

Council of Governors

The Rotherham NHS Foundation Trust

Schedule	Wednesday 21 February 2024, 5:00 PM — 6:30 PM GMT
Venue	Board Room, Level D
Organiser	Valerie Walleth

Agenda

5:00 PM PROCEDURAL ITEMS

COG/1/24. Chairman's Welcome and announcements - Verbal
For Noting - Presented by Mike Richmond

COG/2/24. Apologies for absence and quoracy check - Verbal
- Dr R Jenkins
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.
For Noting - Presented by Mike Richmond

COG/3/24. Declarations of Interest - Verbal
For Noting - Presented by Mike Richmond

COG/4/24. Minutes of the previous meeting held on 16 November
2023
For Approval - Presented by Mike Richmond

COG/5/24. Matters arising from the previous minutes (not covered
elsewhere on the agenda) - Verbal
Presented by Mike Richmond

COG/6/24. Action Log
For Approval - Presented by Mike Richmond

COG/7/24. Chair's Report - Verbal
For Noting - Presented by Mike Richmond

5:15 PM REPORT FROM NON EXECUTIVE CHAIRS OF BOARD
COMMITTEES

COG/8/24. Report from the Non-Executive Director Chairs of the
Board Assurance Committees:

- i. Quality Committee - Julia Burrows
 - ii. People Committee - Runit Shah
 - iii. Finance and Performance Committee - Martin Temple
 - iv. Audit and Risk Committee - Kamran Malik
 - v. Charitable Funds Committee - Heather Craven
- For Noting
-

5:35 PM REPORT FROM EXECUTIVE DIRECTORS

COG/9/24. Finance Report
For Noting - Presented by Steve Hackett

COG/10/24. Integrated Performance Report
For Noting - Presented by Michael Wright

COG/11/24. Draft Quality Priorities 2024/25
For Noting - Presented by Helen Dobson

COG/12/24. Developing the People and Culture Strategy 2024-
2027
For Noting - Presented by Daniel Hartley

6:15 PM GOVERNOR REGULATORY AND STATUTORY REQUIREMENTS

COG/13/24. Governor Elections
Presented by Alan Wolfe

6:20 PM SUB GROUPS OF THE COUNCIL OF GOVERNORS

COG/14/24. Member Engagement Group Schedule of Dates
For Noting - Presented by Angela Wendzicha

6:25 PM COMMITTEE GOVERNANCE

COG/15/24. Issues to be escalated to Board of Directors - Verbal
For Approval - Presented by Mike Richmond

COG/16/24. Council of Governors Work Plan
For Noting - Presented by Mike Richmond

COG/17/24. Next meeting to be held on Wednesday 15 May 2024

**MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS
HELD ON THURSDAY, 16 NOVEMBER 2023
IN THE BOARDROOM**

Chair: Mr K Malik, Interim Chair and Non-Executive Director

Public Governors: Mr A Ball, Public Governor Rotherham Wide
Mrs M Gambles, Public Governor Rotherham Wide
Mr G Rimmer, Public Governor Rotherham Wide & Lead Governor
Mr G Berry, Public Governor Rest of England
Mr A Zaidi, Public Governor Rotherham Wide
Mr P Coffall, Public Governor Rotherham Wide

Staff Governors: Mrs P Keta, Staff Governor
Ms R Bell, Staff Governor
Mr M White, Staff Governor

Partner Governors Dr J Lidster, Partner Governor Sheffield Hallam University

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

Ms H Watson, Non-Executive Director
Ms J Burrows, Non-Executive Director
Mr S Hackett, Director of Finance
Mr A Wolfe, Deputy Director of Corporate Affairs (Minutes)
Ms A Wendzicha, Director of Corporate Affairs
Dr R Jenkins, Chief Executive
Mrs D Sissions, Non-Executive Director
Dr R Shah, Non-Executive Director
Dr J Beahan, Medical Director
Mrs L Tuckett, Director of Strategy, Planning & Performance
Ms E Allsop, Head of Financial Services
Dr M Richmond, Observer

Apologies: Mrs H Craven, Senior Independent Director
Mrs H Dobson, Chief Nurse
Ms I Ogbolu Public Governor Rotherham Wide
Mr M Skelding, Public Governor Rotherham Wide
Cllr J Baker-Rogers, Partner Governor RMBC
Ms E Wraw, Staff Governor
Mr M Ukpe, Public Governor Rotherham Wide
Dr J McDonough, Staff Governor
Mr M Wright, Deputy Chief Executive

ITEM	PROCEDURAL ITEMS	ACTION
61/23	CHAIRMAN'S WELCOME AND ANNOUNCEMENTS	

	Mr Malik welcomed Mr Richmond who will be taking over as Trust Chair in January 2024, he was present as an observer.	
62/23	APOLOGIES FOR ABSENCE & QUORACY CHECK The apologies were noted and the meeting was confirmed to be quorate.	
63/23	DECLARATION OF CONFLICT OF INTEREST RJ's and AW's interest, in terms of their joint roles as Chief Executive and Director of Corporate Affairs of both the Trust and Barnsley Hospital NHS Foundation Trust, was noted.	
64/23	MINUTES OF THE PREVIOUS MEETING The minutes of the meeting held on the 16 August 2023 were approved as a correct record.	
65/23	MATTERS ARISING There were no matters arising noted.	
66/23	ACTION LOG Action Log item 11 was approved to be closed.	
67/23	CHAIR'S REPORTS	
68/23	<p>i. Finance and Performance Committee</p> <p>Mr Hackett introduced the paper and highlighted that the FPC had witnessed 3 presentations that were consistent in approach with positive engagement from Divisional management including details of identified opportunities and risks.</p> <p>Mr Hackett reported that there had been positive work undertaken supporting the Cost Improvement Programme and regarding the Operational Update the Trust continued balancing the clinical and financial position in order to deliver the best quality for patients with funding in place. The Winter Plan has been agreed and is now fully operational. With regards to business cases the Pharmacy Out-patient Dispensing Service is currently out for tender and the FPC is sighted on its route to market.</p> <p>ii. People Committee</p> <p>Dr Shah announced that the October PC Committee was his first as Chair and that in agreement with the Director of People it had been agrees to move to bimonthly committees in order for</p>	

improved reflection on reports and the ability to see the bigger picture. He noted that the recent Cultural event held in October was a well received highlight and was to be encouraged.

Dr Shah reported that the WRES and WDES report figures had shown some improvement but strengthening action plan with Executive level support was seen as a positive move to encourage continued improvement. There was also a move towards recruitment panels to include panel members from a minority ethnicity and disability background.

There is currently a review of the People Strategy which will reflect better the shift in employment relationships seen in the last few years. This will also address the concerns of increased vacancies and the time it takes to recruit including the joint work with Barnsley Trust for areas of particular recruitment challenges such as Anaesthetic Consultants where there is a national challenge. Finally he noted that there had been more positive news regards Nursing and Midwives which was now in a much better position with no vacancies currently reported.

iii. Audit and Risk Committee

Dr Shah informed the Council that the Committee had met twice since the previous Council of Governors, adding that as this had been a period of the Committee not having to deal with Trust accounts it had been able to devote more time to look in more depth at items such as risks and emerging risks. He explained that in terms of emerging risks the Committee is horizon scanning and looking at what is coming ahead and what can be planned for.

Dr Shah confirmed that the Trust Standing Financial Instructions had been approved with minor amendments to be presented to the Board of Directors for ratification.

iv. Quality Committee

Ms Burrows announced that the Committee had met 3 times since the previous Council, however the November Committee was her first as Chair, with Mr Shah being in place for the first two Committees. There had been very helpful Divisional updates highlighting learning opportunities. She highlighted other positive news in that the Trust had been shortlisted for the Nursing Times Workforce Awards in the health and wellbeing category. Nurse recruitment was also positive with large numbers commencing at the Trust in September 2023.

The continued impact of industrial action however continues to be an issue for services and also the morale of staff. Another item that had been raised and was being actively monitored by the

	<p>Committee was that of Infection control, a risk can be of- legionnaires disease spreading however this is- inspected independently and whilst currently not an issue there is a need to be aware and monitor as there are some old buildings which can be an elevated risk. It was confirmed that there is a Water Safety Group in place with regular review and close monitoring from ETM.</p> <p>Mr Rimmer added that it was refreshing to not see Mortality Rates as an issue, with it reducing after a long period of it being high, this was seen as a positive of how the Committee has worked with the Medical Director and Chief Nurse.</p> <p>v. Charitable Funds Committee</p> <p>Mrs Craven described the Committee as really energised, the Charity is in a good position and that the report was a joy to see in terms of increased Charity funding. In terms of current Charity appeals the Neonatal Unit is the biggest with a refurbishment being funded by the Trust along with the Charity Tiny Toes appeal to provide consumables for unit. There had been increased active promotion of the Charity’s brand in the local community and all Governors were asked to do the same in promoting the Charity generally. Mrs Craven also added that all Charity policies there had been reviewed, updated and approved, as well as completion of the annual accounts.</p>	
<p>69/23</p>	<p>FIVE YEAR STRATEGY UPDATE</p> <p>Mrs Tuckett provided a brief recap and an update on year 2 of the 5 year delivery plan, this had been published 18 months ago and was a visionary document containing tangible delivery targets. With regards to the ‘PROUD’ strategic ambitions there had been positive progress around all 5, with more progress made to some of them than actually planned for. She also commented that due to some external changes this had led to increased flexibility of the plans at the strategic level.</p> <p>With regards to the US ambition it was noted that Mr Hartley on commencement in post launched the development of a Trust People Strategy, as this is a work in progress there had been no monitoring against plan as yet in order to allow the development of the strategy.</p> <p>The PARTNERS ambition has seen the development of a shadowing programme for Trust staff with our partners, there has been increased clarity with respect to movement of people around system and a good deal of positive working with Barnsley Trust.</p>	

70/23	<p>OPERATIONAL OBJECTIVES PROGRESS REPORT</p> <p>Mrs Tuckett confirmed that there had been really good progress against the six priorities, however there was also challenge across both the Trust and the wider NHS with ongoing Industrial Action. There were also challenges around increasing medical engagement which is crucial for positive progress, however clinical time had been severely affected by the Industrial Action, and it was important to recognise this and be realistic with the need to make the rights requests and asks of our clinical teams.</p>	
71/23	<p>FINANCE REPORT</p> <p>Mr Hackett explained that there was an improving position month on month and the Trust was seeing a better position than expected, however year to date there was a £1 million overspend with a £4 million deficit forecast, which is on plan and can be covered if required. There was a continued risk to elective cases and recovery as the Trust was not seeing as many as forecast in the first half of year, although there was a plan to catch up in second half of year. He reiterated the expectation that the Trust plan to deliver break even at year end, and that the cash position had stabilised. This was in line with the national picture with the Trust not one of the higher risk organisations.</p>	
72/23	<p>INTEGRATED PERFORMANCE REPORT</p> <p>Mrs Tuckett presented the paper, highlighting the challenge regards significant pressures across TRFT operationally – quality aspect of care still remains from metrics perspective remains green, e.g. safer staffing improved over last 6 months - workforce critical to progress to outstanding</p> <p>With regards to inequalities and the deprivation quintile there had been a lot of work involved in removing barriers, this had seen a Did Not Attend (DNA) rate which was previously consistent at 13% when work commenced now driven down to 8% for those classed in the most deprived quintile.</p>	
	<p>PARTNERSHIP WORK</p> <p>Mrs Tuckett highlighted the joint working and partnership with the Barnsley Trust, she pointed to the joint Chief Executive, the joint Director of Corporate Affairs and the joint governance through the Joint Strategic Partnership Group. It was outlined that this approach and the priorities of partnership allow two separate Trusts to be stronger together with two local populations larger than nearby Sheffield leading to a stronger voice within the South Yorkshire region. The Trusts are also learning from each other as well as sharing on their respective paths to CQC Outstanding.</p>	

	<p>There is also more of a joint clinical services approach which can drive efficiency as well as having positive effects for patients, areas such as the Haematology Partnership and BRILLS were examples.</p> <p>It was confirmed that whilst this approach was seeing success there is an underlying review of only proceed with joint working where it makes sense to do so. The direction of travel nationally also is taken into account with a push for NHS organisations being able to help each other more and increased levels of mutual aid, as well as the fact that the Trust is also in partnership with numerous other organisations such as the ICB, Rotherham Council and Doncaster Trust with the Mexborough project</p> <p>Mr Rimmer added that often the Governors have questioned the joint approach in past but now is the time for the Council of Governors to get behind this programme especially in light of national initiatives designed to improve patients care and as he can clearly see that joint work is working very well.</p>	
<p>73/23</p>	<p>GOVERNOR ENGAGEMENT REPORT</p> <p>Ms Wendzicha introduced the paper, she confirmed that the Department of Corporate Affairs was there to support the Governors to fulfil their important roles, especially now that the Department was better resourced. Areas in which Corporate Affairs can get involved with and support included the statutory duties of the Governors, NED engagement, seeking views of public and membership. There needed to be a drive on the exposure to NEDS in place for the Governors as well as the need for more engagement with the Trust membership in the local communities.</p> <p>The Governor Surgeries concept had been in place but it was agreed that it needed to be refreshed, with a change of name and focus. This could and should be rolled out into more of a community setting, working with different groups already established in the community such as Chilli Pep, Youth groups, GP surgeries; the department is also dependent on the Governors highlighting what groups are in the Rotherham area. There was agreement with this and also for reinvigoration of the Governors Engagement Group in 2024, which would be able to start identifying what groups are where in Rotherham.</p> <p>Ms Wendzicha then went on to confirm the current position regarding Staff and Public Governor attendance at Trust Assurance Committees. With regards to Staff attendance, this posed a conflict of interest and so is not an option. She explained that there in place Statutory Duties relating to the Governors, both Staff and Public, that have to be fulfilled, currently these are not being fully discharged and the time taken on attending Assurance Committees would be time better spent fulfilling those duties. There</p>	

	<p>is a duty to speaking to groups in the community, which is not being undertaken currently and there is also a duty to engage with the staff and public membership. Mr Rimmer pointed to previous good work undertaken with group sessions including staff speakers covering topics such as diabetes and sexual health which should be started again.</p> <p>Ms Wendzicha also addressed the objection of how else to observe the NEDs and how they function, she confirmed there were other mechanisms such as shadowing or undertaking walk rounds with the NEDs and attendance at the Public Board.</p> <p>There was some disagreement from the Public Governors on the position of non-attendance at Committees. A meeting would be arranged outside of the committee to discuss further before making a final decision.</p>	KM / AW / GR / GB
74/23	<p>ISSUES TO BE ESCALATED TO BOARD OF DIRECTORS</p> <p>The item regarding Governor Engagement and that a process was in place and agreed as above in minute 73/23.</p>	
75/23	<p>COUNCIL OF GOVERNORS WORKPLAN</p> <p>Noted that this was a work in progress.</p>	
	<p>NEXT MEETING TO BE HELD ON WEDNESDAY, 21 FEBRUARY 2024</p>	

Council of Governors Action Log

Log No	Meeting date	Report/ agenda title	Min Ref	Action	Lead Officer	Time scale	Response	Open/close
2022								
11	16/11/2022	Corporate Governance Report	83/22	To provide further briefing on Addendum to Your Statutory Duties – Reference Guide for NHS Foundation Trust Governors – System Working and Collaboration: Role of Foundation Trust Councils of Governors /revisions to the Provider Licence / risk appetite	Director of Corporate Affairs		Governor Forum agenda - 12 April 2023. Session postponed due to illness and to be rearranged. Rearranged for 5 September 2023. Induction session completed in October 2023	Rec to close
2023								
4	16/11/2023	Governor Engagement Report	73/23	Meeting to be arranged to further discuss the position of non-attendance at Committees.	Deputy Director of Corporate Affairs	Feb-24	The meeting took place in November 2023.	Rec to close

COUNCIL OF GOVERNORS MEETING: 21 February 2024

Agenda item: 8/24

Report: Report from Quality Committee (QC)

Author and Presented by: Heather Craven, Vice-Chair of Quality Committee

Action required: To note

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

2.0 Divisional Updates

2.1 Since the last report to the Council of Governors, the QC have received a presentation from the Senior Management Teams from the Division of Family Health (November), Community (December) and Clinical Support Services (January).

2.2 The Division of Family Health reported on the progress with the CNST (Clinical Negligence Scheme for Trusts) audit, the short term funding from NHSE for EOLC (End of Life Care), as well as significant fixed term funding for women's health hubs approved as part of Rotherham PLACE.

2.3 Therapies, Dietetics and Community Care presented the diversity of the Division and the multitude of core services within their remit. Their presentation included an update on the performance and achievements of the Virtual Ward and updates on divisional performance against Trust Quality Priorities

2.4 The Division of Clinical Support Services presentation detailed Quality Improvements and were commended by the Committee for their innovation work alongside their recovery. Concerns were highlighted and discussed regarding the national shortage in Radiologists and the impending transfer of pathology services into the South Yorkshire network.

3.0 Chief Nurse and Medical Director Highlight Report

3.1 Industrial Action continues to have an impact with a significant amount of elective activity cancelled.

3.2 Additional bed capacity, in line with the winter plan, has been utilised.

3.3 Long Length of Stay reviews are being conducted by the Medical Director.

4.0 Integrated Performance

- 4.1 The Committee receives a monthly report on integrated performance. A new framework is in development, to be implemented from April onwards.
- 4.2 Care Hours Per Patient Day (CHpPD) is currently benchmarking poorly compared to other trusts. The Quality committee has noted that this does not triangulate with other data and has requested a deep dive into how this statistic is compiled and what the issue is that requires addressing.
- 4.3 There continued to be sustained improvement in the Mortality Index, the Hospital Standardised Mortality Ratio (HSMR) which remains in a much improved position compared to previous years. From a high of 113 in July 2021 to 90.1 in October 2023.
- 4.4 Complaints were noted, outlining an increase for complaints in the Division of Surgery due to lengthy wait times, however, UECC has seen a significant reduction over the last 6 months.

5.0 Patient Experience Committee

- 5.1 The report presented information relating to all patient experience feedback received from Q2; there were 60 formal complaints and 609 concerns received. The themes from concerns are those linked to waiting times and nursing care.
- 5.2 There has been a move away from individual action plans for individual patient feedback; this is in line with the national quality agenda to triangulate themes into Quality Improvement programmes. However, where complaint responses are tied into one of the key improvement themes, these are referenced so patients, their family and carers are assured of the improvement work being undertaken.

6.0 Safe Staffing and Quality

- 6.1 Low ranking of the Trust in National Benchmarking Data with regards to CHpPD was noted, however, improvements have been made since March 2023 with Nursing levels not being less than 85%. Professional judgement was suggested when analysing the benchmarking data due to disparities in the overall reporting framework, and assurance was provided by triangulation with incident reporting.
- 6.2 Work continues with Retention of Nurses and Midwives with a range of quality improvement measures; the funded establishment for Registered Nurses has increased in the last quarter.

7.0 Infection Prevention & Control Committee

- 7.1 Learning from the monthly harm free panels continues, with some specific actions such as bespoke teaching for physicians by the microbiologist being arranged.

7.2 General standards of day to day cleaning have seen a change in the star ratings, where the new Facilities Compliance Officer has updated the audit to include facilities, clinical and estates work. This has resulted in more issues being identified so they can be properly dealt with.

8.0 Clinical Effectiveness Committee

8.1 The QC welcomed the in-depth report in December that provided an up to date review of the Trust's clinical audits. The report included high level triangulation of audit action plans and improvements made.

8.2 Clinical Effectiveness work streams to be focused on in 2023-24 were detailed in the report which included development of a Clinical Effectiveness strategy.

9.0 Quality Assurance

9.1 The Trust is transitioning to the new CQC framework and it is the Trust's responsibility to determine the reporting structure to evidence work within the regulated activities.

9.2 An internal accreditation system has been developed, creating a set of standards so that areas for improvement can be identified and areas of excellence celebrated. It is a comprehensive assessment on the quality of care at ward, unit and department levels; bringing key measures together into a single overarching framework.

10.0 Board Assurance Framework and Risk Register

10.1 The Committee continues to receive monthly update reports regarding the risks rated at 15 or above, which have been monitored and checked at the monthly Risk Management Committee and also the Issues Register, which is managed by the Audit and Risk Committee.

Heather Craven

Non-Executive Director and Vice-Chair of Quality Committee

COUNCIL OF GOVERNORS MEETING: 21 February 2024

Agenda item: 8/24

Report: People Committee

Author and presented by: Dr Runit Shah, Non-Executive Director, Chair of People Committee

Action required: To note

1.0 The People Committee meets bimonthly, 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 Divisional Updates

2.1 Since the last report to the Council of Governors, the PC have received a presentation from the Senior Management Teams from the Division of Family Health and Division of UECC at December's meeting.

2.2 The Division of Family Health presentation highlighted the improvements in collaborative working; with a more holistic working environment, staff coming together and working outside of their silos. This is creating the integration desired between the teams.

2.3 The Division of UECC presentation emphasised their passionate senior leadership team who have instilled autonomy in staff members bringing ideas through the QI faculty. The division were also the top performers in the staff survey response rate with 82% completed surveys.

3.0 People Report

3.1 Detailed operational planning went underway to seek to mitigate the impact of industrial action in December and January.

3.2 The Trust has achieved a record high for the response rate to the 2023 Staff Survey at 66.97%.

3.3 December saw the launch of TRFT's new staff app, providing useful information and updates and is a direct result of feedback.

3.4 Core MaST compliance has increased and remains above the Trust target of 85%.

4.0 People Strategy Development

4.1 The new People Strategy/People and Culture Strategy (2024-2027) is currently in development.

4.2 The project governance is in place with a Senior Steering Group and a Project Team both established and functioning well. Stakeholder engagement is in progress.

5.0 Safe Staffing and Establishment

5.1 The Committee supported the recommendation of the establishment review as led by the Deputy Chief Nurse (Nursing workforce) and agreed with the Chief Nurse.

6.0 Board Assurance Framework (BAF) and Risk Register

6.1 The Committee continues to receive reports regarding the risks rated at 15 or above, which have been monitored and checked at the monthly Risk Management Committee, as well as the Issues Register which is managed by the Audit and Risk Committee.

6.2 The BAF continues to be monitored monthly, with meetings taking place with the relevant Executive Directors, and the updated BAF is presented to the Committee.

Dr Runit Shah
Non-Executive Director Chair of People Committee

COUNCIL OF GOVERNORS MEETING: 21 February 2024

Agenda item: 8/24

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

Author and Presented by: Martin Temple, 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 a presentation from the Senior Management Teams from the Medicine Division (November), Clinical Support Services (December), and Corporate Services (January).

2.2 Medicine Division – the Committee welcomed the helpful presentation, noting improvements made as well as issues with people costs and waiting times which were both being tracked proactively.

2.3 Clinical Support Services - The Committee felt that the presentation focused on the financial aspects and did not include sufficient performance detail. The Division was asked to return with an updated presentation to the January meeting where performance information was presented.

2.4 Corporate Services - The Committee was assured by the presentation which covered all corporate areas, with the exception of Estates & Facilities which would be included in the next presentation.

3.0 Integrated Financial Performance Report

3.1 The monthly financial reports that the Committee receives provide an honest representation of the current financial position to understand what is happening and to identify the risks.

3.2 There is fragility in aspects outside of the Trust's control, such as, increased industrial action and SYICB (South Yorkshire Integrated Care Board). Due to the continued industrial action, the risk rating had been agreed to be increased to 20.

3.3 November had been a positive month in terms of the financial position.

4.0 Operational Update

- 4.1 November had been a positive month in terms of performance, however there were still areas of concern with regards to forward challenges, mainly external, that will likely negate this positive.
- 4.2 The Mexborough Elective Orthopaedic Centre of Excellence was now open and operational and the Trust was working closely with Doncaster to backfill lists.
- 4.2 Notice had been given that the Minor Surgery service would be ceased at the Rotherham Community Health Centre with the work going back to General Practitioners.

5.0 Cost Improvement Programme

- 5.1 A monthly update is received by the Committee and progress continues to be made.
- 5.2 Recurrency is currently around 67% (January 2024) and is a similar level to Barnsley.

6.0 Cyber Security

- 6.1 The Committee commended the work undertaken in cyber security noting the recent phishing exercise that had taken place.

7.0 Board Assurance Framework and Risk Register

- 7.1 The Committee continues to consider the Board Assurance Framework (BAF) and risk register at each meeting noting this has continued to strengthen over the last 12 months.

8.0 Business Cases

- 8.1 The Committee approved the business case for the Inventory Management System.
- 8.2 The Committee supported the recommendation to Board of Directors for approval of the Pathology Total Operating Model business case.

9.0 Theatre Improvement Programme

- 9.1 This was reviewed at the November meeting and recognised a lot of good work and there was a debate around the Elective Recovery Fund (ERF). The Committee was assured in the long term, but not in the short term particularly over the ERF.

10. Emergency Preparedness, Resilience and Response (EPRR) Annual Statement of Compliance

- 10.1 The Committee received this, along with an explanation as to why the Trust is now non-compliant with the standards. There was clear evidence available, however, this needs to be reformatted for the new revised standards and the Trust is no less prepared than last year.

11.0 Out-patient Transformation Programme

11.1 The Committee received an update at the January meeting on the work done on the Out-patient Transformation Programme which included five different work streams and the Committee was assured on the work taking place.

12.0 Bed Modelling

12.1 An update on the bed modelling work was received at the January meeting and the latest bed modelling suggested that the bed split between Medicine and Surgery was correct and the next steps would be to review what can be done to reduce the demand on beds.

Martin Temple

Non- Executive Director, Chair of Finance and Performance Committee

COUNCIL OF GOVERNORS MEETING: 21 FEBRUARY 2024

Agenda item:	08/24
Report:	Report from Audit and Risk Committee (ARC)
Presented by:	Mr Kamran Malik, Non-Executive Director and Chair of Audit & Risk Committee
Author(s):	as above
Action required:	To note

1.0 The Audit and Risk Committee met in January 2024; the following report provides an update in several key areas. The ARC continues to meet quarterly, 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 Risk Register, Emerging Risks and Issues Log

2.1 The Committee noted and welcomed the improvement in the position with only 11 risks without an action plan, and two divisions being 100% compliant.

3.0 Internal Audit Report

3.1 The Committee noted outcomes following reviews carried out by Internal Audit for: PSIRF and Patient Experience.

3.2 Slight changes were recommended to the Audit Plan and these were approved.

4.0 Annual Reports and Accounts Timetable

4.1 It was noted that the timetable for the Annual Reports and Accounts had yet to be received.

5.0 Accounting Policies

5.1 The Committee received and endorsed the changes to the 2022/23 Accounting Policies for ratification by the Board of Directors.

6.0 Operating Segment

6.1 The Committee received and endorsed the Operating Segment for ratification by the Board of Directors.

7.0 Going Concern

7.1 The Committee received and endorsed that the 2023/24 accounts are prepared as a Going Concern for ratification by the Board of Directors.

8.0 Freedom to Speak Up Strategy Annual Review

8.1 The Committee received the report and noted the appointment of a new Freedom to Speak Up Guardian who will commence in March 2024.

9.0 Risk Management Committee Terms of Reference

9.1 The Committee received the updated Risk Management Committee Terms of Reference which were approved.

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

COUNCIL OF GOVERNORS MEETING: 21 FEBRUARY 2024

Agenda item: 08/24

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

Presented by: Heather Craven, Chair, Charitable Funds Committee
Author(s): as above

Action required: To note

1.0 The Charitable Funds Committee continues to meet on a bi-monthly basis with Chair's Assurance Logs from recent meetings provided to the Corporate Trustee to demonstrate the degree of assurance received on all key matters.

1.1 Significant progress has been made against the Annual Plan and Strategy Objectives with increased awareness of the Charity and its aims within the wider community, the development of a Legacy Strategy. There is ongoing work to procure a Customer Relationship Management (CRM) database and the benefits that would bring to fundraising efforts.

2.0 Finance Report

2.1 The Committee noted the continuing positive position in relation to income and, whilst commitments are increasing as the Charity develops, the cash position remains good.

2.2 The Committee received the funding requests that had been approved in accordance with the mandate, noting they were in line with the Charity Objectives.

2.3 The Committee approved the proposal for the utilisation of the legacy left to the Stroke Ward.

3.0 Charity Appeals

3.1 The Committee received updates on a number of appeals currently taking place or planned for the future including the Tiny Toes Appeal and the Cancer Appeal. The charity has had sustained success over the months of November and December 2023 and there is good probability that this will continue based on the expanding fundraising, partnership work and grants the Charity Team have arranged. There are also a large number of charity fundraising events and planned projects scheduled for 2024, as outlined below:

- Total Warrior;
- Charity Skydive;
- Three Peaks Challenge;
- Dragon Boat Race;
- It's a Knockout;
- Charity Golf Day.

- 3.2 There has been significant progress with the Tiny Toes appeal including installation of effective signage increasing awareness of the appeal, further increased via the use of the appeal video on various televisions around the main hospital site. As of the 3rd January 2024 a total of £56k has already been raised against a proposed target of £150k. There are also a number of initiatives aimed at increasing appeal awareness in the community setting, this includes the Tiny Toes Toddle and working with schools and nurseries.

4.0 Charity Annual Accounts

- 4.1 The Charity Annual Accounts were approved for recommendation to the Corporate Trustee – these have been approved and submitted to the Charity Commission.

5.0 Risk Information

- 5.1 Risks continued to be received and reviewed at each meeting and there were no escalations to note. All charity risks had been reviewed and were up to date with action plans in place.
- 5.2 It was agreed that the Chairs Log, Summary of issues discussed and the Annual Accounts should all be presented to the Corporate Trustee.

Heather Craven

Non-Executive Director and Chair of Charitable Funds Committee

COUNCIL OF GOVERNORS MEETING:

Agenda item: 9/24

Report: Finance Report

Author and Presented by: Steve Hackett, Director of Finance

Action required: To note

Introduction

This detailed report provides the Board of Directors with an update on:





- Section 1 – Financial Summary for November 2023 (Month 8 2023/24):
 - A summary of the key performance metrics linked to income and expenditure, capital expenditure and cash management.
- Section 2 – Income & Expenditure Account for November 2023 (Month 8 2023/24):
 - Financial results to November 2023.
 - A deficit to plan of £149K in month and £1,106K year to date;
 - The same deficit to the (external) control total of £149K in month and £1,106K deficit to plan year to date. The Trust's performance is measured against its control total with NHS England, having adjusted for depreciation on donated and right of use assets (£499K year to date).
- Section 3 – Income and Expenditure Account Forecast Out-Turn
 - An initial forecast out-turn up to 31st March 2024 of £3,890K deficit to plan and equally the control total.
 - The Trust will not be submitting a forecast adverse variance to plan to the Integrated Care Board or NHSE but assumes appropriate management action and the use of reserves will enable the Trust to deliver its overall plan by 31st March 2024, a year end deficit of £5,977K.
 - The impact of the planned periods of Industrial Actions from December 2023 have not been factored into this position and will be a significant risk to delivery.
- Section 4 – Capital Expenditure for November 2023 (Month 8 2023/24)
 - Expenditure for the eight month period ending November 2023 is £3,107K against a budget of £6,798K: an under-spend of £3,691K (54%) against the external plan.

- The capital programme is being reviewed and monitored at the Capital Monitoring Group, chaired by the Director of Finance. Capital expenditure is expected to fully deliver against plan.
- Section 5 – Cash Flow 2023/24
 - A cash flow graph showing actual cash movements between April 2022 and November 2023. A month-end cash value as at 30 November 2023 of £19,503K, which is £2,189K better than plan.

1. Key Financial Headlines

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

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

Key Headlines	Month			YTD			Forecast variance £000s	Prior Month Forecast variance £000s
	Plan	Actual	Variance	Plan	Actual	Variance		
	£000s	£000s	£000s	£000s	£000s	£000s		
 I&E Performance (Actual)	(515)	(665) ●	(149)	(5,084)	(6,189) ●	(1,106)	(3,890) ●	(3,908)
 I&E Performance (Control Total)	(453)	(602) ●	(149)	(4,585)	(5,690) ●	(1,106)	(3,890) ●	(3,908)
 Capital Expenditure	1,225	1,003 ●	221	6,798	3,107 ●	3,691	0 ●	0
 Cash Balance	(981)	220 ●	1,200	17,314	19,503 ●	2,189	(248) ●	(278)

1.2 The Trust has over-spent against its I&E plan in November 2023 and cumulatively there remains an overspend of £1,106k year to date. The Trust's performance is measured against its control total with NHS England, which is after adjusting for depreciation on donated and right of use assets, this is showing the same adverse variance. These figures do not include an adjustment for the full amount of underperformance on elective recovery activity, £4m is assumed to be covered within the current level of reserves. The cost pressures resulting from pay awards are within the position.










1.3 The forecast out-turn is a deficit to plan of £3,890K, an improvement of £18K from month 7. The Trust will be reporting delivery of the plan externally.

1.4 Capital expenditure is behind plan in month and year to date, with cumulative spend of £3,107k against a budget of £6,798k. Capital spend is forecast to fully deliver against plan.

1.5 The cash position at the end of November 2023 is £19,503K. This remains a strong cash balance and is in line with plan.

2. Income & Expenditure Account for November 2023 (Month 8 2023/24)

2.1 The table below shows the financial results subjectively (by type of expenditure). The Trust has delivered a deficit to plan in November 2023 of £149K and a year to date deficit to plan of £1,106K.

Summary Income & Expenditure Position	Annual plan £000s	Month			YTD			2023/2024 Monthly Trend / Variance
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	
Clinical Income	324,655	27,158	27,437	279	216,788	213,445	(3,343)	
Other Operating Income	24,876	2,151	2,366	215	16,928	17,939	1,011	
Pay	(236,861)	(20,409)	(20,799)	(390)	(158,248)	(162,275)	(4,028)	
Non Pay	(95,879)	(8,792)	(9,598)	(806)	(67,436)	(69,922)	(2,487)	
Non Operating Costs	(3,969)	(331)	(279)	51	(2,646)	(2,354)	293	
Reserves	(19,547)	(292)	210	501	(10,469)	(3,022)	7,447	
Retained Surplus/(Deficit)	(6,726)	(515)	(665)	(149)	(5,084)	(6,189)	(1,106)	
Adjustments	748	62	62	(0)	499	499	(0)	
Control Total Surplus/(Deficit)	(5,977)	(453)	(602)	(149)	(4,585)	(5,690)	(1,106)	

- 2.2 Clinical Income is ahead of plan in-month due to transacting the 1% target reduction on the Elective Recovery Fund (ERF), and is behind plan year to date mostly due to under performance on elective recovery activity. ERF divisional targets are included in budgets. £4m of this underperformance is currently offset in reserves.
- 2.3 Other Operating Income is ahead of plan in month and year to date with increased income from staff recharges (£333K), which will be an offset to the pay over-spend, increased research, development and education income (£339K), and other non-clinical income (£469K).
- 2.4 Pay costs are over-spending by £390K (2%) in month. The main contributory factors in month are £103K under-delivery of cost improvement targets and agency costs which are not budgeted for. The year to date performance is also being influenced by undelivered cost improvement targets of £2,767K.
- 2.5 Non Pay costs are over-spending by £806K in-month and by £2,487K year to date. The main categories of overspends are on drugs £375K, premises £1,358K, general supplies and services £203K and under-delivery of cost improvement targets of £313K.
- 2.6 The positive performance in Non-Operating Costs is due to interest receivable and financing costs being better than plan.
- 2.7 £7,447K has already been released from Reserves year to date, this is specifically to cover the underperformance against ERF and under delivery of CIP.

3 Forecast Out-Turn Performance to 31st March 2024

- 3.1 The table below shows the forecast out-turn position for the financial year 2023/24. The Trust is forecasting to deliver a £3,890K deficit to plan.

Summary Income & Expenditure Position	Annual plan £000s	Forecast (Full Year) £000s	Actual Variance (YTD) £000s	Forecast Variance £000s	Total Variance £000s	2023/2024 Monthly Trend / Variance
Clinical Income	324,655	321,601	(3,343)	289	(3,054)	
Other Operating Income	24,876	26,417	1,011	529	1,541	
Pay	(236,861)	(243,142)	(4,028)	(2,253)	(6,281)	
Non Pay	(95,879)	(99,860)	(2,487)	(1,494)	(3,981)	
Non Operating Costs	(3,969)	(3,532)	293	145	437	
Reserves	(19,547)	(12,100)	7,447	0	7,447	
Retained Surplus/ (Deficit)	(6,726)	(10,616)	(1,106)	(2,785)	(3,890)	
Adjustments	748	748	(0)	(0)	(0)	
Control Total Surplus/ (Deficit)	(5,977)	(9,868)	(1,106)	(2,785)	(3,890)	

- 3.2 Within Clinical Income, the estimated ERF YTD under delivery against divisional targets is reflected. £4m of the underperformance is currently offset in reserves and any underspends against the latest targets will be clawed back. No further under-delivery of ERF is forecast at this stage in line with NHSE's monthly reporting guidance. Additional income is forecast from other variable activities.
- 3.3 Other Operating Income is forecasting increases in income from research, development, education & training (£579K) and staff recharges (£606K). This additional income will equally be offset by further increases in pay and non-pay expenditure.
- 3.4 Pay is showing a significant deterioration in performance this is mostly due to undelivered annual CIP budget reductions £4,658K and agency costs.
- 3.5 Non Pay costs are similarly showing a significant deterioration in performance linked to continued increasing costs, most notably within premises £2,101K, undelivered CIPs £855K and drugs £375k.

- 3.6 Non-Operating Costs reflect increased income from interest receivable on money deposited with Government banking services that continues to increase due to continued cash balances and increased interest rates.
- 3.7 The Trust will not be submitting a forecast adverse variance to plan to the Integrated Care Board or NHSE but assumes appropriate management action and the use of reserves will enable the Trust to deliver its overall plan by 31st March 2024, a year end deficit of £5,977K. The impact of the planned periods of Industrial Actions from December 2023 have not been factored into this position and will be a significant risk to delivery.
- 3.8 Cost reduction and CIP delivery is continuing to be managed proactively across all services, with clear action plans being implemented. This remains a significant risk to the Trust delivering against its overall plan.

4. **Capital Programme**

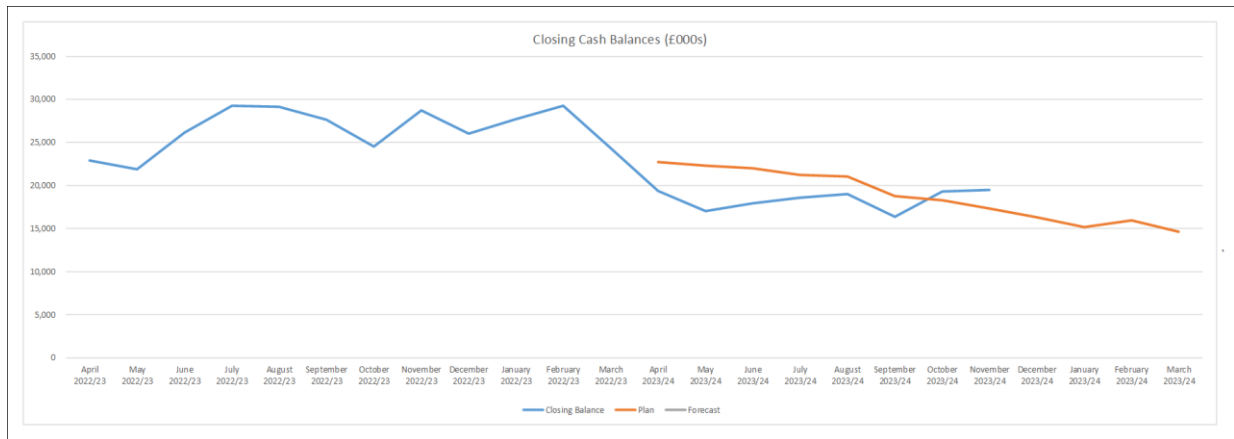
- 4.1 As at November 2023 the Trust has incurred capital expenditure of £3,107K against a budget of £6,798K representing an under-spend of £3,691K (54%).

Capital Expenditure	Month			YTD			Forecast Variance £000s	Prior Month Forecast Variance £000s
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s		
 Estates Strategy	580	292 	288	2,503	666 	1,838	0 	0 
 Estates Maintenance	90	385 	(295)	998	863 	135	0 	0 
 Information Technology	113	151 	(38)	1,424	1,028 	396	0 	0 
 Medical & Other Equipment	(73)	175 	(248)	866	550 	316	0 	0 
 Other	515	0 	515	1,006	0 	1,006	0 	0 
 TOTAL	1,225	1,003 	221	6,798	3,107 	3,691	0 	0 

- 4.2 'Other' is the re-profiling of the internal budget against the capital plan submitted to NHSE. Against the re-profiled internal plan the under-spend is £2,685K (46%).
- 4.3 The capital programme is monitored at the Capital Monitoring Group, chaired by the Director of Finance. Capital expenditure is expected to fully deliver against plan of £10,355K and additional PDC of £1,050K.

5. **Cash Management**

- 5.1 Compared to plan, there is a favourable variance in-month of £1,200K and year to date variance of £2,189K. Cash remains strong with a closing cash balance of £19,503K as at 30 November 2023.



5.2 The cash position has allowed the Trust to earn interest on its daily cash balances of £115K in-month (£809K year to date), which will help contribute towards the Trust’s cost improvement target for 2023/24.

Steve Hackett
Director of Finance
2nd January 2024

COUNCIL OF GOVERNORS MEETING: 21 February 2024

Agenda item: 10/24

Report: Integrated Performance Report – November 2023

Author and Presented by: Michael Wright, Deputy Chief Executive

Action required: To note

1.0 Introduction

- 1.1 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 November 2023 data wherever it is available. It highlights performance against agreed national, local or benchmarked targets. The regular assessment of inequalities of access to care within our elective care portfolio is provided within this report.
- 1.2 There are a number of Statistical Process Control (SPC) charts included at the end of this report. A brief explanation of the key elements of the SPC charts is included at the back for reference.

Michael Wright
Deputy Chief Executive
February 2024

Board of Directors

Integrated Performance Report - November 2023

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			
Patient Safety	Cancer Care			
Maternity	Inpatient Care			
Patient Experience	Community Care			

CQC DOMAINS

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

Trust Integrated Performance Dashboard - KPI DQ KEY

Data Quality Key for DQ Icons and Scoring.

<p>S - Sign Off and Validation</p>	<p>Is there a named responsible person apart from the person who produced the report who can sign off the data as a true reflection of the activity? Has the data been checked for validity and consistency?</p>
<p>T - Timely & Complete</p>	<p>Is the data available and up to date at the time someone is attempting to use it to understand the data. Are all the elements of information needed present in the designated data source and no elements of needed information are missing?</p>
<p>A - Audit & Accuracy</p>	<p>Are there processes in place for either external or internal audits of the data and how often do these occur (Annual / One Off)?</p>
<p>R - Robust Systems & Data Capture</p>	<p>Are there robust systems which have been documented according to data dictionary standards for data capture such that it is at a sufficient granular level?</p>



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	Nov 2023	L	27,200		32,544	33,235	32,774	30,883	30,883	26,117		
Referral to Treatment (RTT) Performance	Nov 2023	N	92%		59.5%	59.5%	61.0%	61.6%	62.5%	68%		
Number of RTT patients waiting 52+ Weeks	Nov 2023	L	250		601	706	734	742	742	259		
Number of RTT patients waiting 78+ Weeks	Nov 2023	L	0		3	2	1	2	1	5		
Number of RTT patients waiting 65+ Weeks	Nov 2023	L	146		40	58	77	76	76	0		
Overdue follow-ups	Nov 2023	L	-		16,004	15,827	15,502	14,514	14,514	14,917		
First to follow-up ratio	Nov 2023	B	2.4		2.74	2.63	2.21	2.11	2.50	2.39		
Day case rate (%)	Nov 2023	B	85%		86.1%	84.2%	85.9%	85.6%	85%	86%		
Day case rate (%) - Model Hospital	Jul 2023	B	85%		83.9%	82.5%	83.3%	85.1%	-	78%		
Diagnostic Waiting Times (DMO1)	Nov 2023	N	1%		6.9%	4.8%	3.6%	2.3%	5.0%	9%		
Diagnostic Activity Levels - for Key Modalities (from Apr 2023)	Nov 2023	L	8215		7,558	8,066	8,264	9,020	9,020	9080		
Capped Theatre Utilisation (internal data)	Nov 2023	L	85%		80.1%	80.7%	80.5%	79.3%	79.3%			
Emergency Performance												
Number of Ambulance Handovers > 60 mins	Nov 2023	N	0		114	28	106	22	548	358		
Ambulance Handover Times % > 60 mins	Nov 2023	N	0%		5.8%	1.4%	4.8%	1.0%	3.4%	21%		
Number of Ambulance Handovers 30+ mins	Nov 2023	-			270	152	299	200	1,727	650		
Ambulance Handover Times % 30+ mins	Nov 2023	L	10%		13.7%	7.7%	13.6%	9.4%	10.8%	38%		
Average Time to Initial Assessment in ED (mins.)	Nov 2023	N	15		26	25	26	24	27	37		
4hr Performance in Dept - against internal target	Nov 2023	N	76%		56%	61%	58.3%	62.8%	59.5%			
4hr Performance in Dept - against external target	Nov 2023	N	60%		56%	61%	58.3%	62.8%	59.5%			
Proportion of patients spending more than 12 hours in A&E from time of arrival	Nov 2023	L	2%		7.2%	4.2%	5.5%	3.2%	4.6%	13%		
Number of 12 hour trolley waits	Nov 2023	N	0		0	0	1	0	1	0		
Proportion of same day emergency care	Nov 2023	L	33%		40.0%	41.7%	40.9%	42.1%	42.7%	40%		
Cancer Care												
31 Day Treatment General Standard (new standard from Oct 23)	Oct 2023	N	96%		98.5%	97.3%	97.1%	96.1%	96.5%	93%		
62 Day Treatment General Standard (new standard from Oct 23)	Oct 2023	N	85%		78.5%	82.1%	75.6%	75.1%	76.6%	72%		
The number of cancer patients waiting 63 days or more after a GP 2ww referral	Nov 2023	L	60		46	62	44	58	58	-		
28 day faster diagnosis standard	Oct 2023	N	75%		80.3%	77.5%	73.6%	73.5%	70.0%	66%		
Inpatient Care												
Mean Length of Stay - Elective (excluding Day Cases)	Nov 2023				3.21	2.91	2.70	2.22	2.74	2.47		
Mean Length of Stay - Non-Elective	Nov 2023				5.73	5.14	5.40	5.14	5.32	5.93		
Length of Stay > 7 days (Snapshot Numbers)	Nov 2023	L	142		162	155	157	161	161	177		
Length of Stay > 21 days (Snapshot Numbers)	Nov 2023	L	70		43	46	38	35	35	59		
Right to Reside - % not recorded (internal data)	Nov 2023	B	0%		8.4%	9.6%	10.3%	8.2%	8.2%	7%		
% of patients where date of discharge is same as Discharge Ready Date	Sep 2023				-	-	-	86.5%	--	0%		
Discharges before 5pm (inc transfers to Community Ready Unit)	Nov 2023	L	70%		62.4%	62.1%	58.9%	62.2%	61.2%	60%		
Outpatient Care												
Did Not Attend rate (outpatients)	Nov 2023	B	6.2%		9.0%	7.9%	8.1%	8.0%	8.8%	9%		
% of all outpatient activity delivered remotely (via telephone or video)	Nov 2023	N	25%		12.8%	13.8%	12.5%	11.9%	12.2%	15%		
Proportion of all outpatient appointments with patients discharged to PIFU	Nov 2023	N	5%		1.9%	2.0%	2.3%	2.3%	2.1%			
LUNA Data Quality Score	Nov 2023	N	99%		99.1%	99.3%	99.2%	99.2%	--			
% of RTT PTL reported as validated	Nov 2023	N	90%		21.0%	78.0%	94.0%	91.8%	91.8%			
Community Care												
MusculoSkeletal Physio <4 weeks	Nov 2023	L	80%		28.1%	28.9%	35.7%	26.2%	27.3%	12%		
A&E attendances from care homes	Nov 2023	L	144		169	144	145	116	116	136		
Admissions from care homes	Nov 2023	L	74		128	111	112	98	98	93		
Urgent 2 hour Community Response	Aug 2023	L	70%		83%	83%	74%	75%	79%	89%		
Numbers of patients on virtual ward	Nov 2023	L	64		36	25	36	76	76	0		
Number of patients in month accepted onto virtual ward (Total)	Nov 2023				108	130	145	162	162	0		

Trust Integrated Performance Dashboard - Quality

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
Mortality												
Mortality index - SHMI (Rolling 12 months)	Aug 2023	B	As Expected		105.0	102.9	101.2	102.1	--	104.1		
Mortality index - HSMR (Rolling 12 months)	Sep 2023	B	As Expected		92.8	89.7	90.9	90.6	--	100.3		
Number of deaths (crude mortality)	Nov 2023		-		73	74	80	82	579	89		
Infection, Prevention and Control												
C. difficile Infections	Nov 2023	L	2		1	2	5	7	30	2		
C. difficile Infections (rate)	Nov 2023		-		30.0	28.1	28.0	30.0	30.0	24.8		
E. coli blood bacteremia, hospital acquired	Nov 2023	L	4		5	2	3	6	32	3		
P. aeruginosa (Number)	Nov 2023	L	1		0	0	2	0	2	0		
Klebsiella (Number)	Nov 2023	L	1		2	4	0	3	14	0		
Patient Safety												
Serious Incidents - one month behind	Oct 2023	L	0		4	3	3	5	22	1		
Number of Patient Incidents (including no-harm)	Nov 2023		-		1,015	949	919	943	7,527	-		
Number of Patient Falls (moderate and above)	Nov 2023		-		2	0	2	1	10	2		
Number of Pressure Ulcers (G3 and above) - one month behind	Oct 2023		-		1	0	1	1	4	0		
Medication Incidents	Nov 2023		-		89	98	109	100	796	121		
Readmission Rates (one month behind) - NE - excluding D/Cs	Oct 2023		-		10.5%	9.2%	9.2%	9.3%	10.2%	10.1%		
Venous Thromboembolism (VTE) Risk Assessment	Nov 2023	N	95.0%		95.3%	95.6%	95.8%	97.0%	95.4%	96.7%		
Hip Fracture Best Practice Tariff Compliance	Nov 2023	L	65.0%		69.2%	71.9%	47.4%	58.8%	58.8%	73.1%		
Patient Experience												
Number of complaints per 10,000 patient contacts	Nov 2023	L	8		8.41	11.82	12.92	10.80	10.09	12.61		
F&F Postive Score - Inpatients & Day Cases	Nov 2023	N	95.0%		94.2%	97.2%	95.9%	96.7%	97.1%	96.9%		
F&F Postive Score - Outpatients	Nov 2023	N	95.0%		97.2%	96.7%	99.0%	97.0%	97.7%	96.3%		
F&F Postive Score - Maternity	Nov 2023	N	95.0%		100.0%	97.1%	96.3%	100.0%	98.9%	98.2%		
Care Hours per Patient Day	Nov 2023	L	7.3		7.00	7.00	6.80	6.90	6.90	6.3		
Maternity												
Bookings by 12 Week 6 Days	Nov 2023	N	90.0%		96.4%	92.3%	93.4%	93.4%	92.9%	94.9%		
Babies with a first feed of breast milk (percent)	Nov 2023	N	70.0%		58.5%	60.0%	57.7%	65.8%	60.6%	57.4%		
Stillbirth Rate per 1000 live births (Rolling 12 months)	Nov 2023	L	4.66		2.75	2.77	2.77	2.74	2.74	2.71		
1:1 care in labour - One month behind	Oct 2023	L	75.0%		100.0%	100.0%	98.6%	100.0%	99.6%	94.8%		
Serious Incidents (Maternity) - One month behind	Oct 2023	L	0		0	0	0	0	0	1		
Moderate and above Incidents (Harm Free) - One month behind	Oct 2023		-		0	0	0	0	0	0		
Consultants on labour (Hours on Ward)	Nov 2023		-		61.50	62.50	62.50	62.50	62.50	--		

Trust Integrated Performance Dashboard - Workforce

	Reporting Period	Type of Standard	Target	Benchmark	Previous Month (3)	Previous Month (2)	Previous Month (1)	Current Month	YTD	Same Month Prev. Yr	Trend	Data Quality
Workforce												
Number of WTE vacancies - Total	Nov 2023	L	285		257	275	230	273	273	459		
Number of WTE vacancies - Nursing and Midwifery	Nov 2023	L	98		95	93	58	84	84	87		
Vacancy Rate - TOTAL	Nov 2023	L	6.4%		4.3%	6.8%	5.7%	6.7%	6.7%	10.09%		
Vacancy Rate - Nursing	Nov 2023	L	7.3%		7.0%	6.7%	4.3%	6.0%	6.0%	6.35%		
Time to Recruit	Nov 2023	L	34		35	36	36	36	36	35		
Sickness Rates (%) - inc COVID related	Nov 2023	L	4.5%		6.1%	6.0%	6.4%	6.3%	5.9%	6.62%		
Short-term Sickness Rate (%)	Nov 2023				1.5%	2.1%	2.2%	2.1%	-	-		
Long-term Sickness Rate (%)	Nov 2023				4.6%	4.0%	4.1%	4.2%	-	-		
Turnover (12 month rolling)	Nov 2023		11%		11.1%	10.7%	9.8%	9.5%	9.5%	-		
Appraisals complete (% 12 month rolling)	Nov 2023	L	90%		78%	86%	87%	87%	87%	86.00%		
Appraisals Season Rates (%)	Nov 2023	L	90%		70%	84%	86%	87%	87%	85.00%		
MAST (% of staff up to date)	Nov 2023	L	85%		93%	90%	91%	91%	91%	92.00%		
% of jobs advertised as flexible	Nov 2023		-		66.2%	55.2%	70.2%	37.0%	65.2%	n/a		

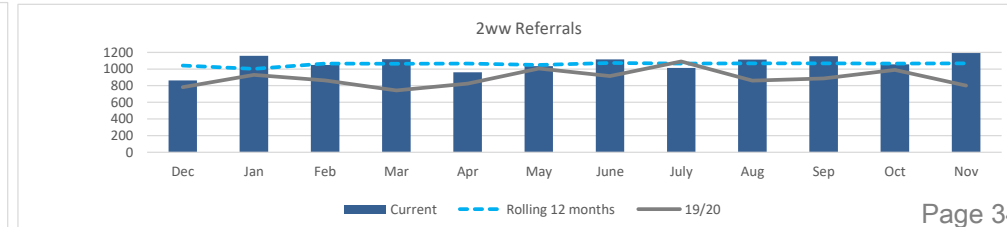
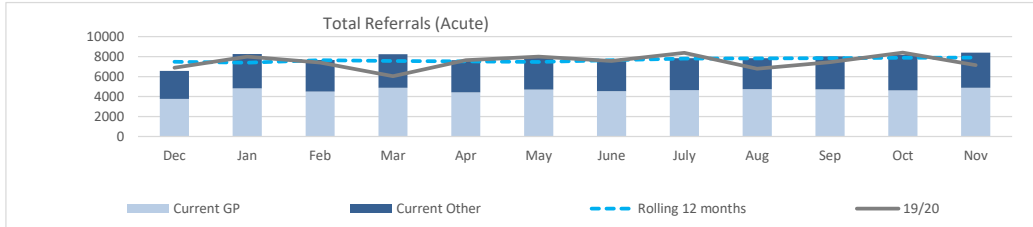
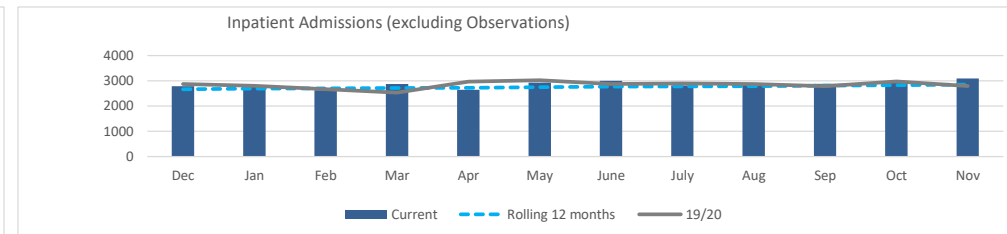
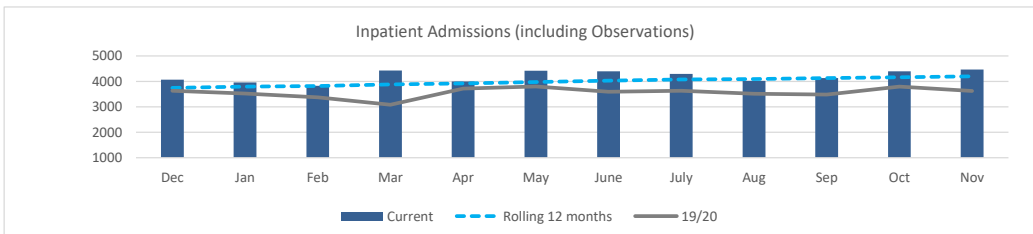
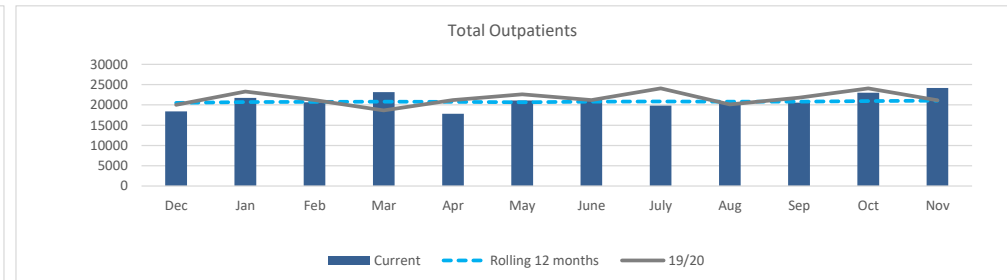
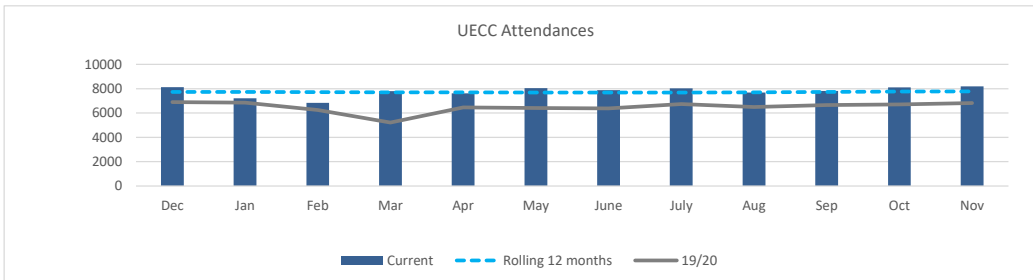
Trust Integrated Performance Dashboard - Finance

Apr 23 - Nov 23

	In Month Plan £000s	In Month Actual £000s	In Month Variance £000s	YTD Plan £000s	YTD Actual £000s	YTD Variance £000s	Forecast V £000s
I&E Performance (Actual)	(515)	(665)	(149)	(5,084)	(6,189)	(1,106)	(3,890)
I&E Performance (Control Total)	(453)	(602)	(149)	(4,585)	(5,690)	(1,106)	(3,890)
Efficiency Programme (CIP) - Risk Adjusted	1,099	910	(189)	7,275	4,197	(3,078)	(2,883)
Capital Expenditure	1,225	1,003	221	6,798	3,107	3,691	0
Cash Balance	(981)	220	1,200	17,314	19,503	2,189	(248)



Trust Integrated Performance Dashboard - Activity



Trust Integrated Performance Dashboard - Activity

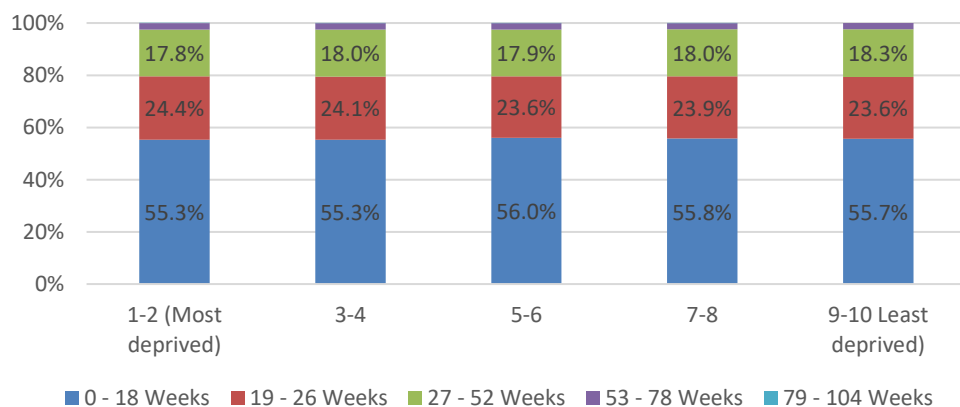
ACTIVITY			
OUTPATIENTS			
	170	167	
	Activity 19/20	Activity 23/24	As % of 2019/20 WDA
November	19,822	24,406	118%
YTD monthly average	20,794	20,973	103%
DAYCASES			
	Activity 19/20	Activity 23/24	As % of 2019/20 WDA
November	2,146	2,232	99%
YTD monthly average	2,222	1,984	91%
ELECTIVE ACTIVITY			
	Activity 19/20	Activity 23/24	As % of 2019/20 WDA
November	445	365	78%
YTD monthly average	421	342	83%

Trust Integrated Performance Dashboard - Health Inequalities

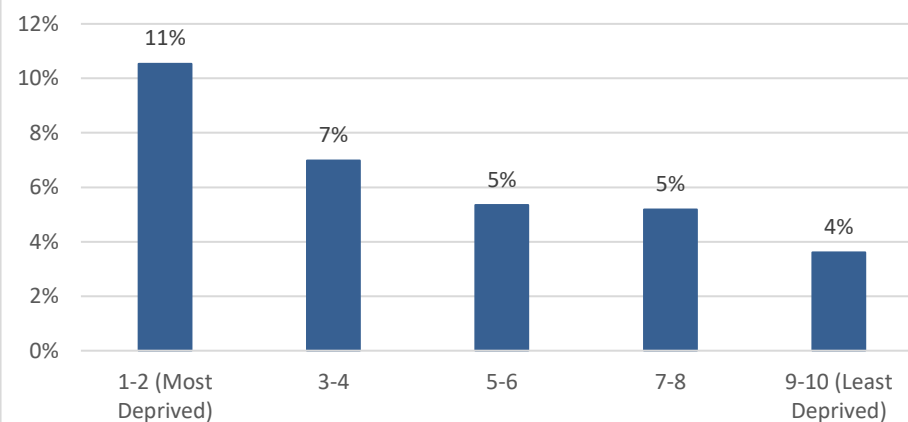
RTT Snapshot 26/11/23

IMD Quintile	Patients on Waiting List	Median Wait (Wks)	% of All RTT Patients	% of Rotherham Population	% Proportion Difference to Rotherham Population
1-2	9,613	13	37%	36%	1.2%
3-4	5,989	13	23%	23%	0.0%
5-6	4,021	13	16%	15%	0.4%
7-8	4,713	13	18%	20%	-1.3%
9-10	1,496	13	6%	6%	-0.2%
Total	25,806	13	100%	100%	0.0%

Patients on Waiting List by IMD Quintile & Waiting List Group



Percentage of Outpatient DNA's by Deprivation Quintile During November

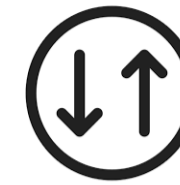


Safer Staffing

Trust Wide Scorecard Rolling 12 Months & Year End position 21/22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Daily staffing -actual trained staff v planned (Days)	84.9%	87.5%	82.9%	84.1%	84.8%	88.0%	91.0%	90.0%	89.0%	86.0%	86.0%	87.0%	90.0%
Daily staffing -actual trained staff v planned (Nights)	83.9%	84.5%	85.0%	88.3%	90.9%	94.0%	98.0%	95.0%	92.0%	90.0%	88.0%	90.0%	92.0%
Daily staffing - actual HCA v planned (Days)	82.1%	81.4%	84.3%	81.8%	80.0%	85.0%	90.0%	89.0%	90.0%	90.0%	89.0%	91.0%	91.0%
Daily staffing - actual HCA v planned (Nights)	90.7%	85.5%	94.8%	92.0%	90.0%	94.0%	97.0%	102.0%	102.0%	100.0%	93.0%	102.0%	103.0%
Care Hours per Patient per Day (CHPPD)	6.3	6.4	6.4	6.4	6.5	7.1	8.0	7.4	7.3	7.0	7.0	6.8	6.9

Key: < 85% 85-89% >=90%

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

SPC Rules

A single point outside the control limits

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

Consecutive points above or below the mean line

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

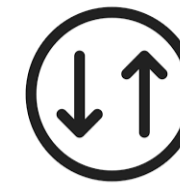
Consecutive points increasing or decreasing

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

Two out of three points close to the process limits

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

Perform	Assure	Description
		Special cause of a concerning nature where the measure is significantly HIGHER . This occurs where there is higher pressure in the system or deteriorating performance. This system is not capable. It will FAIL the target without system change.
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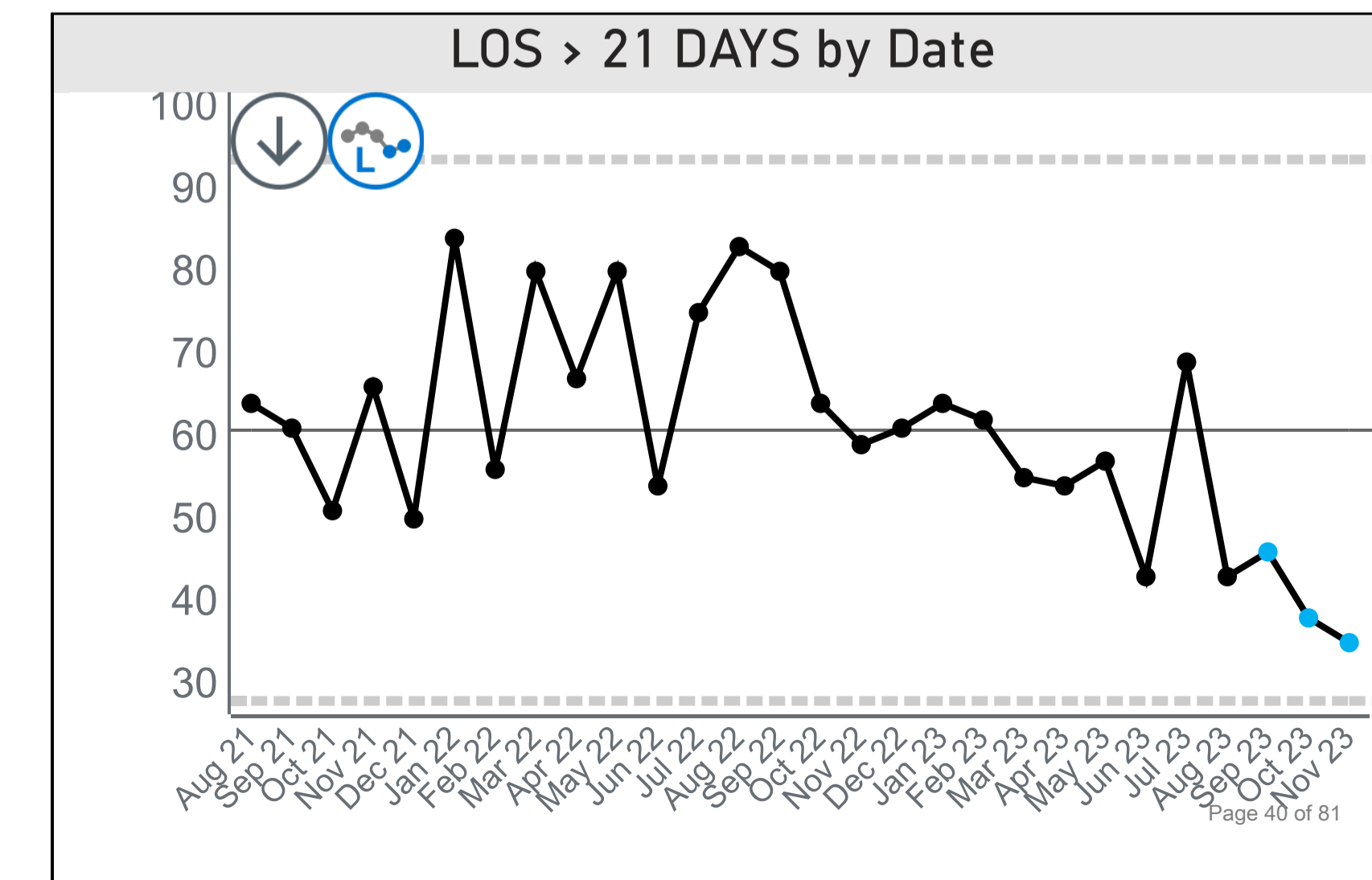
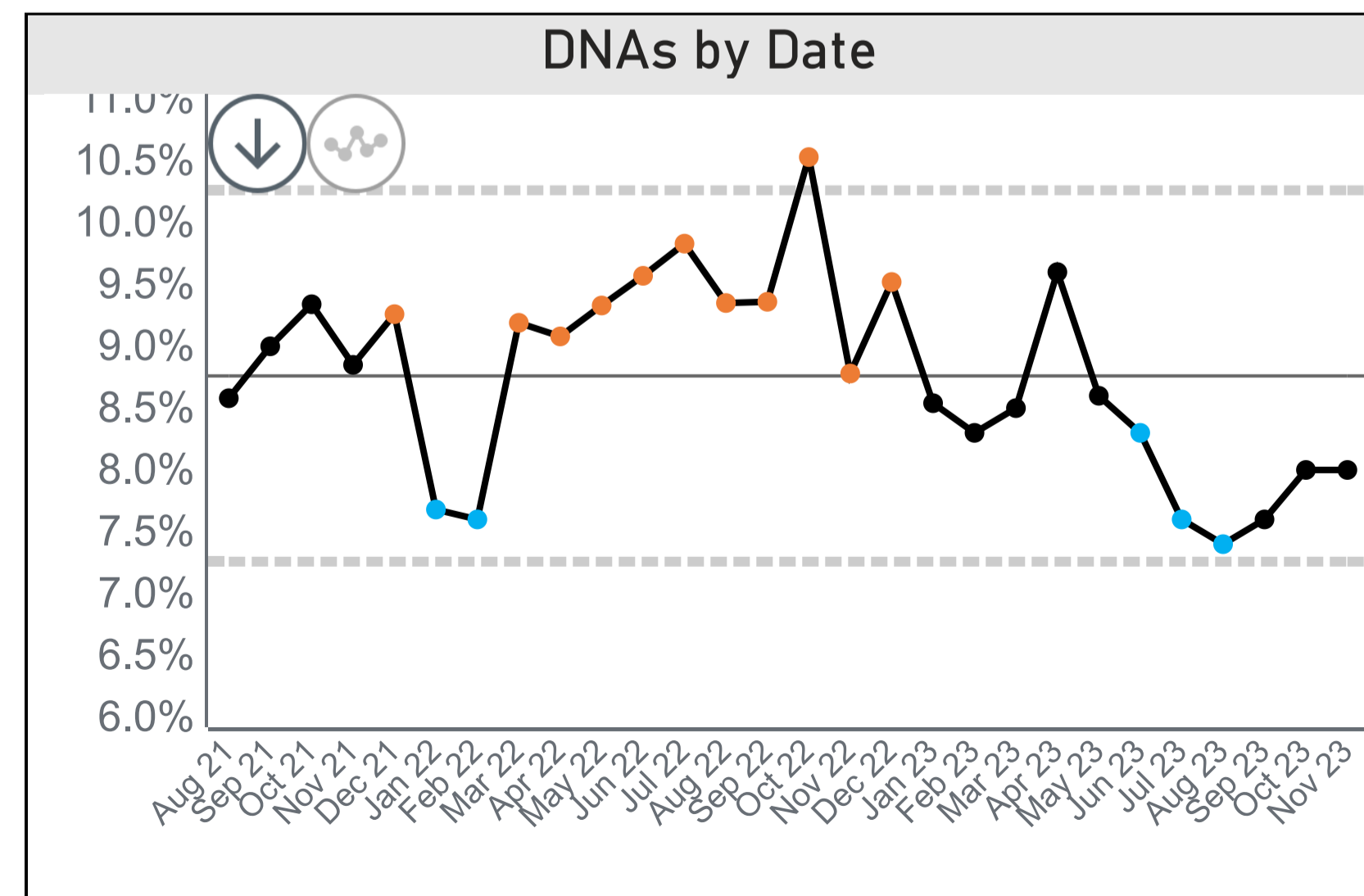
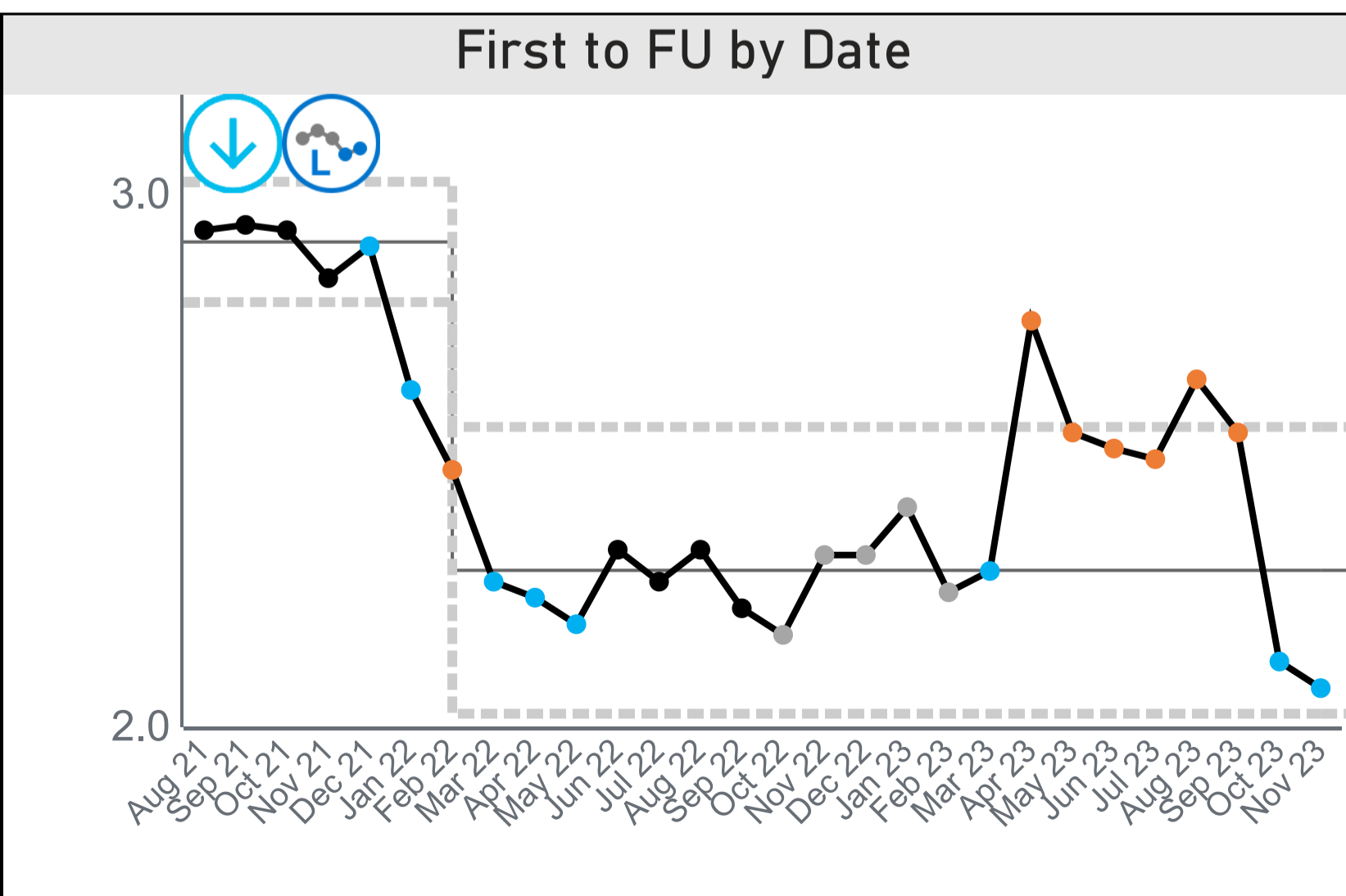
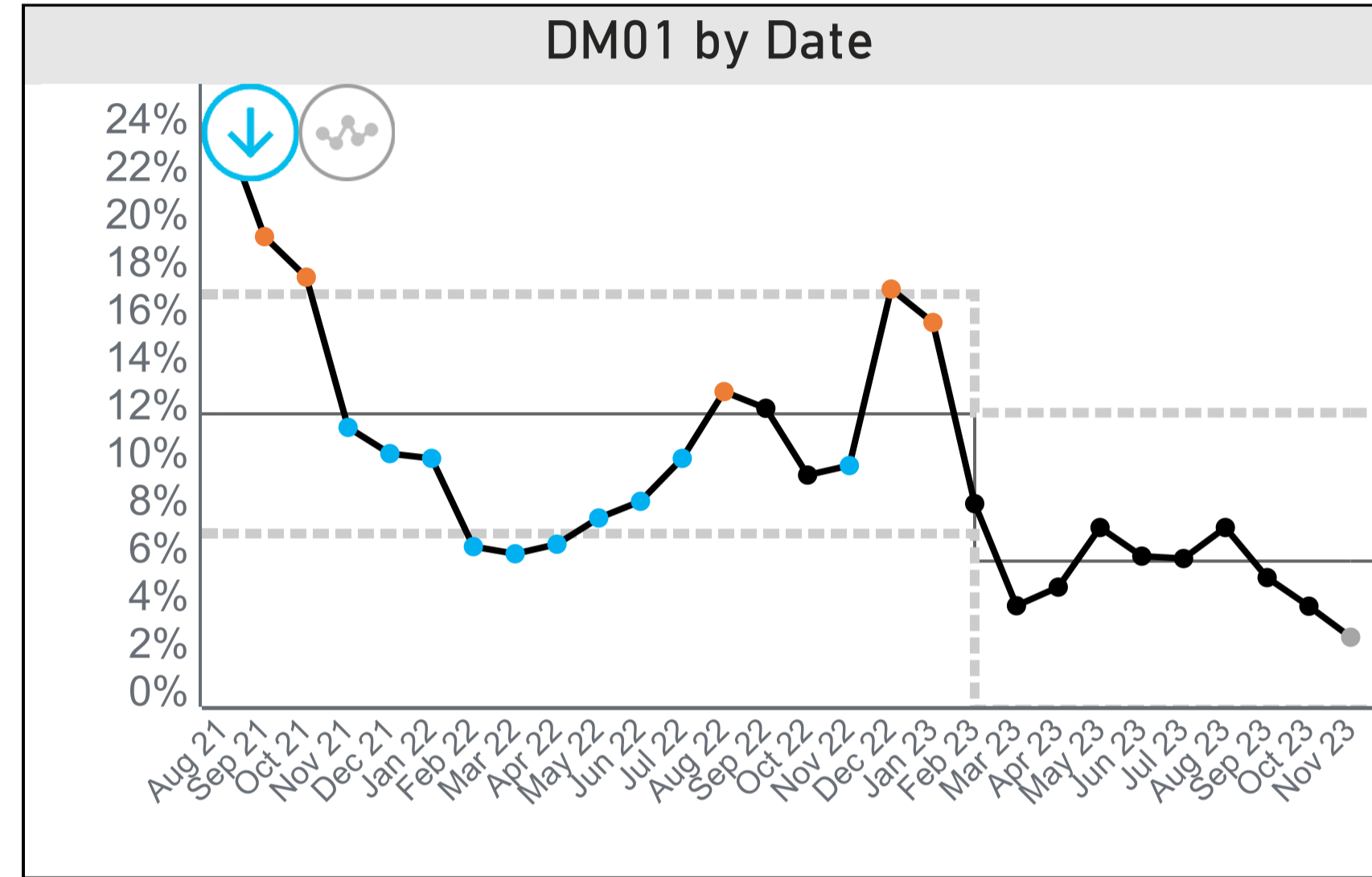
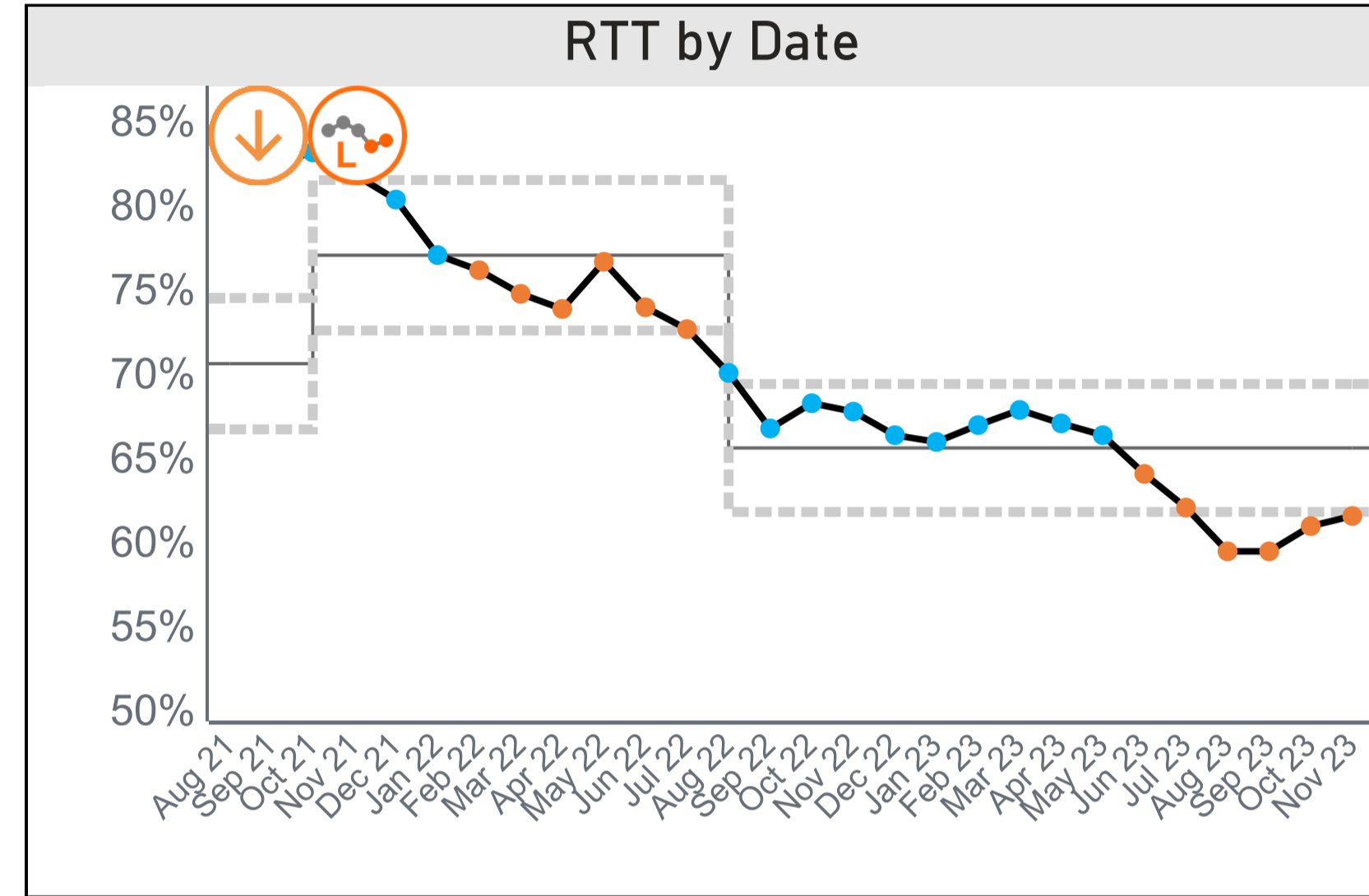
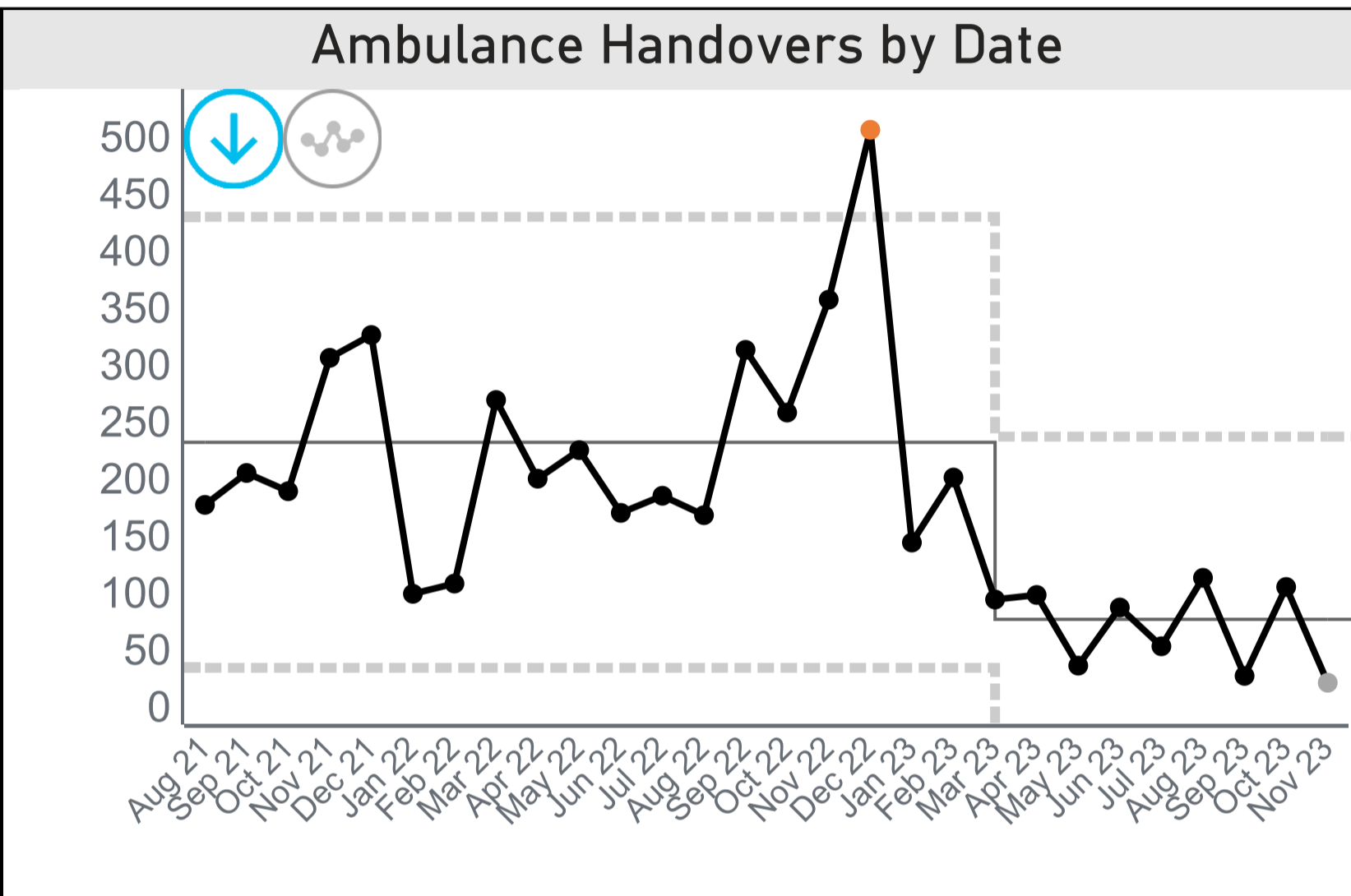
A run of values above or below the average (mean) line represents a trend that should not result from natural variation into the system

Consecutive points increasing or decreasing

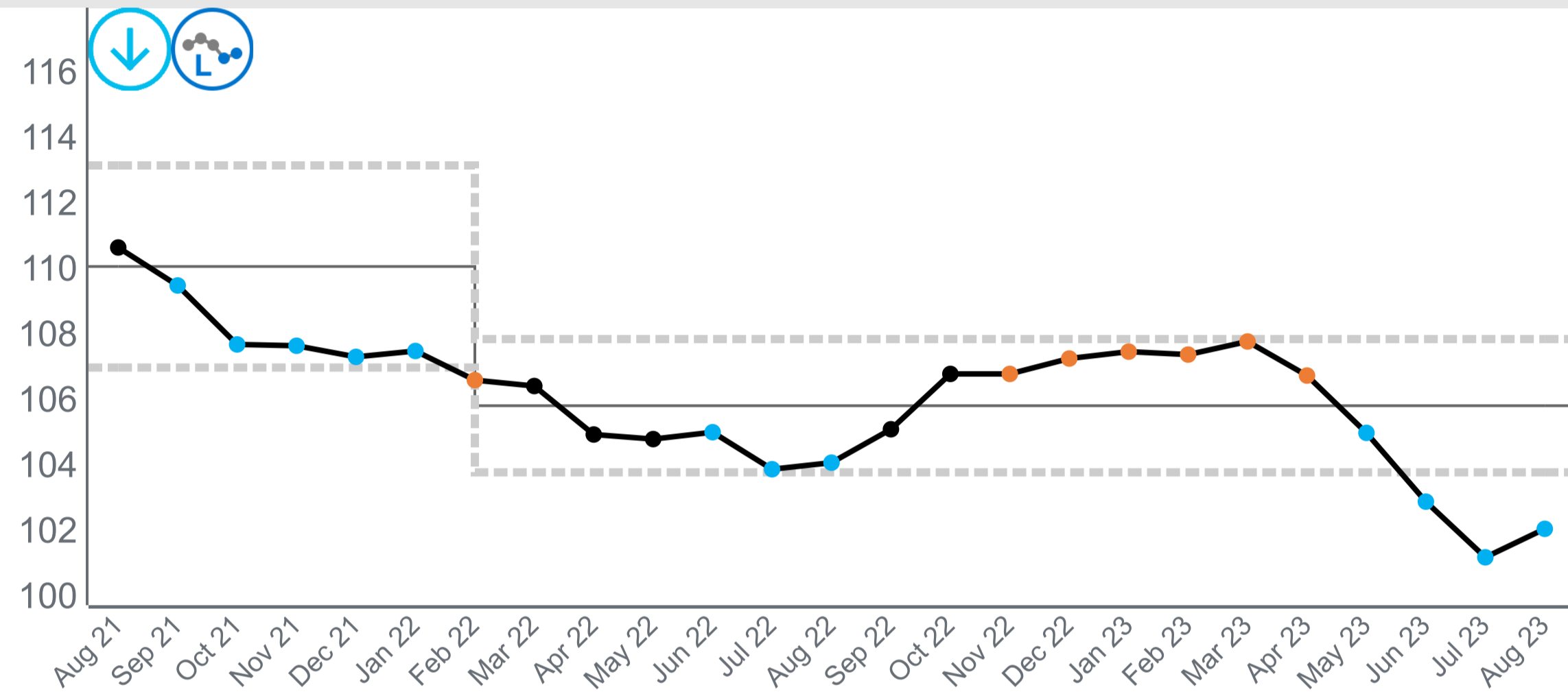
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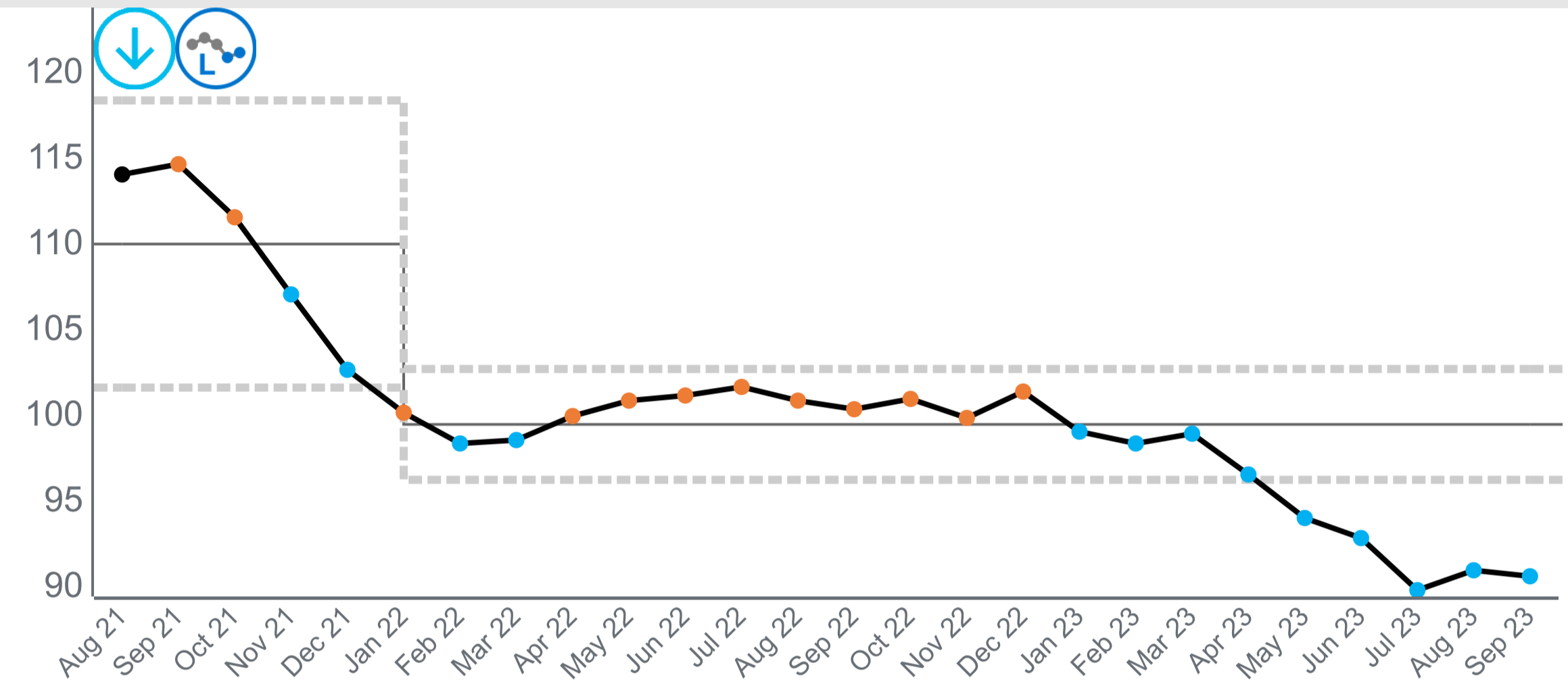
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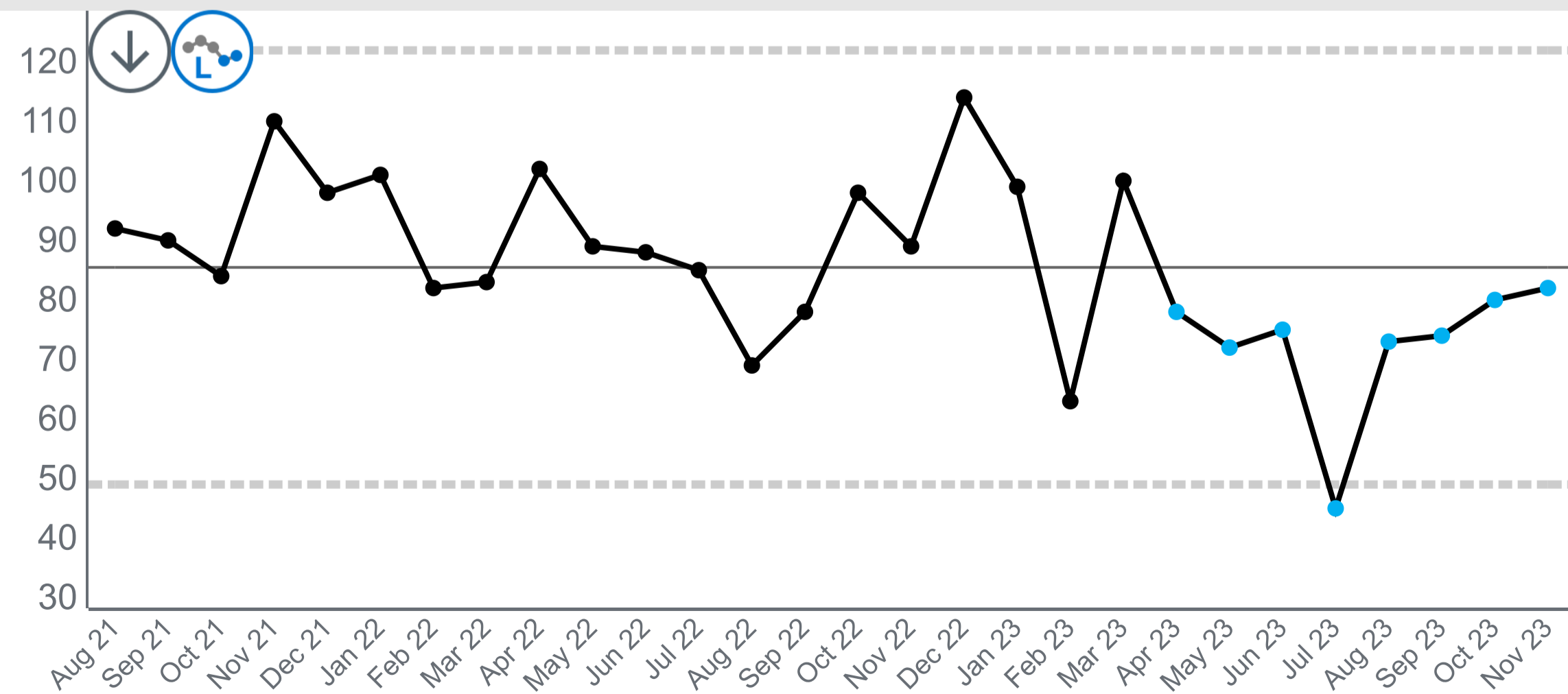
SHMI by Date



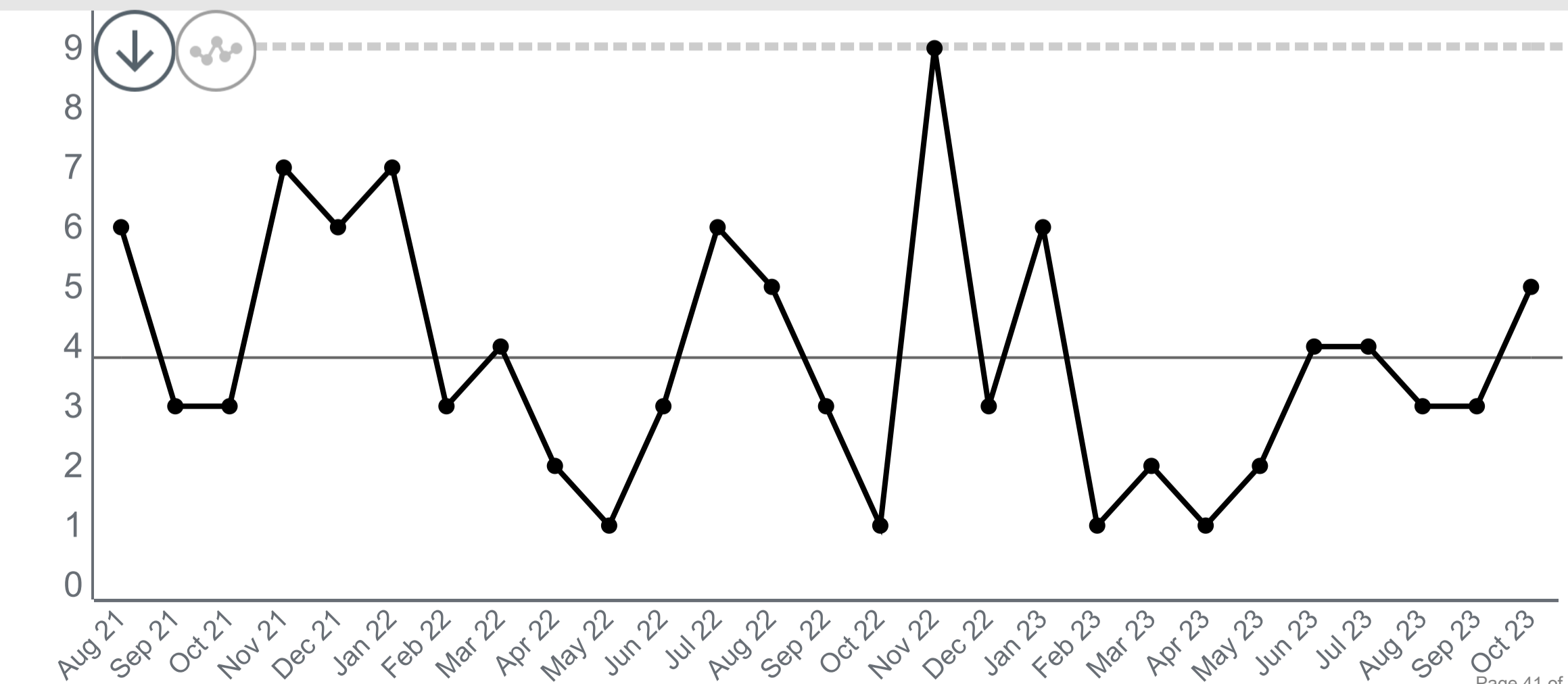
HSMR by Date

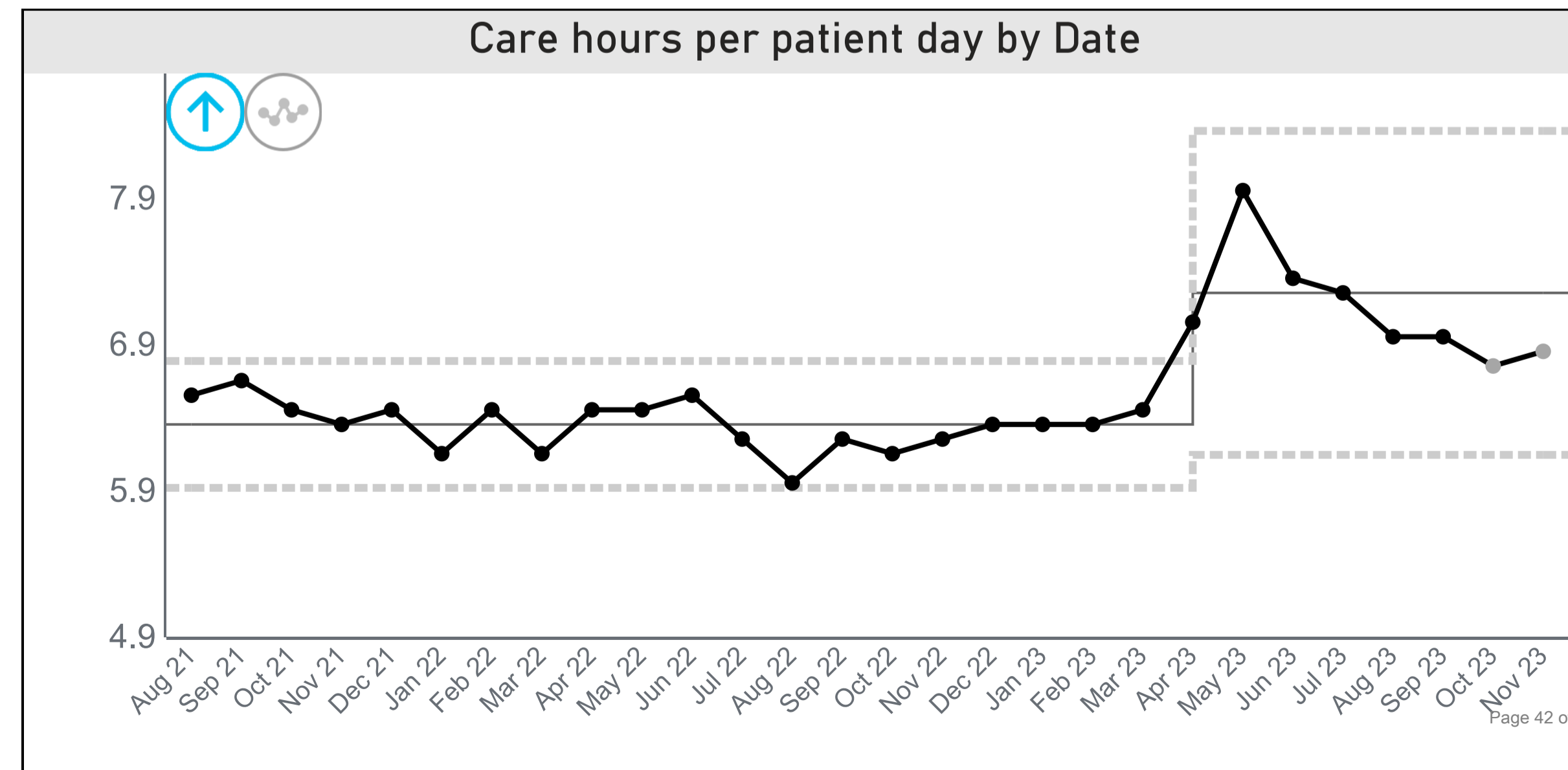
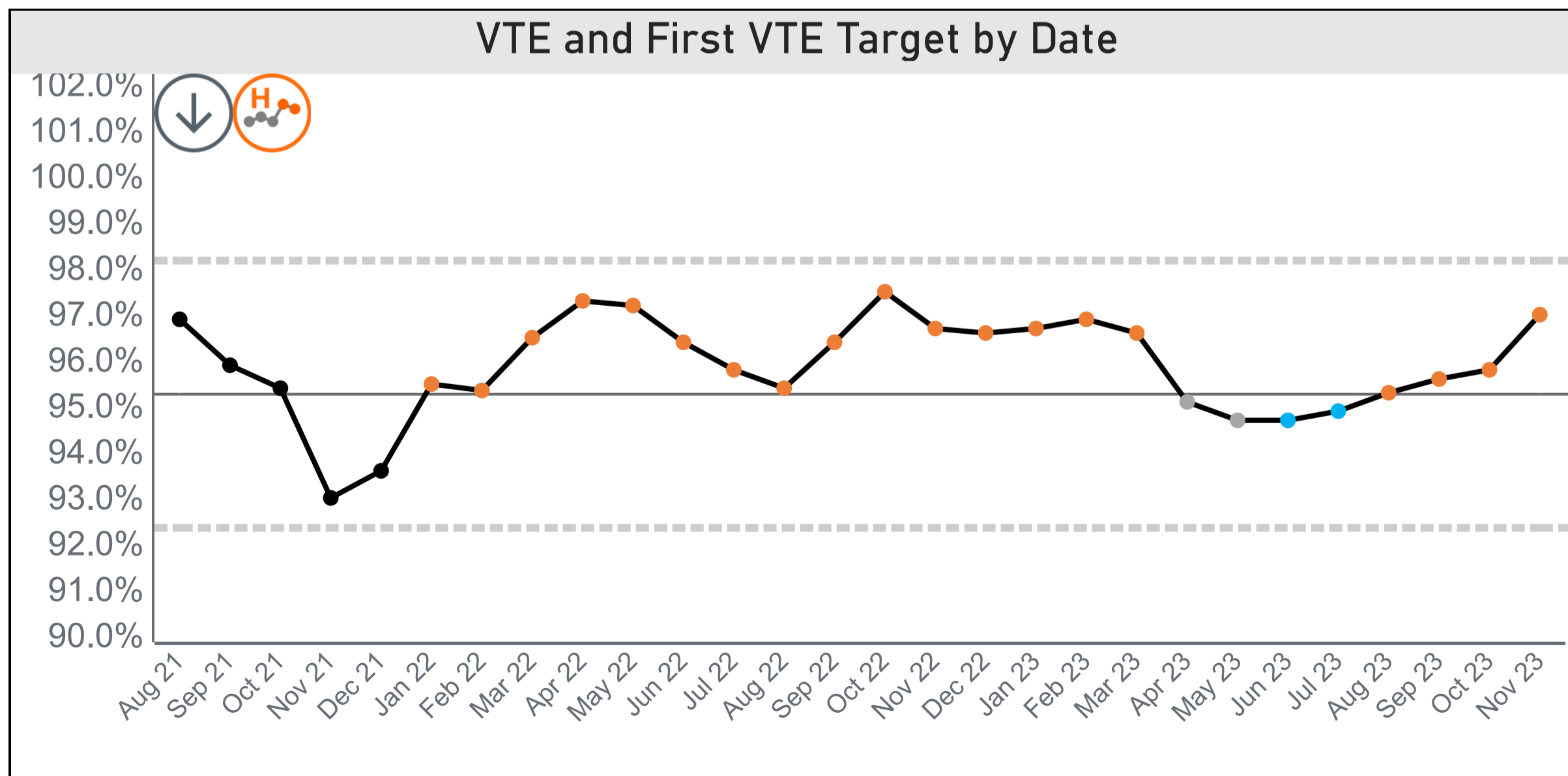
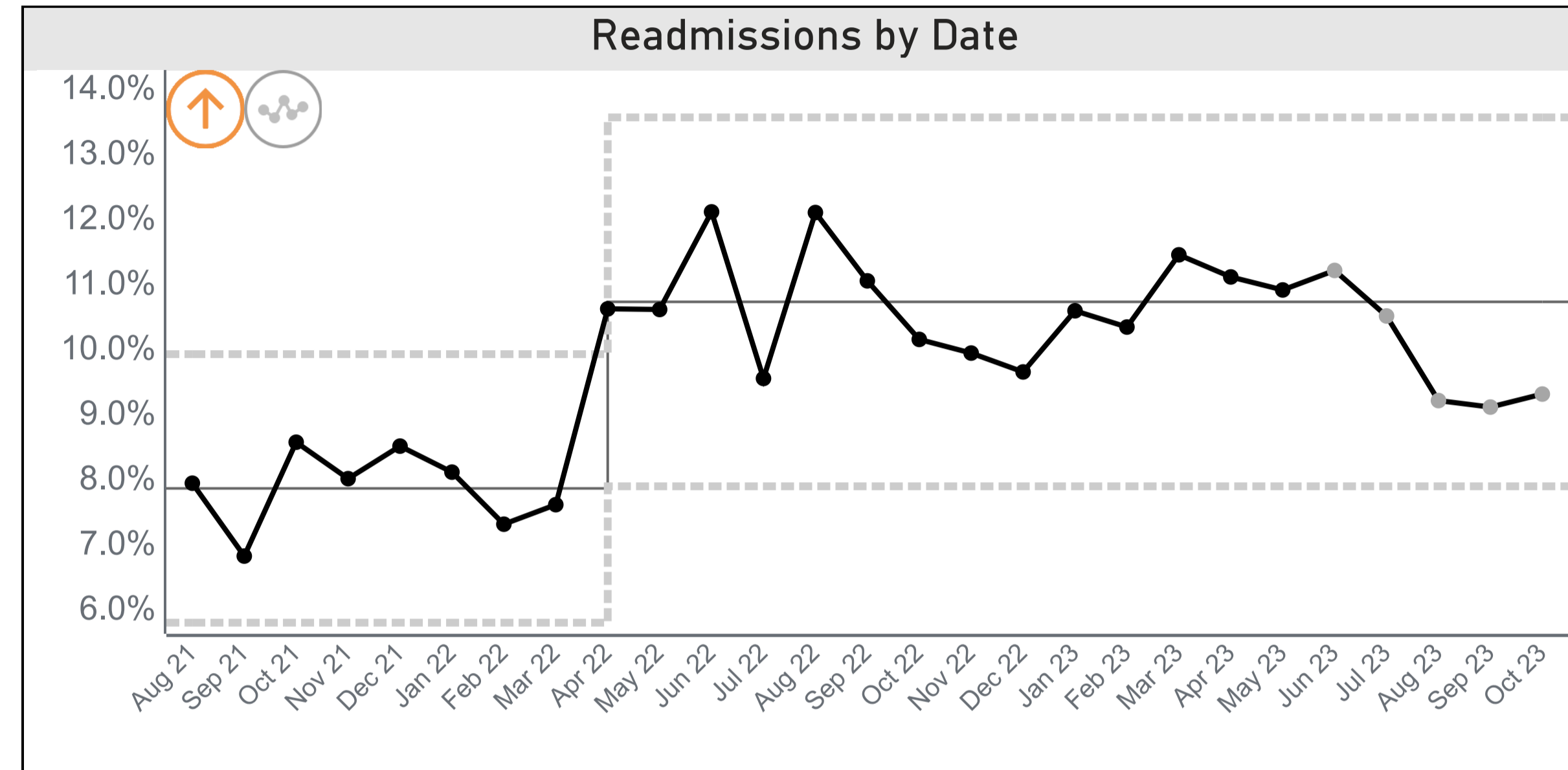
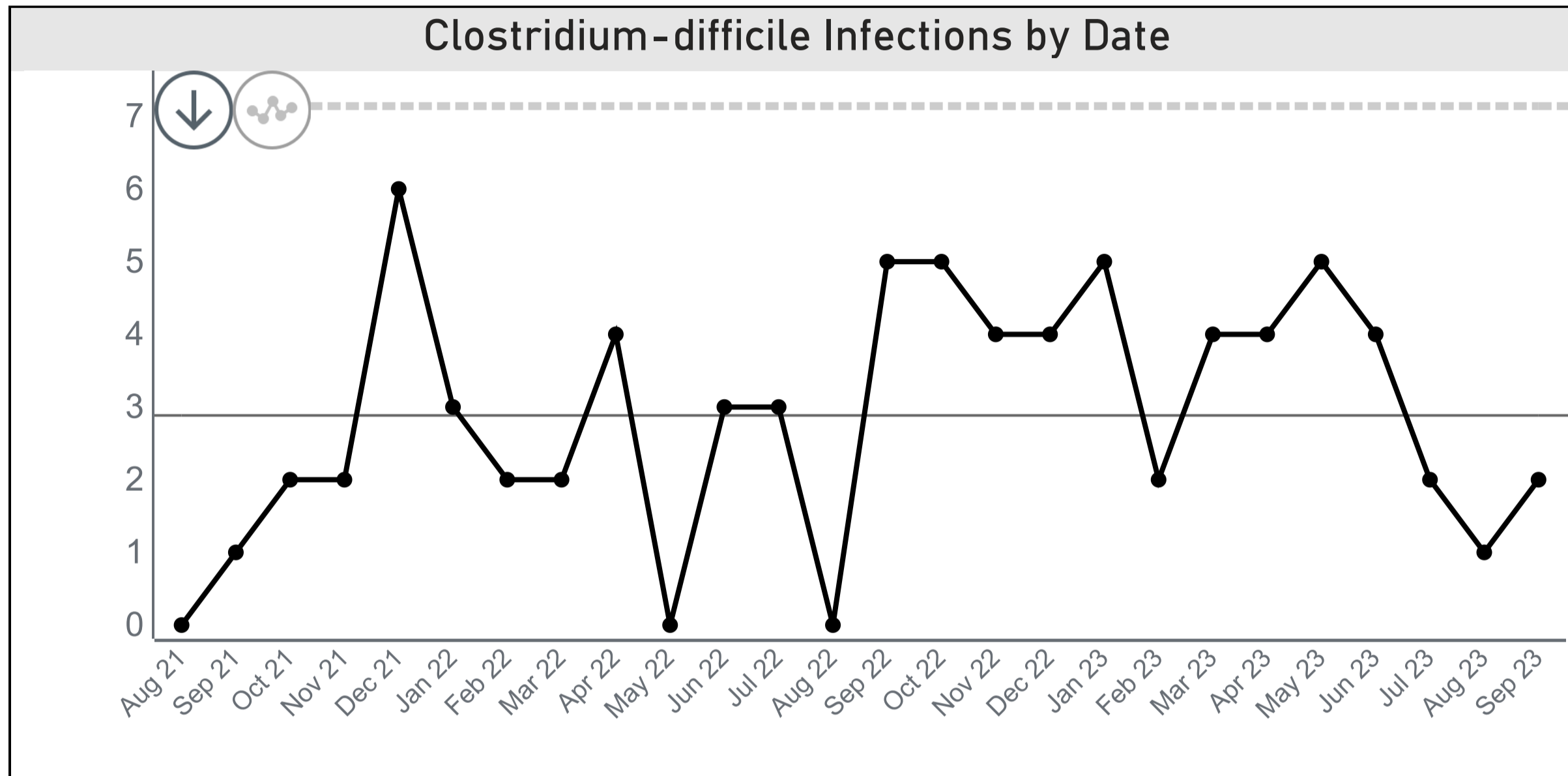


Crude Mortality by Date

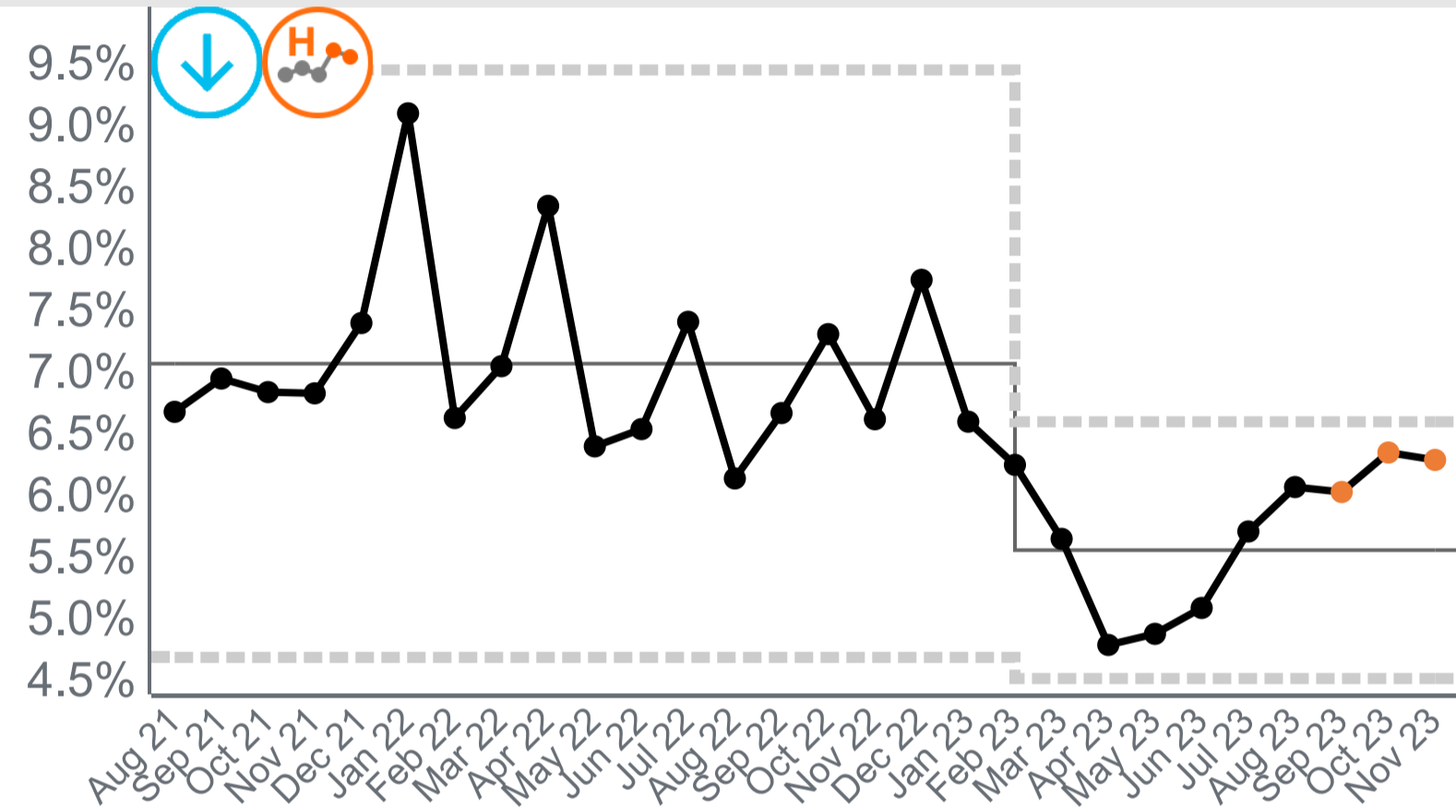


Incidents by Date

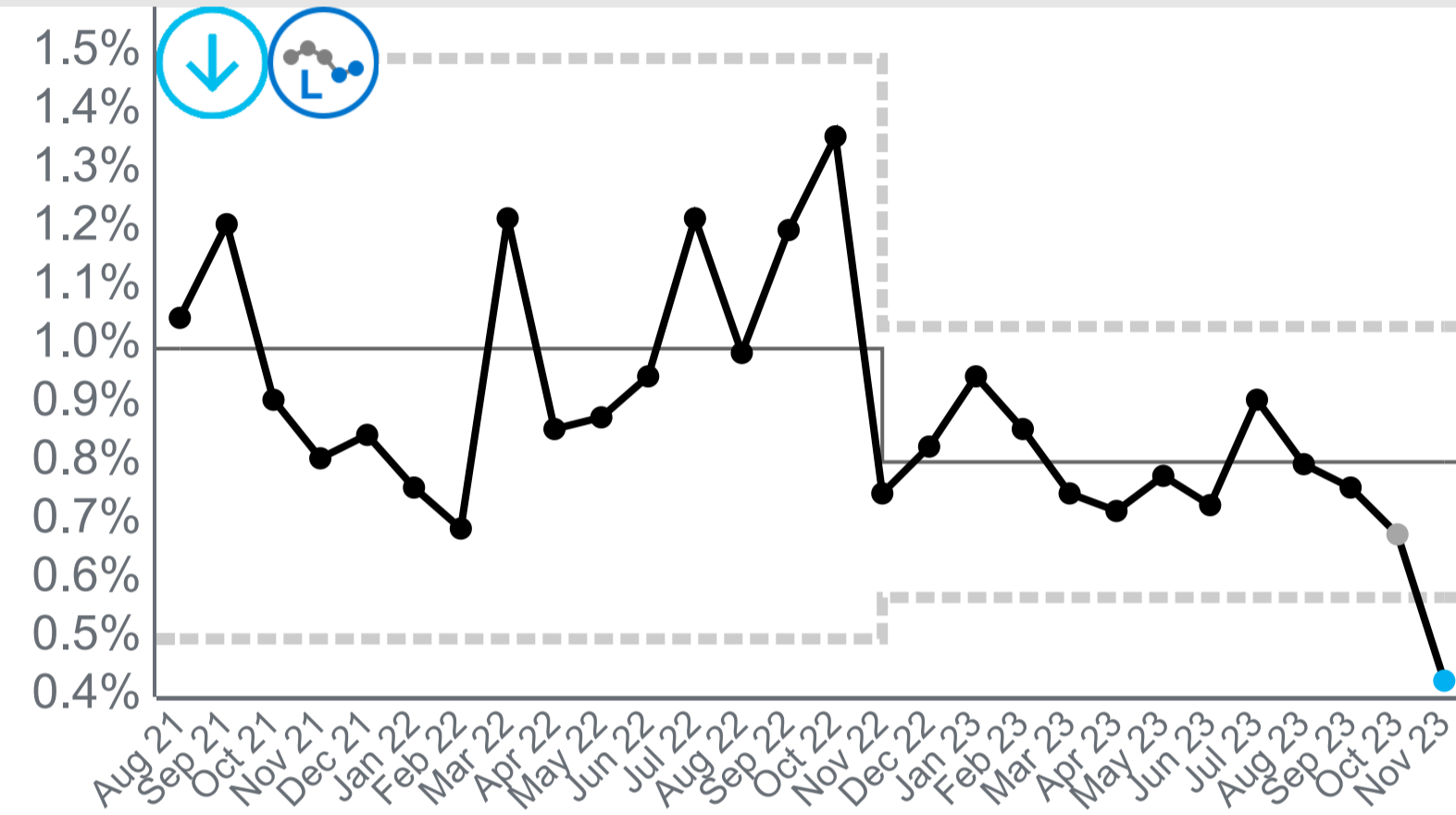




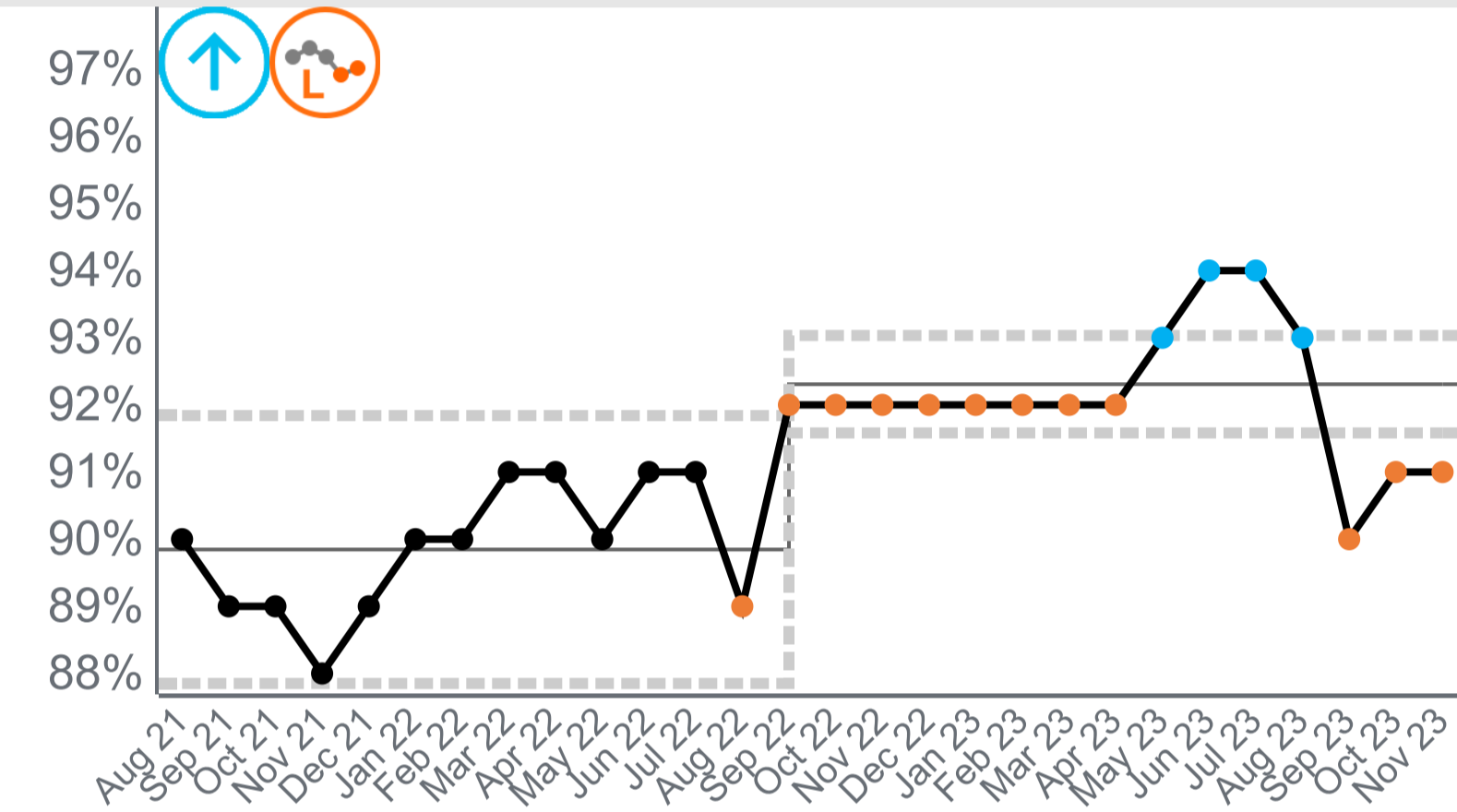
Sickness by Date



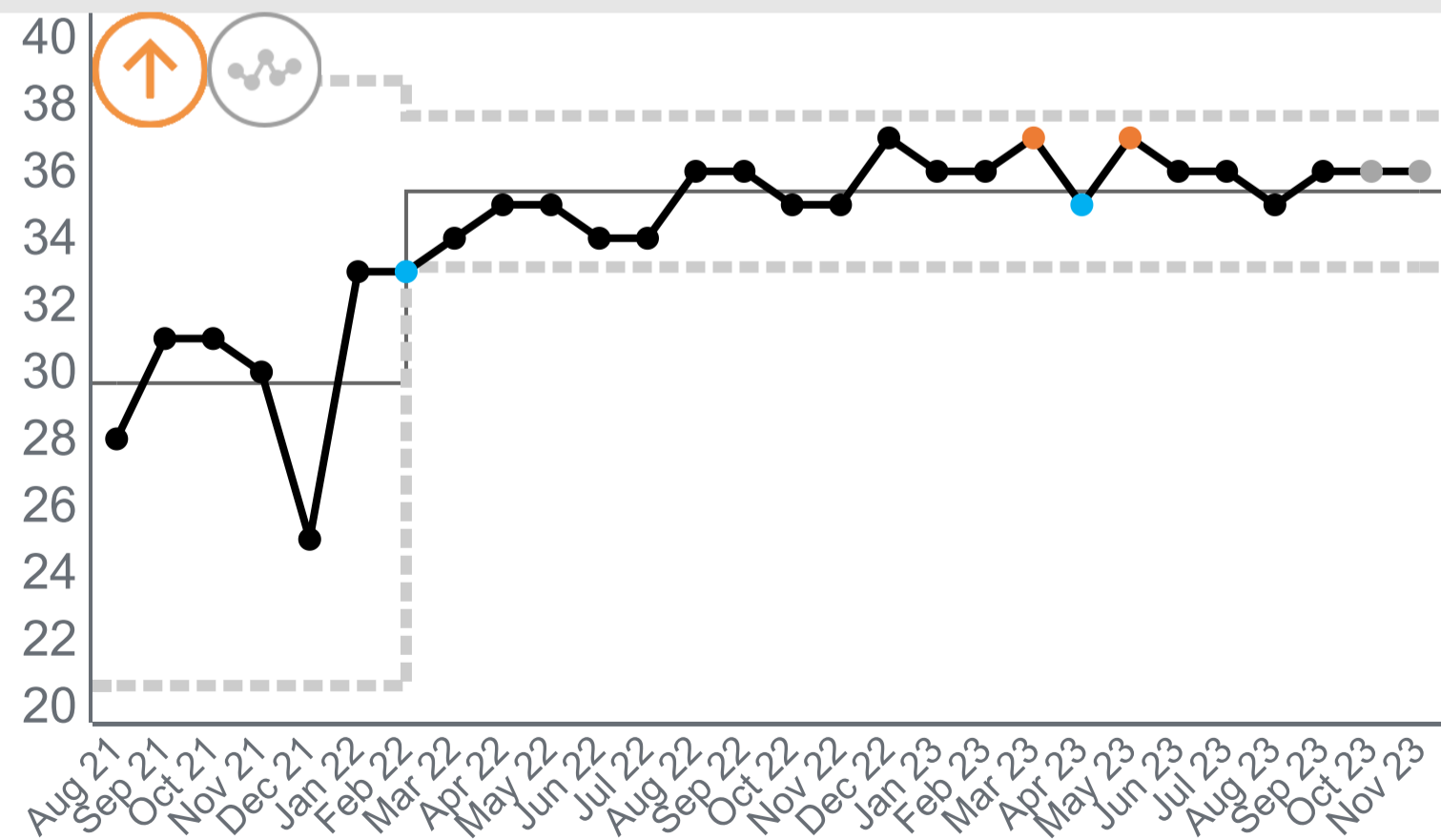
Turnover by Date



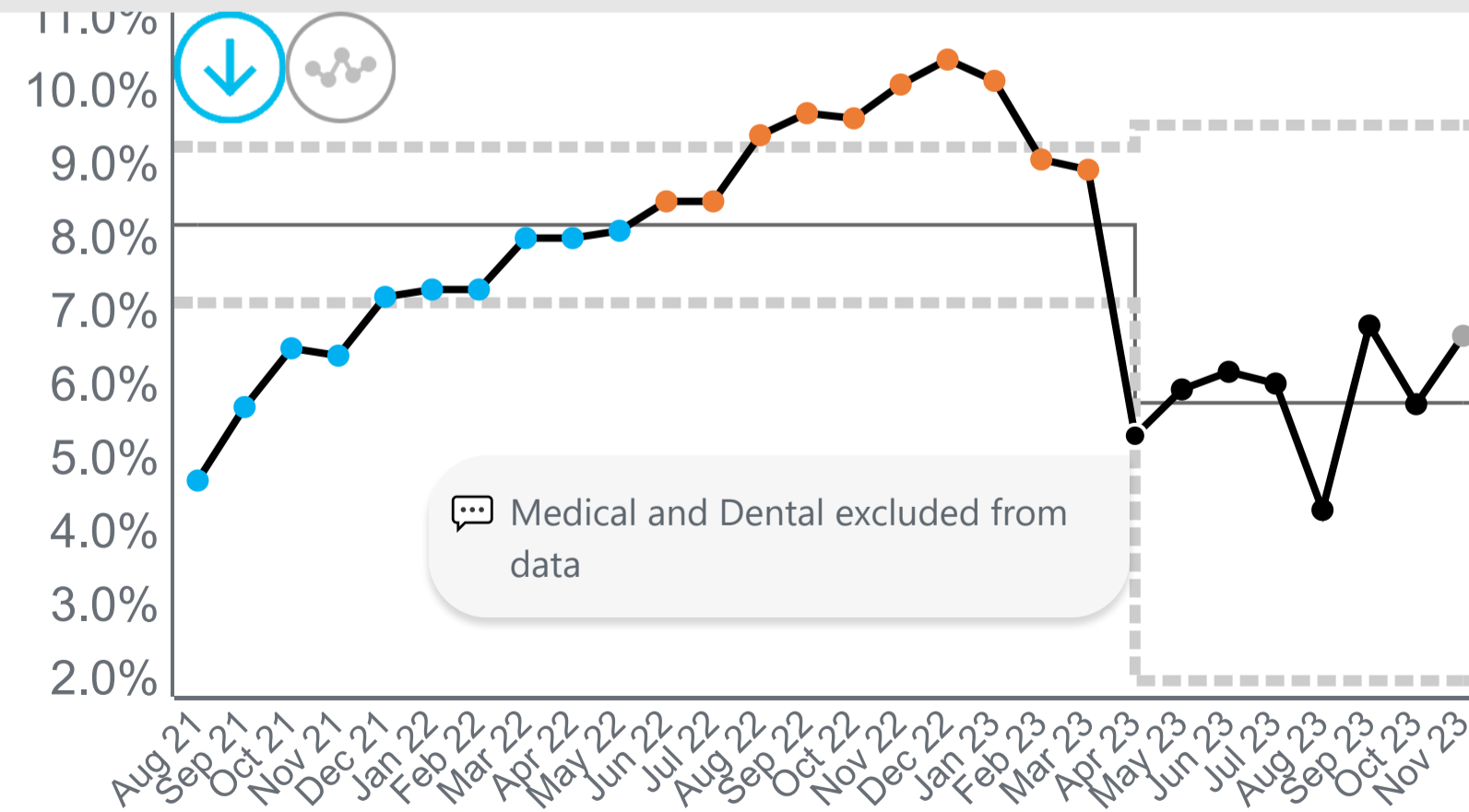
MAST by Date



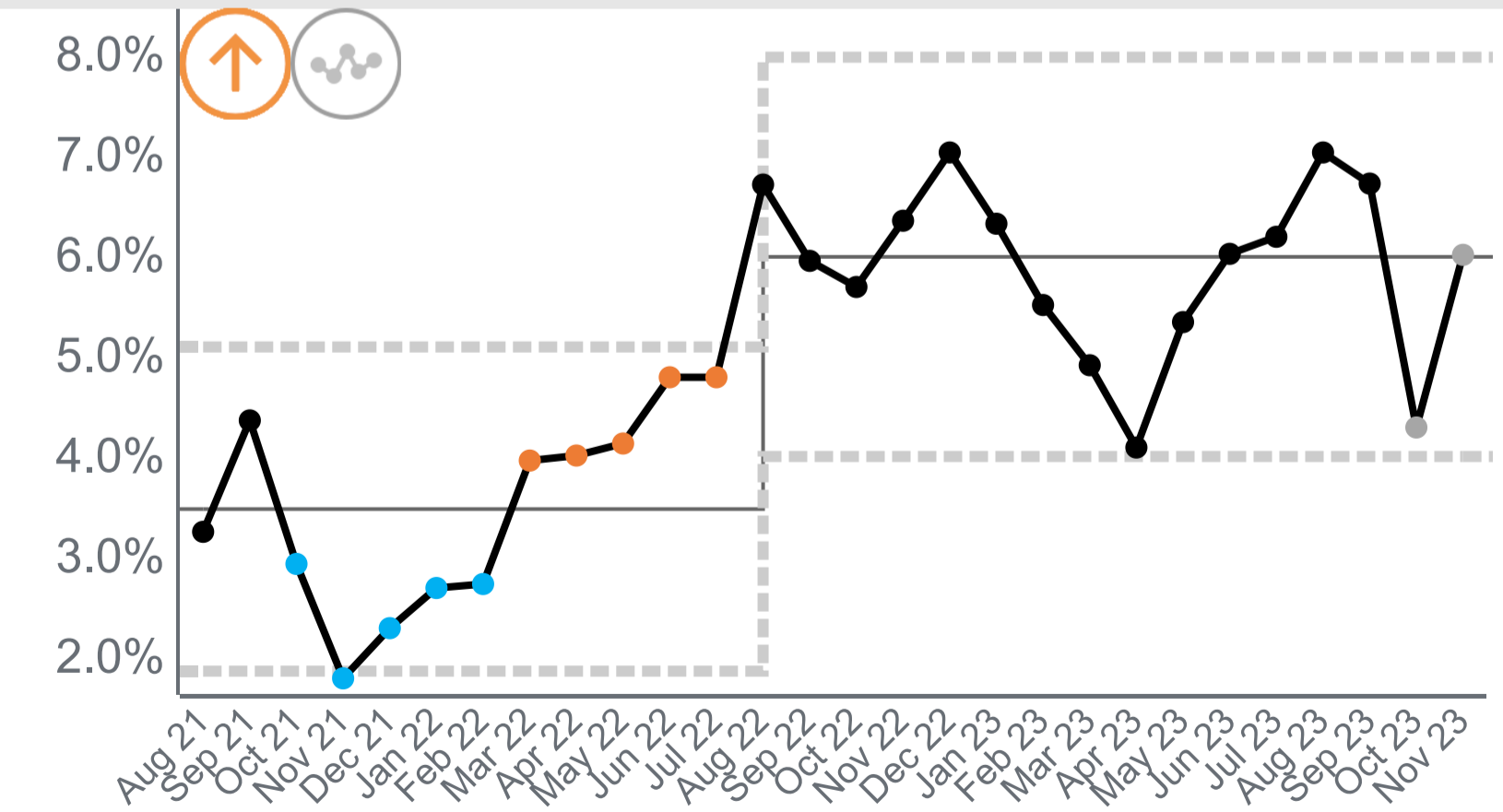
Time to Recruit by Date



Vacancy rate (total) by Date



Vacancy rate (nursing) by Date



QUALITY SUMMARY

Mortality

- Both the SHMI and the HSMR continue to be as “as expected” with performance improving further over the last few months. The latest HSMR value is due to the number of deaths within the Trust falling to just over 800 in the latest 12 month period (compared to closer to 900 six months ago), with the number of expected deaths remaining just under 900. The SHMI has also improved to 102, with the number of expected deaths against this measure increasing over the last several months based on the acuity and demand seen.
- The new SJR process continues to be embedded, with learning taken to the Learning from Deaths group.

Patient Safety

- There were 5 incidents deemed to be severe or above in October, which is line with performance over the past several months. All SIs are investigated via the Harm Free Care Panel, with actions implemented to ensure appropriate learning is shared and mitigating actions put in place.
- VTE assessments have been above target for four consecutive months following focussed efforts by Clinical Leads within areas that were non-compliant.
- Hip Fracture best practice tariff compliance has been highly variable over the last 12 months, due to a number of factors including trauma capacity in theatres and the availability of the Ortho-geriatrician Consultant out of hours. Discussions are underway regarding ring-fencing of beds on our Fitzwilliam Orthopaedic Ward to ensure there is appropriate capacity for relevant patients at all times.
- Patient complaints have increased over the past several months, peaking in October at 12.9 complaints per 10,000 patient contacts. Despite this, the Trust’s Friends and Family Positive Score remains positive, with all domains exceeding their target of 95%.
- Care Hours per Patient Day has been variable over the period, fluctuating around 7 against a target of 7.3. However, the latest data shows the Trust continues to benchmark very poorly on this metric compared to other organisations. This is despite good performance in the Safer Staffing assessment with all four assessed areas at over 90% of planned levels in the most recent data for the first time.

WORKFORCE SUMMARY

Retention and Recruitment

- Over the last 12 months TRFT has seen a 130 WTE increase overall for fixed term and permanent staff (as at the end of November 2023). All bands have seen an increase in WTE with the exception of band 4, which has fallen slightly. These figures include both clinical & non-clinical staff. Rolling voluntary turnover has decreased by 2.6% when compared with November 2022.
- The Trust welcomed 58 new starters for the month of November 2023. Of these, 21 were nursing & midwifery staff and 17 were Nursing Support.
- Highest eligible retirees due now (based on the age of 60) remain within the Estates & Facilities and Integrated Medicine CSUs.
- Analysis shows that of the 23 voluntary leavers for November 2023, 14 had less than 5 years' service with TRFT. All leavers completed an exit questionnaire through ESR, with divisional colleagues reviewing feedback provided to ensure any learning can be taken forward. The top reason for leaving in November 2023 was Work life Balance.

Attendance

- Monthly sickness absence rate for the month of November 2023 decreased slightly but remained well above target. The increase in the overall sickness rate was driven by long term sickness which remained above 4% in month. However, within this picture there was some really positive performance in Urgent and Emergency Care which was below the Trust target at 4.4%, with improvements also seen in Clinical Support Services (CSS) and the Surgery.
- Medicine continues to have the highest sickness absence for the 10th consecutive month (7.9%) and has also had the highest increase when compared to other divisions against October 2023.

Appraisals and Mandatory Training

- Overall appraisal (rolling 12 months) compliance for the month of November 2023 was 87%. Urgent and Emergency Care, Surgery, Community Services and Family Health are above the Trust target of 90%.
- Core MaST compliance has increased by 0.9% and remains above the Trust target of 85%. All divisions remain above target for both Core and Job Specific combined.

COUNCIL OF GOVERNORS MEETING: 21 February 2024

Agenda item: COG/11/24

Report: Quality Priorities 2024/25

Presented by: Helen Dobson – Chief Nurse

Author(s): Victoria Hazeldine – Deputy Chief Nurse

Action required: For Governors to note the long list of potential Quality Priorities for 2024/25

1.0 Introduction

1.1 This report aims to present a long list of potential quality priorities for 2024/5. The quality priorities should be represented across three categories:

- Patient Safety
- Effectiveness
- Experience

2.0 Methodology

2.1 The methodology to identify the priorities was to review the last 12 months trends for clinical incidents, medication incidents, themes and trends, emerging national quality standards, business intelligence/ power Bi, audit, patient feedback/ experience metrics, staff survey and local intelligence from Divisions.

2.2 This was then reviewed against the Board Assurance Framework to confirm that the proposals were reflective of the key gaps in quality identified during the year.

3.0 Next steps

3.1 The long list has been circulated to all Divisional Triumvirates, Heads of specialty services, Governance Leads and leads where services will be directly involved. There will be an opportunity for those individuals and teams to review the long list, confirm any preferences and add any further suggestions prior to an agreement of the final nine by the end of February 2024. It is important that Divisions are involved in this process as they will be expected to contribute to achievement and report on progress within their respective Divisions throughout the year.

3.2 Once the 9 quality priorities have been agreed, the responsible officers and Executive leads will confirm the key milestones and measurable outcomes in detail.

PATIENT SAFETY

Suggested priorities	Rationale for inclusion	How does this link to strategic priorities
<p>Falls We will reduce the number of falls that occur within our Hospitals and improve our community pathways.</p>	<p>Patients who fall can have an increased risk of deconditioning, suffer harm or have delayed discharges.</p> <p>There needs to be a review of the community falls management pathways to aid hospital admission avoidance.</p> <p>Patients in hospital should have timely risk assessments, medication reviews and provided with the tools to help avoiding having a fall.</p> <p>When a fall does happen, staff are able to respond in a timely manner and ensure the risk assessments are completed and acted upon.</p> <p>There should be an increased compliance against the NAIF audit criteria to ensure we are delivering best practice.</p>	<p>PROUD - the quality of care we provide is exceptional, tailored to people's needs and delivered in the most appropriate setting for them</p>
<p>Critical medications We will reduce the rate of omitted or delayed doses of critical medications.</p>	<p>Medicine doses are often omitted or delayed in hospital for a number of reasons. For some critical medicines, delays or omissions can cause serious harm.</p> <p>Harm can arise from missing one dose or repeated doses and is determined by a combination of the patient's condition and prescribed medication. It is imperative that patients receive their medication in a timely manner.</p> <p>Time critical medications of Olanzapine, parkinsons medication and insulin.</p>	<p>PROUD - the quality of care we provide is exceptional, tailored to people's needs and delivered in the most appropriate setting for them</p>
<p>Deteriorating Patient</p>	<p>Recognition, escalation and response to Deteriorating patients improvements patient outcomes.</p> <p>There should be timely recognition and response to all deteriorating patients.</p> <p>This should be accurately recorded within the patients records.</p> <p>When patients deteriorate, the right level of medical response should be delivered within the correct timescales.</p>	<p>PROUD - the quality of care we provide is exceptional, tailored to people's needs and delivered in the most appropriate setting for them</p>
<p>Ward rounds Standardised approach for daily board/ward rounds.</p>	<p>Review of timeliness and quality of ward rounds. Reducing variation in practice with regards documentation.</p>	<p>PROUD - the quality of care we provide is exceptional, tailored to people's needs and delivered in the most</p>

	Consider implementation of ward round checklists to reduce variation of practice and therefore reduce the likelihood of errors.	appropriate setting for them
Acute Kidney Injury	<p>To ensure the early detection and management of AKI for acute adult inpatients.</p> <p>The AKI bundle should be completed.</p> <p>All interventions should be completed in a timely manner.</p> <p>Any learning from audit outputs should be shared throughout the Trust.</p>	
Communication on Discharge	<p>To ensure that TTO's are appropriately prescribed on discharge.</p> <p>To ensure that all changes to medication whilst admitted to the Acute hospital is correctly communicated to the GP in a timely manner.</p>	
Insulin Management Improve the reconciliation, prescribing, delivery and management of insulin to diabetic patients.	<p>Early medication reconciliation.</p> <p>Appropriate and accurate prescribing of insulin.</p> <p>Correct blood sugar monitoring.</p> <p>Correct delivery of insulin.</p> <p>Appropriate management of patients who receive insulin.</p>	PROUD - the quality of care we provide is exceptional, tailored to people's needs and delivered in the most appropriate setting for them
Learning from Deaths	Through the SJR process, ensure that patients requiring palliative care are identified early and the appropriate care plan is put in place.	PROUD - the quality of care we provide is exceptional, tailored to people's needs and delivered in the most appropriate setting for them

EXPERIENCE

Suggested priorities	Rationale for inclusion	How does this link to strategic priorities
PALS Development of Patient Advice and Liaison Service (PALS) in the main entrance	Most issues relating to patient experience would be better resolved at the time they occurred. Having a purpose built centre for PALS in the main entrance, staffed with PALS advisors would provide a central point for patients and families to talk to someone face to face. Clinical teams can be contacted to speak to patients and families to try and resolve issues in real time before they become complaints or concerns	PROUD -
End of Life Care	The National Audit of End of Life Care (NACEL) has been refreshed for 2024 and includes resources to	PROUD -

<p>Gather qualitative feedback from bereaved people in their perspective of their personal experience of their loss of a loved one</p> <p>Gather qualitative feedback on the confidence of staff who come into contact with a dying person and those closest to them</p>	<p>contact bereaved people to ask for their feedback on their personal experience of a loss of a loved one. This important feedback will help shape the ongoing work in the Trust to improve care for patients at the end of life.</p> <p>The deaths that should be excluded from the Quality Survey element of the audit are:</p> <ul style="list-style-type: none"> • Deaths of patients aged under 18 • Deaths which occurred in A&E • Deaths which occurred within 4 hours of admission • Suicides • Maternal deaths • Deaths of people with a formal diagnosis of learning disability <p>This survey will ask questions pertaining to staff confidence and experience specifically in delivering care at the end of life. This is not a staff satisfaction survey such as the NHS staff survey.</p>	
<p>Digital Patient and Family Feedback</p> <p>Develop a digital feedback measure for patient and family feedback on the 6 patient experience priorities; Safe staffing, Discharge, Pain, Nutrition and hydration, Shared decision making</p> <p>Communication to wider Rotherham community</p>	<p>Following two years of thematic analysis of all patient experience feedback (complaints, concerns, compliments, CQC surveys, FFT) and facilitated analysis from colleagues at Picker, the main themes that remain important to patients have been identified with an improvement lead for each one.</p> <p>Currently Tendable is not able to capture any improvement in these themes, so a digital solution needs to be built to enable feedback from patients and families on an improvement measure for these 6 themes</p>	<p>PROUD</p>
<p>Person Centred Care</p>	<p>Person centred practice, when placed at the heart of everything we do, and is based on shared values will improve outcomes and empower people and their communities to manage their healthcare</p>	<p>PROUD</p>

EFFECTIVENESS

Suggested priorities	Rationale for inclusion	How does this link to strategic priorities
<p>Frailty Assessments - Frailty is a key priority for the NHS to identify frailty in a person early and for them to be seen at the right time by the right team in order for needs to be identified and managed.</p>	<p>A number of publications of NICE Guidance covering Frailty Assessments</p> <p>CQUIN – CCG5 – Identification and response to frailty in Emergency Departments outcomes highlight poor compliance in frailty assessments and concern has been raised around the quality of completion</p> <p>Frailty is a theme for improvement in a number of National Clinical Audits;</p> <ul style="list-style-type: none"> • National Clinical Audit of Dementia • Falls & Fragility Audit Programme <p>NHSE Right Care Frailty Toolkit – based upon NICE and GIRFT recommendations offers a self assessment and guidance to improve care and services to support people living with frailty from patients accessing ED to providing care in patients own homes</p>	<p>PROUD - the quality of care we provide is exceptional, tailored to people's needs and delivered in the most appropriate setting for them</p>
<p>Transition - The process of transition is complex as the needs of each young person are not identical. It is more challenging when a young person has multiple complex conditions, in settings where there may not be an adult team to transfer to or where children and young people's services end at age 16 and the adult service does not start until age 18.</p>	<p>Transition from child to adult services remains a common theme for improvement in a number of National Clinical Audits;</p> <ul style="list-style-type: none"> • Epilepsy-12 • NPDA – paediatrics diabetes • NRAP – child asthma <p>NCEPOD The Inbetweeners - A review of the barriers and facilitators in the process of the transition of children and young people with complex chronic health conditions into adult health services highlighted a fundamental issue: transition from child into adult services is often perceived as the responsibility of the team the young person is leaving, instead of it being in the job plans of all healthcare professionals involved, including those in adult healthcare services. Good, developmentally appropriate care should not be an exception, it should be part of core business</p> <p>A number of publications of NICE Guidance cover Transition from child to adult services of which the Trust position is partially achieved – improvement required</p>	<p>PROUD - the quality of care we provide is exceptional, tailored to people's needs and delivered in the most appropriate setting for them</p>
<p>Informed Consent - Shared Decision Making – measuring and improving the consent journey from first discussion to undergoing a procedure or treatment</p>	<p>Trust Consent Audits highlighted areas of non compliance and improvements required with the consent process – all specialities will be required to undertake a clinical audit measuring the consent journey in 2024-25 as part of the Clinical Audit Programme</p>	<p>PROUD - the quality of care we provide is exceptional, tailored to people's needs and delivered in the most appropriate setting for them</p>

	<p>GMC and BMA Guidance on Consent and Shared Decision Making make recommendations on best practice</p> <p>The Patient Experience Survey evidenced poor experience reported in regard to consent, information and being involved in decision making</p> <p>Legal Team and claims data – learning from cases where claims have been settled on consent to focus the improvement work by specialty and across the organisation</p> <p>Learning from incidents and complaints related to information, consent, involvement in decision making</p>	
<p>Improving inequalities in health outcomes through equitable access to evidence based medical technologies and procedures</p> <ul style="list-style-type: none"> • Adoption of medical technologies and procedures at TRFT • Referral to an alternative local provider (BNHSFT/STH/DRI/Chesterfield) 	<p>The NHS Long Term Plan committed to accelerate the uptake of selected innovative medical devices, diagnostics and digital products, by developing the MedTech Funding Mandate (MTFM) policy. The MTFM aims to ensure patients and the NHS benefit from clinically effective and cost saving medical technologies faster and more equitably. Technologies covered by the MTFM are typically funded by commissioners from their existing allocations. They are NICE recommended and meet the criteria to save costs and resources and make return on investment within three years.</p> <p>NICE recommended interventional procedure guidance should be considered for adoption to improve health outcomes. Where the Trust agrees not to adopt full justification will be evidenced. Where guidance is adopted it will be introduced through the New Clinic, Procedure and Treatment Policy. Measurement on the safety and outcomes will be evidenced.</p> <p>Where a technology or procedure is not offered at the Trust referral to an alternative provider will be considered and appropriate patient information made available.</p>	<p>PROUD - We will be proud to deliver our best every day, providing high quality, timely and equitable access to care in an efficient and sustainable organisation</p>
<p>Taking action on Clinical Audit Outcomes</p>	<p>The CQC assessment framework will measure how we as an organisation respond to clinical audits outcomes.</p> <p>NHS England's Quality Functions: Responsibilities of providers, Integrated Care Boards and NHS England a Quality Framework for ICBs defines provider responsibilities for delivering clinically effective care. Part of which is to measure the effectiveness of care and take action where required.</p> <p>The 2023-24 Quality Priority to Effectively Participate In Clinical Audits has made good progress but continues to need further development. Therefore it is proposed that the Trust should;</p>	<p>PROUD - the quality of care we provide is exceptional, tailored to people's needs and delivered in the most appropriate setting for them</p>

	<p>Further strengthen processes within specialties for review of outcomes and agreement of improvement plans</p> <p>Ensuring timely review & translation of data that is triangulated with wider information for context and understanding, root cause analysis is undertaken to identify why any <i>non compliance</i> and the escalation of concern and any risk considered of significance takes place</p> <p>SMART action planning guidance is developed and disseminated as a resource</p> <p>Action plans for improvement are developed with key stakeholders and triangulated with wider QI action plans to avoid duplication or negative impact.</p> <p>Final SMART action plans for improvement are reviewed for approval by agreed Divisional processes.</p> <p>Confirmation that each improvement action has been implemented will be evidenced and where there are any delayed actions these are escalated and the risk of non implementation is assessed.</p> <p>Identified metrics for evaluating the effectiveness of each action in addressing any risk or areas where improvement was required are reviewed for impact on patient care.</p> <p>Further measurement is agreed: Audit for continuous improvement Wider QI Assurance monitoring of agreed metrics</p> <p>Key messages for learning are shared with all Trust staff in the easiest most accessible way</p> <p>Themes for improvement identified within clinical audit outcomes are taken forward in collaboration with Safety, Experience and Effectiveness, with support from the QI Faculty to improve patient care. In particular;</p> <ul style="list-style-type: none"> • Frailty Assessments • Transition 	
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Victoria Hazeldine
Deputy Chief Nurse
February 2024

COUNCIL OF GOVERNORS MEETING: 21st February 2024

Agenda item: 12/24

Report: Developing the People and Culture Strategy 2024-2027

Presented by: Daniel Hartley

Author(s): Daniel Hartley Director of People

Action required: For Governors to note the progress made to date and to provide any feedback to inform the strategy.

1 Introduction and purpose of report

- 1.1 The existing Trust People Strategy expires at the end of March this year. Work has been underway since late 2023 to create the new strategy – a People and Culture Strategy for 2024-2027. The purpose of the strategy is to enable the Trust to deliver our Vision of exceptional healthcare through our people.
- 1.2 This report and attached slide presentation is presented to the Council of Governors to provide an update on this work, to seek feedback and to enable Governors to have further opportunity to feed into this work. In doing so Governors are invited to influence this work it before it is presented to the People Committee and Board of Directors for approval in April and May.

2 Key issues

- 2.1 There is a significant evidence base demonstrating the importance of People and Culture to the delivery of patient outcomes and the success of organisations (see attached slides).
- 2.2 Strong progress has been made during the lifespan of the existing strategy which has seen an increase in engagement scores as measured by the NHS staff survey, a fuller establishment and reduced turnover. Opportunities remain to increase engagement and to further improve the extent to which our staff would recommend TRFT as a place to work and as a place to be treated.
- 2.3 The process of developing this strategy is being overseen by a diverse steering group and delivered by a project team from the People function. The engagement currently being carried out is being led by senior leaders across the organisation and bespoke engagement is being undertaken with students, new starters, equality and diversity networks and patients.

3 Recommendations

- The Council of Governors are asked to note this important work, offer any feedback on the journey and engagement presented and discuss how Governors may wish to provide any further input into this work to influence it over the coming weeks.

Developing our new People and Culture Strategy 2024-2027



Work so far

1. **December** – Board strategic session and People Committee discussion. Establishment of internal steering group and project team.
2. **January** – development and launch of wider engagement in TRFT and senior leaders briefed via engagement pack (slides 4 – 21)
3. **February** – feedback sought from staff via engagement pack and QR survey. Bespoke engagement with key partners/stakeholders staff, patients, students, and Governors

Feedback from Governors very welcome and a discussion on any other ways you would like to be involved.

Our current People strategy

The current people strategy expires end of March
Set out a number of ambitions around 4 key themes

- Build
- Engage
- Lead
- Learn

Open accurate evaluation at year end

- People metrics, turnover, appraisals, MAST, absence
- New roles, behavioural framework, progress on EDI, apprenticeships etc.
- Staff survey response rates and performance on engagement
- Workforce growth
- Covid and evolving priorities





The Rotherham NHS Foundation Trust
People and Culture Strategy
Engagement Pack

What is a People and Culture Strategy?

“Our ‘People and Culture strategy 2024-2027’ will set the direction for our approaches to people and culture for the next 3 years.

It will spell out how we will deliver our vision of exceptional healthcare for the people of Rotherham by creating the conditions for us all to do our best work, both individually and in teams across the Trust.

Rooted in our values of **Ambitious, Caring and Together** it will guide how we improve outcomes for patients through our people. We will measure our progress through the staff survey and have detailed action plans each year – ‘we said, we did.’

We need your help to shape this strategy so please share your views on what is important to you using the QR codes. Thank you in advance and for everything you do for patients.”

Daniel Hartley

Director of People, Jan 2024



Why the People and Culture Strategy 2024/27 matters



It will cover both our people - 'Us' and culture. Our culture affects how we show up for patients, Rotherham, partners and how we deliver

Right staffing levels



High levels of engagement



Quality improvement methodology



Listening to patients and acting on feedback

How do people and culture make a difference to patients?



Exceptional Healthcare
safe, clinically effective,
great patient experience

highly recommended
by staff and patients

high productivity

financial sustainability

Why Engagement is key:

People/staff engagement is a workplace approach resulting in the right conditions for all members of an organisation to give of their best each day, committed to their organisation's goals and values, motivated to contribute to organisational success, with an enhanced sense of their own well-being.

(Engage for Success, 2021)

Level of Engagement



Staff survey

Advocacy scores



Quality of patient experience

Reduced mortality rates

Improved CQC rating

(adapted from West and Dawson, King's Fund 2012 and Wake and Green, BMJ 2019)



What creates high levels of engagement – 1 ?

Mission

We all understand our purpose as individuals, teams and as a whole Trust.

(Adapted from www.engageforsuccess.org)



What creates high levels of engagement - 2?

Employee Voice

We all have a voice that is listened to. We feel that we can speak up, suggest new ideas and raise concerns.

(Adapted from www.engageforsuccess.org)



What creates high levels of engagement – 3 ?

Great Managers

We all feel supported and valued by our line manager.

(Adapted from www.engageforsuccess.org)

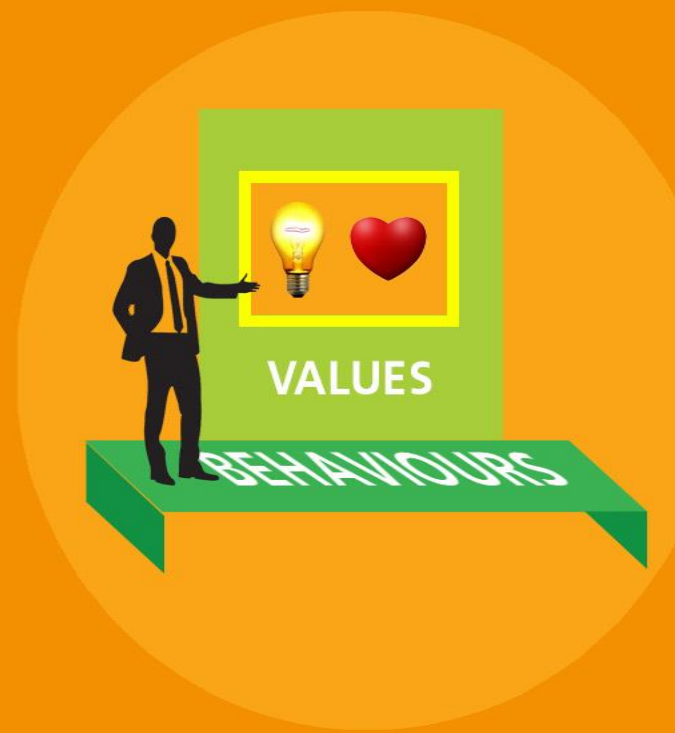


What creates high levels of engagement – 4 ?

Behaviours

We treat people well and are treated with respect as unique human beings. Poor behaviours are challenged.

(Adapted from www.engageforsuccess.org)



Engagement Exercise 1

1. Which of these 4 aspects of engagement are most important to you?
(1 being most important, 4 least important)
2. Which of these 4 aspects of engagement need the most improvement at TRFT?
(1 needs most improvement, 4 least improvement)



[Slido Link](#)



What is Quality Improvement:

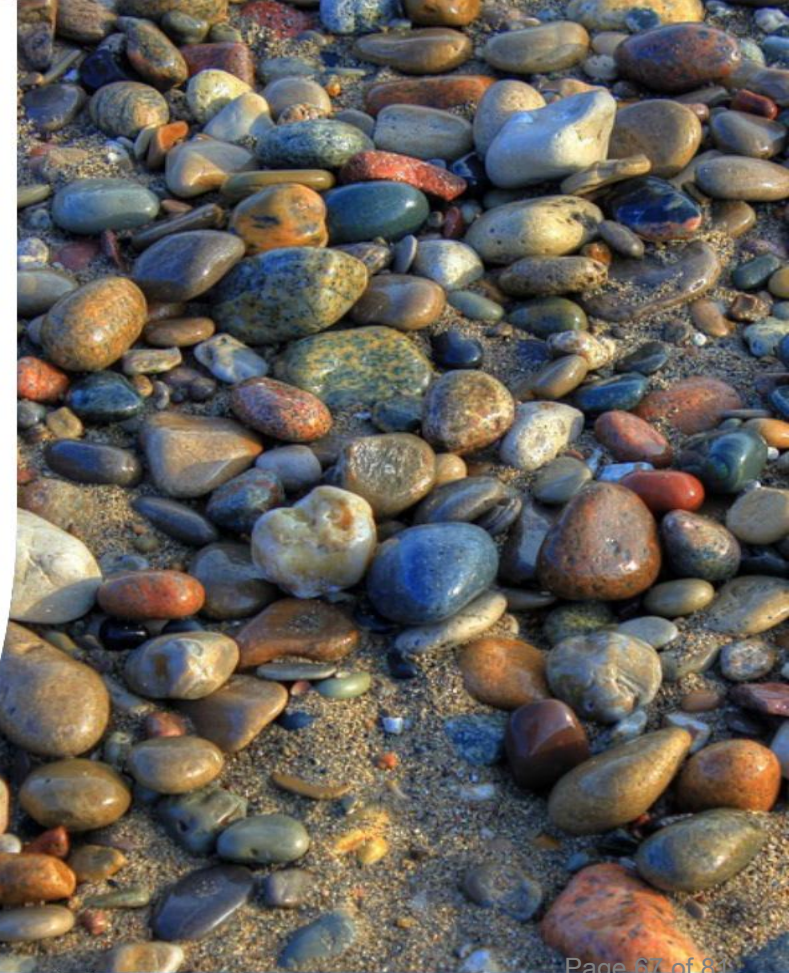
Quality Improvement (QI) is about solving problems and making things better to improve healthcare.

Some problems are small - '**pebbles**' some are bigger, '**rocks**' or even '**boulder**' sized, and will require more people, time and guidance. Examples:

Pebbles Tidying a store room, moving a key box

Rocks Changing a process or policy

Boulders Implementing a new service or developing a new patient pathway.



Engagement Exercise 2:

3. What statement best describes you and Quality Improvement. I have;

1. No understanding about Quality Improvement and want to find out more
2. Some understanding, but would need some more development to apply it
3. Good understanding, but would need support from the QI team to apply it
4. Good understanding, but just haven't applied it in my role
5. Good understanding, and have used it /are using it in my role

[Slido Link](#)

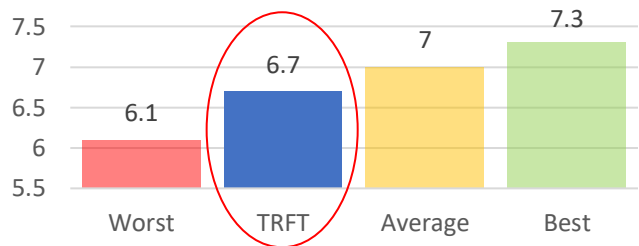


How we are doing on engagement scores?

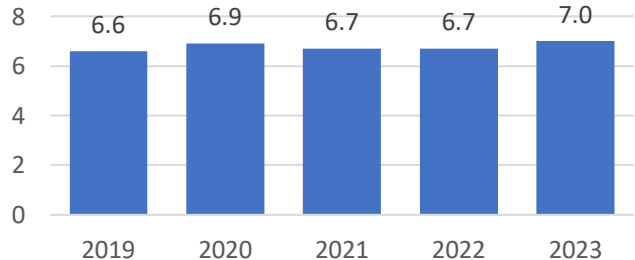
How do we become the best?

Staff Engagement

Engagement scores (out of 10), NSS 2022

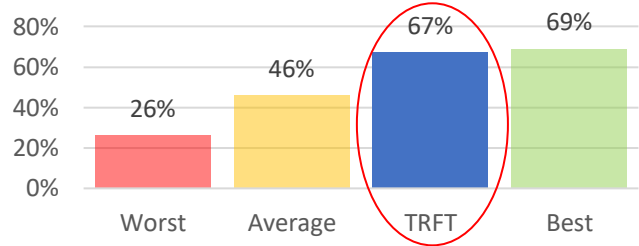


TRFT Engagement scores, NSS 2020-2023

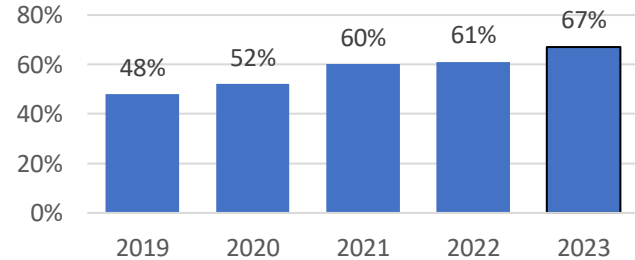


Staff Response Rate

Response Rate, NSS 2023 - Picker



TRFT Response Rate, 2019-2023

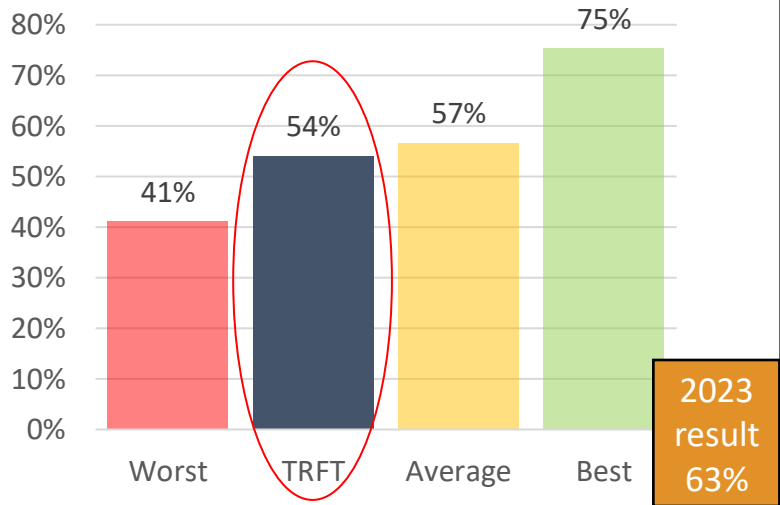


How are we doing on advocacy/ recommendation scores?

How do we become the best?

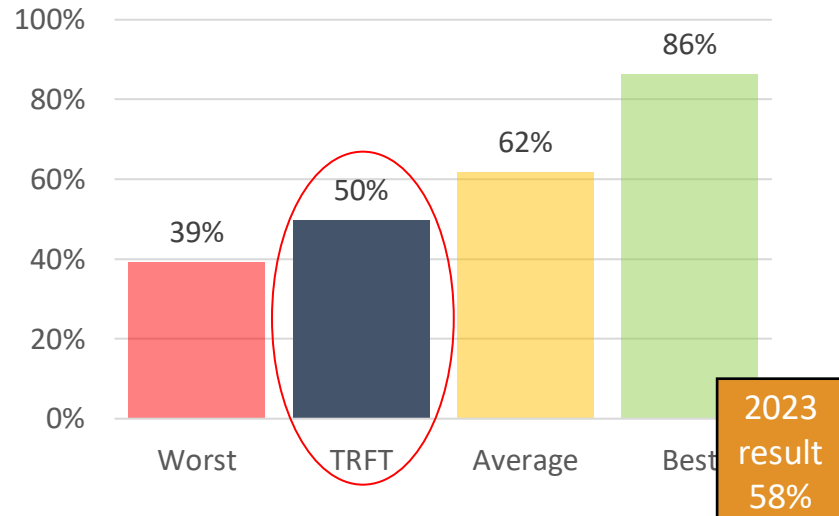
Advocacy: Place to work

Recommend Trust as a place to work, NSS 2022



Advocacy: Place to be treated

Recommend Trust as a place to be treated, NSS 2022



Engagement Exercise 3:

4. What already makes TRFT a great place to work?
5. What needs to change to make you more likely to recommend TRFT as a place to work?
6. What needs to change for you to be more likely to recommend TRFT as a place to be treated as a patient?

[Slido Link](#)



NHS People Promise



The NHS People promise is focused on improving the experience of working in the NHS
It covers 7 key areas set out above and we measure our progress through the staff survey.

NHS People Promise

Engagement Exercise 4:



7. Please rank the top 3 in order of importance to you

8. Which one area needs the most improvement in your view?

[Slido Link](#)





Thank you!

Culture and engagement CQC

W3. Is there a culture of high-quality, sustainable care?

Characteristics of services we would rate as outstanding in this area

Leaders have an inspiring shared purpose, and strive to deliver and motivate staff to succeed. There are high levels of satisfaction across all staff, including those with particular protected characteristics under the Equality Act. There is a strong organisational commitment and effective action towards ensuring that there is equality and inclusion across the workforce.



Staff are proud of the organisation as a place to work and speak highly of the culture. Staff at all levels are actively encouraged to speak up and raise concerns, and all policies and procedures positively support this process.

There is strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.

Next steps

1. February – engagement and Board Committee discussions
2. March – review of feedback and creation of strategy
3. April – strategy presented to People Committee and Board for 3rd May sign off

Feedback from Governors very welcome and a discussion on any other ways you would like to be involved.

COUNCIL OF GOVERNORS MEETING: 21st February 2024

Agenda item: 13/24

Report: Governor Elections 2024

Presented by: Alan Wolfe

Author(s): Alan Wolfe

Action required: To note

1.0 Introduction

1.1 Governor Elections (Public and Staff) will be held in 2024.

1.2 There will be one Staff Governor seat open to election, which is currently vacant (previously held by Emily Wraw who has now left the Trust).

1.3 There will be eight Public Governor seats open to election, seven of which are currently vacant, one which is currently held by Gavin Rimmer the Lead Governor.

2.0 Election Timetable

2.1 The Trust will be utilising the services of CES to manage the election process on our behalf.

2.2 There are only two options in terms of the duration of the election either 41 days or 55 days.

2.3 The 41 day option results in a shorter timeframe for the Nominations phase and a shorter timeframe for voting. This option was used in last year's election.

2.3.1 Following the operations of last year's election, the timetable will be as detailed below:

ELECTION STAGE	OPTION – 41 Days Short
Trust to send nomination material and data to CES	Monday, 13 Mar 2024
Notice of Election / nomination open	Monday, 27 Mar 2024
Nominations deadline	Wednesday, 12 Apr 2024
Summary of valid nominated candidates published	Thursday, 13 Apr 2024
Final date for candidate withdrawal	Monday, 17 Apr 2024
Electoral data to be provided by Trust	Wednesday, 19 Apr 2024
Notice of Poll published	Tuesday, 2 May 2024
Voting packs despatched	Wednesday, 3 May 2024
Close of election	Wednesday, 24 May 2024
Declaration of results	Thursday, 25 May 2024

3.0 Statutory Duties to be undertaken by Corporate Governance Team

3.1 The Corporate Governance Team will undertake a number of statutory duties, which will include, but not limited to:

- Inform the membership, via CES, of the elections.
- Ensure statutory election notices are placed on the dedicated elections page
- Ensure statutory notices are published on the Trust's website

4.0 Support to be provided by the Trust's Communication Team

4.1 With the support of the Communications Team the elections will be promoted through such as the following activities:

- Website
- Team Brief – to promote with staff to encourage family and friends in the relevant constituencies to stand as a Governor
- iBulletin – to ask staff to encourage friends and family to stand as a Governor as appropriate
- Proud News – include news about Governor activities/events and promote future dates (such as Governors' Surgery)
- Press and local media – raising awareness of elections
- Social media
- Posters for the hospital building and potentially other local suitable locations
- Provide existing Governors with information so they can promote locally through their own connections and communities

5.0 Conclusion

5.1 The Committee is asked to note the timeframe for the Governor elections and proactively promote the role of Governor and the forthcoming elections.

**Council of Governors
February 2024**

Agenda item: 14/24

Report: Governor Membership Engagement Meeting

Presented by: Angela Wendzicha, Director of Corporate Affairs

Action required: To note

1.0 Introduction

1.1 The Governor Membership Engagement Group takes place on a quarterly basis and involves representatives from the Council of Governors and is attended by the Trust Chair, Communications and Corporate Affairs representatives.

2.0 Proposed Dates for 2024

2.1 The proposed dates for the meetings in 2024 are :

DATE	TIME
19 th March 2024	5.0 – 6.00 pm on Teams
18 th June 2024	5.00 – 6.00 pm on Teams
15 th September 2024	5.00 – 6.00 pm on Teams
17 th December 2024	5.0 – 6.00 pm on Teams

2.2 Alongside this, there is a need to review and refresh the Membership and Chair for the Governors Member Engagement Group. The Terms of Reference for the group state that membership shall consist of:

- At least half of the Public Governors;
- At least one Staff governor;
- At least one Partner Governor

The Chair of the Group will be a Public Governor selected by the Council of Governors. Membership and Chair will rotate on an annual basis at the beginning of June.

3.0 Next Steps

3.1 Council of Governors are asked to note the proposed meeting schedule and consider the membership.

Calendar of Business for Council of Governors 2024

REPORT - ORDER		2024			
		Feb 21	May 15	Aug 21	Nov 20
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)	CEO				
Five Year Strategy Update (every 6 months)	CEO		/		/
Quality Priorities	CN	/			
Quality Account	CN		/	/	
Annual Report (through Annual Members Meeting)	DoCA			/	
Annual Accounts (through Annual Members Meeting)	DoF				
Financial Plan	DoF		TBC		
Governor Regulatory and Statutory Requirements					
Governance Report	DoCA	/	/	/	/
Constitution – formal review Last review October 2018	DoCA			/	
Constitution – Partner Governors	DoCA			/	
Governors Standing Orders (linked to Constitution review) To be reviewed every 3 years as a minimum or in conjunction with any changes to Constitution. Last review October 2018	DoCA			/	
Appointment of Vice Chair (as needed)	DoCA				
Appointment of Senior Independent Director (as needed)	DoCA				
Appointment / Reappointment of NED's (as needed)	NomComm	/	/	/	/
Appointment/Reappointment of Chair (as needed)	NomComm	/	/	/	/
Outcome of Chair and NED Appraisals	NomComm		/		
External Auditors (contract renewal) Contract with Mazars LLP effective from 01/10/2020 for 3 years with option to extend for 1 further year	DoCA				

Key:

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

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

NED (Non-Executive Director)

Calendar of Business for Council of Governors 2024

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					
For reference dates of Sub Group meetings					
Governors Nomination Committee					
Governor Member Engagement Group					

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)