The Rotherham NHS Foundation Trust

VIRTUAL MEETING OF THE COUNCIL OF GOVERNORS

WEDNESDAY, 17TH AUGUST 2022 AT 5PM

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

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

In view of the current coronavirus pandemic and governmental advice, the Trust has taken the decision that members of the public are excluded from this meeting for special reasons, i.e. governmental advice re social distancing.

However, should members of the public have any questions relating to the items on the agenda, please forward these to dawn.stewart4@nhs.net by 1pm on Wednesday 17 August 2022.

AGENDA

Time	Item no			Page No	Required Actions	Lead
1700	48/22	Chairman's welcome and announcements	Verbal	-	To note	Martin Havenhand, Chair
	49/22	Apologies for absence & quoracy check *Section 17.4 of Constitution:* *A meeting of the Council of Governors shall be quorate if not less than half of the elected Governors are present.*	Verbal	-	To note	Martin Havenhand, Chair
	50/22	Declaration of Interests	Verbal	-	To note	Martin Havenhand, Chair
	51/22	Minutes of previous meeting held on 18 May 2022	Enc.	3	For approval	Martin Havenhand, Chair
	52/22	Matters arising from the previous minutes (not covered elsewhere on the agenda) & action log	Verbal	-	-	Martin Havenhand, Chair
	53/22	Action Log	Enc.	14	For approval	Martin Havenhand, Chair
1710	54/22	Chairman's Report including SID and Vice Chair	Enc.	15	To note & Support	Martin Havenhand, Chair
Council of Governors Regulatory & Statutory Duties						
1720	55/22	Financial Plan 2022/23	Enc.	19	To note	Steve Hackett, Director of Finance
1730	56/22	Annual Quality Account 2021/22	Enc.	21	To note	Cindy Storer, Deputy Chief Nurse
1735	57/22	Corporate Governance Report	Enc.	23	To note	Angela Wendzicha, Director of Corporate Affairs
1740	58/22	Lead Governor: Ratification	Enc.	27	To ratify	Angela Wendzicha, Director of

						Corporate Affairs
Report from the Non-Executive Director Chairs of the Board Assurance Committees (5 minutes per report to include any questions)						
1745	59/22	i. Finance and Performance Committee	Enc.	30	To note	Nicola Bancroft
		ii. People Committee	Enc.	33	To note	Jo Bibby
		iii. Audit Committee	Enc.	36	To note	Kamran Malik
		iv. Quality Committee	Enc.	38	To note	Rumit Shah
		v. Charitable Funds Committee	Enc.	40	To note	Michael Smith
Items for information only and to support earlier discussions						
1815	60/22	Operational Objectives Progress Report	Enc.	41	To note	Martin Havenhand, Chair
1820	61/22	Integrated Performance Report	Enc.	65	To note	Martin Havenhand, Chair
1825	62/22	Finance Report	Enc.	85	To note	Martin Havenhand, Chair
1830	63/22	Reset and Recovery Operational Report including COVID-19 update	Enc.	91	To note	Martin Havenhand, Chair
1835	64/22	Issues to be escalated to Board of Directors	Verbal	-	For approval	Martin Havenhand, Chair
	65/22	Council of Governors Work plan	Enc.	99	To note	Martin Havenhand, Chair
	66/22	Next meeting to be held on Wednesday,16 November 2022				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.**

The Rotherham NHS Foundation Trust

MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS HELD VIRTUALLY ON WEDNESDAY, 18 MAY 2022

Chair: Mr M Havenhand, Trust Chairman

Public Governors: Mr A Ball, Public Governor Wentworth Valley
Mrs M Gambles, Public Governor Rotherham South
Mr S Lowe, Public Governor Rotherham North
Mr N Redfern, Public Governor Wentworth South
Mr G Rimmer, Public Governor Rother Valley South & Lead Governor

Staff Governors: None

Partner Governors: 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:

Public Governors
Mr G Berry, Public Governor Rest of England
Lt Col R MacPherson, Public Governor Wentworth South
Mr A A Zaidi, Public Governor Rotherham South

Staff Governors
Mr J Cooper, Staff Governor
Mrs C Denning, Staff Governor
Dr J McDonough, Staff Governor

Partner Governors
Cllr E R Keenan, Partner Governor RMBC

Members of the Board of Directors, other Trust staff and invited guests in attendance either for the whole or part of the meeting:

Miss N Bancroft, Non-Executive Director
Dr J Bibby, Non-Executive Director
Mr G Briggs, Chief Operating Officer
Mrs H Craven, Non-Executive Director
Mrs H Dobson, Chief Nurse
Dr C Gardner, Executive Medical Director
Mr S Hackett, Director of Finance
Ms L Hagger, Non-Executive Director
Dr R Jenkins, Interim Chief Executive
Ms J Lindsay, Outpatients Project Manager Delivery & Improvement Team (minute 38/22 only)
Mr K Malik, Non-Executive Director
Dr R Shah, Non-Executive Director
Mr M Smith, Non-Executive Director
Miss D Stewart, Corporate Governance Manager (minutes)
Ms A Wendzicha, Director of Corporate Affairs
Mr M Wright, Deputy Chief Executive

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> 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.

24/22 **WELCOME AND ANNOUNCEMENTS**

The Chairman welcomed all those present to the meeting.

25/22 **APOLOGIES FOR ABSENCE & QUORACY CHECK**

Apologies were noted, with the meeting confirmed to be quorate by the Director of Corporate Affairs.

26/22 **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.

The Non-Executive Directors and Chair declared conflicts of interest with regards to agenda item 33/22 and 46/22 which related to their appraisals and term of office.

27/22 **MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting held on 09 February 2022 were agreed as a correct record.

28/22 **MATTERS ARISING**

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

29/22 **ACTION LOG**

The Council of Governors agreed that action log numbers 17 (from 2021) and 1 (from 2022) could be closed. There were no outstanding open actions.

30/22 **CHAIRMAN'S REPORT**

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

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The Council of Governors specifically noted the resignations received from Mr Kler, Public Governor for the Rest of England and Mr Cooper, Staff Governor as detailed within the report. Additionally, since the meeting papers had been issued Mr Cocks, Public Governor Rother Valley South had also tendered his resignation. The implications from these resignations would be considered as part of the later discussion regarding the 2022 Governor Election outturn.

COUNCIL OF GOVERNORS REGULATORY AND STATUTORY REQUIREMENTS

31/22 OPERATIONAL OBJECTIVES 2021/22 REVIEW AND OPERATIONAL PLAN 2022/23

The Council of Governors received the report presented by the interim Chief Executive which provided an overview of the year end position against the 2021/22 operational objectives, in addition to looking ahead to the 2022/23 Operational Plan.

Dr Jenkins indicated that in reviewing the 2021/22 outturn, a rigorous self-assessment had been undertaken. In some areas a pragmatic conclusion had been reached as to the end of year rating, citing mortality as an example where although significant improvements had been seen in reducing the mortality rate, as not all actions had been delivered the overall position had been rated amber.

In response to a question from Mr Rimmer, it was confirmed that 2021/22 priorities not delivered would either form elements of the 2022/23 objectives or would be taken forward through other initiatives.

In looking to the 2022/23 Operational Plan, it was considered ambitious, and there are some challenges, particularly in relation to the finances. The Governors asked a number of questions for clarification regarding some elements.

As discharge practices had been a feature of the 2021/22 plan and was also included in the 2022/23 plan, Mr Redfern took the opportunity to highlight a number of examples known to him where a patient had not received the optimal experience in this area, and had in fact resulted in delayed discharge. This in turn would have undoubtedly had an impact on patient flow and bed availability which was another challenge for the Trust.

Dr Jenkins firstly requested that apologies be passed to the patients in question as to their experience whilst at the Trust. Facilitating effective discharge was a complex area and involved a number of different disciplines, which could be challenging and not as straight forward as it may seem to the patient. Mr Redfern was requested to provide the patient contact details in order that the matter could be further reviewed. **ACTION – Mr Redfern**

The Council of Governors noted the report.

32/22 DRAFT 2021/22 ANNUAL QUALITY ACCOUNT

The Chief Nurse briefed the Council of Governors on finalisation of the 2021/22 Quality Account.

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Mrs Dobson explained that the Quality Account was awaiting insertion of the final pieces of evidence prior to consideration by the Quality Committee and then approval by the Board of Directors.

The Lead Governor, having reviewed the draft document, had provided the required statement from the Council of Governors, highlighting a number of positives, in addition to the areas of challenges.

Mr Rimmer added that there was clear evidence and emphasis on quality and quality improvement, in addition to recognition of the health and wellbeing agenda within the document. It was appreciated by the Council of Governors that they were actively engaged on quality matters.

The Council of Governors noted continued development of the 2021/22 Quality Account. Once formally approved by the Board of Directors it would be made available to the Council of Governors at their next meeting.

ACTION – Chief Nurse

33/22 **REPORT FROM NOMINATIONS COMMITTEE**

Declaration from those Non-Executive Directors present at the meeting were noted in relation to this agenda item.

The Council of Governors received the report detailing the discussions and recommendations from the Governors Nomination Committee following their meeting held on 05 May 2022.

The Council of Governors noted conclusion of the annual appraisal and objective setting process for the Non-Executive Directors.

Also discussed by the Committee had been the terms of office for two Non-Executive Directors taking into account the outcome of their appraisal. Based upon the recommendation of the Committee, the Council of Governors approved:

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

The Committee had additionally discussed commencement of Non-Executive recruitment to replace Lynn Hagger and Michael Smith whose term of office would conclude at the end of September 2022.

The Council of Governors noted the report and approved the recommendations as detailed.

34/22 **REPORT FROM MEMBER ENGAGEMENT GROUP**

The Council of Governors received the report from the Governors Member Engagement Group outlining discussions from their meetings held on 01 and 22 March 2022.

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Mr Rimmer, as Chair of the Group indicated that discussions continued on engagement opportunities, with focus having been given to the Governor elections.

As detailed in the next report to be considered by the Council of Governors were the elections outturn and a number of specific recommendations for consideration, with Mr Rimmer providing an overview of the position.

On other matters, the Group having considered their revised terms of reference, which were appended to the report, would recommend their approval to the Council of Governors.

The Council of Governors in noting the report, also approved the revised terms of reference for the Group.

35/22 **2022 GOVERNOR ELECTIONS**

The Council of Governors received the report detailing the outcome of the 2022 Governor elections (Staff and Public).

As detailed, the Council of Governors:

i. Noted the outturn of the 2022 Governor Elections;
ii. Noted the total Governor representation;
iii. Noted the requirement for mid-term Governor elections;
iv. Delegated to the Membership Engagement Group to take forward the arrangements for mid-term elections;
v. Approved co-opting Mr John Dougan as Public Governor for Rotherham North until conclusion of the mid-term elections.

36/22 **GOVERNANCE REPORT**

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

The Council of Governors were informed that the Health and Care Bill had received Royal Assent on 28 April 2022 with the Health and Care Act 2022, and Integrated Care Systems and Integrated Care Boards would become statutory bodies on 1st July 2022. As a result, Ms Wendzicha would now be in a position to commence review of the Trust's constitutional documentation to align them with the Act.

Additionally, a number of consultations would be undertaken by NHS England with regard to national governance documentation. As these would be pertinent for the Governors to provide their individual feedback, further information would be circulated in due course.

ACTION – Director of Corporate Affairs

Mrs Dobson provided an update on the Ockenden Review as detailed within the report, confirming that the Board of Directors received a monthly update on the Trust's position for assurance. The March 2022 self-assessed position

against the seven immediate and essential actions (IEAs) had been reviewed by the Local Maternity System, with the Trust's aggregate position across all seven domains being 93%. Furthermore, notification had been received that a regional support and surveillance visit, to assess compliance, would take place on 25 May 2022. Feedback from this visit would be reported to the Board

The Council of Governors noted the Governance Report.

37/22 **ANNUAL EFFECTIVENESS REVIEW OF COUNCIL OF GOVERNORS**

The Council of Governors received the report presented by the Director of Corporate Affairs in relation to the annual effectiveness review of the Council of Governors.

The first section of the report detailed the training received by Governors during 2021/22 which was required as part of the annual self-certification that the Trust was compliant with the conditions of the NHS Provider licence. The Council of Governors indicated that they were supportive of the positive declaration, in that the Governors have received sufficient training and guidance to carry out their roles.

The full declaration would be submitted to the Board of Directors for approval in June 2022.

The second section provided responses to the survey undertaken by Governors across a range of topics. The area for continued focus remained engagement with the membership, which would be taken forward by the Governor Member Engagement Group.

Mr Rimmer commented that the survey had elicited a number of positive responses highlighting training, Governors feeling respected and receiving appropriate information to ensure they remained informed. Feedback on arrangement established during the pandemic, including remote working had been positive. However, Governors were now keen to return to some face to face activities.

The Council of Governors supported the positive declaration in relation to the annual self-certification in relation to Governor training and noted the outcome of the effectiveness survey.

The Council of Governors further agreed the following:

- Council of Governors meetings would return to face to face from the next meeting in August 2022;
- Governors Forum (and training) will continue as virtual sessions. This arrangement would be kept under review by the Lead Governor;
- Governors Surgeries would re-commence;
- Governors would further support the Patient Experience Team in obtaining real time inpatient experience feedback.

OTHER MATTERS

38/22 OUT-PATIENT TRANSFORMATION PROGRAMME

The Council of Governors welcomed to the meeting Ms Lindsay, Outpatients Project Manager - Delivery & Improvement Team.

The Council of Governors received the report which summarised the transformation and modernisation programme for Out-Patient services to be undertaken during 2022/23.

Mr Briggs indicated that the programme of work to be undertaken would be complex, covering multiple areas including but not limited to referral management processes, consultation and treatment, follow up, outpatient discharge and aftercare. The ultimate aim was to maximise efficiency, with a seamless approach to patient care and an improved patient experience.

Dr Jenkins added that the outpatient service was the largest service for patient contacts and the planned programme of work will be essential for the reasons identified in the report. There would also be close links with the digital programme.

The Council of Governors supported the steps being taken to improve the out-patient experience, streamlining processes to ensure high standards were maintained and patients received an appointment when clinically required.

The Council of Governors noted the report and welcomed a further update in approximately six months as the programme progressed.

ACTION – Chief Operating Officer

39/22 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

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

Firstly, the Committee had recognised the contributions from Trust colleagues in delivery of the year end surplus to plan financial position – a comment supported by the Council of Governors. During 2021/22 the Trust had taken the opportunity to maximise the benefits to be gained from capital monies, plus the additional allocations received, with some schemes having been brought forward.

At recent meetings, the Committee had discussed the 2022/23 Financial Plan, and the key financial assumptions, risks and opportunities, and challenges it detailed. Once the Financial Plan had been approved it would be shared with the Council of Governors. **ACTION – Director of Finance**

In addition, Mr Havenhand added that the Board were assured as to the oversight provided by the Committee to ensure implementation of the financial governance improvement plan and that it was embedded within the organisation.

ii. People Committee

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

Divisional presentations continued at each meeting, and were proving to be invaluable in triangulation of information gathered from other reports presented.

The Committee's focus during 2021/22 had been on staff health and wellbeing as the organisation transitioned out of the pandemic. Looking forward the focus would be strategy, culture and developing the workforce.

iii. Audit Committee

Mr Malik reported that the Audit Committee at its recent meeting had received the 2021/22 interim Head of Internal Audit Opinion which was a significant assurance opinion, which was an improvement on the 2020/21 moderate opinion.

The Committee had also approved both the Internal Audit Plan and Counter Fraud Plan for 2022/23.

iv. Quality Committee

Dr Shah took the opportunity to highlight the improved mortality position as a result of the significant focus which had been given in this area, which was acknowledged by the Council of Governors. However, the Committee recognised that learning from deaths still required strengthening to improve the quality of care provided.

Carbapenamase producing enterobacteriaceae (CPE) cases had increased, both locally and nationally. All Trust cases were reviewed, with ongoing support from the regional field epidemiology team at UK Health Security Agency.

Dr Shah reported that medicines management continued to be monitored by the Committee and was one of the quality priorities for 2022/23.

v. Charitable Funds Committee

Mr Smith reported that overall the financial position of the Charity remained stable; however donations and fundraising continued to be low compared with previous years.

A Charity Fundraising Manager had been appointed, and had already developed a Strategy now approved by the Committee.

The Committee continued to develop bids against grants available from NHS Charities Together.

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Mr Lowe indicated that as the Trust was pursuing Veteran Aware accreditation, there may be funding available, with the Charity Fundraising Manager to be asked to contact Mr Lowe. **ACTION – Deputy Chief Executive**

ITEMS FOR INFORMATION

40/22 INTEGRATED PERFORMANCE REPORT

The Council of Governors received and noted the Integrated Performance Report (IPR) considered at the Board of Directors meeting held on 06 May 2022.

Mr Wright highlighted that the report reflected the organisational challenges, such as in urgent care. However, it also provided assurance as to the progress being made in resuming business as usual, highlighting the improvements being seen in the mortality data.

Mr Rimmer sought clarification as to the position with regard to cancer waiting times, with Mr Briggs confirming that improved performance was being seen across a number of the cancer metrics. Whilst patients were unfortunately waiting longer before the pre-pandemic specific focus was being given to improve the position. Based upon current performance, Rotherham was considered to be one of the better performing Trusts in South Yorkshire.

In other areas, all elective wards had fully recommenced their operational work, with further emphasis required in relation to day case activities. However, challenges remained due to staff absence and vacancy levels, particularly in theatres / anaesthetic provision.

41/22 FINANCE REPORT

The Council of Governors received and noted the Finance Report considered at the Board of Directors meeting held on 06 May 2022.

Mr Hackett confirmed that the draft 2021/22 accounts had been submitted to NHS Improvement by the deadline, and Mazars, the Trust's appointed External Auditor, had commenced their review. It was anticipated that their work would be completed by mid-June, and reported to the Audit Committee and Board of Directors meetings.

42/22 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 06 May 2022.

As areas of the report had been discussed in different sections of the meeting, Mr Briggs took the opportunity to specifically highlight diagnostic performance. This stood at 94% to 95% and was outperforming the national target of 85%. Diagnostics would be key in supporting achievement of the cancer targets.

This would be the last meeting for Mr Briggs, who would shortly be retiring as such Mr Rimmer on behalf of fellow Governors thanked Mr Briggs for his

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honest approach when attending the Council of Governors and extended their best wishes for the future.

43/22 **APPROVED COUNCIL OF GOVERNORS SUB COMMITTEE MINUTES**

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

i. Member Engagement Group held on 11 January 2022 and 01 March 2022

44/22 **ISSUES TO BE ESCALATED TO THE BOARD OF DIRECTORS**

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

45/22 **COUNCIL OF GOVERNORS WORK PLAN**

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

At this point in the meeting all attendees, other than the Senior Independent Director were thanked for attending and left the meeting.

Mr Havenhand also left the meeting at this point as the next agenda item related to his appraisal and term of office.

Mr Rimmer, Lead Governor, assumed the Chair and, with the support of the Senior Independent Director, discussed the outcome of the Chairs appraisal.

46/22 **REPORT FROM NOMINATIONS COMMITTEE**

The Council of Governors received the report detailing the outcome of the annual appraisal of the Trust Chairman, discussed in detail by the Governors Nomination Committee held on 05 May 2022.

The Council of Governors noted that the review had been positive and had been supported by 360 feedback from Governors, Board colleagues and key external stakeholders. Objectives for 2022/23 had been established.

The Lead Governor had proposed to the Nominations Committee for consideration extension of Mr Havenhand's term of office by one year. As detailed in the report presented to the Council of Governors, the key factors being that the Trust had yet to secure appointment of a permanent Chief Executive, imminent changes within the NHS following establishment of the Integrated Care Boards, and the requirement for continuity in maintaining relationships during the next year.

Ms Wendzicha added, a significant factor to be borne in mind when considering any extension, was the matter of Mr Havenhand maintaining his independence as he will have served nine years at the end of his current term. However, having discussed the position with Mr Havenhand she was satisfied

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that this would not be an issue should an extended term be offered by the Council of Governors.

The Council of Governors noted conclusion of the appraisal and objective setting for the Chairman and further approved the recommendation that the term of office for Mr Havenhand be extended one year to 31 January 2024.

For transparency, it was noted that the recruitment campaign for a new Chair would commence spring/summer 2023.

47/22 **CLOSE OF THE MEETING**

The Lead Governor confirmed that the next meeting of the Council of Governors would be held on Wednesday, 17 August 2022.

Martin Havenhand
Trust Chairman

Date:

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Council of Governors Action Log

Log No	Meeting date	Report/ agenda title	Min Ref	Action	Lead Officer	Time scale	Response	Open/close
2	May-22	Operational Plan 21/22 & 22/23	31/22	To provide patient details to interim CEO	Mr Redfern		Complete	Rec to close
3	May-22	Quality Accounts	32/22	To provide to CoG approved Quality Account 2021/22	Chief Nurse		August 2022 CoG agenda 56/22	Rec to close
4	May-22	Governance Report	36/22	Once available circulate NHS England consultation information	Director of Corporate Affairs		Provided in 17 June 2022 weekly communication. Briefing on changes provided to Council of Governors at a specific session held on 16 August 2022	Rec to close
5	May-22	Out-patient Transformation Programme	38/22	Further update on the programme in six months	Chief Operating Officer	Nov-22	Added to forward work plan for November 2022	Rec to close
6	May-22	Chairs Report - Finance and Performace Committee	39/22i	Financial Plan 222/23 to be submtted to meeting	Director of Finance	Aug-22	August 2022 CoG agenda 55/22	Rec to close
7	May-22	Chairs Report - Charitable Funds Committee	39/22v	Chairity Fundraising Manager to contact Mr Lowe regarding any grants available to support vetrans	Deputy Chief Executive		Complete	Rec to close

Open
Rec to close
Closed

COUNCIL OF GOVERNORS MEETING: 17 August 2022

Agenda item: 54/22

Report: **Chairman's Report**

Presented by: Martin Havenhand, Chairman
Author: as above

Action required: For Noting & Support

1.0 Introduction

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

2.0 Joint Chief Executive

2.1 A verbal update will be provided at the meeting.

3.0 Medical Director

3.1 Dr Callum Gardner, the Trust's Medical Director will be leaving the Trust on 9th September 2022 to take up a Medical Director role in Peterborough. The recruitment process to replace Dr Gardner has commenced.

4.0 Vice Chair and Senior Independent Director

4.1 The current Vice Chair and Senior Independent Director is Lynn Hagger. Ms Hagger's term of office will end on 30 September 2022 following completion of her statutory term of office.

4.2 The Board of Directors at their meeting held on 8 July 2022 approved the the following:

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

4.3 The Council of Governors are asked to **support** the above appointments.

5.0 Board Assurance Committees

5.1 At the July Board meeting, the following was agreed in relation to the Board Assurance Committees:

- Audit Committee

The current Chair of the Audit Committee, Kamran Malik, Non-Executive Director will remain as Chair until 30 June 2023.

- Quality Committee

The current Chair of the Quality Committee, Rumit Shah, Non-Executive Director will continue as Chair until 30 June 2023.

- Finance and Performance Committee

The current Chair of the Finance and Performance Committee, Nicola Bancroft, Non-Executive Director will continue as Chair until 30 June 2023. Revised terms of reference were also approved.

- People Committee

The current Chair of the People Committee, Lynn Hagger, Non-Executive Director is due to complete her term of office at the end of September 2022. Therefore, Jo Bibby, Non-Executive Director will commence as Chair from 11 July 2022 for a period of two years.

- Charitable Funds Committee

The current Chair of the Charitable Fund Committee, Michael Smith, Non-Executive Director is due to complete his term of office at the end of September 2022. Therefore, Heather Craven will commence as Chair from 01 October 2022.

5.2 Appended to the report is the detailed membership for each Board Committee.

6.0 Strategic Board Meeting 10th June 2022 and 5th August 2022

6.1 The Board of Directors addressed three issues at their 10th June meeting. Firstly an externally facilitated session from NHS England / Improvement on the topic of 'Leadership for Quality Improvement', secondly the 'Development of the Digital Board', which was a follow up discussion to a workshop led by NHS Providers held on 13 May. Thirdly, the 'future working arrangements between the Trust and the Integrated Care Board and Rotherham Place'.

6.2 The 5th August meeting included a presentation on board, committee and executive assurance and then an externally facilitated session on 'Learning Health Systems' as part of our approach to embedding learning within the Trust.

7.0 South Yorkshire and Bassetlaw Acute Federation

7.1 The South Yorkshire and Bassetlaw Acute Federation (SYBAF) has produced its Annual Report for 2021/22 and it has been posted on our website.
https://www.therotherhamft.nhs.uk/key_documents/

7.2 The Acute Federation Board, chaired by Martin Havenhand has been working with the NHS England and Improvement 'Provider Development Team' to prepare for the new Integrated Care Boards which were established on 1st July under the Health and Social Care Act 2022. Board members of all five acute trusts in South Yorkshire and Bassetlaw met virtually on 16th May to discuss the Acute Federation's Purpose Statement, Strategic Aims and objectives and priorities for the next two years.

7.3 A further All Boards' development session is planned for 19th September 2022. This session will include 5 clinicians from each Trust and will focus on the elements of the Development Plan which was an outcome from the previous session mentioned above.

8.4 Governor Focus Conference

8.1 A number of Governors attended the virtual Governor Focus Conference held between 5 to 7 July organised by NHS Providers. Those Governors who had attended over the three

days had the opportunity to provide feedback to Governor colleagues at the Governors Forum held on 13 July.

9.0 South Yorkshire NHS and Governors

9.1 An extra Governors Forum is planned for Tuesday 16th August to discuss the role of Governors as part of the Health and Social Care Act.

9.2 Joint Lead Governors meeting with Chairs of SY&B Acute Trusts was held on 25th July to discuss how all governors can be kept informed about the Integrated Care Board (ICB) and its future plans.

9.3 Foundation Trusts Governor Conference is being planned in early October (date to be confirmed) for all governors to be able to attend from Acute and Mental Health Trusts. This will include: presentations from Chair/Chief Executive of the ICB; NHS Providers about the Addendum and the role of governors and breakout sessions and a Governor to Governor Q&A session.

Martin Havenhand
Chairman
August 2022

Appendix 1

Board Committee Membership with effect from 11 July 2022

Board Committee	Non-Executive Directors								Executive Directors							
	Martin Havenhand	Lynn Hagger	Nicola Bancroft	Heather Craven	Jo Bibby	Kamran Malik	Rumit Shah	Mike Smith	Chief Executive	Deputy Chief Executive	Medical Director	Chief Operating Officer	Chief Nurse	Director of Workforce	Director of Finance	Company Secretary
Audit Committee						Chair	M	VC					M		EL*	Attendee
Finance & Performance Committee		VC	Chair			M				M		M			EL*	Attendee
Quality Committee				M	VC		Chair				M	Attendee	EL*			Attendee
People Committee		M	M		Chair			VC		M			Attendee	EL*		Attendee
Nomination Committee	Chair	M	M	VC	M	M	M	M	M					EL*		Attendee
Charitable Funds Committee		M		VC				Chair		M	M	M	M		EL*	Attendee

Notes:

1. Executive 'attendees' do not count towards the quorum and neither are they voting members. It is not expected that they will provide regular reports to the committee. However, it is envisaged that their attendance will bring greater depth and understanding to support the assurance role of the committee.
3. The Chairman or Chief Executive may attend any committee meeting as an ex officio, non-voting attendee.
4. The Director of Corporate Affairs/Company Secretary may attend any committee meeting as part of their governance role.
5. EL* = non-member, non-voting committee lead Executive.
6. First four committees on the chart = assurance committees

Appendix 1

Board Committee Membership with effect from 11 July 2022

Board Committee	Non-Executive Directors								Executive Directors							
	Martin Havenhand	Lynn Hagger	Nicola Bancroft	Heather Craven	Jo Bibby	Kamran Malik	Rumit Shah	Mike Smith	Chief Executive	Deputy Chief Executive	Medical Director	Chief Operating Officer	Chief Nurse	Director of Workforce	Director of Finance	Company Secretary
Audit Committee						Chair	M	VC					M		EL*	Attendee
Finance & Performance Committee		VC	Chair			M				M		M			EL*	Attendee
Quality Committee				M	VC		Chair				M	Attendee	EL*			Attendee
People Committee		M	M		Chair			VC		M			Attendee	EL*		Attendee
Nomination Committee	Chair	M	M	VC	M	M	M	M	M					EL*		Attendee
Charitable Funds Committee		M		VC				Chair		M	M	M	M		EL*	Attendee

Notes:

1. Executive 'attendees' do not count towards the quorum and neither are they voting members. It is not expected that they will provide regular reports to the committee. However, it is envisaged that their attendance will bring greater depth and understanding to support the assurance role of the committee.
3. The Chairman or Chief Executive may attend any committee meeting as an ex officio, non-voting attendee.
4. The Director of Corporate Affairs/Company Secretary may attend any committee meeting as part of their governance role.
5. EL* = non-member, non-voting committee lead Executive.
6. First four committees on the chart = assurance committees

COUNCIL OF GOVERNORS MEETING: 17 August 2022

Agenda item: 55/22

Report: **Financial Plan 2022/2023**

Presented by: Steve Hackett, Director of Finance
Author(s):

Action required: To note

Financial plan has been set at a £2.7m deficit this was signed off by Board of Directors on 19 April 2022. A summary table below shows the make up of the deficit plan. Key risks include a £9.1m cost improvement programme. The income position for the Trust remains on a block contract and therefore do not pose a risk to the Trust.

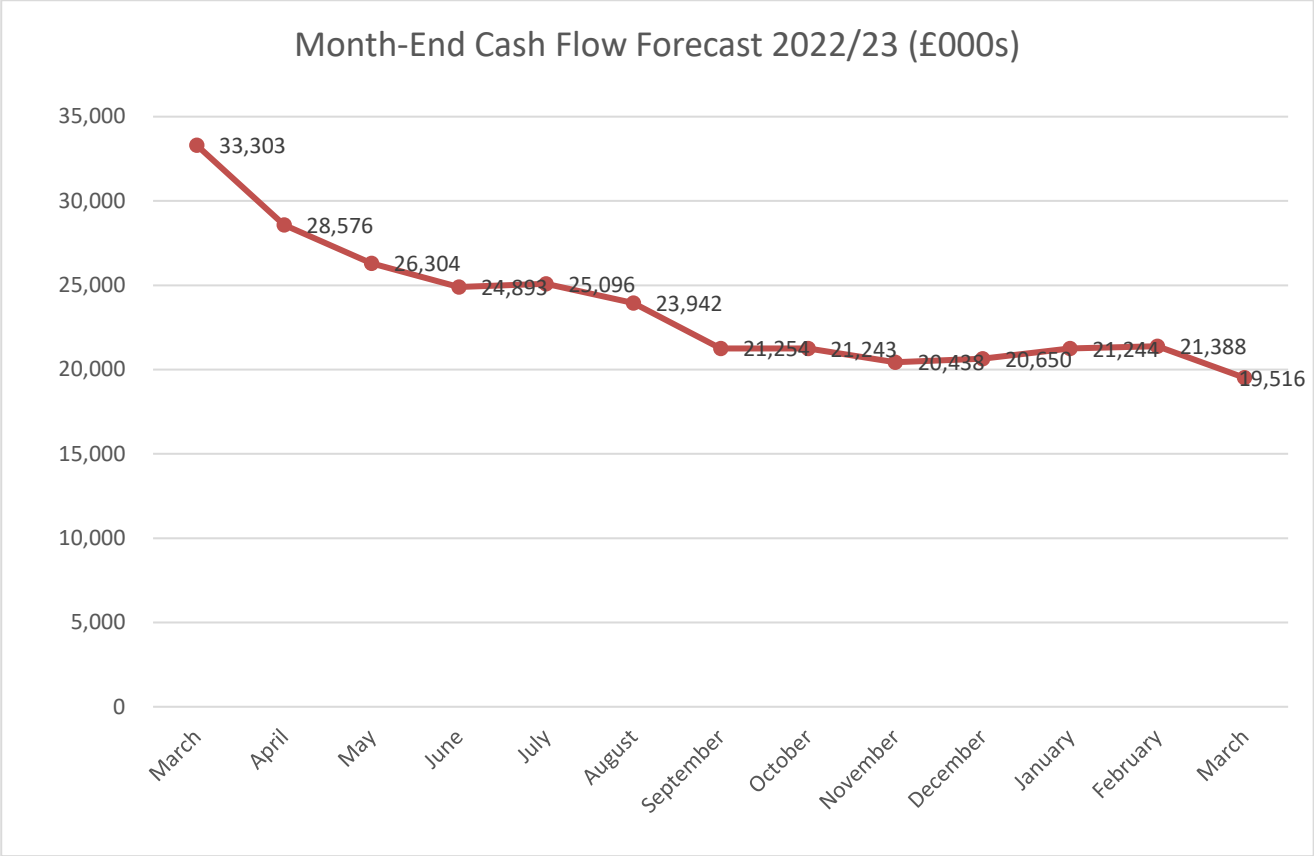
Table 1: ***Final Income and Expenditure Account Plan Movements 2022/23***

	£000s	£000s
Income from Activities		297,047
Other Operating Income		22,120
		319,167
Less: Operating Expenditure		
Pay	-223,559	
Non-Pay	-97,396	
		-320,954
Operating Surplus/(Deficit)		**-1,788**
Less: Non-Operating Expenditure		
PDC Dividends Payable	-3,924	
Interest Payable/Receivable	-882	
		-4,806
Actual Planned Surplus/(Deficit)		**-6,593**
Adjusted for:		
Contribution to capital	-2,273	
IFRS 16 leases	-685	
Depreciation on donated assets	551	
		-2,407
Initial Control Total Planned Surplus/(Deficit)		**-9,000**
Additional Funding:		
Recurrent		
Additional inflationary funding	1,894	
Non-Recurrent		
General	886	
Transfer from RCCG	1,535	
		4,315
Further reductions		
Non-Recurrent		
Additional cost improvement		2,000
Final Control Total Planned Surplus/(Deficit)		**-2,685**

Table 2: Highlights the Capital Programme for the Trust at £12.7m

	£000s
Estates Strategy	
Ward Refurbishments	2,990
Public Sector Decarbonisation	2,832
Estates Maintenance	1,780
Information Technology	1,691
Medical & Other Equipment	3,362
Contingency	78
Total Capital Expenditure	**12,733**
Less:	
Grant Contribution	-2,273
CDEL	**10,460**

Table 3: Highlights the cash flow forecast for the Trust which indicates that a strong cash position of £20m will be maintained at April 2023.



COUNCIL OF GOVERNORS MEETING: 17 August 2022

Agenda item: 56/20

Report: **Annual Quality Account 2021/22**

Presented by: Cindy Storer, Deputy Chief Nurse
Author(s): Helen Dobson, Chief Nurse

Action required: For noting

1. Introduction

1.1 The Trust publishes a Quality Account each year. This year's Quality Account reviews progress against the quality priorities agreed for 2021/22 and outlines priorities for 2022/23.

2. Purpose

2.1 The Quality Account brings together in one place qualitative and quantitative data that helps describe how the Trust approaches improving the quality of services for its patients. Due to COVID 19, the requirement for the report to be audited was removed.

2.2 Even though the report did not require external audit, the report was written and inclusions were based on the requirements provided by NHS Improvement.

2.3 It provides an opportunity for patients, carers, colleagues and the wider general public to review the work of the Trust and make comparisons with other NHS organisations.

2.4 This document was shared with the Lead Governor, NHS Rotherham Clinical Commissioning Group, Rotherham Healthwatch and Rotherham Council Overview and Scrutiny Health Sub-Committee. Statements in response from each party were included in the final publication.

3 Benefits

3.1 The Quality Account provides a broad range of data relating to Trust performance in the areas of Quality and Safety. Because it is published annually, it enables comparisons to be made year on year. The data can be considered reliable because it is subject to external audit.

3.2 Colleagues engaged with innovation and initiatives have an opportunity to see their work made available to a wider audience.

3.3 Timely publication ensures the Trust meets its Statutory and Regulatory obligations.

4. Conclusion

4.1 The Council of Governors are asked to note the Quality Account which was published as required by 30 June 2022.

Helen Dobson
Chief Nurse
August 2022

COUNCIL OF GOVERNORS MEETING: 17 August 2022

Agenda item: 57/22

Report: **Corporate Governance Report**

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

Action required: For noting and ratification

1. Introduction

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

2. Draft Code of Governance for NHS Provider Trust

2.1 A draft Code of Governance for NHS Providers was issued by NHS England (NHSE) on 27 May 2022 and was subject to consultation until 8 July 2022. The new Code will be a welcome replacement to the existing NHS Foundation Trust Code of Governance which last received an update in 2014.

2.2 The new Code will apply to all Trust and not just Foundation Trusts and has been updated to reflect the changes made with the introduction of the UK Corporate Governance Code in 2018. In addition, the Code reflects the legal establishment of the Integrated Care Systems (ICSs) in accordance with the Health and Care Act 2022 and reflects the evolving NHS System Oversight Framework, under which organisations will be treated similarly regardless of their Constitution as a Trust or Foundation Trust.

2.3 The general provisions of the draft Code do not differ greatly from the 2014 version since the Health and Care Act 2022 does not change the statutory roles, responsibilities and liabilities of provider Trust Board of Directors. However, there are some thematic changes that can be identified within the draft Code as follows:

2.3.1 Incorporation of the requirement for Boards to assess the Trust's "contribution to the objectives of the Integrated Care Partnership (ICP) and Integrated Care Board (ICB), in addition to Place-based Partnerships" as part of the Trust's assessment of its performance, and 'system and place-based partners' are highlighted as key stakeholders throughout the document.

2.3.2 There is an inclusion of the Board's role in assessing and monitoring the culture of the Trust and taking corrective action as required in addition to "investing in, rewarding and promoting the wellbeing of its workforce". This is a change from the previous Code which only mentioned wellbeing in the context of the finances of the Trust.

2.3.3 There is a new focus on equality, diversity and inclusion (EDI) among Board members in addition to training in EDI for those undertaking Director-level recruitment.

2.3.4 There is the potential for greater involvement from NHSE in the recruitment and appointment processes for Foundation Trusts including the utilising NHSE's Non-Executive Talent and Appointments team in preference to external recruitment agencies.

2.4 The draft Code comprises five sections, namely:

2.4.1 **Board Leadership and Purpose**: The principles have been updated to align with current NHS policy and stress the importance of an effective, diverse and entrepreneurial Board that sets the Trust's vison, strategy and values with regard to the triple aim duty of better health and wellbeing for everyone, better quality services and the sustainable use of resources.

2.4.2 **Division of Responsibilities**: This sets out the role of the Chair and the need for clear division between the leadership of the Board and the leadership of the Trust's operations. The collective responsibility for the performance of the Trust remains the same and the provisions remain largely unchanged save for the appointment and removal of the Company Secretary is now a matter for the Board as a whole rather than the Chair and Chief Executive jointly.

2.4.3 **Composition, succession and Evaluation**: This section relates to the need for formal, rigorous and transparent procedures for Board appointments. There is a new requirement for the Board to publish plans for how the board and senior managers will in percentage terms match the overall black and minority composition of its overall workforce, or its local community, whichever is the higher. Consideration of diversity is now included within the annual board evaluation.

The draft Code refers to the Well-led framework and Competency Frameworks – NHS Senior Leaders On boarding and Support in order to support evaluation of the board's effectiveness. The Code strengthens the fit and proper persons requirement from 'abide by Care Quality Commission guidance' to "have a policy for ensuring compliance".

There is a new provision to describe the Trust's policy on diversity and inclusion and the gender balance of senior management.

2.4.4 **Audit, Risk and Internal Control:** Proposed changes are minimal. This section reflects the principles of having independent, effective internal and external audit functions, in addition to procedures for managing risks and determining long-term risk appetite. The draft Code extends the maximum external auditor contractual period for Foundation Trusts to 10 years whilst still recognising that audit services should be refreshed more frequently.

It is of note that whilst the council of governors continue to have a statutory role in appointing the auditor it is not referred to in the draft Code. In addition, the Audit committee should now report to the Board on how they have discharged their responsibilities and not the Council of Governors.

2.4.5 **Remuneration:** This section deals with suitable remuneration, pay and benefit arrangements, including performance-related pay. The principles now refer organisations to NHSE's pay frameworks for very senior managers further adding that Trusts should await notification and instruction from NHSE before implementing any cost of living increases.

2.5 It is not anticipated that the draft Code will significantly change following the period of consultation therefore work has commenced on updating the relevant constitutional documents.

3 System Working and Collaboration: The Role of the Foundation Trust Council of Governors

3.1 The draft Addendum to the existing document "Your Statutory Duties – reference guide for NHS Foundation Trust Governors" was published in May 2022. This is the first step in clarifying the role of the Council of Governors' within the context of Integrated Care Systems and the expectation that NHS Foundation Trusts will collaborate with their relevant system partners.

3.2 The key points relate to the follows:

- In order to support collaboration between organisations and the delivery of better, joined up care, council of governors are required to form a rounded view of the interests of the 'public at large'
- The legal duties of the council of governors have been updated insofar as holding the non-executive directors to account
- Representing the interests of Trust members and the public and
- Approving significant transactions, mergers, acquisitions or dissolutions

3.3 The detail of the above document and the potential implication for the way in which they operate going forward will be discussed with the Council of Governors at a session to be held on 16 August 2022.

4 NHS England system oversight framework for 2022/23

4.1 NHS England (NHSE) published its new system oversight framework (SOF) for 2022/23 on 28 June 2022.

4.2 The 2022/23 SOF sets out:

- How trusts and Integrated Care Boards (ICBs) will be segmented
- Metrics used in oversight of trusts and ICBs
- How NHSE regional teams will oversee ICBs
- How ICBs will oversee place-based partnerships
- How support and enforcement action will be co-ordinated.

4.3 The new SOF gives a clearer definition of roles and responsibilities between NHSE and ICBs, as well as a growing consideration of the local context.

4.4 A copy of the framework can be found at:
https://www.england.nhs.uk/publication/nhs-oversight-framework-22-23

5.0 UK Covid-19 Inquiry terms of reference set

5.1 Since the last meeting of the Council of Governors, the terms of reference have been agreed for the UK Covid-19 Inquiry. This means that the inquiry is now formally established under the Inquiries Act 2005 and its work officially begins. The ToR set the outline for the inquiry, and the inquiry chair, Baroness Hallett, will have the discretion to explore issues in more depth as part of the inquiry's scope.

5.2 The aims of the inquiry are to:

1. examine the COVID-19 response and the impact of the pandemic in England, Wales, Scotland and Northern Ireland
2. identify the lessons to be learned from the above, to inform preparations for future pandemics across the UK.

5.3 Baroness Hallett has committed to setting out her approach for the next stage of the inquiry's work in July. We expect that that is when we will learn more about what trusts might expect during the inquiry.

6.0 NHS Providers – new Patient Safety Commissioner

6.1 Dr Henrietta Hughes has been appointed as the new patient safety commissioner for England.

6.2 This is a key new role to help promote high-quality care. She will have an important part to play in ensuring that patients' voices are heard, and in making independent recommendations to improve patient safety. This will complement the role of Freedom to Speak Up Guardians within trusts who encourage staff to speak up about concerns. The role of the Freedom to Speak Up Guardian having been one of the topics covered at the Governors July Forum / development Session.

Angela Wendzicha
Director of Corporate Affairs
August 2022

COUNCIL OF GOVERNORS MEETING: 17 August 2022

Agenda item: 58/22

Report: **Lead Governor: Ratification**

Presented by: Angela Wendzicha, Director of Corporate Affairs
Author(s): as above

Action required: For ratification

1. Background

1.1 In accordance the Code of Governance for Foundation Trusts, the Lead Governor has a role in facilitating direct communication, in a limited and specified number of circumstances between the Trust's Regulator, NHS England (formally Monitor) and the Governors. To that end, it is important that the Trust has a nominated Lead Governor to carry out this function.

1.2 In line with many organisations, The Rotherham NHS Foundation Trust has broadened the role of Lead Governor as detailed in the Lead Governor Role Description. A copy of the Role description is attached for your ease of reference.

1.3 The Lead Governor role is now a one year appointment, subject to annual election by the Council of Governors.

1.4 Following the conclusion of the 2022 elections to the Council of Governors for Staff and Public Governors, nominations were sought from eligible Public Governors for the role of Lead Governor.

1.5 One Public Governor came forward expressing an interest in the Lead Governor role.

2. Action required

2.1 The Council of Governors is requested to ratify the appointment of Mr Gavin Rimmer as Lead Governor until 31 May 2023.

The Rotherham NHS Foundation Trust

Lead Governor

Role Description

Accountability:

The Lead Governor is accountable to the Council of Governors collectively as a serving Member of the Council.

The Lead Governor is an office holder not an employee of the Foundation Trust.

The Role:

- To be an external point of contact for NHS Improvement (NHSI) where it may be considered inappropriate for the Chairman or his nominated deputy to deal with a particular matter.

- To chair meetings of Council of Governors where the Trust Chair, Vice-Chair or other Non-Executive Director cannot chair the meeting due to a conflict of interest.

- Facilitate communications and a good working relationship between the Governors and the Board of Directors including acting as the principle independent channel for communications between the Governors and Board of Directors through the Chairman, Chief Executive or Senior Independent Director.

- To consult routinely with the Governors, Chair and Company Secretary regarding the planning and preparation of the Council of Governors agenda.

- To be a member of the Nominations Committee.

- Contribute to the appraisal of the Chairman by the Senior Independent Director in accordance with the process determined by the Council of Governors including the collation of input from other Governors and the Nominations Committee on the performance of the Chairman.

- Contribute to the appraisal process of the Non-executive Directors in conjunction with the Chairman and supported by the Nominations Committee.

- To recommend to the Council of Governors any appointments/reappointments of Chair and/or Non-executive Directors

- To take an active role in the activities of the Council of Governors

- Meet with the Chairman on a monthly basis to discuss relevant issues.

- Support the Chairman in any action to remove a Governor due to unconstitutional behaviour.

- To be involved in the induction process for any newly appointed Public Governor.

- The Lead Governor may call upon the support of the other Governors, the Chairman, the Company Secretary and the Senior Independent Director to carry out their role effectively to the benefit of the Council of Governors.

- Act as a spokesperson on behalf of the Council of Governors or individual Governors and make appropriate representations to the Chairman and/or Board of Directors and any internal or external groups as may be required from time to time. This does not override the Trust's protocols on external statements or responses (e.g. the media or patients etc), which shall still require express permission in advance.

- In liaison with the Chairman, ensure that all of the statutory roles and responsibilities of the Council of Governors are carried out effectively.

- In liaison with the Chairman, support the development of the skills and strength of the Council of Governors and raise public awareness of all Governors.

- To lead the Council of Governors in ad hoc discussions when requested by a sample majority of the Council.

- Other duties as requested by the Council of Governors or the Chair.

The Person:

To fulfil this role effectively, the Lead Governor will need to:

- Be an elected Public Governor
- Have the confidence of Governor colleagues and members of the Board of Directors
- Understand the Regulation framework within the NHS, the available guidance and the basis upon which NHSI or the Care Quality Commission may take regulatory action
- Be committed to the success of the Foundation Trust
- Understand the Trust's Constitution
- Should have served at least one (1) year as a minimum as a Public Governor
- Have the ability to influence and negotiate
- Be able to present a well-reasoned argument
- Be able to demonstrate experience of chairing both large and small meetings effectively

COUNCIL OF GOVERNORS MEETING: 17 August 2022

Agenda item: 59/22(i)

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

Author and Presented by: Nicola Bancroft, Chair of FPC

Action required: To note

1.0 FPC continues to meet monthly, with Chair's Assurance Logs from recent meetings provided to the Board of Directors at their 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 Corporate (May meeting), Division of Family Health (June meeting) and Division of Urgent and Emergency Care (July meeting).

2.2 The key messages from Corporate Division, which related to financial year end 2021/22, were:

- Director of Strategy & Transformation – Cost Improvement Programme (CIP) target achieved.
- Company Secretary – CIP target achieved recurrently.
- Finance (including Estates and Facilities) - CIP target £546k delivered against a target of £393k.
- Chief Operating Officer – due to pressures the year end position had been £61k adverse to plan. The CIP target had not been delivered and would be carried forward into 2022/23 with a plan for it to be delivered recurrently.
- Medical Director – out-turn surplus of £564k. The CIP target had not been met and would be carried forward into 2022/23.
- Chief Nurse – an out-turn deficit of £76k. The CIP target had not been met and would be carried forward into this 2022/23.
- Director of Workforce – an out-turn surplus of £89k. The CIP target mainly achieved with £89k transacted against a target of £103k.
- Chief Executive –an out-turn surplus position of £32k.

2.3 The key messages from the Division of Family Health were:

- When presented to the Committee the Division had a £82k deficit.
- £103k adverse on pay including a £90k CIP under-achievement.
- Staffing vacancies are fairly static.
- Medical agency usage has decreased.
- Nursing bank usage still required to cover gaps.
- Nursing rosters are now managed through a robust divisional process.
- CIP – divisional target of £1.27m which includes a carry forward from 2021/22. 40 schemes had been identified to date with 18 currently being progressed.

- Challenges in achievement of referral to treatment times (RTT) in some areas of the service.
- Gynaecology cancer performance was being scrutinised on a regular basis.

2.4 The key messages from the Division of Urgent and Emergency Care were:

- Divisional forecast is £883k over budget at month three.
- Robust conversations re medical agency/additional session costs.
- Significant increase in nurse bank costs in order to ensure shifts were filled.
- CIP delivery was £18k adverse to plan in month and £53k adverse to plan year to date. Work continued to address the position with the target being £662k.
- The number of attendees has increased by circa 25% on the previous two years, with on average 200 patients a month exceeding the 12 hour wait target.
- Staffing levels were challenging across all disciplines (clinical and nursing) due to vacancies, recruitment was actively being taken forward in order to reduce bank and locum costs.

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 deep dive has been completed on the BAF at the end of quarter 1, highlighting the need to assess the financial risk target for the year in the light of the current annual financial forecasting exercise.

4.0 Financial Position (April to June 2022)

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

- Income and Expenditure (external) control total £198K deficit to plan year to date.
- CIP performance £385k risk adjusted schemes identified, representing an under-performance of £820k (68%) year to date.
- Capital expenditure is £369k year to date, showing an underspend versus budget of £1,106k (75%).

4.2 An initial financial forecasting exercise has been completed based on month 3 accounts across income and expenditure, capital expenditure, balance sheet and cash flow. This included a review of risks and opportunities. Further work is required, the results of which will be presented to the August FPC and the September Board Meetings.

5.0 Integrated Performance Report and Recovery

5.1 The Committee received a number of reports detailing operational performance metrics, recovery plan updates and initial work completed on winter planning 2022/23 across the Rotherham Place, with the following noted at the end of June:

- Key challenge relates to high number of cancelled theatre lists due to lack of anaesthetic cover (absence in the consultant and middle grade workforce).

Additional activity has been undertaken, utilising investment agreed in May, which has improved the overall RTT position.

- Increased demand on urgent care has continued with high acuity across the Trust's emergency pathways. Whilst the number of patients in hospital with a right to reside remained high, the Trust saw a slight improvement in the number of patients in hospital over 21 days. A new weekly acute performance meeting has been introduced, chaired by the Interim Chief Executive and targeted to drive improvements in end to end performance.
- A new Elective Recovery Group is now meeting fortnightly to agree action plans, including investment in recovery schemes. The Executive Team are due to report back on 'what good looks like' for the remainder of the year across key measurable targets, for example, 52 week waiters by March 2023.

6.0 Cyber Security

6.1 The Committee received an update on the Trust's progress on addressing Cyber Security. Key points noted:

- Ongoing action plan in place, updated monthly and reviewed at the Information Governance Committee.
- Independent annual audit as part of the Data Security and Protection Toolkit. Last year the Trust received significant assurance.
- Current organisational cyber risks are being aligned with the Trust's risk register.
- Rotherham's approach to testing resilience is regarded as exemplary across the ICB. It is owned across the Trust rather than just IT.

7.0 Service Sustainability Reviews Refresh

7.1 The Trust has refreshed its service sustainability reviews during Quarter 1 of 2022/23 with engagement from across the clinical divisions. Divisional Leadership teams have been fully engaged in outlining action plans to address identified issues.

8.0 Committee Annual Report

8.1 The Committee approved its own annual report, which feeds into the Audit Committee and the overall Annual Report for the Trust. The overall results from the Annual Review of Committee Effectiveness were viewed as very positive.

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

The Rotherham NHS Foundation Trust

COUNCIL OF GOVERNORS MEETING: 17 August 2022

Agenda item: 59/22(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

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 Following a review of Committee membership by the Board of Directors, the Committee from 11 July will be chaired by Jo Bibby, with Lynn Hagger remaining a member of the Committee until her term of office as a Non-Executive Director concludes at the end of September. The Committee are grateful to Lynn for her leadership during her time as Chair.

3.0 **Divisional Update**

3.1 Since the last report to the Council of Governors, the PC have received presentations from the Senior Management Teams from the Corporate Area – Health Informatics (May meeting), Division of Family Health (June 2022) and Division of UECC (July 2022).

3.2 Key highlights from the Corporate Area – Health Informatics were:

- Workforce successes – all staff are members of a relevant professional body
- A Fresh Eyes process had been introduced where every new member has a conversation following 100 days of employment
- An internal recognition award, Extra Mile Award, has been put in place
- Several engagement events are held with staff throughout the year
- Staff survey – the response rate was over 80% which had increased from 70% in 2020.
- Workforce risks – recruitment and capacity to respond to growing digital footprint

3.3 Key highlights from the Division of Family Health were:

- Average vacancy rate of approx. 30 WTE, with proactive recruitment;
- Demographics - average length of service 9yrs / average age mid-forties / predominately white and female workforce. The Division was actively addressing team diversity;
- Numerous successes including excellent feedback from the Care Quality Commissions and the Ockenden assurance visits.
- Key risks were an exhausted workforce, and increased pressures associated with organisational recovery;
- A sickness absence rate of circa 5%, and MAST compliance of circa 90%;

- Staff survey – the Division was above the average in all sections.

3.4 Key highlights from the Division of UECC were:

- Staffing - an interim Head of Nursing will be in post from the beginning of August and the substantive appointment will be advertised shortly. Recruitment of 3 consultants will start in September;
- Workforce key issues include: an exhausted workforce, significant consultant gaps, high turnover of staff, significant gaps in the workforce rotas across all Multi-disciplinary teams;
- Staff survey results below the average, with areas of culture to be addressed through the communication strategy and increased visibility of the senior leadership team;
- Regular engagement sessions and monthly What Works Well in addition to promotion of internal Health and Wellbeing support

4.0 Board Assurance Framework and Risk Register

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

5.0 Operational Objectives

5.1 At the June meeting the Committee considered the quarter one position against the two programmes it would be monitoring as part of the operational objectives 2022/23:

P4.1 Improve our staff facilities and increase the wellbeing support available to our staff – rated Green

P4.2 Divisional leadership teams will undertake a bespoke leadership development programme – rated amber

6.0 Workforce Report

6.1 The Committee in receiving the July Workforce Report noted the following:

- Monthly sickness rate had increased to 6.54%;
- National guidance on Covid sickness absence has now reverted to pre-pandemic sickness absence arrangements;
- Retirement was the main reason for leavers in June, replicating the national and local position;
- Those leavers with less than 5 years' experience were within the admin & clerical group, with a potential link to the cost of living crisis and pay rates;
- Additional mechanisms to support staff have been implemented such as Wagestream which enables staff to access their wages during the month rather than waiting for pay day;
- The complex pay award has been announced, with every member of staff being given at least £1,400, except for junior doctors who have a separate pay review;
- The Proud Awards had been held on 15 July and had been a positive celebration.

7.0 Compassionate Leadership

7.1 The Committee received a presentation which recognised the pressures on the NHS including vacancies, retention of staff, high staff stress, demands on services and the need to transform models and systems of care.

7.2 Compassionate leadership means:

- Attending – paying attention to staff
- Understanding – finding a shared understanding of the situation
- Empathising
- Helping – taking intelligent action to help.

7.3 The value chain of leadership and outcome:

- Compassionate leadership → staff satisfaction, engagement
- Staff engagement → patient satisfaction, care quality
- Poor leadership → work overload, high staff stress
- High work pressure → less compassion for patients
- High staff stress→ poorer care quality and finances etc.

8.0 Leadership for a collaborative and inclusive future

8.1 The Committee received a presentation on the Messenger Review, undertaken by General Sir Gordon Messenger and commissioned by the Health Secretary, which considered what was needed to improve how health and social care is led and managed in England.

8.2 The seven recommendations following the review, which have all been accepted by Government, were:

1. Targeted interventions on collaborative leadership and organisational values
2. Positive equality, diversity and inclusion (EDI) action
3. Consistent management standards delivered through accredited training
4. A simplified, standard appraisal system for the NHS
5. A new career and talent management function for managers
6. Effective recruitment and development of non-executive directors (NEDs)
7. Encouraging top talent into challenged parts of the system

8.3 A copy of the full report can be found at:
https://www.gov.uk/government/publications/health-and-social-care-review-leadership-for-a-collaborative-and-inclusive-future

9.0 E-roster Internal Audit Report

9.1 The Committee noted that the Trust's Internal Auditor (360 Assurance) had undertaken a follow-up review of e-rostering arrangements. The findings had been one of significant assurance, demonstrating the work of the e-rostering team and Divisional colleagues to respond to the original review findings of limited assurance.

10.0 Workshop

10.1 There will be no meeting of the Committee in August, with instead a workshop to be held to develop the work plan for the remainder of the year.

Jo Bibby
Non-Executive Director Chair of People Committee

COUNCIL OF GOVERNORS MEETING: 17 August 2022

Agenda item: 59/22(iii)

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

Presented by: Kamran Malik, Non-Executive Director Chair of Audit Committee
Author(s): as above and Mr Smith, Non-Executive Director Vice Chair of Audit Committee

Action required: To note

1.0 The Audit Committee has met twice since the last meeting of the Council of Governors (June and July 2022, the latter chaired by Mr Smith as Vice Chair). This report provides an update in a number of key areas.

2.0 The meeting held in June 2022, solely related to matters associated with the finalisation of the Annual Report and Accounts 2021/22.

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

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

3.2 The Committee has monitored progress against the action plan to facilitate a robust framework for the management of risk. There is still more work to be done in this area and a more structured approach by the Risk Management Committee regarding the oversight of actions plans is now part of the process.

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

4.0 **Standards of Business Conduct**

4.1 The Audit Committee considered the proposed revisions to the Standards of Business Conduct Policy, and the Standards of Business Conduct Annual Report 2021/22. The Committee will be recommending formal approval of both by the Board of Directors at their September 2022 meeting.

5.0 Board Assurance Committee Annual Reports 2021/22

5.1 In addition to approving its own annual report, the Committee received for assurance the annual reports from the People Committee, Quality Committee and Finance and Performance Committee presented by the Non-Executive Director Chair of each Committee.

6.0 **Internal Audit (360 Assurance)**

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

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

- Data Security and Protection Toolkit – Substantial assurance
- eRostering – Significant assurance
- Clinical effectiveness – Advisory; one high and four medium risk findings raised

6.3 The recommendations from each of the reviews are tracked through to completion by 360 Assurance, with the current first follow up rate being 75%, with an overall implementation rate of 88%.

7.0 **Counter Fraud (360 Assurance)**

7.1 The Audit Committee continues to receive a report at each meeting relating to counter fraud matters, and also received at its July meeting the Counter Fraud Annual Report 2021/22.

8.0 **External Audit (Mazars)**

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

8.2 The Committee additionally received at its July meeting the follow up letter to the Audit Completion Report.

8.3 The Committee noted that the Value for Money review had yet to be completed, which would form part of the Audit Completion Certificate required to enable the laying of the Trust's Annual Report and Accounts 2021/22 before Parliament following the summer recess.

9.0 **Financial Reporting**

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

10.0 **Committee Governance**

9.1 The Committee has reviewed its terms of reference, which in due course will be approved by the Board of Directors. The recommendation to the Board is that Committee be renamed the Committee Audit and Risk Committee.

Kamran Malik
Non-Executive Director, Chair of Audit Committee

COUNCIL OF GOVERNORS MEETING: 17 August 2022

Agenda item: 59/22(iv)

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

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

Action required: To note

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

2.0 Since the last report to the Council of Governors, the Quality Committee has met in May and July, with June being an opportunity for the Committee to undertake a focussed discussion on strengthening committee arrangements for the future. Additionally, and to support the work of the Committee, the Trust is implementing a quality governance improvement plan.

3.0 The July meeting was the first under these new arrangements, which continue to be work in progress. As such, the following information provides for the Council of Governors a brief update in a number of areas.

4.0 **Divisional Updates**

4.1 Since the last report to the Council of Governors, the QC have received a presentation from the Senior Management Teams from the Division of Community Services at its May meeting.

4.2 The Key messages from the Division were:

- The division was established in 2020 and in 2021 merged with Therapies & Dietetics, with a divisional strategy having been produced;
- 24/7 Care Co-ordination Centre and a Community Clinical Hub;
- Competency frameworks are aligned to patient complexity;
- Governance structures are considered to be robust;
- Work taking place on listening to colleagues;
- A behavioural framework is being rolled out
- A number of risks identified including workforce, financial position, contracts and quality improvement.

5.0 Board Assurance Framework and Risk Register

5.1 The Committee continues to receive reports on a monthly basis against the Board Assurance Framework (BAF) and the Risk register. A deep dive had been undertaken in conjunction with the Chief Nurse against the BAF risks monitored by the Committee.

6.0 Committee Review

6.1 Following the annual review of the Committee, the Non-Executive Directors, Executive Directors and the Director of Corporate Affairs took part in a workshop session to review how the Quality Committee will function going forward.

6.2 The Quality Committee has refreshed the Annual Work Plan, changing the frequency of reports received to align with the new Committee Structure. As a result, the Committee now receives quarterly reports from:

- Patient Safety Committee
- Patient Experience Committee
- Infection Prevention and Control Committee
- Medication Safety Committee
- Safeguarding Committee
- Clinical Audit and Effectiveness Committee
- Health and Safety Committee

These reports include updates on progress against this year's Quality Priorities.

6.3 In addition the Committee receives a number of additional subject specific reports on either a planned or as required basis. In addition, work has commenced in strengthening the quality metrics for the Integrated Performance Report with more detail provided in future reports.

7.0 Terms of Reference

7.1 The Committee's terms of reference have been reviewed and will be reconsidered at the August meeting with a view that they will be considered for approval by the Board at their September 2022.

8.0 Quality Account (2021/22)

8.1 The Committee has considered the content of the Quality Account, which has subsequently been approved by the Board of Directors and forms a separate agenda item for the Council of Governors.

9.0 Committee Annual Report

9.1 The Committee approved its own annual report, which feeds into the Audit Committee and the overall Annual Report for the Trust.

Dr Rumit Shah
Non-Executive Director Chair of Quality Committee

COUNCIL OF GOVERNORS MEETING: 17 August 2022

Agenda item: 59/22(v)

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

Presented by: Michael Smith, Chair, Charitable Funds Committee
Author(s): as above

Action required: To note

1.0 Since the last report to the Council of Governors, the CFC has met twice on 12 May and 21 June, the latter meeting having been chaired by Mrs Craven, Non-Executive Director.

2.0 Financial Position

As previously reported, donations continue to be received, however they remain lower levels than pre-pandemic.

3.0 Charity Strategy

The Committee has approved the Charity Strategy with eight underpinning objectives, including launching a major appeal (which is likely to be focussed around cancer).

4.0 Charity Risk Register

Similar to the Trust, the Charity has in place a risk register. The identified risks are monitored on a routine basis by the CFC.

5.0 Mayor of Rotherham

The Mayor of Rotherham, Cllr Tajamal Khan, had chosen the charity as one of the four charities he would support during his year of office. The mayor has also accepted an invitation to officially open the new charity shop in the hospital's main entrance on 9 August.

6.0 NHS Charities Together

The charity has been successful with a bid to engage an occupational psychologist. This was a joint bid with Barnsley Hospital NHS Foundation Trust.

7.0 Committee Governance

The Committee has taken the opportunity to undertake a Committee Self-assessment. The results were considered to have been well balanced and positive.

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

Report as considered by Board of Directors
Council of Governors agenda item 60/22

Board of Directors' Meeting
08 July 2022

The Rotherham NHS Foundation Trust

Agenda item	P104/22
Report	**Operational Objectives 2022/23 Review**
Executive Lead	Michael Wright, Deputy Chief Executive
Link with the BAF	All BAF items – P1, R2, OP3, U4, D5 and D6
How does this paper support Trust Values	Ambitious – The paper provides detail of the delivery of the ambitious operational objectives for 2022/23. Together – colleagues work together to ensure that the continual monitoring and assurance of operational objectives is underpinned by robust governance arrangements.
Purpose	**For decision** ☐ **For assurance** ☒ **For information** ☐
Executive Summary	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 1 and 2. During the course of the first two months of implementation, and through discussions with Executives, it has been found necessary to amend the mandates for Priorities 3 and 5 in the following ways:- ***Priority 3 Our Partners: Work together to Succeed for our Communities –*** this priority is aligned to the Rotherham Integrated Health and Social Care plan and as such its key milestones must deliver across a broader range of schemes. The milestones for delivery which were deliberately omitted from the original mandate due to the need to hold further discussions with stakeholders, have now been included to reflect the interrelated nature of the work. The updated version of the mandate is attached at Appendix 2. The associated metrics assigned to this programme require further discussion before the profile can be updated. ***Priority 5 Delivery: Implement sustainable change to deliver high quality, timely and affordable care -*** changes have been made to this mandate due to the need to re-focus the scope described in sub-programme 5.2 in order to progress the work on same day emergency care pathways that will be re-designed to reduce pressure on our emergency services. The updated version of the mandate is attached at Appendix 2. The associated metrics assigned to this programme also require further discussion before the profile can be updated. No changes have been made to the sub-programmes Priority 5.1 relating to elective waiting times and outpatients or Priority 5.3 relating to financial viability and patient level costing.

	At the end of Month 2, ten programmes are individually rag rated green (on track) and three are rag rated amber (not on track). None of the programmes are rag rated red (significantly off track) or blue (closed/completed) and as such there has not been a requirement to seek Executive approval in April or May to change the delivery plan timelines for any of the programmes.
Due Diligence	The content of individual monthly highlight reports has been presented to People Committee and Finance and Performance Committee meetings held in June 2022. Papers were, however, not called for consideration at the Quality Committee scheduled to take place in June as the meeting was officially stood down.
Board powers to make this decision	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).
Who, What and When	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.
Recommendations	It is recommended that Board consider any actions or additional assurance required as a result of this report.
Appendices	1: Operational Objectives 2022-23 Programme Highlight Reports (April – May 2022) 2: Updated Mandates – Priority 3 Our Partners - Work Together to Succeed for Our Communities and Priority 5 Delivery - Implement sustainable change to deliver high quality, timely and affordable care

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 the care they strive to provide
- **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 1 and 2 against the thirteen programmes of work and reports, by exception, any areas of concern with recommendations for continuance into the next planning cycle.

1.5 Amendments have been made to the original mandates produced for Priorities 3 and 5 in order to better align the content to the work being undertaken at place level (P3) and plans to circumvent patients away from the urgent and emergency care centre, as appropriate, through the re-design of same day emergency care pathways (P5). (See Appendix 2 attached for information).

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 May 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 1 and 2 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 the care they strive to provide

Programme	Scope	Summary Position	Status
P1.1 Implement a Quality Improvement Methodology in the Organisation	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.	Due to cancellation of the Quality Committee in June, a full update on progress will be provided at the Quality Committee scheduled to take place in August. The report will then cover the period April to July to complete the assurance process. There are no key milestones or metrics planned for delivery in April and May.	**GREEN**
P1.2 Embed effective quality governance processes and practices across our organisation	Reset our quality governance expectations and embed revised, effective practices and processes across our organization, restructuring relevant teams as appropriate.	Due to cancellation of the Quality Committee in June, a full update on progress will be provided at the Quality Committee scheduled to take place in August. The report will then cover the period April to July to complete the assurance process There are no key milestones or metrics planned for delivery in April and May.	**GREEN**
P1.3 Deliver the Trust Quality Priorities	Deliver the 9 Quality Priorities for 2022-23	This sub-programme is out of scope for Operational Plan highlight reporting to Quality Committee therefore status will be provided for assurance purposes only for the remainder of this year.	**GREEN**

PRIORITY 2 Rotherham - Ensure Equal Access to Services

Programme	Scope	Summary Position	Status
P2.1 Ensure equal access to services and reduce health inequalities in Rotherham	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 accessible for those that need them and encouraging our colleagues to instill positive health behaviors in themselves and our patients.	Data Deep-Dive work has commenced. Developments are on track for ward based communication stations, including translation, L.D. & impaired hearing materials initiated (including open day event to obtain feedback from clinical/ward colleagues).	**AMBER**
P2.2 Implement year one of our Green Plan	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	Nifes Consulting have been appointed to identify specific carbon reduction opportunities in line with NHS Long Term plans. Engagement undertaken with First Energy for prospect of developing “Local Heat Network” in conjunction with RMBC and other Rotherham Place Stakeholders. CEF Scheme Year 1 savings currently being evaluated.	**GREEN**

Programme	Scope	Summary Position	Status
P2.3 Enhance our digital services to support patients and their families across Rotherham	Advance our digital offer to patients and their families, and ensure this supports our communities to better manage their interactions with us	Module purchased to permit implementation of "Patient Hub", which will include Maternity digital offering, Appointment Cancellation and Amendment functionality. Scoping and discussions commenced to obtain Rotherham Health App utilisation metrics.	GREEN

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

Programme	Scope	Summary Position	Status
P3.1 Deliver the new Urgent Community Response 2 hour standard	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.	National milestones have been met to provide a two hour urgent response service operating 8-8, 7 days a week providing cross borough cover and the community services data set is being submitted monthly. Work has commenced to digitally capture data for Community Right-To-Reside mandated reporting.	GREEN
P3.2 Ensure discharge arrangements are highly effective and sustainable through working with partners in Rotherham	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	Work has been scoped to develop a sustainable integrated discharge model. Activity is underway to develop the delivery plan. Work has been scoped to improve discharge planning and processes in the acute setting, reducing waste and maximising efficiencies of discharge planning and processing.	GREEN

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

Programme	Scope	Summary Position	Status
P4.1 Improve our staff facilities and increase the wellbeing support available to our staff	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.	To advance our wellbeing offer around the establishment of a "wellbeing centre" and enhance services currently located in old Greenoaks. A business case brief is to be developed next month for consideration by the Executive Management Team which, if supported, will proceed to obtaining the necessary architect sketches, quantity surveyor requirements as well as dependable costings. A full inventory of hospital and community based rest break facilities will also be undertaken. Subject to approval, new colour schemes will be selected based on colour pallets designed by psychologists that will bring a sense of harmony to the space.NHS Charities funding has been awarded which will allow continuation of the intra-trust sporting league as well as the introduction of art therapy sessions and support from Barnsley's clinical/occupational psychologist.	GREEN
P4.2 Divisional leadership teams will undertake a bespoke leadership development programme	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	On 26th May Professor Michael West (Senior Visiting Fellow) made a compelling presentation to senior leads on the subject of compassionate leadership (attending, understanding, empathising helping). The presentation was well attended and feedback has been excellent. The specification for this year's leadership development programme is, however, delayed awaiting final sign off.	AMBER

Programme	Scope	Summary Position	Status
	development and working better together		

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

Programme	Scope	Summary Position	Status
P5.1 Shorten elective waiting times for patients, modernise our outpatient services and improve theatre throughput	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	Initial meeting conducted to scope Theatre pathway efficiencies in early April-22, due to significant operational and resource pressures further work and scoping deferred until Q2.Prioritisation of outpatient work stream deliverables conducted to identify timeline of deliverables and identify areas out of scope for the current fiscal year. Outpatient Programme Governance has been amended.	AMBER
P5.2 Increase the use of same day emergency care and shorten waiting times for patients in UECC	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.	New SDEC business case is complete and will be discussed with the Chief Executive in July, before submission to the Executive Team. Priority pathways have been identified by the ICS, which can now be reviewed alongside SDEC opportunity tool data, and to inform the prioritisation and development of standardised, condition specific pathways. A visit from the National lead for SDEC/Frailty and regional Urgent Care Lead has been planned for July.	GREEN
P5.3 Implement new systems to better understand the costs of our service delivery at patient level	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.	A number of large scale efficiency schemes are in development with divisional and corporate teams, and are being taken forward through Efficiency Board e.g. e-Roster, stock management, diagnostic testing. Financial savings for efficiency schemes have not been identified/agreed at this stage. Sivicia system to be developed in house to provide PLIC (patient level information costing). Project work structure developed, awaiting approval.	GREEN

3.0 Conclusions

3.1 The Board Assurance Committees play a key role in ensuring effective oversight and delivery of the Operational Plan. However, due to the cancellation of the Quality Committee meeting scheduled to take place in June, a full report on progress and assurance has been postponed until the next bi-monthly update scheduled in August. The next assurance report will therefore cover the period April to June 2022 for the following areas of work:-

- P1.1 Implement a Quality Improvement Methodology in the Organisation
- P1.2 Embed effective quality governance processes and practices across our organisation
- P1.3 Deliver the Trust Quality Priorities

There were no key milestones or metrics planned for delivery in April and May.

In June, the People 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.

5.0 People Committee

5.1 The People Committee held on 24th June considered the highlight reports for the period April – May 2022 (see Appendix 2) in relation to the following areas of work:-

- P4.1 Improve our staff facilities and increase the wellbeing support available to our staff
- P4.2 Divisional Leadership teams will undertake a bespoke leadership development programme

The Committee duly noted the report, and, whilst recognising progress to date decided that, until a Divisional leadership programme was in place the Committee had **limited** assurance.

6.0 Finance and Performance Committee

6.1 The Finance and Performance Committee held on 29th June considered the highlight reports for the period April – May 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 after a general discussion agreed that a formal process for requesting and recording changes to plan will be required in the future to ensure that the committee remains fully sighted on any potential set backs to plan as well as making sure that outputs, risks and issues and measures of success are being regularly re-assessed and reported.

6.3 The Committee discussed the importance of clinician engagement and the risk that this will present to the timely progression of key milestones and activities if not carefully managed. The Committee were assured that conversations have taken place with clinical leads in relation to the risks identified so far and that there is a consensus within the divisions that they effectively reflect the operational challenges they are currently facing. It was also noted that different work streams are also coming through from NHS England/Improvement (NHSE/I) as well as the Integrated Care System (ICS) which will present their own challenges. Representative working groups are now in place to progress the priority areas and ownership within Divisions is now much improved.

6.4 The Committee also discussed the requirement for a Clinical Lead to progress Priority 5.3 and "champion" this sizeable piece of work which will lead to the implementation of new systems aligned to service sustainability. The Committee agreed that the level of clinician engagement required to progress the new system will be significant and that the role must therefore be factored into the work structure assigned to deliver the programme.

6.5 The Committee were **assured** against what has already been planned for delivery at this point in the year whilst noting the importance of keeping on top of change control in the coming months.

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

Michael Wright
Deputy Chief Executive
July 2022

Operational Objectives 2022 - 23

April – May 2022

Appendix 1: Programme Highlight Reports

Board of Directors Meeting

8th July 2022

OPERATIONAL PLAN 22/23 HIGHLIGHT REPORT: APRIL-MAY 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**

RAG STATUS

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 -** Data Deep-Dive work has commenced with some continuing work required to produce robust analysis to enable identification of Areas and Services to prioritise. Subsequent workstreams Re: Waiting list segmentation etc. dependent on completion of Deep-Dive. Ward based communication stations, including translation, L.D. & impaired hearing materials initiated (including open day event to obtain feedback from clinical/ward colleagues), all developments for implementation are on track. Digital Communication materials to be produced to permit accessibility online for non-ward based colleagues inc. community colleagues **Green Delivery Plan -** currently being actioned by Nifes Consulting (due July 2022), to identify specific carbon reduction opportunities in line with NHS Long Term plans. Engagement undertaken with First Energy for prospect of developing “Local Heat Network” in conjunction with RMBC and other Rotherham Place Stakeholders. CEF Scheme Year 1 savings currently being evaluated. **Rotherham Health App -** Module purchased to permit implementation of “Patient Hub”, which will include Maternity digital offering and Appointment Cancellation and Amendment functionality. Scoping and discussions commenced to obtain Rotherham Health App utilisation metrics.

PROGRAMME

Activities completed in April/May:	• Initial Health Inequalities Data Deep-Dive commenced with initial data and associated reports and analysis currently under review • Initial Communication Station information packs produced • Nifes Consulting appointed to produce Delivery Plan • BSDF Funding £2,300K granted (supported by 500K internal Capital) for Year 1 schemes • Rotherham Health App “Patient Hub” module purchased
Activities planned for June/July:	• Completion of Health Inequalities Data Deep-Dive and Service prioritisation • Publication of Green Delivery Plan (Nifes Consulting) • Validation of CEF Year 1 Financial and Carbon Savings • Identify appropriate metric and source of Rotherham Health App users • Rotherham Health App “Patient Hub” project to be initiated (Health Informatics PMO) to permit delivery of “Maternity Digital Offering” and “Appointment Cancellation and Amendment” functionality required to achieve project milestones
Key changes in April/May	

Risks:	• Health Informatics Resource availability (New) • Availability of accurate up-to-date Deprivation Population data (New) • Meditech Integration with E-Referral Service (New)	**Issues:**	None

OPERATIONAL PLAN 22/23 HIGHLIGHT REPORT: APRIL-MAY 2022

The Rotherham NHS Foundation Trust

Priority:	**P.3 – Our Partners – Work Together to Succeed for Our Communities**
Programme:	**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**
Executive Lead:	**Michael Wright, Deputy Chief Executive**
SRO:	**Jodie Roberts, Deputy Chief Operating Officer**

RAG STATUS

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:

The national milestones have been met to:

- Provide a two hour urgent response service operating 8-8 7 days a week providing cross borough cover
- Submit a monthly community services data set

Work has commenced to digitally capture data for Community Right-To-Reside mandated reporting and work has been scoped to develop a sustainable integrated discharge model. Activity is underway to develop the delivery plan. The IDT “as is” process mapping has been completed and additional work has been scoped to improve discharge planning and processes in the acute setting, reducing waste and maximising efficiencies of discharge planning and processing. Following submission of a paper to Executives, support is now in place to progress the NHS Improvement academy Achieving Reliable Care for Safety (ARCS) Programme.

PROGRAMME

Activities completed in April/May:	**Sustainable Discharge** **Acute/ IDT:** • IDT "Current State" Process Mapping completed • Paper submitted to Executives to secure their support to progress the NHS Improvement Academy ARCS Programme. **Community:** • Recruitment commenced for Community Flow Co-Ordinator • System changes implemented to permit digital Community Sit-rep reporting **Urgent Community Response** • Introduction of clock start/stop protocols, training and submission of report. Data quality improvement activity completed
Activities planned for June/July:	**Sustainable discharge** **Acute/IDT:** IDT Future State Process Mapping, Commence All Acute Discharge Project Pilots **Community:** • Development and embedding of patient flow management and escalation. Progress options paper for shared care record. **Urgent Community Response:** • On going data quality improvement including workshops to develop consistency of clinical definitions.
Key changes in April/May	

Risks:	• Insufficient Clinical Capacity for implementation (New) • Insufficient BI/HI resource to develop required reporting structure (New)	**Issues:**	Forthcoming (known changes to) Urgent Community Response requirements may require agile project management changes. (new)

OPERATIONAL PLAN 22/23 HIGHLIGHT REPORT: APRIL-MAY 2022

The Rotherham NHS Foundation Trust

Priority:	**P.4 US - Commit to a focus on workplace wellbeing and compassionate leadership**
Programme:	**P4.1 Improve our staff facilities and increase the wellbeing support available to our staff** **P4.2 Divisional leadership teams will undertake a bespoke leadership development programme**
Executive Lead:	**Steve Ned, Director of Workforce**
SRO:	**Paul Ferrie, Deputy Director of Human Resources**

RAG STATUS

Programme Overview:

2.1 Workplace Wellbeing - Staff health and wellbeing remains a key area of focus for the Trust as outlined in the People Strategy 2020-2023 Staff Engagement objectives. Wellbeing initiatives implemented last year, particularly building on experience learned through Covid, are set to continue with a view to providing a supportive and holistic approach to staff wellbeing across the trust. Through staff survey results and listening to staff in open discussions about what is important and what effect the workplace has on their overall wellbeing it is apparent that there is a lack of local facilities which would enable staff to take time out from their place of work, not only for refreshment breaks but also to have the option to step into a "calmer" space that will help them re-balance and return to their work location feeling re-energised.
2.2 Compassionate Leadership - The Trust aims for senior leaders within its six divisions 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. The investment in a development programme again this year will enable the trust to meet the objectives set out in this mandate and through a formal tender process engage a new provider, building on last year's work provided by Team at the Top.

Summary Position:

Workplace Wellbeing – During the pandemic the trust introduced an extensive range of psychological and physical health and wellbeing initiatives including the establishment of the Wellbeing Garden and the Woodland Walk. The old Greenoaks building has provided a much needed indoor space where other wellbeing initiatives have taken place such as the roll out of COVID and flu vaccinations. This year the prospect is to advance our wellbeing offer around the establishment of a "wellbeing centre" and enhance services currently located in old Greenoaks. A business case brief is therefore to be developed next month for consideration by the Executive Management Team which, if supported, will proceed to obtaining the necessary architect sketches, quantity surveyor requirements as well as dependable costings. A full inventory of hospital and community based rest break facilities will also be undertaken as part of the options appraisal due to the resulting impact on revenue maintenance costs to undertake this work. Subject to approval, new colour schemes will be selected based on colour pallets designed by psychologists that will bring a sense of harmony into the altered space. The trust Staff Engagement team, Learning and Development and HR Business Partners continue to receive feedback from colleagues on general wellbeing and support available during local engagement sessions and through the Pulse survey. NHS Charities funding has been awarded which will allow continuation of the intra-trust sporting league as well as the introduction of art therapy sessions and support from Barnsley's clinical/occupational psychologist.
Compassionate leadership - On 26th May Professor Michael West (Senior Visiting Fellow) made a compelling presentation to senior leads on the subject of compassionate leadership (attending, understanding, empathising, helping). The presentation was well attended and feedback has been excellent. The specification for this year's leadership development programme is, however, delayed awaiting final sign off.

PROGRAMME

Activities completed in April/May:	• NHS Charity funding successful • Ongoing staff engagement sessions/Pulse Survey • Compassionate Leadership Presentation to senior leaders – Professor Michael West • New Leadership Programme specification ready for final sign off
Activities planned for June/July:	• Sign off new Leadership Programme specification • Present a business case brief at EMT outlining proposals for a wellbeing centre and the re-decoration of existing staff rest rooms
Key changes in April/May	• The Milestone due for completion at the end of May – *Leadership Programme Specification signed off* – is off track however a suitable provider has already been identified therefore as soon as the specification is signed off (June/July period) the learning events will be formally confirmed and participants notified. If the specification is not signed off by the end of July, however, a formal change request will need to be made to Executives to agree on a new timeline for completion.

Risks:	• Leadership programme starts later than planned resulting in delayed changes to desired behaviours/compassionate leadership • Preferred option for "wellbeing centre" and changes to staff rest areas is deemed too expensive due to cost improvement pressures	**Issues:**	

OPERATIONAL PLAN 22/23 HIGHLIGHT REPORT: APRIL-MAY 2022

The Rotherham NHS Foundation Trust

Priority:	**P5 Delivery – Implement Sustainable Change to Deliver High Quality, Timely and Affordable Care**
Executive Lead:	**Sally Kilgariff, Chief Operating Officer**
SRO:	**5.1 - Louise Tuckett, Director of Strategy, Planning and Performance; 5.2 - Jodie Roberts, Director of Operations; 5.3 - Mark Bloy, Deputy Director of Finance**

RAG STATUS

Programme Overview:

- **5.1 - Shorten elective waiting times for patients, modernise our outpatient services and improve theatre throughput.** 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
  - Realign our Outpatient (OP) capacity, growing our use of tools such as Advice and Guidance and improve our efficiency
- **5.2 - 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.
- **5.3 - Implement new systems to better understand the costs of our service delivery at patient level.** We plan to undertake the preliminary work to enable a better, 'live' understanding of the financial viability of our services through patient level information so that we can understand those that provide a contribution and those that do not.

Summary Position:

- **Theatres:** Initial meeting conducted to scope Theatre pathway efficiencies in early April-22, due to significant resource pressures, further work deferred until Q2.
- **Outpatients:** Prioritisation of workstream deliverables conducted to identify timeline of deliverables and identify areas out of scope for the current fiscal year. Outpatient Programme Governance has been amended from formal workstream meetings to individualised specialist liaison approach to permit individual traction on a service by service basis.
- **SDEC:** The final draft of the new SDEC business case is complete and is planned for discussion with the Chief Executive in July, before submission to the Executive Team. ICS SDEC meetings have also commenced and are being led by Kay Stenton, UECC Consultant. Priority pathways have been identified by the ICS, which can now be reviewed alongside SDEC opportunity tool data, and to inform the prioritisation and development of standardised, condition specific pathways. A visit from the National lead for SDEC/Frailty and regional Urgent Care Lead has been planned for July, which will also help inform the development of our pathways and SDEC Standard Operating Procedures.
- **Sustainability:** A number of large scale efficiency schemes are in development with teams, and are being taken forward through Efficiency Board to provide assurance / oversight on delivery. These schemes may be added to as the year develops and further opportunities / ideas are identified. They are currently: 1) E-Roster Best Practice and Implementation, 2) Stock Management, 3) Service Specifications Review, 4) Diagnostic Testing, 5) Pharmacy Invest to Save, 6) Digital Self Check-in. Financial savings have not been identified/agreed at this stage. However, some initial developments/improvements are:
  - 42 day approval of Rosters is now at 80%, compared with around 30% this time last year
  - Pharmacy invest to save business case (c500k saving) presented to Executive Management Team
  - A joint approach with Barnsley around PLIC (Patient Level Information Costing) was considered, but it has been decided that Rotherham will develop this in-house through the Sivica system. A project structure to support this has been developed, with approval through the Director of Finance to be sought.

PROGRAMME 5.1 - Shorten elective waiting times for patients, modernise our outpatient services and improve theatre throughput

Activities completed in April/May:	**Theatres** • Initial Scoping meeting held **Outpatients** • Digital Self-Check-In Launched • Outpatient Locations now allocated utilising Bookwise Room booking web tool • Work commenced to integrate Meditech with E-Referral Service • ENT PIFU Implemented
Activities planned for June/July:	**Theatres** • Restart of Theatres Efficiencies work **Outpatients** • Implementation of 6:4:2 clinic meeting reviews • Clinical Triage Pilot in ENT to commence • 2 further specialties to go live with PIFU (to add to the 3 services already active)
Key changes in April/May	

Risks:	• Lack of Engagement (New) • Lack of required Health Informatics Resource, Significant Operation Pressures (New)	**Issues:**	Accessing suitable data for Outpatients Benchmarking and Metrics to be configured (new) Lack of integration between e-Referral Service, Meditech & SystemOne (new)

PROGRAMME 5.2 - Increase the use of same day emergency care and shorten waiting times for patients in UECC

Activities completed in April/May:	• Finalised draft of new SDEC business case in May • ICS SDEC Meetings commenced • ICS prioritised cardiac, respiratory and gastro SDEC pathways, followed by surgery for re-design across the region • Confirmed SDEC ICS are looking at access to SDEC in hours and OOH • SDEC opportunity tool demonstrated to Medicine and Project Managers • National lead for SDEC/Frailty and regional Urgent Care Lead visit planned for July 4th
Activities planned for June/July:	• Meeting with Chief Executive in July to discuss SDEC Business Case, before submission to Executive Team • Review of priority pathways (?Cardiac, Respiratory and Gastro SDEC), considering data from SDEC opportunity tool and feedback from SDEC meetings • National lead for SDEC/Frailty and regional Urgent Care Lead visit in July • Commence planning for development of SOP for Same Day Emergency Care provision (across all areas)
Key changes in April/May	• Progression of SDEC Business Case to final draft • ICS SDEC meetings commenced and led by Kay Stenton

Risks:	Specialties do not support the pathways/processes that will circumvent UECC (new)	**Issues:**	Lack of shared ownership of acute pathways (new) UECC is treated as default location for all urgent care needs (new)

PROGRAMME 5.3 - Implement new systems to better understand the costs of our service delivery at patient level

Activities completed in April/May:	• Paper delivered to the May Efficiency Board on Large Scale Efficiency Schemes progress • Job Descriptions, to support an outline staffing and project structure to drive and maintain PLIC, have been matched • Pharmacy invest to save business case presented to ETM
Activities planned for June/July:	• Paper to be delivered to the June Efficiency Board (and also to Finance and Performance Committee) on Large Scale Efficiency Schemes progress • Pharmacy invest to save business case to be re-presented to Executive Management Team • Job Descriptions approved by the Director of Finance for PLIC project management • Staffing and project structure to support PLIC approved by the Director of Finance
Key changes in April/May	

Risks:	• Some savings around large scale efficiency schemes may not deliver in 22/23 (New)	**Issues:**	None

Operational Objectives 2022 - 23

April – May 2022

Appendix 2: Revised Mandates (for information)

Priority 3 – Our Partners and Priority 5 - Delivery

Board of Directors Meeting

8th July 2022

22/23 OPERATIONAL PLAN

P3 Our Partners: Work together to succeed for our communities

SCHEME OWNERSHIP	
Executive Lead	Michael Wright, Deputy Chief Executive
SRO	Sally Kilgariff, Deputy COO
Reporting Forum	Finance and Performance Committee and Rotherham Place Governance Framework

The Rotherham NHS Foundation Trust

OUTLINE / OVERVIEW

The Rotherham Urgent and Community Transformation programme is part of the Rotherham Integrated Health and Social Care plan which aims to support people and families to live independently in the community, with prevention and self-management at the heart of delivery. The Trust is working in partnership with the Rotherham Clinical Commissioning Group, the Council, 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

OBJECTIVES / PURPOSE

To 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. The model will provide choice, taking account of patient and carer wishes whilst meeting the needs of system flow.

Urgent Community Response:
Respond within 2 hours of receipt to urgent community referrals at least 70% of the time by December 2022 providing geographical cover across the borough at minimum 8am to 8pm.
Submit a monthly national data set according to the agreed criteria.

Discharge Priorities:
Early discharge planning and allocation of resource to assess/support individuals in their own home wherever possible
Develop and embed clear protocols, accountability, roles, responsibilities and escalation routes based on home first principles
Acute discharge improvement plan – ward level programme of work to include ward discharge processes including length of stay, right to reside and use of discharge lounge

SCOPE

IN SCOPE	OUT OF SCOPE
Acute and community discharge pathways Admission avoidance pathways and activity in relation to UECC, AMU, ASU and SDEC including frailty where this can result in the patient returning home Health and care intermediate care pathways Commissioned community bed base, therapy provision Care homes where it is the patients normal place of residence	UECC transformation programme SDEC development Acute frailty ward following an unavoidable admission

DELIVERY PLAN

TIME	KEY ACTIVITIES	OUTPUTS / DELIVERABLES / KEY MILESTONES
Q1	Map 'as is' integrated discharge team processes Scope 'Achieving reliable care for safety ward' improvement pilot with Change Academy Review flow across the commissioned community bed base Establish 2 hour urgent response standard according to national criteria, developing systems and processes to support clock start/stop requirements	Complete IDT process mapping (milestone) Secure agreement for work with Change Academy to run 2 ward pilot (deliverable) Establish and embed discharge planning with discharge actions captured on meditech, recruit and embed community flow co-ordinator (deliverable) Cross borough urgent response operating 8-8 7 days with submission of first urgent community response data set (milestone)
Q2	Conduct pilots within the acute setting to address barriers to discharge: - 2 wards (A2 and Fitzwilliam working with Improvement Academy on Achieving Reliable Care for Safety (ARCS) project - Criteria led discharge short stay unit - TTOs 'getting it right first time'. Promotion of discharge lounge. Launch of pick up point and targeted comms	Complete pilots (deliverable) Understand delays and create Task and Finish groups to resolve themes and trends (deliverable) Reduction in duplicates (TTOs) (output) Increase in uptake of discharge lounge (output) Complete IDT future state process mapping (milestone) Complete pharmacy and professional standards GIRFT pilots (milestone)
Q3	Analyse and expand acute improvement pilots Streamlined IDT processes & roles and responsibilities defined Develop urgent community response capacity and improve data quality	'To be' mapped, duplication reduced releasing capacity (Milestone) Increased activity, improved data quality, 2 hour threshold met 70% of time (output) Complete ARCS and criteria led discharge processes (milestone) Complete Pharmacy & Professional Standards Roll-Out Trustwide (Subject to Pilot evaluations) Milestone)
Q4	Development of underpinning systems to support IDT and discharge process Cross system performance monitoring	Whole system single version of truth automated capacity and escalation wheel (deliverable) Reduction in manual activity (output)

ANTICIPATED IMPACT

IMPACT	DOMAIN
Potential reduction in avoidable admissions	Quality/operational
Reduction in number of surge beds	Operational/finance
Improvement in national discharge measures	Quality/operational /finance

MEASUREMENT OF SUCCESS

MEASUREMENT / KPIs	TARGET
National 2 hour urgent response standard met Growth trajectory met	70%
Improvement in discharge measures including Long length of stay /right to reside, discharge before 5pm & use of discharge lounge. Community bed base occupancy levels (90%)	Tbc

RISKS	ISSUES
Commissioners are unable to agree a joint risk approach to short term funding resulting in delays to discharge decision making. Mitigation: discussion of proposals are underway Acute and community accountability is not agreed to support the virtual ward. Mitigation: accountability to be agreed and monitored through clinical/project governance Barriers to cross organization/team working cannot be overcome. Mitigation: high level exec lead support / joint design and development work	National funding is reduced to support aging well projects. Mitigation: funding to be clarified by ICS. Virtual ward funding may mitigate impact There is insufficient capacity to support people at home due to recruitment issues and staff sickness. Mitigation: a joint approach to recruitment is being proactively pursued through the Place workforce enabler group

22/23 OPERATIONAL PLAN

P5 Delivery: Implement sustainable change to deliver high quality, timely and affordable care

SCHEME OWNERSHIP	
Executive Lead	George Briggs, Chief Operating Officer
SRO	Sally Kilgariff, Deputy COO; Louise Tuckett, Director of Strategy, Planning and Performance; Mark Bloy, Deputy Director of Finance
Reporting Forum	Finance and Performance Committee

The Rotherham NHS Foundation Trust

OUTLINE / OVERVIEW

Implement a consistent approach to Same Day Emergency Care and take action to relieve the pressure in our UECC:

- Increase the use of Same Day Emergency Case and shorten waiting times for patients in UECC

Drive forward our elective recovery, realigning our outpatient capacity and improving the efficiency of our theatres:

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
- Realign our Outpatient (OP) capacity, growing our use of tools such as Advice and Guidance and improve our efficiency

Build the sustainability of the organisation through a refreshed approach to delivering efficiencies and by improving our understanding of sustainability of services. This priority is focused on delivering the financial plan and gaining the tools to make long term change, by:

- **Redesigning our approach to transformational efficiency** – implement a greater focus on a longer term, transformational approach to efficiency to deliver our financial savings
- **Sustainability of services** - Undertake the preliminary work 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.

OBJECTIVES / PURPOSE

- Release pressure on UECC services by ensuring care is provided in the right place, at the right time, including establishing a consistent approach to our same day emergency care services and pathways.
- Develop a transformational, cross-cutting approach to efficiency
- Implement changes to our OP pathways which result in increased efficiency, such as patient-initiated follow-up and full clinical triage of referrals, and increase our capacity in clinics
- Utilise our new data dashboards to increase theatre throughput, ensuring we are working efficiently with our teams and improving satisfaction at work
- Understand the level of financial contribution to the Trust at service level
- Produce 'live' contribution and benchmarking information on a regular basis (ie monthly) through the use of PLICs, SLR and reference costs

SCOPE

IN SCOPE	OUT OF SCOPE
• UECC, Same Day Emergency Care and Assessments Units for Gynaecology and Surgery. • Digital transformation and Estates work. • Patient and public involvement • Outpatients • Theatres – full theatre pathway	• Existing SDEC business case, IV Pilot. • Any community clinical pathways. • Implementation of the decisions based on the 'live' contribution information / benchmarks produced

DELIVERY PLAN		
TIME	**KEY ACTIVITIES**	**OUTPUTS / DELIVERABLES / KEY MILESTONES**
Q1	Finalise draft of new SDEC business case Identify, scope out and agree medium to large scale efficiency schemes	New SDEC business case Medium to large scale schemes signed off (milestone)
Q2	Complete initial theatres deep-dive and agree resulting priorities Agree and sign off SDEC business case Agree SOP for same day emergency care provision (across all areas) to ensure consistency Initiate and commence 3 transformational / medium to large scale schemes	Patient involvement events take place (milestone) SDEC business case signed off SDEC SOP Service specifications reviewed against services provided (milestone)
Q3	Develop assessment unit pathways Discuss initial ' live' report at October CIP Board and agree priorities for next 6 months	Live Contribution Report in place Priorities agreed for better understanding of services (Milestone)
Q4	Implement revised same day emergency care pathways Review of services provided by division against service specifications	AGU, ASU and AMU pathways established (milestone) Efficiency /service priorities for 23/24 agreed (Milestone)

ANTICIPATED IMPACT	
IMPACT	**DOMAIN**
Possible costs associated with SDEC Business cases	Finance
Reduced pressure and more appropriate utilisation of UECC and efficient, high quality same day emergency care.	Operational
Financial / Quality impact of transformational approach to efficiency / waste programme (Positive)	

MEASUREMENT OF SUCCESS	
MEASUREMENT / KPI	**TARGET**
Zero length of stay for patients following re-designed pathways	
Efficiency target delivered in full (by year end)	
22/23 financial plan delivered (year-end)	

RISKS	ISSUES
• Specialties do not buy into the "pull" pathway processes that will circumvent UECC • Capacity of staff to deliver change and improvements • Not having capacity to deliver Trust transformational schemes (corporate and divisional) • Lack of clinical / divisional engagement to make efficiency savings and service change • Agreement on strengthening team / system to be used for PLICs takes longer than plan • Challenge in identifying income at service level given current contracts	• Lack of shared ownership of acute pathways • Support services capacity to work with UECC, eg Health Informatics • Unfilled (hard to fill) vacancies • Not having capacity within the finance & contracting team to deliver 'live ' contribution information / benchmarking

Report as considered by Board of Directors
Council of Governors agenda item 61/22

Board of Directors Meeting
08 July 2022

The Rotherham NHS Foundation Trust

Agenda item	P107/22
Report	**Integrated Performance Report – March 2022**
Executive Lead	Michael Wright, Deputy Chief Executive
Link with the BAF	D5, D6, P1, R2
How does this paper support Trust Values	The Integrated Performance Report supports the Trust's *Ambitious* value in ensuring we are constantly striving to deliver stronger performance across all of the core domains.
Purpose	**For decision** ☐ **For assurance** ☒ **For information** ☐
Executive Summary (including reason for the report, background, key issues and risks)	The Integrated Performance Report (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 May 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. The Trust has carried out an assessment of inequalities of access to care, which is provided in the separate Health Inequalities paper on the agenda today. Moving forward, this analysis will form part of the IPR itself. There are two core metrics around maternity care which currently reflect the metrics as defined in the Yorkshire and Humber Maternity Dashboard. However, these metrics differ to the national reporting, and as such, from next month, both sets of metrics will be reported within the IPR for completeness and to ensure full transparency around our performance. A full explanation of the differences between the metrics and any performance differences will be provided at that time.
Due Diligence	The Finance and Performance 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. There was no Quality Committee held in June so for this month alone, the Quality domain has not previously been discussed via a Board Assurance Committee.
Board powers to make this decision	In order to be assured of the performance of the organisation, the Board needs to have visibility of the Trust's performance against core metrics.

Who, What and When	The Deputy Chief Executive is the Lead Executive for reporting on the performance of the organisation through the Integrated Performance Report on a monthly basis.
Recommendations	It is recommended that the Board of Directors note the Trust's performance against the metrics presented in the Integrated Performance Report and receive assurance on the basis of this report.
Appendices	Integrated Performance Report – May 2022

Board of Directors

Integrated Performance Report - May 2022

Provided by

Business Intelligence Analytics, Health Informatics

PERFORMANCE SUMMARY

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

CQC DOMAINS

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

The Rotherham NHS
NHS Foundation Trust

Trust Integrated Performance Dashboard - Operations

KPI	Reporting Period	Type of Standard	Target 22/23	Benchmark	Previous Month (3)	Previous Month (2)	Previous Month (1)	Current Month	YTD	Same Month Prev. Yr	Trend	Data Quality
Planned Patient Care												
Waiting List Size	May 2022	L	**25,000**		22,486	22,378	22,244	22,228	22,228	16,965		
Referral to Treatment (RTT) Performance	May 2022	N	**92%**		76.2%	74.8%	73.9%	76.7%	75.3%	84%		
Number of 52+ Weeks	May 2022	L	**125**		59	62	73	79	79	332		
Number of 104+ Weeks	May 2022	N	**0**		0	0	0	0	0	0		
Overdue Follow-Ups	May 2022	L	-		11,622	12,517	13,869	14,062	14,062	9,734		
First to follow-up ratio	May 2022	B	**2.4**		2.53	2.33	2.25	2.23	2.24	3.00		
Day case rate (%)	May 2022	B	**80%**		87.6%	85.0%	87.2%	86.2%	86.7%	80%		
Diagnostic Waiting Times (DM01)	May 2022	N	**1%**		6.1%	5.8%	6.2%	7.3%	6.7%	26%		
Diagnostic Activity Levels	May 2022	L	**9059**		7,688	7,911	6,895	8,357	8,357	7708		
Emergency Performance												
Number of Ambulance Handovers > 60 mins	May 2022	N	**0**		109	270	201	226	427	60		
Ambulance Handover Times % > 60 mins	May 2022	N	**0%**		5.8%	14.8%	10.8%	12.3%	23.0%	3%		
Number of Ambulance Handovers 30-60 mins	May 2022		-		232	261	241	267	508	168		
Ambulance Handover Times % 30-60 mins	May 2022	L	**5%**		12.3%	14.3%	12.9%	14.5%	27.4%	8%		
Average Time to Initial Assesment in ED (Mins)	May 2022	N	**15**		23	26	25	27	26	19		
Proportion of patients spending more than 12 hours in A&E from time of arrival	May 2022	L	**2%**		8.0%	9.7%	9.4%	9.2%	9.3%	1%		
Number of 12 hour trolley waits	May 2022	N	**0**		0	0	0	0	0	0		
Proportion of same day emergency care	May 2022	L	**33%**		42.3%	41.1%	38.4%	41.1%	39.8%	41%		
Cancer Care												
2 Week Wait Cancer Performance	Apr 2022	N	**93%**		91.0%	92.0%	90.5%	88.2%	88.2%	97%		
2 Week Wait Breast Symptoms	Apr 2022	N	**93%**		78.0%	88.9%	90.6%	81.6%	81.6%	95%		
31 day first treatment	Apr 2022	N	**96%**		94.8%	92.9%	94.5%	97.6%	97.6%	93%		
62 Day Performance	Apr 2022	N	**85%**		74.2%	74.5%	77.2%	82.8%	82.8%	72%		
Patients waiting longer than 62 days on the PTL	May 2022	L	**65**		82	65	73	94	94	-		
28 day faster diagnosis standard	Apr 2022	N	**75%**		72.2%	76.5%	75.6%	73.5%	73.5%	66%		
Inpatient Care												
Mean Length of Stay - Elective (excluding Day Cases)	May 2022				2.81	2.64	3.08	2.29	2.65	3.07		
Mean Length of Stay - Non-Elective	May 2022				6.16	5.66	6.47	5.91	6.19	5.00		
Length of Stay > 7 days (Snapshot Numbers)	May 2022	L	**142**		187	217	178	216	216	156		
Length of Stay > 21 days (Snapshot Numbers)	May 2022	L	**42**		56	80	67	80	80	38		
Right to Reside - % not recorded (Internal Performance from May)	May 2022	B	**5%**		4.6%	3.8%	3.2%	4.3%	4.3%	16%		
Discharges before 5pm (inc transfers to Dis Lounge)	May 2022	L	**70%**		54.0%	50.2%	60.9%	56.4%	58.6%	56%		
Outpatient Care												
Did Not Attend Rate (OutPatients)	May 2022	B	**6.2%**		7.6%	9.2%	8.3%	8.3%	8.3%	8%		
% of all Outpatient activity delivered remotely via telephone or video consultation	May 2022	N	**25%**		15.6%	16.5%	15.9%	14.5%	15.1%	17%		
Advice and Guidance - Metric still being worked up												
Number of patient pathways moved or discharged to PIFU, expressed as a proportion of all outpatient activity.	May 2022	N	**5%**		0.3%	0.2%	0.3%	0.5%	0.4%			
Community Care												
MusculoSkeletal Physio <4 weeks	May 2022	L	**80%**		19.9%	21.0%	11.0%	12.7%	11.9%	18%		
% urgent referrals contacted within 2 working days by specialist nurse (Continence)	May 2022	L	**95%**		63.6%	62.7%	48.9%	56.0%	52.8%	70%		
A&E attendances from Care Homes	May 2022	L	**144**		138	142	86	138	138	136		
Admissions from Care Homes	May 2022	L	**74**		60	69	54	90	90	62		
Patients assessed within 5 working days from referral (Diabetes)	May 2022	L	**95%**		83.3%	90.9%	75.0%	88.9%	84.6%	100%		
Urgent 2 Hour Community Response	May 2022	L	**70%**		85.3%	73.2%	89.4%	88.7%	88.7%	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
Mortality												
Mortality index - SHMI	Dec 2021	B	**As Expected**		109.5	107.7	107.7	107.3	--	115.5		
Mortality index - HSMR (Rolling 12 months)	Jan 2022	B	**As Expected**		111.5	107.0	102.6	100.1	--	121.5		
Number of deaths (crude mortality)	May 2022		-		82	83	102	88	190	72		
Infection, Prevention and Control												
Clostridium-difficile Infections	May 2022		-		2	2	4	0	4	1		
Clostridium-difficile Infections (rate)	May 2022		-		17.5	18.0	19.2	18.3	18.3	17.5		
MRSA Infections (Methicillin-resistant Staphylococcus Aureus)	May 2022	L	**0**		0	0	0	0	0	0		
MRSA Infections (Methicillin-resistant Staphylococcus Aureus) (Rate)	May 2022		-		0.70	0.69	0.69	0.68	0.68	0.0		
E.coli blood bactertaemica, hospital acquired	May 2022		-		4	2	3	6	9	3		
CPE Infections, Hospital Provider	May 2022		-		1	0	0	0	0	-		
GRE Infections	May 2022		-		1	0	0	0	0	0		
Patient Safety												
Incidents - severe or above (one month behind)	Apr 2022	L	**0**		7	3	4	2	2	1		
% Potential of Under Reporting of Pt Safety Incidents	May 2022		-		52.54	51.80	52.60	52.77	52.68	47		
Never Events	May 2022	L	**0**		0	0	0	0	0	0		
Number of Patient Harms	May 2022		-		624	604	646	654	1,300	538		
Number of Patient Harms (Moderate and above)	May 2022		-		34	23	20	14	34	19		
Number of Patient Falls	May 2022		-		80	91	91	92	183	99		
Number of Pressure Ulcers (G3 and above)	May 2022		-		0	0	3	1	4	0		
Medication Incidents	May 2022		-		106	107	120	147	267	113		
Readmission Rates (one month behind)	Apr 2022	L	**7.6%**		8.1%	7.3%	7.6%	7.9%	7.9%	8.3%		
Venous Thromboembolism (VTE) Risk Assessment	May 2022	N	**95.0%**		95.4%	96.5%	97.3%	97.3%	97.3%	96.3%		
Number of complaints per 10,000 patient contacts	May 2022	L	**8**		8.08	10.49	11.09	9.38	10.18	9.60		
Proportion of complaints closed within 30 days	May 2022	L	**100.0%**		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
Hip Fracture Best Compliance	May 2022	L	**65.0%**		64.3%	86.7%	59.1%	83.6%	83.6%	73.3%		
F&F Postive Score - Inpatients & Day Cases	May 2022	N	**95.0%**		97.3%	97.0%	96.5%	98.8%	98.0%	97.7%		
F&F Postive Score - Outpatients	May 2022	N	**95.0%**		98.6%	96.9%	96.8%	97.4%	97.1%	97.7%		
F&F Postive Score - Maternity	May 2022	N	**95.0%**		96.9%	98.1%	97.2%	97.9%	97.7%	100.0%		
Care Hours per Patient Day	May 2022	L	**7.3**		6.50	6.20	6.50	6.50	6.50	7.9		
Maternity												
Bookings by 12 Week 6 Days	May 2022	N	**90.0%**		87.4%	93.7%	91.0%	91.2%	91.1%	92.4%		
Breast Feeding Initiation Rate	May 2022	N	**66.0%**		67.9%	63.6%	61.7%	70.8%	66.2%	69.8%		
Stillbirth Rate per 1000 live births (Rolling 12 months)	May 2022	L	**4.66**		3.14	2.35	2.33	2.72	2.72	3.72		
1:1 care in labour	May 2022	L	**75.0%**		98.6%	97.2%	96.4%	97.5%	97.0%	96.6%		
Serious Incidents (Maternity)	Apr 2022	L	**0**		0	0	1	0	0	1		
Moderate and above Incidents (Harm Free)	Apr 2022		-		0	0	0	0	0	0		
Cases Referred to HSIB	May 2022	L	**5**		0	0	0	0	0	1		
Consultants on labour (Hours on Ward)	May 2022		-		62.50	62.50	62.50	62.50	62.50	--		
% women on continuity of care pathway	--											

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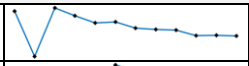
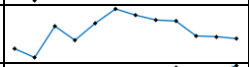
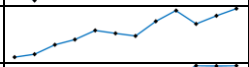
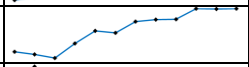
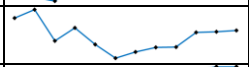
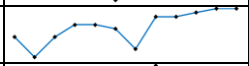
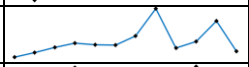
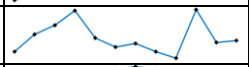
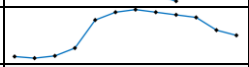
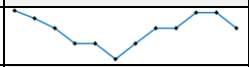
Trust Integrated Performance Dashboard - Workforce

	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
Workforce												
Whole Time Equivalent against plan - Total	May 2022	L			-325	-357	-357	-360	-360	-200		
Whole Time Equivalent plan - Nursing	May 2022	L			-37	-53	-54	-56	-56	-67		
Total Headcount	May 2022				4,953	4,925	4,942	4,957	4,957	4851		
Vacancy Rate - TOTAL	May 2022	L			7.32%	8.04%	8.02%	8.05%	8.05%	4.74%		
Vacancy Rate - Nursing	May 2022	L			2.73%	3.96%	4.01%	4.13%	4.13%	5.15%		
Time to Recruit	May 2022	L	**34**		33	34	35	35	35	28		
Sickness Rates (%) - inc COVID related	May 2022	L	**3.95%**		6.63%	7.05%	8.35%	6.44%	7.00%	5.68%		
Turnover	May 2022		**0.63%**		0.68%	1.21%	0.85%	0.87%	0.86%	0.70%		
Appraisals complete (% 12 month rolling)	May 2022	L	**90.00%**		81.00%	80.00%	75.00%	73.00%	73.00%	69.58%		
Appraisals Season Rates (%)	May 2022	L	**90.00%**					18.00%		-		
MAST (% of staff up to date)	May 2022	L	**85.00%**		90.00%	91.00%	91.00%	90.00%	90.00%	90.96%		
% of jobs advertised as flexible	May 2022		-		46.46%	51.43%	58.02%	55.81%	56.92%	-		

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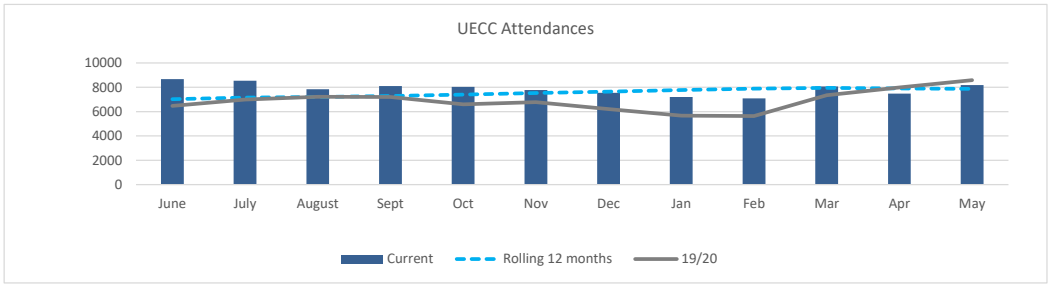
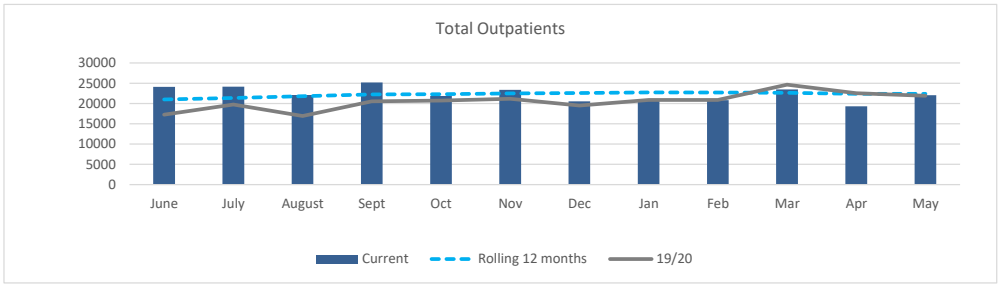
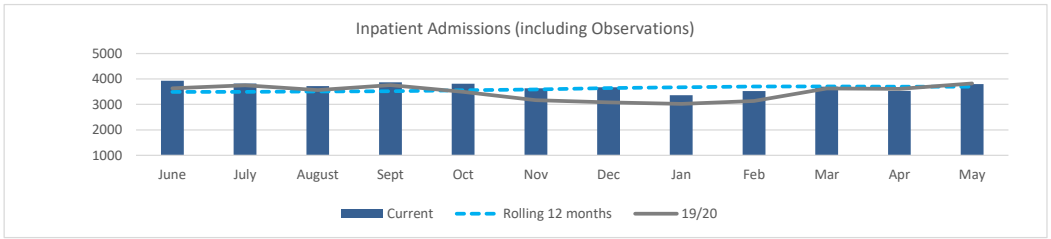
Trust Integrated Performance Dashboard - Finance

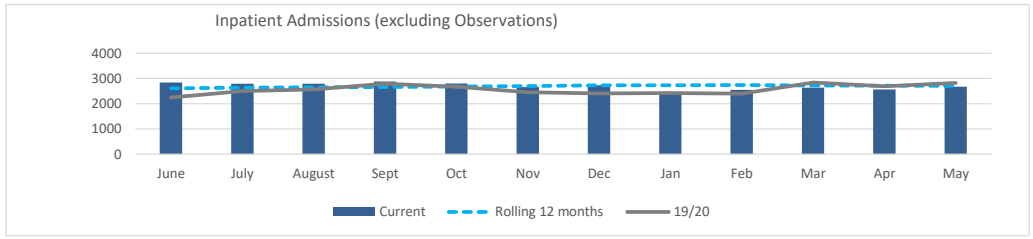
	In Month Plan £000s	In Month Actual £000s	In Month Variance £000s	YTD Plan £000s	YTD Actual £000s	YTD Variance £000s
I&E Performance (Actual)	(971)	(1,107)	(136)	(1,295)	1,564	(269)
I&E Performance (Control Total)	(1,115)	1,257	(142)	2,267	(2,548)	(281)
iency Programme (CIP) - Risk Adjusted	402	100	(301)	803	148	(626)
Capital Expenditure	376	270	106	435	329	106
Cash Balance	(2,272)	(1,008)	1,264	26,304	21,882	(4,422)

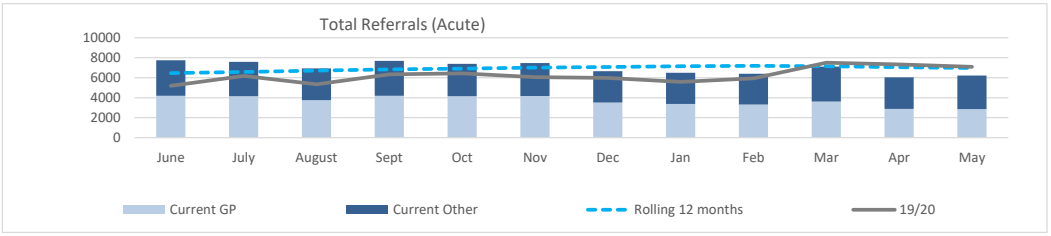
Trust Integrated Performance Dashboard - Activity

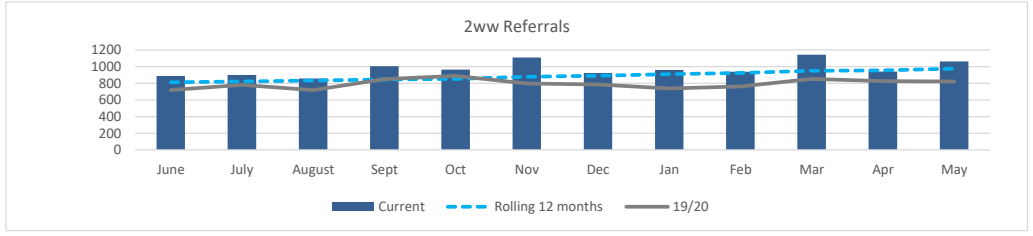












Trust Integrated Performance Dashboard - Activity

ACTIVITY

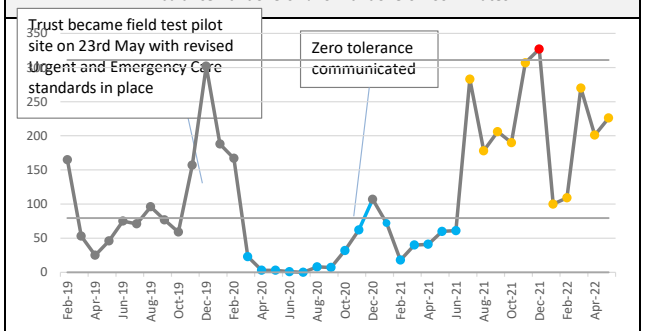
OUTPATIENTS			
	Activity 22/23	Activity 19/20 (WDA)	As % of 2019/20 WDA
May	22,208	23,305	-5%
YTD monthly average	20,738	22,092	-6%

DAYCASES			
	Activity 22/23	Activity 19/20 (WDA)	As % of 2019/20 WDA
May	1,876	1,934	-3%
YTD monthly average	1,716	2,073	-17%

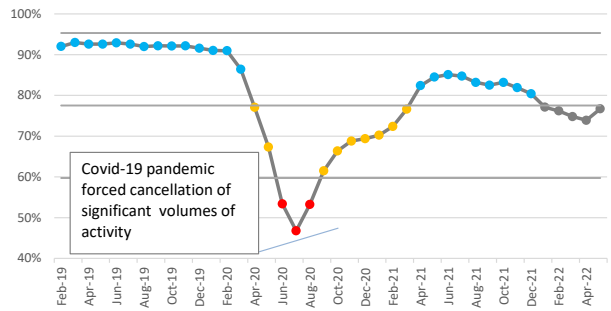
ELECTIVE ACTIVITY			
	Activity 22/23	Activity 19/20 (WDA)	As % of 2019/20 WDA
May	311	349	-11%
YTD monthly average	277	370	-25%

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

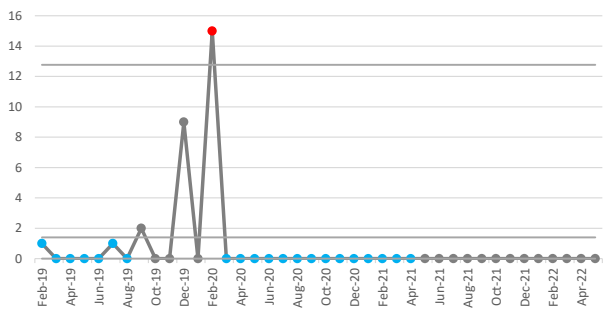
Ambulance Handovers - % of handovers > 60 minutes



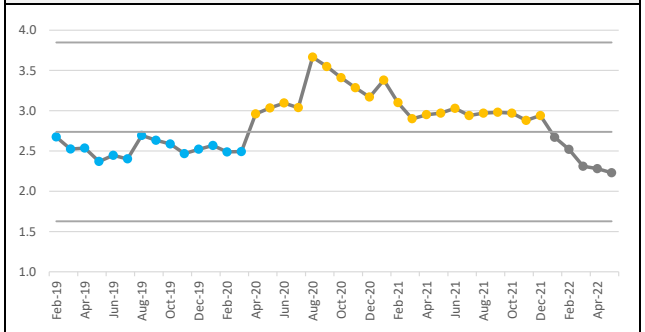
Referral to Treatment - % of patients waiting less than 18 weeks for treatment



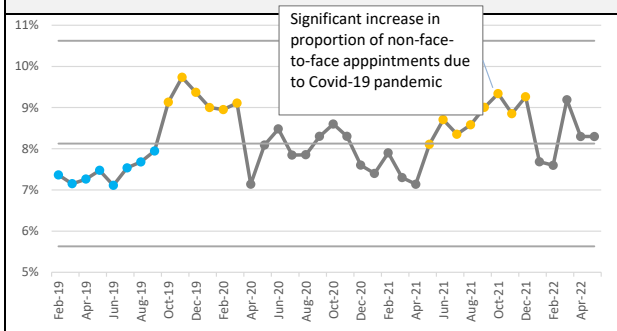
12 hour trolley waits - per month



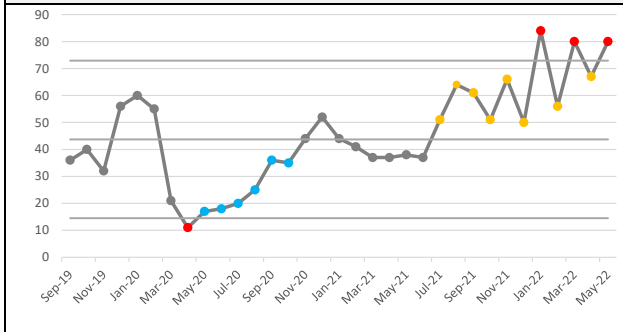
First to Follow-Up Ratio



Did Not Attends (DNAs) % of appointments

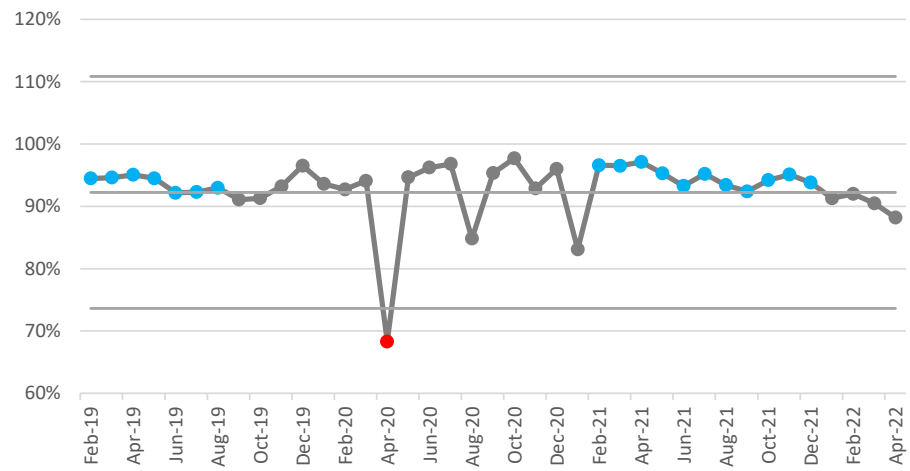


Length of Stay > 21 days (Snapshot Numbers)

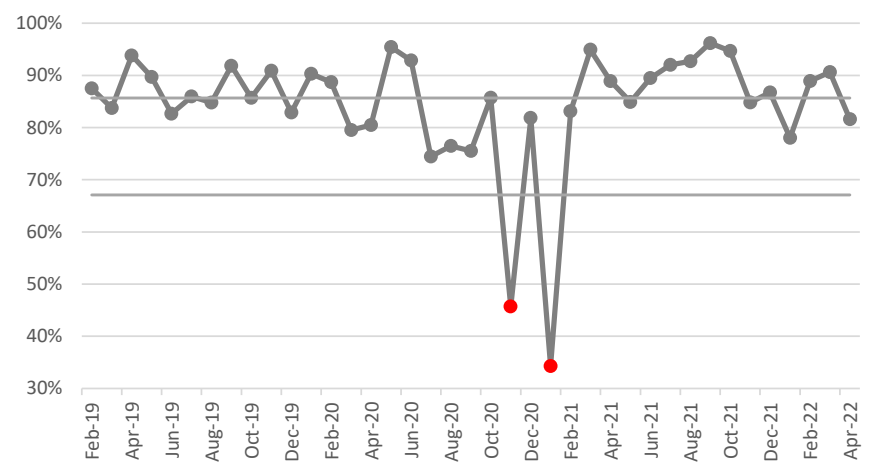


Trust Integrated Performance Dashboard - SPC Charts - Operational Performance (2)

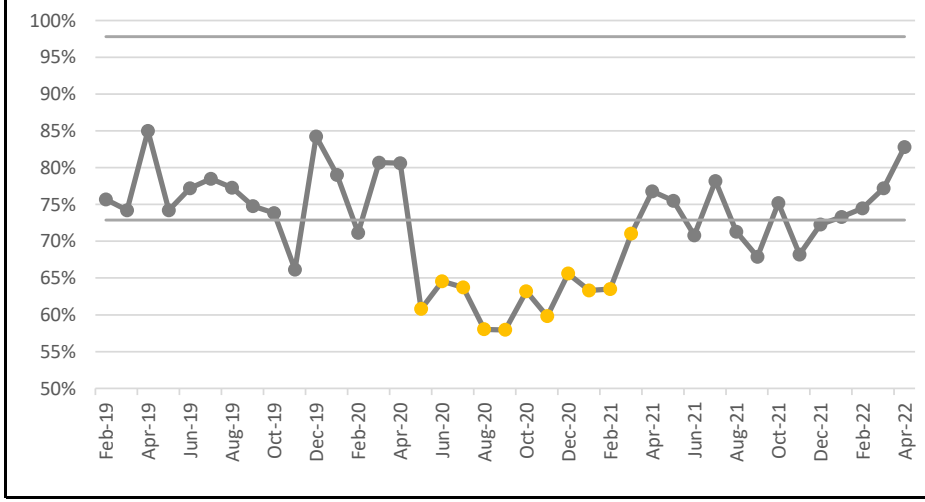
Cancer 2 week wait standard



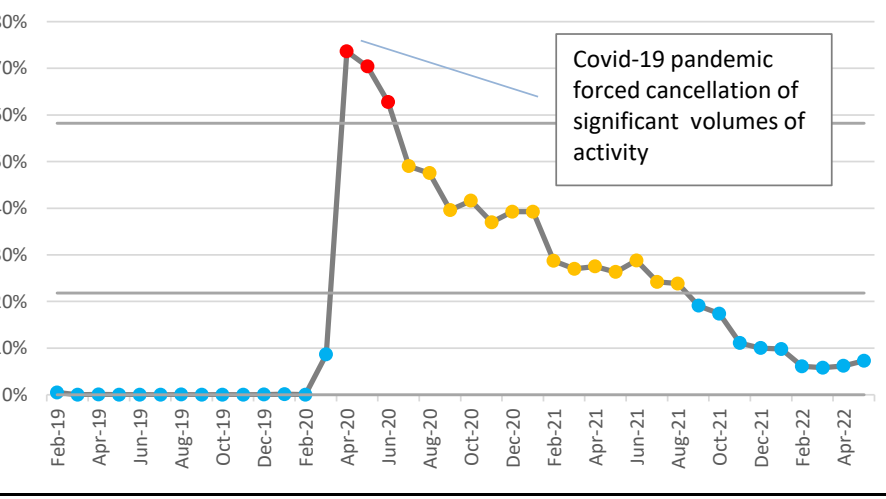
Cancer 2 week wait breast symptoms standard



Cancer 62 day first treatment standard

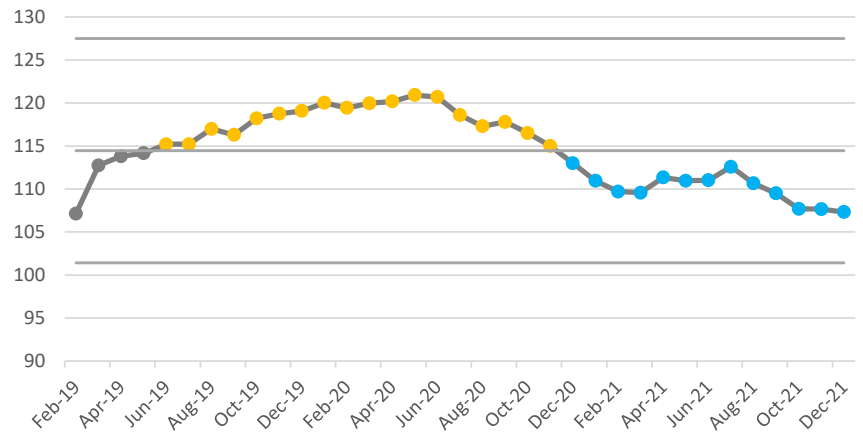


Diagnostics - % of breaches over 6 weeks (DM01)

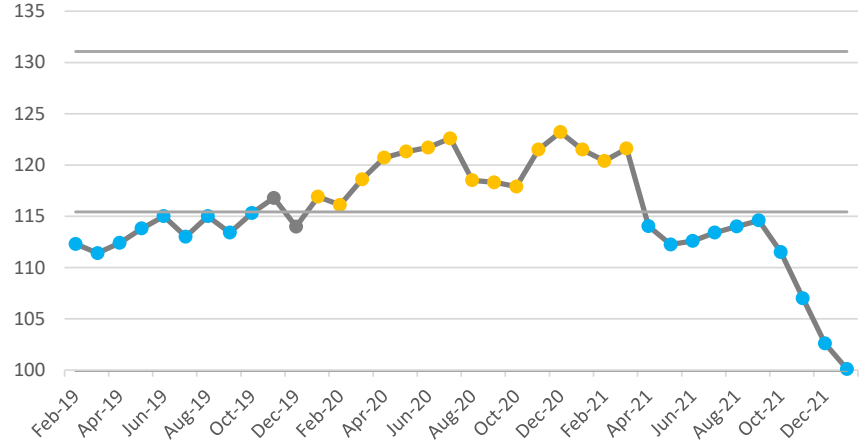


Trust Integrated Performance Dashboard - SPC Charts - Quality (1)

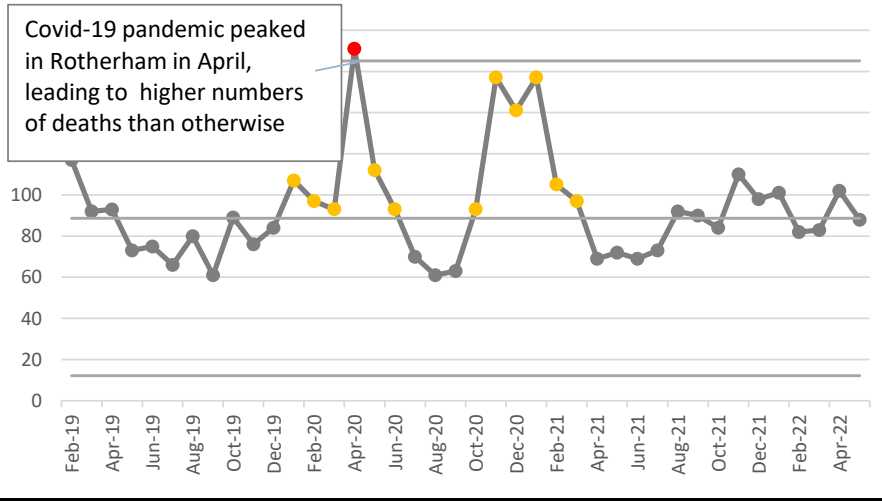
Standardised Hospital Mortality Indicator (SHMI)



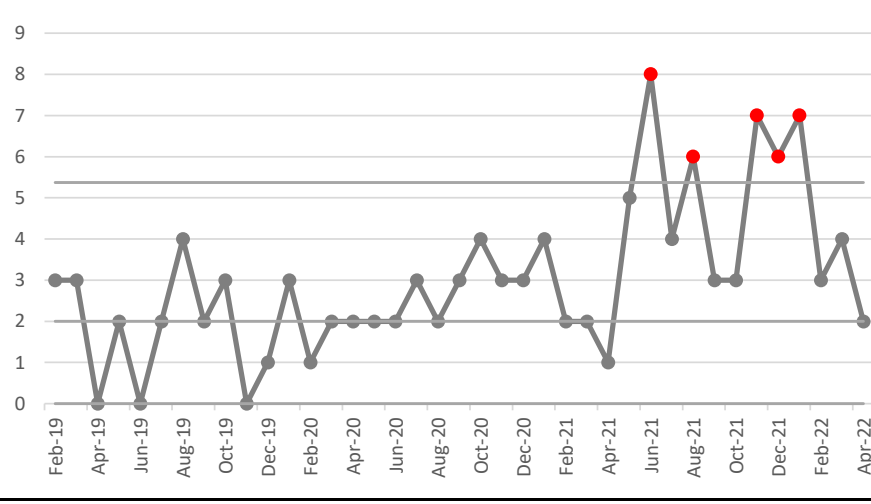
Hospital Standardised Mortality Ratio (HSMR)



Crude Mortality (number of deaths)

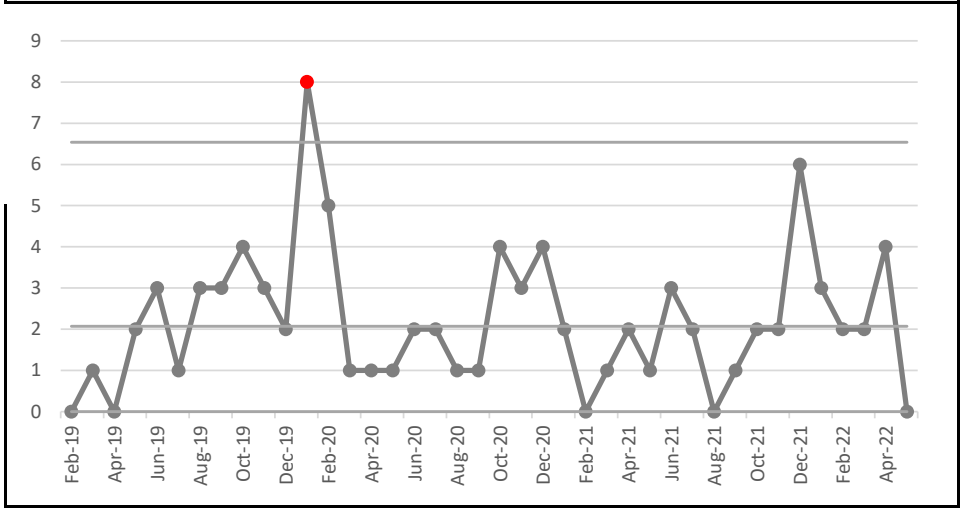


Incidents (severe or above)

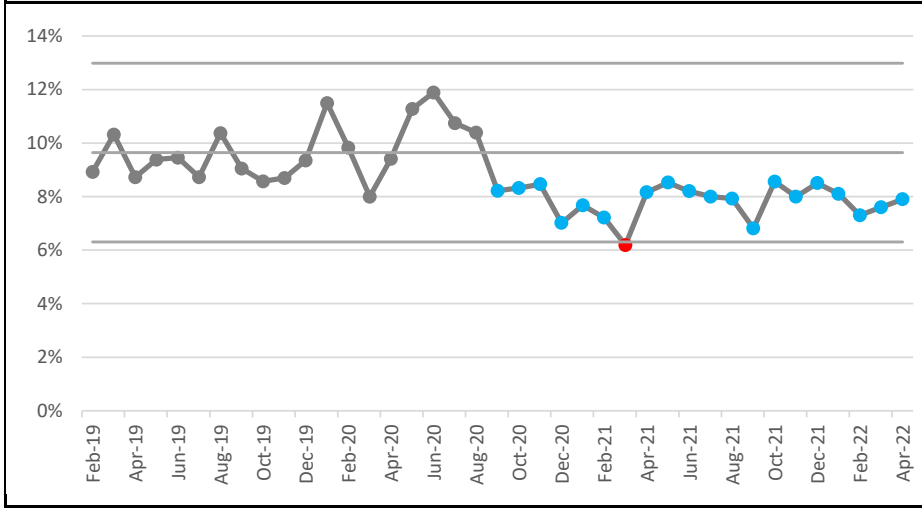


Trust Integrated Performance Dashboard - SPC Charts - Quality (2)

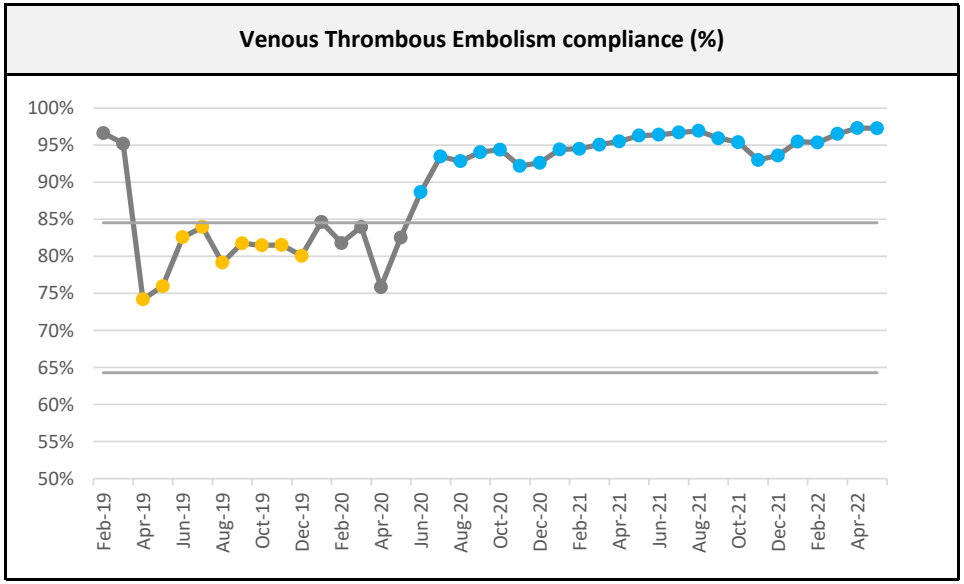
Clostridium difficile infections (number)



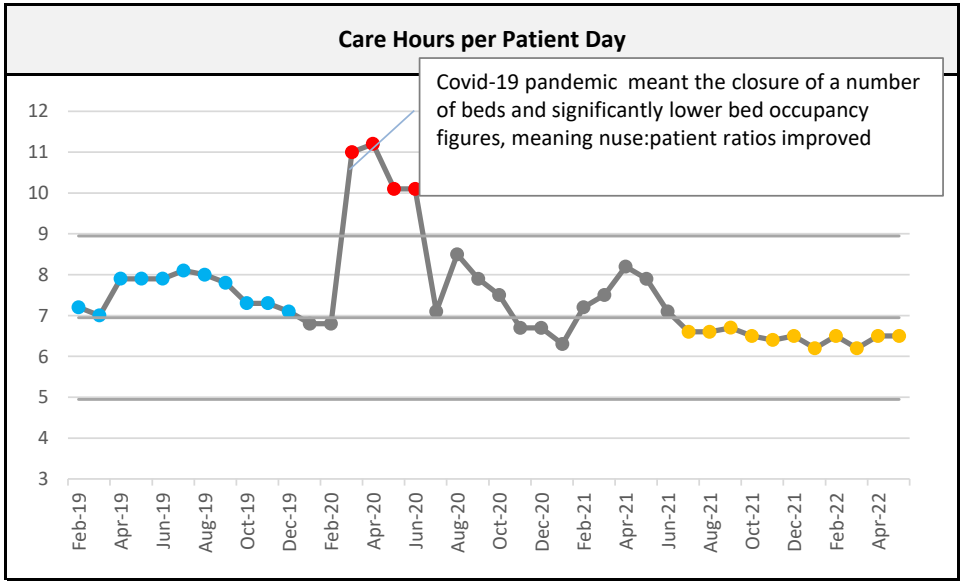
Readmissions (%)



Venous Thrombous Embolism compliance (%)

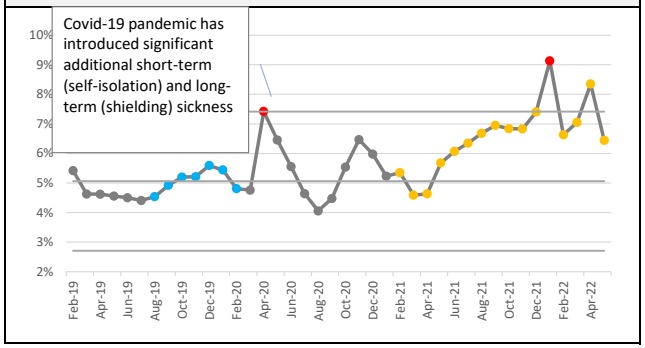


Care Hours per Patient Day

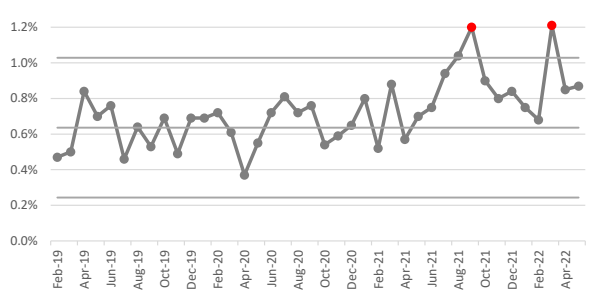


Trust Integrated Performance Dashboard - SPC Charts - Workforce

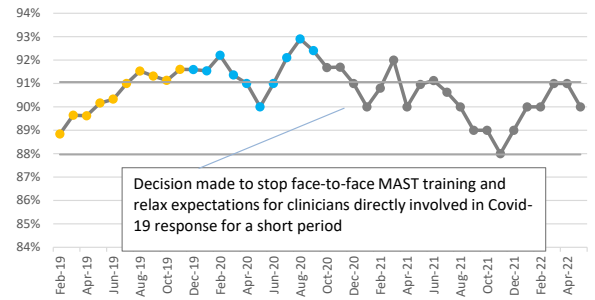
Sickness (%)



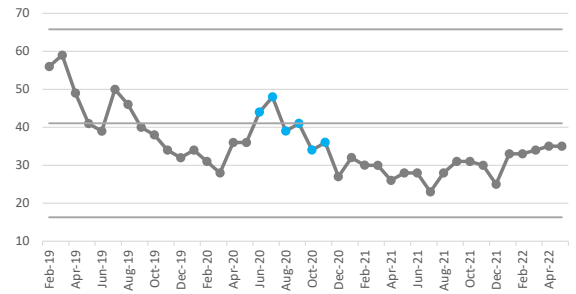
Turnover (%)



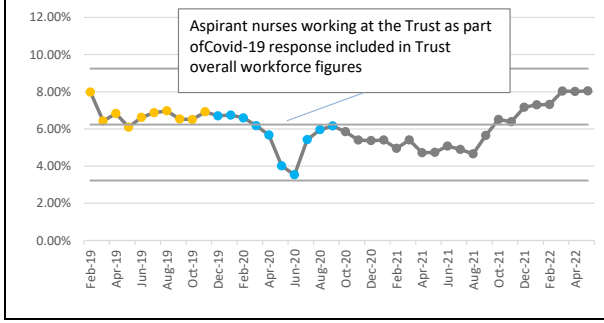
Mandatory and Statutory Training (MAST)



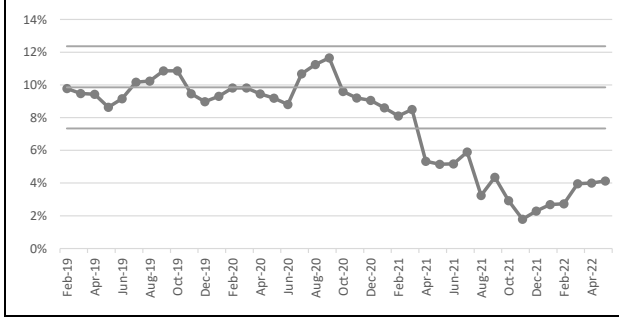
Time to Recruit - days



Vacancy Rate (TOTAL)



Vacancy Rate (Nursing)



Safer Staffing

Trust Wide Scorecard Rolling 12 Months & Year End position 21/22	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Daily staffing -actual trained staff v planned (Days)	89.80%	85.40%	82.55%	84.17%	87.39%	85.51%	86.74%	89.65%	87.75%	87.62%	86.48%	86.33%	84.11%
Daily staffing -actual trained staff v planned (Nights)	87.10%	89.95%	86.37%	83.00%	83.93%	82.94%	86.32%	87.50%	87.06%	86.41%	84.29%	88.00%	85.52%
Daily staffing - actual HCA v planned (Days)	129.70%	108.39%	104.30%	103.18%	100.43%	99.16%	101.90%	94.90%	90.63%	89.55%	89.47%	96.05%	95.88%
Daily staffing - actual HCA v planned (Nights)	113.20%	105.09%	101.02%	101.69%	98.49%	89.90%	95.29%	90.95%	89.28%	89.06%	92.35%	89.51%	91.18%
Care Hours per Patient per Day (CHPPD)	7.9	7.1	6.6	6.6	6.7	6.5	6.4	6.5	6.2	6.5	6.2	6.5	6.5

Integrated Performance Report Commentary

OPERATIONAL PERFORMANCE

Urgent & Emergency Care and Flow

- Site pressures were extremely high in April and May, with the numbers of Covid-19 patients occupying acute beds peaking at the start of April and then gradually falling throughout April and May. UECC Attendances over the reported two-month period were 4% below 2019 levels, with admissions similarly slightly below the levels pre-pandemic for the same period.
- Related to this, the number of super-stranded patients (21 day+ length of stay) remained high during April and May following the increase in March, which relates to the high Covid-19 occupancy in the Trust.
- The increased challenges with flow through the organisation led to another difficult two months regarding ambulance handover delays over 60 minutes, with over 200 'black breaches' in each month. In May, the Trust trialled a cohorting approach over a two week period with Yorkshire Ambulance Service (YAS), with the a report reviewing the results from the pilot due to be received in June. The proportion of patients waiting 12 hours in department was still well above the national targets that have now been set for 2022/23 (2%), with over 9% of patients spending at least 12 hours in the UECC in both months. It is worth noting that on occasion these long-wait challenges were due to the Trust accepting a divert from another neighbouring trust, which subsequently led to demand which could not be easily accommodated.
- 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 the changes in IPC guidance implemented within the Trust in late April, we had expected to see some pressures ease given the reduced need for additional cohorting and therefore reduced ward moves, 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 the start of the year. Referrals increased significantly in May however (compared to the previous year and were above 2019/20 levels) which will put further pressure on the waiting list

over the next few months.

- 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 reduction in the number of general elective beds. However, we saw an improvement in May due to the insourced activity within ENT and Rheumatology, with these two specialties accounting for 85% of the reduction in long-waiters. More recently, the Trust has had significant sickness levels within the Anaesthetic department, which has led to high numbers of cancelled lists due to a lack of sufficient staff. Inpatient activity has remained well below 2019/20 levels in the first two months of 2022/23 (-25%).
- With the capacity constraints noted above, we have seen an increase in the number of 52+ week waiters, which has more-than-doubled since December 2021. Teams continue to put plans in place to ensure as many as possible of these long-waiting patients are treated as quickly as possible, including utilising the Independent Sector in July to free up capacity at the Trust to deliver more activity wherever possible.

Cancer

- The size of the Cancer Patient Tracking List (PTL) increased during April and May. This has been driven by increases in the Lower GI PTL in particular, with a likely increase in referrals expected due to the recent media attention around bowel cancer symptoms. Similarly, the number of patients waiting over 62 days increased, with a deep dive review being undertaken to ensure patients are being moved through pathways as expected.
- 62-day performance improved significantly in the most recent month, 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 in May, driven by challenges in Lower GI, Urology and Skin. The medical workforce in Dermatology has fallen to just one substantive consultant which has led to under-performance in FDS, with a locum due to start in early July.
- 2ww has not been met for fourth consecutive month, with almost 80% of breaches in Lower GI, Skin and Upper GI. The performance in Skin pathways is expected to fall further in June and July as the backlog of patients is cleared. Delays in the triage of Lower GI patients have been rectified following a review of the root cause.

QUALITY SUMMARY

Mortality

- The latest Dr Foster data has now been updated to January 2022 for the HSMR and December 2021 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 95.5, well within the 'as expected' category. The in-month HSMR for January 2022 was 99.1, which is statistically within the 'as expected' band. If the regional HSMR values are ranked (lowest to highest) the Trust' s HSMR is 7th of 21 acute, non-specialist NHS providers.
- For the 12 month period there were 2 HSMR diagnosis groups with a relative risk banded as statistically 'higher than expected':
  - Other upper respiratory disease
  - Syncope
- Crude mortality was 3.4% over the 12-month period, compared to 3.2% regional and national average (acute, non-specialist Trusts).

Patient Safety

- There were 3 incidents deemed to be severe or above in March and 2 in April, and these have all been investigated at Harm Free Care and Serious Incident (SI) panels as appropriate. Staffing levels continued to be affected due to the Covid-19 pandemic, with a reduction in the proportion of trained nursing staff compared to plan, but an improvement in the Healthcare Assistant position. The numbers of falls remained relatively consistent with the prior month despite these movements. There was a reduction in the number of patient harms reported as moderate harm or above in the latest data, with more than 98% of all harms considered to cause either low harm or no harm.
- The Trust re-continued to meet the national Venous Thromboembolism (VTE) assessment target, although for the specialties who are not achieving this performance standard, the Medical Director continues to raise the issue with the relevant Divisional Directors and Clinical Leads.
- Complaints per 10,000 contacts have fallen since the re-introduction of wider visiting which is positive, although continue to be above target. However, the increase in the absolute number of complaints suggests this is not of significant concern at this stage – with an average monthly number of complaints of 22 last year, compared to the two latest months of 27 and 26. In addition, the Friends and Family Test (FFT) results continued to be positive, with all scores well above the national target.

- Care Hours per Patient Day continues to be well below the benchmark, with a deterioration in trained fill rates in the most recent two months. This is expected to improve in the next 3 months with additional recruitment and filling of vacancies, and the Trust has been pleased to see the volumes of student nurses who have selected TRFT as their first or second preference trust when they complete their training.
- Ockenden – An Ockenden visit took place in late May, with initial verbal feedback given being incredibly positive. This is part of the national visits to all acute sites following the publication of the latest report.
- CNST – the scheme has relaunched and the maternity team continue to work on the workstreams. There are challenges around the maternity service dataset and carbon monoxide monitoring which are being addressed.

WORKFORCE SUMMARY

Recruitment and Retention

- The number of new starters for May 2022 increased significantly (75 WTE) compared with previous month (49 WTE), and represents a 40 WTE increase compared with May 2021. Surgery continue to see the highest number of new starters for May 2022, (14 WTE) followed by Community Services, (11 WTE). The Trust welcomed 12 WTE qualified Nursing & Midwifery staff in May 2022, 7 WTE of which were attributed to the Medicine Division.
- Overall vacancies for Nursing & Midwifery and support to Nursing & Midwifery was 111 WTE for the month of May. This is reduced to 62 WTE when taking into consideration the 49 WTE candidates going through the external recruitment process. There are currently 33 WTE newly qualified nurses/midwives who are currently awaiting confirmation of registration which have been included in the above figures.
- 12 month rolling turnover (voluntary leavers only) for the Trust was 11.7%, and represents a 0.2% increase compared to May 2021. The Nursing & Midwifery turnover (12 month rolling rate) for the month of May 2022 was 10.9% and represents an increase of 0.4% compared with previous month.
- Further analysis shows that of the 59 voluntary leavers for May 2022, 16, had the leaving reason of worklife balance, followed by 6 with the reason of relocation.
- Promotions, both permanent and temporary taken place over the month of May 2022 equate to 24 WTE, including 4.5 WTE attributed to band 6 clinical staff. This will support our efforts to ‘grow our own’ and retain and develop our most talented colleagues with the greatest potential.

Sickness

- Monthly sickness absence rate (inc COVID-19) decreased by 1.9% to 6.4%, which remains above the Trust target by 2.5%. The decrease in the overall Trust sickness rate was driven by short-term sickness (2.1%), a 1.4% decrease compared with previous month. Long-term sickness remains the

most significant challenge, with 68 staff off on long-term sick with anxiety and stress-related illness.

- Sickness absence (inc COVID-19) remains above target in all divisions for the month of May, with the exception of Corporate Services. Medicine remains the highest at 8.6%.
- 12 month rolling sickness absence for May 2022 was 7% and represents a very small decrease compared to previous month. Compared with May 2021, rolling sickness absence has increased by 2%. 12 month rolling sickness absence excluding Covid-19 is 5.5%. All Divisions have seen a decrease in sickness absence for the month of May 2022 with Emergency Care with the highest decrease of 3.51%. This is reflective of the reduced prevalence of Covid-19.

Appraisals and Mandatory Training

- Overall appraisal rolling 12 month compliance rate for the month of May is 73% which is a 3% increase compared to May 2021. The rolling 12 month appraisal rate has decreased by 2% compared to previous month. All Divisions remain below the Trust target of 90%.Trust appraisal season compliance rate as at the end of May 2022 was 18% which is an 8% increase when compared to May 2021. Band 7 and above compliance for May 2022 was 20%.
- Core MaST compliance has decreased by 1% (90%), compared to previous month and is 5% above the Trust target (85%). Hand Hygiene compliance has increased by 4% (77%), compared to previous month but remains below the Trust target. Information Governance compliance has increased by 5% to 95%, which meets the CQUINN target (95%).
- All Divisions are above the Trust target for both core and job specific combined together, which is a fantastic achievement given the staff sickness challenges and ongoing pressures. Patient safety has the lowest compliance rate at 57%. The Estates and Ancillary staff group has the lowest compliance rate overall for both Core and Job Specific combined together with 83%.

FINANCE SUMMARY

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

Report as considered by Board of Directors
Council of Governors agenda item 62/22

Board of Directors' Meeting
08 July 2022

The Rotherham NHS Foundation Trust

Agenda item	P109/22
Report	**Finance Report**
Executive Lead	Steve Hackett, Director of Finance
Link with the BAF	D5: There is a risk we will not deliver safe and excellent performance because of insufficient resource (financial and human resource) leading to an increase in our patient waiting list backlog and potential for patient deterioration and inability to deliver our Operational Plan. D6: There is a risk 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
How does this paper support Trust Values	This report supports the Trust's core values – (A)mbitious, (C)aring and (T)ogether by specifically focussing on two strategic themes: (a) Governance: Trusted, open governance: • Have an effective performance framework to help deliver outstanding results; • Be outstanding on the Care Quality Commission "well-led" framework across the Trust; • Have high quality data to provide robust information and support key decision making; • Ensure all teams have regular reviews and updates around key issues and opportunities to learn. (b) Finances: Strong financial foundations • Manage within approved budgets at all times; • Improve our efficiency and productivity and invest in our estates and facilities; • Use our money and resources wisely – only spend what we can afford.
Purpose	**For decision** ☐ **For assurance** ☒ **For information** ☐
Executive Summary (including reason for the report, background, key issues and risks)	This detailed report provides the Board of Directors with an update on: • Section 1 – Financial Summary for April to May 2022: o A summary of the key performance metrics linked to income and expenditure (including cost improvement performance), capital expenditure and cash management. • Section 2 – Income & Expenditure Account for April to May 2022:

	o Financial results for the first two months of the financial year 2022/23. - A deficit to plan of £136K in month and £269K year to date; - A deficit to the (external) control total in month of £142K in month and £281K 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 1st April 2022 and a contribution to capital expenditure (£379K) for the Public Sector Decarbonisation scheme. • Section 3 – Capital Expenditure 2021/22 o Financial results for the first two months of the financial year 2022/23 show expenditure of £329K year to date compared to a budget of £435K: an under-spend of £106K. • Section 4 – Cash Flow Position 2021/22 o A cash flow position for April and May 2022 showing a decrease in cash of £11,422K to a closing balance of £21,882K as at 31st May 2022, which is £4,422K lower than plan.
Due Diligence (include the process the paper has gone through prior to presentation at Board of Directors' meeting)	This report to the Board of Directors has been prepared directly from information contained in the Trust's ledgers and is consistent with information reported externally to NHSE/I. o The overall financial position for I&E has been reviewed collectively by and agreed with the senior Finance Team together with the Director of Finance. o The capital expenditure position has been discussed and reviewed by the Capital Planning & Monitoring Group, chaired by the Director of Finance. o More comprehensive and detailed reports of the financial results have been presented to Finance & Performance Committee and the Executive Team.
Board powers to make this decision	Within Section 4.5 of Standing Financial Instructions – Budgetary Control and Reporting – paragraph 4.5.1 states that *"The Director of Finance will devise and maintain systems of budgetary control. These will include:* *(a) Financial reports to the Board, in a form approved by Finance & Performance Committee on behalf of the Board."*

Who, What and When (What action is required, who is the lead and when should it be completed?)	No action to be taken given the overall satisfactory position being reported year to date.
Recommendations	It is recommended that the Board of Directors note the content of the report.
Appendices	None.

1. Key Financial Headlines

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

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

Key Headlines	Month P £000s	Month A £000s	Month V £000s	YTD P £000s	YTD A £000s	YTD V £000s
I&E Performance (Actual)	(971)	(1,107)	(136)	(1,295)	(1,564)	(269)
I&E Performance (Control Total)	(1,115)	(1,257)	(142)	(2,267)	(2,548)	(281)
Capital Expenditure	376	270	106	435	329	106
Cash Balance	(2,272)	(1,008)	1,264	26,304	21,882	(4,422)

1.2 The Trust has continued to marginally over-spend against its I&E plan for the second month of the new financial year. 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 financial year due to non-cash income for the take-on of donated finance leases under IFRS 16 (£685K) as at 1st April 2022 and a contribution to capital expenditure (£379K) for the Public Sector Decarbonisation scheme.

1.4 Capital expenditure is below plan at present by £106K, based upon a plan that has been profiled in consultation with individual budget holders. However, minimal expenditure has been planned during these first two months of the new financial year.

1.5 The cash position at the end of May 2022 is still very strong despite being £4,422 below plan, due primarily to an increase in outstanding debtors.

2. Income & Expenditure Account for the Two Months Ending 31st May 2022

2.1 The table below shows the in-month and year to date position. The overall position at Month 2 is an in-month deficit to plan of £136K and a year to date deficit to plan of £269K.

Summary Income and Expenditure Position	AP £000s	Month P £000s	Month A £000s	Month V £000s	YTD P £000s	YTD A £000s	YTD V £000s	2022/2023 Monthly Trend / Variance
Clinical Income	301,858	25,199	25,309	110	50,005	50,169	165	
Other Operating Income	23,928	2,189	2,273	83	4,752	4,898	146	
Pay	(225,798)	(19,058)	(19,466)	(408)	(38,111)	(38,659)	(548)	
Non Pay	(81,050)	(7,736)	(7,709)	27	(14,809)	(14,930)	(121)	
Non Operating Costs	(19,217)	(1,566)	(1,514)	51	(3,131)	(3,042)	89	
Retained Surplus/(Deficit)	(278)	(971)	(1,107)	(136)	(1,295)	(1,564)	(269)	

2.2 Clinical Income is ahead of plan in month, with extra income anticipated for additional patient transport, Aging Well Funding and minor eye clinic surgery from Rotherham CCG (£109K). Year to date performance reflects recovery of additional costs for rechargeable medical devices to NHS England (£33K) and over-recovery of income from patient charges (£30K).

2.3 Other Operating Income is ahead of plan in month and year to date with increased income from research, education & training, staff recharges and non-clinical services recharges across various services. Some of these will be a direct offset to additional expenditure incurred.

2.4 Pay costs are over budget in month by £408K with increasing over-spends for medical staff (£97K); nursing & support staff (£121K) and allied health professionals (£60K). Both in month and year to date performance is also being influenced by outstanding undelivered cost improvement targets of £248K and £487K respectively.

2.5 Non Pay costs are under-spending in month. A big contributory factor is clinical supplies and services under-spending by £253K, reflecting below target levels of elective activity in the first two months of the financial year. Year to date performance reflects the outstanding undelivered cost improvement targets of £138K. However, the cumulative underspend on clinical supplies and services (£311K) is therefore, being offset by over-spends on general supplies and services (£137K) and premises (£145K).

2.6 Non Operating Costs reflects slippage on depreciation charges.

2.7 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.

3. Capital Expenditure for the Two Months Ending 31st May 2022

3.1 During May 2022 the Trust incurred capital expenditure of £270K against a budget of £376K representing an under-spend of £106K both in month and year to date, as shown in the table below.

Scheme Categories	AP	Month			YTD		
		P	A	V	P	A	V
£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Estates Strategy	5,882	278	9	269	283	(14)	297
Estates Maintenance	1,720	54	168	(114)	74	196	(122)
Information Technology	1,691	37	43	(6)	65	95	(30)
Medical & Other Equipment	3,362	0	49	(49)	0	50	(50)
Contingency	78	7	0	7	13	1	12
Surplus/(Deficit)	**12,733**	**376**	**270**	**106**	**435**	**329**	**106**

3.2 Any works or goods accrued at year end where invoices have now been received have been matched off in Month 2; where the invoice has not yet been received the accrual has been carried forward and will be released against receipt of the invoice.

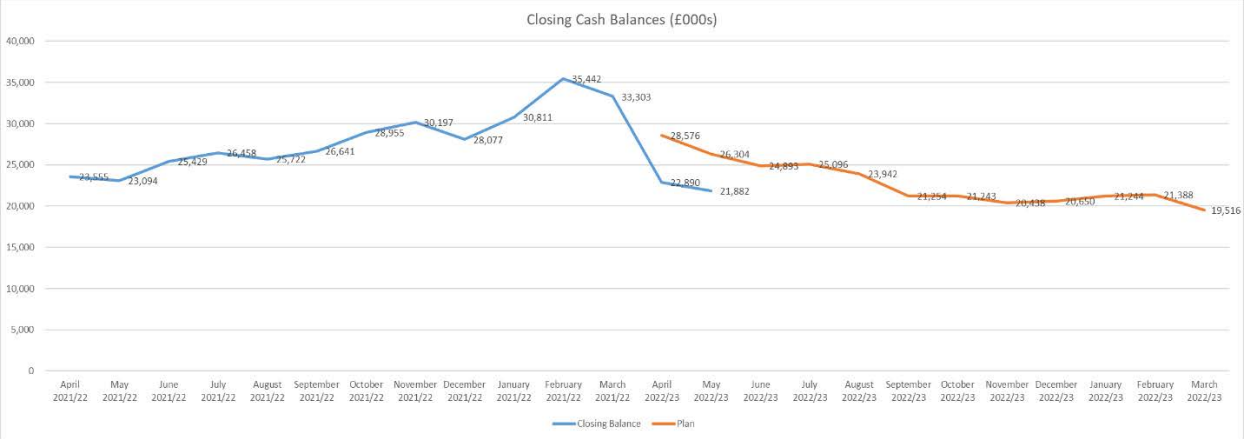
3.3 At the end of the 2021/22 financial year, there were orders for medical equipment totalling £54K where items were not delivered before 1st April 2022 (where no budget provision has been made in 2022/23). However, there are also credits within the capital programme

totalling £74K, relating to accruals that have been released where expenditure was lower than the accrual (£47K) and subsequent VAT adjustments (£27K).

3.4 The Trust has also adopted IFRS 16 for finance leases from 1st April 2022 and as such has brought assets to the value of £16,853K on to its balance sheet. £685K of this amount is funded from donations as the Trust does not formally pay for these assets, with the balance expected to be funded from an increased Capital Departmental Expenditure Limit (CDEL) allocation in due course. These figures have clearly been excluded from these reported figures.

4. Cash Flow Position up to 31st May 2022

4.1 Cash remains buoyant as at 31st May 2022 (£21,882K) although this is £4,442K behind plan. This is primarily due to increased debtors resulting from delays in agreeing contract values with Health Education England and Rotherham MBC.



4.2 Cash balances will need to be closely monitored throughout the year in light of the previously identified risks associated with delivery of the annual financial plan.

Steve Hackett
Director of Finance
22nd June 2022

Report as considered by Board of Directors
Council of Governors agenda item 63/22

Board of Directors' Meeting
08 July 2022

The Rotherham NHS Foundation Trust

Agenda item	P108/22
Report	**Reset and Recovery Operational Report**
Executive Lead	Sally Kilgariff, Chief Operating Officer
Link with the BAF	B1 and B2: Risk scores have remained static from the previous quarter based on the Trust receiving increased pressure from admissions and activity showing the operational activity is off course with national standards
How does this paper support Trust Values	Ambitious: Ensuring the Trust is delivering high quality services Caring: Ensuring patients are seen within the appropriate time frames Together: Working collaboratively with partners to achieve standards
Purpose	**For decision** ☐ **For assurance** ☒ **For information** ☐
Executive Summary	This report is presented to the Board of Directors for information regarding the recovery actions and plans to deliver elective activity and emergency care during the ongoing phases of the pandemic and resulting challenging circumstances: • Updates on the recovery actions underway • Provides an update on the Rotherham NHS Foundations Trust's (TRFT`s) response to the recovery from the effects of the Covid-19 pandemic • Describes the activity and actions the Trust has taken to deal with the pandemic, up to the month of May 2022
Due Diligence (include the process the paper has gone to prior to presentation at FPC Meeting)	This report is taken from the daily dashboard, the monthly IPR and the regional updates, and the actions from the recovery meetings
Board powers to make this decision	The Board has delegated authority to the Finance and Performance Committee to review and feedback to the board any assurance issues, and breaches in SO, SFIs, scheme of delegation etc.
Who, what and when (what action is required, who is the lead and when should it be completed?)	A monthly report is provided to the Finance and Performance Committee and to the Board of Directors and any actions required are the responsibility of the Chief Operating Officer with support from colleagues
Recommendations	It is recommended that: The Board of Directors note the report.
Appendices	1. Operational update

Appendix 1

1.0 Introduction

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

1.2 Recovery continued during May, will both elective wards being open to elective capacity. The end of the month saw the extended bank holiday period due to the Jubilee celebrations. Operational plans were put in place to support the urgent care demand over the bank holiday, in line with the plans that were implemented over the Easter period.

2.0 Covid-19 position

2.1 Through this period the number of patients in hospital with Covid-19 remained fairly stable, with around 20-30 patients in hospital with Covid-19 throughout the month. The number of patients in critical care with Covid-19 remained at minimal levels, with only 1 or 2 patients requiring intensive support over the course of the month.

2.2 The new national IPC guidance that was implemented late April continued to positively impact on the trusts available bed capacity.

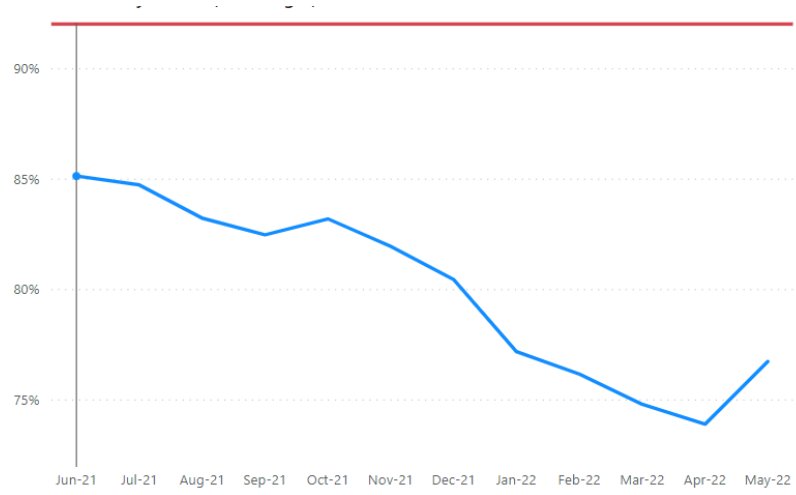
3.0 Latest Performance Update

3.1 Referral to Treatment

3.2 The Trust continues to meet the national requirement to have no patients waiting more than 104 weeks for treatment, ahead of the national target of the end of July 2022.

3.3 The Trust's overall RTT performance improved in the most recent month, largely due to the investment in insourcing within ENT and Rheumatology, with almost 85% of the reduction in 18+ week waiters coming from these two specialties. This is shown below in Figure 1, with the movement by specialty included within Table 1.

3.4 Figure 1: Trust RTT performance, June 2021 – May 2022

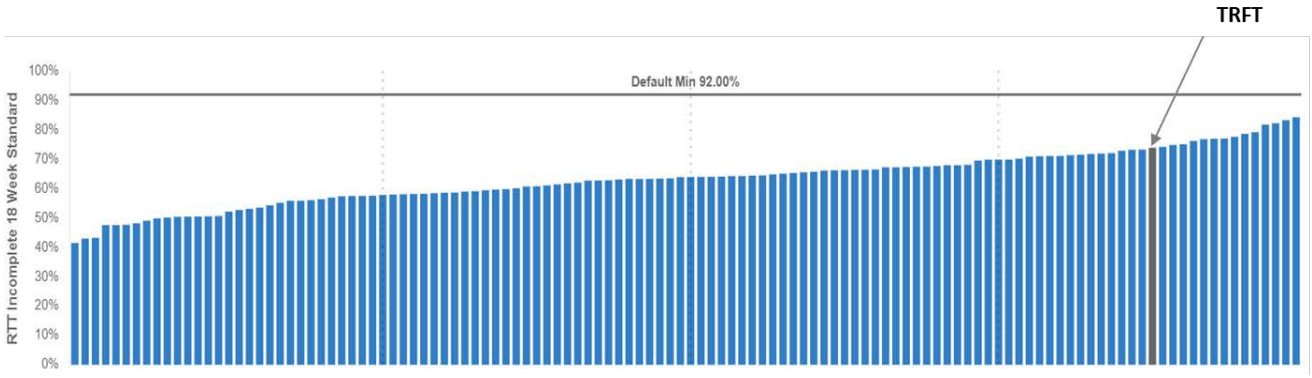


3.5 Table 1: RTT performance by Specialty, April 2022 and May 2022

	Variance in 18+ week waiters, April to May 2022	Variance in RTT incomplete standard performance, April to May 2022
Cardiology	-2	-0.8%
Dermatology	39	-0.3%
Ear, Nose & Throat	-323	12.1%
Gastroenterology	-26	1.7%
General Medicine	24	-4.6%
General Surgery	44	-0.7%
Geriatric Medicine	3	-2.5%
Gynaecology	31	-0.8%
Ophthalmology	-39	2.2%
Oral Surgery	-2	13.3%
Rheumatology	-210	13.8%
Thoracic Medicine	-86	6.3%
Trauma & Orthopaedics	28	2.8%
Urology	-6	1.8%
Clinical Haematology	-4	2.0%
OMFS	-93	4.3%
Paediatrics	-9	2.0%
Paediatric Cardiology	-5	4.3%
Rehabilitation Medicine	0	-7.4%
TOTAL	**-636**	**2.8%**

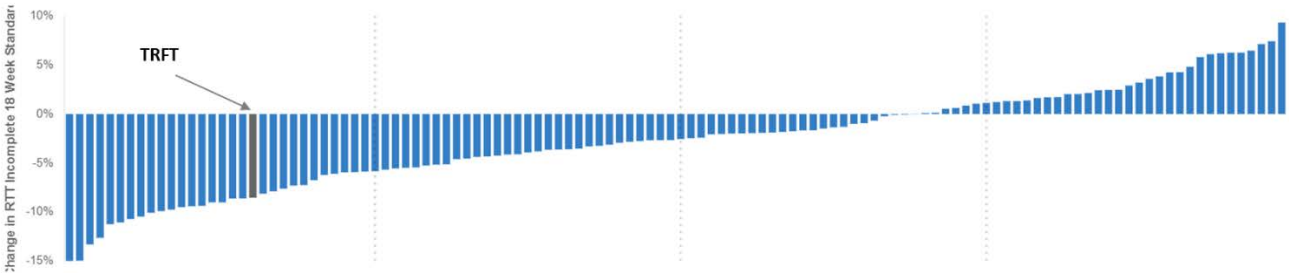
3.6 When compared to other trusts nationally, TRFT continues to benchmark well, ranking 15th out of 120 acute or combined trusts in the latest national data (April 2022) – see Figure 2.

3.7 Figure 2: RTT performance, April 2022, all acute or combined trusts



3.8 Whilst it is positive that performance has improved in the latest month, the position is a significant deterioration on performance several months ago. However, this represents a deterioration from Q3 2021, where the Trust was the most improved in the country over the previous 12 months. The latest data showing the change in our RTT performance over the last 12 months, shows an 8.5 percentage point decline, compared to a median of 2.5 percentage points – see Figure 3.

3.9 **Figure 3: Change in RTT performance, April 2021-April 2022 (latest available national data)**



3.10 This deterioration is due to three factors – firstly, the need to halt additional activity in the latter months of 2021/22 due to the uncertainty around the financial position; secondly, increased challenges around medical workforce capacity in a few key specialties; and finally, the closure of the elective bed capacity for a number of months over the peak Covid periods. Whilst the position has stabilised in recent weeks as some of these issues have been resolved, we are not yet seeing the improvement that we saw when capacity was reopened after the initial Covid-19 closure of capacity during 2020.

4.0 Cancer

4.1 Cancer performance has not met some of the key national constitutional standards since pre-Covid, but in the last few months there has been a noticeable deterioration in our 2ww performance in particular. In the latest data (April 2022), 2ww performance fell to 88.2%, with 106 patients not recorded as receiving a first appointment in two weeks. This was due to significant increases in the breaches in Lower GI (43), Upper GI (25) and Skin (19). Further analysis has uncovered the issue in Lower GI relating to when patients are being graded, which is occurring later than necessary to ensure patients are booked in within two weeks. Mitigations will be put in place to rectify this, which should improve performance from Q2 onwards.

4.2 In Skin, a shortage of cancer-trained clinicians has led to a sudden and significant deterioration in the performance, which is likely to worsen in May and June, before starting to recover in July when a new locum consultant is due to start. The position is being monitored daily, but without additional clinical cover and given the volume of referrals coming in, there is no other immediate solution. To date, requests for mutual aid from other providers have yielded no offers of support. As noted in previous reports, draft new cancer waiting times guidance for 22/23 (which is currently being consulted on across the NHS) suggests that the two week wait standard may be removed when the new guidance is implemented.

4.3 The Trust's performance improved against the 62-day standard, to 83%, which is the best performance since December 2019. However, looking ahead at May's provisional data, there is a significant drop-off in the subsequent month, which suggests the April position was potentially a matter of timing around when breaches occurred rather than a sustained improvement in performance.

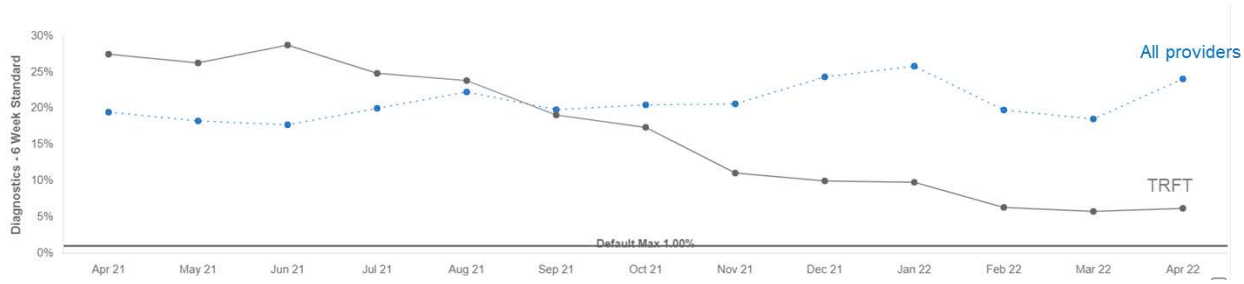
4.4 Fortnightly Cancer Recovery meetings with operational teams and the monthly joint CCG and Trust Cancer Strategy & Improvement Committee are providing focus on the recovery plans. The Trust has recently had confirmation of £350k of non-recurrent monies in 2022/23 from the Cancer Alliance, which will be used to fund a number of cancer-related posts within the organisation to support improved patient care.

4.5 Based on the draft new cancer waiting times standards guidance, the faster diagnosis standard (FDS) is likely to become the NHS's key metric for managing performance at the front-end of caner pathways. The Trust just missed that standard in April, with 73.4% of patients given a definitive diagnosis within the required 28 days. The impact of the 2ww capacity challenge will be seen in the May, June and July FDS performance figures as well, especially given the high numbers of expected breaches in Skin pathways. The mitigations above should help resolve these issues in the medium term so that the Trust can return to delivery of the standard from Q3 onwards.

5.0 Diagnostic Waiting Times

5.1 Diagnostic performance against the DM01 standard has been a marked challenge throughout the pandemic. We have shown positive improvements in our position with the Trust 8th best in the country against the full DM01 standard, following a rapid improvement trajectory over the last year when compared to the national position. However, there have been some significant workforce challenges in Endoscopy and Radiology in recent weeks, which are likely to mean a deterioration in the position when more recent data is published.

5.2 Figure 4: Trend in DM01 performance for TRFT compared to all providers, April 21-April 22



5.4 The performance as at the end of April is 7.3% of patients waiting over 6 weeks, against a pre pandemic performance of under 1%. This was based on just under 450 patients waiting over 6 weeks at the end of the month. Unfortunately, due to significant sickness challenges over the last two months (which are currently ongoing), the Trust has not achieved the DM01 standard, as anticipated. It is hoped that this will be recovered by August, but delivery will be dependent on an improvement in the current staff sickness levels. In addition, DM01 was failed in non-obstetric ultrasound for the first time since April 2021, again, due to unexpected challenges around staff sickness. The position has already significantly improved in May, and it is anticipated that performance will be returned to standard by the end of July.

5.5 Cardiac CT performance has remained static at just under 20%, with short-term additional resource agreed to support recovery. In addition, review of the patient referrals is being undertaken, to identify if any of the diagnostics are no longer required.

5.6 Table 2: Diagnostics DM01 performance, May 2022

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

Category	Investigation	<6 weeks	≥ 6 weeks	Performance (% breaches)	Total WL
Imaging	Magnetic Resonance Imaging	482	10	2.03%	492
	Computed Tomography	731	172	19.05%	903
	Non-obstetric ultrasound	1929	151	7.26%	2080
	Barium Enema	0	0		0
	DEXA Scan	199	0	0.00%	199
Physiological Measurement	Audiology - Audiology Assessments	370	27	6.80%	397
	Cardiology - echocardiography	538	13	2.36%	551
	Cardiology - electrophysiology	0	0		0
	Neurophysiology - peripheral neurophysiology	0	0		0
	Respiratory physiology - sleep studies	287	18	5.90%	305
	Urodynamics - pressures & flows	0	3	100.00%	3
Endoscopy	Colonoscopy	407	27	6.22%	434
	Flexi sigmoidoscopy	100	2	1.96%	102
	Cystoscopy	130	4	2.99%	134
	Gastroscopy	373	7	1.84%	380
	Total	5546	434	7.26%	5980

6.0 Recovery Activity

6.1 The Trust continues to undertake as much activity as possible within the current constraints (workforce, financial and bed-base). The key issue continues to be the high levels of Anaesthetic sickness, which has led to more cancellations of theatre lists at short notice. In addition, gaps in theatre staffing have proven challenging to fill through normal bank and agency staff, which has exacerbated the theatre list cancellation issue over the last few weeks. Members of the Executive Team have met with relevant divisional colleagues to discuss options for mitigating the issue, with agreement to utilise short-term agency cover if suitable candidates can be sourced.

7.0 Elective Recovery Group Update

7.1 In late May, a decision was made to delegate authority to the Director of Finance and the Chief Operating Officer to allocate £500k to recovery schemes for investment as soon as possible. It was expected that this would enable additional activities for June and July, and further funding would need to be agreed for after this point. An Elective Recovery Group was established to manage this process, and ensure there was a collaborative forum which was focussed on recovery efforts. The inaugural meeting, chaired by the Chief Operating Officer, took place on 17th June. Key schemes have been agreed including some insourcing, independent sector and additional locum cover.

8.0 Looking Forward

8.1 Alongside managing the very immediate pressures and risks related to elective care delivery, there is a need to generate and deliver a longer-term plan for recovery, in order to reignite the ambition and belief within teams that TRFT can be a standout performer in elective care for our patients.

8.2 Discussions are taking place with the Executive Team and divisions about how we can mitigate the risk of insufficient progress on recovery of patient waiting times through the

year, both in terms of providing further financial certainty over the potential support for the year, and also confirming the organisation's ambition for the year. Both these elements will enable the wider Elective Recovery Group to develop a collective plan for recovery, which is likely to involve specialty-level focus months (often referred to as "sprint events") which will focus on the specific issues for each individual specialty, and take a targeted approach to recovery.

9.0 Emergency Performance

9.1 Demands on urgent care have remained a challenge and we have continued to see high acuity across our emergency pathways. The Trust continued to operate at OPEL level 3 or 4 throughout the month of May.

9.2 Plans were put in place to support urgent care demand through the extended bank holiday period due to the Jubilee celebrations at the end of the month. These provided additional medical cover over this period, to support ongoing review and discharge of patients.

9.3 The overall demands on urgent care continue to be a challenge, with the waiting times in UECC being a particular concern. The total time patients are spending in the department is high, with a high proportion of patients spending more than 12 hours in the department. Delays have been seen due to increased waiting times to see a clinician, as well as due to patients waiting for a bed.

9.4 Table 3: Urgent Care Metrics, May 2022

	Rolling	Time to Initial Assessment (Mins)	Time to be seen by a Clinician (Mins)	Mean Total Wait (Mins)	12hrs in Department
Standard		**15**	**60**	**200**	**0**
Pre-Field Test (6wks)		**15**	**93**	**189**	**3 (per day)**
Tue	**24/05/2022**	28	136	324	29
Wed	**25/05/2022**	14	155	317	17
Thu	**26/05/2022**	39	214	362	24
Fri	**27/05/2022**	23	156	270	10
Sat	**28/05/2022**	39	232	410	34
Sun	**29/05/2022**	33	188	351	22
Mon	**30/05/2022**	36	200	391	44
Rolling 7 Days		**30**	**183**	**346**	**180 (Avg 26)**
Year to Date (22/23)		**24**	**163**	**311**	**25 (per day)**

9.5 Yorkshire Ambulance Service have continued to see high demand, particularly on category 1 complex patients. Work to reduce ambulance handover times is ongoing and the Trust continues to perform well comparatively with others in the region. A pilot has been undertaken in conjunction with YAS to support rapid handover of patients at times of increased pressure. The aim was to release crews to be able to respond to outstanding 999 calls. This took place over a period of two weeks at the beginning of May. The evaluation of the pilot is currently being undertaken, but initial results were positive, with the average handover times during the pilot being faster than the comparative period before and after the pilot.

9.6 Length of stay remained a challenge in May, with the Trust having 60-70 patients in hospital over 21 days throughout the course of the month. This is over the national ambition of 12%, but slightly improved on the April position of 70-80 patients. The ongoing pressures in social care remain a challenge, particularly in relation to accessing packages of care to support more complex discharges.

9.7 A 'Community Assurance Week' took place prior to the Jubilee bank holiday period with partners across health and social care. This was run along the principles of 'Rotherham Reset' in order to support oversight of community bed capacity and to ensure timely discharge and flow of patients through the available capacity. This was found to be really beneficial and the working arrangements have remained in place in the weeks following the bank holiday period. The Trust is now starting to see the benefits in terms of available community bed capacity and the number of patients in hospital over 21 days reducing.

10.0 Conclusion

10.1 The Trust continues to achieve the national requirement to have no patients waiting over 104 weeks and whilst RTT performance in May improved, the overall recovery of RTT performance has declined over the last 9 months. Divisional teams are focussing on maximising use of our available capacity at this point, with the additional funding agreed in June likely to support these efforts over the next two months. It will be critical to resolve the ongoing challenges around anaesthetic and theatre staffing if we are to ensure that our patients receive their surgery in a more timely manner, and to reduce the current operational inefficiencies we are dealing with as a result of these gaps.

10.2 Emergency performance remains challenged, with patients waiting longer in our UECC. At times the increased demands on urgent care are putting additional pressure on our elective capacity. Work continues internally as part of the Acute Care Transformation programme, to improve flow through the hospital by improving our urgent care pathways. Work with partners, is also delivering improvements in urgent care, including the handover pilot with YAS and 'Community Assurance Week'.

10.3 The key challenge for the organisation over the coming months remains balancing the cost of additional activity to support further recovery with the challenging financial position, alongside balancing the competing demands of elective and non-elective care.

S Kilgariff
Chief Operating Officer
June 2022

Calendar of Business for Council of Governors 2022

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

Key:

CoCA (Director of Corporate Affairs)
DoF (Director of Finance)
NomComm (Nominations Committee)
MD (Medical Director)
CEO (Chief Executive)
CN (Chief Nurse)
NED (Non-Executive Director)

Calendar of Business for Council of Governors 2022

External Auditors Engagement report to CoG following closure of annual audit	DoCA				/
Lead Governor Appointment	DoCA			/	
Deputy Lead Governor Appointment	DoCA				
Governor Elections (part of Governance Report or Member Engagement Group Report)	DoCA	/	/	/	/
Council of Governors Annual Review of Effectiveness	DoCA		/		
Governor Engagement Strategy (current Strategy 2021-2023)	DoCA				
Member Engagement Strategy (current Strategy 2022 -2025)	DoCA				
Sub Groups of the Council of Governors					
Nomination Committee Report	Chair	/	/	/	/
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		/		
Ad hoc matters					
Update on New Governance Framework	CoSec	/			
Feedback report from outpatients improvement team	COO		/		/

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