Requirements
	15th	Public Panel	Governors attend public panel, ensuring that screen name indicates that they are attending representing the Council of Governors to hear the views of the public.
	16 <sup>th</sup> 10.30am to 2pm	Governors Surgery <b>to be held at Breathing Space as part of their World COPD day</b>	Governor participate – seek views from patients / general public ambassador of role of governor Share information on membership and role of governor Promote in advance via electronic media
	By end of month	Lead Governor blog or similar for website	Lead Governor – ideally something after each Council of Governors meeting providing feedback
December	6th	Walk round with Senior Nurses	Promote role of Governor
	13th	Public Panel	Governors attend public panel, ensuring that screen name indicates that they are attending representing the Council of Governors to hear the views of the public.
	14th	Governors Surgery	Governor participate – seek views from patients / general public  ambassador of role of governor  Share information on membership and role of governor  Promote in advance via electronic media
<b>2023</b>			
January	24th	Walk round with Senior Nurses	
February	TBC	Governors Surgery	Governor participate – seek views from patients / general public  ambassador of role of governor  Share information on membership and role of governor  Begin to promote role as part of elections process

Month / Year	Date	Event	Requirements
		Lead Governor blog or similar for website	Lead Governor – ideally something after each Council of Governors meeting providing feedback
March	13th	Walk round with Senior Nurses	
	TBC	Governor Surgery	Governor participate – seek views from patients / general public ambassador of role of governor Share information on membership and role of governor Begin to promote role as part of elections process
April	21st	Walk round with Senior Nurses	
May	16th	Walk round with Senior Nurses	
		Lead Governor blog or similar for website	Lead Governor – ideally something after each Council of Governors meeting providing feedback
June	8th	Walk round with Senior Nurses	

Feedback from Governors Surgery

1.1 Below is feedback obtained from the session held on 28 September:

Governor 1

Patient 1 (arrived early for appointment)

Generally, very happy with all aspects of service, thought the hospital had easy access to services, including the café, and is comfortable.

- Excellent staff, current health problem was detected through a different issue but was dealt with quickly and effectively. He felt that as a patient he was not forgotten, and the staff stood by their promise.
- Commencing treatment in another hospital which he felt was too big and too busy. TRFT was quieter and provided a better service

Visitor 1 (transport for family member)

Has been visiting and transporting elderly family members for a number of years.

Raised issues across a number of areas:

- Cleanliness, said the hospital is 'filthy', wards are dirty with cleaning staff wiping around items, rarely seen to lift and clean the entire surface.
- Toilets across the hospital are a disgrace, toilet tissue left on the floor for a number of hours (return visits) on one occasion found blood-stained tissues in the toilet facility.
- A lack of cleaning equipment, cleaners having to clean with water because no chemicals are available/provided.
- Struggled to identify who staff members were and their role from uniforms, asking questions of visible staff members who wouldn't know the answer. The ward structure is thought to be chaotic and disorganised. Mismanagement was mentioned.
- The visitor process was shambolic and disruptive. Considered noisy and intrusive and open at all times of the day with little or no consideration for others on the ward and allowed to behave how they wanted.
- Car parking charges, why, should be free.
- Paramedics were praised for their commitment, however, to see a queue of ambulances waiting outside A&E/UECC was considered a waste of valuable resources and needs to be addressed urgently.

### Visitor 2 (transport for family member)

Transporting elderly family member to out-patients clinic

- Was not aware of the route to the clinic and parked in the main car park, adding distance and time to the patient's journey. Questioned the ability to share this information with the carer, note to elderly patient on appointment letter.
- Transport to and from hospital appointments was raised, local patients are well served by public transport, those in outlying areas are not, generally erratic and struggles to consider the need or purpose. Each provider works in isolation with little regard for practicalities.
- Cost of car parking and other general services is considered poor, outsourcing transfers the solution but not the ownership.

### **Summation**

Overall, medical and health provision was thought to be consistently good, no complaints about treatment nor practitioners who were praised for the service they provide on the frontline.

Infrastructure and support were viewed as a hindrance and detracting people's perception of the organisation. Standards were low with little perceived ownership of solution and 'pocketing the money' without meeting requirements, a consequence of 'outsourced' cost savings.

### **Governor 2**

#### Patient 1:

First experience of hospital in 40 years, came in as COVID patient by ambulance. Treatment excellent and staff could not have been better

Whilst in hospital found lump on neck and removed as day surgery – was cancerous.

Very impressed by treatment and staff.

Return visit related to skin matter – happy with appointment time.

All aspects positive

Not interested in membership or role of Governor

#### Patient 2:

Whilst an inpatient for hernia operation contracted pneumonia and in a coma

Transferred to another local hospital as could not treat at Rotherham.

Other hospital found complications from hernia operation

Transferred back to Rotherham – found twisted hernia and re-operated. Stoma inserted and further complications over many months.

Transferred to Sheffield – further complications resulting in part of bowel being removed

Four operations and in a coma 3 times, ongoing rehabilitation as a result and with no ongoing support.

No positives for the Trust

## 1.2 Feedback from session held on 19 October 2022

The Governor spoke to 24 people during his session. All had visited a cross section of the Trust's services. Of these 23 had given positive feedback – good or very good – with one being negative as they considered that they had been misdiagnosed.

Specific comments on areas which could be improved related to car parking and accessibility for disabled patients i.e. wheelchair availability and distance from carpark to some of wings of hospital.

## 1.3 Feedback from a Governor following the first Surgery

“The earliest time for the surgery should be 10:00am, a similar footfall exists but with people arriving and departing and having more time.” This has and will continue to be factored into future sessions.

“People were not aware of who, or what we were doing, and tended to avoid approaching and when approached were a little reluctant to have conversation, fearing the intrusive from simply a lack of knowledge and understanding of its purpose.” Social media and other electronic methods will be utilised to promote events, rather than printed material.

## 1.4 Management Responses.

It is clear that actual patient feedback was overall extremely positive apart from the issues where the patient felt they had received an incorrect diagnosis. But we are not able to comment further as this feedback is anonymous and we have no way of knowing if this had already been part of the concerns or complaints process.

Following all the powerful and emotive feedback from patients, relatives and staff over the past 2 years, we standardised visiting times across all adult wards in March 2022 from 11am – 8pm. This was to improve the patients' experience by encouraging loved ones to be part of their recovery, reducing unnecessary stress and anxiety by working with the family and loved ones for the benefit of patients. This arrangement also allows visitors to visit at a time that suits them, rather than all visitors arriving for a very condensed period of time. We have also adopted John's Campaign, which is a national pledge to encourage carers of people living with Dementia or experiencing delirium whenever they need, including overnight if necessary. With more open visiting, patients receive all the care they normally would, but with visitors receiving better updates face to face, rather than the ward phone ringing constantly.

In terms of uniforms, we would encourage all our colleagues to introduce themselves to patients and relatives by starting the conversations with 'Hello, My Name Is' so people understand who is looking after them. All staff wear badges to help identify who they are.

The comments about paramedics and ambulances waiting outside UECC it is unclear if this was due to a personal experience or their personal point of view due to the media coverage.

Regarding comments about the standards of cleanliness, we accept that healthcare establishments must be able to demonstrate how and to what standard they are being cleaned. The Rotherham NHS Foundation Trust cleaning is audited to the National Standards of Healthcare Cleanliness 2021.

The 2021 standards reflect modern methods of cleaning, infection prevention and control (IPC) and other changes since the last review, and important considerations for cleaning services during a pandemic; and emphasise transparency to assure patients, the public and staff that safe standards of cleanliness have been met.

The Trust provides assurance of cleanliness through various audits. PLACE (Patient Led Audit of the Care Environment), weekly multidisciplinary walkarounds with facilities, estates, clinical and infection prevention and control colleagues. As a result of the valuable Governors Surgery feedback received, we have initiated independent ward and department audits which include auditing the ward environment and Facilities Audits which audit to the National Standards of Healthcare Cleanliness 2021.

Our domestic cleaning staff are trained initially on commencement of employment and receive ongoing training throughout their employment with Trust. In response to the feedback, our domestic team training is to be reiterated in the interest of service and quality improvement.

A review of cleaning equipment stock levels is being undertaken upon receipt of this feedback.

There will be times when a toilet area is cleaned and is then used soon after and is left in an undesirable state. Toilets in public areas are cleaned four times per day. Each toilet area has a cleaners' sign off sheet with a name and number of who to contact if there any concerns regarding the cleaning standard within the area. Toilets on wards are cleaned three times daily and if there are any concerns regarding the cleaning standard feedback can be provided to any member of ward staff.

Regarding car parking charges, the Trust charges staff and visitors for car parking as do the majority of NHS organisations in England and income is reinvested in the maintenance of these facilities. The Trust charges marginally less than our local peer hospitals for car parking.

# **Audit Completion Certificate issued to the Council of Governors of The Rotherham NHS Foundation Trust for the year ended 31 March 2022**

In our auditor's report dated 20 June 2022 we explained that the audit could not be formally concluded until we had completed the work necessary to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

This work has now been completed.

No matters have come to our attention since 20 June 2022 that would have a material impact on the financial statements on which we gave our unqualified opinion.

## **The Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources**

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022.

In our auditor's report dated 20 June 2022 we reported that we had identified a significant weakness in the Trust's arrangements for the year ended 31 March 2022. On the basis of our work, having regard to the guidance issued by the Comptroller and Auditor General in December 2021, we have no further matters to report in this respect.

## **Certificate**

We certify that we have completed the audit of The Rotherham NHS Foundation Trust in accordance with the requirements of chapter 5 of part 2 of the National Health Service Act 2006 and the Code of Audit Practice.



Mark Dalton, Key Audit Partner  
For and on behalf of Mazars LLP

5<sup>th</sup> Floor  
3 Wellington Place  
Leeds  
LS1 4AP

25 August 2022



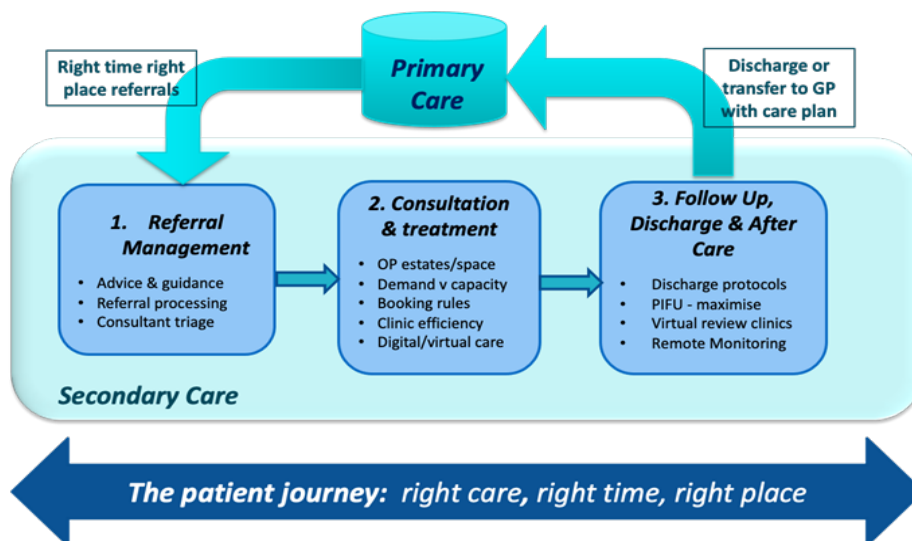
**Agenda item:** 87/22  
**Report:** Out-Patient Transformation Programme  
**Presented by:** Sally Killgariff – Chief Operating Officer  
**Author(s):** Ben Gray – AD of Strategy, Planning and Delivery  
**Action required:** To note.

**Introduction:**

In May 2022 a paper was presented which outlined the Trust’s ‘Outpatient Transformation Programme’. This paper set out the programme overview, its objectives and the proposed workplan to deliver these objectives. This paper provides an update on progress.

**The Programme:**

The programme, as shared in May, is outlined below. This has been designed to consider the full journey of the patient through our services and how this interacts with primary care.



**Programmes to date:**

There has been generally good progress made across several areas over the last 6 months. These are summarised as follows against the main areas of the programme outlined above.

**1. Referral Management**

- a) Integration with eRS to Meditech to allow for clinical triage of referrals within the meditech system.
- b) Clinical triage rollout plan agreed across a range of specialities and has gone live in Cardiology

- c) Reporting now in place for short notice clinical cancellations which is being discussed with service teams

## **2. Consultation and Treatment**

- a) 'Bookwise' electronic room booking now launched and in place, utilisation information will now be available
- b) Creation of dedicated 'virtual consultation' space which are now bookable to facilitate virtual appointments

## **3. Follow up and Discharge**

- a) PIFU rolled out to 10 of the 12 'in-scope' specialities. This includes all templates and clinical documentation approved and signed off by the service.

### **Next Steps**

While there has been progress made, there is further work to be done across a range of areas. This will initially focus on the following areas:

- Embedding of the PIFU process within services and increasing use of this pathway in line with national expectation
- Roll out of clinical triage into all applicable services, ensuring this information is accurately recorded, reporting, and paid.
- Review of clinical triage 'value' and ensure that it is adding value to the patient and reducing unnecessary appointments.
- Utilisation of the clinical triage process to also support and improve our referral pathways and reduce the 'rejected' referrals in line with national criteria.
- Determine the preferred (and possible) solution to the provision of pre referral advice and guidance within the Trust

**Board of Directors' Meeting**  
**04 November 2022**

<b>Agenda item</b>	P168/22
<b>Report</b>	<b>Finance Report</b>
<b>Executive Lead</b>	Steve Hackett, Director of Finance
<b>Link with the BAF</b>	D6: We will not be able to deliver our services because we have not delivered on our Financial Plans for 2022/23 in line with national and system requirements leading to financial instability and the need to seek additional support.
<b>How does this paper support Trust Values</b>	<p>This report supports the Trust's vision to always ACT the right way and be PROUD to provide exceptional healthcare to the communities of Rotherham by adhering to the core values – (A)mbitious, (C)aring and (T)ogether and focussing on our strategic ambitions:</p> <ul style="list-style-type: none"> <li>(a) (P)atients - We will be proud that the quality of care we provide is exceptional, tailored to people's needs and delivered in the most appropriate setting for them;</li> <li>(b) (R)otherham - We will be proud to act as a leader within Rotherham, building healthier communities and improving the life chances of the population we serve;</li> <li>(c) (O)ur partners - We will be proud to collaborate with local organisations to build strong and resilient partnerships that deliver exceptional, seamless patient care;</li> <li>(d) (U)s - We will be proud to be colleagues in an inclusive, diverse and welcoming organisation that is simply a great place to work;</li> <li>(e) (D)elivery - We will be proud to deliver our best every day, providing high quality, timely and equitable access to care in an efficient and sustainable organisation.</li> </ul> <p>Exercising strong financial management, control and governance is a key component element in the Trust achieving these ambitions.</p>
<b>Purpose</b>	<b>For decision</b> <input type="checkbox"/> <b>For assurance</b> <input checked="" type="checkbox"/> <b>For information</b> <input type="checkbox"/>
<b>Executive Summary</b> (including reason for the report, background, key issues and risks)	<p>This detailed report provides the Board of Directors with an update on:</p> <ul style="list-style-type: none"> <li>• Section 1 – Financial Summary for April to September 2022: <ul style="list-style-type: none"> <li>○ A summary of the key performance metrics linked to income and expenditure (including cost improvement performance), capital expenditure and cash management.</li> </ul> </li> <li>• Section 2.1 – Income &amp; Expenditure Account for April to September 2022:</li> </ul>

	<ul style="list-style-type: none"> <li>○ Financial results for the first six months of the financial year 2022/23. <ul style="list-style-type: none"> <li>- A surplus to plan of £112K in month and £46K year to date;</li> <li>- A similar surplus to the (external) control total in month and year to date. The control total is what the Trust's performance is measured against with NHSE/I, having normally adjusted for depreciation on donated assets. The figures are significantly different this year (year to date) due to non-cash income for the take-on of donated finance leases under IFRS 16 (£685K) as at 1<sup>st</sup> April 2022 and a contribution to capital expenditure (£1,137K) for the Public Sector Decarbonisation scheme.</li> </ul> </li> <li>● Section 2.2 – Income and Expenditure Account Forecast Out-Turn <ul style="list-style-type: none"> <li>○ An initial forecast out-turn up to 31<sup>st</sup> March 2023 of £2,839K deficit to plan and equally the control total: an in-month improvement of £420K.</li> <li>○ At this point the Trust will be reporting externally to the ICB and NHSE/I that it will be delivering to plan, rather than the current forecast above.</li> <li>○ All services must strive to deliver a significant improvement against the Efficiency Programme (CIP) - both in year and full year effect - as this is pivotal to ensuring achievement of the plan and to ensure a robust financial baseline for the 2023/24 financial year.</li> </ul> </li> <li>● Section 3 – Capital Expenditure 2022/23 <ul style="list-style-type: none"> <li>○ Results for the first six months of the financial year 2022/23 show expenditure of £2,567K year to date compared to a budget of £3,617K: an under-spend of £1,050K (29%).</li> <li>○ The forecast out-turn for the full financial year is indicating expenditure in line with the Trust's CDEL value i.e. £12,733K.</li> </ul> </li> <li>● Section 4 – Cash Flow 2022/23 <ul style="list-style-type: none"> <li>○ A cash flow graph showing actual and forecast cash movements between April 2021 and March 2023. This includes: <ul style="list-style-type: none"> <li>- Actual month-end values for April 2021 to September 2022, with a closing cash position of £27,653K as at 30<sup>th</sup> September 2022 - £6,398K better than plan;</li> <li>- Planned month-end values for October 2022 to March 2023; and</li> </ul> </li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>- Forecast month-end values for the same period with a forecast closing cash position as at 31<sup>st</sup> March 2023 of £17,141K, which is £2,375K lower than plan.</li> </ul>
<p><b>Due Diligence</b> (include the process the paper has gone through prior to presentation at Board of Directors' meeting)</p>	<p>This report to the Board of Directors has been prepared directly from information contained in the Trust's ledgers and is consistent with information reported externally to NHSE/I.</p> <ul style="list-style-type: none"> <li>o The overall financial position for I&amp;E has been reviewed collectively by and agreed with the senior Finance Team together with the Director of Finance.</li> <li>o CIP performance has been discussed with the CIP (Efficiency) Board chaired by the Deputy Chief Executive.</li> <li>o The capital expenditure position has been discussed and reviewed by the Capital Planning &amp; Monitoring Group, chaired by the Director of Finance.</li> <li>o More comprehensive and detailed reports of the financial results have been presented to Finance &amp; Performance Committee and the Executive Team.</li> </ul>
<p><b>Board powers to make this decision</b></p>	<p>Within Section 4.5 of Standing Financial Instructions – Budgetary Control and Reporting – paragraph 4.5.1 states that <i>“The Director of Finance will devise and maintain systems of budgetary control. These will include:</i></p> <p>(a) <i>Financial reports to the Board, in a form approved by Finance &amp; Performance Committee on behalf of the Board.”</i></p>
<p><b>Who, What and When</b> (What action is required, who is the lead and when should it be completed?)</p>	<p>Further action, as discussed at the monthly performance meetings and with Finance and Performance Committee is noted, as per Section 2.4 of the report and will be reported verbally to the Board at the meeting.</p>
<p><b>Recommendations</b></p>	<p>It is recommended that the Board of Directors note the content of the report.</p>
<p><b>Appendices</b></p>	<p>None.</p>

**Report as considered by Board of Directors  
Council of Governors agenda item 88/22**

**1. Key Financial Headlines**

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

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

Key Headlines	Month			YTD			Forecast	Prior Month
	P £000s	A £000s	V £000s	P £000s	A £000s	V £000s	V £000s	FV £000s
 I&E Performance (Actual)	(240)	(128)	112	127	173	46	(2,839)	(3,259)
 I&E Performance (Control Total)	(383)	(271)	112	(1,419)	(1,373)	46	(2,839)	(3,259)
 Capital Expenditure	793	638	155	3,617	2,567	1,050	0	0
 Cash Balance	(2,688)	(1,466)	1,222	21,254	27,653	6,398	(2,375)	(2,326)

1.2 The Trust has under-spent against its I&E plan in September 2022, leading to a marginal under-spend of £46K year to date. The control total is what the Trust's performance is measured against with NHSE/I, having normally adjusted for depreciation on donated assets. The figures are significantly different this year due to non-cash income for the take-on of donated finance leases under IFRS 16 (£685K) as at 1<sup>st</sup> April 2022 and a contribution to capital expenditure (£1,137K) for the Public Sector Decarbonisation scheme included in the year to date values.

1.3 The forecast out-turn is showing a deficit of £2,839K to plan, which is an improvement of £420K on last month's forecast. The Trust will be reporting delivery of the plan externally, given that it is only Month 6. All services must strive to deliver a significant improvement against the Efficiency Programme (CIP) - both in year and full year effect - as this is pivotal to ensuring achievement of the plan and to ensure a robust financial baseline for the 2023/24 financial year.

1.5 Capital expenditure is below plan at present by £1,050K, despite a significant improvement in month. There has been slippage on investment in most schemes so far this year. This will need to be closely monitored going forward by the Capital Planning & Monitoring Group chaired by the Director of Finance.

1.6 The cash position at the end of September 2022 is still very strong, being further above plan in month. This strong position is expected to be maintained throughout the financial year despite forecasting to be below plan at 31<sup>st</sup> March 2023, which assumes Reserves will be used to cover the forecast out-turn deficit on I&E in order to deliver in line with plan.

**2. Income & Expenditure Account**

**2.1 In Month and Year to Date Performance for Month 6 (September 2022)**

2.1.1 Appendix 1 shows the financial results both in month and year to date. The Trust has delivered a surplus to plan in September 2022 of £112K, giving a year to date surplus to plan of £46K.

Summary Income & Expenditure Position	AP £000s	Month			YTD			2022/2023
		P £000s	A £000s	V £000s	P £000s	A £000s	V £000s	Monthly Trend / Variance
Clinical Income	308,916	28,233	28,245	12	154,967	155,189	222	
Other Operating Income	25,664	2,218	2,255	37	13,564	13,712	148	
Pay	(224,559)	(22,522)	(22,598)	(76)	(112,774)	(113,359)	(585)	
Non Pay	(89,663)	(8,409)	(8,406)	3	(44,735)	(45,440)	(705)	
Non Operating Costs	(4,684)	(390)	(355)	35	(2,342)	(2,244)	98	
Reserves	(15,952)	631	731	100	(8,552)	(7,684)	867	
<b>Retained Surplus/(Deficit)</b>	<b>(278)</b>	<b>(240)</b>	<b>(128)</b>	<b>112</b>	<b>127</b>	<b>173</b>	<b>46</b>	
Adjustments	(2,407)	(143)	(143)	(0)	(1,546)	(1,546)	(0)	
<b>Control Total Surplus/(Deficit)</b>	<b>(2,685)</b>	<b>(383)</b>	<b>(271)</b>	<b>112</b>	<b>(1,419)</b>	<b>(1,373)</b>	<b>46</b>	

2.1.2 Clinical Income has remained consistent with plan in month and remains ahead of plan year to date, relating to additional income for direct and specialised commissioning (£156K), additional out of area treatments (£26K) and patient charges regarding insurance claims (£27K). The Trust has received additional income in month of £2,502K (Full year effect £5,005K) to fund the additional impact of national pay awards for 2002/23, which have been paid in month.

2.1.3 Other Operating Income has similarly remained stable against budget in month and marginally ahead of plan year to date. The latter is a reflection of increased income from research, education & training (£119K), staff recharges (£173K) and non-clinical services recharges (£145K) across various services. Some of these will be a direct offset to additional expenditure incurred. This is being offset by reduced income from car parking charges from patients and visitors (£183K), which is currently well below pre-covid levels.

2.1.4 Pay costs are over-spending marginally in month and to date. Under-spends on substantive staff across most services is being offset by over-spends on bank and agency staffing. However, the Trust also has an outstanding CIP target of £1,228K year to date, which is clearly a significant contributory factor to the cumulative position.

2.1.5 Non-Pay costs are in line with budget in month and over-spending year to date. This is linked to increased expenditure on non-clinical costs – general supplies and services (£208K); establishment costs (£192K); transport (£217K) and premises (£275K) offset by an under-spend on depreciation charges of £199K.

2.1.6 Non-Operating Costs reflect continuing increases on interest receivable on cash balances held with Government banking services.

2.1.7 £100K and £867K has now been released from Reserves in month and year to date to reflect the level of over-delivery on CIPs that is not credited against divisional targets, to maintain consistency with the previous months' reported and forecast positions. Cost containment and CIP delivery will need to be managed proactively across all services if the Trust is to deliver against its overall plan successfully.

## 2.2 Forecast Out-Turn Performance to 31<sup>st</sup> March 2023

2.2.1 Appendix 3 shows the forecast out-turn for the financial year 2022/23. The Trust is forecasting to deliver a £2,886K deficit to plan during the remainder of the financial year

resulting in a forecast out-turn deficit of £5,524K or £2,839K adverse variance to plan. This represents a £420K improvement upon last month's forecast.

Summary Income & Expenditure Position	AP £000s	FO (Full Year) £000s	AV (YTD) £000s	FV £000s	TV £000s	2022/2023 Monthly Trend / Variance
Clinical Income	308,916	309,325	222	186	408	
Other Operating Income	25,664	26,333	148	521	669	
Pay	(224,559)	(228,493)	(585)	(3,349)	(3,934)	
Non Pay	(89,663)	(91,311)	(705)	(943)	(1,647)	
Non Operating Costs	(4,684)	(4,490)	98	97	195	
Reserves	(15,952)	(14,482)	867	602	1,470	
<b>Retained Surplus/ (Deficit)</b>	<b>(278)</b>	<b>(3,118)</b>	<b>46</b>	<b>(2,886)</b>	<b>(2,839)</b>	
Adjustments	(2,407)	(2,407)	(0)	0	(0)	
<b>Control Total Surplus/ (Deficit)</b>	<b>(2,685)</b>	<b>(5,524)</b>	<b>46</b>	<b>(2,886)</b>	<b>(2,839)</b>	

- 2.2.2 Clinical Income is forecast to increase above plan from further specific additional income expected from commissioners.
- 2.2.3 Other Operating Income is forecasting significant increases in income from education & training (£224K), staff recharges (£253K) and both SLA and non-SLA non-clinical income recharges (£206K), which is being offset by still further reductions in car parking income being below plan (-£189K) for patients and visitors. A lot of this additional income will equally be offset by further increases in pay and non-pay expenditure.
- 2.2.4 Pay is showing a very significant deterioration in performance but this does include, as yet, unidentified CIP budget reductions of £3,076K.
- 2.2.5 Non-Pay costs are similarly showing a significant deterioration in performance, primarily linked to unidentified CIP budget reductions of £492K, but also continued increasing costs in the current areas of over-spend i.e. general supplies & services, establishment, transport and premises.
- 2.2.6 Non-Operating Costs reflect increased income from interest receivable on money deposited with Government banking services that continues to increase due to continued buoyant cash balances and now increased interest rates.
- 2.2.7 Performance on Reserves improves significantly reflecting the full year effect of the over-delivery on CIPs that are not credited against divisional targets.
- 2.2.8 The Trust will not be submitting a forecast adverse variance to plan to the ICB or NHSE/I, but assumes appropriate management action and the use of Reserves will enable the Trust to deliver its overall plan as a minimum by 31st March 2023 i.e. a year end deficit of £2,685K.
- 2.2.9 Cost containment and CIP delivery will need to be managed proactively across all services, with clear action plans being developed over the coming weeks and months, if the Trust is to deliver against its overall plan and successfully transferring into the next financial year.



### 3. Capital Programme

#### 3.1 In Month and Year to Date Performance for Month 6 (September 2022)

3.1.1 During July 2022 the Trust incurred capital expenditure of £638K against a budget of £793K representing an under-spend of £155K and a year to date under-spend of £1,050K as shown in the table below.

Scheme Categories	AP	Month 6			YTD		
		P	A	V	P	A	V
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Estates Strategy	5,847	125	468	(343)	1,626	1,659	(33)
Estates Maintenance	1,720	88	56	32	366	332	34
Information Technology	1,691	417	69	348	924	405	519
Medical & Other Equipment	3,475	163	(6)	169	701	326	375
Contingency	0	0	51	(51)	0	(156)	156
<b>Surplus/(Deficit)</b>	<b>12,733</b>	<b>793</b>	<b>638</b>	<b>155</b>	<b>3,617</b>	<b>2,566</b>	<b>1,050</b>
<b>IFRS16 Adjustment</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>17,760</b>	<b>(17,760)</b>

3.1.2 Within these reported figures there are credits relating to accruals that have dropped out where expenditure was lower than the accrual raised at year end and VAT adjustments. After adjusting for agreed revenue to capital transfers have were actioned last month this leaves a balance showing against Contingency of £156K.

3.1.3 Any works or goods accrued at year end where invoices have now been received have been matched off up to Month 6; where the invoice has not yet been received the accrual has been carried forward and will be released against receipt of the invoice, which could see the balance on the Contingency fluctuate upwards or downwards as a consequence.

3.1.4 From the 1<sup>st</sup> April 2022, the Trust has adopted IFRS16, in line with other NHS organisations. This is a technical accounting standard requiring any assets acquired by the Trust via leasing arrangements to be brought onto the balance sheet (if not already). The figures have increased in month by £1,592K as a consequence of lease periods being clarified (extended) and actual property rent increase being applied from 1<sup>st</sup> April 2022. These assets, totaling £17,760K will need to be accounted for in the capital expenditure position, but will not impact on the Trust's initial overall CDEL position – effectively being managed centrally at a national level.

#### 3.2 Forecast Out-Turn Performance to 31<sup>st</sup> March 2023

3.2.1 The table below shows the capital expenditure forecast out-turn for 2022/23 with the Trust forecasting to use all its CDEL capacity and spend in line with budget on its capital programme, totalling £12,733K.

Scheme Categories	AP	A	F	FOT	V
	£000s	M1 - M6 £000s	M7- M12 £000s	£000s	£000s
Estates Strategy	5,847	1,659	4,188	5,847	0
Estates Maintenance	1,720	332	1,388	1,720	0
Information Technology	1,691	405	1,286	1,691	0
Medical & Other Equipment	3,475	326	3,351	3,677	(202)
Contingency	0	(156)	(46)	(202)	202
<b>Surplus/(Deficit)</b>	<b>12,733</b>	<b>2,566</b>	<b>10,167</b>	<b>12,733</b>	<b>0</b>

3.2.2 The position shows that further credits of £46K are required (above the £156K shown against the Contingency in Paragraph 3.1.2 above) in order to ensure that expenditure remains within budget; this figure is expected to fluctuate over the next few months as accruals drop out, and the position relating to credits could either increase or decrease. This relates to a timing issue with the MRI Scanner which effectively under-spent last financial year, but is forecast to over-spend this financial year, although expenditure overall is within the total budget allocated.

3.7 A bid has been submitted for £1.9 million of Frontline Digitalisation funding, which has been made available nationally. The criteria for funding has changed since the initial submission and it is believed that the schemes put forward will potentially not be approved as they do not fully meet the new criteria.

3.8 However, the Trust has received confirmation that it has been successful in bidding for the following schemes, which will be funded through additional PDC:

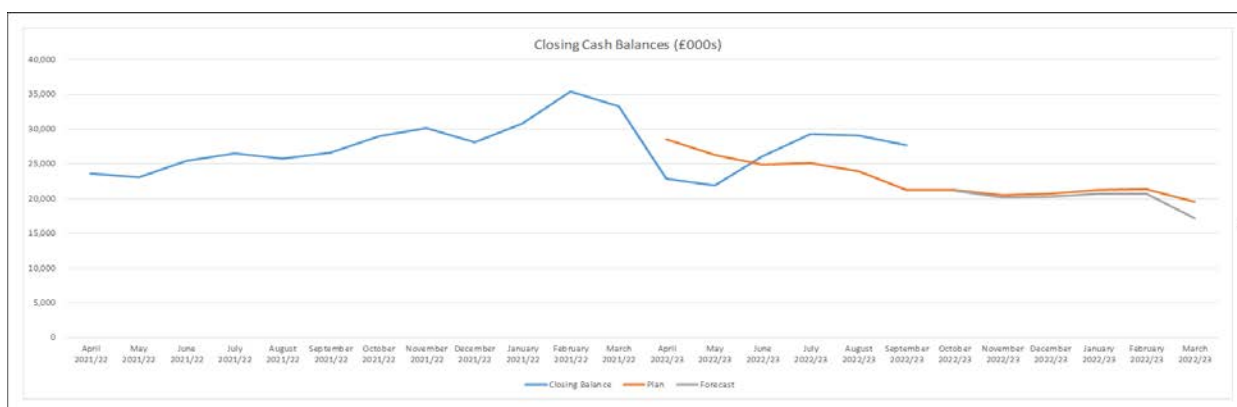
- (a) Community Diagnostic Centre - £930K
- (b) Upgrade to the MRI Scanner - £28K
- (c) Homeworking stations - £23K

The Trust is waiting for the memoranda of understanding (MOUs) to confirm funding, before reflecting these values in the plan.

3.9 Capital Planning & Monitoring Group, chaired by the Director of Finance is responsible for overseeing the capital programme and is already considering what actions that could be taken in future months if in year slippage continues or indeed increases towards year-end.

#### 4. **Cash Management**

4.1 Cash remains buoyant as at 30<sup>th</sup> September 2022 (£27,653K), which is £6,398K better than plan. This is primarily due to significant non-committal of Reserves linked to elective recovery costs and associated loss of income. The latter will not now occur, as nationally it has been confirmed that there will no clawback of income for under-performance in the second half of the financial year. Confirmation of the same had previously been confirmed by NHSE/I for the first of the financial year.



4.2 The forecast suggests a further reduction in cash throughout the year with an overall reduction compared to plan of £2,375K due to reduced depreciation charges and increased stock values, with a forecast closing balance at 31<sup>st</sup> March 2023 of £17,141K.

- 4.3 Cash will be boosted further if the Trust is required and can deliver a break-even position, but this will be subject to further discussions with the ICB, which may or may not happen in the coming months.
- 4.4 The Board will need to closely monitor cash balances throughout the year in light of these risks and opportunities and any subsequent requirement to improve against its current plan.

**Steve Hackett**  
**Director of Finance**  
**14<sup>th</sup> October 2022**

## **COUNCIL OF GOVERNORS MEETING: 16 November 2022**

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**Agenda item:** 89/22(i)

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

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

**Action required:** To note

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1.0 FPC continues to meet monthly, with Chair's Assurance Logs from recent meetings provided to the Board of Directors at their meeting to demonstrate the degree of assurance received on all key matters.

### **2.0 Divisional Updates**

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

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

3.1 The Committee continues to consider the Board Assurance Framework (BAF) and risk register at each meeting. A new BAF risk has been added to reflect the potential risks of operational and financial delivery in 2023/24. Further work is required to assess the risk target and associated controls/actions for review at the November Committee meeting.

### **4.0 Operational Plan Priorities Update**

4.1 The Committee reviewed two of the eight priorities in detail, patient discharge effectiveness and service delivery patient level costing, which were presenting a significant risk to overall delivery and had been escalated to the Executive Team.

4.2 Teams are working very hard on progressing all priorities given the operational challenges and this will need to be sustained over the winter period to deliver the required KPIs. It was agreed that the Trust is in a better position on priorities in comparison to previous years.

### **5.0 Operational Performance Update**

5.1 The Committee welcomed the new report and the transparency on the trajectories on the key metrics to inform on/off track performance over the remainder of the financial year.

5.2 The Committee noted the regular meetings with partners to escalate key discharge issues. The Deputy Chief Executive confirmed that there was positive progress on discharge with partners being held to account. The Committee requested clarity on delays, whether internal or external, in future reports.

5.3 Recovery continued through the month, with additional schemes to insource activity and utilise the independent sector being implemented.

## **6.0 Winter Plan**

6.1 The Committee has reviewed the final winter plan for the Trust and also the Rotherham Place plan outlining the resilience arrangements being put in place across Rotherham to provide the capacity to maintain quality, flow and patient safety during the pressured winter months. The Committee received an update on how the integrated better care fund was being utilised to support discharge and flow in the system over winter.

6.2 The Committee supported approval of the plan by the Board with £1.6m funding to support the operational pressures.

## **7.0 Financial Position**

6.1 Positive financial position reported with a surplus to plan in month and year to date. The cash position is better than plan and capital expenditure is below budget. The agreed full year financial plan remains achievable at this stage.

6.2 A half year in depth balance sheet review has been undertaken with no issues highlighted.

6.3 The Committee requested an early consideration of the draft financial and performance plans for 2023/24 to understand the key choices for consideration by the Board.

6.4 In terms of the Cost Improvement Programme (CIP), despite improvements month on month, it was reiterated that all divisions and corporate areas must strive to deliver a significant improvement in their CIP forecasts, both in year and full year effect, as this was pivotal to ensuring a robust financial baseline for the 2023/24 financial year.

## **7.0 Cyber Security**

7.1 The Committee reviewed the key deliverables since the last update in May 2022. It was reported that external Penetration testing took place in July 2022 with no significant issues being identified.

**Nicola Bancroft**

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

## COUNCIL OF GOVERNORS MEETING: 16 November 2022

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**Agenda item:** 89/22(ii)

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

**Presented by:** Jo Bibby, Non-Executive Director Chair of People Committee

**Author(s):** as above

**Action required:** To note

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1.0 PC continues to meet monthly, with Chair's Assurance Logs from recent meetings provided to the Board of Directors meeting to demonstrate the degree of assurance received on all key matters.

### 2.0 People Committee Workshop Feedback

2.1 The Committee discussed the outcomes from the workshop held on 17 August 2022. The workshop focused on the Trust's People Strategy and the NHS People Plan.

2.2 The Committee agreed that agenda items moving forward will require more structure and clearer strategic intent. The Committee will use the BELL framework (Build, Engage, Lead and Learn) to structure the agenda and develop the annual work plan.

### 3.0 Workforce Report

3.1 The Committee received and noted the Workforce report highlighting the following:

- Sickness absence for September increased to 6.67% remaining above target.
- The appraisal season closed with only one Division achieving the target of 90%.
- Core MAST training is currently 7% above target at 92%.
- National staff survey has commenced
- Staff Flu and Covid vaccination rate is currently around 45% which is in the upper quartile across Yorkshire and Humber

### 4.0 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Annual Reports

4.1 Further work had been carried out on both reports to highlight the priority areas for action. The Committee noted that the next steps as articulated within the action plans would continue to be developed during the course of the year.

4.2 The Chair of the Committee, Trust Chairman and Director of Workforce have met to agree final sign off prior to publication on the Trust's public website.

Both documents can be found on the Trust's website:

[https://www.therotherhamft.nhs.uk/Equality\\_and\\_Diversity/Equality\\_and\\_diversity\\_monitoring\\_data/](https://www.therotherhamft.nhs.uk/Equality_and_Diversity/Equality_and_diversity_monitoring_data/)

## **5.0 Risk Register and Board Assurance Framework (BAF)**

5.1 The Committee discussed the risk register and BAF aligned to it and noted an emerging risk relating to medical staffing.

5.2 The Committee was assured on the process and noted the progress made in relation to action planning.

## **6.0 Divisional Update**

6.1 Since the last report to the Council of Governors, the PC have received presentations from the Senior Management Teams from the Division of Medicine.

6.2 Key highlights were:

- A divisional recognition award is awarded each week to celebrate the staff;
- Key successes include registered nurse recruitment especially international nurse recruitment and retention; recruitment to medical consultant vacancies which has added an additional 10 medical consultants to the workforce;
- Key risks include sustained operational pressures; seasonal pressures; Covid and flu; frequent operation at Level 4.

**Jo Bibby**

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

## COUNCIL OF GOVERNORS MEETING: 16 November 2022

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**Agenda item:** 89/22(iii)

**Report:** **Report from Audit and Risk Committee (ARC)**

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

**Author(s):** as above

**Action required:** To note

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1.0 The Audit Committee has met once since the last meeting of the Council of Governors, with this report providing an update in a number of key areas.

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

2.1 The Committee received an update in relation to progress made against the risk Management Improvement Plan noting that the majority of the actions had been completed but that some actions remained.

2.2 The Committee further noted the positive direction in terms of maturity of the systems with confidence that all actions will be completed by May 2023.

2.3 The Committee discussed the Risk Appetite Statement as agreed at the Strategic Board Session in October and welcomed the plan to disseminate throughout the organisation with the intention this will enable discussion around risk appetite to be part of the decision making processes within the Trust.

### 3.0 **Legal Report**

3.1 The Committee noted the significant progress made in relation to reporting of legal matters with a recognition that a plan is in place to embed learning from litigation.

### 4.0 **Internal Audit (360 Assurance)**

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

4.2 The Business Continuity review had been completed and had received a significant assurance rating.

4.3 The recommendations from each of the reviews are tracked through to completion by 360 Assurance, with the current first follow up rate being 85%.

### 5.0 **Counter Fraud (360 Assurance)**

5.1 The Audit Committee continues to receive a report at each meeting relating to counter fraud matters.

### 6.0 **External Audit (Mazars)**



6.1 The Committee received and noted receipt of the Audit Completion Certificate with positive assurance noted for 2021-22.

## **7.0 Standing Financial Instructions**

7.1 The Committee noted that the annual review of the Standing Financial Instructions (SFI's) had been undertaken.

7.2 Although the review had not highlighted any specific amendments, the Committee considered a further report proposing standardisation of quotation and tender financial limits across all providers within the South Yorkshire Integrated Care System.

7.3 The Committee has approved the changes to the Trust's SFI's.

## **8.0 Financial Reporting**

8.1 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.

8.2 The Committee further considered and approved a report to write of historic debts accumulations for overseas visitor charges.

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

## COUNCIL OF GOVERNORS MEETING: 16 November 2022

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**Agenda item:** 89/22(iv)

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

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

**Action required:** To note

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- 1.0 The Quality Committee continues to meet monthly, with Chair's Assurance Logs from recent meetings provided to the Board of Directors 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 QC have received a presentation from the Senior Management Teams from the Division of Urgent and Emergency Care (August), Division of Surgery (September) and Division of Medicine (October).
  - 2.2 Additional support will be provided to the Divisions to ensure the Quality Committee receives and has sufficient focus on performance against Quality Metrics.
- 3.0 **Board Assurance Framework and Risk Register**
  - 3.1 The Committee continues to receive reports on a monthly basis against the Board Assurance Framework (BAF) and the Risk Register. Additional controls and mitigations and gaps in controls are now being highlighted through the discussions at the Committee
- 4.0 **Chief Nurse and Medical Directors highlight Report**
  - 4.1 A new joint report from the Chief Nurse and Interim Medical Director has recently been introduced that provides an overview of activity across both portfolios.
  - 4.2 On 5th 2022 October a small team from NHS England to the Trust undertook an invited review of Safeguarding services, the final report has not been received but early high level feedback was given showing very positive findings for both Children's and Maternity pathways.
- 5.0 **Operational Plan: Quality Improvement – Bi monthly Report**
  - 5.1 The Committee noted that the plan was ahead of target, the post for Head of Quality Improvement had been recruited to and all 5 key milestones and metrics had been delivered on.

## 6.0 Patient Safety Committee

- 6.1 Two main areas of concern were raised and discussed in relation to progress against two Quality Priorities these were:
- i. Clear digital identification of clinically unwell patients to drive quality improvements;
  - ii. Ensuring digitally requested investigations are reviewed and responded to appropriately.
- 6.2 The Quality Committee has asked for additional assurance reports on progress to be provided to the November Committee.

## 7.0 Medication Safety Committee

- 7.1 The matter of controlled drugs (CDs) in UECC had previously been raised by the CQC, Pharmacy have been successfully working with UECC in order to improve the storage and recording of use of CDs, and this work is to be replicated in the Acute Medical Unit (AMU) in future months.
- 7.2 For TRFT historically the medicine reconciliation rates have been around the 55% mark, last month this had improved to 73% medicines reconciliation rate. The national benchmark level is currently 67%.

## 8.0 Ockenden Report

- 8.1 There are ongoing workforce challenges with gaps due to maternity leave, long term sickness and short term sickness; although there have also been a number of new starters within the service. Despite this, as an organisation our maternity services are performing well.
- 8.2 With regards to the Maternity Incentive Scheme there has been a further update to the guidance, this was circulated on the 13th October 2022. Although this is midway through the financial year the indicative data so far demonstrates that the Maternity service at TRFT has achieved 10 out of the 11 Clinical Quality Improvement Metrics (CQUIMS).
- 8.3 It was reported that the still birth rate has decreased year on year from 4.2 per 1000 births to 2.32 per 1000 births.

## 9. Care Quality Commission

- 9.1 The Committee continues to receive updates by way of a new Quality Assurance Report presented every quarter. This provides the Committee with updates on progress around the Quality Improvement agenda in addition to progress around the action plans relating to CQC inspections

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

## **COUNCIL OF GOVERNORS MEETING: 16 November 2022**

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**Agenda item:** 89/22(v)

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

**Presented by:** Heather Craven, Chair, Charitable Funds Committee

**Author(s):** as above

**Action required:** To note

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1.0 Since the last report to the Council of Governors, the CFC has met twice on 16 August 2022 and 18 October 2022. The Committee is now chaired by Heather Craven, Non-Executive Director.

### **2.0 Financial Position**

2.1 As previously reported, donations continue to be received, however they remain lower levels than pre-pandemic. The Charity currently has sufficient funds to cover existing and pre-committed costs.

2.2 Various fundraising activities have been undertaken by individuals and the Charity has organised various events including a sky dive. A calendar of events for the future that will be organised by the Charity has been agreed.

### **3.0 Annual Report and Accounts 2021/22**

3.1 The Committee has considered the draft 2021/22 Annual Report and Accounts prior to submission to the Corporate Trustee for approval.

### **4.0 Charity Strategy**

4.1 The Corporate Trustee has approved the strategy developed by the Committee. The Charity Strategy covers the next three years.

4.2 There will be a brand refresh and the Charity will be a partner with RFHT in mutually agreed projects and will support requests to enhance the care and treatment of patients above NHS provision and will support staff of the RFHT.

4.3 The strategy will seek to increase the financial strength and sustainability of the Charity and is underpinned with a number of key objectives.

4.4 This first year of the strategy is heavily focused on putting in place the building blocks for the Charity but will include the preparation for launching its first major appeal in partnership with RFHT. This appeal is likely to be focussed around Cancer. The Charity continues to explore the approach to be taken and will be visiting Chesterfield Royal Hospitals NHS Foundation Trust together with executives from RFHT to look at the potential areas for the Trust to launch an appeal.

4.5 The committee will oversee the strategy on behalf of the Corporate Trustee and will assess its performance at the year end.

## **5.0 Charity Risk Register**

- 5.1 Similar to the Trust, the Charity has in place a risk register. The 14 identified risks are monitored on a routine basis by the CFC. The risks will be mitigated by the implementation of the strategy.

## **6.0 Committee Governance**

- 6.1 The Committee has taken the opportunity to undertake an assessment against the Charity Governance Code. The assessment was carried out utilising the operational plan developed to deliver the strategy and an action plan has been developed and approved. The position against the Code would be reassessed every two years.
- 6.2 An assessment has also been undertaken against The National Council for Voluntary Organisations' Charity Ethical Principles. No areas were identified that the Charity did not meet.

**Heather Craven**

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

**Board of Directors' Meeting**  
**04 November 2022**

<b>Agenda item</b>	P164/22
<b>Report</b>	<b>Operational Objectives 2022/23 Review</b>
<b>Executive Lead</b>	Michael Wright, Deputy Chief Executive
<b>Link with the BAF</b>	P1, R2, OP3, U4, D5, D6
<b>How does this paper support Trust Values</b>	<p>Ambitious – The paper provides detail of the delivery of the ambitious operational objectives for 2022/23.</p> <p>Together – colleagues work together to ensure that the continual monitoring and assurance of operational objectives is underpinned by robust governance arrangements.</p>
<b>Purpose</b>	<p><b>For decision</b> <input type="checkbox"/>    <b>For assurance</b> <input checked="" type="checkbox"/>    <b>For information</b> <input type="checkbox"/></p>
<b>Executive Summary</b>	<p>The purpose of this paper is to present to the Board of Directors a review of progress against the 2022/23 Operational Plan priorities and associated programmes as at Months 5 and 6.</p> <p>At the end of Month 6, eight programmes are individually BRAG rated green (on track) and five are BRAG rated amber (not on track).</p> <p>For the purpose of providing board assurance committees with an update on delivery in terms of completion of programme objectives, risks and issues, a half year check point review has been undertaken by the Delivery and Improvement team.</p> <p>The review has highlighted four key projects deemed to be high risk in terms of overall delivery by the end of the year and as such it has been necessary to formally escalate a change request to the Executive Management Team.</p> <p>The following programmes were subsequently escalated on 20<sup>th</sup> October.</p> <p>P.3.2: Ensure discharge arrangements are highly effective and sustainable through working with Rotherham partners</p> <p>P4.1: Improve our staff facilities and increasing wellbeing support available to our staff</p> <p>P4.2: Divisional leadership teams will undertake a bespoke leadership development programme</p> <p>P5.3: Implement new systems to better understand the cost of our service delivery at patient level</p>

	A summary of the escalation reports and the decisions taken by the Executive Management Team are covered in the relevant assurance committee updates detailed in this report.
<b>Due Diligence</b>	The content of individual monthly highlight reports has been presented to Quality Committee and Finance and Performance Committee meetings held in October 2022. Papers were, however, not called for consideration at the People Committee scheduled to take place in October due to the requirement to escalate Priority 4 to the Executive Management Team.
<b>Board powers to make this decision</b>	The principal purpose of the Board is to support the timely delivery of the Trust's strategic objectives / Annual Operational Plan, whilst being assured as to compliance with appropriate statutory and legislative requirements, such as those determined, inter alia, by the Care Quality Commission (CQC).
<b>Who, What and When</b>	Individual Executive Directors act as Executive SROs (Senior Responsible Officers) for each area for ensuring achievement of the Operational Objectives and priorities and are responsible for realising the relevant milestones.
<b>Recommendations</b>	It is recommended that Board consider any actions or additional assurance required as a result of this report.
<b>Appendices</b>	1: Operational Objectives 2022-23 Programme Highlight Reports (August – September 2022)

**Report as considered by Board of Directors  
Council of Governors agenda item 90/22**

**1.0 Introduction**

1.1. The Operational Plan for 2022/23 is built around 5 key priorities aligned to the Trust's strategic PROUD framework:-

- **P1 Patients:** Empower our teams to deliver improvements in care
- **P2 Rotherham:** Ensure equal access to services
- **P3 Our Partners:** Work together to succeed for our communities
- **P4 Us:** Commit to a focus on workplace wellbeing and compassionate Leadership
- **P5 Delivery:** Implement sustainable change to deliver high quality, timely and affordable care





1.2 The priorities are supported by 13 operational programmes that have been set out in formal mandates agreed at the Trust Board meeting held in May 2022.

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

1.4 This paper presents a high level update on progress during Months 5 and 6 against the thirteen programmes of work and reports, by exception, any areas of concern with recommendations for continuance into the next planning cycle.

**2.0 Progress against Operational Objectives and Priorities**

2.1 Each of the programmes supporting the delivery of the Trust's Operational Objectives and Priorities have been BRAG rated (Blue, Red, Amber, Green) as to their status at the end of September 2022 as illustrated below:

-  Completed/Closed
-  On track
-  Not on track
-  Significantly not on track

2.2 The following tables provide the summary position at Months 5 and 6 on each of the programmes of work with their respective BRAG rating. More detailed highlight reports are attached at Appendix 1.



## PRIORITY 1 Patients - Empower our teams to deliver improvements in care

Programme	Scope	Summary Position	Status
<b>P1.1 Implement a Quality Improvement Methodology in the Organisation</b>	Agree our organisational approach to quality improvement by evaluating and agreeing the Trust model to be used, launch our new Quality Improvement approach across the Trust and begin implementation.	Interviews for the Head of Quality Improvement position took place on 14 <sup>th</sup> October and an appointment has been made. The role profile for the Quality Improvement Associate Medical Director is due to be finalised once the new Medical Director is in post in December. Cohort 2 Quality, Service Improvement and Re-design (QSIR) trainees (22 delegates) have been identified and their 5 day training programme will commence in October. It is expected that 4 delegates from this Cohort will go on to complete the QSIR Assessor training course. The first two Assessors identified through Cohort 1 will complete their training round the middle of October. QSIR Assessors will then be in place with a plan to deliver 3 x QSIR-Practitioner Programmes plus 3 x QSIR-Virtual Programmes through 2023/24 and each year thereafter. The first QSIR Virtual programmes (comprising 4 x 2 hour sessions) are scheduled to take place in December and January. There are currently 12 Quality Improvement projects in implementation as a result of Cohort 1 training. A central repository for QI projects is now in place and details of all projects will be shared on the QSIR page on the trust Hub once development of the site has been completed. Cohort 3 training will be completed in March 2023. Action learning sets and the development of Cohorts 1 and 2 "buddying" scheme will progress after Cohort 2 QSIR Practitioners have completed their training.	<b>GREEN</b>
<b>P1.2 Embed effective quality governance processes and practices across our organisation</b>	Reset our quality governance expectations and embed revised, effective practices and processes across our organization, restructuring relevant teams as appropriate.	The business case for the Head of Clinical Governance and Data Analyst posts has been approved by Executives. The new Data Analyst role will support both Quality Improvement and Quality Governance teams. Recruitment for the Data Analyst post will commence mid-October. The divisional governance leads engagement sessions were completed in September as planned. A paper outlining the re-alignment of internal Quality Governance structures will be presented to Executives on 20 <sup>th</sup> October. Advertisement for the Head of Clinical Governance post has therefore been delayed until November/December.	<b>GREEN</b>
<b>P1.3 Deliver the Trust Quality Priorities</b>	Deliver the 9 Quality Priorities for 2022-23	This sub-programme is out of scope for Operational Plan highlight reporting to Quality Committee therefore BRAG status will be provided for assurance purposes only for the remainder of this year.	<b>GREEN</b>

## PRIORITY 2 Rotherham - Ensure Equal Access to Services

Programme	Scope	Summary Position	Status
<b>P2.1 Ensure equal access to services and reduce health inequalities in Rotherham</b>	Uphold the requirements set out in the NHS national planning guidance 2022-23 and NHS Long Term plan in relation to health inequalities and service provision and take proactive action to improve health equity across Rotherham, building our services to be inclusive and	Operational pressures (Level 4) have caused delays in finalisation (awaiting Speech and Language Therapy input) and distribution of communication stations to clinical areas. Translation materials and have now been finalised and are awaiting print along with Impaired hearing, Learning Disabilities and Autism resources have also been finalised awaiting print. Ongoing research and collation of available "waiting well" services in Rotherham. "Waiting well" work streams currently being finalised to include administrative IMD (Index of Multiple Deprivation) segmentation, Prehab/Lifestyle support and Holistic considerations. Meeting has been scheduled with Communications team to progress the trust website content. Initial meetings ongoing	<b>GREEN</b>

Programme	Scope	Summary Position	Status
	accessible for those that need them and encouraging our colleagues to instill positive health behaviors in themselves and our patients.	with key "Waiting well" stakeholders to discuss work streams and pilot projects to test proof of concept.	
<b>P2.2 Implement year one of our Green Plan</b>	Implement the ambitions set out within our Green Plan and move towards delivering on the NHS net Zero Challenge reducing the environmental impact of the Trust	Draft Green Delivery Plan received from Nifes Consulting, currently under review for sign-off. Carbon Efficiency Fund Year 1 validation complete, minor shortfall in performance due to metering issues which is currently being addressed. Public Sector Decarbonisation fund schedule on track for delivery by March 2023 in line with Memorandum of Understanding.	<b>GREEN</b>
<b>P2.3 Enhance our digital services to support patients and their families across Rotherham</b>	Advance our digital offer to patients and their families, and ensure this supports our communities to better manage their interactions with us	Rotherham Health App utilisation is consistently increasing month on month. The Maternity Portal test site is setup and training is underway for the Health Informatics Applications team who will then configure the system with a view to completion by end November. The Maternity Portal will allow parents to interact with the service on line. Implementation of Digital Correspondence is progressing well with the first batch of letters completed. The build for 2 week wait letters is now underway. Digital correspondence will allow patients to receive text messages and review their documents on line.	<b>GREEN</b>

### **PRIORITY 3 Our Partners - Work Together to Succeed for our Communities**

Programme	Scope	Summary Position	Status
<b>P3.1 Deliver the new Urgent Community Response 2 hour standard</b>	Work with partners to develop an affordable 7 day model which supports avoidable admission and timely discharge to the right place providing the right treatment, care and support for individuals.	Work has transferred to business as usual. The published national data set evidences sustained progress. Latest figures (July 2022) indicate the 2 hour standard has been met 88% of time compared to South Yorkshire Integrated Care Board (SYICB) 83% and the national requirement of 70% (by December 2023). Improved data quality is evidenced through closer alignment of Trust and published data (this is a national issue).	<b>GREEN</b>
<b>P3.2 Ensure discharge arrangements are highly effective and sustainable through working with partners in Rotherham</b>	Acute and community discharge pathways, Health and care intermediate care pathways, Commissioned community bed base, therapy provision and Care homes where it is the patients normal place of residence	The approach to the discharge work has been reviewed at Place level due to sustained system pressures and the need to work differently for winter. In line with the national and regional picture, system pressures have resulted in the Trust being on escalation level 4 for an unprecedented number of weeks over the summer. Following a 'thinking differently for winter' health and social care workshop a revised action plan was agreed to target high impact activity in the short term to realise benefits for winter, whilst continuing with the identified pilot activity in parallel. The work has been aligned with NHS England's 100 day discharge challenge to meet national and local drivers. A whole system approach is being taken across 3 themes: (i) Multi-disciplinary Team working for effective and timely discharge, (ii) early discharge planning, (iii) whole system flow. A challenging ambition has been set for winter to move assessment from the acute to community setting which will require improved information flows from the acute to community and co-ordination of discharge activity.	<b>AMBER</b>

## PRIORITY 4 Us – Commit to a Focus on Workplace Wellbeing & Compassionate Leadership

Programme	Scope	Summary Position	Status
<b>P4.1 Improve our staff facilities and increase the wellbeing support available to our staff</b>	Design wellbeing facilities available across all areas of work that will enable staff to take a break in an environment that supports their general health and wellbeing.	Due to this programme being the subject of an Escalation Report to Executives in October, the bi-monthly assurance report was not submitted to People Committee on 21 October. Full details on the escalation criteria and Executives decision can be found on pages 8-10 below.	<b>AMBER</b>
<b>P4.2 Divisional leadership teams will undertake a bespoke leadership development programme</b>	All divisional leadership teams will participate in a programme designed to ensure that they are able to take greater responsibility for the continuous improvement of employee welfare and engagement, communication and performance ownership as well as partnership development and working better together	Due to this programme being the subject of an escalation report to Executives in October, the bi-monthly assurance report was not submitted to People Committee on 21 October. Full details on the escalation criteria and Executives decision can be found on pages 8-10 below.	<b>AMBER</b>

## PRIORITY 5 Delivery : Implement Sustainable Change to Deliver High Quality, Timely and Affordable Care

Programme	Scope	Summary Position	Status
<b>P5.1 Shorten elective waiting times for patients, modernise our outpatient services and improve theatre throughput</b>	Restore and improve the efficiency of our theatre pathways, through innovation and improvement including waste reduction where possible and realign our Outpatient (OP) capacity, growing our use of tools such as Advice and Guidance and improve our efficiency	<p><b>Outpatients:</b> Further specialities have been successfully on-boarded for Patient Initiated Follow Up pilots. Technical difficulties prevented the implementation of clinical triage in Ear, Nose and Throat (ENT), which is now anticipated to go live during the next reporting period. Clinical triage pilot in Cardiology has commenced ahead of schedule to mitigate ENT implementation delay. A review of clinic utilisation metrics is underway to provide greater clarity and accuracy in reporting. All milestones are on track or ahead of schedule for delivery in October-November 2022. Following the successful implementation of Outpatient Booking system, further work is being undertaken to improve reporting functionality now available from “Bookwise” system, including short notice clinic cancellations (excluding. Sick leave).</p> <p><b>Theatres:</b> Further scoping meeting held with areas of focus defined for the programme. Internal Audit verbal update provided on the audit findings, with no significant new information shared to change the plans around theatre utilisation programme. Issues with theatre Utilisation Power Business Intelligence dashboard resolved and significant amendments made to the structure to enable use via operational and clinical teams. Meeting held with National NHSE team to understand whether Trust participation in the national Improving Elective Care Co-ordination for Patients (IECCP) programme would be beneficial within this work.</p>	<b>AMBER</b>
<b>P5.2 Increase the use of same day emergency care and shorten waiting times for patients in UECC</b>	Release pressure on Urgent and Emergency Care services and reducing waiting times for our patients in UECC by ensuring care is provided in the right place, at the right time, including establishing a consistent	The Same Day Emergency Care (SDEC) business case was agreed at Executive Management Team in August and approved at Finance and Performance Committee in September. The SDEC Frailty pathway was also agreed in September and implemented from 14 September. In addition, it was planned to expand the SDEC footprint and de-escalate rapid assessment bays to support the Frailty pathway implementation, however this was not possible due to site pressures, which continued throughout September. An SDEC Frailty Implementation Group was also established, with significant	<b>GREEN</b>

Programme	Scope	Summary Position	Status
	<p>approach to our same day emergency care pathways.</p>	<p>attendance and really positive clinical and non-clinical engagement from all stakeholders across Emergency Medicine, Medicine and Community, and it is planned to build on this engagement, and transition this meeting into a general SDEC Medicine working group. At the recent SDEC Integrated Care Board meetings, it was agreed to pilot 1 'barn-door' pathway (Doncaster). Following review of the trial, we will look to agree a pilot at Rotherham. Research has also commenced around the overarching SDEC Standard Operating Procedure and this is currently in draft form.</p>	
<p><b>P5.3 Implement new systems to better understand the costs of our service delivery at patient level</b></p>	<p>Redesigning our approach to transformational efficiency to deliver financial savings Allow for a better and 'live' understanding of the financial viability of our services through patient level information so that we can gain a clear understanding of those that provide a contribution / benchmark well to the organisation and those that do not.</p>	<p>A number of large scale efficiency schemes are under development and are being taken forward through Efficiency Board to provide assurance / oversight on delivery. They are currently: 1) eRoster 2) Stock Management, 3) Service Specifications Review, 4) Diagnostic Testing, 5) Pharmacy Invest to Save, 6) Digital Self Check-in 7) Printing. Some broad financial savings have been identified, along with some initial areas of improvement e.g. Roster duties not finalised (completed by Human Resources to ensure they hit payroll) reduced from 20,011 shifts in May to 11,878 shifts in August e.g. Short notice Bank &amp; Agency May costs of £101k reducing to £43k in August, following a desktop exercise looking at a sample of Pathology tests that have been repeated outside out national guidance, variable cost savings of £66k per annum have been identified. The Service Sustainability Reviews have now been completed. They were presented to Finance and Performance Committee and have been discussed with divisional teams at performance meetings. The insight gained will now be brought into the planning for 23/24 and help guide the Trusts priorities going forward. In early 23/24 engagement work will take place to further refine and improve the process as it moves to an annual requirement. PLICS (Patient Level Costing and Service Line Reporting) – staffing structure to support the management of PLICS approved by the Director of Finance and the Job Description and Person Specification has been approved at the September job matching panel. Recruitment of the team to commence from October, with a full compliment of staff in post by the end of the year.</p>	<p><b>AMBER</b></p>

### 3.0 Conclusions

3.1 The Board Assurance Committees play a key role in ensuring effective oversight and delivery of the Operational Plan. Updates are provided bi-monthly to assurance committees where discussions take place around progress and any specific exceptions to plan that may impact on achievement of objectives and benefits.

3.2 In October the Quality Committee and Finance and Performance Committee considered reports on progress in all of their associated areas and confirmed the following with recommendations for action as deemed applicable.

### 4.0 Quality Committee

4.1 The Quality Committee held on 26<sup>th</sup> October considered the highlight reports for the period August to September 2022 (see Appendix 2) in relation to the following areas of work:-

- P1.1 Agree and implement the Trust's agreed approach to Quality Improvement
- P1.2 Reset our quality governance expectations

4.2 The Committee duly noted the reports and the excellent progress being made with both programmes BRAG rated green "on track".

- 4.3 The Quality Committee were informed that, following a six month check point review against completion of mandated objectives, risks and issues, there has been no requirement to escalate any change requests to Executives. A short summary of the check point review is detailed below.

<b>Programme Objectives</b>	<b>Status</b>
6 Objectives	90% completed overall
<b>Programme Risks and Issues</b>	
3 Risks to delivery identified	2 closed, 1 open with actions in place to support mitigate

- 4.4 An internal decision has, however, been taken to postpone the key milestone to put into place a standardised Quality Improvement policy and guidance due to the requirement to appoint the new Head of Quality Improvement who is not expected to join the trust until December/January (depending on notice period) following a successful interview process in October. This postponement does not place any other key milestones at risk or prevent progress on establishing the trust's Quality, Service Improvement and Re-design Faculty therefore a change request has not been formally made to Executives on this occasion regarding this realignment to plan.
- 4.5 The Quality Committee were **assured** that the programme is ahead of plan and meeting all targets with plans in place to deliver remaining targets by the end of this year.

## 5.0 People Committee

- 5.1 The bi-monthly highlight report covering the period August and September was not presented for assurance at the People Committee Meeting held on 21<sup>st</sup> October due to the decision taken to prepare an Exception Report for consideration by the Executive Management team at their meeting held on 20<sup>th</sup> October. A verbal update was provided to People Committee at its meeting on 21<sup>st</sup> October.

The purpose of the Exception Report was to describe to Executives the delays encountered during the last six months which have rendered *Priority 2 – Us – Commit to a Focus on Workplace Wellbeing and Compassionate Leadership* being at risk of not achieving the original milestones and objectives as set out in the mandate approved by Trust Board in May 2022.

An overview of the Exception Report and the Executives decision is provided below:-

### **P4.1 Improve our staff facilities and increase the wellbeing support available to our staff**

Whilst work has been ongoing around workplace wellbeing including regular communications and wellbeing activity, the launch of the flu/Covid vaccination service has diverted resources away from progressing certain aspects of the wellbeing agenda, consequently, there are risks regarding the development of physical space/a wellbeing centre as part of this programme of work.

The initial milestone was for the business case to be signed off in November 2022 for the estate's refurbishment, in particular the redevelopment of old Greenoaks. However, this is no longer expected to be completed due to two key drivers (1) the diversion of health and wellbeing resources to the delivery of the Covid and flu vaccination service and (2) the lack of capital funds available to fund any estates work. The second driver in effect would result in the programme not delivering this financial year.

The Executives were asked to confirm the plan and timelines for delivery of this objective. Their decision is summarised in the table below:-

<b>Milestone Description</b>	<b>Date</b>
Agree with Divisions their priorities for refurbishment (all sites)	End November
Agree capital funding via Capital monitoring group within 2022/23 capital funding envelope	End November
Refurbish agreed areas to improve staff wellbeing	End March 2023
Continue to explore options around a health and wellbeing hub (a business case brief will be taken forward to ETM).	NOT FOR DELIVERY 2022/23

#### **P4.2 Divisional leadership teams will undertake a bespoke leadership development programme**

The deployment of a Leadership Development programme was originally planned for 21/22 but was rolled over to the new financial year 22/23; in part due to more targeted development work which was already underway with our General Managers / Divisional Leadership Teams (Fiona Reed Associates). Therefore, the anticipated programme was incorporated as part of the 2022/23 Operational Plan.

However, we are now in a position approaching November 2022, where the original objective milestones have not been achieved. The specification for the Leadership Development programme has not been signed off and as such training of cohorts are not complete. It should be noted that Fiona Reed Associates have continued to work with and facilitate development sessions with the Divisional Leadership Teams.

Following confirmation of the substantive appointment of the Chief Executive for Rotherham and Barnsley Hospitals (and agreement with the respective Chairs) there is now a desire to do this programme as a joint endeavour with Barnsley Hospital as part of the collaboration between the two Trusts.

The following milestones are therefore considered at risk/not deliverable:-

Milestone Description	Date
Leadership development programme specification signed off	May 2022
Cohorts 1 and 2 complete	September 2022
Cohorts 3 and 4 complete	December 2022
Cohorts 5 and 6 complete	March 2023

The Executives were asked to confirm the change to plan and timelines for delivery of this programme. Their decision is summarised in the table below:-

Milestone Description	Date
Confirm specification for Divisional Triumvirate Leadership Programme to be run jointly with Barnsley NHS Foundation Trust	End November
Agree supplier for the Leadership Programme and formally agree spend through relevant Executive Teams	End December
Begin Leadership Development programme with all divisional teams	End March
Complete Leadership Development programme	End October 2023

The central milestone and metrics tracker has been updated to reflect the agreed changes and will be reviewed at the People Committee meeting in December. A preceding update on the Executives decision was provided by the Executive Lead at the People Committee meeting held in October which agreed with the above way forward.

## **6.0 Finance and Performance Committee**

6.1 The Finance and Performance Committee held on 26<sup>th</sup> October considered the highlight reports for the period August - September 2022 (see Appendix 2) in relation to the following areas of work:-

- P2.1 Ensure equal access to services and reduce health inequalities in Rotherham
- P2.2 Implement year one of our Green Plan
- P 2.3 Enhance our digital services to support patients and their families across Rotherham
- P 3.1 Deliver the new Urgent Community Response 2 hour standard
- P 3.2 Ensure discharge arrangements are highly effective and sustainable through working with partners in Rotherham
- P 5.1 Shorten elective waiting times for patients, modernise our outpatient services and improve theatre throughput
- P 5.2 Increase the use of same day emergency care and shorten waiting

times for patients in UECC

- P5.3 Implement new systems to better understand the costs of our service delivery at patient level

6.2 The Committee duly noted the reports and the progress being made with three programmes BRAG rated green “on track” and five BRAG rated amber “not on track”.

6.3 The Committee were informed at the meeting that, a six month check point review against completion of mandated objectives, risks and issues, two programmes had not made sufficient progress during the first half of the year and as such warranted formal escalation to the Executive Management Team. Details on the escalations and decisions taken at the Executive Management Team are provided in the relevant sub-sections below.

#### 6.4 **Priority 2: Patients - Ensure Equal Access to Services**

This Priority is on track for delivery and as such did not warrant any escalation to the Executive Management Team in October. The status of mandated objectives, risks and issues as at the half year checkpoint review is summarised below:-

<b>Programme Objectives</b>	<b>Status</b>
8 Objectives	50% completed overall
<b>Programme Risks and Issues</b>	
3 Risks to delivery identified	2 closed, 1 open with actions in place to support mitigation

#### 6.5 **Priority 3: Our Partners – Work Together to Succeed for Our Communities**

This Priority is not on track for delivery and as such warranted formal escalation to the Executive Management Team in October.

The status of mandated objectives, risks and issues as at the half year checkpoint review is specified below:-

<b>Programme Objectives</b>	<b>Status</b>
5 Objectives	60% completed overall
<b>Programme Risks and Issues</b>	
12 Risks to delivery identified	12 risks remain open with actions in place to support mitigation

A summary of the escalation report made against Priority 3 to the Executive Management Team is provided below:-

#### **P3.2: Ensure discharge arrangements are highly effective and sustainable through working with Rotherham partners**

The discharge programme is one of our most complex programmes this year. The original scoping and plan as set out within the operational plan was done at a time



as we were moving into the 'living with COVID' approach and the NHS was expected to return to some form of normality and begin to shift focus away from the pandemic and emergency care to elective recovery.

However, this has not been the case with the NHS and the Trust experiencing unprecedented pressures within its emergency care system with nearly every national performance metric delivering the worst performance in NHS history.

Given the above, it has been expected and is reasonable that the team have adapted their focus and approach to these pressures. There has been a need to focus more on short term, high impact work which has been targeted at supporting the current situation as well as preparing for winter.

The Rotherham Place delivery group, who are the operational leads for this work, have done significant work re profiling the actions and efforts in this space and have identified a new set of high-level milestones that align both across Rotherham Place, the Integrated Care Board and National requirements, as well as delivering the required change for the Trust. Briefly these are set out below:

Description of New Milestone	Timeline
MDT discharge planning and communication in the acute pathway phase 1	Quarter 4
Pilot alternative brokerage models home care and urgent response	Quarter 3
Moving assessment from acute to community	Quarter 4
Urgent Community Hub phase 1	Quarter 3
Development of cross system flow tools	Quarter 4

The Executive Management Team were asked to support a complete change in the milestones for this programme and align these to the reporting through Rotherham Place.

The Executive Management Team subsequently supported the change request at their meeting held on 20<sup>th</sup> October.

## 6.6 Priority 5 - Delivery - Implement Sustainable Change to Deliver High Quality, Timely and Affordable Care

The status of mandated objectives, risks and issues as at the half year checkpoint review is specified below:-

Programme Objectives	Status
6 Objectives	54% completed overall
Programme Risks and Issues	
8 Risks to delivery identified	All risks remain open with actions in place to support mitigation

However, due to the delay in commencing delivery of Programme 5.3: *Implement new systems to better understand the costs of our service delivery at patient level* an escalation report was submitted to Executive Management Team on 20<sup>th</sup> October.

A summary of the Escalation Report is provided below:-

Within the original mandate we agreed a milestone for November 2022 for “live contribution reports in place” and subsequently “Priorities agreed for better understanding of services” within the Patient Level Costings and Service Line Reporting (PLICS) programme. This was, in part, based on an assumption that we would be able to undertake a joint programme with Barnsley Hospital NHS Foundation Trust.

However, this is no longer possible and as such, it has been agreed with the Director of Finance that the development will take place in-house. This will mean that live contribution reports built on a Patient Level Information Costings backbone will not be in place until the end of 22/23 at the earliest, as this is now dependant on internal recruitment.

A report was presented to Finance and Performance Committee September 2022 which outlined the delayed implementation, which was accepted. Therefore, while there will be challenges around committing to a revised timetable – as there is a degree of uncertainty around recruitment – a new timeline needs to be developed and agreed for reporting purposes. This would likely delay any information and reporting until the end of the financial year at the earliest. The Executive Management Team were asked to agree to agree an updated timeline for the delivery of live contribution reports and subsequent prioritisation until April 23

The Executive Management Team subsequently agreed to the changes made to timescales at their meeting held on 20<sup>th</sup> October.

- 6.7 At their meeting held on 26<sup>th</sup> October, the Finance and Performance Committee requested an update on recruitment activity to progress the implementation of the Patient Level Costing and Service Line Reporting programme (P5.3). The lead officer for the programme confirmed that an advertisement has already been published for the Head of Costing position with Costing Analyst support roles to be advertised in the near future.

The Finance and Performance Committee further questioned the Executive Leads and Senior Responsible Officers on any particular themes that are making delivery of the Operational Plan more challenging this year.

The Committee agreed that despite ongoing challenges in terms of available capacity and the ongoing need to respond swiftly to the system-wide changes being enforced nationally, good progress continues to be made.

It was further agreed that a step by step approach will still need to be taken during the coming months in order to deliver the remaining objectives by the end of March.

6.8 The Finance and Performance Committee were therefore **assured** against delivery on plan and further assured that our resolute way of working, despite ongoing challenges, will continue to have a positive impact on progress for the remainder of the year.

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

**Michael Wright**  
**Deputy Chief Executive**  
**November 2022**



# Operational Objectives 2022 - 23

## August - September 2022

### Appendix 1: Programme Highlight Reports

Board of Directors Meeting

4<sup>th</sup> November 2022

# OPERATIONAL PLAN 22/23 HIGHLIGHT REPORT: AUG-SEPT 2022



The Rotherham  
NHS Foundation Trust

<b>Priority:</b>	<b>P1 Patients : Empower our Teams to Deliver Improvements in Care</b>
<b>Programme:</b>	<b>P1.1 Agree and implement the Trust's agreed approach to Quality Improvement P1.2 Reset our quality governance expectations P1.3 Deliver the 9 Quality Priorities</b>
<b>Executive Lead:</b>	<b>Helen Dobson, Chief Nurse</b>
<b>SRO:</b>	<b>Victoria Hazeldine, Deputy Chief Nurse/Elaine Jeffers, Deputy Director of Quality Assurance</b>



## Programme Overview:

This Priority is aligned to the Trust's Strategic Ambition "Patients" as well as the Trust's Quality Strategy. It seeks to deliver improvements in our care for patients and is divided into the following key areas of work:

Standardize our Quality Improvement approach and implement this in order to improve our quality of care for patients: (1) Agree a suitable QI methodology for TRFT, (2) Commence the establishment a QI Faculty for TRFT, (3) Commence the implementation of QI practices and processes across TRFT (using agreed methodology), (4) Improve on national staff survey results Q3d "I am able to make suggestions to improve the work of my Team/Department and Q3e "I am involved in deciding on changes introduced that affect my work area/team/Department

Revise our internal Quality Governance structures and processes: (1) Review of clinical governance and quality assurance structures across TRFT, (2) Restructure our resources to establish a corporate clinical governance and assurance team at TRFT

Deliver our Quality Priorities: This will be out of scope for Operational Plan highlight reporting to Quality Committee (reported directly at agreed frequencies)

## Summary Position:

- Standardise our Quality Improvement approach:** Interviews for the Head of Quality Improvement (QI) position took place on 14<sup>th</sup> October. The role profile for the QI Associate Medical Director is due to be finalised once the new Medical Director is in post in December. Cohort 2 Quality, Service Improvement and Re-design (QSIR) trainees (22 delegates) have been identified and their 5 day training programme will commence in October. It is expected that 4 delegates from this Cohort will go on to complete the QSIR Assessor training course. The first two Assessors identified through Cohort 1 will complete their training round the middle of October. QSIR Assessors will then be in place with a plan to deliver 3 x QSIR-Practitioner Programmes plus 3 x QSIR-Virtual Programmes through 2023/24 and each year thereafter. The first QSIR Virtual programmes (comprising 4 x 2 hour sessions) are scheduled to take place in December and January. There are currently 12 Quality Improvement projects in implementation as a result of Cohort 1 training. A central repository for QI projects is now in place and details of all projects will be shared on the QSIR page on the trust Hub once development of the site has been completed. Cohort 3 training will be completed in March 2023. Action learning sets and the development of Cohorts 1 and 2 "buddying" scheme will progress after Cohort 2 QSIR Practitioners have completed their training.
- Revise our internal Quality Governance structures and processes :** The business case for the Head of Clinical Governance and Data Analyst posts has been approved by Executives. The new Data Analyst role will support both Quality Improvement and Quality Governance teams. Recruitment for the Data Analyst post will commence mid-October. The divisional governance leads engagement sessions were completed in September as planned. A paper outlining the re-alignment of internal Quality Governance structures will be presented to Executives on 20<sup>th</sup> October. Advertisement for the Head of Clinical Governance post has therefore been delayed until November/December.

**Deliver our Quality Priorities :** See separate report



P1.1 Agree and implement the Trust's agreed approach to Quality Improvement. P1.2 Reset our Quality Governance expectations.  
P1.3 Deliver the 9 Quality Priorities

**Activities completed August - September:**

- **Standardise our Quality Improvement approach :** Confirmation of Cohort 2 QSIR trainees and commencement of recruitment of key posts - Head of Quality Improvement recruitment commenced.
- **Revise our internal Quality Governance structures and processes:** Finalise the business case proposal and present to Executives. Commence recruitment for Head of Clinical Governance and Data Analyst (joint post to support QSIR and Quality Governance) - delayed until November/December. Complete divisional governance leads engagement sessions on 7<sup>th</sup> and 14<sup>th</sup> September.
- **Deliver our Quality Priorities :** See separate report

**Activities planned for October - November:**

- **Standardise our Quality Improvement approach:** First two QSIR Associates complete training and assessment. Appoint Head of Quality Improvement post. Cohort 2 complete QSIR Practitioner training. Communicate expressions of interest for QSIR Virtual programmes (December and January sessions). Continue development of Quality Improvement page on the trust's Hub.
- **Revise our internal Quality Governance structures and processes:** Advertise Data Analyst role (October). Start recruitment process for Head of Clinical Governance role (November). Present paper outlining internal governance realignment to Executives (October).

**Key changes August - September**

- Due to the timing of the appointment to the new Head of Quality Improvement position, an internal decision has been taken to postpone the milestone entitled "Standardise Quality Improvement Policy and Guidance in place" to the end of the year.

**Risks:**

Unable to recruit to key posts on time

**Issues:**

# OPERATIONAL PLAN 22/23 HIGHLIGHT REPORT: AUG – SEP 2022



The Rotherham  
NHS Foundation Trust



Priority:	P.2 Ensure Equal Access to Services
Programme:	P 2.1 Ensure equal access to services and reduce health inequalities in Rotherham P 2.2 Implement year one of our Green Plan P 2.3 Enhance our digital services to support patients and their families across Rotherham
Executive Lead:	Michael Wright, Deputy Chief Executive
SRO:	Louise Tuckett, Director of Strategy, Planning and Performance

## Programme Overview:

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society, which lead to inequality of access to services. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and well-being. As such, we must ensure that: we uphold the requirements set out in the NHS national planning guidance 2022-23 and NHS Long Term plan in relation to health inequalities and service provision, we take proactive action to improve health equity across Rotherham, building our services to be inclusive and accessible for those that need them and encouraging our colleagues to instill positive health behaviors in themselves and our patients, we implement the ambitions set out within our Green Plan and move the organisation towards delivering on the NHS net Zero Challenge reducing the environmental impact of the Trust and we advance our digital offer to patients and their families, and ensure this supports our communities to better manage their interactions with us

## Summary Position:

**Health Inequalities** - Operational pressures (OPEL Level 4) have caused delays in finalisation. Awaiting Speech and Language Therapy input and distribution of communication stations to clinical areas. Translation materials and have now been finalised and are awaiting print along with Impaired hearing, L.D. and Autism resources have also been finalised awaiting print. Ongoing research and collation of available “waiting well” services in Rotherham. “Waiting well” work streams currently being finalised to include administrative IMD segmentation, Prehab/Lifestyle support and Holistic considerations. Meeting has been scheduled with Communications team to progress TRFT website content. Initial meetings ongoing with key “Waiting well” stakeholders to discuss work streams and pilot projects to test proof of concept.

**Green Delivery Plan** - Draft Green Delivery Plan received from Nifes Consulting, currently under review for sign-off. Carbon Energy Fund Year 1 validation complete, minor shortfall in performance due to metering issues which is currently being addressed. Public Sector Decarbonisation fund schedule on track for delivery by March 2023 in line with Memorandum of Understanding.

**Rotherham Health App** – Rotherham Health App utilisation is consistently increasing month on month. The Maternity Portal test site is setup and training is underway for the Health Informatics Applications team who will then configure the system with a view to completion by end November. The Maternity Portal will allow parents to interact with the service on line. Implementation of Digital Correspondence is progressing well with the first batch of letters completed. The build for 2 week wait letters is now underway. Digital correspondence will allow patients to receive text messages and review their documents on line.



## P 2.1 Ensure equal access to services and reduce health inequalities in Rotherham

## P 2.2 Implement year one of our Green Plan

## P 2.3 Enhance our digital services to support patients and their families across Rotherham

### Activities completed in August/September:

- “Waiting well” programme has been scoped and split into three work streams, with work underway to pilot initiatives in two of the three areas in Q3
- Draft Green Delivery plan received (Nifes Consulting)
- CEF Year 1 financial & carbon savings validation complete
- Pilot extension of Healthy Hospitals team focus to include support for QUIT patients with medium level alcohol intake begun.
- Initial discussions undertaken to map IMD to current/potential employees for greater alignment with Anchor Institution charter and staff health & wellbeing offerings
- Health Inequalities Deep-Dive completed at Individual Service level following completion of Power BI dashboard

### Activities planned for October/November:

- Healthy Hospitals expansion to broaden to include healthy weight focus with QUIT patients
- Completion of guide to waiting well referral options to be shared with clinical teams
- Agreement of how to implement the waiting well offer through patient pathways
- Confirm methodology and implementation plan for administrative/Index of Multiple Deprivation (IMD) segregation
- Agree how to generate information on patients’ holistic needs, and consider how these are then applied to patient pathways
- Complete Health Informatics Application team training on Maternity portal and start configuration
- Continue build on 2 week wait letters (digital correspondence)

### Key changes in August/September:

#### Risks:

- Inability to run full pilot of administrative segmentation due to capacity constraints with the Contact Centre to make additional phone calls

#### Issues:

- None



<b>Priority:</b>	<b>P.3 – Our Partners – Work Together to Succeed for Our Communities</b>
<b>Programme:</b>	<b>P3.1 Deliver the new Urgent Community Response 2-hour standard P3.2 Ensure discharge arrangements are highly effective and sustainable through working with partners in Rotherham</b>
<b>Executive Lead:</b>	<b>Michael Wright, Deputy Chief Executive</b>
<b>SRO:</b>	<b>Jodie Roberts, Deputy Chief Operating Officer</b>



## Programme Overview:

The Rotherham Urgent and Community Transformation programme is part of the Rotherham Integrated Health and Social Care plan which aims to support Primary Care, Mental Health and the Voluntary Sector to develop and deliver more integrated health and care. The current priorities are aligned to the NHS Long Term Plan, Better Care Fund objectives and the Aging Well projects which sit within this. These include the nationally mandated standards to:-

- Deliver the new Urgent Community Response 2-hour standard
- Embed the necessary actions and ways of working from the discharge priorities across Place

## Summary Position:

### Effective and Sustainable Discharge

The approach to the discharge work has been reviewed at Place level due to sustained system pressures and the need to work differently for winter. In line with the national and regional picture, system pressures have resulted in the Trust being on escalation level 4 for an unprecedented number of weeks over the summer. Following a 'thinking differently for winter' health and social care workshop a revised action plan was agreed to target high impact activity in the short term to realise benefits for winter, whilst continuing with the identified pilot activity in parallel. The work has been aligned with NHS England's 100 day discharge challenge to meet national and local drivers. A whole system approach is being taken across 3 themes:

- Multi Disciplinary Team working for effective and timely discharge
- Early discharge planning
- Whole system flow

A challenging ambition has been set for winter to move assessment from the acute to community setting which will require improved information flows from the acute to community and co-ordination of discharge activity.

### Two hour urgent response

Work has transferred to business as usual. The published national data set evidences sustained progress. Latest figures (July 2022) indicate the 2 hour standard has been met 88% of time compared to SYICB 83% and the national requirement of 70% (by December 2023). Improved data quality is evidenced through closer alignment of Trust and published data (this is a national issue). Urgent community response activity has grown from 105 in April to 225 in July (partly reflecting data quality).

## Activities completed in August-September:

### Sustainable discharge

#### High priority short term activity

- Re-positioning of activity to meet the national 100 day and winter challenges
- Reference visits/conversations with Barnsley, Harrogate and Doncaster to develop a Rotherham discharge to assess model with assessment moving from the acute to community
- Pilot agreed for rapid response to provide bridging care prior to care act assessment
- Draft pathway mapped with draft model for re-positioned Integrated discharge team
- Acute Expected Discharge Dates set within 24 hours with new complexity flag for early discharge planning

#### Longer term

- Achieving Reliable Care (ARC) Pilot and Criteria led discharge pilots initiated

#### Urgent Community Response:

- Engagement with national/regional team to improve data quality. There is a national issue with alignment
- On going data quality improvement including at elbow support, data cleansing and work to develop consistency of clinical definitions
- Support provided by Rotherham Business Intelligence lead to South Yorkshire Place to assist with on boarding

## Activities planned for October/November

### Sustainable discharge

- Initiate ward level work re patient comms, discharge pathway planning and identification and discharge co-ordination
- Review discharge co-ordinator role and agree IDT model
- Develop and trial community discharge to assess (D2A) bridging pilot
- Develop Electronic patient record tracking and monitoring to support the above
- Recruit to cross system capacity role
- Continue with ARC/criteria led pilot

#### Urgent Community Response:

- On boarding of outstanding clinical conditions
- Further alignment of data set against national requirements and data cleansing
- Recruitment and development of the clinical community hub to support effective triage to right level of care and rapid response

## Key changes

- Re-positioning and re-prioritisation of sustainable discharge project to meet changes in the external environment and national 100 day challenge as outlined above
- A recommendation is being made to the Executive group to re-align the milestones and monitoring to the Place milestones

## Risks:

- Insufficient clinical capacity for leadership and implementation
- Insufficient BI/ system resource to develop and implement the required changes and reporting needs

## Issues:

- System pressures have reduced access to clinical/professional expertise for development and change activity
- Multiple national /ICB requirements are increasing the demands on Place based staff and particularly clinical /professional expertise

# OPERATIONAL PLAN 22/23 HIGHLIGHT REPORT: AUG - SEPT 2022



The Rotherham  
NHS Foundation Trust

<b>Priority:</b>	<b>P5 Delivery – Implement Sustainable Change to Deliver High Quality, Timely and Affordable Care</b>
<b>Programmes:</b>	<b>P5.1 Shorten elective waiting times for patients, modernise our outpatient services and improve theatre throughput, P5.2 Increase the use of same day emergency care and shorten waiting times for patients in UECC, P5.3 Implement new systems to better understand the costs of our service delivery at patient level</b>
<b>Executive Leads:</b>	<b>P5.1/P5.2 Sally Kilgariff, Chief Operating Officer, P5.3 Steve Hackett, Director of Finance</b>
<b>SROs:</b>	<b>P5.1 Louise Tuckett, Director of Strategy, Planning and Performance, P5.2 Jodie Roberts, Deputy Chief Operating Officer, P5.3 Mark Bloy, Deputy Director of Finance</b>

RAG STATUS

## Programme Overview:

Elective recovery is a key priority for the NHS, but there will be significant challenge in meeting the expectations set out within the NHS planning guidance unless we make fundamental changes to our services and ways of working. As well as our day-to-day delivery of the recovery programme, we will need to: Restore and improve the efficiency of our theatre pathways, through innovation and improvement including waste reduction where possible and realign our Outpatient (OP) capacity, growing our use of tools such as Advice and Guidance and improve our efficiency. Release pressure on Urgent and Emergency Care services and reducing waiting times for our patients in UECC by ensuring care is provided in the right place, at the right time, including establishing a consistent approach to our same day emergency care pathways. Redesigning our approach to transformational efficiency by implementing a greater focus on a longer term, transformational approach to efficiency to deliver our financial savings and sustainability of services to allow for a better and 'live' understanding of the financial viability of our services through patient level information so that we can gain a clear understanding of those that provide a contribution / benchmark well to the organisation and those that do not.

## Summary Position:

**Theatres:** Further scoping meeting held with areas of focus defined for programme. Internal Audit verbal update provided on the audit findings, with no significant new information shared to change the plans around theatre utilisation programme. Issues with theatre Utilisation Power BI dashboard resolved and significant amendments made to the structure to enable use via operational and clinical teams. Meeting held with National NHSE team to understand whether TRFT participation in the national Improving Elective Care Co-ordination for Patients (IECCP) programme would be beneficial within this work.

**Outpatients:** Further specialities have been successfully on-boarded for Patient Initiated Follow Up (PIFU) pilots. Technical difficulties prevented the implementation of clinical triage in Ear, Nose and Throat (ENT), which is now anticipated to go live during the next reporting period. Clinical triage pilot in Cardiology has commenced ahead of schedule to mitigate ENT implementation delay. A review of clinic utilisation metrics is underway to provide greater clarity and accuracy in reporting. All milestones are on track or ahead of schedule for delivery in October-November 2022. Following the successful implementation of Outpatient Booking system, further work is being undertaken to improve reporting functionality now available from "Bookwise" system, including short notice clinic cancellations (excludes Sick leave).

**Same Day Emergency Care (SDEC):** The SDEC business case was agreed at Executive Management Team in August and approved at Finance and Performance Committee in September. The Same Day Emergency Care (SDEC) Frailty pathway was also agreed in September and implemented from 14<sup>th</sup> September. In addition, it was planned to expand the SDEC footprint (and de-escalate RAT bays) to support the Frailty pathway implementation, however this was not possible due to site pressures, which continued throughout September. An SDEC Frailty Implementation Group was also established, with significant attendance and really positive clinical and non-clinical engagement from all stakeholders across Emergency Medicine, Medicine and Community, and it is planned to build on this engagement, and transition this meeting into a general SDEC Medicine working group. At the recent SDEC Integrated Care Board meetings, it was agreed to pilot 1 'barn-door' pathway at a SYB Trust (Doncaster). Following review of the trial, we will look to agree a pilot at Rotherham. Research has also commenced around the overarching SDEC Standard Operating Procedure and this is currently in draft form.

**Sustainability:** A number of large scale efficiency schemes are under development and are being taken forward through Efficiency Board to provide assurance / oversight on delivery. They are currently: 1) eRoster 2) Stock Management, 3) Service Specifications Review, 4) Diagnostic Testing, 5) Pharmacy Invest to Save, 6) Digital Self Check-in 7) Printing. Some broad financial savings have been identified, along with some initial areas of improvement e.g. Roster duties not finalised (force completed by HR to ensure they hit payroll) reduced from 20,011 shifts in May to 11,878 shifts in August e.g. Short notice Bank & Agency May costs of £101k reducing to £43k in August, following a desktop exercise looking at a sample of Pathology tests that have been repeated outside out national guidance, variable cost savings of £66k per annum have been identified. The Service Sustainability Reviews have now been completed. They were presented to FPC and have been discussed with divisional teams at performance meetings. The insight gained will now be brought into the planning for 23/24 and help guide the Trusts priorities going forward. In early 23/24 engagement work will take place to further refine and improve the process as it moves to an annual requirement. Patient Level Costing and Service Line Reporting (PLICC) - staffing structure to support the management of PLICC approved by the Director of Finance and the Job Description and Person Specification has been



## P5.1 Shorten elective waiting times for patients, modernise our outpatient services and improve theatre throughput

### Activities completed in August/September:

#### Theatres

- Complete Theatre Utilisation App review
- Relaunch Theatre Utilisation workstream
- Discussion with national team on potential participation in Improving Elective Care Co-ordination for Patients programme

#### Outpatients

- Cardiology clinical triage pilot has commenced
- A further 3 specialities (Gynaecology, Cardiology & Urology) have now gone live with PIFU
- Outpatient booking system via “Bookwise” is now live

### Activities planned for October/November:

#### Theatres

- Reinstate Theatre Utilisation Meeting internally
- Review Theatres Booking Assistant to identify impact on current capacity and demand within theatres

#### Outpatients

- PIFU to commence in Rheumatology, Respiratory & Orthopaedics
- ENT triage pilot to go live
- Process to be developed with Departmental General Managers for consultant Annual Leave booking
- Develop and implement Short Notice clinic cancellation reporting capabilities (following implementation of new outpatient booking system “Bookwise”)
- Agree methodology and implementation process for introduction of advice & guidance
- Review of current clinic utilisation metrics

### Key changes in August/September:

#### Risks:

- Lack of Engagement
- Lack of required Health Informatics Resource, Significant Operation Pressures
- Workforce Issues – Anaesthetic Sickness (new)

#### Issues:

- Accessing suitable data for Outpatients Benchmarking and Metrics to be configured

## P5.2 - Increase the use of same day emergency care and shorten waiting times for patients in UECC

### Activities completed in Aug/Sept:

- SDEC business case agreed at ETM in August and SDEC business case approved at FPC in September
- SDEC Frailty Implementation group established from September with attendance and engagement from all stakeholders across Emergency Medicine, Medicine and Community.
- Implementation of Frailty SDEC pathway with ongoing development
- Research into existing SOPs for Same Day Emergency Care provision, with Trust SOP in draft
- SDEC ICB group agreement to pilot 1 'barn-door' pathway at SYB Trust (Doncaster)
- 'Opening up' and structuring of Overarching Pathways Group meeting to re focus on plans for all Same Day Emergency Care Units and how these are linked

### Activities planned for Oct/Nov:

- Plan in place to enact SDEC business case, increase SDEC opening hours and enable implementation of Acute Gynaecology Assessment Unit
- Commence review of Acute Surgical Assessment Unit pathways and utilisation
- Commence engagement around SOP for Same Day Emergency Care provision (across all areas) – *currently in draft form*
- Transition SDEC Frailty implementation group into wider SDEC working group
- Agree barn door pathways trial for SDEC, subject to Doncaster trial outcomes

### Key changes in Aug/Sept:

- Approval of SDEC Business case
- Implementation of Frailty Pathway on SDEC
- Significant engagement from all stakeholders at weekly SDEC Frailty meetings
- SDEC ICB group agreement to pilot 1 'barn-door' pathway at SYB Trust (Doncaster)

### Risks:

Specialties do not support the pathways/processes that will circumvent UECC  
Risk of continuing rising COVID cases - **new**

### Issues:

Lack of shared ownership of acute pathways  
UECC is treated as default location for all urgent care needs  
Operational pressures; Level 4 since 20 Sept, Business Continuity Incident 27 Sept – **new** (*Business Continuity Incident stepped down as of 7 Oct and deescalated to Level 3 on 10 Oct*)

## P5.3 - Implement new systems to better understand the costs of our service delivery at patient level

### Activities completed in Aug/Sept:

- Paper delivered to the August and September Efficiency Boards on Large Scale Efficiency Schemes progress
- Clinical Support Services progressing recruitment for Pharmacy invest to save
- Initial Project Plan developed for staffing recruitment and roll-out of Patient Level Information Costing
- Service Sustainability Reviews completed and presented to FPC, and discussed with Divisional teams at Performance Meetings

### Activities planned for Oct/Nov:

- Paper to be delivered to the October and November Efficiency Boards on Large Scale Efficiency Schemes progress
- PLIC staffing recruitment in progress
- Full project plan developed for staffing recruitment and roll-out of PLIC

### Key changes in Aug/Sept

- The original timeline for live contribution reporting from PLICs will not be met. The original timeline was dependant on being able to undertake work with Barnsley Hospital Foundation Trust. Further exploration of this showed it wouldn't be feasible. Therefore a new timeline will be developed and monitored against and this will be based on the internal work required (includes recruitment) to deliver the programme. Provisionally working towards reports being available into 23/24

### Risks:

- It is unlikely that large scale efficiency schemes will deliver significant savings in 22/23. Most likely to start delivering in 23/24

### Issues:

- See 'key changes'

## Board of Directors Meeting 04 November 2022

<b>Agenda item</b>	P166/22
<b>Report</b>	<b>Integrated Performance Report – September 2022</b>
<b>Executive Lead</b>	Michael Wright, Deputy Chief Executive
<b>Link with the BAF</b>	D5, D6, P1, R2
<b>How does this paper support Trust Values</b>	The Integrated Performance Report supports the Trust's <i>Ambitious</i> value in ensuring we are constantly striving to deliver stronger performance across all of the core domains.
<b>Purpose</b>	<b>For decision</b> <input type="checkbox"/> <b>For assurance</b> <input checked="" type="checkbox"/> <b>For information</b> <input type="checkbox"/>
<b>Executive Summary</b> (including reason for the report, background, key issues and risks)	<p>The Integrated Performance Report (IPR) is the monthly summary of Trust performance across the four domains of Operational Delivery, Quality, Finance and Workforce. This month's report relates to September 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.</p> <p>The regular assessment of inequalities of access to care within our elective care portfolio is provided within this report.</p> <p>There are a number of Statistical Process Control (SPC) charts included at the end of this report. These have been created using new software which the Trust has recently procured and so look different to previous documentation. As such, a brief explanation of the key elements of the SPC charts is included at the back for reference.</p>
<b>Due Diligence</b>	<p>The Finance and Performance, Quality Committee and People Committees have received the relevant elements of the Integrated Performance Report or identical information, with the Executive Directors approving the content for their domain.</p> <p>Work is underway to refresh the IPR in time for the start of reporting of 2023-2024 data.</p>
<b>Board powers to make this decision</b>	In order to be assured of the performance of the organisation, the Board needs to have visibility of the Trust's performance against core metrics.
<b>Who, What and When</b>	The Deputy Chief Executive is the Lead Executive for reporting on the performance of the organisation through the Integrated Performance Report on a monthly basis.

<b>Recommendations</b>	It is recommended that the Board of Directors note the Trust's performance against the metrics presented in the Integrated Performance Report and receive assurance on the basis of this report.
<b>Appendices</b>	Integrated Performance Report – September 2022



# Board of Directors

# Integrated Performance Report - September 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				

Trust Integrated Performance Dashboard - Operations												
KPI	Reporting Period	Type of Standard	Target 22/23	Benchmark	Previous Month (3)	Previous Month (2)	Previous Month (1)	Current Month	YTD	Same Month Prev. Yr	Trend	Data Quality
<b>Planned Patient Care</b>												
Waiting List Size	Sep 2022	L	26,000		23,833	25,304	25,372	25,733	25,733	19,705		
Referral to Treatment (RTT) Performance	Sep 2022	N	92%		74.0%	72.7%	70.1%	66.8%	72.2%	82%		
Number of 52+ Weeks	Sep 2022	L	150		117	151	183	217	217	67		
Number of 78+ Weeks	Sep 2022	L	35		0	12	4	9	9	0		
Number of 104+ Weeks	Sep 2022	N	0		0	4	0	0	0	0		
Overdue Follow-Ups	Sep 2022	L	-		15,411	16,285	16,379	16,433	16,433	9,393		
First to follow-up ratio	Sep 2022	B	2.4		2.37	2.31	2.37	2.26	2.31	3.05		
Day case rate (%)	Sep 2022	B	80%		84.7%	85.9%	88.2%	84.2%	86.0%	85%		
Diagnostic Waiting Times (DM01)	Sep 2022	N	1%		8.0%	9.8%	12.6%	11.9%	9.3%	19%		
Diagnostic Activity Levels	Sep 2022	L	9142		8,455	8,260	8,213	8,906	8,906	8472		
<b>Emergency Performance</b>												
Number of Ambulance Handovers > 60 mins	Sep 2022	N	0		171	186	169	314	1,267	206		
Ambulance Handover Times % > 60 mins	Aug 2022	N	0%		12.3%	9.9%	10.4%	9.8%	53.0%	10%		
Number of Ambulance Handovers 30-60 mins	Sep 2022	N	-		240	275	240	251	1,514	235		
Ambulance Handover Times % 30-60 mins	Aug 2022	L	5%		14.5%	13.8%	15.3%	13.9%	70.5%	11%		
Average Time to Initial Assessment in ED (Mins)	Sep 2022	N	15		26	26	25	33	26	27		
Proportion of patients spending more than 12 hours in A&E from time of arrival	Sep 2022	L	2%		10.0%	10.2%	11.1%	13.8%	10.8%	7%		
Number of 12 hour trolley waits	Sep 2022	N	0		0	0	0	10	0	0		
Proportion of same day emergency care	Sep 2022	L	33%		40.1%	41.6%	43.2%	43.0%	41.2%	41%		
<b>Cancer Care</b>												
2 Week Wait Cancer Performance	Aug 2022	N	93%		86.8%	72.2%	68.4%	74.2%	77.9%	97%		
2 Week Wait Breast Symptoms	Aug 2022	N	93%		90.4%	91.1%	91.7%	84.6%	87.5%	95%		
31 day first treatment	Aug 2022	N	96%		97.6%	97.2%	95.8%	99.0%	97.5%	93%		
62 Day Performance	Aug 2022	N	85%		69.1%	66.7%	70.3%	70.5%	71.4%	72%		
The number of cancer 62-day pathways waiting 63 days or more after an urgent suspected cancer referral	Sep 2022	L	75		75	85	103	138	138	-		
28 day faster diagnosis standard	Aug 2022	N	75%		68.2%	68.9%	70.0%	68.0%	69.6%	66%		
<b>Inpatient Care</b>												
Mean Length of Stay - Elective (excluding Day Cases)	Sep 2022				2.62	3.06	4.22	2.74	2.97	2.70		
Mean Length of Stay - Non-Elective	Sep 2022				5.63	5.13	6.10	6.23	5.86	5.46		
Length of Stay > 7 days (Snapshot Numbers)	Sep 2022	L	142		189	235	210	218	218	167		
Length of Stay > 21 days (Snapshot Numbers)	Sep 2022	L	42		54	75	83	80	80	61		
Right to Reside - % not recorded (Internal Performance from May)	Sep 2022	B	0%		6.2%	6.9%	7.8%	6.8%	6.8%	7%		
Discharges before 5pm (inc transfers to Dis Lounge)	Sep 2022	L	70%		56.0%	56.6%	56.3%	59.1%	57.5%	61%		
<b>Outpatient Care</b>												
Did Not Attend Rate (OutPatients)	Sep 2022	B	6.2%		8.9%	8.7%	8.5%	8.6%	8.8%	9%		
% of all Outpatient activity delivered remotely via telephone or video consultation	Sep 2022	N	25%		15.1%	13.1%	12.5%	14.5%	14.3%	19%		
Number of patient pathways moved or discharged to PIFU, expressed as a proportion of all outpatient activity.	Sep 2022	N	5%		0.4%	0.6%	0.6%	1.0%	0.6%			
<b>Community Care</b>												
MusculoSkeletal Physio <4 weeks	Sep 2022	L	80%		18.7%	16.9%	16.5%	13.0%	14.8%	14%		
% urgent referrals contacted within 2 working days by specialist nurse (Continence)	Sep 2022	L	95%		42.4%	49.5%	52.9%	43.4%	49.1%	59%		
A&E attendances from Care Homes	Sep 2022	L	144		134	126	152	137	137	144		
Admissions from Care Homes	Sep 2022	L	74		87	84	109	86	86	62		
Patients assessed within 5 working days from referral (Diabetes)	Sep 2022	L	95%		66.7%	84.6%	87.5%	100.0%	84.4%	93%		
Urgent 2 Hour Community Response	Sep 2022	L	70%		88.0%	88.1%	91.3%	86.2%	86.2%	0%		

Trust Integrated Performance Dashboard - Quality






	Reporting Period	Type of Standard	Target 22/23	Benchmark	Previous Month (3)	Previous Month (2)	Previous Month (1)	Current Month	YTD	Same Month Prev. Yr	Trend	Data Quality
<b>Mortality</b>												
Mortality index - SHMI	Apr 2022	B	As Expected		107.5	106.6	106.4	105.0	--	115.5		
Mortality index - HSMR (Rolling 12 months)	May 2022	B	As Expected		98.3	98.5	99.9	100.8	--	121.5		
Number of deaths (crude mortality)	Sep 2022		-		88	85	69	78	511	90		
<b>Infection, Prevention and Control</b>												
Clostridium-difficile Infections	Sep 2022		-		3	3	0	5	15	1		
Clostridium-difficile Infections (rate)	Sep 2022		-		18.3	19.0	18.9	21.5	21.5	16.3		
MRSA Infections (Methicillin-resistant Staphylococcus Aureus)	Sep 2022	L	0		0	0	0	0	0	0		
MRSA Infections (Methicillin-resistant Staphylococcus Aureus) (Rate)	Sep 2022		-		0.7	0.0	0.0	0.0	0.0	0.7		
E.coli blood bacteraemia, hospital acquired	Sep 2022		-		4	6	2	4	25	1		
CPE Infections, Hospital Provider	Sep 2022		-		0	0	0	0	0	-		
GRE Infections	Sep 2022		-		0	1	0	0	0	0		
<b>Patient Safety</b>												
Incidents - severe or above (one month behind)	Aug 2022	L	0		0	3	1	2	8	6		
% Potential of Under Reporting of Pt Safety Incidents	Sep 2022		-		52.3	52.3	52.0	53.8	52.6	52		
Number of Patient Harms	Sep 2022		-		653	671	685	725	4,026	602		
Number of Patient Harms (Moderate and above)	Sep 2022		-		19	19	13	42	123	24		
Number of Patient Falls	Sep 2022		-		109	123	101	98	614	85		
Number of Pressure Ulcers (G3 and above)	Sep 2022		-		2	1	1	2	10	0		
Medication Incidents	Sep 2022		-		114	111	91	99	682	123		
Readmission Rates (one month behind)	Aug 2022	L	7.6%		7.7%	8.9%	7.3%	8.5%	8.0%	7.9%		
Venous Thromboembolism (VTE) Risk Assessment	Sep 2022	N	95.0%		96.4%	95.8%	95.4%	96.4%	96.4%	95.9%		
Number of complaints per 10,000 patient contacts	Sep 2022	L	8		10.39	10.77	12.47	11.00	10.80	5.18		
Proportion of complaints closed within 30 days	Sep 2022	L	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
Hip Fracture Best Compliance	Sep 2022	L	65.0%		61.5%	47.1%	86.7%	75.0%	75.0%	73.3%		
F&F Postive Score - Inpatients & Day Cases	Sep 2022	N	95.0%		97.0%	97.1%	96.8%	96.7%	97.2%	97.3%		
F&F Postive Score - Outpatients	Sep 2022	N	95.0%		97.1%	98.0%	97.1%	97.8%	97.4%	94.9%		
F&F Postive Score - Maternity	Sep 2022	N	95.0%		99.0%	96.5%	99.0%	96.5%	97.8%	100.0%		
Care Hours per Patient Day	Sep 2022	L	7.3		6.6	6.3	6.0	6.3	6.3	6.7		
<b>Maternity</b>												
Bookings by 12 Week 6 Days	Sep 2022	N	90.0%		92.2%	92.2%	91.8%	92.6%	91.8%	93.8%		
Babies with a first feed of breast milk (percent)	Sep 2022	N	70.0%		59.2%	53.9%	55.1%	56.2%	57.7%	58.0%		
Stillbirth Rate per 1000 live births (Rolling 12 months)	Sep 2022	L	4.66		2.35	1.95	2.32	2.32	2.32	4.50		
1:1 care in labour	Sep 2022	L	75.0%		97.4%	96.1%	97.6%	97.0%	97.0%	97.9%		
Serious Incidents (Maternity)	Aug 2022	L	0		0	0	0	0	0	3		
Moderate and above Incidents (Harm Free)	Aug 2022		-		0	0	0	0	0	0		
Consultants on labour (Hours on Ward)	Sep 2022		-		62.5	62.5	62.5	62.5	62.5	--		
% women on continuity of care pathway	--											

Trust Integrated Performance Dashboard - Workforce

	Reporting Period	Type of Standard	Target 22/23	Benchmark	Previous Month (3)	Previous Month (2)	Previous Month (1)	Current Month	YTD	Same Month Prev. Yr	Trend	Data Quality
<b>Workforce</b>												
Whole Time Equivalent against plan - Total	Sep 2022	L	-285		-381.85	-381.85	-426.79	-434.78	-434.78	-243.00		
Whole Time Equivalent plan - Nursing	Sep 2022	L	-98		-64.80	-64.80	-91.04	-80.65	-80.65	-57.46		
Total Headcount	Sep 2022		-		4,953	4,955	4,944	4,937	4,937	4,892		
Vacancy Rate - TOTAL	Sep 2022	L	6.40%		8.51%	8.51%	9.43%	9.66%	9.66%	5.65%		
Vacancy Rate - Nursing	Sep 2022	L	7.30%		4.79%	4.79%	6.71%	5.95%	5.95%	4.36%		
Time to Recruit	Sep 2022	L	34		34	34	36	36	36	31		
Sickness Rates (%) - inc COVID related	Sep 2022	L	3.95%		6.54%	7.41%	6.14%	6.67%	7.01%	6.95%		
Turnover	Sep 2022		0.63%		0.94%	1.21%	0.98%	1.19%	1.01%	1.20%		
Appraisals complete (% 12 month rolling)	Sep 2022	L	90.00%		70.00%	72.00%	74.00%	79.00%	7.09%	68.00%		
Appraisals Season Rates (%)	Sep 2022	L	90.00%		64.00%	50.00%	64.00%	74.00%		-		
MAST (% of staff up to date)	Sep 2022	L	85.00%		91.00%	91.00%	89.00%	92.00%	92.00%	89.00%		
% of jobs advertised as flexible	Sep 2022		-		66.25%	-	97.73%	89.80%	--	-		

Trust Integrated Performance Dashboard - Finance

Apr 22 - Sept 22

	In Month Plan £000s	In Month Actual £000s	In Month Variance £000s		YTD Plan £000s	YTD Actual £000s	YTD Variance £000s	Forecast V £000s
 I&E Performance (Actual)	(240)	(128) ●	112		127	173 ●	46 ●	(2,839)
 I&E Performance (Control Total)	(383)	(271) ●	112		(1,419)	(1,373) ●	46 ●	(2,839)
 Efficiency Programme (CIP) - Risk Adjusted	762	686 ●	(76)		3,492	2,900 ●	(592) ●	(2,534)
 Capital Expenditure	793	638 ●	155		3,617	2,567 ●	1,050 ●	0
 Cash Balance	(2,688)	(1,466) ●	1,222		21,254	27,653 ●	6,398 ●	(2,375)

Trust Integrated Performance Dashboard - Activity



## Trust Integrated Performance Dashboard - Activity

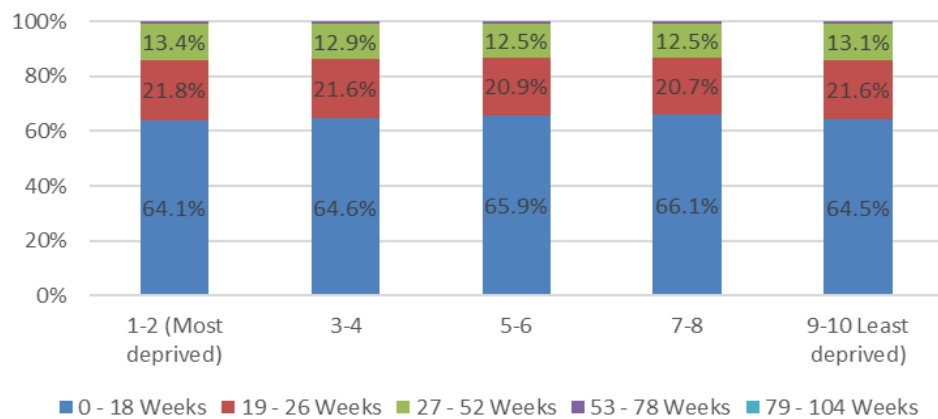
ACTIVITY			
OUTPATIENTS			
	Activity 22/23	Activity 19/20 (WDA)	As % of 2019/20 WDA
September	21,501	22,899	-6.1%
YTD monthly average	21,067	22,557	-5.1%
DAYCASES			
	Activity 22/23	Activity 19/20 (WDA)	As % of 2019/20 WDA
September	1,868	2,180	-14.3%
YTD monthly average	1,753	2,134	-16.5%
ELECTIVE ACTIVITY			
	Activity 22/23	Activity 19/20 (WDA)	As % of 2019/20 WDA
September	319	377	-15.4%
YTD monthly average	285	386	-25.0%

## Trust Integrated Performance Dashboard - Health Inequalities

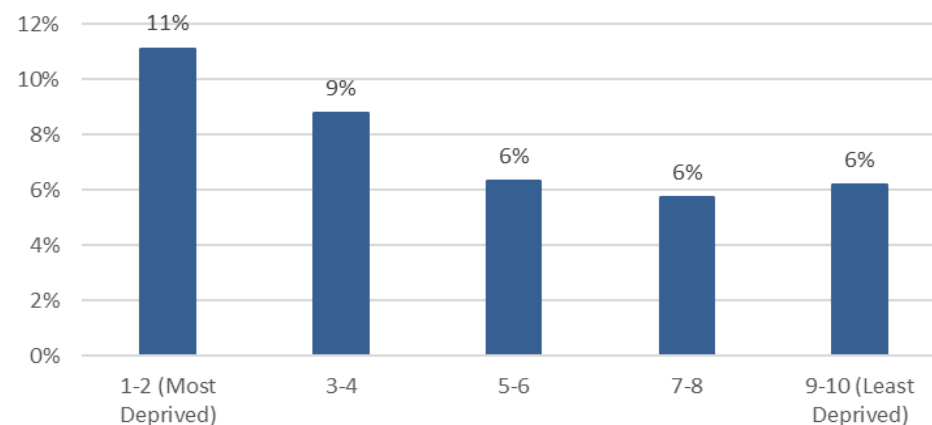
### RTT Snapshot 25/09/22

IMD Quintile	Patients on Waiting List	Median Wait (Wks)	% of All RTT Patients	% of Rotherham Population	% Proportion Difference to Rotherham Population
1-2	8679	14.6	37.4%	36.0%	1.4%
3-4	5473	14.4	23.6%	23.2%	0.3%
5-6	3661	14.1	15.8%	15.2%	0.5%
7-8	4128	14.2	17.8%	19.5%	-1.7%
9-10	1293	17.7	5.6%	6.0%	-0.4%
Total	23216	14.4	100.0%	100.0%	0.0%

Patients on Waiting List by IMD Quintile & Waiting List Group



Percentage of Outpatient DNA's by Deprivation Quintile During September

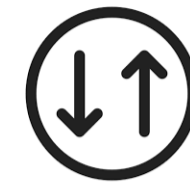




Safer Staffing

<b>Trust Wide Scorecard Rolling 12 Months &amp; Year End position 21/22</b>	<b>Sep-21</b>	<b>Oct-21</b>	<b>Nov-21</b>	<b>Dec-21</b>	<b>Jan-22</b>	<b>Feb-22</b>	<b>Mar-22</b>	<b>Apr-22</b>	<b>May-22</b>	<b>Jun-22</b>	<b>Jul-22</b>	<b>Aug-22</b>	<b>Sep-22</b>
Daily staffing -actual trained staff v planned (Days)	87.39%	85.51%	86.74%	89.65%	87.75%	87.62%	86.48%	86.33%	84.11%	83.95%	81.92%	83.54%	82.43%
Daily staffing -actual trained staff v planned (Nights)	83.93%	82.94%	86.32%	87.50%	87.06%	86.41%	84.29%	88.00%	85.52%	86.36%	81.28%	84.30%	90.41%
Daily staffing - actual HCA v planned (Days)	100.43%	99.16%	101.90%	94.90%	90.63%	89.55%	89.47%	96.05%	95.88%	91.45%	80.37%	83.13%	83.46%
Daily staffing - actual HCA v planned (Nights)	98.49%	89.90%	95.29%	90.95%	89.28%	89.06%	92.35%	89.51%	91.18%	94.30%	81.54%	83.77%	89.86%
Care Hours per Patient per Day (CHPPD)	6.7	6.5	6.4	6.5	6.2	6.5	6.2	6.5	6.5	6.6	6.3	6.0	6.3

Perform	Assure	Description
		Special cause of a concerning nature where the measure is significantly <b>HIGHER</b> . This occurs where there is higher pressure in the system or deteriorating performance. This system is not capable. It will <b>FAIL</b> the target without system change.
		Special cause of a concerning nature where the measure is significantly <b>HIGHER</b> . This occurs where there is higher pressure in the system or worse performance. However despite deterioration the system is capable and will consistently <b>PASS</b> the target.
		Special cause of a concerning nature where the measure is significantly <b>HIGHER</b> . This occurs where there is higher pressure in the system or worse performance. This system will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Special cause of a concerning nature where the measure is significantly <b>LOWER</b> . This occurs where there is deteriorating performance. This system is not capable. It will <b>FAIL</b> the target without system change.
		Special cause of a concerning nature where the measure is significantly <b>LOWER</b> . This occurs where there is deteriorating performance. However the system is capable and will consistently <b>PASS</b> the target.
		Special cause of a concerning nature where the measure is significantly <b>LOWER</b> . This system will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Common cause variation, no significant change. This system is not reliably capable. It will <b>FAIL</b> to consistently meet target without system change.
		Common cause variation, no significant change. The system is capable and will consistently <b>PASS</b> the target.
		Common cause variation, no significant change. This system will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Special cause of an improving nature where the measure is significantly <b>HIGHER</b> . This occurs where there improving performance. However the system is still not capable. It will <b>FAIL</b> the target without system change.
		Special cause of an improving nature where the measure is significantly <b>HIGHER</b> . This occurs where there is improving performance. The system is capable and will consistently <b>PASS</b> the target.
		Special cause of an improving nature where the measure is significantly <b>HIGHER</b> . This occurs where there improving performance. This system will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Special cause of an improving nature where the measure is significantly <b>LOWER</b> . This occurs where there improving performance. However the system is still not capable. It will <b>FAIL</b> the target without system change.
		Special cause of an improving nature where the measure is significantly <b>LOWER</b> . This occurs where there is improving performance. The system is capable and will consistently <b>PASS</b> the target.
		Special cause of an improving nature where the measure is significantly <b>LOWER</b> . This occurs where there improving performance. This system will not consistently hit or miss the target. (This occurs when target lies between process limits).



Arrows show direction of travel. Up is Good, Down is Good

### SPC Rules

#### A single point outside the control limits

Whenever a data point falls outside a process limit (upper or lower) something unexpected has happened because we know that 99% of data should fall within the process limits.

#### Consecutive points above or below the mean line

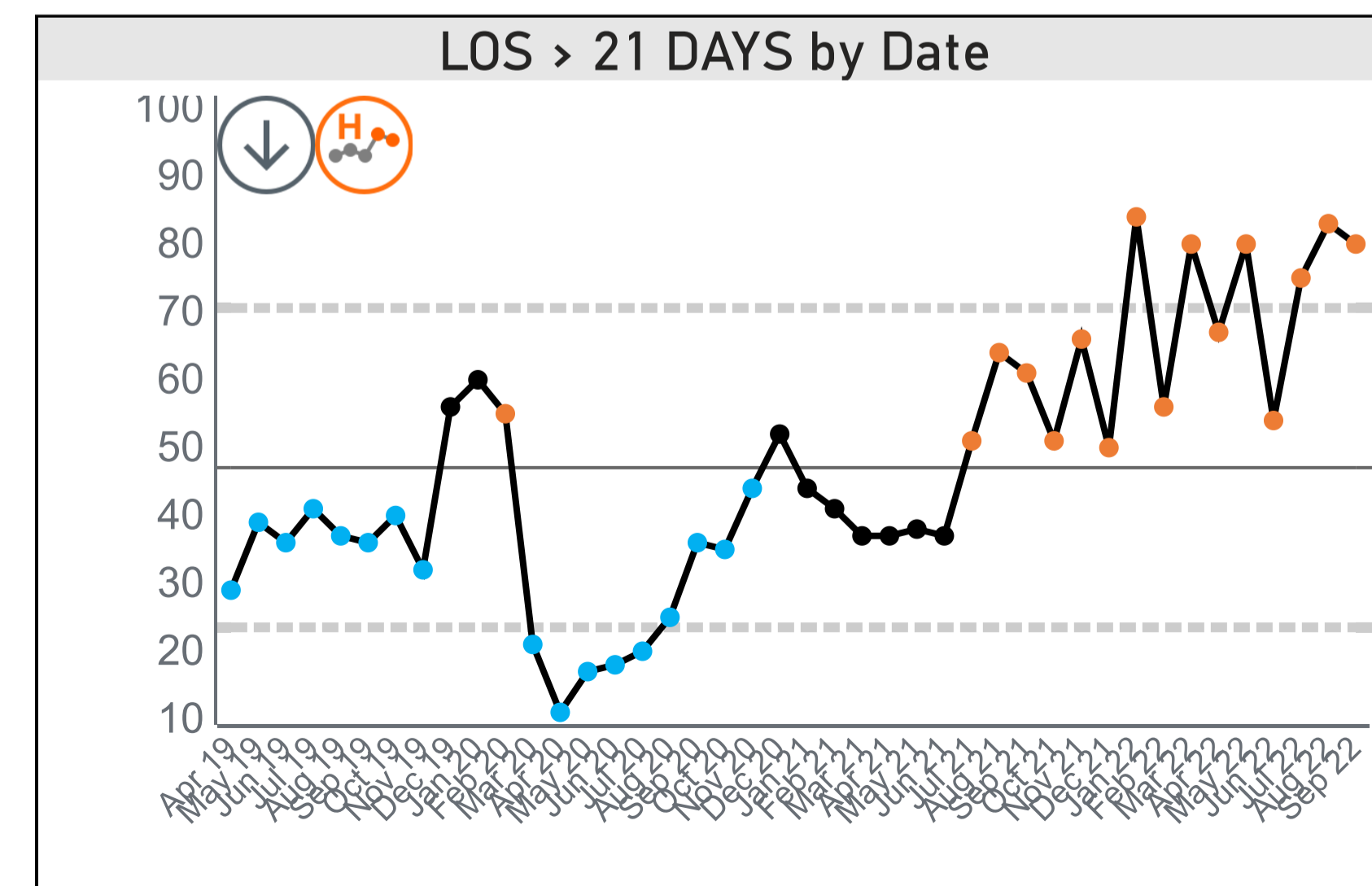
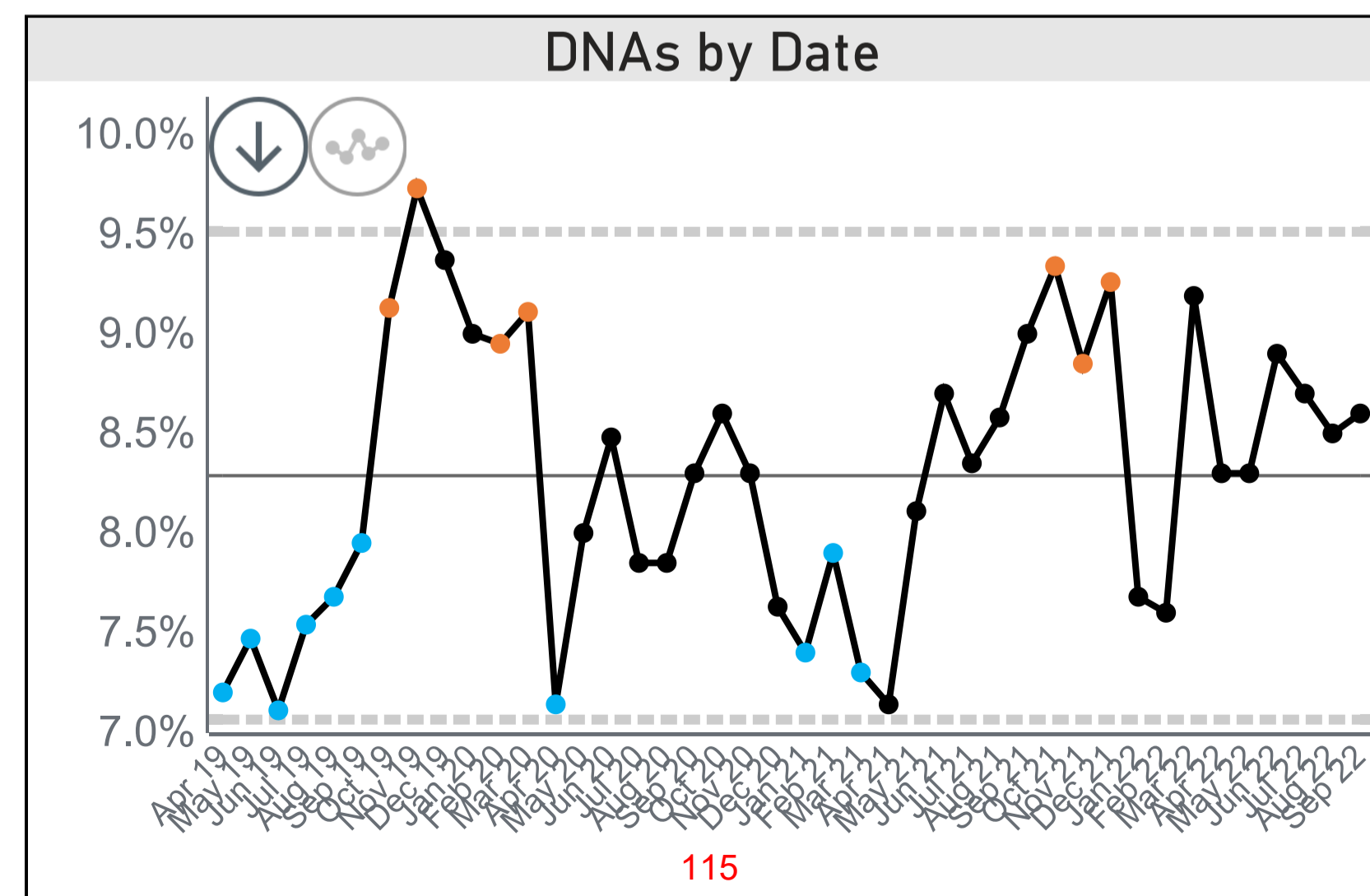
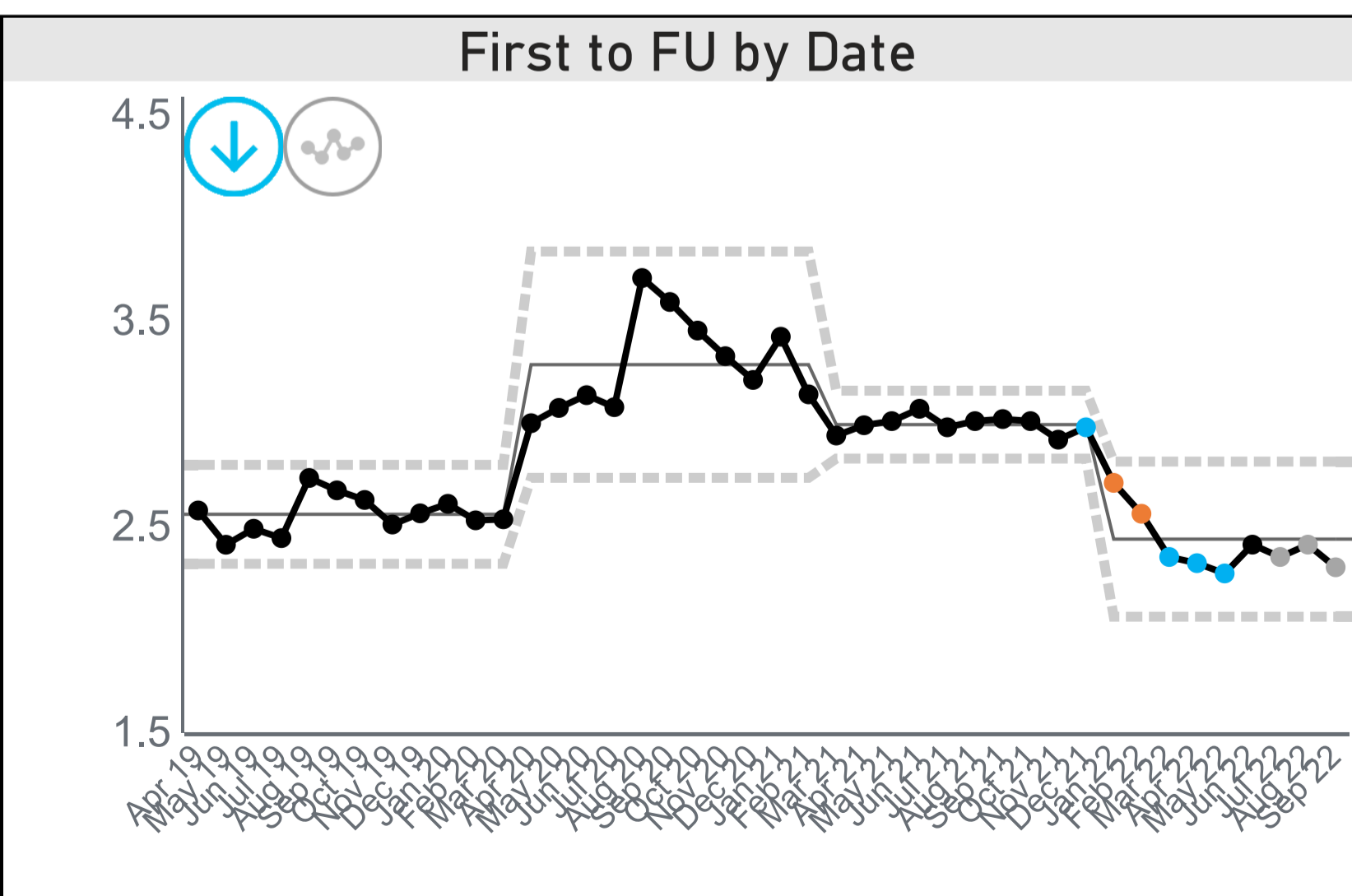
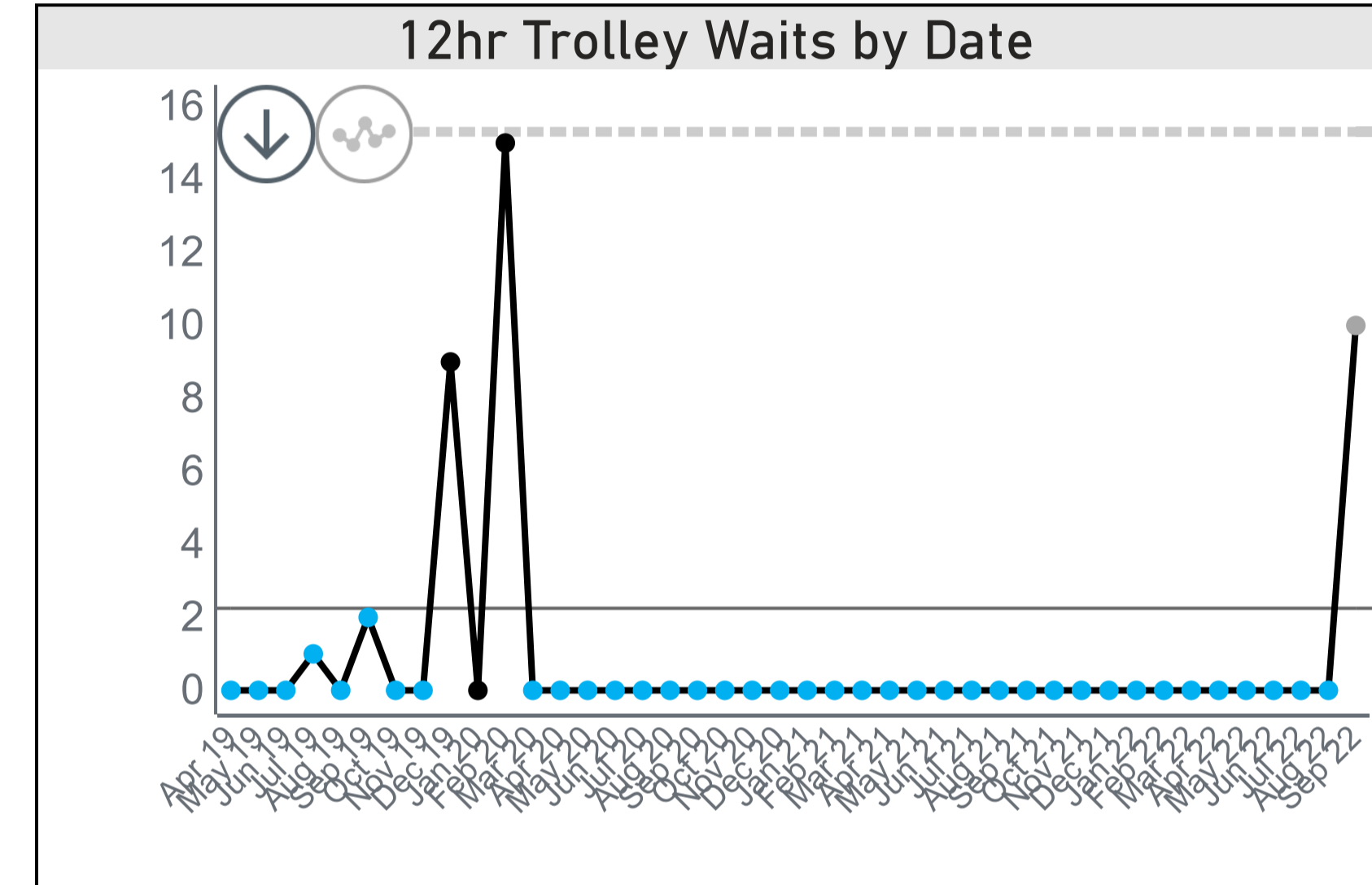
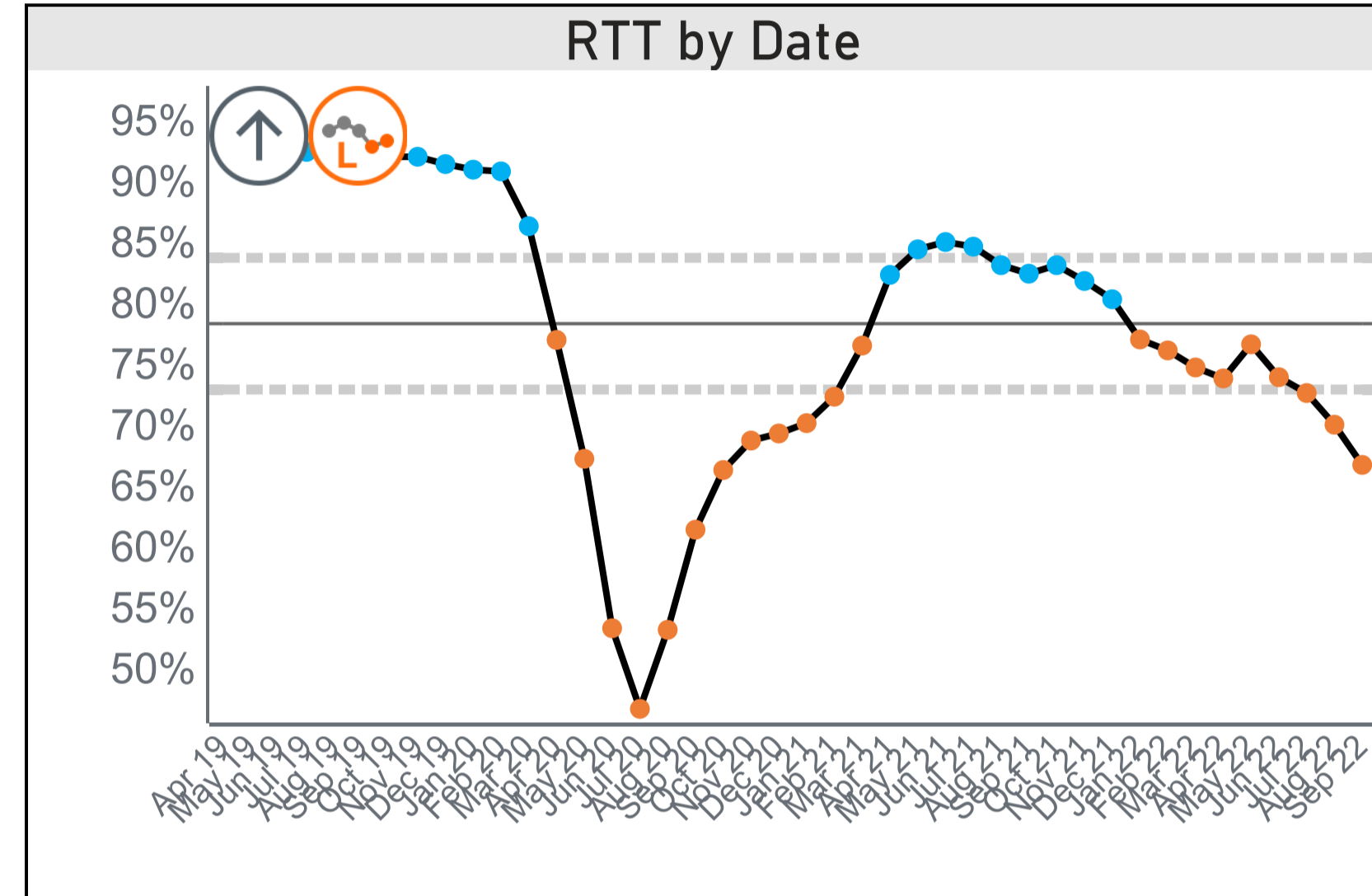
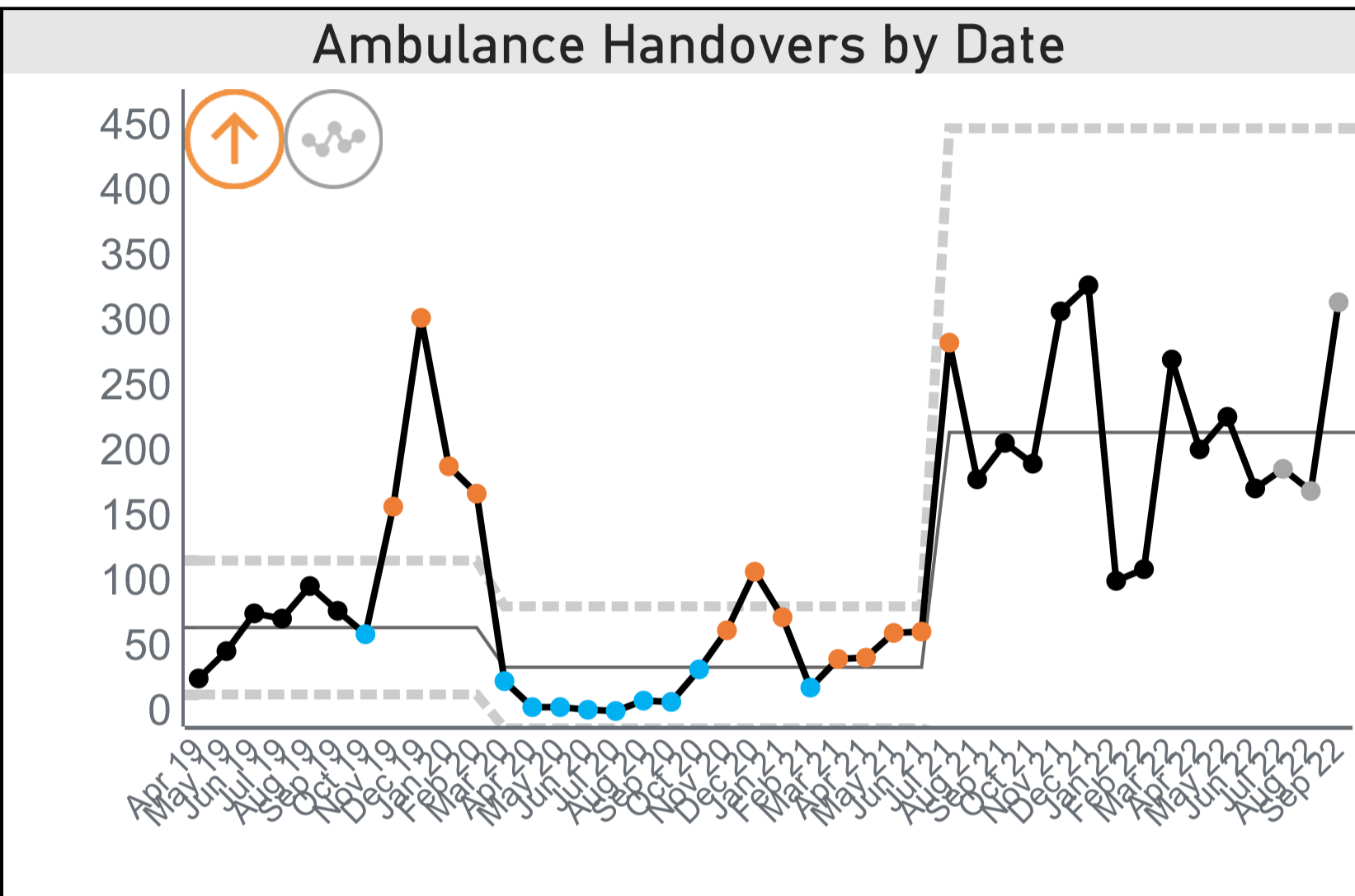
A run of values above or below the average (mean) line represents a trend that should not result from natural variation into the system

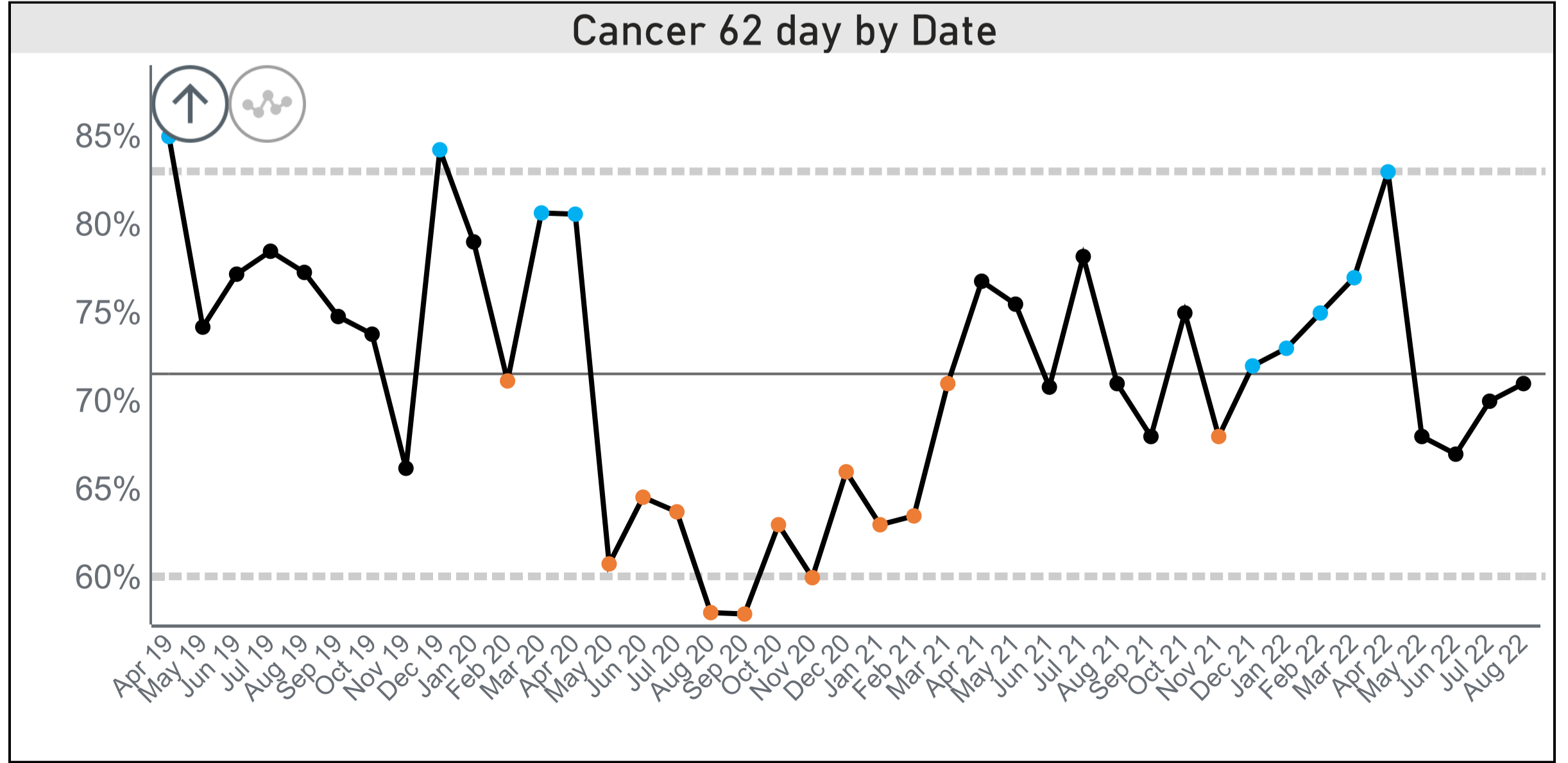
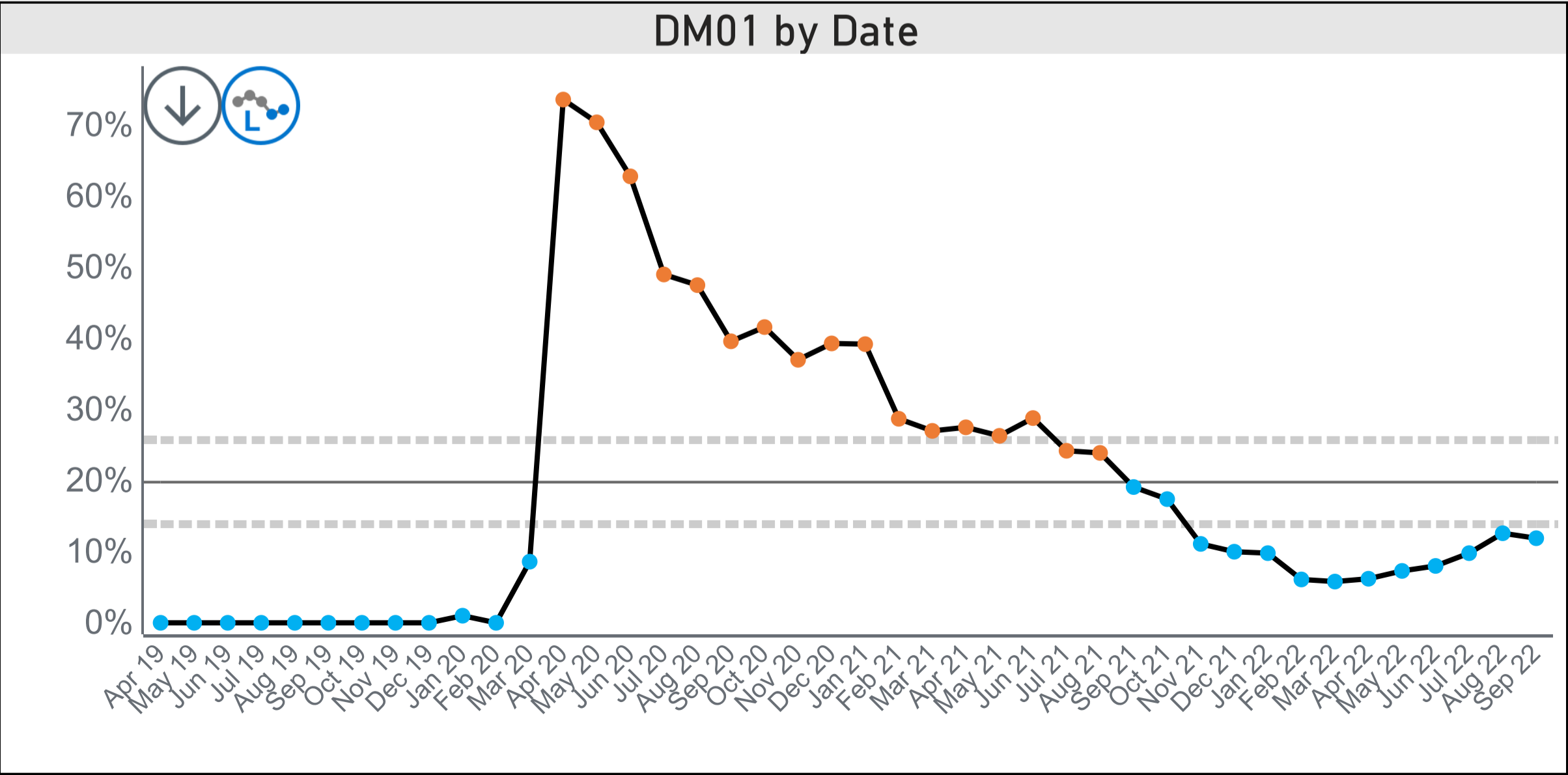
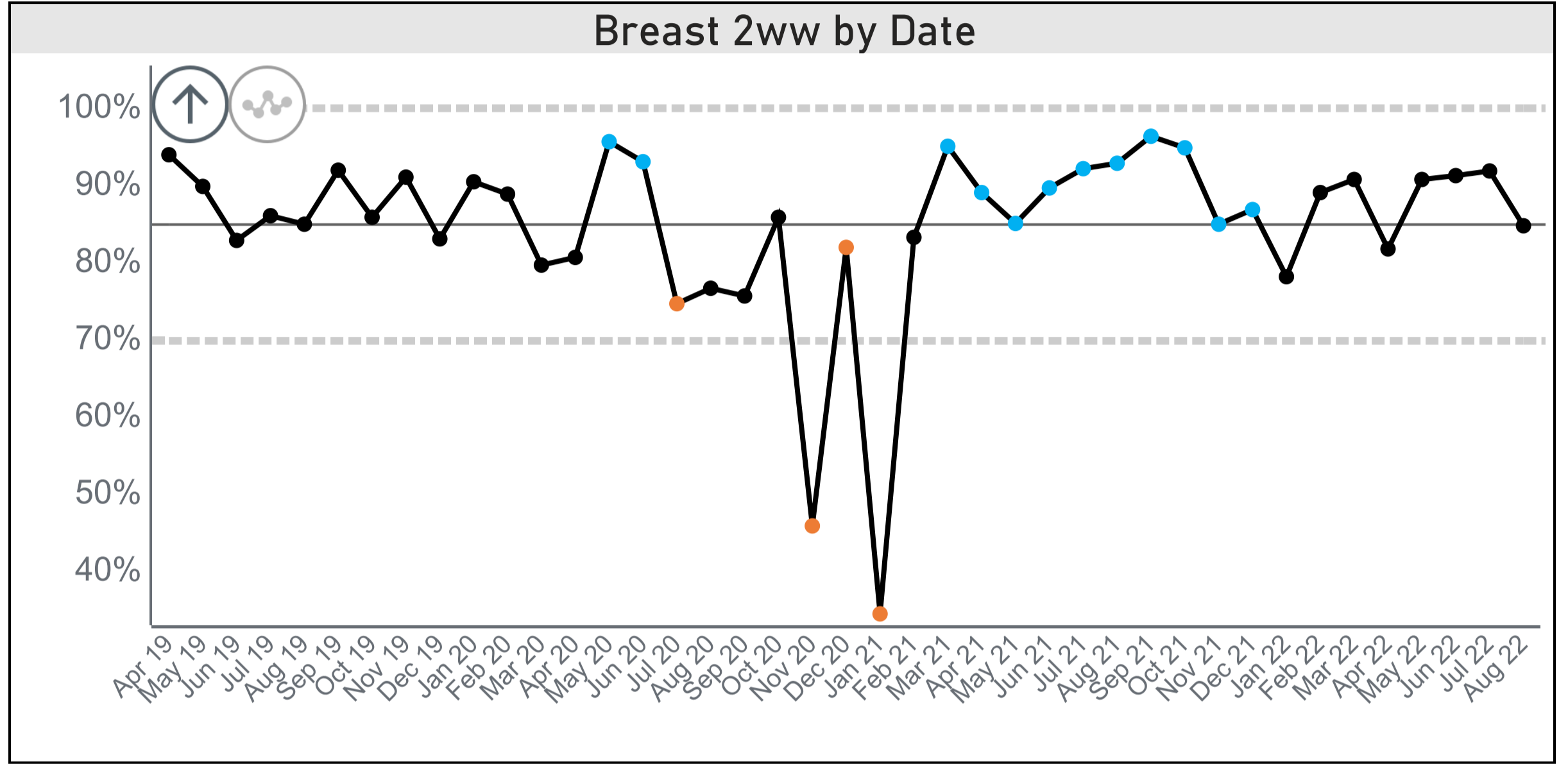
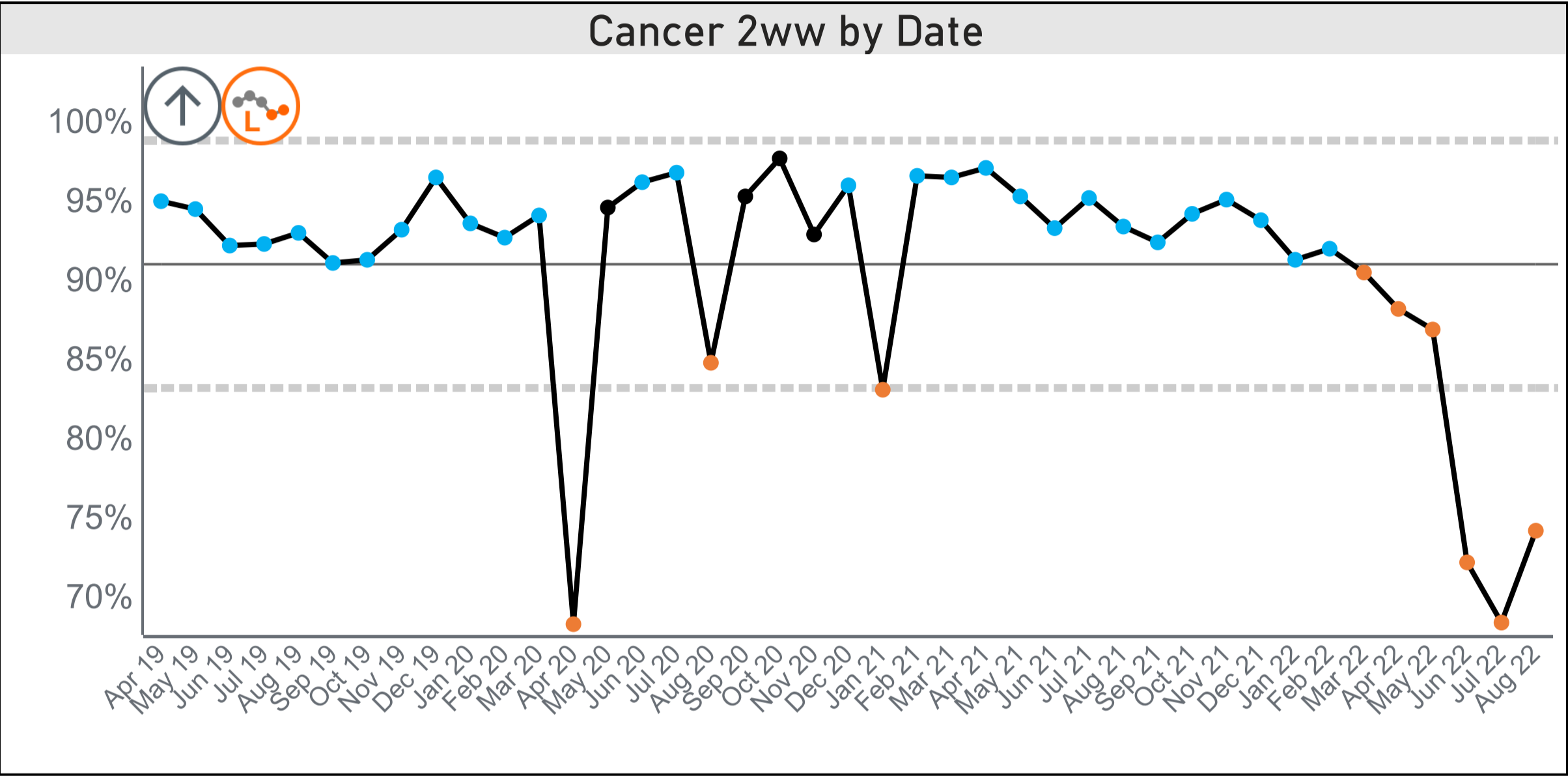
#### Consecutive points increasing or decreasing

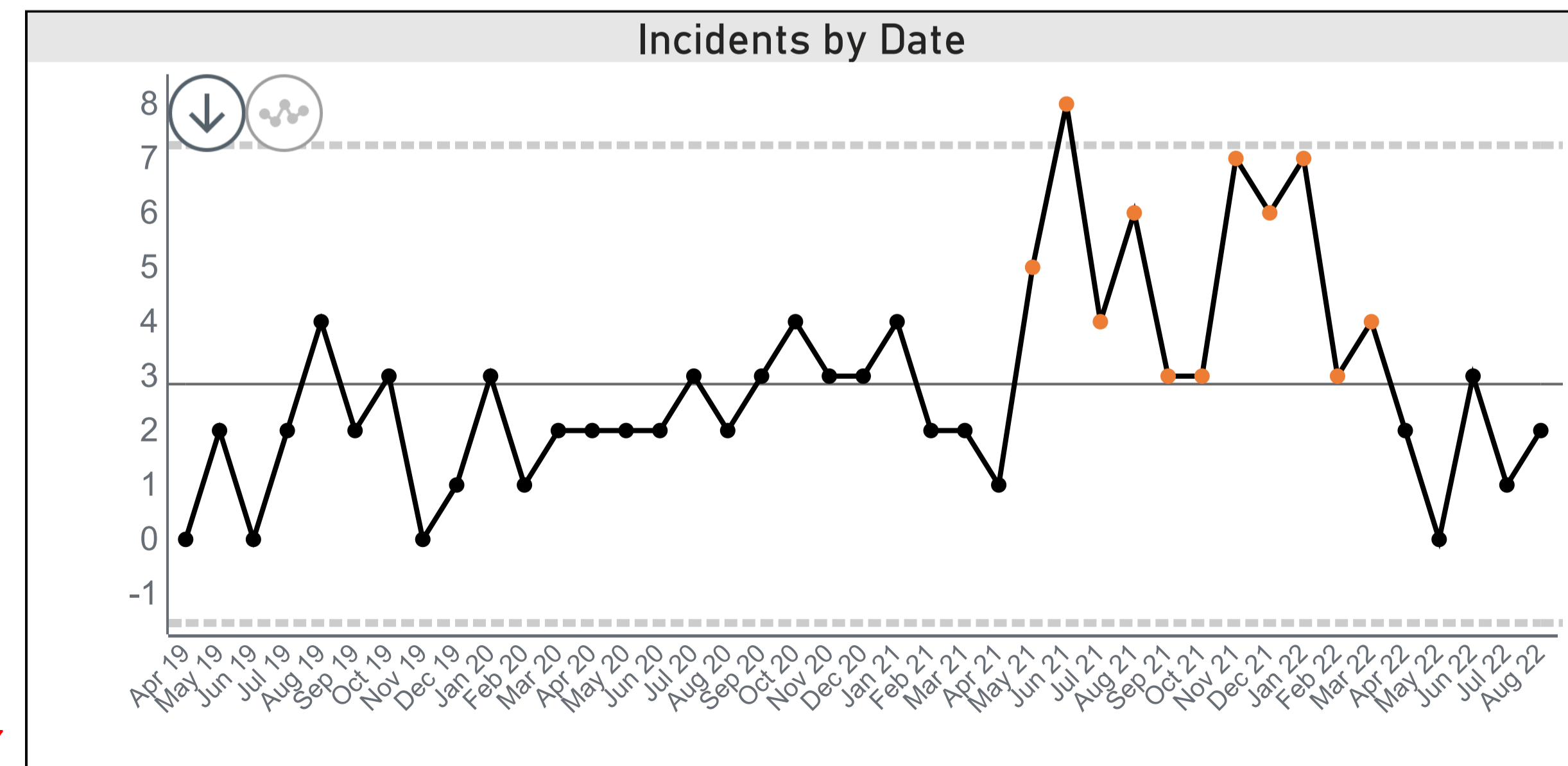
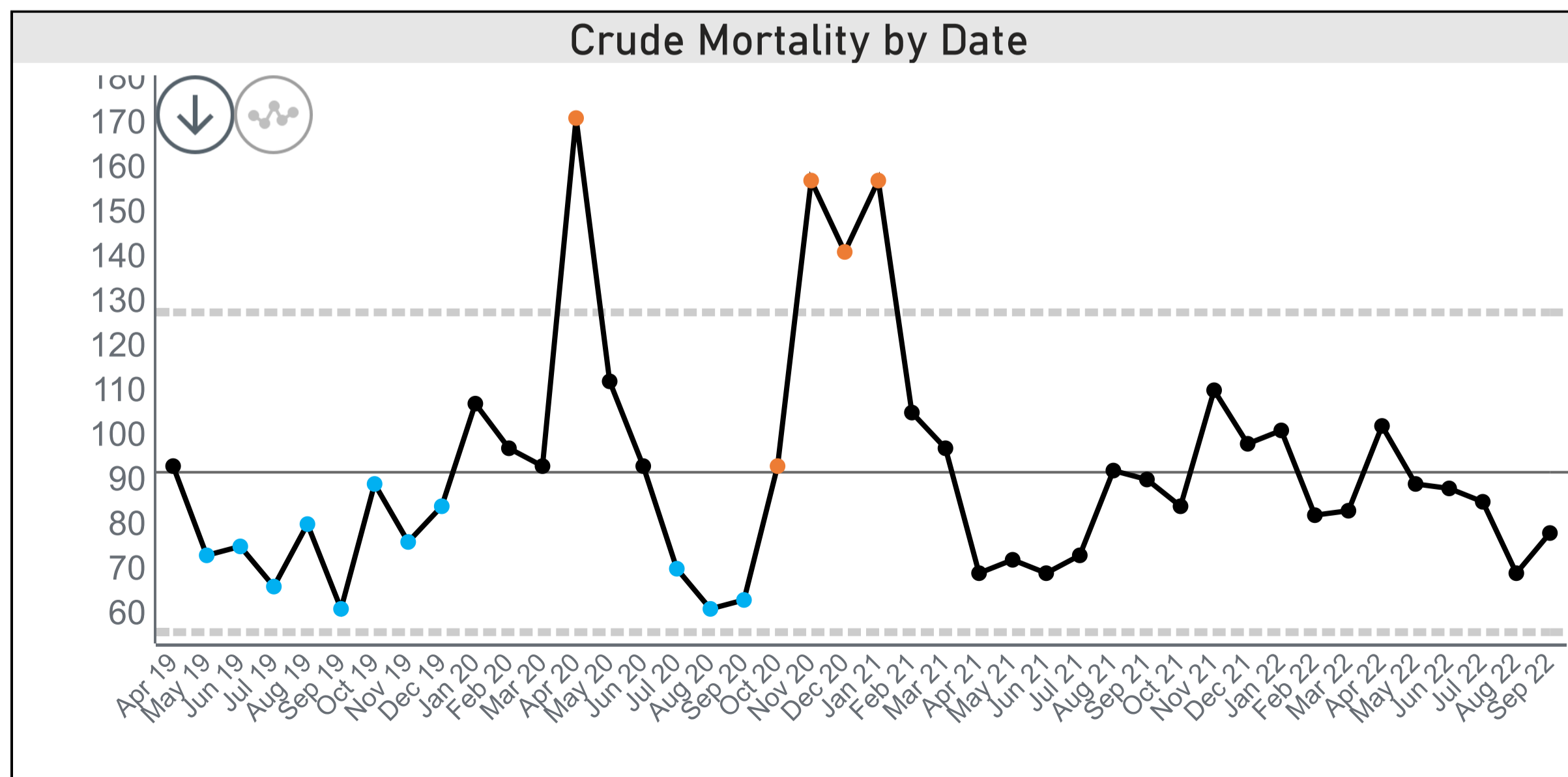
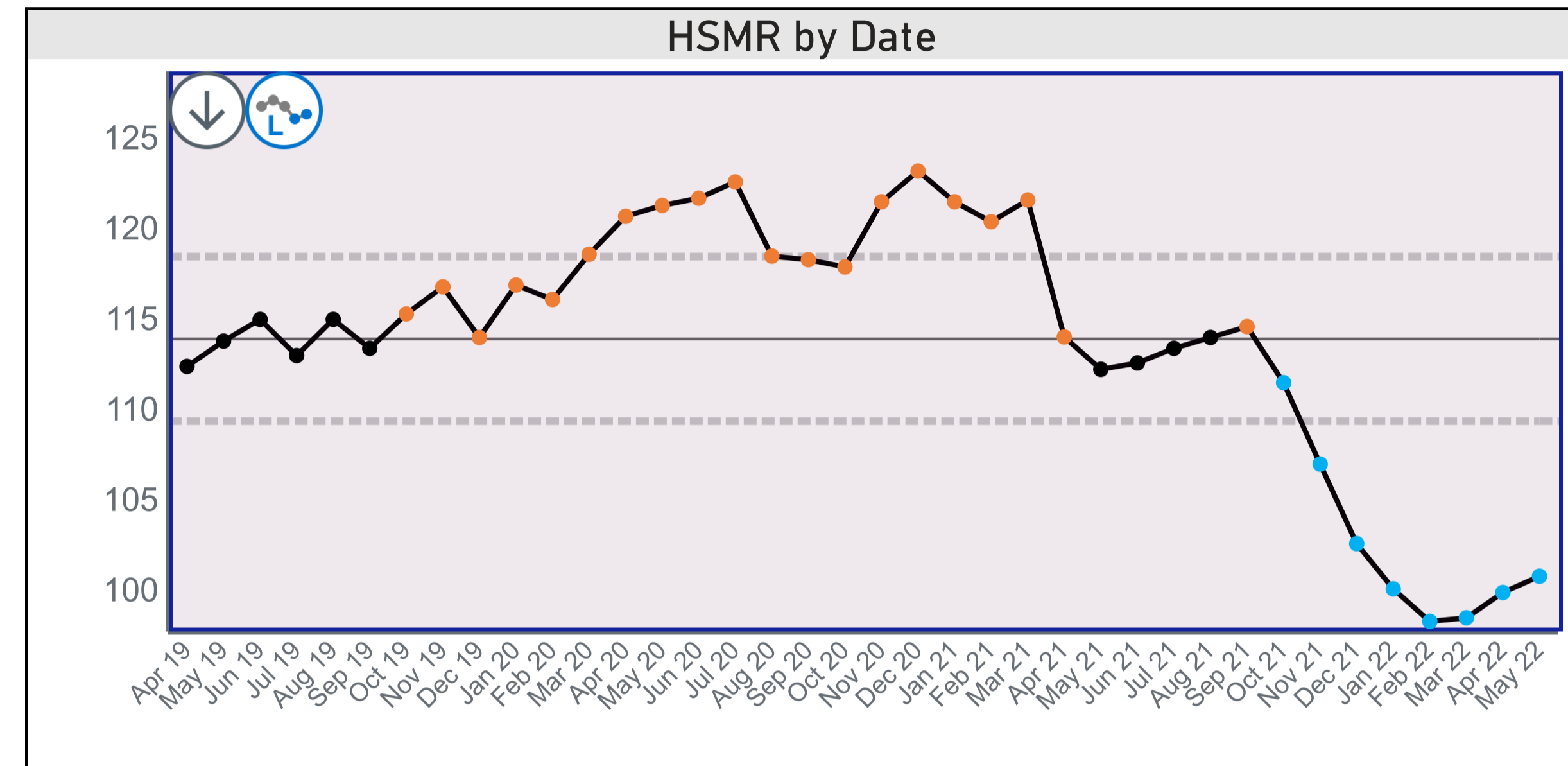
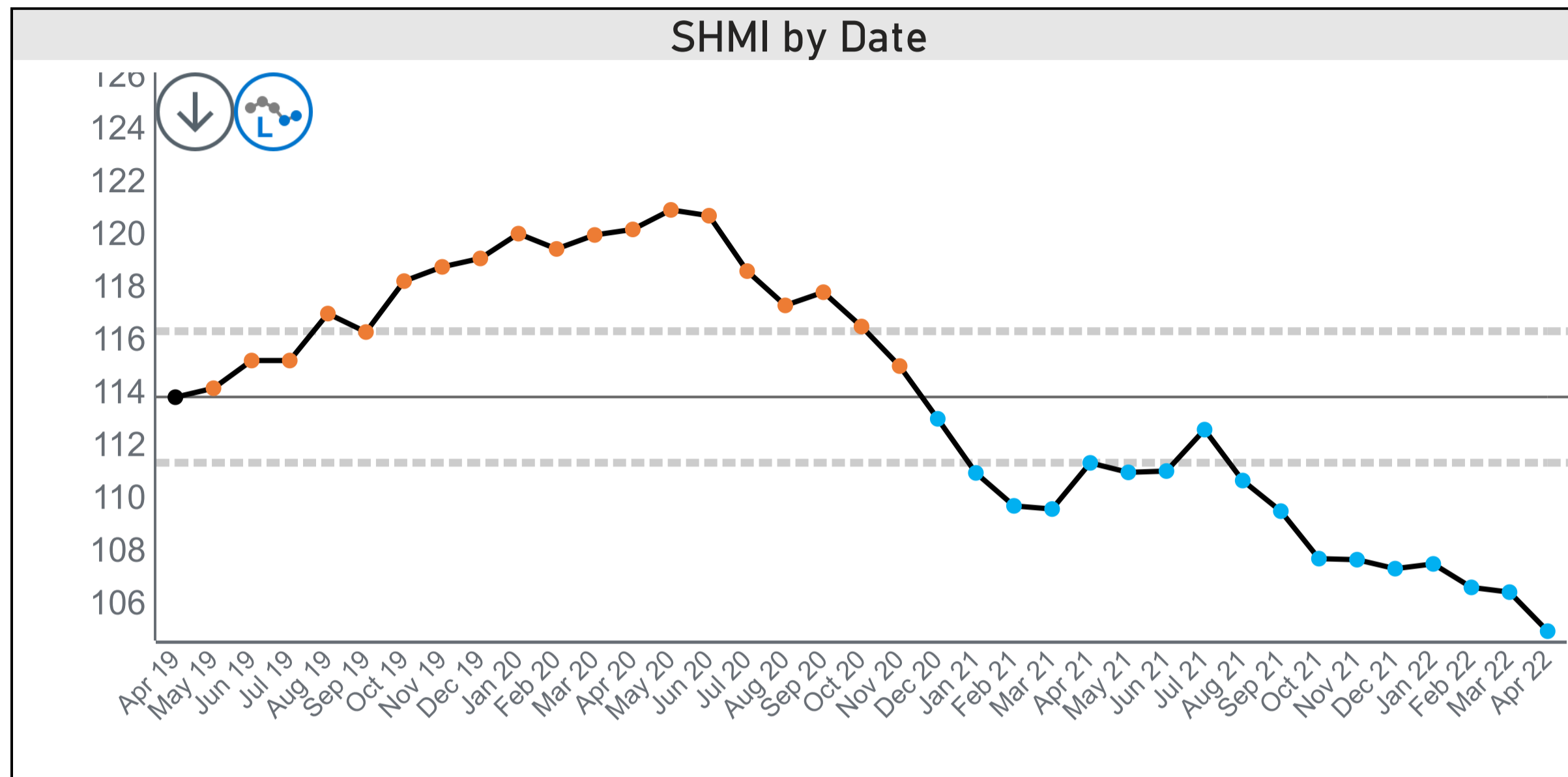
A run of values showing continuous increase or decrease is a sign that something unusual is happening in the system.

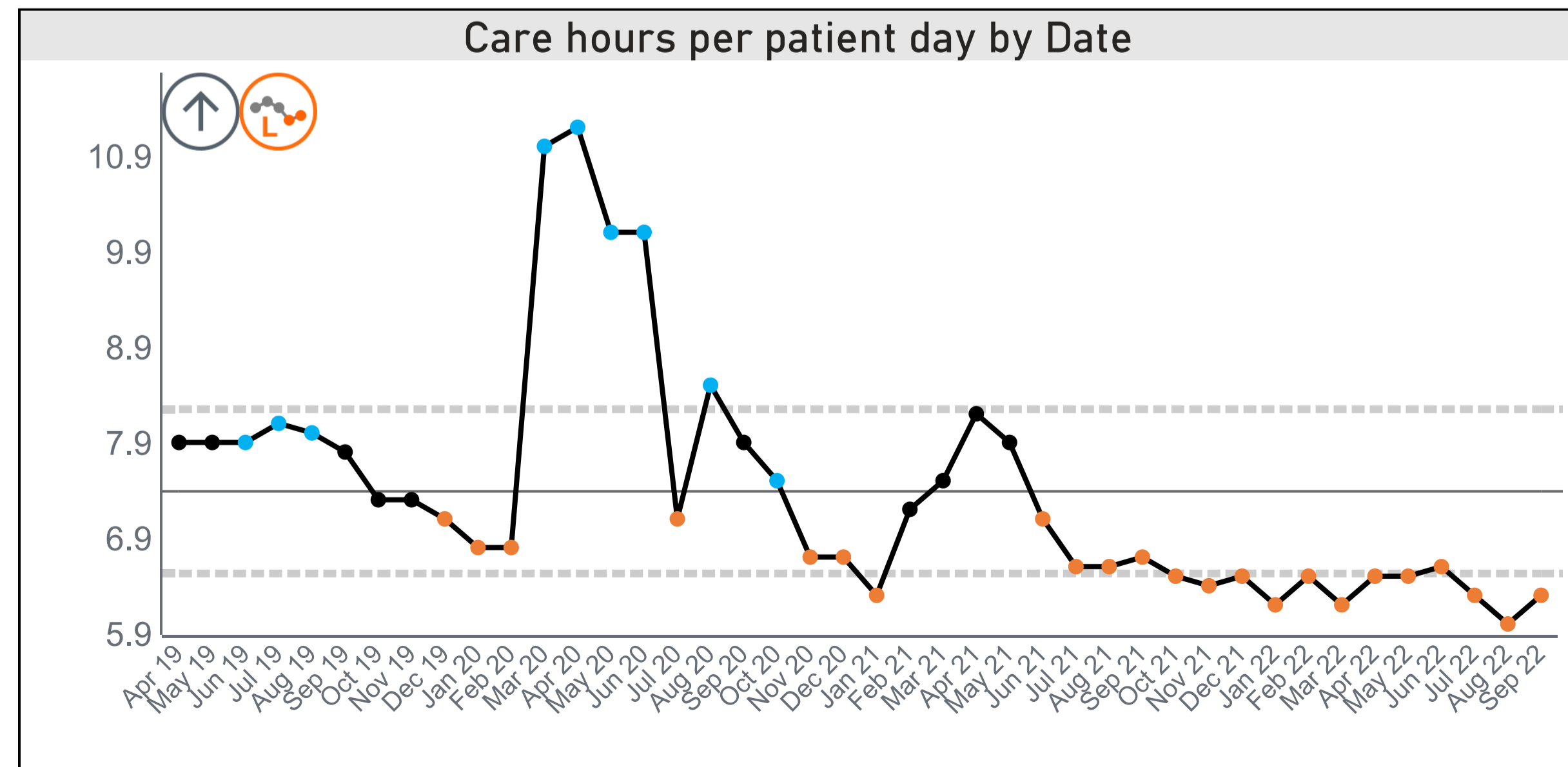
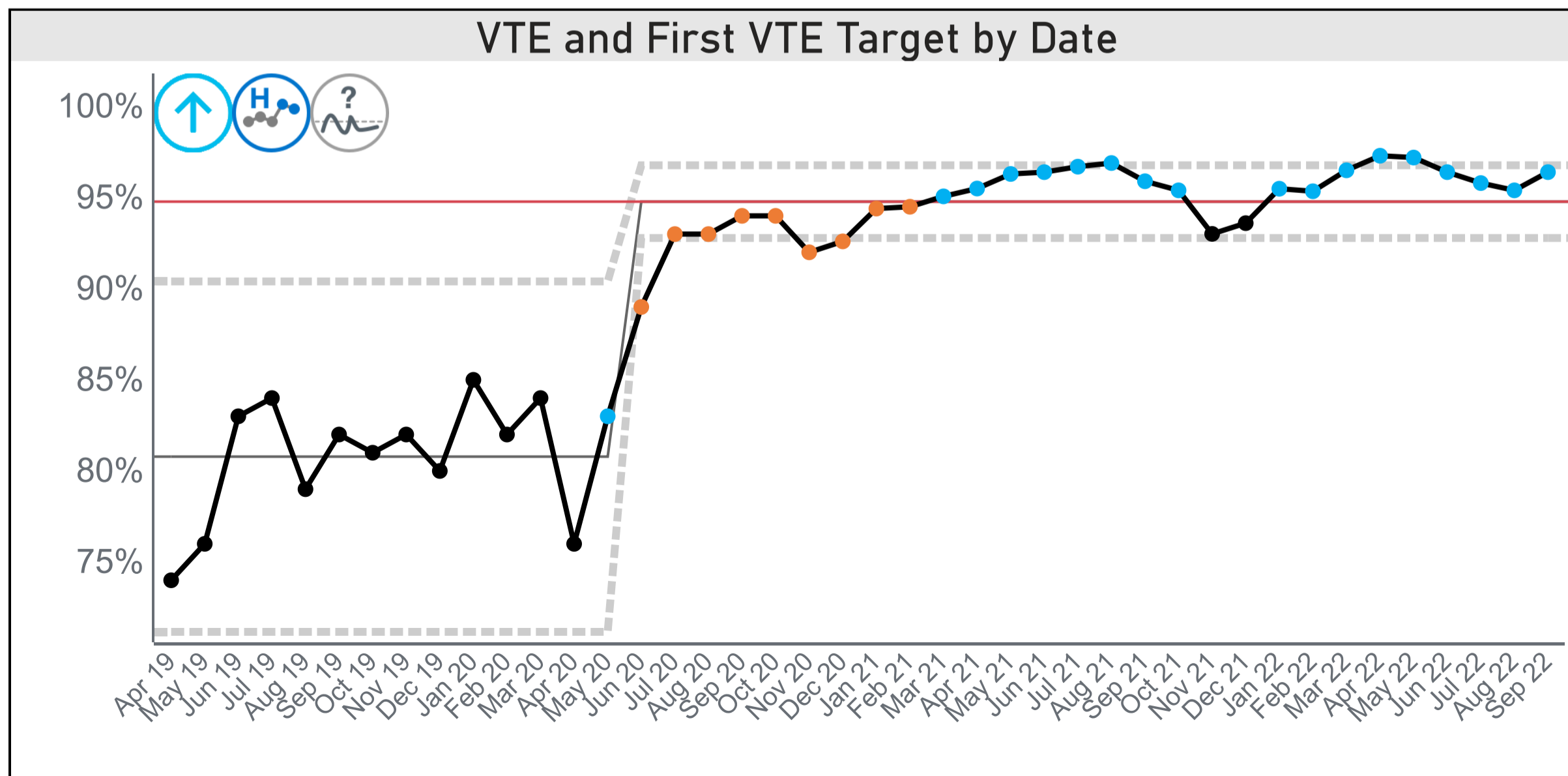
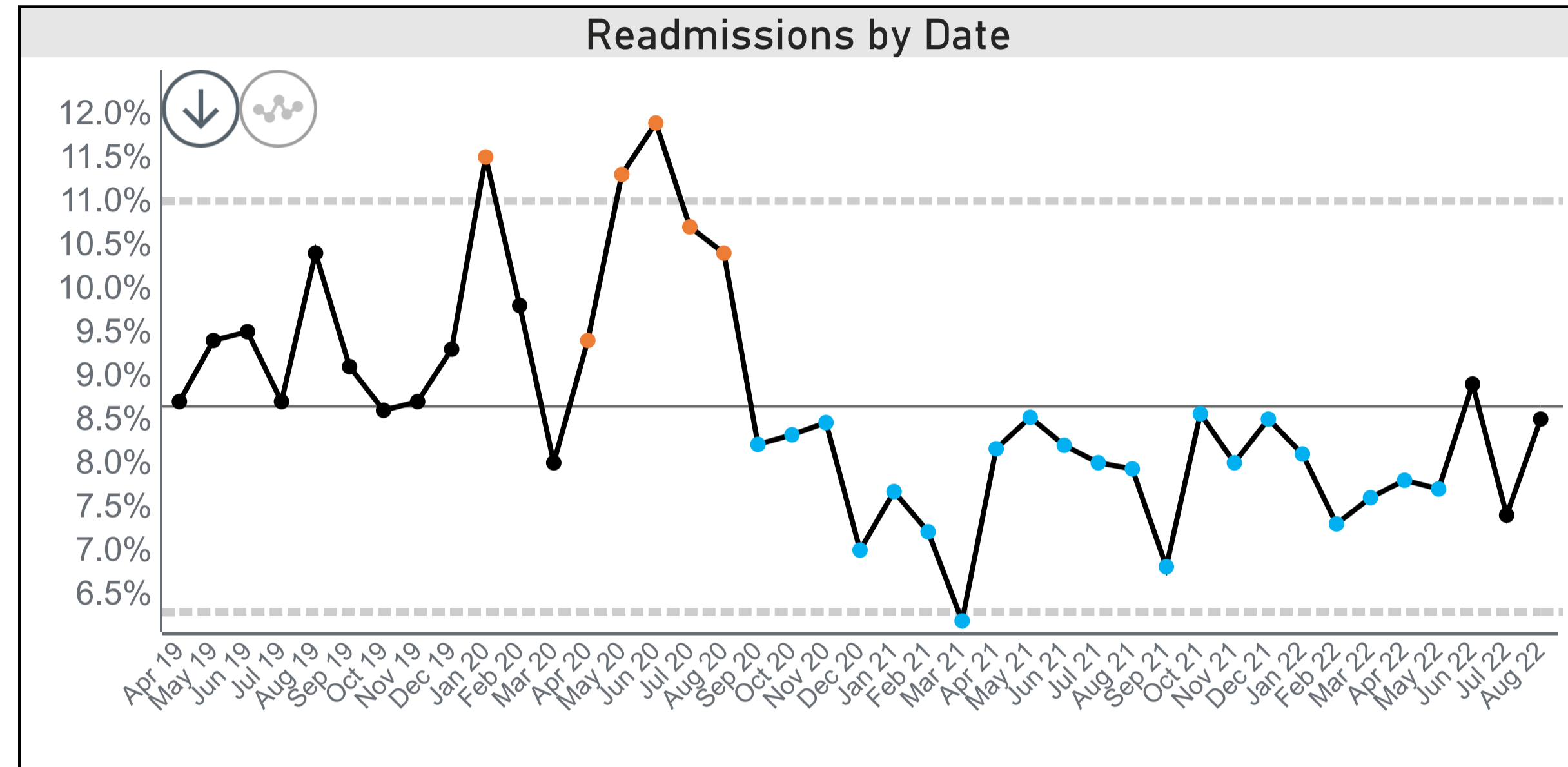
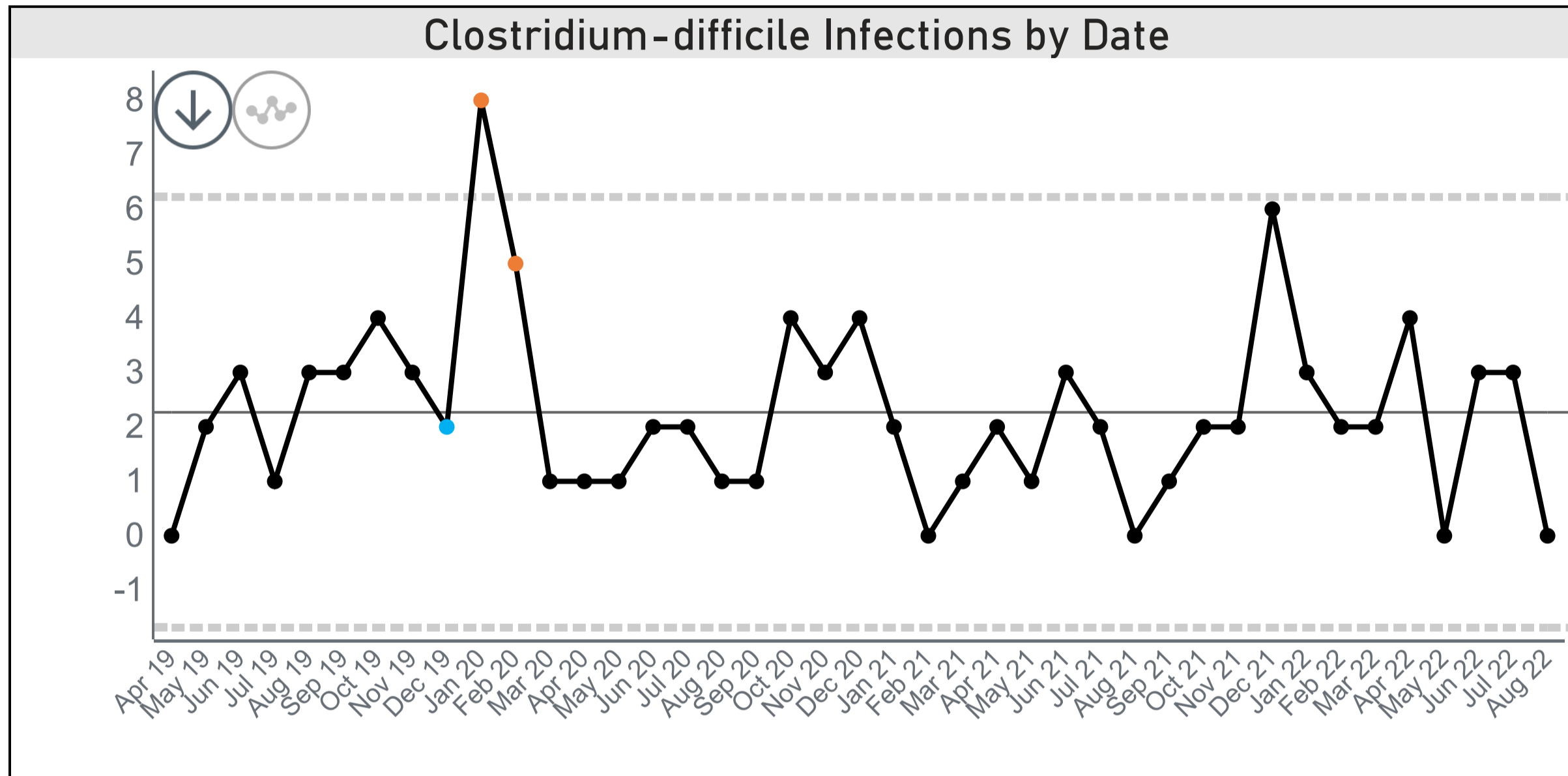
#### Two out of three points close to the process limits

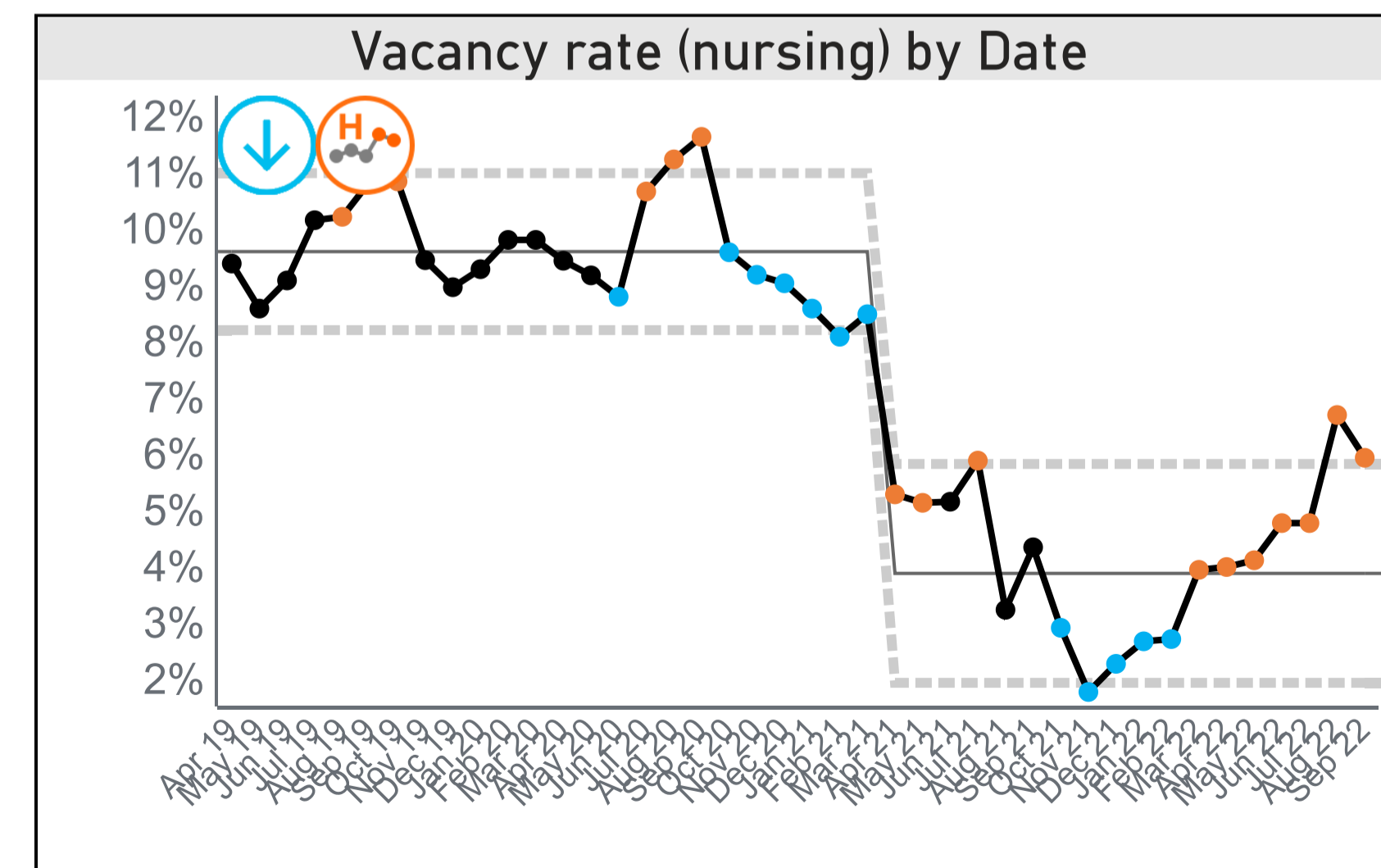
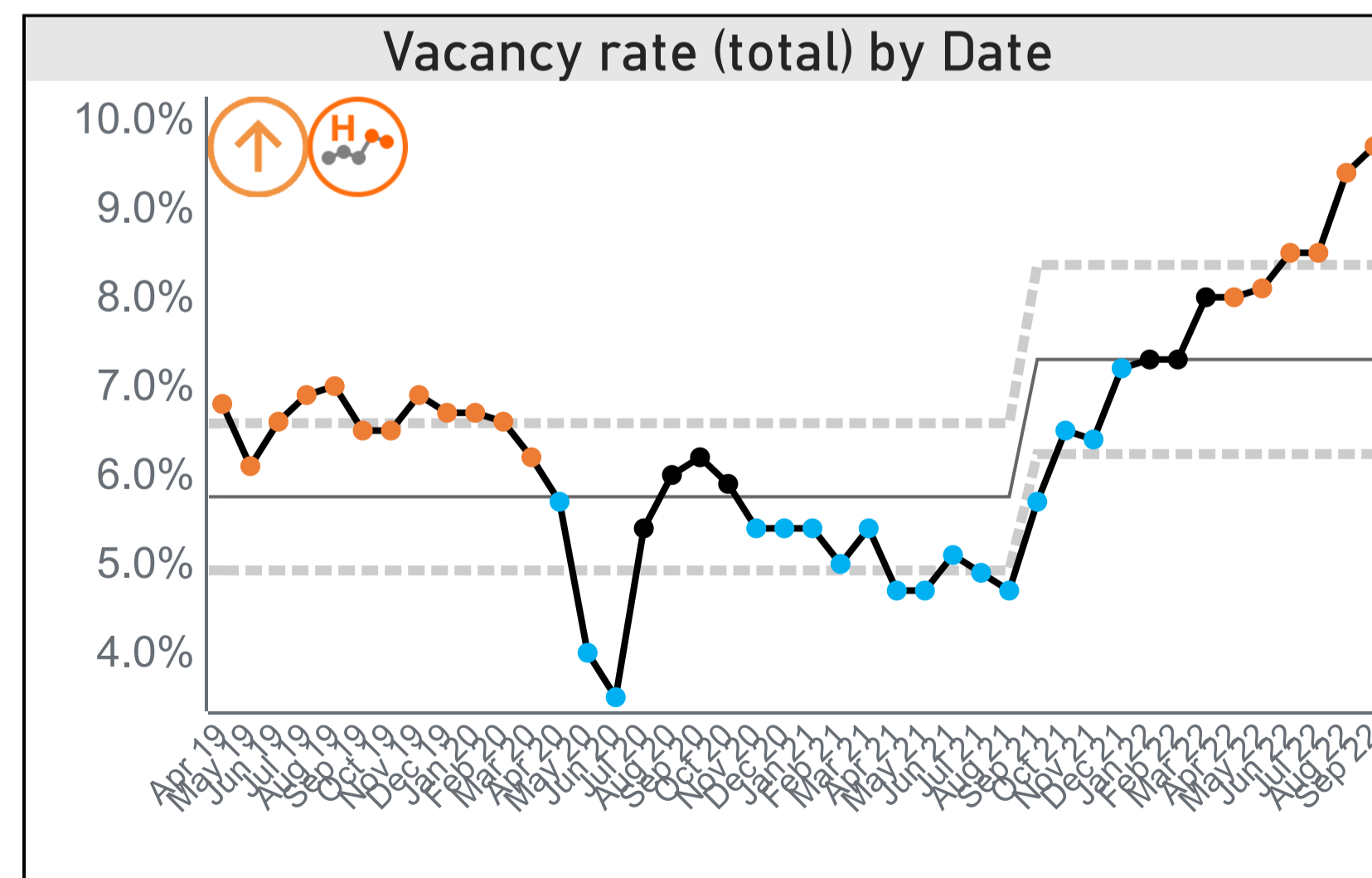
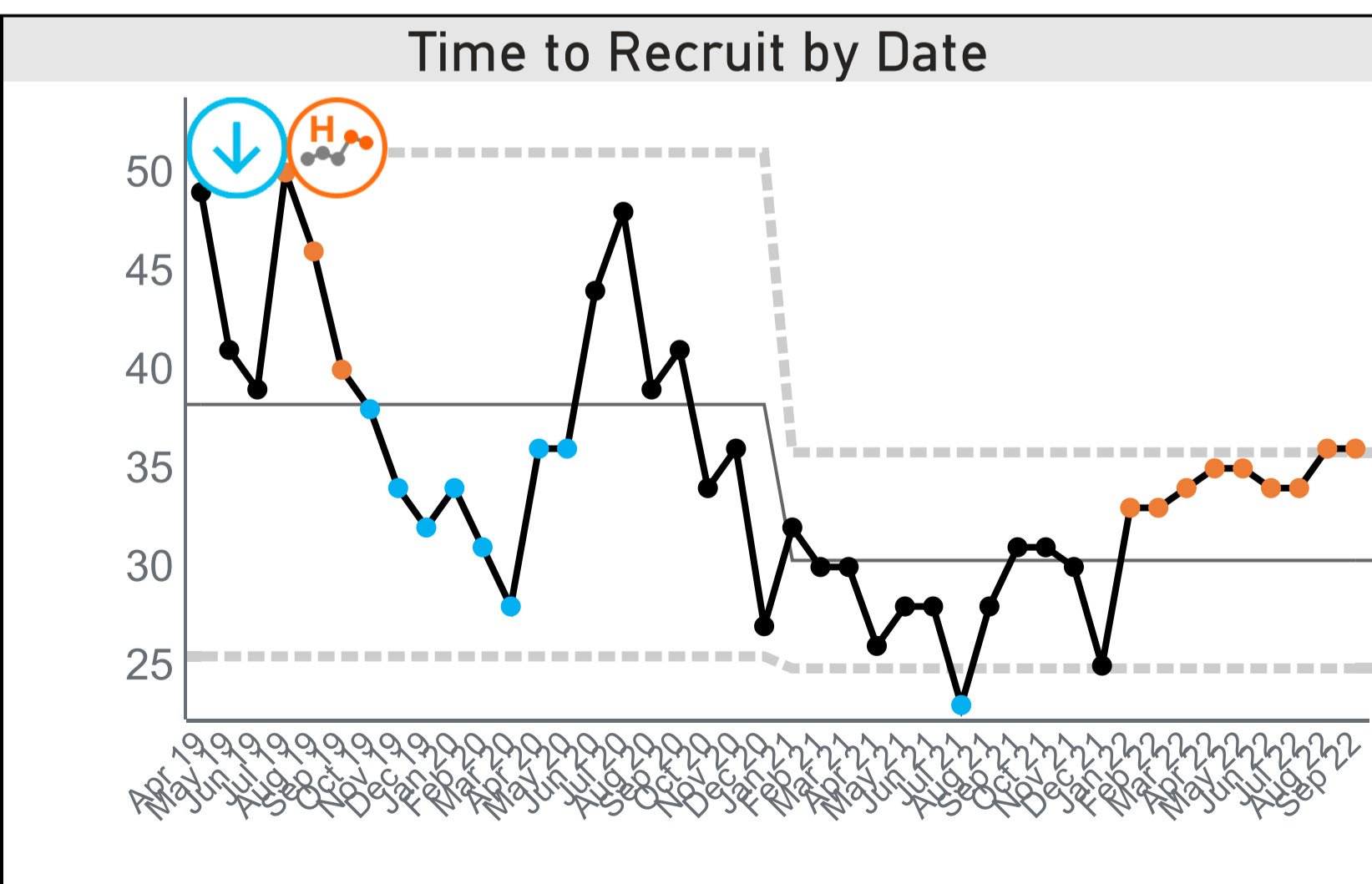
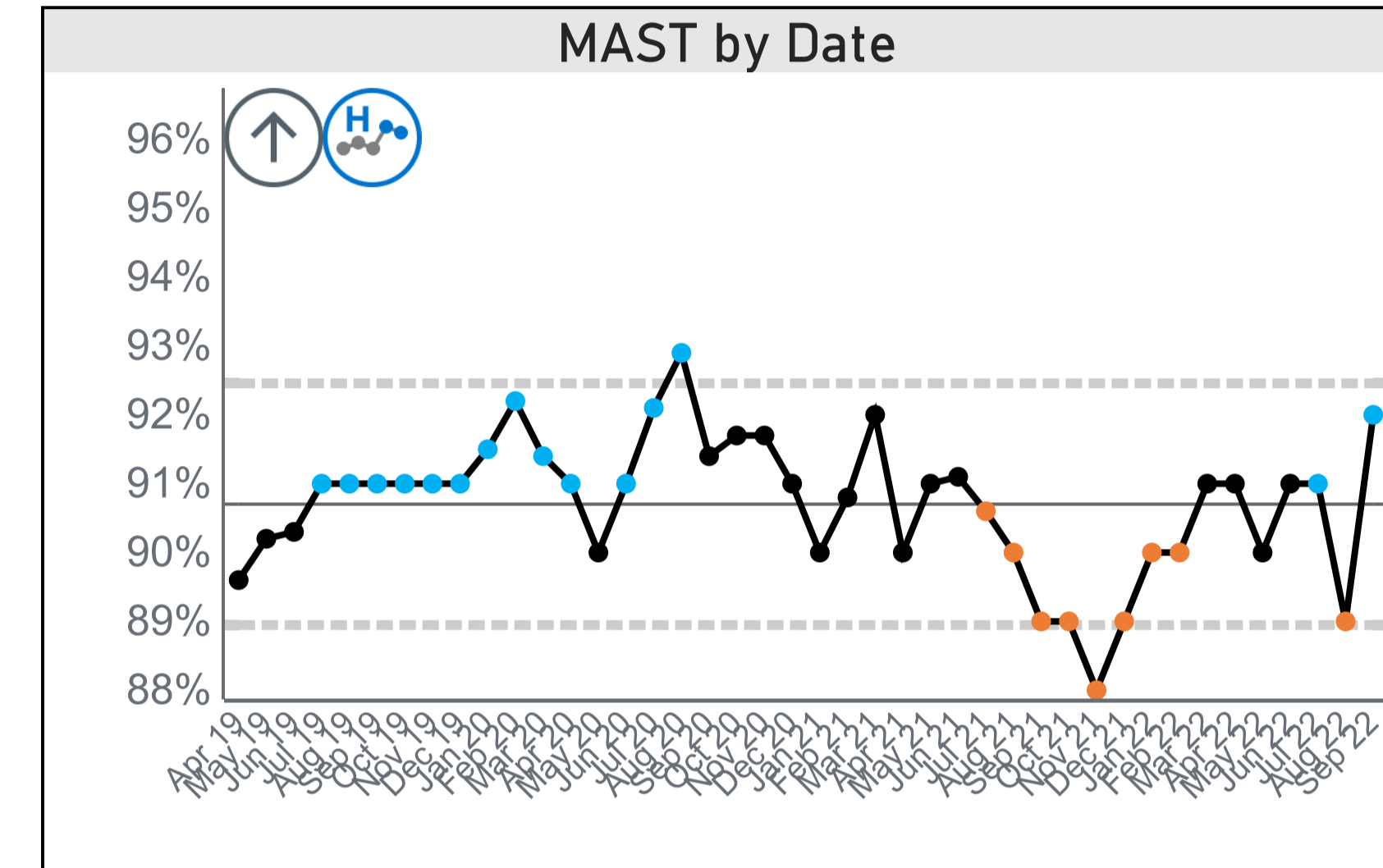
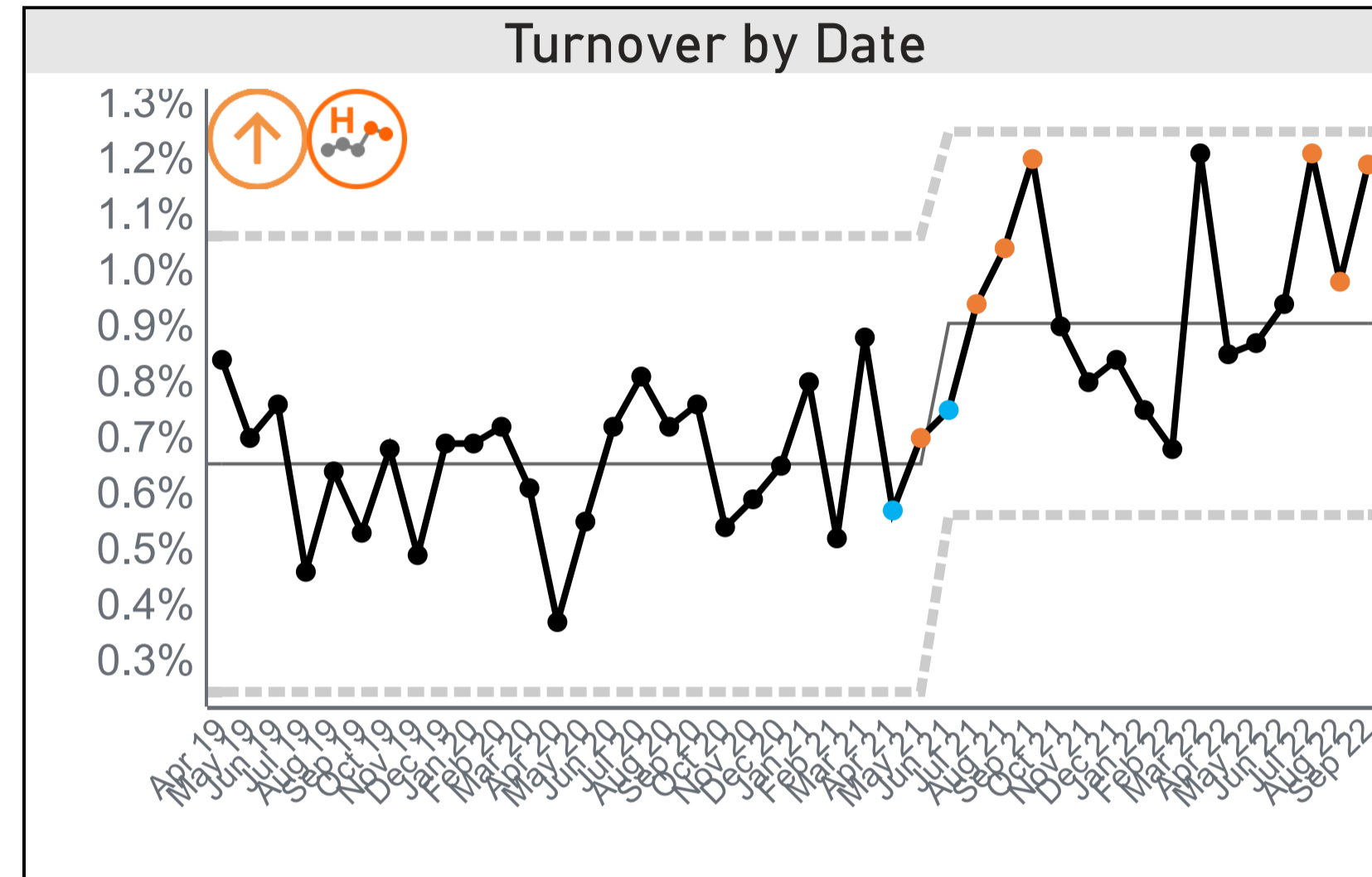
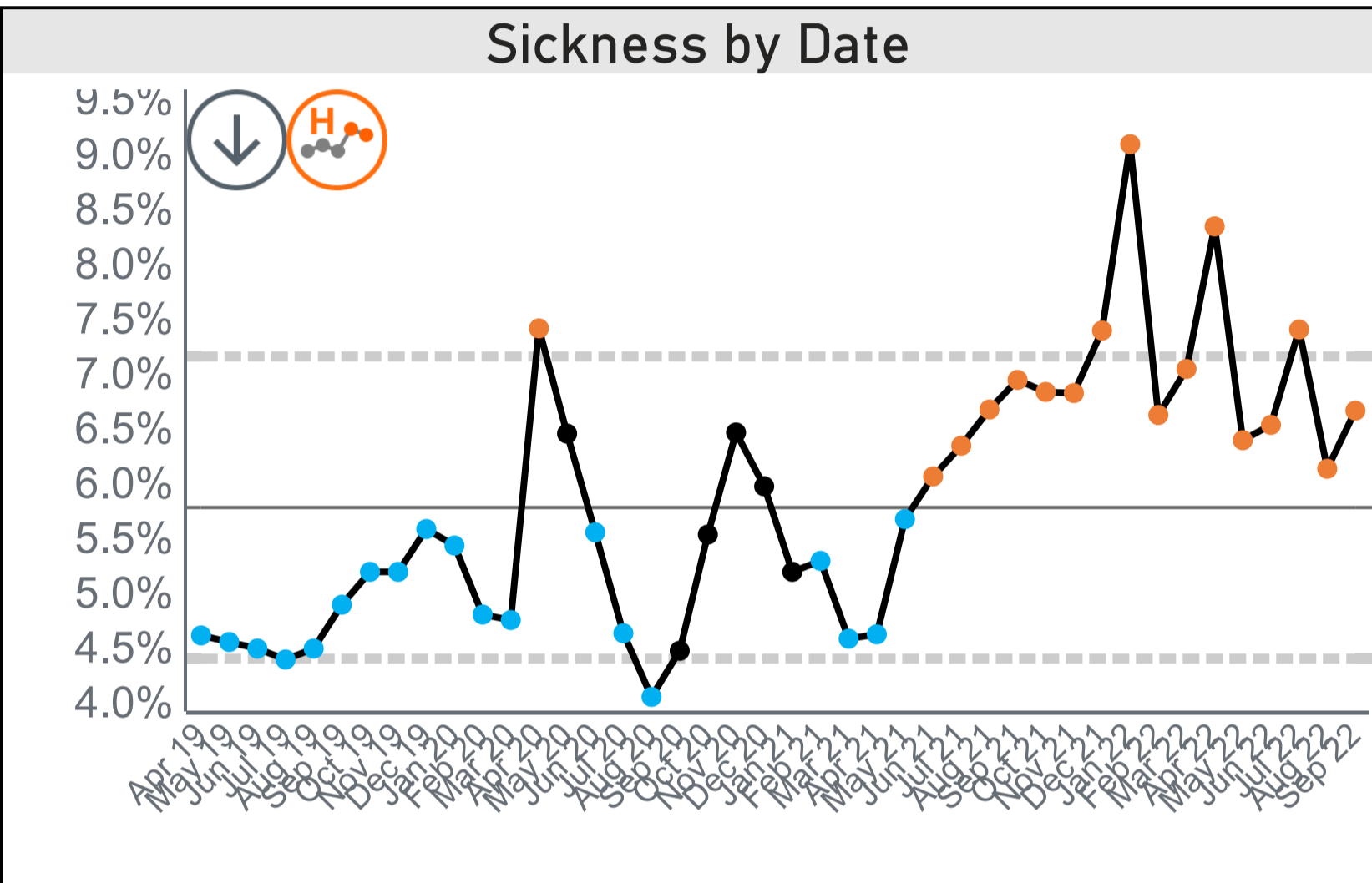
A pattern of two points in any three consecutive points close (in the outer third to the process limits).











## Integrated Performance Report Commentary

### OPERATIONAL PERFORMANCE

#### Urgent & Emergency Care and Flow

- Demands on urgent care were particularly challenging, with the Trust being on level OPEL 4 for a prolonged period following the additional bank holiday on the 19<sup>th</sup> September. As a result of the ongoing operational pressures, the Trust declared an internal business continuity on Tuesday 27<sup>th</sup> September, which was ongoing until Thursday 6<sup>th</sup> October. Within this period the Trust declared 10 separate 12 hour trolley waits due to the significant challenges in bed availability and flow out of the UECC.
- The difficulties experienced with flow have been driven by challenges in discharging patients with the number of patients in hospital without a right to reside remaining high and consistently around 60-70 patients. Regular meetings with partners including social care have taken place, to escalate key issues and take action to address the challenges. Related to this, the number of super-stranded patients (21 day+ length of stay) remained high.
- The increased challenges with flow through the organisation led to another difficult two months regarding ambulance handover delays over 60 minutes, particularly in September where we exceeded 300 'black breaches'. A trajectory for improvement in the second half of the year has been submitted to NHS England and the Trust has now agreed to implement a cohorting approach with Yorkshire Ambulance Service (YAS) following the pilot earlier in the year. Given all of these challenges, the proportion of patients waiting over 12 hours in A&E also increased in September.
- 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 Covid-19 demand and high levels of staff sickness due to the prevalence of Covid-19 in the community, with sickness rates now statistically out of control for the last several months. With the changes in IPC guidance implemented within the Trust in late April, and the new national Covid-19 sickness reporting in place from September, we had expected to see pressures ease given the reduced need for additional cohorting but in reality, the changes haven't been significant enough to affect these core metrics.

#### Elective Care

- The size of the waiting list again remained relatively stable, although this still



represents growth of over 30% compared to a year ago. Across August and September there were just under 1,200 more patients referred to our services than the same months in 2019 (an 8% increase), which will continue to put further pressure on the waiting list over the next few months. Of particular note, our General Surgery service has seen just under a 30% increase in referrals in the latest two months. Based on historic conversion rates, over 40% of these patients will likely require at least one daycase or inpatient stay, which translates into the need for a further 150 procedures for just this one specialty across this two month period.

- The RTT position has deteriorated significantly over the last 9 months, driven in part by capacity challenges within a few of the larger specialties and the constraints on our elective capacity for a number of weeks due to the closure of the Orthopaedic elective ward across August and the continued pressures on general surgical elective beds.
- With the ongoing capacity constraints and operational pressures noted above, we have seen a further rise in the number of 52+ week waiters, which has increased by 85% in the last 3 months. We have eliminated all 104 week waits for patients as per the national requirement, with 9 patients currently waiting over 78 weeks. The Trust has committed to eliminating all waits of over 78 weeks by the end of the year.

## Cancer

- The number of patients waiting over 62 days has almost doubled in the last 3 months and taken us above our submitted national trajectory. For the most part, this deterioration sits within the Lower GI tumour site, following a perfect storm of capacity constraints and demand increases in the last 4 months, including a gap in our consultant workforce for a 3 month period (from a team of 4), the peak annual leave season and a 28% increase in referrals in the last two months which has stretched the full cancer pathway. A Lower GI pathway review workshop has been set up for 10<sup>th</sup> November, with colleagues from across the Trust due to come together to identify solutions.
- 62-day performance improved in the most recent months, but this is not driven by a sustained change to delivery. We continue to see more patients waiting longer for their treatment due to being unfit, or due to poor engagement in their pathway, as well as high numbers of patients now wanting to wait for their appointments or diagnostics due to holidays in recent weeks.
- The Faster Diagnosis Standard (FDS) was not met for another month, driven by challenges in Lower GI, Upper GI and Skin in particular. The medical workforce in Dermatology has fallen to just one substantive consultant which has led to under-performance in FDS, although a new consultant has now joined the team. 2ww performance relates to this, although the challenges in Lower GI and Skin are expected to resolve in Q3.

## QUALITY SUMMARY

**Mortality**

- The latest Dr Foster data has now been updated to May 2022 for the HSMR and April 2022 for the SHMI. As per the previous position, the HSMR is currently within the 'as expected' category. However, when all Covid-19 activity is excluded from the HSMR, the figure falls to 93.2, well within the 'as expected' category. The in-month HSMR for May 2022 was 104.6, which is statistically within the 'as expected' band. If the regional HSMR values are ranked (lowest to highest) the Trust's HSMR is 5<sup>th</sup> of 21 acute, non-specialist NHS providers.
- For the 12 month period there was one HSMR diagnosis group with a relative risk banded as statistically 'higher than expected' – Congestive Heart Failure, non-hypertensive. There will be a review of a sample of these cases. A business case is being prepared to review the way in which we complete the structured judgement reviews.
- Crude mortality was 3.5% over the 12-month period, compared to 3.3% regional average (acute, non-specialist Trusts) and 3.2% national average (acute, non-specialist Trusts).

**Patient Safety**

- There were 2 incidents deemed to be severe or above in August and 1 in July, and these have all been investigated at Harm Free Care and Serious Incident (SI) panels as appropriate. Staffing levels continue to be affected due to the Covid-19 pandemic and also annual leave, with a significant reduction in the proportion of trained nursing staff compared to plan overnight in August and also within the HCA workforce both during the day and overnight, such that only 83% of the HCA numbers planned were on shift during the days. Despite this, the numbers of falls remained relatively consistent with the prior month, although the number of moderate or above harms more than doubled in September.
- The Trust continued to meet the national Venous Thromboembolism (VTE) assessment target, although for the specialties who are not achieving this performance standard, the Medical Director has raised the issue with the relevant Divisional Directors and Clinical Leads.
- The increased complaint level has been sustained throughout the post Covid period and is representative of similar increases in other organisations. It is being driven by delays to elective recovery work, additional activity resulting in extra beds being utilised and reduced staffing levels. All complaints are

answered within agreed time scales and the learning from complaints is shared through divisional governance meetings. It is hoped that the increased emphasis the Trust has given to Patient Experience will help to reduce the number of complaints received but it is acknowledged that there is not likely to be a significant decrease whilst current pressures on service remain.

- TRFT remains a significant outlier for Care Hours per Patient Day. Whilst it is recognised that some of this is being driven by absence from work due to sickness, training and maternity leave, it should be noted that our funded establishments have been reviewed by the Chief Nurse and are appropriate, and our vacancy position is better than it has been for a number of years. However, a number of initiatives are underway to improve this including active recruitment schemes and a renewed focus on retention of existing staff. This applies to both the registered and non-registered workforce. A Workforce Matron has now been appointed to lead this work and a new Safe Staffing Policy is being finalised to provide greater clarity and ensure we are in line with national guidance and policies. It should be acknowledged that a significant factor in the CHpPD data is the operational pressures the Trust has been operating within as additional, unfunded bed capacity will be having a detrimental impact on the overall figure. Further work will continue to ensure the data quality for CHpPD is improved as at present there is limited assurance around the accuracy of this process due to poor compliance with e-roster policies in some areas.
- Ockenden – An Ockenden visit took place in late May, with a confirm and challenge meeting scheduled for late October. The maternity staff survey results that have been published show TRFT in a very positive comparative light, although the divisional team remain committed to improve staff satisfaction even further.

## WORKFORCE SUMMARY

### Recruitment and Retention

- Overall vacancies for Nursing & Midwifery improved slightly to just under 81 WTE, representing just under a 6% vacancy rate for this group of staff. However, there are still candidates going through the external recruitment process and newly qualified nurses/midwives who are currently awaiting confirmation of registration who have not been included in the above figures.
- 16 Healthcare Support Workers were recruited at the most recent recruitment event, with another recruitment round due to take place in late October. As can be seen from the Safer Staffing data, vacancies within our untrained nursing teams are currently creating the biggest gaps against roster establishments. There has been some positive recruitment to medical workforce vacancies in recent months, with three new UECC consultants starting in September and October.

- 12 month rolling turnover (voluntary leavers only) for the Trust was 12% and a slight reduction from the previous month but remains at the upper end of our tolerance.

### **Sickness**

- Monthly sickness absence rate (inc COVID-19) increased by 0.5% to 6.7%, with sickness across UECC, Medicine and Surgery the most pronounced. Long-term sickness continues to be a challenge, with a number of colleagues off work for prolonged periods due to stress and anxiety. All colleagues are offered support via the Occupational Health programme which is contracted through Sheffield Teaching Hospitals NHS Foundation Trust, with positive early feedback received on the new provider. The revised national Covid-19 sickness guidance has now come into full effect.

### **Appraisals and Mandatory Training**

- Overall appraisal rolling 12 month compliance rate for the month of September is 79% which is a 5% increase on August but below the Trust's target of 90%. Only the Division of Surgery achieved the target set for the end of September, with 93% of colleagues receiving their appraisal as required by this date.
- Core MaST compliance has improved to 92% and is 7% above the Trust target (85%). All Divisions are above the Trust target for core training except for Corporate Operations which sits at 84%. Overall, this is a fantastic achievement given the staff sickness challenges and ongoing pressures. Managers continue to receive regular reports on training by staff member, so that appropriate escalation can occur when colleagues fail to complete the required training.
- The first cohort of Quality Service Improvement and Redesign (QSIR) trainees completed their training in August, which is a significant milestone in our Quality Improvement journey. The next training programme will take place in October.

## **FINANCE SUMMARY**

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

**MINUTES OF THE GOVERNOR MEMBER ENGAGEMENT GROUP MEETING  
HELD VIRTUALLY ON THURSDAY 25 AUGUST 2022**

**Present:** Mr G Rimmer, Public Governor Rother Valley South / Lead Governor  
(Chair)  
Mr N Redfern, Public Governor Rotherham North

**Apologies:** Mrs C Denning, Staff Governor  
Mrs M Gambles, Public Governor Rotherham South  
Lt Col R McPherson, Public Governor Wentworth South  
Ms T Smith, Partner Governor, Barnsley and Rotherham Chamber of  
Commerce

**In attendance:** Mr M Havenhand, Trust Chairman  
Ms I Randall, Communications Officer  
Mrs L Reid, Head of Governance  
Ms A Wendzicha, Director of Corporate Affairs

**33/22 WELCOME AND APOLOGIES**

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

**34/22 QUORACY CHECK**

The meeting was declared not to be quorate.

**35/22 DECLARATIONS OF ANY CONFLICT OF INTEREST**

No declarations of any conflict of interest were received.

**36/22 MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting held on 22 March 2022 were approved as a correct record.

**37/22 MATTERS ARISING**

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

**38/22 ACTION LOG**

The Group took the opportunity to discuss each of the actions on the log and agreed that all actions recommended to be closed, should be closed.

Ms Wendzicha provided updates on each of the open actions.

i. Log number 21: Ms Wendzicha reported that it was not possible to include membership information on the Rotherham Health App. However, there were other options for disseminating this information including other events and publications as well as existing communication channels. It was agreed that this action would be closed.

ii. Log number 14: Ms Wendzicha explained that the changes to the Trust's Constitution relating to partner governors would be picked up as part of the work being undertaken to revise the suite of constitutional documents across the Trust as a result of legislative changes and the creation of Integrated Care Boards. Given that the revision to the Trust's constitutional documents was noted on the Council of Governor's forward work plan for November 2022, it was agreed that this action would be closed.

iii. Log number 17: Ms Wendzicha reported that she had a meeting scheduled for 16 September 2022 with the Director of Strategy, Planning & Performance to ascertain whether there was any information from the Health Inequalities Task and Finish Group which may be useful in determining future engagement opportunities within Governor constituencies. The action would remain open and Ms Wendzicha would provide an update to members ahead of the next meeting of the Group.

**ACTION: Ms Wendzicha**

39/22

**MID-TERM GOVERNOR ELECTIONS INCLUDING CALENDAR OF ENGAGEMENT OPPORTUNITIES**

The paper circulated with the agenda was taken as read and Ms Wendzicha explained that whilst the previous round of elections had been successful in electing some new Governors, following a number of resignations some vacancies remained within both Public and Staff Governor constituencies.

Consequently, the decision had been made to hold mid-term elections and section 3.3 of the report provided indicative timelines for the mid-term elections.

Having previously discussed with Mr Rimmer, Ms Wendzicha proposed that the election process began on 6 October 2022 with the publication of the notice of election which would allow time for the planned engagement work in the community to have taken place. Using this timetable the close of the poll would be 30 November 2022 which would also enable the Annual Members Meeting to be used to raise awareness of the role of the Governor.

Appendix 1 of the report included the Governor Engagement Opportunities / Events Calendar which had been populated with indicative timeframes of engagement ideas and options. The Group was asked for their feedback on both the indicative election timeline and the events calendar.

Mr Rimmer reported that he would be attending the Rotherham Show on 4 September 2022 and that he would be happy to do an interview with the local radio in conjunction with Mr Havenhand. Mr Rimmer was also keen for at least one Governors' Surgery to take place before the elections began. Mr Rimmer and Mr Redfern volunteered for the October surgery to be held during the last two weeks of October.

It was agreed that a date for the surgery in September would be circulated to the Governors with a request for at least two Governors to volunteer for it.

**ACTION: Miss Stewart**

It was agreed that the events calendar would be further populated and then circulated to all Governors ahead of the November 2022 Council of Governors meeting for their ideas and feedback prior to its presentation to the Council.

**ACTION: Ms Randall and Ms Wendzicha**

It was agreed that it would be helpful for the Governors to have a new pull up banner for the surgeries ahead of the first surgery in September.

**ACTION: Miss Stewart**

In terms of the proposed mid-term election schedule beginning on 6 October 2022, Mr Havenhand considered that it was achievable if all of the engagement opportunities detailed in the calendar took place as planned in September.

He added that it would be necessary to target engagement events at the constituencies where there were Governor vacancies and requested that the meeting with the mosques was added to the calendar for September.

**ACTION: Ms Wendzicha and Ms Randall**

It was agreed that the mid-term elections would also include the two Staff Governor vacancies. Mr Havenhand requested a one page document detailing the current names of all Governors (Public, Partner and Staff) to illustrate where vacancies existed. Ms Wendzicha advised that there was such a document and that it would be circulated.

**ACTION: Miss Stewart**

40/22

## **REFLECTION ON COUNCIL OF GOVERNORS EFFECTIVENESS QUESTIONNAIRE**

Mr Rimmer opened the discussion by saying that in general the results were positive. There were a couple of questions to which the answers indicated that some actions should be taken so that Governors can answer more positively going forwards. For example, in relation to the value of the sub-committees and groups and the Membership Strategy.

It was agreed that Mr Rimmer and Ms Wendzicha would meet to agree actions to address areas for improvement.

**ACTION: Mr Rimmer and Ms Wendzicha**

Mr Havenhand suggested a poster introducing the Governors with their photos, similar to that used for the Board of Directors, displayed in the main entrances of key Trust locations with their contact details would help to increase both the status and profile of the Governors.

**ACTION: Ms Randall**

He also noted the comments made towards the end of the survey, specifically in relation to the involvement of Governors in visits. Mr Havenhand asked that the Governors were invited to the existing senior nurse visits which were already scheduled to take place rather than trying to arrange separate visits for the Governors. He would also invite the Non-Executive Directors to attend the visits in order to build relationships between the Governors and the Non-Executive Directors.

The Group considered that it would be helpful if the visits were undertaken at different times of the day (e.g. early evening as well as during the day) to give as many opportunities as possible for Governors to attend.

As the reintroduction of these visits had been previously discussed, it was agreed that action would be taken to expedite the invitation of the Governors to these visits.

**ACTION: Ms Wendzicha**

In relation to Partner Governors, based on the feedback provided to the survey, Mr Havenhand suggested that the Council of Governors should work closely with the Partner Governors to understand how the relationships with the partner organisations they represented could be improved using the Members Engagement Group as the key conduit for this work.

**ACTION: Mr Rimmer**

41/22

## **PREPARING FOR ANNUAL MEMBERS MEETING**

An update was provided by Mrs Reid on the preparations for the virtual Annual Members Meeting which would take place on Tuesday 20 September 2022 at 5.30pm via Zoom. A draft agenda was in the



process of being finalised and this year it was proposed that the focus was on collaboration, illustrated by the work undertaken by the Trust on health inequalities over the last 12 months.

The AMM advert had appeared in the local newspapers, would be repeated over four consecutive weeks and gave an opportunity for the public to pre-submit a question to the AMM by a deadline of 14 September. The Chairman and Lead Governor would host a live question and answer session at the end of the AMM.

Mr Rimmer suggested that the publicity about the AMM could include the fact that the recent changes in the NHS were the biggest changes for some time, to encourage people to come along to find out more.

**ACTION: Ms Randall**

Mr Havenhand suggested that the Deputy Chief Executive of the ICB who was also the Place Director for Rotherham and the lead for acute Trusts in the ICB, Chris Edwards, was invited to speak at the AMM via a pre-recorded section as well as being live at the Q&A session. The Group agreed that this would be a valuable addition to the AMM.

**ACTION: Ms Wendzicha to speak to the Dr Jenkins  
Mrs Reid to provide a briefing for Mr Edwards  
Mr Havenhand to speak to Mr Edwards**

**42/22**      **ANY OTHER BUSINESS**

There were no items of any other business.

**43/22**      **DATE OF NEXT MEETING**

It was agreed that the next meeting of the Group would take place before the November 2022 Council of Governors meeting and would be communicated in due course.

**ACTION: Miss Stewart**

## Calendar of Business for Council of Governors 2023

REPORT - ORDER		2023			
		Feb 15	May 17	Aug 16	Nov 15
<b>Procedural items</b>					
Welcome and announcements	Chair	/	/	/	/
Apologies and quoracy check	Chair	/	/	/	/
Declaration of Interest	Chair	/	/	/	/
Minutes of the previous meeting	Chair	/	/	/	/
Matters arising and action log	Chair	/	/	/	/
Chairman's report	Chair	/	/	/	/
<b>Report from the Non-Executive Chairs of Board Committees</b>					
Report from Audit Committee	NED Chair	/	/	/	/
Report from Finance and Performance Committee	NED Chair	/	/	/	/
Report from Quality Committee	NED Chair	/	/	/	/
Report from People Committee	NED Chair	/	/	/	/
Report from Charitable Funds Committee	CFC Chair	/	/	/	/
<b>Report from the Executive Directors</b>					
Finance Report (for information)	DoF	/	/	/	/
Integrated Performance Report (for information)	CEO	/	/	/	/
Operational Recovery Report (for information)	COO	/	/	/	/
Operational Objectives Progress Report (for information)	DCEO	/	/	/	/
Forward Plan/Operational Objectives	CEO		/		
Five Year Strategy (current strategy 2022 -2027)	ICEO				
Quality Priorities	CN	/			
Quality Account/Quality Report	CN		/	/	
Annual Report (through Annual Members Meeting)	DoCA				
Annual Accounts (through Annual Members Meeting)	DoF				
Financial Plan	DoF		/		
<b>Governor Regulatory and Statutory Requirements</b>					
Governance Report	DoCA	/	/	/	/
Constitution – formal review Last review October 2018	DoCA	/			
Constitution – Partner Governors	DoCA	/			
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		/		
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 2023

External Auditors Engagement report to CoG following closure of annual audit	DoCA				/
Lead Governor Appointment	DoCA			/	
Deputy Lead Governor Appointment	DoCA				
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				
<b>Sub Groups of the Council of Governors</b>					
Nomination Committee Report	Chair	/	/	/	/
Nomination Committee Approved Minutes	Chair	/	/	/	/
Nomination Committee Terms of Reference	Chair				/
Member Engagement Group Report	Group Chair	/	/	/	/
Members Engagement Group Approved Minutes	Group Chair	/	/	/	/
Member Engagement Group Terms of Reference	Group Chair		/		
<b>Ad hoc matters</b>					

**Key:**

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