

Council of Governors

The Rotherham NHS Foundation Trust

Schedule	Thursday 16 November 2023, 5:00 PM — 6:30 PM GMT
Venue	Board Room, Level D
Organiser	Valerie Wallett

Agenda

COG/61/23. Chairman's Welcome and announcements - Verbal
For Noting - Presented by Kamran Malik

COG/62/23. Apologies for absence and quoracy check - Verbal

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 Kamran Malik

COG/63/23. Declarations of Interest - Verbal
For Noting - Presented by Kamran Malik

COG/64/23. Minutes of the previous meeting held on 16 August 2023
For Approval - Presented by Kamran Malik

COG/65/23. Matters arising from the previous minutes (not covered elsewhere on the agenda) - Verbal
Presented by Kamran Malik

COG/66/23. Action Log
For Approval - Presented by Kamran Malik

COG/67/23. Chair's Report - Verbal
For Noting - Presented by Kamran Malik

COG/68/23. Report from the Non-Executive Director Chairs of the Board Assurance Committees:

- i. Finance and Performance Committee - Martin Temple
 - ii. People Committee - Rमित Shah
 - iii. Audit and Risk Committee - Rमित Shah
 - iv. Quality Committee - Julia Burrows
 - v. Charitable Funds Committee - Steve Hackett on behalf of Corporate Trustee
- For Noting
-

COG/69/23. Five Year Strategy Update
For Noting - Presented by Michael Wright

COG/70/23. Operational Objectives Progress Report
For Noting - Presented by Michael Wright

COG/71/23. Finance Report
For Noting - Presented by Steve Hackett

COG/72/23. Integrated Performance Report
For Noting - Presented by Michael Wright

COG/73/23. Governor Engagement Report
For Discussion - Presented by Angela Wendzicha

COG/74/23. Partnership Working Update - Verbal
For Noting - Presented by Louise Tuckett

COG/75/23. Issues to be escalated to Board of Directors - Verbal
For Approval - Presented by Kamran Malik

COG/76/23. Council of Governors Work Plan
For Noting - Presented by Kamran Malik

COG/77/23. Next meeting to be held on Wednesday 21 February 2024
Presented by Kamran Malik

**MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS
HELD ON WEDNESDAY, 16 AUGUST 2023
IN THE BOARDROOM**

Chair: Mr K Malik, Non-Executive Director

Public Governors: Mr A Ball, Public Governor Wentworth Valley
Mrs M Gambles, Public Governor Rotherham Wide
Mr G Rimmer, Public Governor Rotherham Wide & Lead
Governor
Mr A Zaidi, Public Governor Rotherham Wide
Mr M Skelding, Public Governor Rotherham Wide
Mr P Coffall, Public Governor Rotherham Wide
Ms I Ogbolu Public Governor Rotherham Wide

Staff Governors: Mrs P Keta, Staff Governor

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

Mr M Wright, Deputy Chief Executive
Mrs C Storer, Deputy Chief Nurse
Mr S Hackett, Director of Finance
Dr S Douglas, Deputy Medical Director
Mrs H Craven, Senior Independent Director
Mr A Wolfe, Deputy Director of Corporate Affairs (Minutes)

47/23 CHAIRMAN'S WELCOME AND ANNOUNCEMENTS

Mr Malik welcomed the members of the committee.

48/23 APOLOGIES FOR ABSENCE & QUORACY CHECK

Apologies were noted, with the meeting confirmed not to be quorate. The Chair reported that the Chief Executive, Dr Jenkins was being represented by Mr Wright and Ms Wendzicha, the Director of Corporate Affairs was being represented by Mr Wolfe. Apologies were as follows:

Mr M Havenhand, Trust Chairman
Ms A Wendzicha, Director of Corporate Affairs
Mr G Berry, Public Governor Rest of England
Mr M Ukpe, Public Governor Rotherham Wide
Dr J McDonough, Staff Governor
Mr M White, Staff Governor
Ms E Wraw, Staff Governor
Cllr J Baker-Rogers, Partner Governor RMBC
Dr J Lidster, Partner Governor Sheffield Hallam University

Mr M Smith, Partner Governor Barnsley and Rotherham Chamber of Commerce
Dr R Jenkins, Chief Executive
Ms A Wendzicha, Director of Corporate Affairs
Mrs S Kilgariff, Chief Operating Officer
Mrs D Sissions, Non-Executive Director
Mrs H Dobson, Chief Nurse
Ms R Bell, Staff Governor
Ms J Bibby, Non-Executive Director
Dr R Shah, Non-Executive Director
Dr J Beahan, Medical Director

49/23 **DECLARATION OF CONFLICT OF INTEREST**

Mr Malik declared an interest with regards to the item contained in the Confidential Agenda and would be replaced as Chair for that meeting by Mr Rimmer indicating that he would withdraw from the meeting at that point.

The Chair reminded colleagues that should any further interest become apparent during the course of the meeting, they would need to be declared.

50/23 **MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting held on 17 May 2023, were to be presented at the 15 November 2023 meeting for agreement.

51/23 **MATTERS ARISING**

There were no matters arising.

52/23 **ACTION LOG**

The action log was discussed and a number of items were agreed to be closed.

53/23 **ASSURANCE COMMITTEE REPORTS**

i Finance and Performance Committee

Mr Hackett reported that the Committee continued to meet and was well attended. Recent divisional updates had been provided by the Clinical Support Services and Surgery. It was fair to say that the most challenged was the Surgical Division in terms of delivery of their CIPs and the impact on its financial position due to the ongoing junior doctors' and consultants' industrial action, with the increased costs accrued in order to cover staffing gaps as well as the loss of activity income, this is significantly impacting on division.

The Committee had requested a deep dive into gynaecology, which had previously been an issue for trust with persistent long waiters, Mr Hackett added that moving forward there was already planning started for winter and further information would be brought through the F&PC and the Board of Directors.

Achievement of CIPs continues to be a challenge and will be kept under focus by the Committee, and there was some good news to be reported as gastroenterology goes from strength to strength with the partnership working with Barnsley. The Committee continues to monitor cyber security and a new paper is to come to the August F&PC. He added that although there had been a slow start in terms of the CIPs the Committee believes that this will be managed with the actions already in place.

Mr Hackett was requested to provide an overview of the work and scope of the F&PC and also explain CIPs a little for the new governors. He stressed that the F&PC was not just about money and funding, but also about operational delivery. He confirmed that the CIPs are built into the trust contract and have to be delivered year on year, with the same standard applied to all organisations nationally. It was queried what were the consequences if the trust doesn't reach the targets set, he explained that the trust would be subject to increased scrutiny from the South Yorkshire Integrated Care Board, who would hold the trust to account via the executive team, there would also be more national scrutiny of the trust via a number of national metrics held by NHSE or other national teams.

ii People Committee

Mr Wright outlined that the ongoing industrial action continued to be of concern to the Committee, whilst it had been challenging he reported that there had been great support across trust from colleagues. Sickness absence rates had reduced with far better figures than previously seen, also safe staffing figures continue to improve with substantial improvement in care hours per patient day (CHPD) from 6.4 to 7.2, however recruitment time to clear target is currently just outside of target.

The Family Health Division gave an update at the previous PC with a number of positives reported.

Mr Wright was asked how many staff work at the trust, he estimated just over 5000 staff and that the current 5% sickness rate is approximately 500 off at any one time, the Council noted that long term sick is the more concerning and asked if there were breakdowns of long-term versus short-term absences. Mr Wright confirmed that he does receive such breakdown reports and gave example such as theatres suffering from increased levels of long-term absences, currently at around 8-9%, however he did add that there had been some improvement in that figure and support mechanisms were in place, also the occupational health

contract provision was now via STH, and their experienced service with the Internal Workforce Team also in place.

iii Audit and Risk Committee

Mr Malik spoke to the report pointing out that the internal auditors will look at year end position controls and also going concerns or risks that they want to flag, one such issue raised was a CIP risk in which they felt the targets were ambitious. With the new governors present Mr Rimmer queried the difference between internal and external auditors, Mr Malik reported that 360 Assurance provided an internal independent check and balance, with areas for focus agreed at beginning of year over a 3 year view. This focus also included emerging risks, an example being identified as the use of agency workers as a risk and this will be investigated further. Mr Malik went on to explain that currently our external auditors are Mazars and they work more with national external rules and regulations, this can be a lot tighter with a focus on the year end, the trust have no input into what they look at. The external auditors will have a plan of what they have to look at and the governors are heavily involved in the selection of what external auditors the trust employs.

iv Quality Committee

The paper was taken as read and the Council members were asked if they had any questions they would like to ask Mrs Storer, none were raised.

v Charitable Funds Committee

Mrs Craven presented the report and highlighted that the hospital has independent charity which covers all areas and services of the Trust. The charity works in partnership with the trust and is there to support patient's families and carers. The charity had been relaunched this last year, with a lot of policies put in place in order to satisfy charitable laws, she further explained that the charity was now not so inward looking as in previous years and there was lots of work ongoing with the wider community, and the governors were invited to get in touch if they have any links they feel could be beneficial to the charity, such as local businesses, specific communities and this could be both in terms of funding and other examples of charitable donations such as time. A recent example of external businesses providing staff to assist with gardening around the trust was mentioned. Mrs Craven ended by mentioning the newly launched Tiny Toes Appeal for the development of facilities on the neonatal unit, looking at raising an ambitious £150,000.

All reports duly noted.

54/23 Quality Account/Quality Report

The report was introduced by Mrs Storey, she commented that this was a rather large report, which looks at what we do well and what also what we need to improve on. The main highlight that Mrs Storey wanted to bring forward for consideration of the committee was the area of UECC improvements seen in the past year with the lifting of all CQC conditions, she also highlighted the work around pathways and the appointment of Quality Improvement Lead. Mrs Storey went on to raise the other positive areas including ongoing QSIR (Quality, service improvement and redesign) work, the improvement in retention and recruitment of staff and increased engagement of staff in patient quality improvements.

The areas to improve on included work relating to the elective workload, trust recovery following Covid, the return to the 4 hour national A&E standard with its 76% target; she added that whilst a plan was in place it would not be an easy task to achieve it.

Picking up on the CQC removal of conditions Mr Malik highlighted that feedback from external bodies is very important to the trust and how it is viewed both internally and externally. Mr Rimmer agreed and also felt that thanks and praise should be given to the team for having the conditions removed. He also felt that cancer waits remained important, with changes and improvements needed to continue as these were previously very good and now needed to return to the pre-pandemic position.

55/23 Finance Report

Mr Hackett introduced the report stating that it consolidates April and May financial position with a deficit plan of £437,000 at end of month and £694,000 year to date. Mr Hackett confirmed that this was the deficit plan set at beginning of the financial year and that the Finance & Performance Committee still believed this deficit will be caught up as the year progresses to achieve the £6m deficit target, this is in part due to the plans in place for back end of the financial year. Mr Hackett outlined where the challenges currently lie, these include pay increases, the ongoing industrial action, adding that the under-delivery of CIP was included within the plan to start with.

With regards to the Capital Programme there is approximately £10m worth of capital developments planned, this includes the strategic development of site, £2m on the Special Care Baby Unit, into which the Charity is linking in to. Other expenditure include IT, medical equipment, and large pieces such as CT scanners which are replaced over a cyclical basis. Capital expenditure is expected to recover now that in-year budgets have been agreed and released to budget holders during May 2023. The Cash Management position was highlighted to be around closer to what was forecast than at beginning of financial year and forecast to be back on plan by the end of August 2023.

It was queried whether the ongoing industrial action actually leads to savings as there is reduced activity leading to reduced expenditure, Mr Hackett confirmed that this was not the case, where there might be small savings on items such as prosthesis due to inactivity, there remain staff costs, heating, lighting and power still to pay as the hospital has to be running 24 hours a day, 365 days a year.

The discussion moved to income generation through possible plans to introduce additional theatre lists in the future, Mr Wright confirmed that there were a number of options being investigated including in-sourcing, with a group established and a short term commitment of funding, although the continuing issue with low anaesthetic numbers continues to have an effect on these plans.

An issue raised by Mr Rimmer involved the budget for capital expenditure which appeared to be under spent in the report, he queried whether the trust needs to start spending the budgeted money, and Mr Hackett agreed, confirming that schemes are being brought forward in the financial year. The risk is that if left too late the trust will be moving into winter pressures and it's then physically hard to develop areas and infrastructure as there are increased patient numbers in hospital; the challenge has been set to spend more in the first half than the second half.

At the request of the Chair and for the benefit of the new Governors Mr Hackett briefly explained different definitions of capital and revenue/expenditure costs. He commented on the role of internal and external audit who scrutinise this spending closely to check set national NHSE definitions are correctly applied by the trust. Specific lists for spending are in place division by division and this is monitored monthly to ensure divisions are spending what they need to spend and buy, capital budget is very strict 01 April to 31 March annually so the divisions will spend it. There was an underspend of £1.2m shown in the report and the position had not improved at end of July 2023. The Capital plan is set in December of the previous financial year for the following financial year, it was pointed out that there are sometimes issues with spending the money if for example suppliers don't have stock to sell or contractors can't attend site as they are on other job sites.

CIPs

56/23 Integrated Performance Report

Mr Wright presented the paper which he confirmed goes to the Board and is then is public. He outlined the current challenges the trust is experiencing in referrals to treatment, linked to the ongoing industrial action. Positives were that the mortality rate has improved significantly with the trust now in 55th out of 118 acute non-specialist NHS providers nationally as well as being the 2nd lowest in South Yorkshire and the Humber, long term sickness 3.5% but improving trajectory

It was suggested that if the trust appointed more staff in order to cover times of staff shortages there would be lower agency spend. Mr Wright confirmed that he is looking at all areas where there is a chance of reducing agency run rate, that agency nursing staff now come through bank NHSP so are at the same pay rate as staff and that any agency use is subject to executive approval. It was noted that agency staff was currently £700,000 less at month 4 than last year and that this spend was predominantly on medical staff.

57/23 Operational Recovery Report

Mrs Kilgariff presented the paper highlighting that the trust operated at OPEL level 1 and 2 throughout the April and May period, only increasing to level 3 in the week before the Council and this was due to the ongoing industrial action. The Trust improved in complex discharges and a stable position in reporting of those patients who no longer meet the right to reside with a figure 61%, this was only slightly off the target of 58%.

It was reported that the trust continues to see an improved position in patients waiting over 65 weeks and is on track for no patients waiting by March 2025 which is the agreed target. Finally Mrs Kilgariff announced that the Trust is in the process of liaising with Sheffield Teaching Hospitals with regards to mutual aid in general surgery and orthopaedics, once in place, this will support the transfer of patients to ensure that no patients wait over 65 weeks by the end of March 2024.

58/23 Operational Objectives Progress Report

Mr Wright outlined the paper explaining that the trust has 6 priorities to focus on and along with the strategy priorities these are set annually. Mr Wright briefly outlined the priorities and highlighted the priority to 'improve engagement with our medical colleagues' as one that had been identified following the staff survey which had shown a wide level of improvement across the trust, however not in the area of medical engagement, this was a priority being led on by Dr Beahan, he also pointed out that all 6 priorities had named executive leads.

The other priority highlighted involved partnership working that himself and Mr Hackett were leading on, this involved the partnership work with Barnsley and how this is hoped will improve the delivery of efficient services, an example being the Diagnostic testing project amongst other projects. For the benefit of the newly elected Governors Mr Rimmer outlined the strategic relationship with Barnsley, bringing out the key points such as the joint CEO and Director of Corporate Affairs and the direction of travel being for a new world of joint working. It was confirmed that the priorities run from April to March each financial year.

59/23 Issues to be escalated to Board of Directors

Mr Rimmer raised that at the previous Council of Governors there had been discussion around the subject of staff governors being allowed to attend assurance committee meetings and that in the past this had not been allowed on the advice of the previous Director of Corporate Affairs. It was confirmed by Mr Malik that Ms Wendzicha was looking into this decision further and Mr Malik suggested that the matter be added to the next Council of Governor's agenda for further discussion and advice from Ms Wendzicha, Mr Rimmer pointed out that this was 3 months away so that would mean it would be 6 months waiting for a final decision and approval and asked for it to be escalated to the Board for consideration and a decision as it did require approval by either the Board or the Chief Executive. Mr Malik was to discuss with Ms Wendzicha and would contact Mr Rimmer following this discussion.

60/23 Council of Governors Work Plan

The plan was introduced by Mr Malik, the committee raised no queries or comments.

Date of Next Meeting 16 August

15th November 2023

Mr Malik left the room due to a conflict of interest in next agenda item.

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								

Open
Rec to close
Closed

COUNCIL OF GOVERNORS MEETING: 16 November 2023

Agenda item: 68/23

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 Corporate Division (August), Family Health (September), and Urgent and Emergency Care Centre (UECC) in October.

2.2 Corporate Division – the report focused on a financial analysis, including CIPs for Corporate Services. Work is to be done on a recovery plan and it prompted a Deep Dive into Estates to be actioned.

2.3 Family Health - The Committee noted encouraging performance; achieving around 67% of their CIP, performing well on ERF activity, providing additional clinics and good cancer performance. There are challenges in Gynaecology with growing waiting lists as well as theatre capacity.

2.4 UECC - The Committee noted that whilst the Division faced ongoing challenges, plans were in place to deal with those challenges. However, the Committee noted that there remains uncertainty around the year end position.

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).

3.3 The Director of Finance, Chief Operating Officer Deputy Chief Executive and Deputy Director of Finance have been invited to a bimonthly meeting with the SYICB finance team.

4.0 Operational Update

- 4.1 Areas of difficulty are being recognised and acknowledged, with action plans being developed. Elective work remains a challenge with missed trajectories, however, the suspension of industrial action has led to a more stable month (Month 6) and subsequent months should see some improvement as a result, along with greater clarity with regards to year end and future elective trajectories.
- 4.2 There has been a Deep Dive into Challenged Specialities. In the subsequent report, key recovery challenges and key drivers were identified; recovery plan actions and trajectories were detailed.
- 4.2 The Winter Plan has been agreed and is in place. It was reported that an overspend was likely but that this was offset with funding for capacity planned for 12 months and not just the winter period.

5.0 Cost Improvement Programme

- 5.1 There has been positive action planning, including the Efficiency Group and joint working opportunities with Barnsley.
- 5.2 A Deep Dive into Estates strategy and delivery took place, concluding in limited assurance in the current position of their CIP. A working group has been agreed to take this forward.
- 5.3 The recurrent CIPs are at a low level and whilst there has been some progress, it does not look like it is enough to achieve our yearend target for recurrent cost improvements.

6.0 Data Security and Protection Toolkit

- 6.1 The Committee commended the work undertaken in order for the Trust to achieve the 95% target for compliance with Information Governance training.

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 reviewed the business case for outsourcing the Pharmacy Out-patient Dispensing Service, including an extension to the current service provider contract until March 2024. The business case for outsourcing was approved.

Martin Temple

Non- Executive Director, Chair of Finance and Performance Committee

COUNCIL OF GOVERNORS MEETING: 16 November 2023

Agenda item: 68/23

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 as of August 2023 now 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 Medicine (August) and Division of Clinical Support Service (October).

2.2 The Division of Medicine presentation discussed good uptake in appraisals (79.3%), endorsing flexible working arrangements and promoting of attendance at BAME, LGBTQ+ and Disability Staff Networks. The Committee noted that the substantive leadership roles had now been confirmed, and that there is positive work around managing violence and aggression, ensuring the right culture is generated.

2.3 Division of Clinical Support Services presentation aligned with the People Strategy; Build, Engage, Lead, Learn. The Committee noted the improved performance with areas such as, turnover rate. The South Yorkshire Pathology Network project had caused the Division some issues regarding Transfer of Undertakings Protection of Employment rights (TUPE) arrangements in the laboratories. A few staff had left TRFT earlier than planned as they realise that they will have to move to Sheffield in the long run, as Sheffield is hosting the Pathology Network. Reasons for leaving earlier also include for career progression and because of the time involved in agreeing TUPE arrangements across the Network.

3.0 People Report

3.1 The Committee recognises external pressures that are impacting on operational recovery and staff morale. The Trust continues to increase engagement with all staff with new risks identified and recorded with actions for mitigation.

3.2 There has been positive work undertaken to support Black and Minority Ethnic staff including the recent and very successful cultural event held in the main hospital reception.

- 3.3 The Committee noted the mandatory training compliance rate of 94%, the work being undertaken to streamline the process for hiring staff and the downward trend in sickness absence rates.
- 3.4 Health and Wellbeing – there are plans to be an accredited menopause friendly Trust.
- 3.5 Covid and Flu Vaccine Programme – there is work being undertaken to actively promote the programme with figures leading to the Trust being the best performing in South Yorkshire.

4.0 WRES and WDES Annual Report and Action Plan

- 4.1 The Committee noted the annual report and action plans for both WRES and WDES and recommended for approval at Board. It was felt that a BAME colleague should be included on the recruitment panel, especially bulk recruitment and senior level recruitment.

5.0 NHSE self- assessment 2023

- 5.1 The Committee discussed the self-assessment, recommending approval to the Board

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.
- 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 Rumit Shah
Non-Executive Director Chair of People Committee

COUNCIL OF GOVERNORS MEETING: 16 NOVEMBER 2023

Agenda item:	68/23
Report:	Report from Audit and Risk Committee (ARC)
Presented by:	Dr Rumit Shah, Non-Executive Director and Interim Chair of Audit & Risk Committee
Author(s):	as above
Action required:	To note

1.0 The Audit and Risk Committee met in August 2023 and October 2023; 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. Following Mr Malik's appointment as Trust Interim Chair in September 2023 Dr Shah has been the Interim Chair of the Committee.

2.0 Emerging Risk Work

2.1 The Committee noted and welcomed the work that had commenced within the Risk Management Committee focusing on emerging risks and agreed that work would be further developed.

3.0 Internal Audit Report

3.1 The Committee noted outcomes following reviews carried out by Internal Audit for: Strategic Governance, Organisational Learning Action Tracker Report, Learning from Deaths.

4.0 Standing Financial Instructions

4.1 The Committee approved the amendments to the Standing Financial Instructions.

5.0 Register of Interests

The Committee noted the Register of Interests advising that a revised process is in place to ensure all relevant members of staff complete the register in a timely manner.

6.0 Issues Register

The Committee is now presented with an Issues Register, this details previously recorded risk that have now been realised and are being actively managed by the Trust, this is in its infancy and further details will be included over time.

Dr Rumit Shah
Non-Executive Director, Interim Chair of Audit Committee

COUNCIL OF GOVERNORS MEETING: 16 November 2023

Agenda item: 68/23

Report: Report from Quality Committee (QC)

Author and Presented by: Julia Burrows, 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 Urgent and Emergency Care Centre (UECC) (August), Division of Surgery (September) and Division of Medicine (October).

2.2 UECC reported that CQC restrictions were lifted at the end of March 2023 and detailed positive trajectories in staffing, MAST compliance, quality governance, staff/patient engagement and quality improvement. It was noted that the division has come a long way and the work and improvements were very reassuring.

2.3 Division of Surgery highlighted that Quality Action Group frameworks are now in place, and gave a breakdown of incidents with some comparisons with last year (showing a decrease in numbers). There is more work to be done on quality, patient experience and compliance with national audits and is being taken forward by the Head of Nursing and the Medical Director on behalf of the Committee.

2.4 Division of Medicine presentation included positive work on recruitment and retention, and steps to improve waiting times, as well as updates on events, National Institute for Health and Care Excellence (NICE) and clinical audits and key issues/escalations.

3.0 Chief Nurse and Medical Director Highlight Report

3.1 The Trust has been shortlisted for the Nursing Times Workforce Awards in the health and wellbeing category

3.2 Industrial action continues to have an impact.

4.0 Integrated Performance

- 4.1 The Committee receives a monthly report on integrated performance and a number of improvements were noted; Venous thromboembolism (VTE) compliance was now back at normal levels and hip fracture compliance had improved due to time to theatre being monitored.
- 4.2 Risks were noted in regards to coding and the potential impact in Summary Hospital-level Mortality Indicator (SHMI) figures and finance. The Committee has requested that a risk assessment be undertaken in relation to fully understand the issues highlighted by the Medical Director.

5.0 Patient Experience Committee

- 5.1 The report presented showed that in Quarter 2 (Q2), there was a stable number of complaints, concerns and Friends & Family Test (FFT), with the largest number of patients experience feedback being in the form of compliments, however, the Inpatient Survey, taken from patients in hospital in November 2022, showed disappointing results with the Trust performing worse than most Trusts in 26 questions and the same as other Trusts in 19 Questions.
- 5.2 The Inpatient Survey Action plan was presented with a focus on supporting the Acute Care Transformation work, to reintroduce the 4 hour standard. There needs to be continued improvement on Discharge, Pain Management, Nutrition and Hydration and a proactive Communication plan to share the improvement work with people living in Rotherham.

6.0 Safe Staffing and Quality

- 6.1 There are currently 49 new Registered Nurse (RN) graduates starting in September and 16 Registered Midwifery (RM) graduates. This will reduce the overall vacancy for RNs and RMs to less than 1%.
- 6.2 Work continues with Retention of Nurses and Midwives with a range of quality improvement measures.

7.0 Infection Prevention & Control Committee

- 7.1 Estates were asked to present on a number of concerns raised, especially deep cleaning. Further information was requested to be provided at the next meeting.
- 7.2 The Health & Safety Committee raised concerns relating to water safety and Parts Per Million (PPM) records, it was confirmed to the Committee that external authorising engineer has found the Trust water to be safe and this is being followed up by the Chief Nurse for further assurance.

8.0 Clinical Effectiveness Committee

- 8.1 The recent report discussed that the Trust had signed up for undertaking national audits for the Quality Account and there are a number of reasons why some national audits are completed.
- 8.2 The new audit tracker programme has been live from April 2023. It was noted that the timeframe for audits was changing and KPIs were being included to raise the profile of clinical effectiveness and audit.

9.0 Annual Reports & Strategies

- 9.1 The Committee received the Looked After Children Annual Report.
- 9.2 The Committee received the End of Life Strategy, and the Mental Health Strategy.

9.0 Board Assurance Framework and Risk Register

- 9.1 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.

Julia Burrows
Non-Executive Director and Chair of Quality Committee

COUNCIL OF GOVERNORS MEETING: 16 NOVEMBER 2023

Agenda item: 68/23

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.

2.0 Finance Report

2.1 The Committee noted the continuing positive position in relation to income and, whilst there had been some high level expenditure, the cash position remains good.

2.2 It was reported that funding received was at a 5 year high, however, it was also agreed that increased governance surrounding budgets and funding requests should be put in place; this is being taken forward by the Chair and Director of Finance.

2.3 The Committee received the funding requests that had been approved noting they were in line with the Charity Objectives.

3.0 Charity Appeals

3.1 Tiny Toes Appeal - aims to raise money to help fund the redevelopment of the Neonatal Unit at Rotherham Hospital. Regular updates will be given to the committee.

3.2 Cancer Appeal – the timeline has been revisited and agreed.

4.0 Charity Annual Accounts and Policies

4.1 Charity commission annual report 2022/23 was approved for recommendation to the Corporate Trustee.

4.2 A number of Charity policies had been approved at the August meeting for recommendation to Corporate Trustee – these have been approved and so all policies are now conclude and in place.

5.0 Self-Assessment of the Charity's Compliance with the Charity Governance Code

5.1 It was agreed that the action plan supporting the Charity Governance Code should be brought back to the March 2024 committee for an update on completed actions.

6.0 Risk Information

6.1 Risks continued to be received and reviewed at each meeting and there were no escalations to note.

6.2 It was agreed that the Chairs Log, Community engagement and lighting up the Hospital, Charity Commission Annual Report and Budget should all be presented to the Trustee.

Heather Craven

Non-Executive Director and Chair of Charitable Funds Committee

COUNCIL OF GOVERNORS MEETING: 16 NOVEMBER 2023

Agenda item: 69/23

Report: Strategy Delivery Plan – Year 1 update
Presented by: Michael Wright, Deputy Chief Executive
Author(s): Louise Tuckett, Director of Strategy, Planning & Performance

Action required: For Noting

Executive Summary

The Trust's Five Year Strategy 'Our New Journey, Together, 2022-2027' was approved early in 2022, ready for implementation from April 2022. Behind the strategic vision sat a number of clear deliverables within our agreed Strategy Delivery Plan, aligned with our five strategic ambitions and designed to ensure the strategy delivers real change for our organisation. These deliverables were separated into three time horizons – year 1, years 2-3 and years 4-5.

This paper provides the Council of Governors with a written update on our progress to deliver the years 2-3 programmes of work for the most recent 6-month period, which is the first six months of that time horizon. Whilst we have not formally published the Strategy Delivery Plan, we are using it at Board level to guide how the strategy needs to feed into our annual planning, and to ensure we are making pragmatic changes to ways of working which ensure implementation of our Trust Strategy.

At this stage there are no risks requiring escalation around the implementation of our Delivery Plan, given the recognition that plans across a five-year time horizon will need to be flexible and adaptable to respond to emerging issues and the changing landscape we are operating within.

OUR NEW JOURNEY, TOGETHER
STRATEGY DELIVERY PLAN
UPDATE TO COUNCIL OF GOVERNORS: NOVEMBER 2023

1.0. Background

The Trust launched its new strategy ‘Our new journey, together 2022-2027’ in early 2022. As part of this launch a delivery plan was produced and presented to the Board of Directors in February 2022. This delivery plan outlined some of the key projects and initiatives that would be delivered to support the implementation of the ambitions outlined within the Strategy. In order for the Board to be assured on delivery against our original plan, it was agreed to provide six-monthly updates to the Board on progress against the delivery plan objectives. Equally, the Board of Directors recognised that there is a need to be flexible and adapt the set of projects over the five year time horizon in order to reflect the changing landscape we are operating in, with these emerging areas of focus being discussed as part of the regular updates.

The first update in November 2022 was delivered via a report and a video which outlined the progress we had been making, with subsequent updates provided in a more traditional format in order to increase the level of assurance being provided. This report provides the board with a update on progress which has been made over the most recent 6 months as we’ve moved into year 2 of the Strategy delivery plan.

2.0. Progress to date

It is important to note that when it was first developed, the delivery plan was split into three time periods - Year 1, Year 2-3 and Year 4-5. This reflected the increased level of uncertainty as to what initiatives would be our priorities in the later years, as well as reduced confidence over deliverability of some of the longer-term projects in those future time horizons.

This report outlines the progress for the first six months against the initial year 2-3 objectives. As explained above, it is worth noting that some objectives have changed focus which reflects the increased uncertainty when developing a plan two years out, particularly given the rate and level of change (and challenge) the NHS has been managing over the last few years. Equally, some of our strategic activities have been able to move at a faster pace than originally anticipated, and likewise some new initiatives have had to be delivered following changes to national policy or internal developments which weren’t envisaged two years ago. Two such examples would be

the upcoming expansion of patient choice requirements and the need for providers to drive this through the Patient-Initiated Digital Mutual Aid System, and also our internal focus on health inequalities and reducing DNA rates of patients from more deprived areas.

The below report is structured into the five strategic ambitions set out in ‘*Our new journey, together*’. Initiatives have intentionally not been RAG rated at this point to reflect the fact this is an update on the first six months of progress against these two-year deliverables. A more formal assurance rating against each will be provided at the one-year report due in May 2024.

PATIENTS



We will be proud that the quality of care we provide is exceptional, tailored to people’s needs and delivered in the most appropriate setting for them

Initiative	Progress
Develop a digital tool to allow patients to feed back after every outpatient interaction	<p>The Trust has built a digital feedback tool and is currently trialling it within UECC as part of the Acute Care Transformation programme with initial feedback being positive.</p> <p>Plans to roll out the use of this ‘survey tool’ into our outpatient settings are now being developed. This work will in part be informed by feedback from several of our recent digital interaction schemes, including the digital validation programme and the upcoming launch of the Patient Initiated Digital Mutual Aid System.</p>
Embed Improvement and Innovation Week to support trialling of new practices	<p>The Trust has appointed to the role of Head of QI and has recently approved an expansion of this QI team. This team will continue to support the organisation in developing innovation and improvement, working with the delivery and improvement team over the next 12-18 months.</p>
Update our patient-facing information about our services	<p>The Trust has updated our website to the consistent NHS format, and within this we have included a number of new sections designed to provide patients with clear information about our services and support available to them, particularly whilst they are waiting</p>

	<p>for elective care. A number of new patient-facing videos have been designed to ensure patients are clear what to expect when they come to hospital for certain procedures. In addition, the developments that we have implemented within Patient Hub and the Rotherham Health App also now give patients direct electronic access to relevant information about their care, and we are hoping to be able to develop this even further to include explanatory videos for patients coming in for particular planned diagnostics and procedures.</p> <p>Earlier in 2023, the Trust invested in a trial of EIDO information (a standardised set of patient-facing clinical information) which is pre-existing and accessible and ensures consistent and appropriate information is being shared with our patients.</p> <p>The Trust has also developed and printed bedside folders on all wards, to bring all patient admission information together in a single place. These are also available in the top 5 local languages and is on our website for easy read.</p>
<p>Implement full remote monitoring of patients where appropriate</p>	<p>Remote monitoring technology is due to be a key part of the wider rollout of our virtual ward model. However, the procurement is being done at ICB level and has been delayed due to a number of factors. This is expected to be resolved during the second half of the year, so increased remote monitoring of patients will be possible during 2024/25.</p> <p>Beyond virtual ward however, there are further opportunities to use remote monitoring of patients which will continue to be explored at service and pathway level.</p>

ROTHERHAM



We will be proud to act as a leader within Rotherham, building healthier communities and improving the life chances of the population we serve.

Initiative	Progress
<p>Install more electric car charging points on the hospital site</p>	<p>An initial set of electric car charging points have been installed on the Trust's main site. The focus is now on the Trust's other sites, with a survey having been undertaken at Woodside and NHS Property Services reviewing the possibility of installing chargers at our community sites including Breathing Space.</p> <p>Further expansion on the main site will form part of the wider discussion on car parking which is one of the key questions needing answering from the recently-approved Estates Strategy.</p>
<p>Sign up to the Social Value Portal</p>	<p>The Trust procurement team is fully engaged with the ICB and Rotherham Place social value work regarding procurement. The Trust are also developing a Social Value Power BI report which shows where we are procuring our services from (i.e. locally, regionally).</p> <p>The Trust is signed up to the Social Value Portal for contracts which it has recently bid for (for example the recent sexual health services tender).</p>
<p>Roll out our QUIT programme to outpatient services</p>	<p>The QUIT programme has been rolled out into Outpatients on an opt-in basis with teams able to refer patients to the QUIT team for smoking cessation support via Meditech. 10 Smoke Free Champions have been confirmed across our Outpatient areas and targeted work is planned with the Stroke Team in November as this is an area of high opportunity given the patient population this team support.</p>

<p>Ensure that relevant jobs are advertised locally and re-instate Trust Open Days</p>	<p>The Trust is now holding Trust-wide Healthcare Support Worker recruitment events every other month in order to generate interest for potential roles within the Trust from our local communities. These roles offer an entry into the organisation for people wishing to find a career in healthcare who aren't keen to pursue formal clinical qualifications before starting work.</p> <p>The recruitment team are also working with Department for Work and Pensions around plans for the team to support Job Seekers in the near future to discuss vacancies and how they can access and use NHS Jobs. The Kickstart Programme - which the Trust participated in in 2021/22 – demonstrated how positive these opportunities can be for offering individuals a route into healthcare where they might otherwise not have found one.</p>
<p>Utilise predictive tools to enhance clinical prioritisation decision-making of patients most likely to come to harm from waiting</p>	<p>The Trust has not yet reviewed the potential for predictive tools to enhance clinical prioritisation decision-making, and this is unlikely to be delivered by year 3. The focus remains on ensuring we are seeing patients for their first appointment more quickly, as that is the most appropriate way for us to identify the clinical prioritisation of their care.</p> <p>In the meantime, we are planning to trial a direct two-way messaging system with certain cohorts of patients waiting for procedures, in order to identify their wider holistic needs and whether these warrant an amendment to the clinical prioritisation. This can include impact on employment potential and social isolation.</p>

OUR PARTNERS



We will be proud to collaborate with local organisations to build strong and resilient partnerships that deliver exceptional, seamless patient care

Initiative	Progress
<p>Identify unsustainable services and agree how we provide these safely, sustainably and at scale through the provider collaborative</p>	<p>The Trust has an established sustainability review process and this is now being refreshed and aligned to the Barnsley Hospital NHS FT process. The work has already led to the development of a Joint Gastro service across the two Trusts and is driving the current work exploring the potential for a Joint Haematology Service.</p> <p>This work will continue through the Barnsley Hospital NHS FT and The Rotherham NHS FT Strategic Partnership, with broader discussions also taking place within the Acute Federation in order to ensure we are structuring our services across the system in the most effective and sustainable way.</p>
<p>Implement staff passports within the ICB</p>	<p>As part of the Acute Federation's draft ten-year vision, a much more mobile workforce model has been identified as one of the key priorities. One element of this will be staff passports, which is an ongoing programme of work across the system. However, in the shorter-term, each of the five providers have agreed to work towards convergence of medical rates of pay over the next few years. This in itself will offer significant benefits to the system from having consistent pay rates at all five providers, and is likely to support broader efforts to increase workforce movements around the system.</p>
<p>Share jointly funded posts across the ICB where appropriate</p>	<p>There have been two key developments over two years which have driven some changes to this original initiative. Firstly, the growth of the Acute Federation has meant that there are now a number of jointly funded posts within this team who work on behalf of all providers for the ICB. This growth in collaboration has been championed by our Chief</p>

	Executive, in particular given his own joint role. Secondly, the development of our strategic partnership with Barnsley Hospital NHS FT, which is precipitating a number of considerations around joint roles where these may support either individual trust or the wider partnership, and where they are appropriate.
Establish shadowing programme with partners for all staff	This initiative has not yet been developed, and will therefore fall into our year 3 programme of work.

US



We will be proud to be colleagues in an inclusive, diverse and welcoming organisation that is simply a great place to work

Following the appointment of the new Director of People, the focus for 2023/24 is around ensuring the development of a high-quality People Strategy, generated through significant engagement with our workforce. As such, the original initiatives set out in the Delivery Plan will be reviewed following the approval of the new People Strategy, and a refreshed set of deliverables to achieve our strategic ambitions will be incorporated into our annual People Plan.

DELIVERY



We will be proud to deliver our very best every day, providing high quality, timely and equitable access to care in an efficient and sustainable organisation

Initiative	Progress
Undertake a full review of our meeting structures – making sure that waste is eliminated	<p>COVID has a significant impact on the Trust meeting structure and efforts have been made not to automatically reinstate meetings which were stripped out in order to free up people's time to deliver essential activities.</p> <p>More formally, individual Executive Team members have considered the current structure of senior meetings within their portfolios and rationalised these</p>

	<p>(or the attendee requirements) wherever possible. The Chief Operating Officer has established a 'meeting-light' Friday with divisional teams in order to ensure there is one day of the week when teams have more time to get out and about and focus on their own teams.</p>
<p>Explore ways to share and make performance information 'live' and known across the Trust and externally</p>	<p>Over the last 12 months there has been a significant programme of work to transfer all of our information into our Data Warehouse, and use this depository to build live and malleable performance information reports in Microsoft Power BI. This includes our emergency care, elective care and quality information, from which a number of live reports show that significant numbers of colleagues have access to and utilise on a daily basis. Similarly, our Sepia tool has been enhanced to include the operational escalation level 'wheel', and feeds the System Control Centre at the ICB, so they have clear visibility on our operational pressures on a minute-by-minute basis.</p> <p>When compared to other NHS providers, our development in this space is impressive, particularly given it has been led and delivered by our own teams rather than external suppliers (at significant cost). It should enable our decision-making to be based on real-time information and our performance conversations to be more targeted, challenging and action-focussed than otherwise.</p>
<p>Develop a 'Greatix' system for colleagues to regularly report positive behaviours and successes</p>	<p>Initiatives have been launched to allow colleagues to report positive behaviours and success. This includes the use of 'Star Cards' and monthly Excellence Awards which are recognised via Team Brief. The staff Excellence Awards are subsequently recognised at the Trust annual awards. Individual teams have developed unique methods for capturing compliments from patients and staff, and these are being showcased across the Trust to encourage wider roll out.</p>

<p>Launch a 'Get it Sorted' programme to fix the little niggles</p>	<p>This work will be developed across the Delivery and Improvement Team and the Quality Improvement team, in order to establish the most effective way to support teams to deliver improvement where they identify opportunities. There is a need to ensure that there isn't duplication or multiple processes in place which confuse and/or demotivate staff, and following the establishment of our QI function, this particular initiative needs careful thought to ensure it solves the original issue identified.</p>
<p>Build benchmarking into our internal performance reports</p>	<p>The Trust has re-procured the 'Public View' system which benchmarks our performance across a broad range of metrics. Executive and Divisional colleagues have been given access to the system, and this comparative information is now used in our performance discussions. The summary benchmarking information is also included within the Trust IPR.</p> <p>Furthermore, a GIRFT Oversight Group has been established to drive forward our review of and response to the clinical benchmarking information flowing from the national GIRFT programme. This is chaired by the Deputy Medical Director, with significant engagement and input from clinical colleagues across the Trust. The Trust is currently considering how tools such as Model Hospital can be brought to the forefront of some of our decision-making, following an exploratory workshop with the Executive Team in October.</p>

3.0. CONCLUSION

Progress continues to be made against the original ambitions of the Strategy Delivery Plan. Over the last two years, there have been emergent issues and further development of priorities that require the Trust to change and adapt its plans in a way that stays true to the delivery of the original strategic ambitions but may require flexibility about the initiatives that need to be delivered within this. This flexible approach will continue to be key for us recognising the extent and breadth of the work we continue to do as a Trust to ensure successful implementation of our Strategy.

COUNCIL OF GOVERNORS MEETING: 16 November 2023

Agenda item: 70/23

Report: Operational Objectives 2023/24

Author and Presented by: Michael Wright, Deputy Chief Executive

Action required: To note

The purpose of this paper is to present to the Council of Governors a review of progress against the 2023/24 Operational Plan Priorities and associated programmes during the period April to September 2023.

In the first three months of delivery (April to June) the Executive leads concentrated on formalising and embedding the work streams created to deliver the programmes of work and to ensure alignment with operational leads and their key areas of focus. This structured approach has enabled the teams involved to progress the work at pace during quarter two and ensure plans are in place during the next six months to achieve the aims set out in the original mandates approved at trust board in July 2023. A summary of achievements and any specific delays to delivery during Quarter 1 can be found on pages 3 – 5 of this report.

The highlight reports at Appendix 1 inform the board of directors of the key achievements and any delays to delivery during the most recent reporting period (Quarter 2). The board is reminded that there will be no overall rag status applied to each separate priority this year as an internal decision was taken to rag rate the milestones and metrics individually as this will provide a more representative view of trends and activity during the reporting period.

At the end of Quarter 2, of the nineteen milestones due for completion in accordance with the original mandates, fifteen have remained on track with four others ranked “red” significantly off track.

Details on all exceptions and mitigation along with Assurance Committee comments and decisions can be found on pages 6 to 9 of this report.

At the beginning of Quarter 3, nine out of the twelve risks identified during delivery of the programmes remain open and of the thirteen issues identified, twelve of these also remain open. The risks and issues register at Programme level is updated and monitored through existing assurance channels with documentation and updates monitored by the Delivery and Improvement team. A brief summary of the status of risks and issues assigned to each Priority is detailed on the highlight reports at Appendix 1 and on pages 6 to 9 of this report.

So far this year there have been no significant escalations to the Executive Management Team that would warrant a formal request to assurance committees in order to make a fundamental change to the overall aim of any particular priority.

1.0 **Introduction**

1.1. The Operational Plan for 2023/24 is built around the following 6 key priorities:-

- Focus on the Quality of Care the Trust Provides
- Improve Engagement with our Medical Colleagues
- Supporting our People
- Improve our Emergency Care Pathways to Deliver Faster Access to Care
- Recover Elective Services
- Work in Partnership to Deliver Efficient Services and a Trust that is fit for the Future

1.2 The formal mandates agreed at the Trust Board meeting in July 2023 set out thirty six specific areas of focus that will be delivered through the six key priorities.

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

1.4 This paper presents a high level update on progress made during the first six months of delivery and reports by exception any areas of concern with recommendations for continuance into the next planning cycle.

2.0 **Conclusion**

2.1 The Board Assurance Committees play a key role in ensuring effective oversight and delivery of the Operational Plan. Updates are provided quarterly to assurance committees where discussions take place around progress and any specific exceptions to plan that may impact on achievement of objectives and benefits and where recommendations for corrective actions are decided.

2.2 In July the Board Assurance Committees considered reports on progress made in all of their associated areas during the first three months of the year and confirmed their assurance on progress and delivery as at the end of Quarter 1. A high level summary of achievements made during Quarter 1 is supplied in the tables below.

Priority Title	Achievements Q1 - Summary
Focus on the Quality of Care the Trust Provides	<ul style="list-style-type: none">• The Power BI dashboard has been completed and all audit baseline data has been set (milestone achieved)• Establishment of the SJR Learning from Deaths group• AMaT system is now live and will manage trust wide audits (also used for registration and updates on QI projects)• A full Tendable review has been undertaken• Patient Safety Incident Response Framework (PSIRF) Training and Engagement plans in place and awareness session delivered to trust board• Education and Training plan to ensure that PSIRF Standards are met has been agreed and is now in implementation

Priority Title	Achievements Q1 - Summary
	<ul style="list-style-type: none"> • 113 staff are now trained practitioners in QSIRP and 19 facilitators in QSIRF. QI Self assessment completed • Requirement confirmed by NHS Impact to undertake their national self assessment when it is launched later this year
<p>Improve Engagement with our Medical Colleagues</p>	<ul style="list-style-type: none"> • New Medical Leadership & Development programme commenced on the 28th April 2023 with cohort one concluding on the 22nd September 2023. Cohort two commences in October 23. • Clinical Lead Job Descriptions have been circulated for comment with sign off expected in Q2. • 12 doctors completed the Quality, Service Improvement and Re-design Programme (QSIR) • Specific interventions with key areas identified through pulse surveys, NHS staff survey and the Medical Engagement Scale • Publication of mentoring programme available at the Trust • Appraisal and Revalidation Clinics – all new doctors joining the Trust receive a 1:1 session with the appraisal and revalidation team to support them with completing their appraisal and gathering together all of the required information. This offer is open to existing colleagues at any time. • UECC Medical Away Day – delivering Medical Engagement results and collating ideas for areas of improvement. • “In Your Shoes” - Consultant Shadowing Events – all execs scheduled to undertake shadowing a consultant for the day. These are planned and feedback due in Q2.
<p>Supporting our People</p>	<ul style="list-style-type: none"> • Initial stakeholder engagement sessions to discuss the refresh of the new People Strategy have been completed • Completed specification and scope for the shared leadership development programme with Barnsley Hospital NHS Foundation Trust (triumvirate level). Tenders received from possible providers to conduct the shared development programme. Formal evaluation process undertaken with representatives from Barnsley • The Retention of Nurses Plan has been developed and includes 7 high impact areas : health and wellbeing, autonomy and shared professional decision making, leadership and teamwork, professional development and careers, pride and meaningful recognition, flexible working, excellence in care. • Nurse Careers Open Days planned (4 events to be held this year) • Pastoral Care Quality Award for Internationally Educated Nurses as well as the ICB membership of Florence Nightingale foundation (15 places confirmed for health care support workers leadership development – celebration event in May) • Launched the RCN Clinical Leadership Programme for band 6 and 7 nurses (May – June) – building understanding of compassionate and inclusive leadership (Michael West) • Joy in work/reconditioning games/hydration and nutrition (nursing/support staff), pride and meaningful work, self rostering initiatives developed, nurse advocates and specific support groups for under represented and/or disadvantaged groups.

Priority Title	Achievements Q1 - Summary
<p>Improve our Emergency Care Pathways to deliver faster access to care</p>	<ul style="list-style-type: none"> • Completion of scoping of next phase of Digital Patient Flow (including within Command Centre). • The Bed Configuration Plan has been completed • The Direct admission to Medical SDEC Pathway was implemented from 7 June with Yorkshire Ambulance Service taking into consideration the universal exclusion criteria being driven by the ICB. • Work underway to clinically develop staff to help integrate Virtual Wards. Capacity level increased to 30 on Virtual Ward • First draft of Discharge to Assess (D2A) model articulated • Out of area reciprocal assessments draft process and form completed • Community ready unit operational and golden patients identified on Meditech • Get up/get dressed reconditioning games underway – received NHSE award • Board round standards in place • Significant focus at place on supporting complex discharges out of acute Trust has resulted in significant improvement in number of patients on Integrated Discharge Team caseload and a reduction in length of time on caseload.
<p>Recover Elective Services</p>	<ul style="list-style-type: none"> • Outpatient Modernisation and Improvement - A Clinic Utilisation Workshop was held in April to discuss barriers to improving utilisation. Representatives from the Contact Centre, Outpatients department as well as divisional deputy general managers, service and support managers attended the event. • Theatres Transformation Programme (TTP) - 6 key work streams in place. Communication plan in place with two programme launch events held in June. Opportunities to maximize theatre utilisation on the day exist in a number of specialties including Ophthalmology, ENT and Urology • Cancer Improvement Programme - Lower GI education session completed as part of the primary care training programme for Rotherham GPs (attended by over 250 delegates). Implemented a revised bowel prep ordering and collection process to reduce time to endoscopy and improve patient experience. Introduced cancer education sessions within the Trust. Completed clinical audit of our transperineal biopsy service (TPB) to minimise delays to patient pathways
<p>Work in Partnership to Deliver Efficient Services and a Trust that is fit for the future</p>	<ul style="list-style-type: none"> • The Collaborative Delivery Group (with Barnsley Hospital NHS Foundation Trust) has been established and has been renamed the Joint Executive Delivery Group (JEDG) (milestone) • The Joint Haematology Programme Board has been established with the first meeting held in June. A Programme mandate to support delivery of the programme has been developed in draft • Project mandates “To Reduce Unnecessary Diagnostic Testing” and “Effective use of Medical Staffing responsibility payments” developed • The Integrated histology service is in place (milestone completed) • The Efficiency target has been confirmed as £12.1 million for 23-24 • Cross cutting efficiency schemes are in development/progress and are reported through Efficiency Board monthly e.g. e-roster • Agreement of Rotherham Heat Network Options (milestone completed)

- 2.3 There were minor delays to delivery in Quarter 1 due to a change in NICE Guidelines which affected early progress in Priority 1 relating to the Quality Priority around Sepsis, however, as the changes did not significantly impact on the Quality Priority or the baseline data agreed, it was not considered to be an overall risk to programme delivery and is now back on track.

Slippage was identified in Priority 2 in relation to the planned “In Your Shoes” - Consultant Shadowing Events which were scheduled to start in Quarter 1. However, due to availability and suitable cross matching that would enable Executives to undertake shadowing a consultant for the day, feedback will not be available until October/November onwards.

Delays to delivery in Priority 5 relate to the wider financial challenges that the trust is facing this year and as such, at the start of the year, it was necessary to pause decisions on the elective recovery plan in order to ensure that appropriate risk based decisions could be made. Progress in other areas was delayed due to anaesthetic and theatre staff resourcing challenges. The paper proposing a revised cancer services structure was delayed until July and there had been an unexpected reduction in capacity within the cancer improvement team that impacted on the overall work plan.

The Highlight reports attached at Appendix 2 confirm the status of the six priorities for the three month period ending September 2023. An overview of the exception reports submitted to Board Assurance Committees in October is provided below along with the subsequent confirmation of assurance in terms of process and/or delivery and any agreed recommendations, actions and decisions.

2.4 Quality Committee

The Quality Committee discussed the highlight report in relation to **Priority 1 – Focus on the Quality of Care that the Trust Provides** at their meeting held on 25th October. The report confirmed that all key areas of focus aligned to this priority are in delivery and that significant progress has been made during the period July to September.

The risk relating to insufficient capacity to implement QSIR projects identified through practitioner training has been closed due to confirmation that recruitment for two new roles can now begin. However, the risk concerning the need for appropriate resource to sustain the Patient Safety Incident and Response Framework (PSIRF) beyond the implementation phase remains in place. Discussions are ongoing in order to find an acceptable solution that will cover the Patient Safety Partner role. No new risks or issues have been identified.

The key metrics and milestones earmarked for delivery during Quarter 2 are rag rated green (delivered/achieved).

The Quality Committee therefore recognised and agreed the progress made against the operational plan and were assured by the report.

2.5 People Committee

The People Committee discussed the highlight report in relation to **Priority 2 Improve Engagement with our Medical Colleagues** at their meeting held on 27th October. The report confirmed that significant progress has been made during the period July to September with three key milestones on track for delivery.

Whilst it is accepted that Consultant's Industrial Action would impact on the Medical Leadership Programme sessions scheduled in July, Cohort 1 later completed their course in September as planned. However the Clinical Leads Development Programme (joint with Barnsley) has been delayed from October owing to industrial action.

The postponement of Cohort 2 – Medical Leadership Development Programme due to the expected impact on number of attendees expected and winter pressures, has presented an opportunity, however, to analyse the feedback from the first cohort and assess whether or not any of the content of the 6 workshops will need to be changed.

The risk that the ongoing dispute between the BMA and HM Government remains open due to its probable impact on the trusts ability to sustain high levels of Medical staff engagement during the timeline that the leadership programme is scheduled to run.

The People Committee discussed ways in which the disruption caused by industrial has been mitigated. It was noted that Cohort 1 completed the Clinical Leadership Development programme in September as planned and Clinical Leads are meeting every month and these are well attended by all specialties. The triumvirate leadership programme is also due for launch at the beginning of November.

The People Committee also discussed the highlight report in relation to **Priority 3 Supporting our People** at their meeting held on 27th October which confirmed that all key areas of focus are in delivery and on track with notable achievements such as the Pastoral Care Quality Award for International Educated Nurses and the Interim Quality Mark for Preceptorship both of which were awarded in July.

The RCN Clinical Leadership programme (Band 6 and 7 Registered nurses) has started well with 20 practitioners on board. Likewise 14 healthcare support workers that have completed the prestigious Florence Nightingale Foundation IPC champions training have passed the course and have been recognised by Trust Board.

Further work to enhance nurse retention is being actioned through 7 high impact areas. The work started in September as part of the Retention of Nurses Plan. This work has been shared at internal workshops and with senior leaders as well as externally through safe staffing networks in order to raise awareness and promote the trust as a great place to work.

Team rostering is embedded in the Acute Surgical Unit and is working well. Roll out is now earmarked for seven more areas. There is interest from NHS England to film the teams involved in this development and to promote Rotherham as an exemplar site. Publicity will be through the NHS England website from October.

There is likely to be some risk to delivery in terms of the impact on employee engagement and retention due to the ongoing dispute between the BMA and HM Government and the mixed reaction to the AfC pay award.

One of the milestones for delivery during the period July to September 2023 is reported as Amber due to re-profiling of work on pulse survey review and one Green for EDI programme progress. Other deliverables for 2023/24 are due to start in Q3 with further discussions to take place on the Pulse Survey review as part of the People Strategy work.

For Priority 2 the People Committee were assured that a good deal of progress is being made and further agreed that this will be a 2 – 3 year plan on account of the sizeable cultural shift that is involved.

For Priority 3 the People Committee agreed to the minor changes in the format of the highlight report and were assured on the adjusted delivery plans.

2.6 Finance and Performance Committee

The Finance and Performance Committee discussed the highlight reports in relation to **Priorities 4, 5 and 6** at their meeting held on 25th October. The reports confirmed that all key areas of focus aligned to the three priorities are in delivery and good progress has been made so far this year despite the impact on delivery of the following:-

Priority 4 – Improve our Emergency Care Pathways to Improve Access to Care

Whilst the Trust will achieve the external trajectory agreed with NHSE, it is unlikely that the internal trajectory to achieve the 4 hour standard will be achieved by October 2023. The significant change work that the five work streams within the ACT programme will continue to progress.

In Quarter 3 the Acute Care Transformation (ACT) Steering Group will therefore be focussing on priorities such as operational capacity e.g. full capacity protocol and discharges, bed board accuracy and data as well as improving flow through ward-based processes.

The Urgent and Emergency Care Patient experience scores have, however, improved significantly compared to the same period last year even though some patients are still waiting longer than 4 hours to be seen.

Priority 5 – Recover Elective Services

Staffing issues in both theatres and anaesthetics are making planning and scheduling more difficult due to the inevitability of last minute changes to lists. To mitigate the impact on overall delivery, a new workforce plan (nursing and AHPs) has been developed through the Theatres Transformation programme “Workforce Development” work stream and with support from the work being undertaken through Operational Plan Priority 2 “Medical Engagement” an Anaesthetists Away Day entitled “Personal and Professional Effectiveness – Managing Self and Improving Self

Care” has been scheduled to take place on 2nd November. Feedback and actions to be reviewed following evaluation of the event.

Delivery of the Cancer Pathway Improvement Programme has continued to be affected by the depletion in team capacity, however, with the appointment to the Cancer Improvement Programme Manager post due in October further progress will be made. The Programme Manager will commence recruitment to fill the three associated Band 6 Cancer Improvement Officer vacancies after which delivery will be resumed at pace.

There have also been set backs in relation to national data set submissions and the Elective Recovery Funding where issues have been identified between how our information is mapped versus how NHS England are picking the information up in the national data set. Until this matter is resolved there will be no activity percentage available for reporting.

Priority 6 – Work in Partnership to Deliver Efficient Services and a Trust that is fit for the future

Delivery of the Trust Efficiency Target is behind plan. The target of £12.1 million remains a challenge (particularly with regards to the recurrent element). A new risk has been confirmed in relation to our ability to identify deliverable opportunities which could lead to there being not enough schemes and their value being identified. There are continued pressures around excess inflation, increased risk around Elective Recovery Fund, increased Pay Run Rate (mainly due to Agency usage – which included cover for industrial action) and under delivery on Cost improvement plans.

In response to this, Divisional and Corporate areas financial performance is being managed on delivery through regular Performance Meetings, and ad hoc focus meetings. The CIP position continues to improve on a monthly basis and is managed through the monthly Efficiency Board meetings. It is encouraging to note however that the Month 6 CIP position compares favourably to the M6 position in both 2022/23 and 2021/22. In addition,

The milestone “Proposal developed for Collaborative R&D partnership” is now overdue and is reported as a delay to delivery, however, after initial discussions around capacity to lead the TRFT service, the Medical Lead for Research has been provided with an additional PA to lead on the work. Further PAs have been made available to support Medical colleagues to undertake research as and when required.

During the reporting period, 7 risks to overall delivery remain open across the three Priorities with industrial action impacting high on financial performance and capacity to support delivery. All issues also remain open.

Of the 10 key milestones earmarked for delivery during Quarter 2 across the three Priorities, 8 are rag rated green (on track) and 2 are rag rated red (significantly off track). Planned activity is now in place to recover this position before the end of the year.

The Finance and Performance Committee therefore noted that Priority 4 had been delivered but that Priorities 5 and 6 were becoming more challenged and are starting to go off track. It was acknowledged that a number of trajectories were put into place in March prior to industrial action taking place and due to that some of the trajectories are no longer realistic and as such a set of revised trajectories have been developed going forward.

The Committee agreed that it was assured on the work being done but recognised that there were a number of challenges, in particular elective recovery.

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

Michael Wright
Deputy Chief Executive
November 2023

OPERATIONAL PRIORITIES 2023-24

APPENDIX 1: HIGHLIGHT REPORTS – JULY TO SEPTEMBER 2023

Priority 1: Focus on the Quality of Care the Trust Provides

Priority 2: Improve Engagement with our Medical Colleagues

Priority 3: Supporting our People

Priority 4: Improve our Emergency Care Pathways to Deliver Faster Access to Care

Priority 5: Recover Elective Services

Priority 6: Work in Partnership to Deliver Efficient Services and a Trust that is fit for the Future

PRIORITY 1 FOCUS ON THE QUALITY OF CARE THE TRUST PROVIDES (JULY - SEPTEMBER 2023) – HIGHLIGHT REPORT

Overall aim	In 2023/24 one of the Trust's core priorities is to continually improve the quality of care that it provides to its service users and its local communities. This priority will include all aspects of quality across safety, experience and effectiveness with a focus on key interventions in specific areas as well as the wider cultural and structural changes needed to enable a QI-led organisation.	Executive Lead(s) Assurance Committee	Helen Dobson, Chief Nurse Quality Committee	Milestones/Metrics : Key
		Operational Lead(s)	Victoria Hazeldine, Deputy Chief Nurse, Beccy Valance, Head of QI, Alison Walker, Quality, Governance & Assurance Matron	On track/target Off track/target (to be delivered by year end) Significantly off track/target

METRIC(S)	BASELINE POSITION	ACTUAL/TARGET	Quarter 2 2023-24		
			July	Aug	Sept
PSIRF Implementation targets met	100%	Actual	100%	100%	100%
		Target	100%	100%	100%

MILESTONE(S)	July	Aug	Sept
Quality Governance and Assurance Structure Agreed			
Implementation of PSIRF			

New Risks & Issues
<p>QSIR – Risk (CLOSED) Insufficient resource to support follow up of improvement work carried out through QSIR training</p> <p>PSIRF - (1) Risk (open) if staff are not available to complete training due to capacity constraints. (2) Risk (open) Patient safety partner role has not yet been implemented at TRFT this will become part of the NHS Standard contract for 2024-25)</p>

Highlights
<p>What have we achieved?</p> <p>Quality Priorities:</p> <ul style="list-style-type: none"> 9 quality priorities have been reported through the appropriate committees for Quarter 2 Quality Governance and Assurance structure agreed (milestone completed ahead of plan) allowing recruitment to commence Power BI dashboard continues to be utilized and the measures of success/metrics are all on track All audit data continues to be collated No significant risks identified <p>Patient Safety Incident Response Framework (PSIRF):</p> <ul style="list-style-type: none"> PSIRF implementation plans on track to transition to the new framework on 2nd October 2023 and the PSIRF Implementation group is in place to support Draft PSIRF plan is completed and progressing through appropriate channels PSIRF Policy is completed. The policy will go through Patient Safety Committee on 19th October and Quality Committee 25th October Feedback with ideas and suggestions have been collated following an "Identifying PSIR Priorities" session. The final Trust PSIRF Patient Safety Priorities have been refined and finalised by the Chief Nurse and Medical Director and include: Patient Safety Incident Type and Issue, Recognition and Escalation of the Deteriorating Patient, Medication (Management of time critical medication - including dispensing, prescribing and administration), Risk Assessments (Completion of patient risk assessments and identified actions), Communication (with patients, families and carers) <p>Quality, Service Improvement and Re-design (QSIR) :</p> <ul style="list-style-type: none"> 136 staff are now trained practitioners in Quality, Service Improvement and Redesign along with 13 QSIR facilitators QI Self assessment will be re-done in line with NHS Impact work Funding approved for B7 QI practitioner and B5 QI Facilitator <p>What have been the delays to delivery?</p> <ul style="list-style-type: none"> None <p>Escalations and key decisions required?</p> <ul style="list-style-type: none"> None

P2 IMPROVE ENGAGEMENT WITH OUR MEDICAL COLLEAGUES: - (JULY - SEPTEMBER 2023) – HIGHLIGHT REPORT

Overall aim	In 2023/24 the Trust wants to improve levels of engagement with our medical colleagues. This work is focused on ensuring our medical colleagues feel empowered to provide the best quality care they can, make changes to improve the care they offer and participate in the delivery of the Trust's objectives including its operational performance and financial stability. The Medical Engagement Roadmap will have a direct impact on engagement and in building a future workforce that feels valued.
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Executive Lead(s)	Dr Jo Beahan, Medical Director
Assurance Committee	People Committee
Operational Lead(s)	Nicola Boulding, Business Manager

Milestones/Metrics : Key
On track/target
Off track/target (to be delivered by year end)
Significantly off track/target

METRIC	BASELINE POSITION	ACTUAL/TARGET	Quarter 2 2023-24		
			July	Aug	Sept
No targets due in Q2		Actual	N/A	N/A	N/A
		Target	N/A	N/A	N/A

Milestone	July	Aug	Sept
Job descriptions agreed for Clinical Lead and Divisional Director Roles			
Review induction and development package for international medical graduates			
Embedding of pulse survey to measure improvement			

Risks & Issues
<ul style="list-style-type: none"> Risk - Performance management process for clinical leads against agreed job role. (CLOSED) Issue - Industrial Action impacting the medical leadership programme as one of the workshops falls on the same day in July (CLOSED) Risk – Funding for mentorship programme (CLOSED) Risk – that the ongoing dispute between the BMA and HM Government and mixed reaction to the AfC pay award impacts TRFT's ability to improve levels of all staff and Medical staff employee engagement (OPEN) No New Risks and Issues are reported in Q2

Highlights
<p>What have we achieved?</p> <ul style="list-style-type: none"> Key Milestones relating to completion and sign off for the Clinical Lead and Divisional Director role descriptions and the Review of the Induction and Development pack for International Medical Graduates (IMG) have been achieved. For the IMG's an action plan is now in place and a local group has been established, including representation from International Medical Graduates who will feed in their "lived experience". The group is scheduled to meet on a quarterly basis. New Medical Leadership & Development Programme - Cohort 1 completed the Programme as planned in September. Clinical Lead meetings are now embedded and are well attended by all divisions and specialties. A further 2 doctors have commenced Quality, Service Improvement and Redesign (QSIR) practitioner training Pre appraisal information packs which include mandatory training, complaints and incidents are in place. The General Surgery Cultural Review has been completed and will be reviewed by the Executive Director of People during Q3 Due to action taken from the National Staff Survey 2022 the decision was taken to hold an Anaesthetics Away Day entitled "Personal and Professional Effectiveness – Managing Self and Improving Self Care". The event is scheduled to take place on 2nd November. Funding has been identified to run the Mentorship Programme. Candidates have come forward to undertake the programme due to complete in Q4. Associated Risk has therefore closed. All doctors who join the trust now receive an induction for medical appraisal, 360 and revalidation. The Medical Matters newsletter is now published monthly with good contributions being made from various departments and specialties from across the trust The UECC "Medical Away Day" has been completed and was well received. Results from their Medical Engagement Scores (from 2008 and 2017) and appropriate feedback has also been shared. The first round of Consultant Shadow Events with Executives has been completed. The events covered "A Day in the life of..." and included provision of feedback. A paper is in development with a view to presentation to Executives on the medical leadership programme, consultant shadowing and the medical engagement road map which will need to be revised for 2023-24 (calendar year). An SAS advocate has been recruited to support the development of the SAS programme All new doctors are now meeting with the Medical Director as soon as they join the trust <p>What have been the delays to delivery?</p> <ul style="list-style-type: none"> The Clinical Leads development programme (joint with Barnsley) has been delayed from 4th October owing to industrial action. The associated Risk due to the likelihood of ongoing dispute between the BMA and the Government will subsequently remain open. Medical Leadership Development Programme - Cohort 2 - has been postponed to April 2024 due to the number of attendees expected, also impact of winter pressures. This delay will, however, provide sufficient time to analyse feedback received so far and to assess whether or not any of the content of the 6 Workshops will need to be changed. <p>Escalations and key decisions required?</p> <p>None</p>

P3 - SUPPORTING OUR PEOPLE (JULY TO SEPTEMBER 2023) – HIGHLIGHT REPORT

Overall aim
In 2023/24 the Trust will continue to support and develop our people – ‘Us’ in our PROUD Strategic Ambition. ‘Our new journey, together’ strategy (2022-2027) sets out that we will be proud to be colleagues in an inclusive, diverse and welcoming organization that is simply a great place to work. It describes the need to ensure we have the right workforce in terms of shape, size and skills to deliver high quality services for our patients. We will develop our approaches to workforce planning and staff experience in pursuit of this ambition.

Executive Lead	Daniel Hartley, Director of People
Assurance Committee	People Committee
Operational Lead	Paul Ferrie, Deputy Director of Workforce

Milestones/Metrics : Key
On track/target
Off track/target (to be delivered by year end)
Significantly off track/target

Metric	Baseline Jan 23	Measure	Q4 Mar 2022/23	Q1 Jun 2023/24	Q2 Sep 2023/24
Turnover rate (rolling 12 m)	12.2%	Actual	11.87%	11.50%	10.66%
		Target	11%		
Vacancy rate	7.34%	Actual	-6.68%	-6.18%	-6.81%
		Target	Validation taking place		
Sickness Absence (rolling 12 m)	6.75%	Actual	6.65%	6.13%	5.97%
		Target	0.75% from baseline		

Milestone	Q1	Q2	Q3	Q4
Development of EDI Programme	n/a			
Pulse Survey Review and Publish Staff Survey results	n/a			
Refreshed People Strategy engaged on and published	n/a	n/a		
Proposal for Workforce Plan agreed and developed	n/a	n/a		

Highlights

What have we achieved?

- The shared development programme with BHFT (triumvirate) contract has been awarded to “Value Circle” and is currently being mobilised with a soft launch scheduled for November.
- The WRES and WDES annual reports and combined action plan has been completed, taking in feedback from a range of internal stakeholders. This includes plans for further Board development and as such completes the EDI programme milestone for 2022/23 once approved by People Committee and Board.
- A paper outlining the design plan for creating the new People Strategy has been developed for presentation at ETM on 5th October. A multi professional steering group and project group has been established to drive this work.
- The Retention of Nurses Plan, is working well and actions in each of the 7 high impact areas:- health and wellbeing, autonomy and shared professional decision making, leadership and teamwork, professional development and careers, pride and meaningful recognition, flexible working and excellence in care are being delivered. This work has been shared internally with senior leaders and externally across the ICB and Region.
- The Pastoral Care Quality Award for International Educated Nurses and the Interim Quality Mark for Preceptorship was achieved in July 2023. The RCN Clinical leadership programme has started for 20 B6/7 Registered Nurses
- Team rostering has been deployed on the Acute Surgical unit and a further 7 areas are now adopting. Interest is being shown by NHS England who want to promote Rotherham as an exemplar site and share best practice

What have been the delays to delivery?

- The work to review TRFT’s use of the National Pulse survey will now be included in the People Strategy design work during Q3 and 4, as opposed to Q 2,3,4.

Escalations and key decisions required?

- None

Risks & Issues

- RISK** – that the ongoing dispute between the BMA and HM Government and mixed reaction to the AfC pay award impacts TRFT’s ability to improve levels of all staff and Medical staff employee engagement (OPEN)
- RISK** – that impact of the dispute and operational pressures increases stress on both managers and staff impacting; turnover, vacancy rate, sickness absence and levels of employee engagement (OPEN)
- NEW RISK** – that increased turnover and sickness absence at a senior level in the People team reduces ability to deliver work programme (OPEN)

P4 IMPROVE OUR EMERGENCY CARE PATHWAYS TO DELIVER FASTER ACCESS TO CARE

JULY – SEPTEMBER 2023 - HIGHLIGHT REPORT

Overall aim

In 2023/24 Trust will continue to develop and improve its urgent care pathways, processes and performance. This priority will cover all elements of urgent care across community, acute and partner services. A key element within this priority will be the delivery of the 4-hr national standard and the focus of work will be on key drivers and enablers of this.

Executive Lead

Sally Kilgariff, Chief Operating Officer

Assurance Committee

Finance and Performance Committee

Milestones/Metrics : Key

On track/target

Off track/target (to be delivered by year end)

Significantly off track/target

METRIC	BASELINE POSITION	ACTUAL/TARGET	Quarter 2 2023-24		
			July	Aug	Sept
Trust 4hr performance	22/23 Q4 44.02%	Actual	64%	57%	61%
		Target 76% by Oct 23 Trajectory	60%	65%	70%
Urgent Community Response % achieved within 2 hours	End of April 2023 85.7%	Actual	74%		
		Target > 70%	>70%	>70%	>70%
Adult G&A Bed Occupancy	April 23 90%	Actual	90%	91%	89%
		Target < 92%	<92%	<92%	<92%
Patients with no right to reside	April - 53	Actual	47	62	44
		<54 by March 24 Trajectory	60	52	56
Average daily throughput Medical SDEC	2022/23 Q4 (inc clinics): 19 incl. weekends & bank holidays	Actual	25	21	24
		30 by March 24	30 by Mar 24	30 by Mar 24	30 by Mar 24
Patients cared for on virtual ward	March 23 15	Actual	31	36	25
		Trajectory	24	32	40

Milestone	July	Aug	Sept
Relocation of SDEC full business case			
Direct admission to SDEC Pathway tranche 1 go live Q2			

New Risks & Issues

Risk: Operational pressures (i.e. Industrial Action) (OPEN)
Risk: Lack of funding to support estates plans (OPEN)
Issue: SDECs used for beds during escalation periods (OPEN)
Issue: Lack of availability of Surgical SDEC trollies (OPEN)
Issue: UECC is used as a default location for all urgent care needs (OPEN)
Issue: Delays to technology support now in the "standstill" period of the procurement phase until end October (NEW)
Issue: safe governance to ensure visibility of all patients on virtual ward (NEW)

Highlights

What have we achieved?

Acute Care Transformation Programme (ACT) achievements:

- Bed reconfiguration is now completed (B5 transferred to Medicine as a 24 bedded unit, Stroke Unit has reduced to 24 beds, B10 is to remain open with 22 beds, Sitwell is to re-open as a 14 bedded surgical ward. The associated reset week started on 25th September.
- Acute Care Standards were relaunched on 25th September
- E-guidance tool for GPs is now in place to support appropriate utilisation of diagnostics
- New streamlined process for UECC triage/assessment started on 25 September
- SDEC/UECC/Primary Care have agreed that all areas will adopt the new Yorkshire Ambulance Service SDEC exclusion criteria for referrals/streaming
- Completed a review of Urgent Primary Care location (for winter) and ways of working for Out of Hours service to provide 24hr Primary Care across UECC. Confirmed there are no plans to move Primary Care in winter 2023-24
- Triage Nurse referral processes have moved to an Out of Hours Dispatcher in order to add patients to the Primary Care work list after 10pm
- A new Workforce mandate has been developed with 5 key areas of focus identified and milestones required for delivery in Q3-4
- UECC administration service review has been signed off by the UECC senior leadership team
- Recruitment and retention process is now embedded in UECC
- Emergency Care Data Set (ECDS) requirements have been segregated into 4 key areas of focus (Snomed/Data warehouse changes, version 4 in ED, Type 5s (SDEC) and Type 6s. Progress will be monitored through a new, overarching ECDS group lead by Health Informatics due to the nature of the work and the impact on EPR.

Community Services (Community Hub, UCR, Virtual Ward) achievements:

Virtual Ward

- Feedback from a national NHSE virtual ward event validated Rotherham's approach with the majority of examples of best practice being in place. Noted that remote tech has been a national challenge, with few having successfully implemented. Interoperability remains a challenge.
- Remote tech preferred provider expected w/c 2 Oct
- Following an increase in discharge referrals August has seen an increase in step up (avoidance referrals).
- The majority of patients remain at home following discharge from the virtual ward.
- Development of heart failure pathway is progressing.

Urgent Community Response

- UCR has seen a record number of referrals (620 in July) and continues to perform above the requirement of 70% of referrals to be responded in 2 hours
- Recording of Diabetes and Urgent Catheter Care services now on board

Improving discharge processes (internally and externally) achievements:

- Transfer of Care Hub (TOCH) to be launched 09 / 10 / 23. Phase 1 brings together the health Care Co-ordination Centre and Urgent Community Response with the Integrated Discharge Team to support admission avoidance and discharge.
- Procurement is progressing well regarding the Home from Hospital service (home care to support hospital discharge when re-ablement resource not initially available). Evaluation of bids is underway and mobilisation is on-track for mid-November.
- Out of area trusted assessment pilot with Sheffield planned for October.
- Positive feedback on Care Home Trusted Assessor role. Job role drafted.
- Soft launch of therapy D2A assessments starting in May has resulted in 118 assessments in the community.
- 300 patients have been supported by community in reach for admission avoidance and early discharge home since April.

What have been the delays to delivery?

- Delays to the technology to support - this is now in the 'standstill' period of the procurement phase until the end of October when discussions will commence with the preferred bidder
- Work to ensure safe governance of the ward is being undertaken to ensure visibility of all patients on Virtual Ward by moving the different unplanned units on to one SystemOne unit
- ACT Programme - Completion of the standard operating procedures and Data Dictionary is delayed 2 months to October
- ACT Programme - Following a review of internal dash boards and reports an Independent 360 review has been confirmed for completion in November
- Ongoing periods of industrial action is impacting on operational teams capacity to undertake transformation work

Escalations and key decisions required?

None

P5 RECOVER ELECTIVE SERVICES JULY - SEPTEMBER 2023 – HIGHLIGHT REPORT

Overall aim

In 2023/24 the Trust need to recover its elective position so that it can provide timely care to its patients. This priority will include all elective care pathways including cancer, outpatients and theatres. The work will be primarily focused on the recovery of pre-covid activity and the reduction in waiting times for our elective patients.

Executive Lead(s)

Sally Kilgariff, Chief Operating Officer (overall)
Louise Tuckett, Director of Strategy, Planning & Performance (Theatres), Jodie Roberts, Director of Operations (Outpatients)
Finance and Performance Committee

Assurance Committee

Milestones/Metrics : Key

On track/target

Off track/target (to be delivered by year end)

Significantly off track/target

METRIC	BASELINE POSITION	ACTUAL/TARGET	Quarter 2 2023-24		
			July	Aug	Sept
Activity % of 19/20	Target 101%	Actual	TBC	TBC	TBC
		Target	103%	103%	103%
Over 65 week waiters	35	Actual	24	40	58
		Target	60	60	50
OP Clinic Utilisation	80%	Actual	82.3%	82.4%	82.9%
		Target	90%	90%	90%
Theatre Capped utilisation (internal data)	75%	Actual	85%	78%	-
		Target	85%	85%	85%
Cancer faster diagnosis performance	65%	Actual	80.3%	77.6%	-
		Target	75%	75%	75%

Milestone	July	Aug	Sept
Cancer - Uology pathway review workshop delivered			
Cancer - Cancer Services structure in place			
TTP - Theatre Assistant Booking Tool in development/ready for testing			
TTP – Workforce model agreed			
TTP – Patient Sending SOP drafted for testing			
Outpatients - process map sessions with Outpatients department staff to understand issues, develop and priorities action plan			
Outpatients – review referral processes across specialties			

Risks & Issues

- Issue - Data quality (Outpatients & Theatres) **(OPEN)**
- Issue - Outpatient Clinic Capacity for triage and outpatients **(OPEN)**
- Issue - Clinical Engagement (Outpatients & Theatres) **(OPEN)**
- Issue - Staff Capacity/ Time (Outpatients & Theatres) **(OPEN)**
- Issue - National Vacancy/skill shortages/retirements and Anaesthetics and Operating Department nursing (Theatres) **(OPEN)**
- Issue - Theatre stores processes/paper based, storage space, procurement inventory and materials management **(OPEN)**
- Issue - Industrial action - activity levels/elective recovery funding **(OPEN)**
- Issue – how our information is mapping ERF vs NHS/SUS national data set, unable to confirm ERF income values **(NEW – OPEN)**

Highlights

What have we achieved?

Outpatient Modernisation and Improvement

- Clinic Utilisation** – Services have conducted 'house keeping' of their clinics, removing those which are no longer in use and contributing to lower utilisation scores.
- Referral Optimisation** – Referrals can now be processed in Meditech in 6 specialties. Referral document created to support clinicians to process and triage referrals in Meditech. Review of referral process across different specialties completed. Highlighted variation in process and also potential of CNS's triaging referrals. This will be explored in other workstreams.
- Reducing Referrals** – Much of this work is being overseen within the GIRFT meetings in terms of reducing follow-ups by 25%. The workstream is concentrating on expanding PIFU further and increasing the use of PIFU as an option.
- Outpatients Flow** – Agreement made with domestic services and nursing staff to ensure doors can open earlier for patients who arrive early for the first appointments. Agreed plan to provide ECG training to nursing staff to be able to take ECG readings for ad-hoc requests to reduce wait for patients. More efficient process agreed with Pharmacy for nursing staff to collect patient prescriptions.
- Internal Processes** – Monthly Outpatients forum meeting now in place and well attended by Service Managers, Support Service Managers, Deputy General Managers and Contact Centre to discuss Outpatient issues and priorities. Working closely with Contact Centre to improve working relationships and communication between services and the Contact Centre. Weekly drop-in session to start for Services to communicate any upcoming issues and priorities for Contact Centre to focus.

Theatres Transformation Programme (TTP)

- Optimising Theatre Lists** – Information from process mapping has informed the Principles of Scheduling and Validation. A 12 week "visual" of scheduling process has been developed and will be part of the new Scheduling Guidelines. Orthopaedics, Ophthalmology and General Surgery have started testing the Theatres Booking Assistant (Power BI tool) to ensure the information within the tool is correct prior to wider consultation and roll out. A Focus Week is planned for 30th October to pilot some of the changes that have been recommended by the team
- Preparing patients for surgery** – Text message reminders now in place. Funding and Business Case approved to use Netcall for Electronic Pre-op Triage.
- Maximising Utilisation on the Day** – The Command centre approach has started with the installation of a wall mounted TV screen displaying an overview of Theatres utilization that day. A draft Sending SOP is in development following engagement sessions with ENT, Ophthalmology and Urology. The SOP which is intended to rebalance session start and finish times and will be piloted during a re-set week in October.
- Workforce Development** - The new Workforce plan has been completed. The plan will support the changes required in e-roster that will bring improvements in expenditure control linked to new cost centres assigned to specific teams e.g ODPs, scrubs and recovery.
- Patient Safety & Clinical Governance** - Electronic team brief, (using i-pads) is being trialed in Theatre 3 and 11 and the electronic de-brief is also being explored. These will improve reporting and escalation of issues. Emergency Quick Reference Guide (Anaesthetists) has been published. A User Group has been established to develop an Emergency Theatres booking SOP. A Patient Safety event has been scheduled for 14th November.
- Equipment & the Environment** - Inventory management system business case agreed for external funding with the key area of focus to be theatres. A joint Project team with NHS Supply chain is in place and their first meeting was held on 7th September. Decluttering theatre street and corridors is progressing well with a number of bulky items earmarked for auction/return to supplier for parts/waste segregation.

Cancer Improvement Programme

- Successful recruitment of Cancer Improvement Programme lead to drive the programme forward. Recruitment of three Band 6 Improvement Officers underway
- Cancer services centralisation has been approved at ETM and will be implemented once the Associate Director of Operations to commences in post - due to start in post at end of October.
- Delivery of the existing programme continues through Cancer Alliance funding

What have been the delays to delivery?

- Staffing issues in both theatres and anaesthetics are making planning and scheduling more difficult due to the inevitability of last minute changes and issues.
- Internal data analytics has taken time to develop meaningful insight (from scratch)
- Work stream leads capacity to support programmes of work
- Industrial action particularly in outpatients
- Due to recent issues identified between how our information was mapping ERF versus how NHSE are picking it up from SUS in the national data set, we are unable to confirm the ERF income values at this time

Escalations and key decisions required?

- Trust Board self assessment return confirmed that the trust does not have to plan to achieve 25% reduction in follow ups

P6 WORK IN PARTNERSHIP TO DELIVER EFFICIENT SERVICES AND A TRUST THAT IS FIT FOR THE FUTURE JULY - SEPTEMBER 2023 – HIGHLIGHT REPORT

Overall aim
 In 2023/24 the Trust needs to ensure that both the organisation as a whole and its services are fit for the future. This priority includes the development of our relationship with Barnsley NHS FT to develop ways of working in order to deliver excellence, enhancement of resources (human and physical) and operating efficiencies. The clinical and operational work will mainly focus on the longer-term, while financially the focus will be more short term.

Executive Lead(s)
 Michael Wright, Deputy Chief Executive, Steve Hackett, Director of Finance

Assurance Committee
 Finance and Performance Committee

Milestones/Metrics : Key

On track/target

Off track/target (to be delivered by year end)

Significantly off track/target

METRIC(S)	BASELINE POSITION	ACTUAL / TARGET	Quarter 2 2023-24		
			July	Aug	Sept
Delivery of the Efficiency Target	N/A	Actual (£)	1,191,610	1,669,560	2,187,640
		Target (£)	3,216,056	4,146,460	5,076,874
Variance from Financial Plan	N/A	Actual (£)	-1,320k	-1,218k	-1,068k
		Target (£)	-2,516	-3,082	-3,665

Milestone	July	Aug	Sept
Proposal Developed for Collaborative R & D Partnership			

Risks & Issues

- Issue - Lack of clinical / divisional engagement to make efficiency savings and service change (**OPEN**)
- Risk – the ability to identify deliverable opportunities for CIP remains a challenge across the Trust and could lead to not enough schemes and value being identified (**NEW**)
- Risk – Ongoing challenges around cost improvement delivery linked to increased costs in pay and the challenges particularly with regards to the recurrent element. Impact of junior doctors industrial action is having an adverse impact on financial performance. (**OPEN**)
- Risk – ongoing risk around cost pressures and under delivery of CIP on the financial position (**OPEN**)

Highlights

What have we achieved?

- Service development with BHFT** - JEDG continues to provide monthly oversight and direction of the Haematology Programme, and also BAU aspects of the Gastroenterology Redesign Programme
- Haematology Programme** - Monthly Haematology Programme Board meetings are progressing. A Haematology Engagement Event was held on 13th Sept with Haematology staff from TRFT and BHFT in attendance. Feedback from this event will help shape the scope and the objectives of the Haematology Programme
- Reduction in unnecessary diagnostic testing** – CT data has been benchmarked against BHFT, DBHFT and STH. CT data gathering and analysis continues in order to shape the project scope and objectives
- Medical staffing responsibility payments** - The Draft Job Planning policy is being presented to the LNC in October for support following wider consultation and engagement. This will include the creation of a Job Planning Assurance Group (JPAG) which will be responsible for the consistency and review of ANR payments.
- Trust wide Efficiency Programme** – The 2023/24 target is £12.176m at M6 the FOT is £9.601m which is 78.85% of target (71.88% risk adjusted) and the FYE Recurrent is £6.882m which is 56.52% of target (52.23% risk adjusted). A number of cross-cutting efficiency schemes are being developed to support delivery of the 2023/24 CIP, and possibly beyond (e.g. e-Roster and stock Management). It is anticipated that saving opportunities should become evident as the scoping of these schemes continues to develop.
- Divisions have been tasked with developing a long term Forward CIP Plan (to cover the 2024/25, 2025/26 and 2026/27 financial years) by the November Efficiency Board.

What have been the delays to delivery?

- Collaborative R&D partnership** - The milestone "Proposal developed for Collaborative R&D partnership" is now overdue, however, after initial discussions around capacity to lead the TRFT service, the Medical Lead for Research has been provided with an additional PA to lead on the work. Further PA have been made available to support Medical colleagues to undertake research as and when required.

Escalations and key decisions required?

- The Trust is off-plan with the Financial Plan. There are continued pressures around excess inflation, increased risk around ERF, increased Pay Run Rate (mainly due to Agency usage – which included cover for industrial action) and under delivery on CIP.
- The Trust Efficiency Target is behind plan. The target of £12.1 million remains a challenge (particularly with regards to the recurrent element). In response to this, Divisional and Corporate areas financial performance is being managed on delivery through regular Performance Meetings, and ad hoc focus meetings. The CIP position continues to improve on a monthly basis and is managed through the monthly Efficiency Board meetings. It is encouraging to note however that the Month 6 CIP position compares favourably to the M6 position in both 2022/23 and 2021/22. In addition,

COUNCIL OF GOVERNORS MEETING: 16 November 2023

Agenda item: 71/23

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 September 2023 (Month 6 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 September 2023 (Month 6 2023/24):
 - Financial results to September 2023.
 - A surplus to plan of £150K in month and a deficit to plan of £1,068K year to date;
 - The same surplus to the (external) control total of £150K in month and a deficit of £1,068K year to date. The Trust's performance is measured against the control total with NHS England, having adjusted for depreciation on donated and right of use assets (£374K year to date).
- Section 3 – Income and Expenditure Account Forecast Out-Turn
 - An initial forecast out-turn up to 31st March 2024 of £4,316K 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.
- Section 4 – Capital Expenditure for September 2023 (Month 6 2023/24)
 - Expenditure for the six month period ending September 2023 is £1,795K against a budget of £4,622K: an under-spend of £2,827K (61%).
 - 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 September 2023. A month-end cash value as at 30 September 2023 of £16,379K, which is £2,390K worse than plan due to slippage on income receipts and increased creditor payments in month.

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	P £000s	Month		P £000s	YTD		Forecast V £000s	Prior Month FV £000s
		A £000s	V £000s		A £000s	V £000s		
 I&E Performance (Actual)	(646)	(496)	150	(4,040)	(5,108)	(1,068)	(4,316)	(5,625)
 I&E Performance (Control Total)	(584)	(433)	150	(3,665)	(4,733)	(1,068)	(4,316)	(5,625)
 Capital Expenditure	701	584	117	4,622	1,795	2,827	0	0
 Cash Balance	(155)	(2,601)	(2,446)	18,769	16,379	(2,390)	(256)	(248)










1.2 The Trust has under-spent against its I&E plan in September 2023 but cumulatively there remains an overspend of £1,068k 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 any adjustment for under or over-performance on elective recovery activity, which is assumed to be covered within the current level of reserves. The cost pressure resulting from pay awards are now within the position.

1.3 Capital expenditure is behind plan in month and year to date, with cumulative spend of £1,795k against a budget of £4,622k. Capital spend is forecast to fully deliver against plan.

1.4 The cash position at the end of September 2023 is £16,379K. Despite being below plan by £2,390K, this remains a strong cash balance. The reduction against plan is due to slippage on income receipts and timing of creditor payments.

2. Income & Expenditure Account for September 2023 (Month 6 2023/24)

2.1 The table below shows the financial results subjectively (by type of expenditure). The Trust has delivered a surplus to plan in September 2023 of £150K and a year to date deficit to plan of £1,068K.

Summary Income & Expenditure Position	AP £000s	Month			YTD			2023/2024 Monthly Trend / Variance
		P £000s	A £000s	V £000s	P £000s	A £000s	V £000s	
Clinical Income	324,214	28,266	27,787	(479)	162,604	159,954	(2,650)	
Other Operating Income	24,548	2,160	2,403	243	12,645	13,222	576	
Pay	(235,304)	(21,061)	(21,468)	(407)	(117,919)	(121,099)	(3,180)	
Non Pay	(92,473)	(8,523)	(8,776)	(252)	(49,939)	(51,547)	(1,608)	
Non Operating Costs	(3,969)	(331)	(295)	36	(1,985)	(1,779)	206	
Reserves	(23,741)	(1,157)	(148)	1,009	(9,445)	(3,858)	5,588	
Retained Surplus/(Deficit)	(6,726)	(646)	(496)	150	(4,040)	(5,108)	(1,068)	
Adjustments	748	62	62	(0)	374	374	(0)	
Control Total Surplus/(Deficit)	(5,977)	(584)	(433)	150	(3,665)	(4,733)	(1,068)	

2.2 Clinical Income is behind plan in month and year to date mostly due to under performance on elective recovery activity. ERF divisional targets are included in budgets. This

underperformance is currently offset in reserves as the performance against NHSE's target, and updates for new tariff prices are being validated.

- 2.3 Other Operating Income is ahead of plan in month and year to date with increased income from staff recharges (£178K), which will be an offset to the pay over-spend, increased research, development and education income (£206K), and other non-clinical income (£298K), which will have non-pay spend against it.
- 2.4 Pay costs are over-spending by £407K (2%) in month. The main contributory factors in month are industrial action and £322K under-delivery of cost improvement targets. The year to date performance is also being influenced by undelivered cost improvement targets of £2,523K.
- 2.5 Non Pay costs are over-spending by £252K in month and by £1,608K year to date. The main categories of overspends are on drugs £643K, premises £917K and under-delivery of cost improvement targets of £297K.
- 2.6 The positive performance in Non Operating Costs is due interest receivable and financing costs being better than plan.
- 2.7 £5,588K 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 £4,316K deficit to plan.

Summary Income & Expenditure Position	AP £000s	FO (Full Year) £000s	AV (YTD) £000s	FV £000s	TV £000s	2023/2024 Monthly Trend / Variance
Clinical Income	324,214	322,125	(2,650)	561	(2,089)	
Other Operating Income	24,548	26,466	576	1,342	1,919	
Pay	(235,304)	(242,684)	(3,180)	(4,200)	(7,380)	
Non Pay	(92,473)	(95,235)	(1,608)	(1,154)	(2,762)	
Non Operating Costs	(3,969)	(3,559)	206	205	411	
Reserves	(23,741)	(18,155)	5,588	(2)	5,586	
Retained Surplus/ (Deficit)	(6,726)	(11,041)	(1,068)	(3,248)	(4,316)	
Adjustments	748	748	(0)	(0)	(0)	
Control Total Surplus/ (Deficit)	(5,977)	(10,293)	(1,068)	(3,248)	(4,316)	

- 3.2 Within Clinical Income, the estimated ERF YTD under delivery against divisional targets is reflected. This underperformance is currently offset in reserves awaiting validation of the performance against target from NHSE. No further under-delivery of ERF is forecast at this stage. Additional income is forecast from other variable activities.
- 3.3 Other Operating Income is forecasting increases in income from research, development, education & training (£1,228K) and staff recharges (£520K). 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 £5,803K.
- 3.5 Non Pay costs are similarly showing a significant deterioration in performance linked to continued increasing costs, most notably within premises £1,693K and undelivered CIPs £1,100K.

- 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.
- 3.8 Cost reduction and CIP delivery will need to be managed proactively across all services, with clear action plans being implemented, if the Trust is to deliver against its overall plan. With the continuation of industrial actions, the risk of being able to deliver this financial plan is increasing. The financial impact of industrial actions is being assessed at a national level but as yet no confirmation has been received on allowances beyond April industrial action.

4. **Capital Programme**

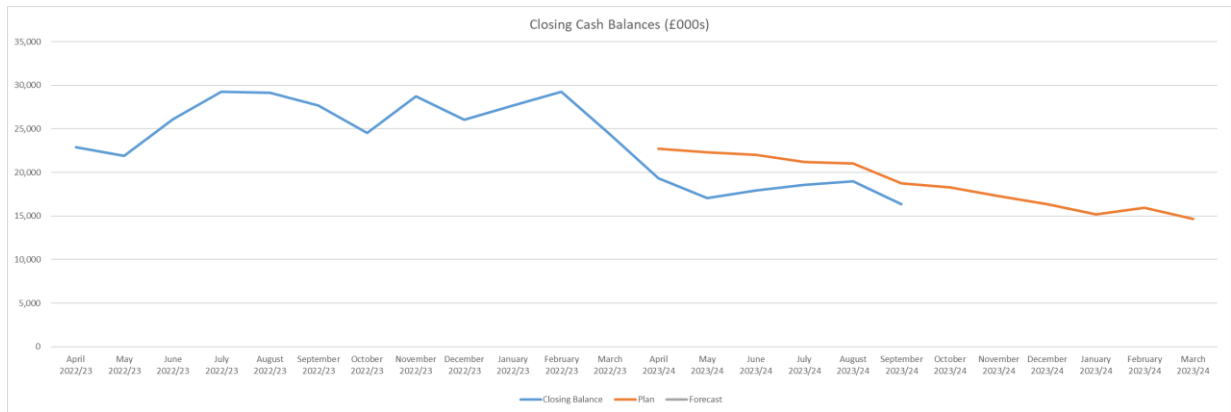
- 4.1 As at September 2023 the Trust has incurred capital expenditure of £1,795K against a budget of £4,622K representing an under-spend of £2,827K (61%).

Capital Expenditure	Month			YTD			Forecast	Prior Month
	P £000s	A £000s	V £000s	P £000s	A £000s	V £000s	V £000s	FV £000s
 Estates Strategy	737	150	● 587	1,429	354	● 1,074	● 0	● 0
 Estates Maintenance	337	197	● 140	563	407	● 156	● 0	● 0
 Information Technology	316	94	● 222	1,082	738	● 345	● 0	● 0
 Medical & Other Equipment	266	142	● 124	682	296	● 386	● 0	● 0
 Other	(956)	0	● (956)	866	0	● 866	● 0	● 0
TOTAL	701	584	● 117	4,622	1,795	● 2,827	● 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 £1,961K (52%).
- 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.

5. **Cash Management**

- 5.1 Compared to plan, there is an adverse variance in-month of £2,446K and year to date variance of £2,390K. Cash remains strong with a closing cash balance of £16,379K as at 30 September 2023 as shown in the graph below. This is due to slippage on income receipts and increased creditor payments.



- 5.2 This has allowed the Trust to earn interest on its daily cash balances of £100K in-month (£595K year to date), which will help contribute towards the Trust's cost improvement target for 2023/24.
- 5.3 The recent rise in interest rate will further increase interest receivable income throughout the year, albeit it will only be marginal.

Steve Hackett
Director of Finance
16th October 2023

COUNCIL OF GOVERNORS MEETING: 16 November 2023

Agenda item: 72/23

Report: Integrated Performance Report – September 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 September 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
November 2023

Board of Directors

Integrated Performance Report - September 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			Community Services
Patient Safety	Cancer Care			
Maternity	Inpatient Care			
Patient Feedback	Community Care			

CQC DOMAINS

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

Trust Integrated Performance Dashboard - KPI DQ KEY

Data Quality Key for DQ Icons and Scoring.

S - Sign Off and Validation	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?
T - Timely & Complete	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?
A - Audit & Accuracy	Are there processes in place for either external or internal audits of the data and how often do these occur (Annual / One Off)?
R - Robust Systems & Data Capture	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?



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	Sep 2023	L	27,500		30,032	31,507	32,544	33,235	33,235	25,733		
Referral to Treatment (RTT) Performance	Sep 2023	N	92%		64.1%	62.1%	59.5%	59.5%	62.9%	67%		
Number of 52+ Weeks	Sep 2023	L	350		363	477	601	706	706	217		
Number of 78+ Weeks	Sep 2023	L	0		0	0	3	2	2	9		
Number of 65+ Weeks	Sep 2023	L	50		28	24	40	58	58	0		
Overdue Follow-Ups	Sep 2023	L	-		14,997	15,874	16,004	15,827	15,827	16,433		
First to follow-up ratio	Sep 2023	B	2.4		2.56	2.59	2.69	2.59	2.63	2.36		
Day case rate (%)	Sep 2023	B	85%		84.4%	85.1%	86.1%	84.2%	84.7%	85%		
Diagnostic Waiting Times (DM01)	Sep 2023	N	1%		5.7%	5.6%	6.9%	4.8%	5.7%	12%		
Diagnostic Activity Levels - for Key Modalities (from Apr 2023)	Sep 2023	L	7774		8,378	8,020	7,558	8,066	8,066	8906		
Capped Theatre Utilisation	Aug 2023	L	85%		77.7%	75.2%	79.6%	77.2%	77.2%			
Emergency Performance												
Number of Ambulance Handovers > 60 mins	Sep 2023	N	0		88	54	114	28	420	314		
Ambulance Handover Times % > 60 mins	Sep 2023	N	0%		4.6%	2.8%	5.8%	1.4%	3.6%	19%		
Number of Ambulance Handovers 30+ mins	Sep 2023		-		231	169	270	152	1,228	565		
Ambulance Handover Times % 30+ mins	Sep 2023	L	10%		12.0%	8.7%	13.7%	7.7%	10.5%	34%		
Average Time to Initial Assessment in ED (Mins)	Aug 2023	N	15		23	25	23	26	27	25		
4hr Performance in Dept	Sep 2023	N	70%		58%	64%	56.5%	61.4%	59.1%			
Proportion of patients spending more than 12 hours in A&E from time of arrival	Sep 2023	L	2%		4.9%	3.2%	7.2%	4.2%	4.7%	14%		
Number of 12 hour trolley waits	Sep 2023	N	0		0	0	0	0	0	10		
Proportion of same day emergency care	Sep 2023	L	33%		43.9%	44.1%	40.0%	41.7%	43.1%	43%		
Cancer Care												
2 Week Wait Cancer Performance	Aug 2023	N	93%		71.3%	81.4%	86.5%	71.8%	81.8%	97%		
2 Week Wait Breast Symptoms	Aug 2023	N	93%		40.7%	95.7%	82.5%	84.4%	91.1%	95%		
31 day first treatment	Aug 2023	N	96%		90.3%	97.4%	98.2%	91.4%	97.7%	93%		
62 Day Performance	Aug 2023	N	85%		56.2%	65.9%	74.5%	68.5%	69.1%	72%		
The number of cancer 62-day pathways waiting 63 days or more after an urgent suspected cancer referral	Aug 2023	L	64		67	52	41	46	46	-		
28 day faster diagnosis standard	Aug 2023	N	75%		74.6%	72.1%	80.3%	77.6%	70.0%	66%		
Inpatient Care												
Mean Length of Stay - Elective (excluding Day Cases)	Sep 2023				2.68	2.63	3.21	2.98	2.86	2.74		
Mean Length of Stay - Non-Elective	Sep 2023				5.20	4.90	5.73	5.15	5.33	6.23		
Length of Stay > 7 days (Snapshot Numbers)	Sep 2023	L	142		162	176	162	155	155	218		
Length of Stay > 21 days (Snapshot Numbers)	Sep 2023	L	62		43	69	43	46	46	80		
Right to Reside - % not recorded (Internal Performance from May)	Sep 2023	B	0%		6.7%	8.0%	8.4%	9.6%	9.6%	7%		
Discharges before 5pm (inc transfers to Dis Lounge)	Sep 2023	L	70%		62.7%	61.3%	62.4%	62.1%	61.5%	59%		
Outpatient Care												
Did Not Attend Rate (OutPatients)	Sep 2023	B	6.2%		8.3%	7.6%	7.4%	7.6%	8.1%	9%		
% of all Outpatient activity delivered remotely via telephone or video consultation	Sep 2023	N	25%		11.4%	11.8%	12.7%	13.4%	12.1%	16%		
Number of patient pathways moved or discharged to PIFU, expressed as a proportion of all outpatient activity.	Sep 2023	N	5%		1.9%	2.2%	1.9%	2.0%	2.1%			
LUNA Data Quality Score	Sep 2023	N	99%				99.1%	99.3%	99.3%			
% of RTT PTL Reported as Validated	Sep 2023	N	60%				21%	78%	78%			
Community Care												
MusculoSkeletal Physio <4 weeks	Sep 2023	L	80%		29.1%	23.3%	28.1%	28.9%	26.0%	13%		
A&E attendances from Care Homes	Sep 2023	L	144		156	154	169	144	144	137		
Admissions from Care Homes	Sep 2023	L	74		101	112	128	111	111	86		
Urgent 2 Hour Community Response (one month behind)	Jul 2023	L	75%		85.8%	82.9%	82.9%	73.9%	80.3%	89%		
Numbers of pts on virtual ward	Sep 2023	L	40		23	31	36	25	25	0		
Number of patients in month accepted onto virtual ward (Total)	Sep 2023				68	120	108	130	130	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)	Jun 2023	B	As Expected		107.79	106.75	105.00	102.90	--	105.02		
Mortality index - HSMR (Rolling 12 months)	Jul 2023	B	As Expected		96.49	93.95	92.78	89.74	--	101.6		
Number of deaths (crude mortality)	Sep 2023		-		75	45	73	74	417	78		
Infection, Prevention and Control												
Clostridioides-difficile Infections	Sep 2023	L	2		4	2	1	2	18	5		
Clostridioides-difficile Infections (rate)	Sep 2023		-		30.0	29.3	30.0	28.1	28.1	21.5		
E.coli blood bacteraemia, hospital acquired	Sep 2023	L	4		3	3	5	2	23	4		
P. Aeruginosa (Number)	Sep 2023	L	1		0	0	0	0	0	0		
Klebsiella (Number)	Sep 2023	L	1		1	0	2	4	11	0		
Patient Safety												
Serious Incidents - one month behind	Aug 2023	L	0		2	4	4	3	14	5		
Number of Patient Incidents (including no-harm)	Sep 2023		-		979	949	1,019	958	5,684	0		
Number of Patient Falls (moderate and above)	Sep 2023		-		2	3	2	0	7	0		
Number of Pressure Ulcers (G3 and above) - one month behind	Aug 2023		-		0	1	1	0	2	1		
Medication Incidents	Sep 2023		-		100	96	89	98	587	98		
Readmission Rates (one month behind) - NE - excluding D/Cs	Aug 2023		-		10.9%	11.2%	10.5%	9.2%	10.6%	12.1%		
Venous Thromboembolism (VTE) Risk Assessment	Sep 2023	N	95.0%		94.7%	94.9%	95.3%	95.6%	95.1%	96.4%		
Hip Fracture Best Compliance	Sep 2023	L	65.0%		58.6%	76.0%	69.2%	71.9%	71.9%	75.0%		
Patient Experience												
Number of complaints per 10,000 patient contacts	Sep 2023	L	8		10.49	6.34	8.41	11.82	9.41	11.00		
F&F Postive Score - Inpatients & Day Cases	Sep 2023	N	95.0%		97.7%	98.6%	94.2%	97.2%	97.3%	96.7%		
F&F Postive Score - Outpatients	Sep 2023	N	95.0%		98.1%	98.5%	97.2%	96.7%	97.5%	97.8%		
F&F Postive Score - Maternity	Sep 2023	N	95.0%		100.0%	96.6%	100.0%	97.1%	99.2%	96.5%		
Care Hours per Patient Day	Sep 2023	L	7.3		7.40	7.30	7.00	7.00	7.00	6.3		
Maternity												
Bookings by 12 Week 6 Days	Sep 2023	N	90.0%		93.2%	92.5%	96.4%	92.3%	92.8%	92.6%		
Babies with a first feed of breast milk (percent)	Sep 2023	N	70.0%		60.6%	63.6%	58.5%	59.2%	60.2%	56.2%		
Stillbirth Rate per 1000 live births (Rolling 12 months)	Sep 2023	L	4.66		2.71	2.72	2.75	2.77	2.77	2.32		
1:1 care in labour - One month behind	Aug 2023	L	75.0%		99.6%	99.1%	100.0%	100.0%	99.7%	97.6%		
Serious Incidents (Maternity) - One month behind	Aug 2023	L	0		0	0	0	0	0	0		
Moderate and above Incidents (Harm Free) - One month behind	Aug 2023		-		0	0	0	0	0	0		
Consultants on labour (Hours on Ward)	Sep 2023		-		62.50	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												
Whole Time Equivalent against plan - Total	Sep 2023	L	-		-247	-240	-257	-275	-275	-435		
Whole Time Equivalent plan - Nursing	Sep 2023	L	-		-82	-84	-95	-93	-93	-81		
Vacancy Rate - TOTAL	Sep 2023	L	-		6.18%	6.02%	4.30%	6.81%	6.81%	9.66%		
Vacancy Rate - Nursing	Sep 2023	L	-		6.02%	6.19%	7.03%	6.72%	6.72%	5.95%		
Time to Recruit	Sep 2023	L	34		36	36	35	36	36	36		
Sickness Rates (%) - inc COVID related	Sep 2023	L	4.50%		5.09%	5.71%	6.07%	6.03%	5.97%	6.67%		
Short-term Sickness Rate (%)	Sep 2023	L			1.2%	1.4%	1.5%	2.1%		2.1%		
Long-term Sickness Rate (%)	Sep 2023	L			3.9%	4.4%	4.6%	4.0%		4.4%		
Turnover (12 month rolling)	Sep 2023	L	11.00%		11.5%	10.9%	11.1%	10.7%	10.7%	11.90%		
Appraisals complete (% 12 month rolling)	Sep 2023	L	90.00%		75%	76%	78%	86%	86%	79.00%		
Appraisals Season Rates (%)	Sep 2023	L	90.00%		44%	58%	70%	84%	84%	74.00%		
MAST (% of staff up to date)	Sep 2023	L	85.00%		94%	94%	93%	90%	90%	92.00%		
% of jobs advertised as flexible	Sep 2023		-		81.16%	75.68%	66.15%	55.22%	69.05%	89.80%		

Trust Integrated Performance Dashboard - Finance

Apr 23 - Aug 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)	(646)	(496)	150	(4,040)	(5,108)	(1,068)	(4,316)
I&E Performance (Control Total)	(584)	(433)	150	(3,665)	(4,733)	(1,068)	(4,316)
Efficiency Programme (CIP) - Risk Adjusted	930	588	(343)	5,077	2,258	(2,819)	(3,397)
Capital Expenditure	701	584	117	4,622	1,795	2,827	0
Cash Balance	(155)	(2,601)	(2,446)	18,769	16,379	(2,390)	(256)



Trust Integrated Performance Dashboard - Activity



Trust Integrated Performance Dashboard - Activity

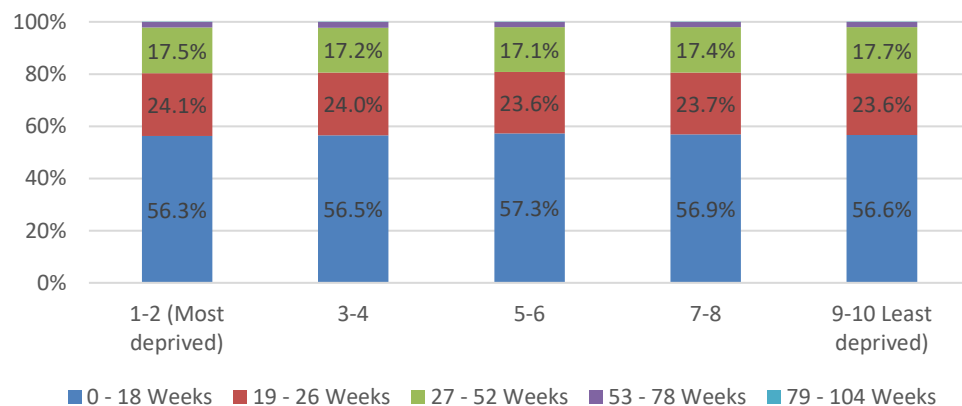
ACTIVITY			
OUTPATIENTS			
	Activity 19/20	Activity 23/24	As % of 2019/20 WDA
September	20,442	20,359	100%
YTD monthly average	20,653	20,034	99%
DAYCASES			
	Activity 19/20	Activity 23/24	As % of 2019/20 WDA
September	2,260	1,938	86%
YTD monthly average	2,202	1,931	89%
ELECTIVE ACTIVITY			
	Activity 19/20	Activity 23/24	As % of 2019/20 WDA
September	401	339	85%
YTD monthly average	410	340	84%

Trust Integrated Performance Dashboard - Health Inequalities

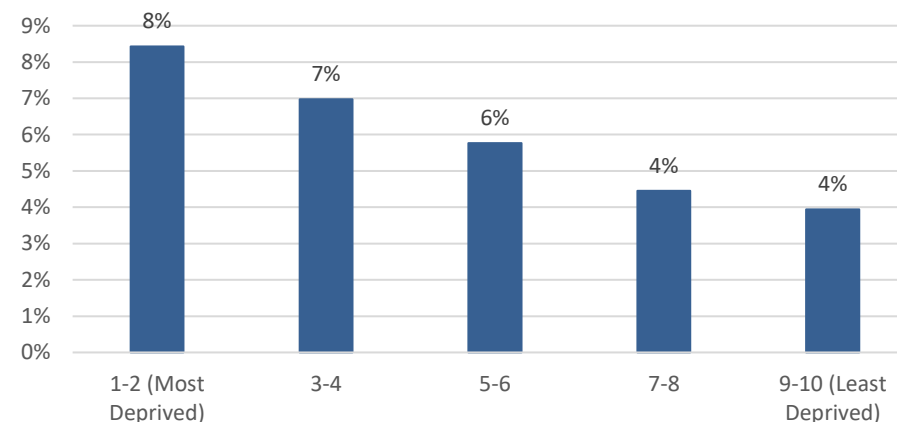
RTT Snapshot 24/09/23

IMD Quintile	Patients on Waiting List	Median Wait (Wks)	% of All RTT Patients	% of Rotherham Population	% Proportion Difference to Rotherham Population
1-2	9,969	14	37.2%	36.0%	1.2%
3-4	6,199	14	23.1%	23.2%	-0.1%
5-6	4,208	14	15.7%	15.2%	0.5%
7-8	4,924	14	18.4%	19.5%	-1.1%
9-10	1,542	14	5.8%	6.0%	-0.2%
Total	26,808	14	100.0%	100.0%	0.0%

Patients on Waiting List by IMD Quintile & Waiting List Group



Percentage of Outpatient DNA's by Deprivation Quintile During September

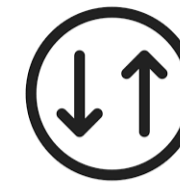


Safer Staffing

Trust Wide Scorecard Rolling 12 Months & Year End position 21/22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Daily staffing -actual trained staff v planned (Days)	82.43%	83.69%	84.87%	87.47%	82.86%	84.14%	84.80%	88.00%	91.00%	90.00%	89.00%	86.00%	86.00%
Daily staffing -actual trained staff v planned (Nights)	90.41%	86.89%	83.94%	84.53%	84.97%	88.28%	90.92%	94.00%	98.00%	95.00%	92.00%	90.00%	88.00%
Daily staffing - actual HCA v planned (Days)	83.46%	86.96%	82.06%	81.44%	84.32%	81.81%	80.00%	85.00%	90.00%	89.00%	90.00%	90.00%	89.00%
Daily staffing - actual HCA v planned (Nights)	89.86%	93.64%	90.73%	85.46%	94.75%	92.02%	90.00%	94.00%	97.00%	102.00%	102.00%	100.00%	93.00%
Care Hours per Patient per Day (CHPPD)	6.3	6.2	6.3	6.4	6.4	6.4	6.5	7.1	8.0	7.4	7.3	7.0	7.0

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.
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		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

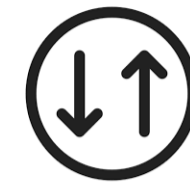
Consecutive points increasing or decreasing

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).

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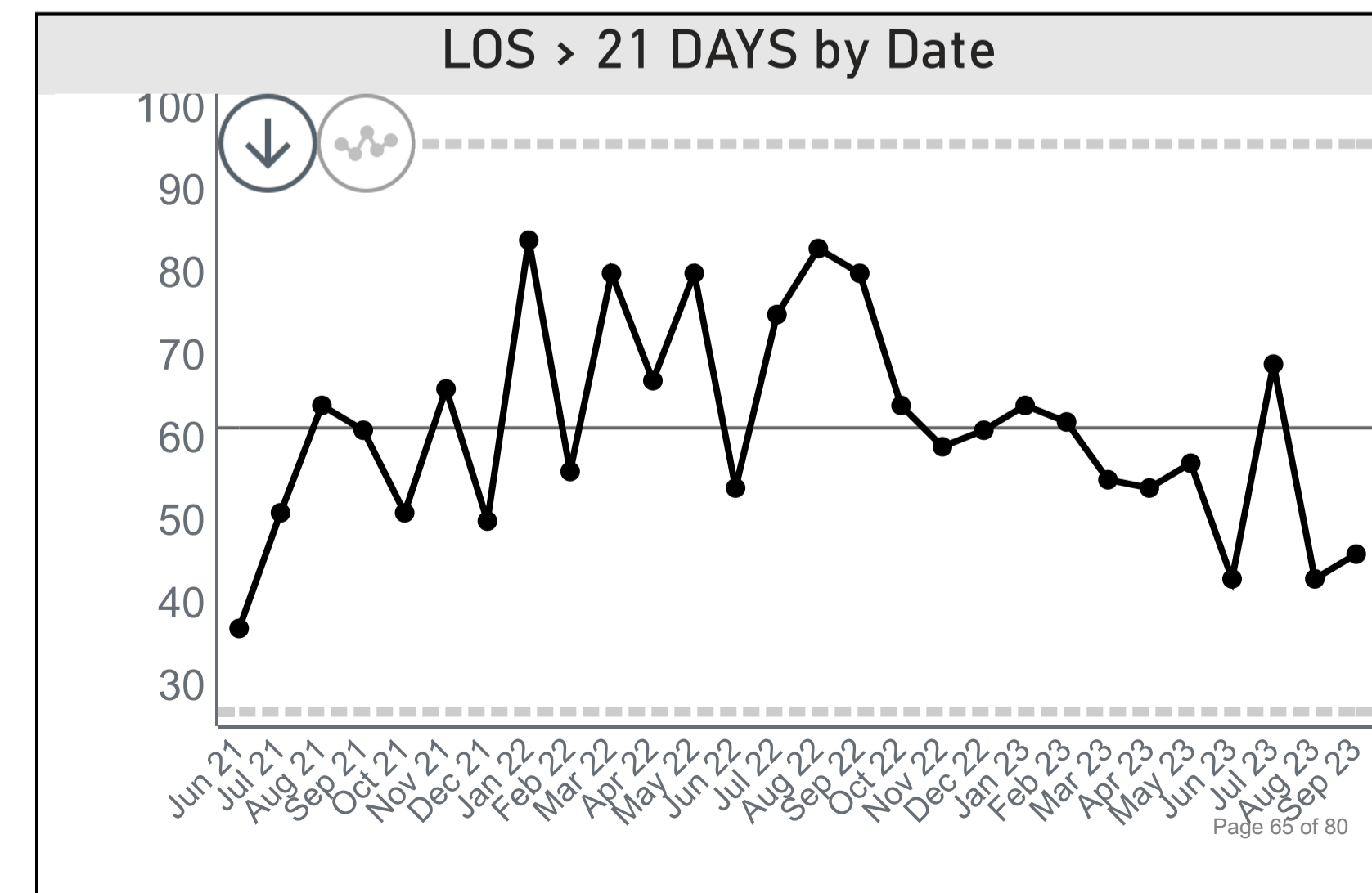
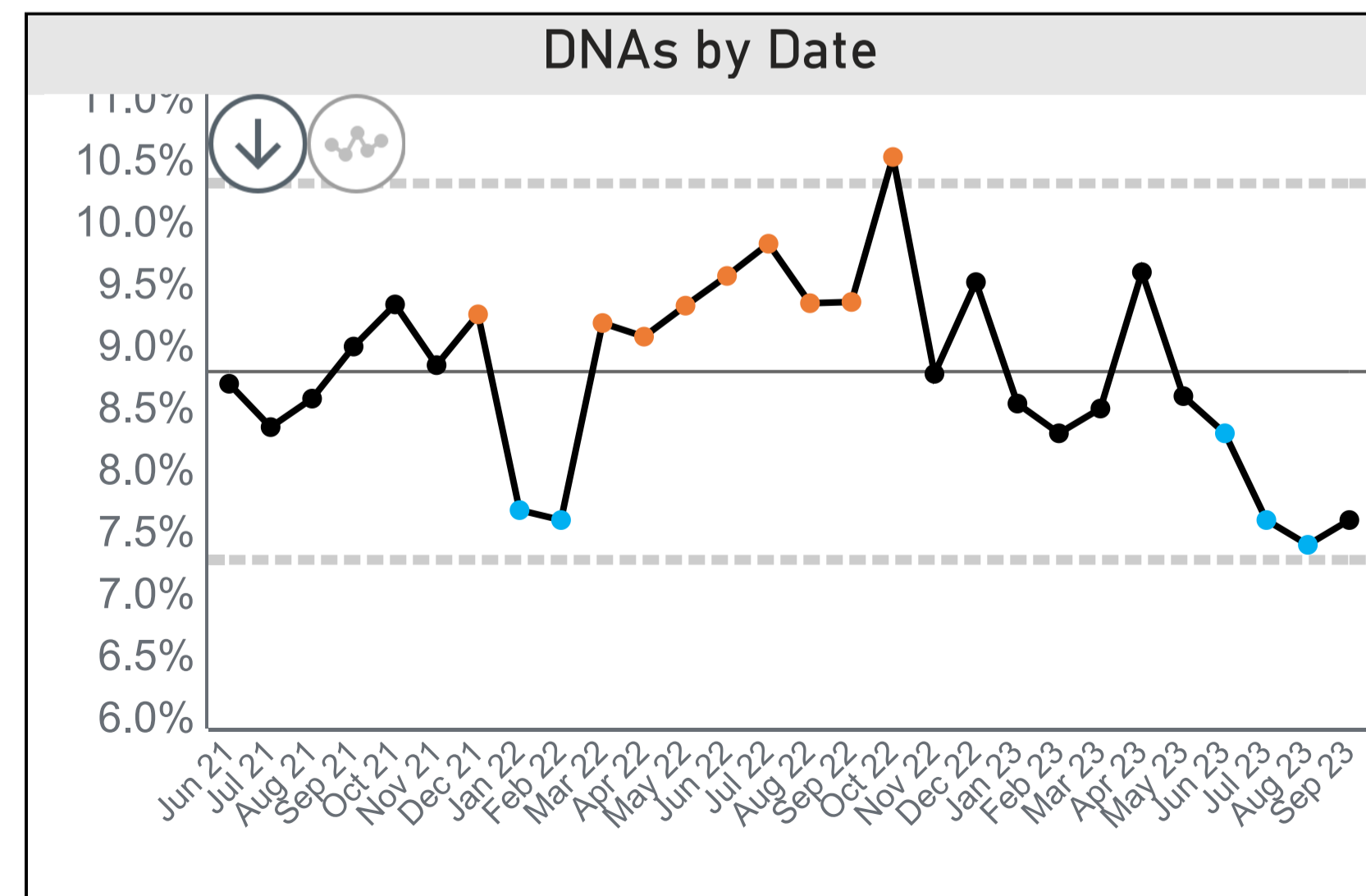
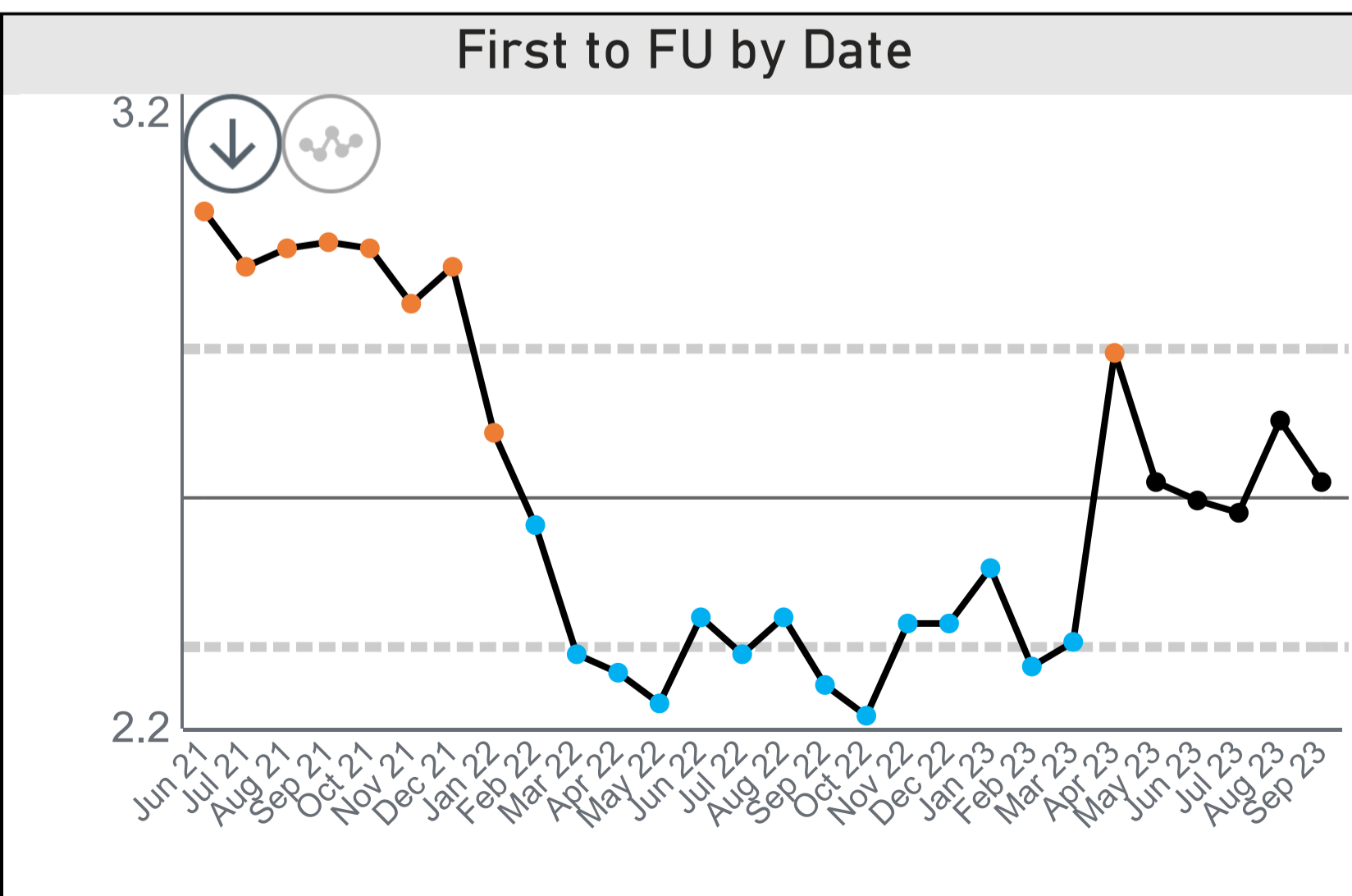
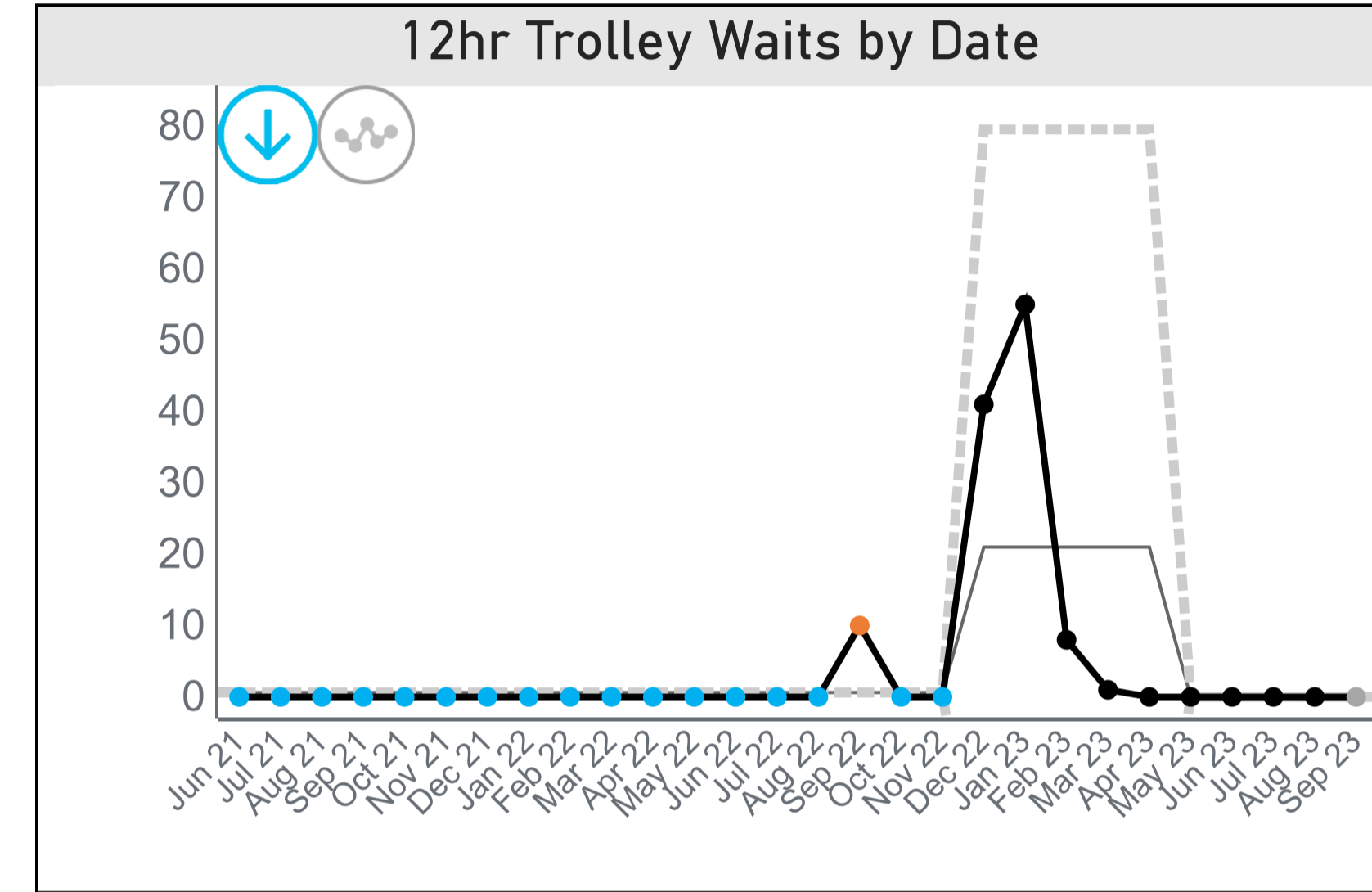
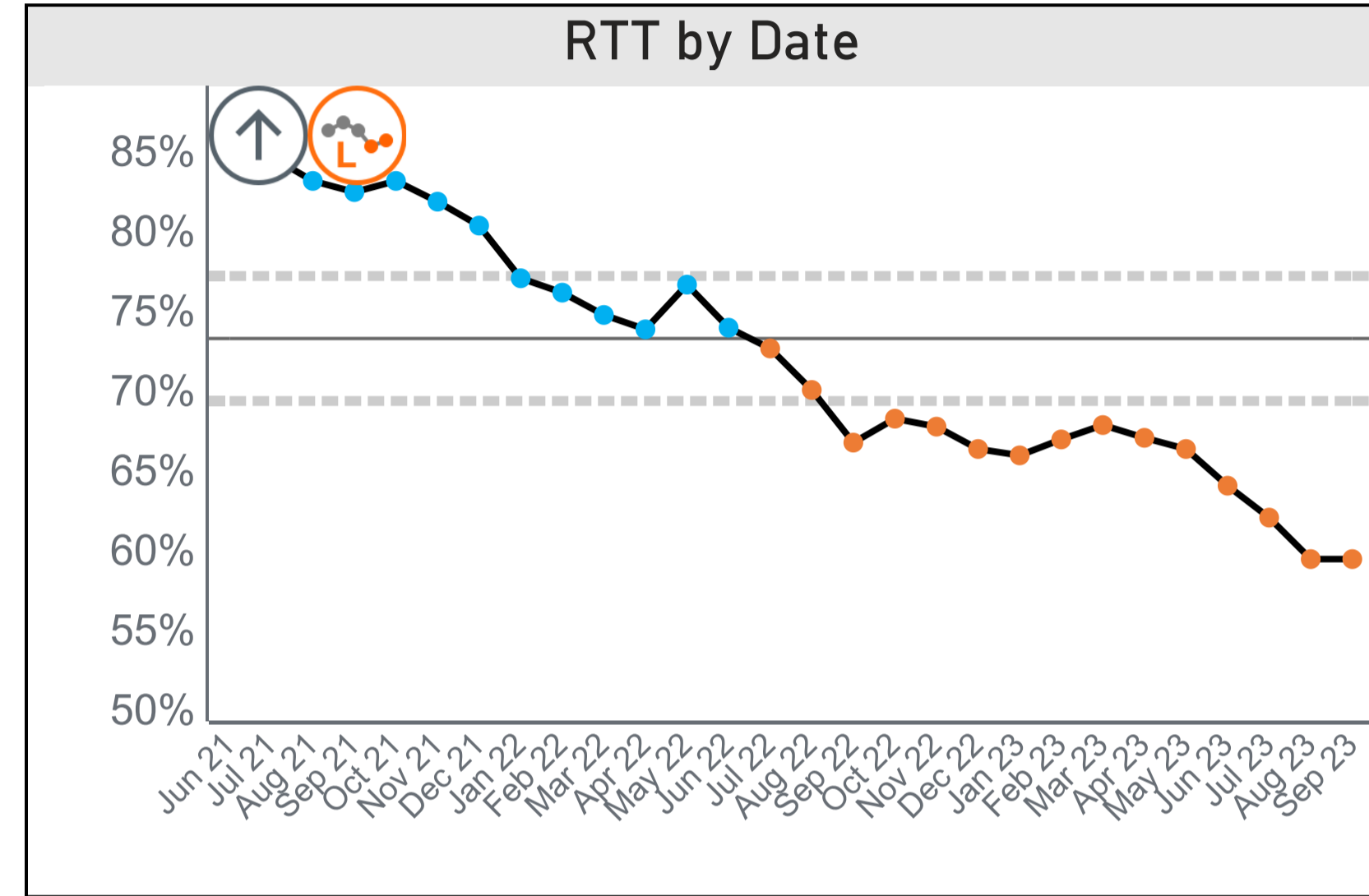
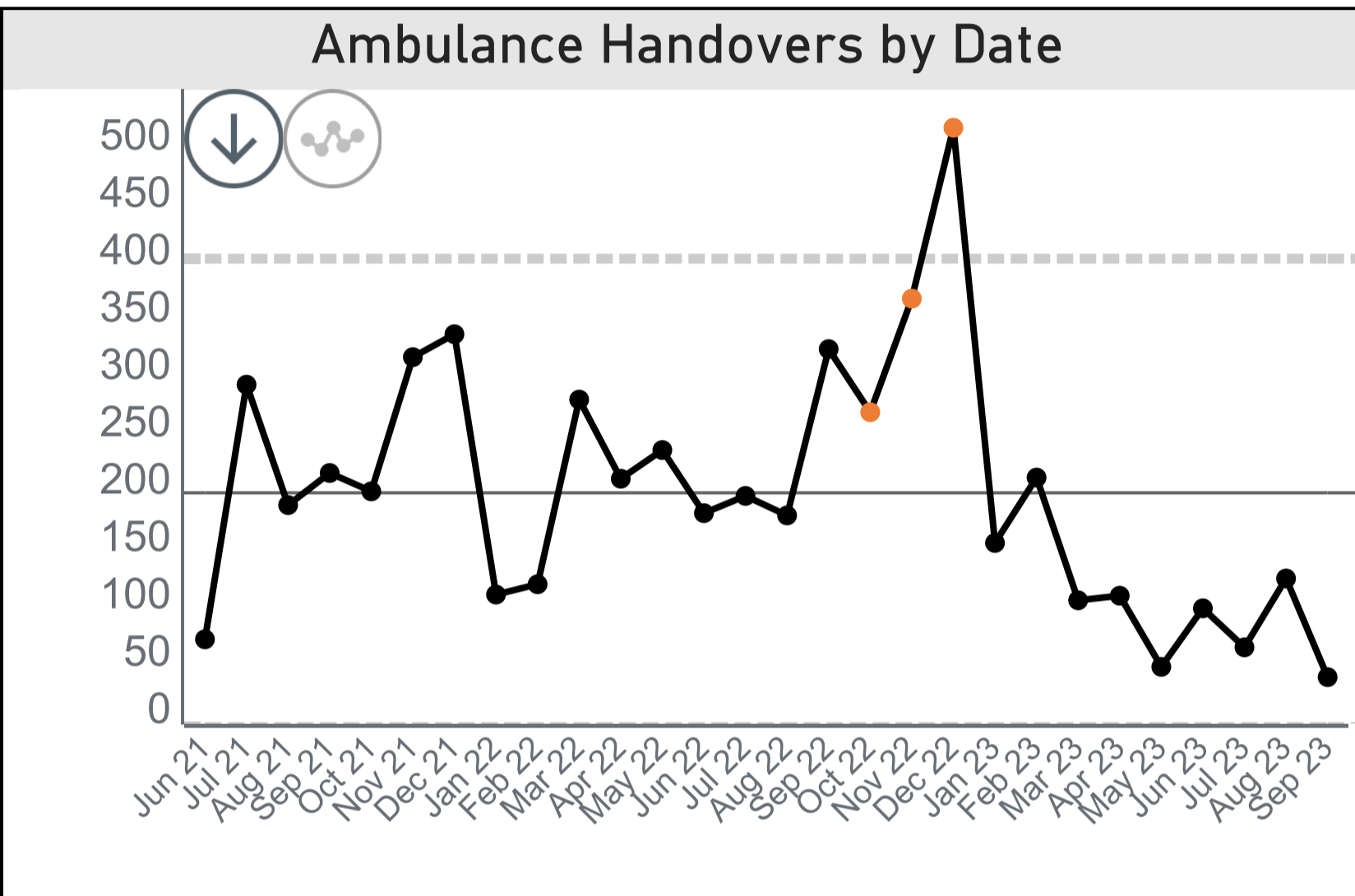
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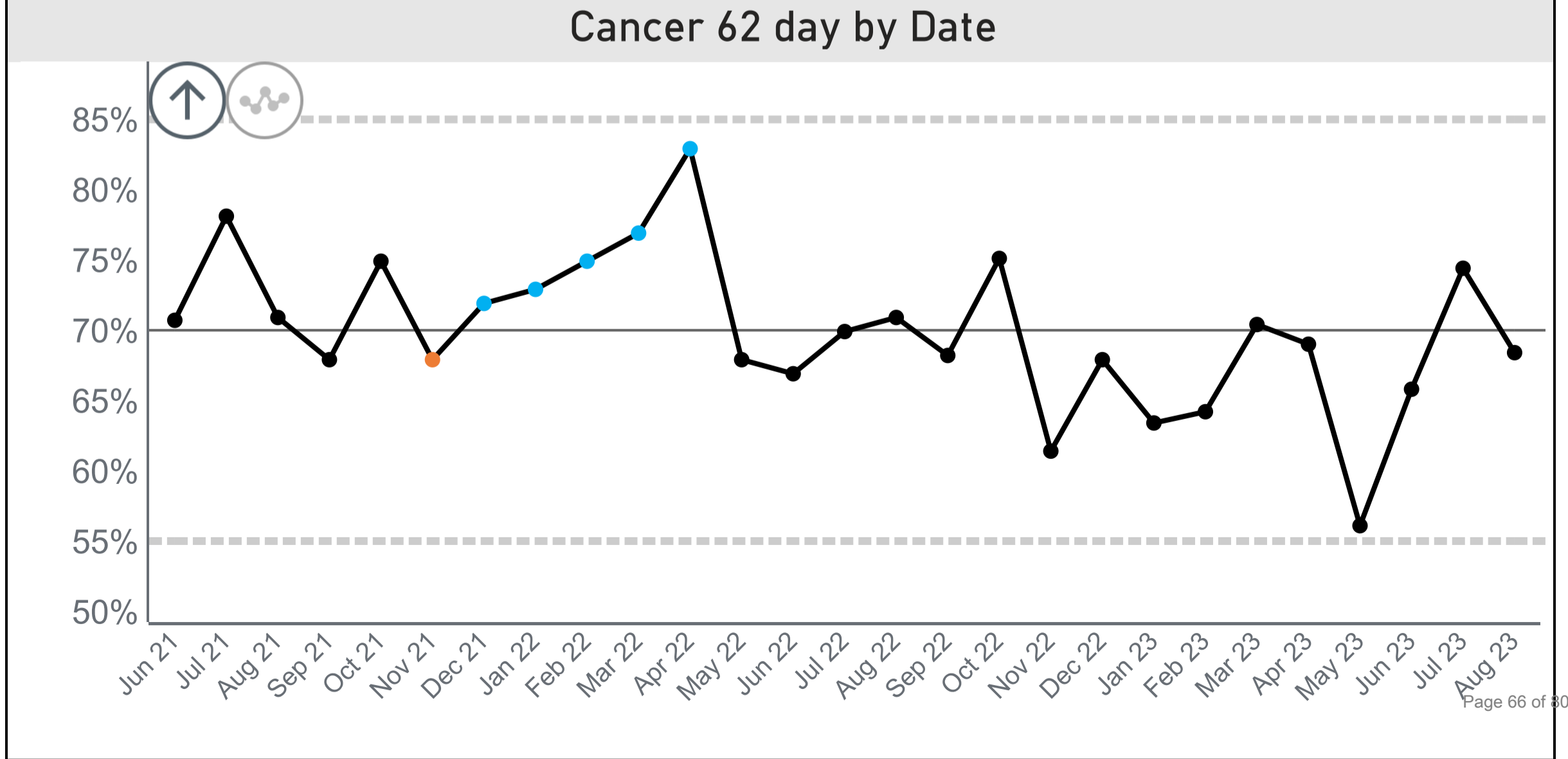
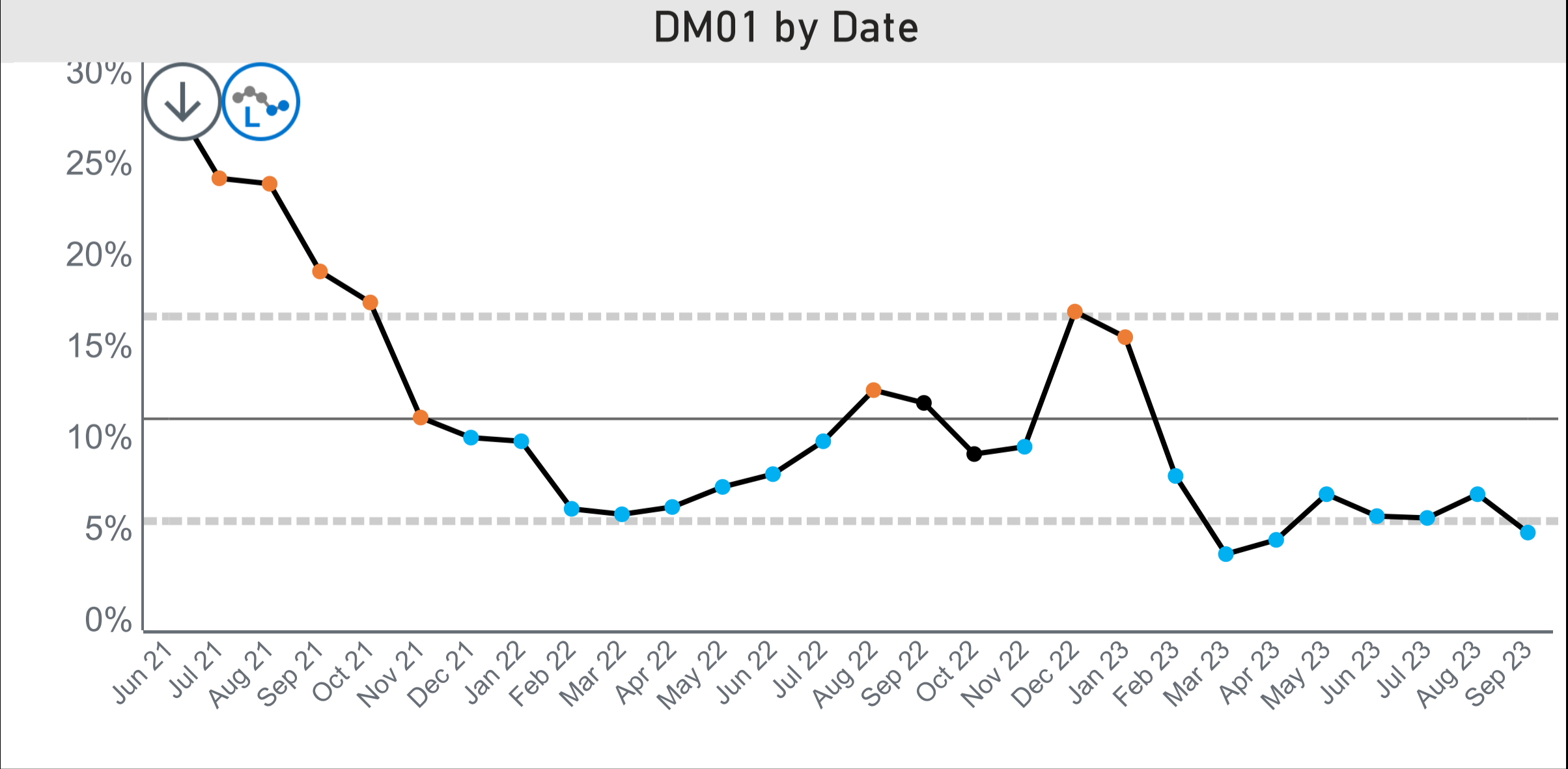
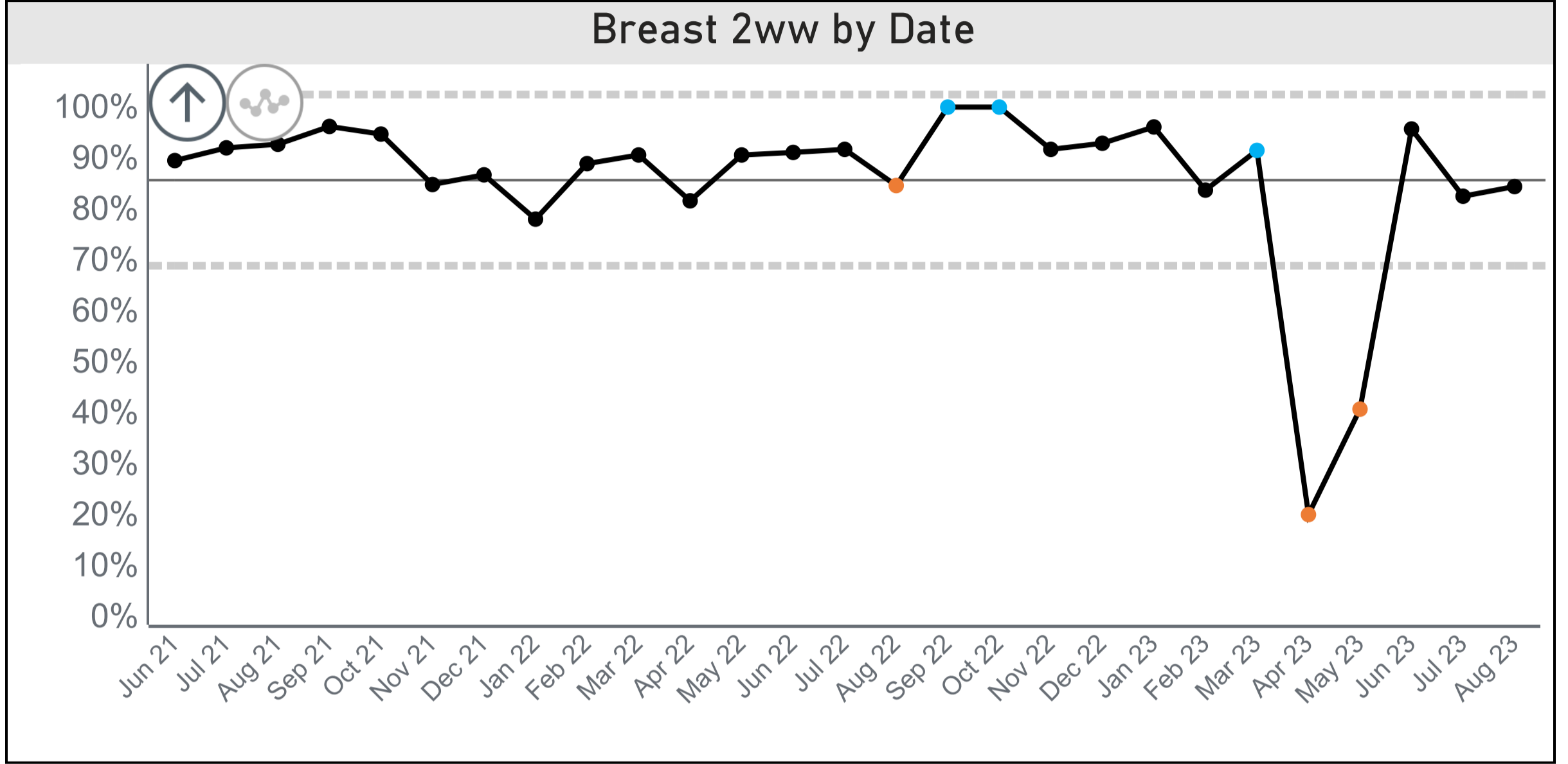
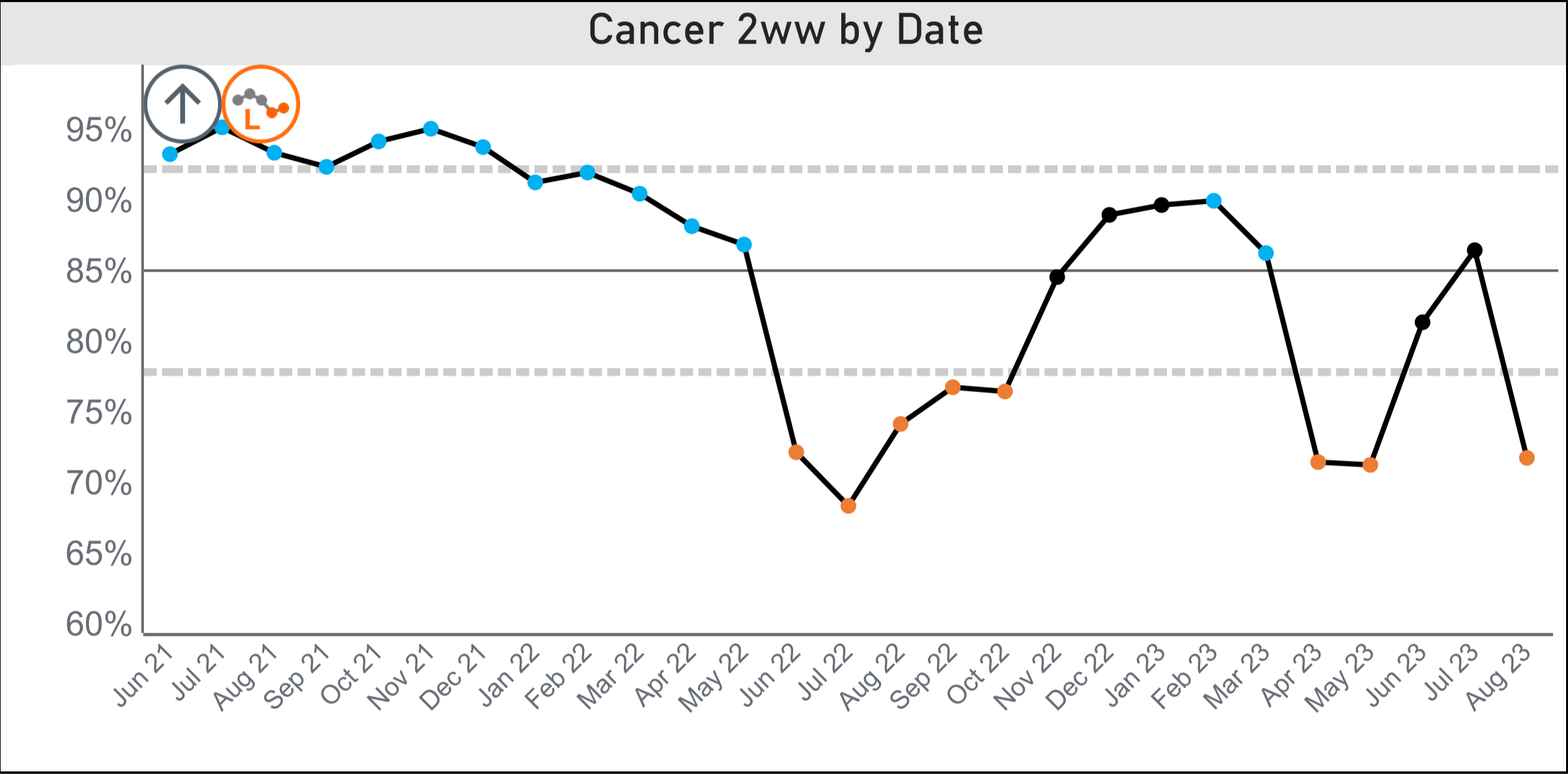
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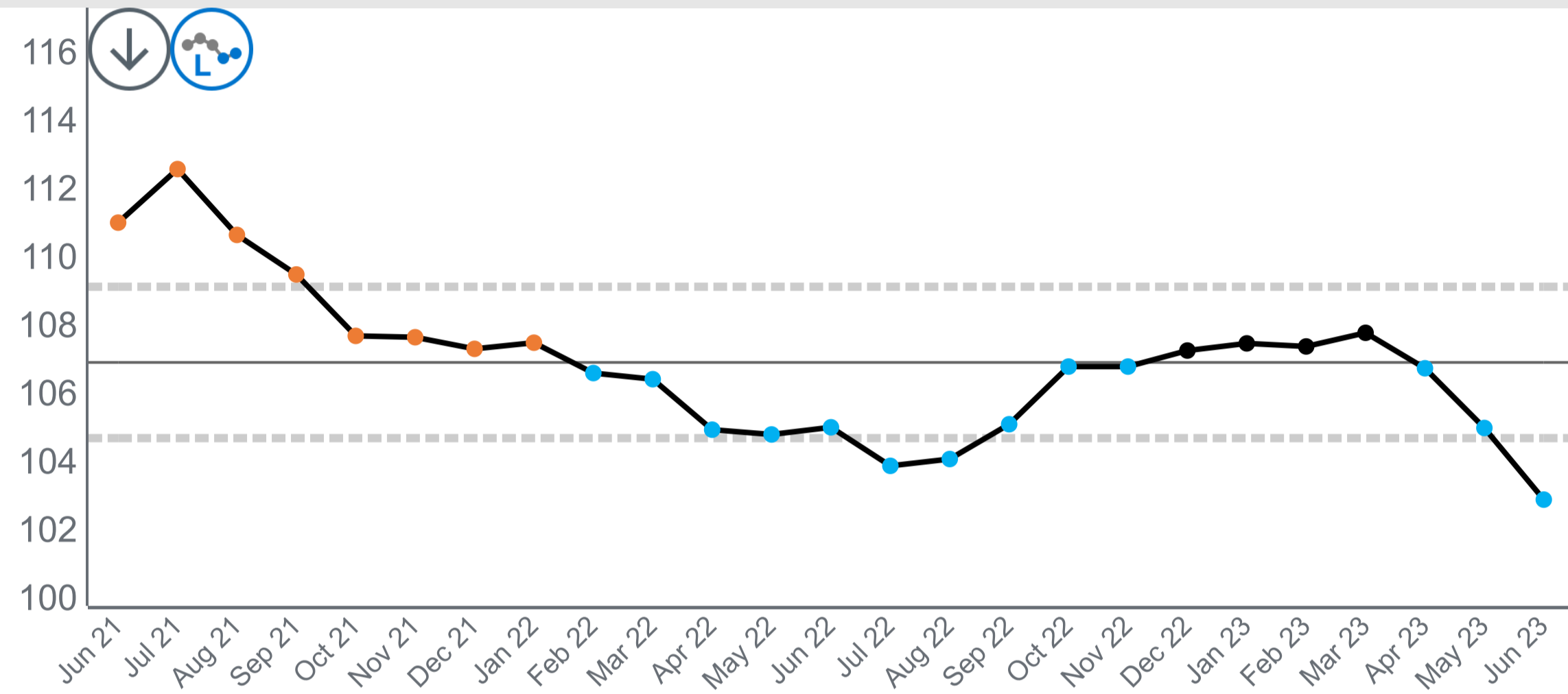
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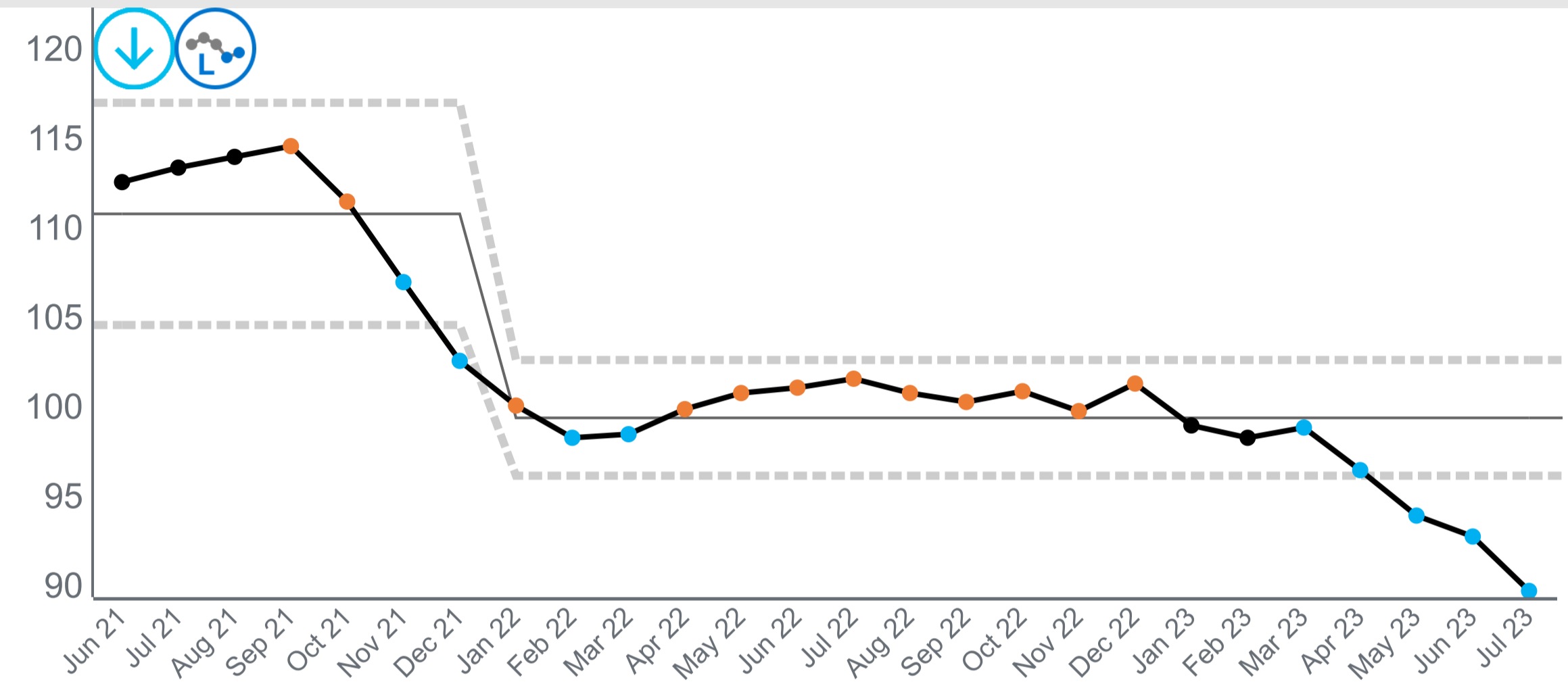




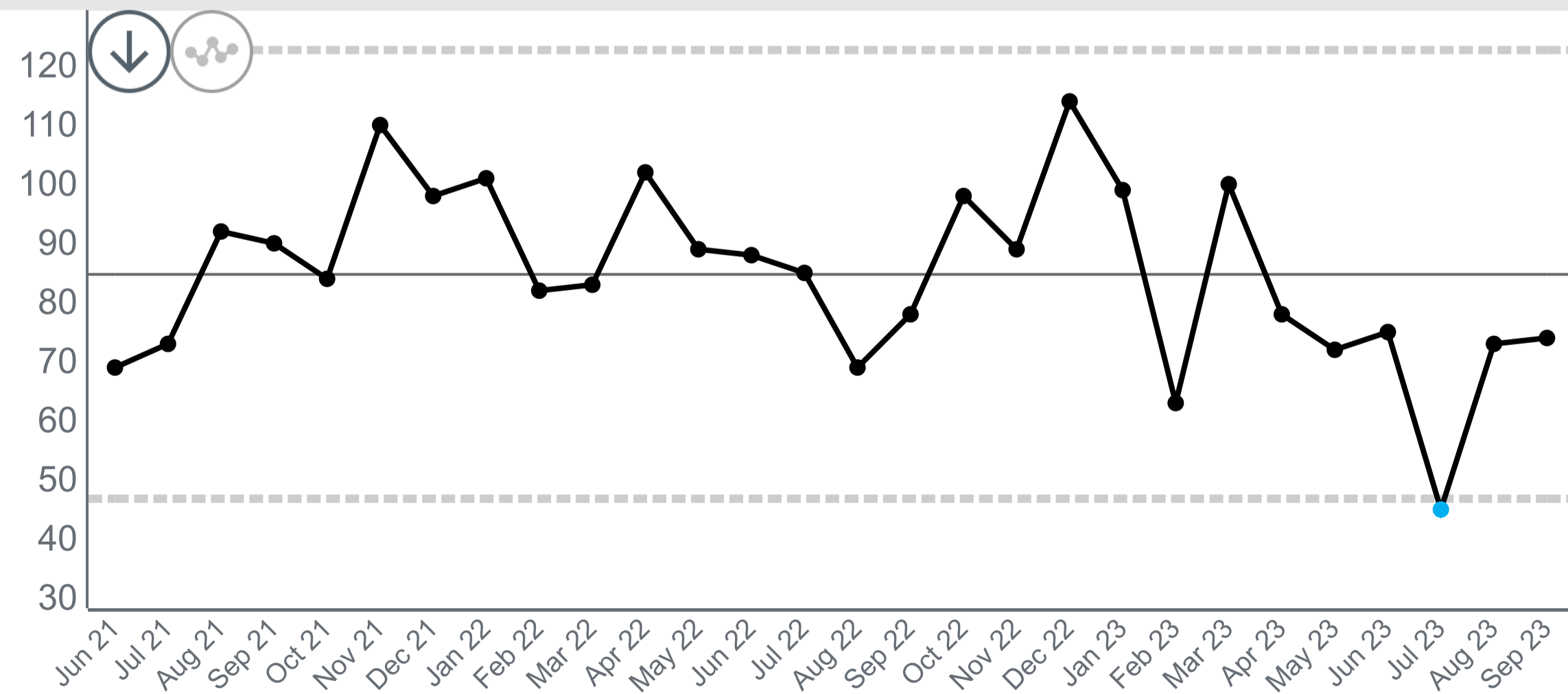
SHMI by Date



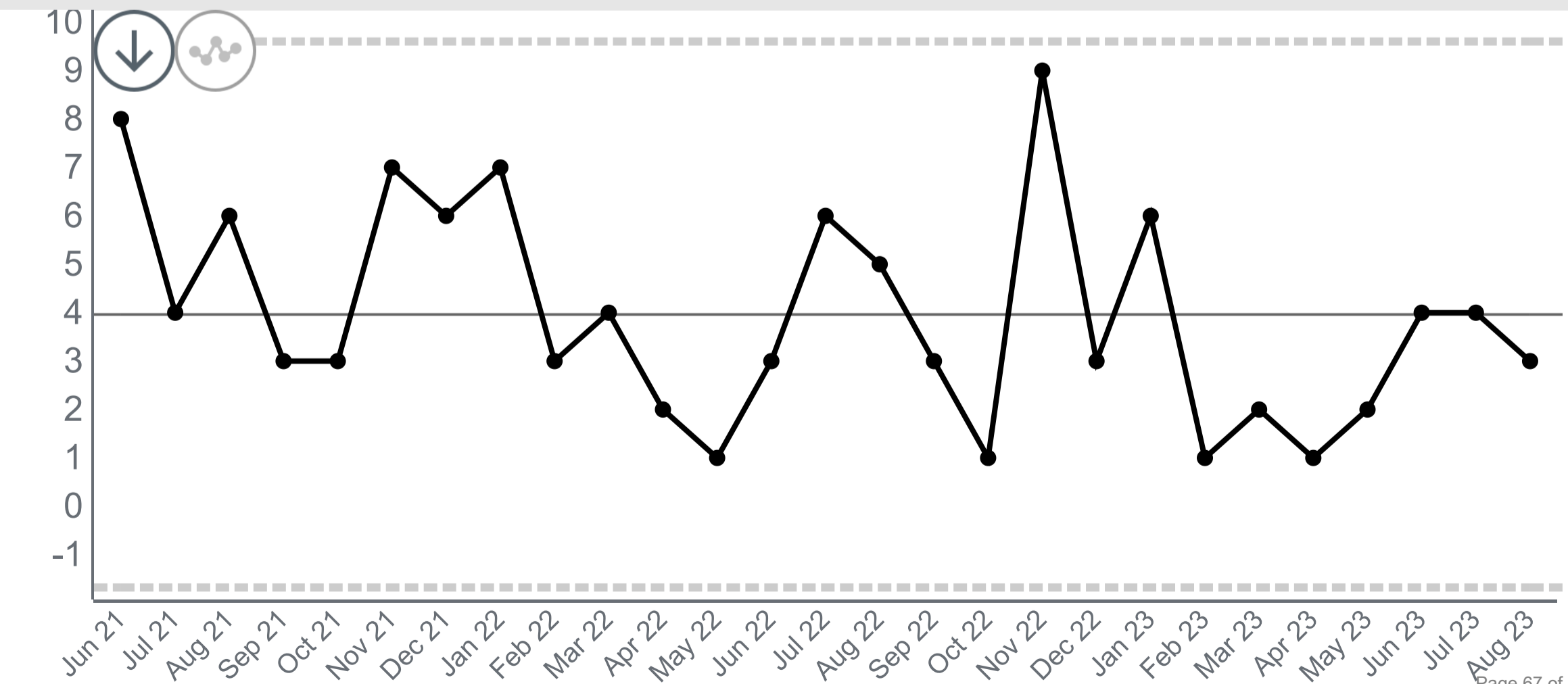
HSMR by Date

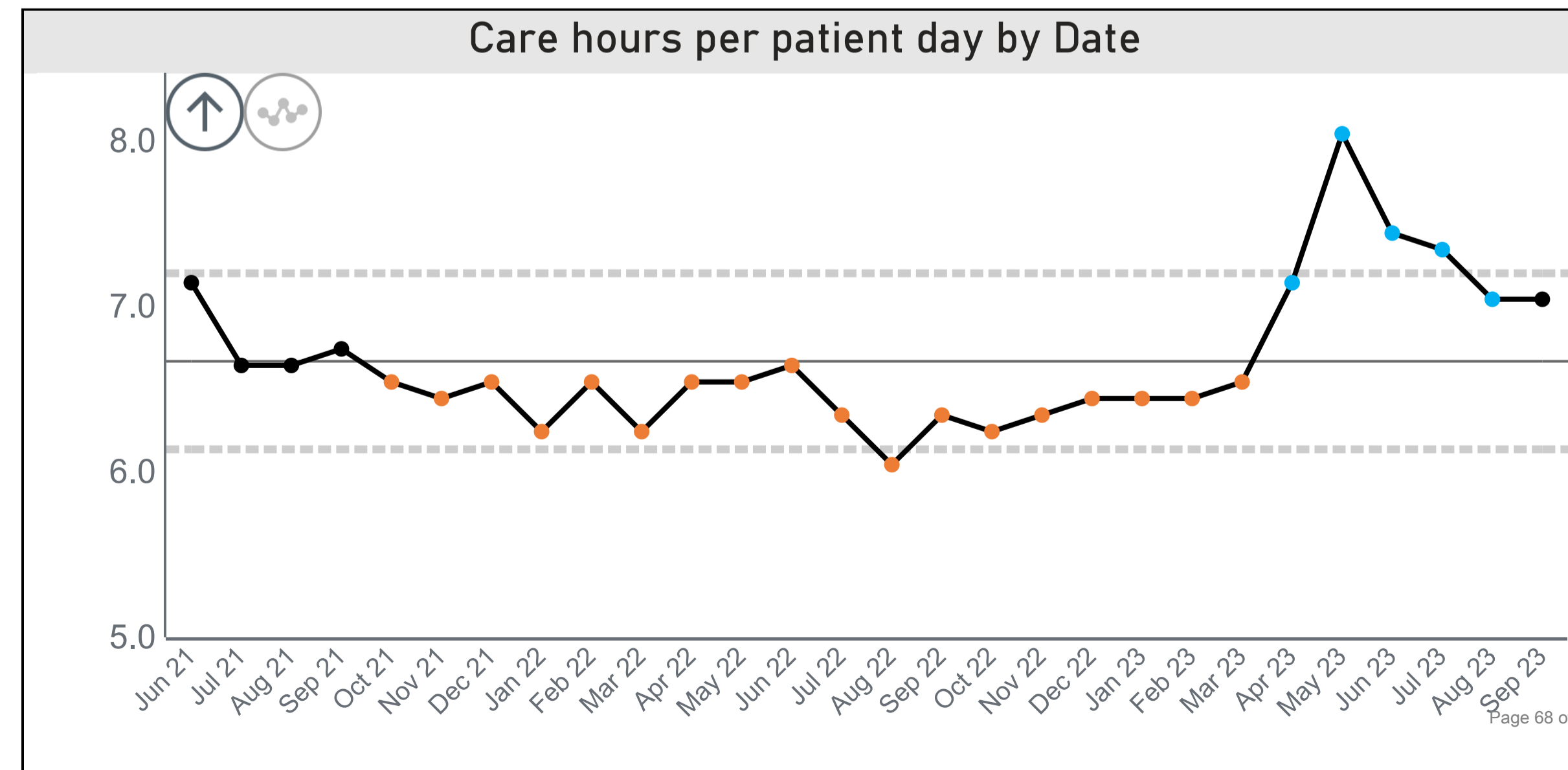
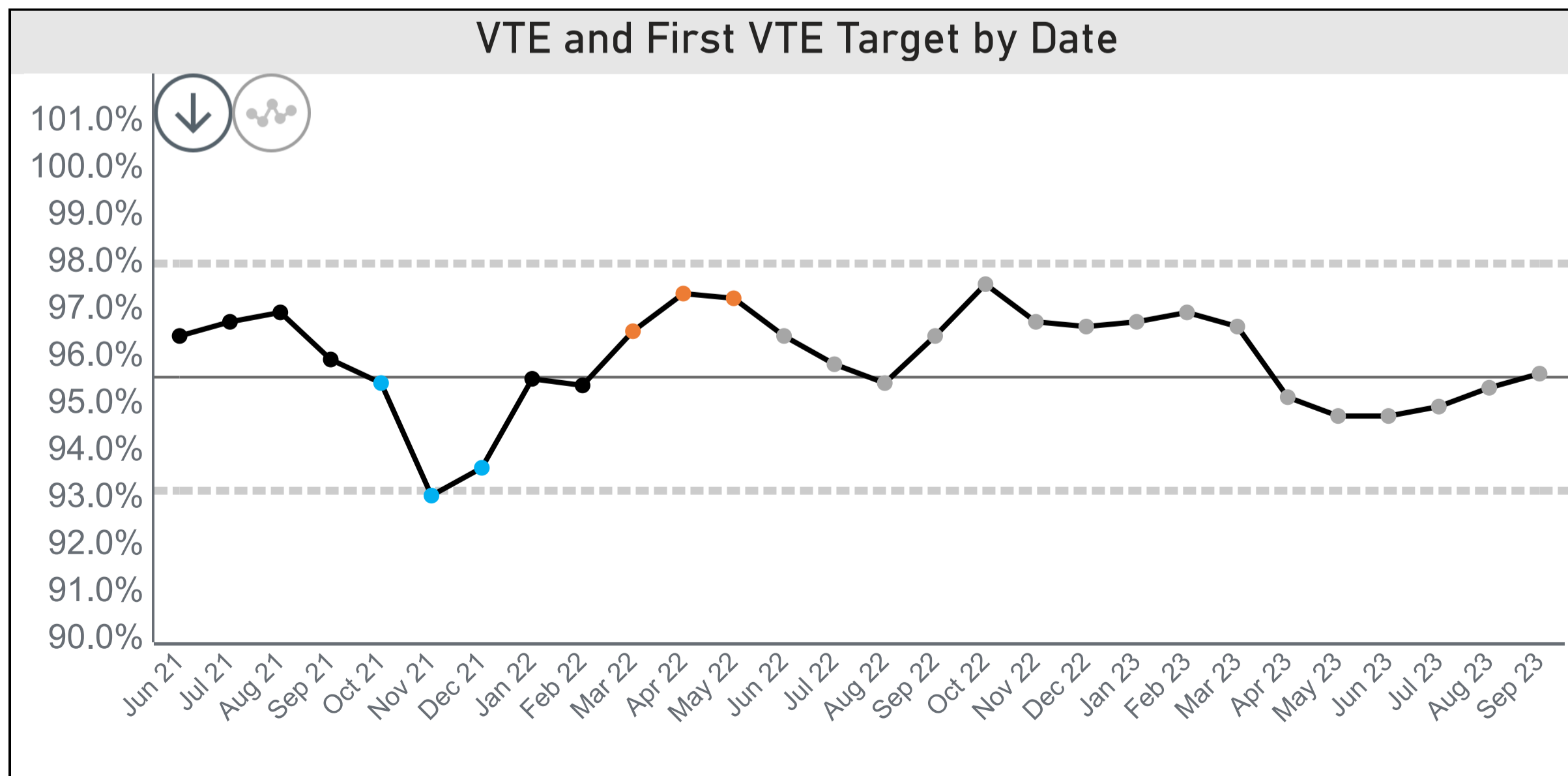
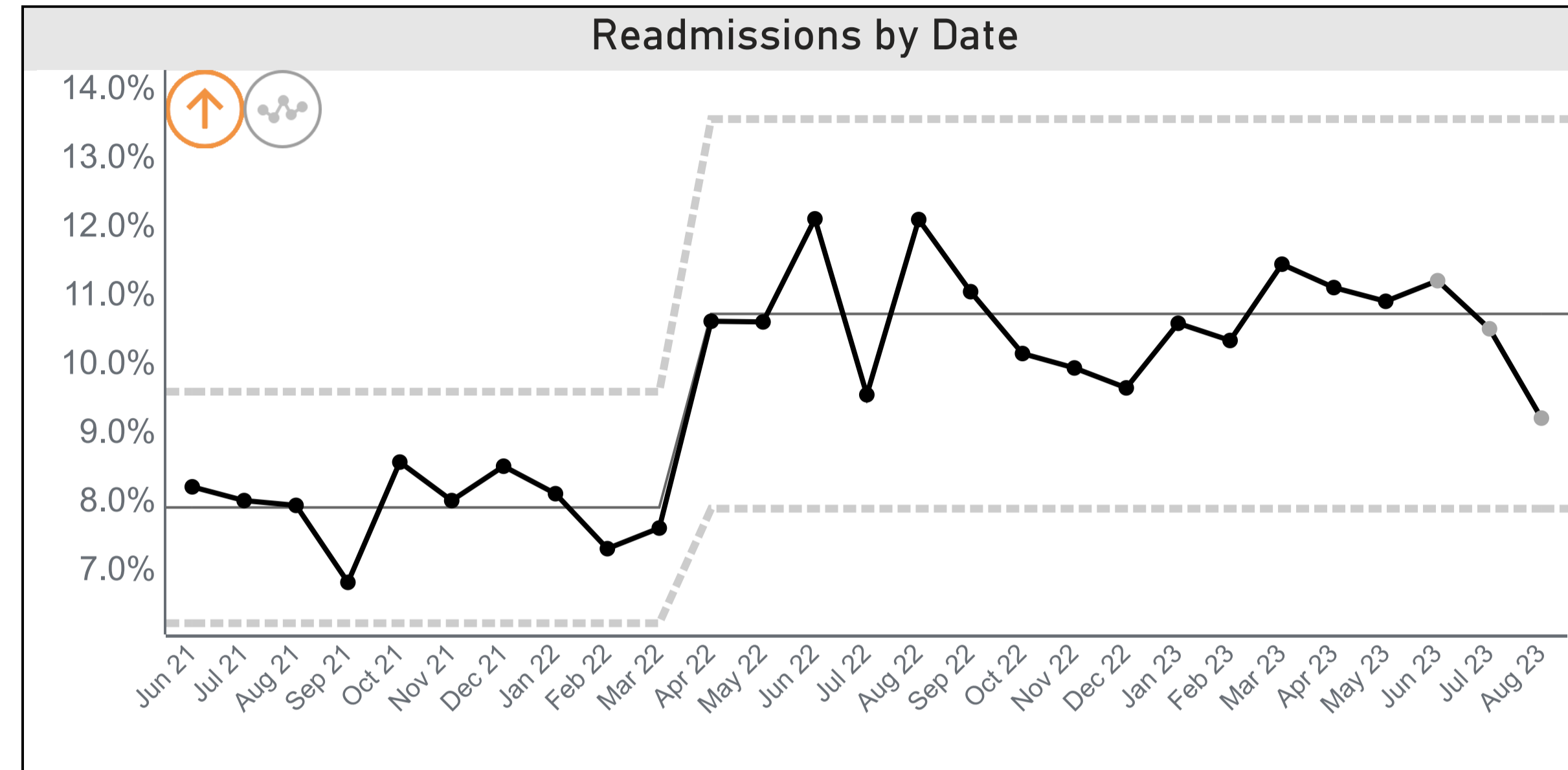
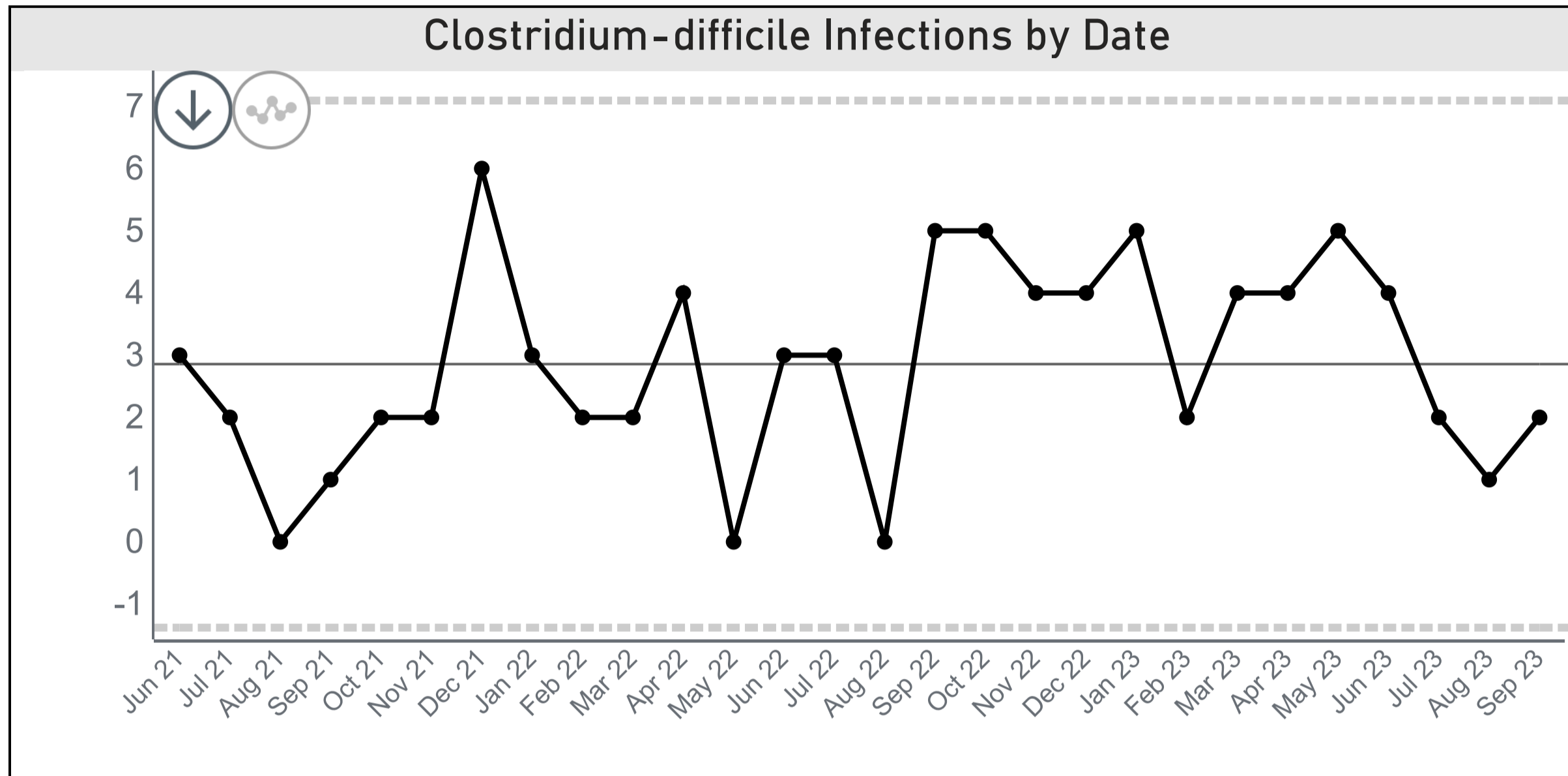


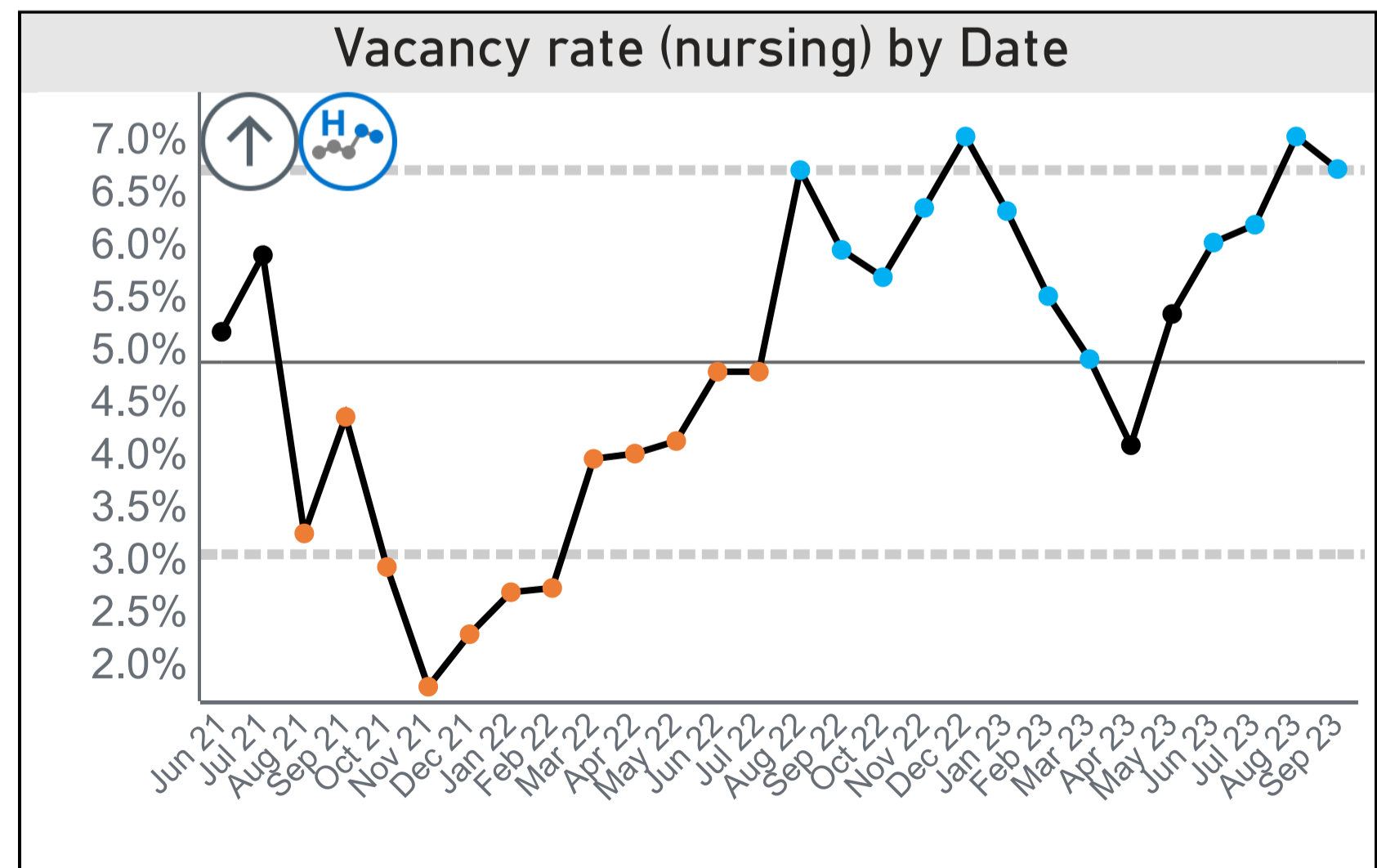
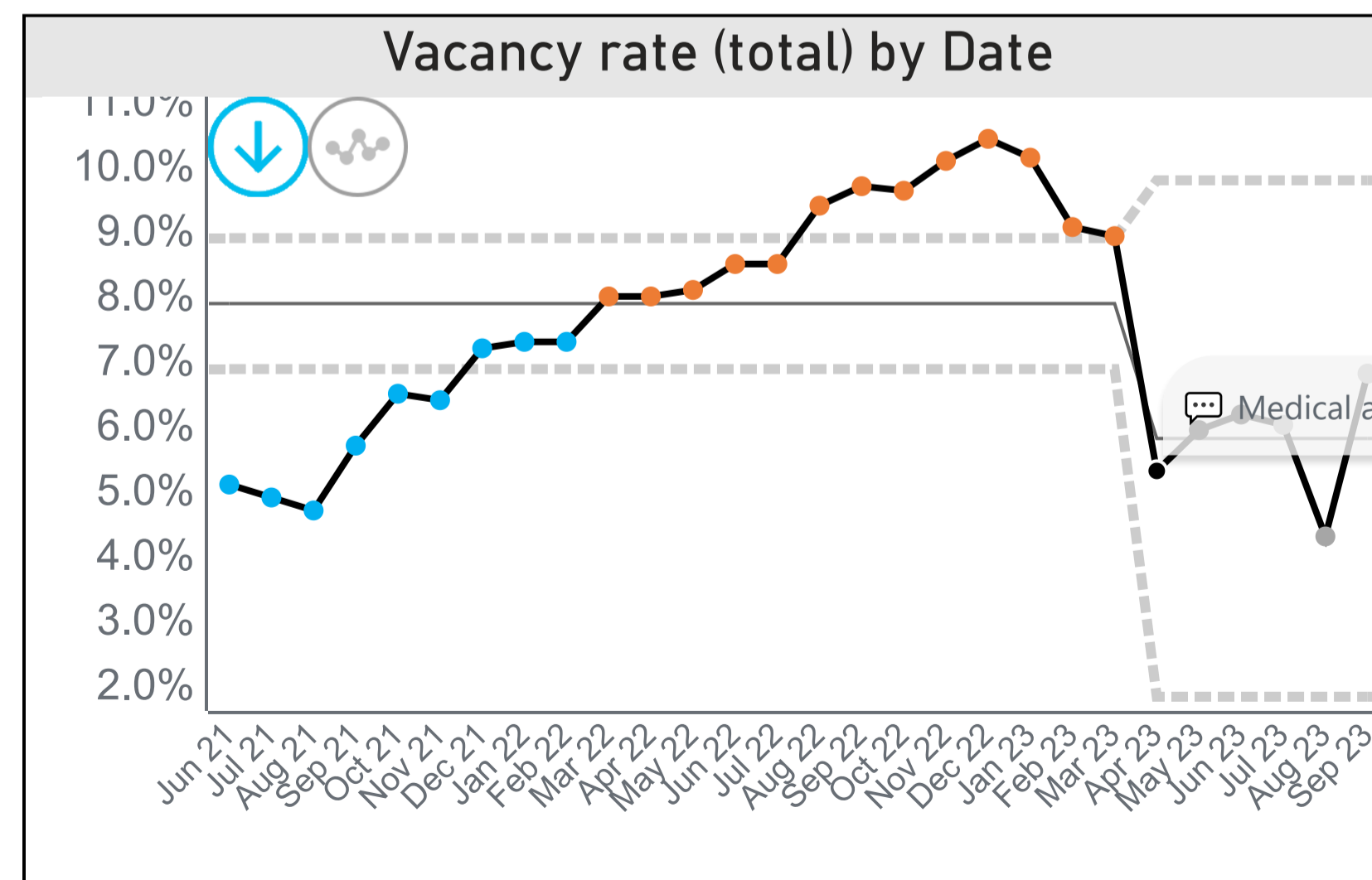
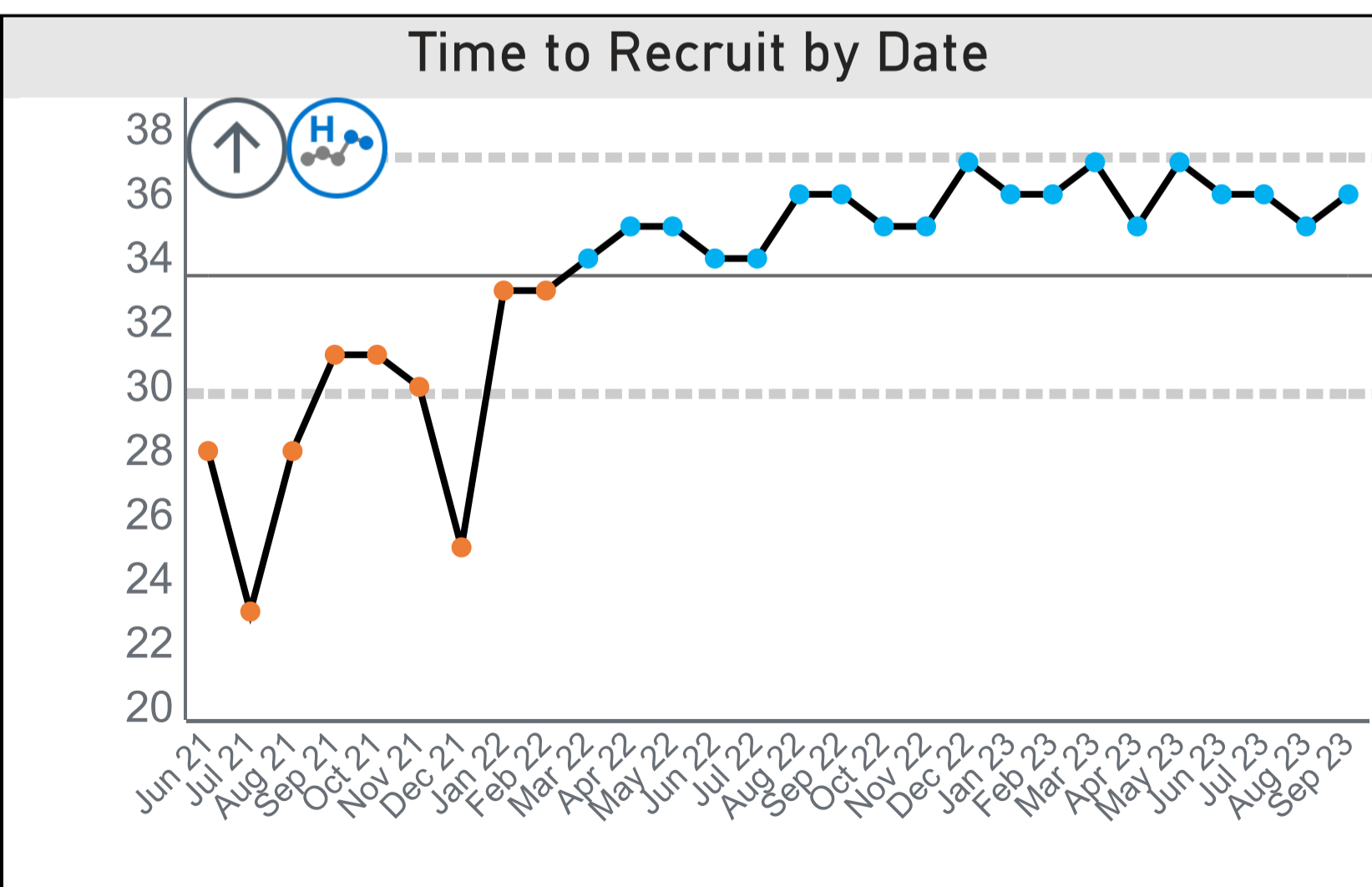
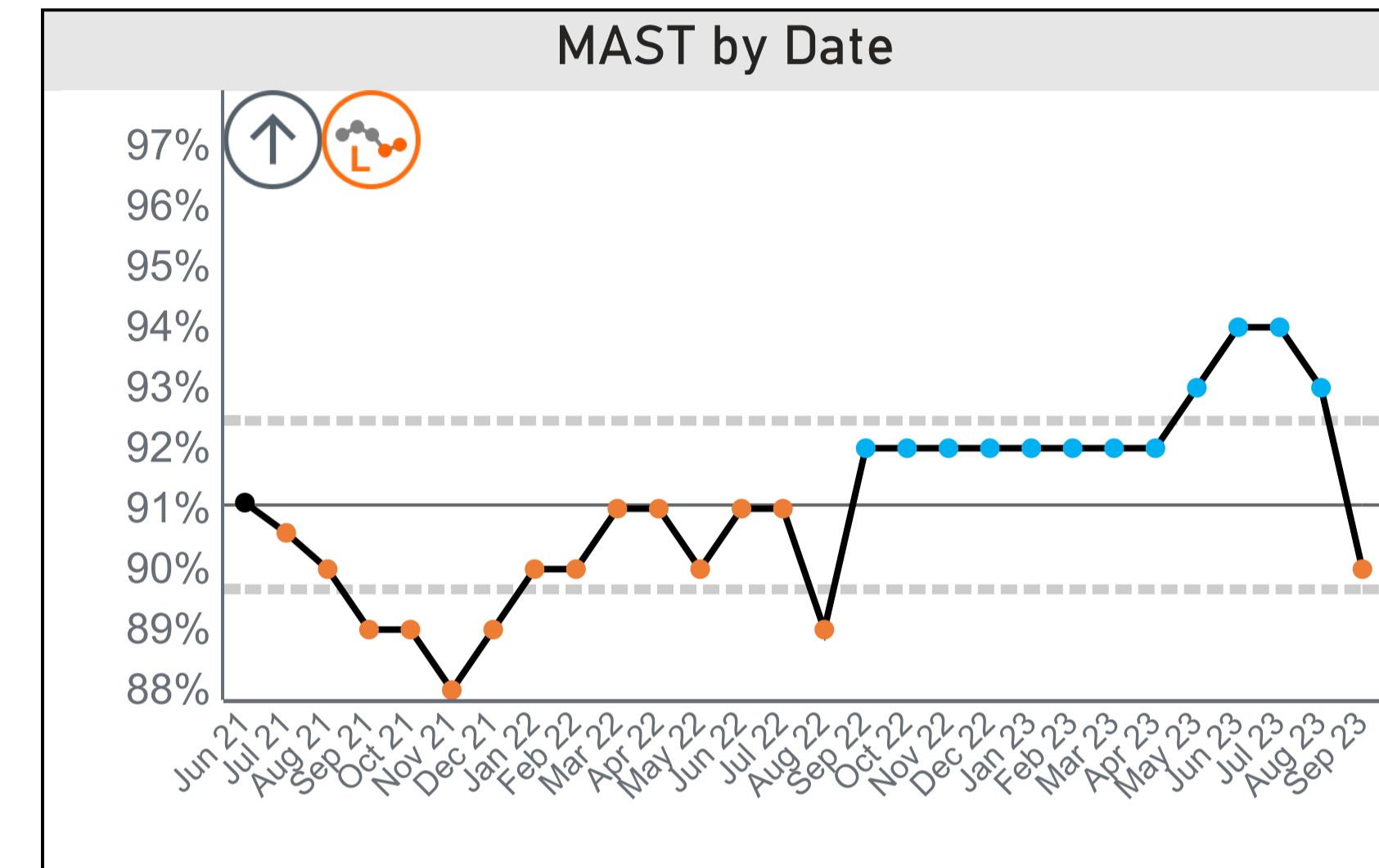
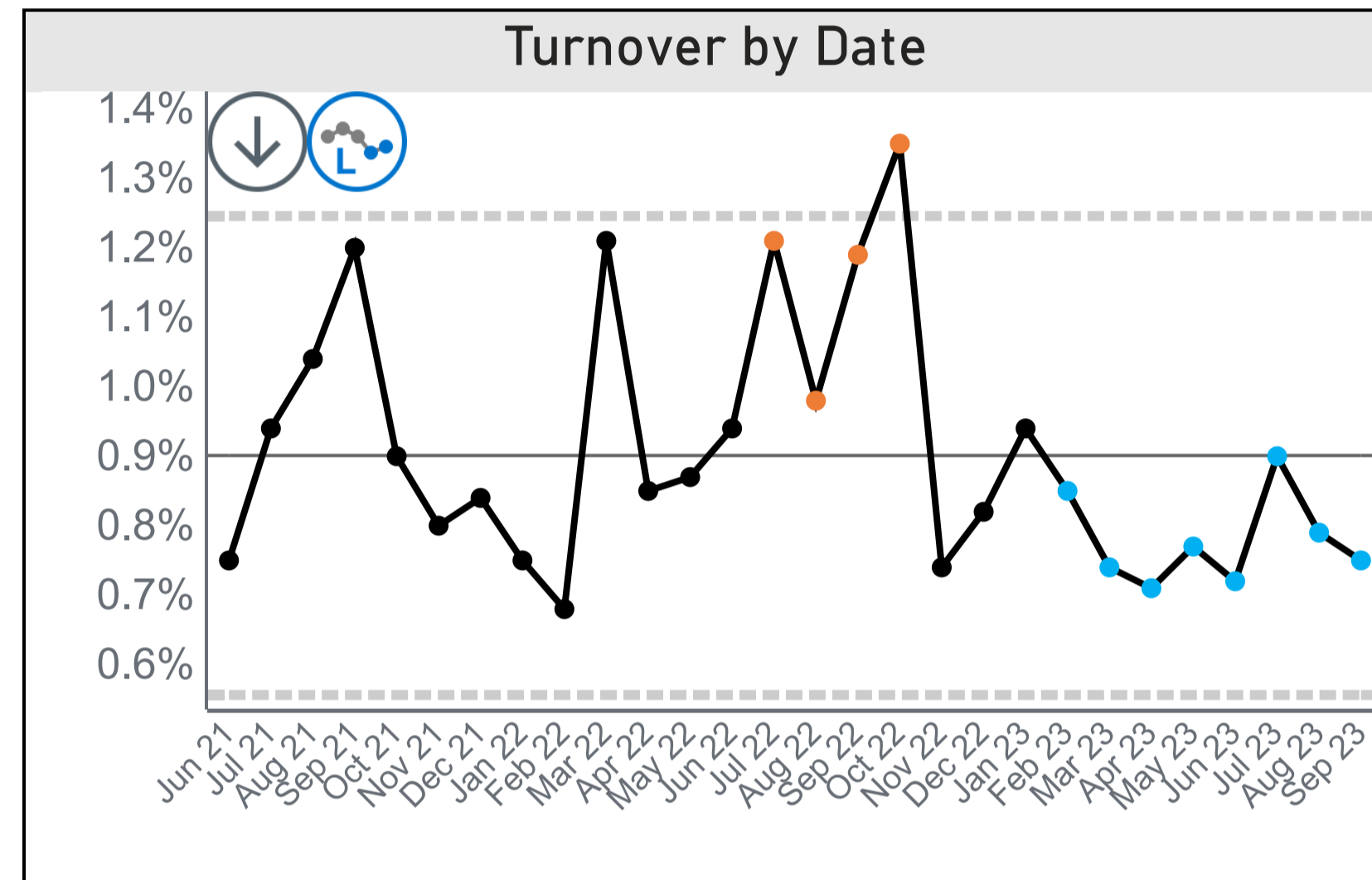
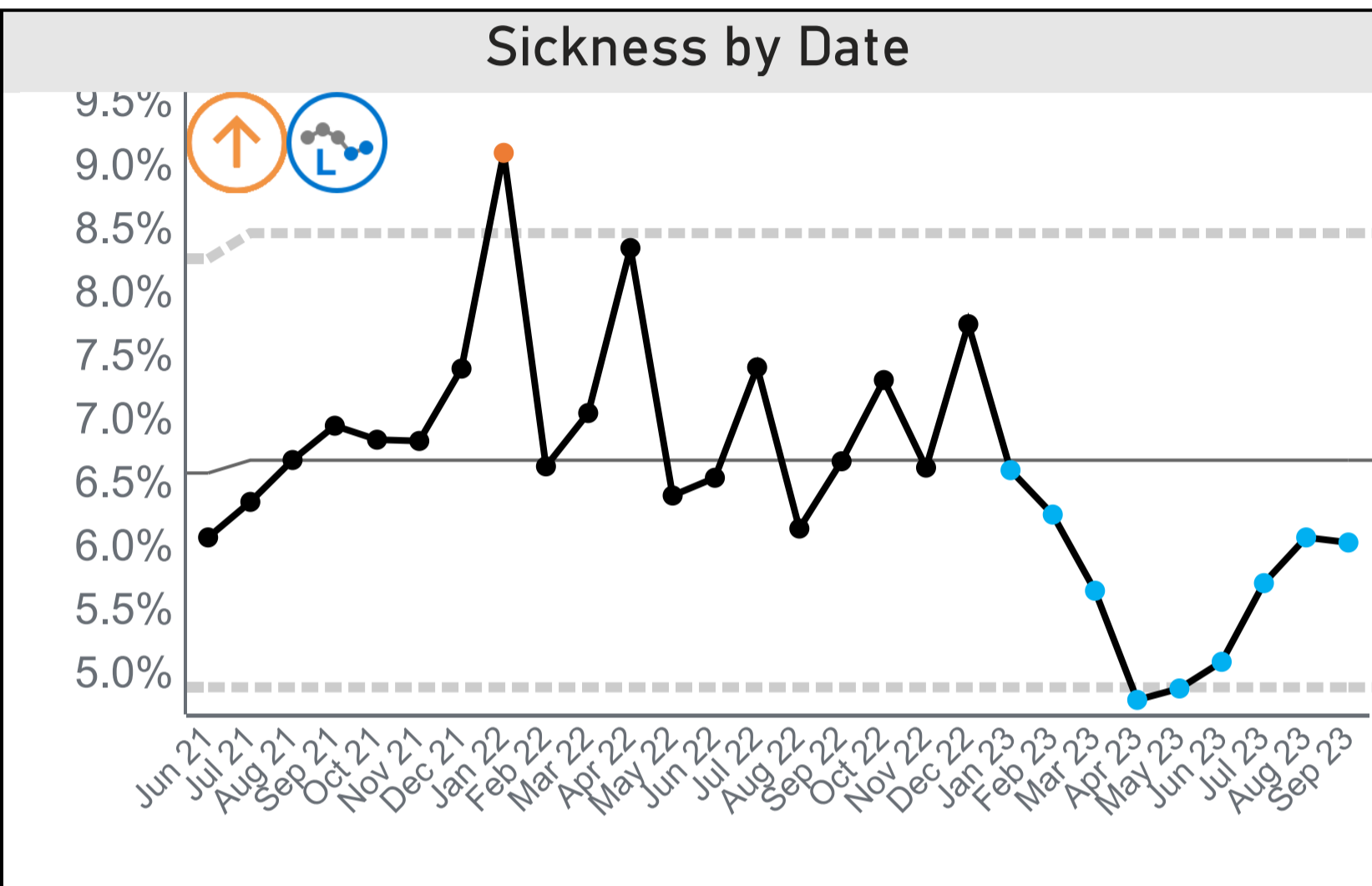
Crude Mortality by Date



Incidents by Date







Integrated Performance Report Commentary

OPERATIONAL PERFORMANCE

Urgent & Emergency Care and Flow

- Long length-of-stay (21+ day) patients have fallen to a more manageable level, although there are still opportunities to deliver more effective discharge through improved internal processes. Meetings with system partners continue to take place to allow the escalation of problems and co-ordinate targeted action to address any issues.
- The number of ambulances exceeding a one-hour handover fell to below 30 in month, the lowest volume since February 2021, which is a significant achievement. Ambulance handover performance improved across the board but there is still further work to do to embed the improved ways of working to ensure consistency.
- The proportion of patients waiting over 12 hours in A&E fell back slightly to just over 4% but this is still double the national ambition of 2%. The Trust is continuing to work toward this eventuality being all-but-eliminated in 2023/24 with the reintroduction of the 4-hour standard.
- This performance continues to reflect the slight reduction in non-elective pressure experienced in the Trust in the most recent month of activity, which is due to ongoing work supporting improved flow through the Trust and through improved front-door pathways. The SDEC model has played a key role in streaming patients to an appropriate setting within the Trust or elsewhere and improved our ability to effectively manage the significant demands on our services. There continues to be higher numbers of patients with increased acuity who require additional support.

Elective Care

- The waiting list has continued to grow and is now just under 30% higher than the same month last year. There continues to be sustained pressure from high levels of referrals which has contributed to this increase in the waiting list. In addition, the ongoing constraints on theatre capacity alongside medical workforce gaps in some of our large volume specialties have amplified the demand and capacity mis-match we are seeing.
- As such, activity continues to run below the 103% target, achieving 100% of 19/20 for Outpatients, 86% of 19/20 for Daycases and 84% for Inpatients in the

latest month. However, given there was a period of Consultant and Junior Doctor Industrial action in September, the effective working days for elective activity in theatres in particular fell to 19 compared to the 21 in 2019/20 due to all non-urgent General Anaesthetic activity being cancelled other than lists we were able to run via insourcing. This level of performance therefore demonstrates the gradual improvement being made to deliver increased levels of activity relative to pre-pandemic.

- Industrial action has been managed with the main aim being to reduce its impact on our patients, and to ensure patient safety throughout. However, the most recent three periods of Industrial Action, which included Consultant action, have impacted significantly on our elective capacity, and therefore on the length of waits for our patients.
- A continuing decline in the RTT position is sitting alongside a growing waiting list, with challenges in increasing capacity to meet this demand leaving the RTT position now at its lowest point since September 2020. This has also shifted the Trust's relative performance when benchmarked nationally, with the Trust falling to 53rd out of 119 acute or community providers in the latest data, compared to 17th at the start of the year.
- These challenges have contributed to a significant increase in 52+ week waiters, with the growth in 65+ week waiters now tipping us above the trajectories set at the start of the year (before the ongoing industrial action could be anticipated). The Trust continues to collaborate across the region to ensure delivery of the national expectation around long-waiters 2023/24, but expects to under-deliver against our 65ww trajectory now until March 2024.

Cancer

- After several challenging months, performance in cancer has shown some signs of recovery, although in many areas it continues to under-deliver against the national constitutional standards. NHS England announced a number of changes to the expectations around national constitutional standards in August 2023, which reduced the core standards from 10 to 3, as detailed in the Operational Performance Report.
- Performance against the Faster Diagnosis Standard (FDS) has improved recently, with two consecutive months of achievement for the first time since the standard was introduced. However, this improved performance is not yet embedded within tumour sites, and further work is needed to ensure consistent achievement of the standard. The most challenged tumour sites are Colorectal, Upper GI, Skin and Urology (Prostate), with a variety of reasons for this including significant demand increases (Skin), medical workforce challenges (Skin and Upper GI) and pathway inefficiencies (Colorectal and Prostate). A new Cancer Improvement Programme Lead has been appointed to lead our pathway improvement work, and will begin in post in January 2024.

QUALITY SUMMARY

Mortality

- The latest mortality data has now been updated to June and July 2023 for the SHMI and the HSMR respectively. As per the previous position, the HSMR is currently within the 'as expected' category and has improved in-month to the best reported mortality score for a number of years.
- The HSMR value provided within the IPR this month is now aligned with the reporting period for SHMI as the Trust has now moved to a new mortality benchmarking provider – HED.
- The SHMI has fallen to 102.9 (data for June 2023). The coding team continue to improve the accuracy of the coding but we have seen a drop-off in depth of coding since September 2022 when we were no longer able to code previously-coded co-morbidities and therefore had to cease use of a supporting tool by 3M. Further work is underway to better understand where the most significant changes have occurred, and engagement with clinicians continues to identify opportunities to improve our depth of coding.

Patient Safety

- There were 3 Serious Incidents in September, which is a similar level to previous months. However, there are no themes of concern within the recent figures. 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.

The complaint level has increased in the last two months, some of which can likely be attributed to two periods of consultant and junior doctor industrial action, which led to high numbers of patients cancellations and Christmas Day cover across a number of days. That said, there is ongoing fluctuations in the number of complaints per month due to the low absolute volumes.

Care Hours Per Patient Day is unchanged from last month. Whilst the CHpPD figure is still above levels seen earlier in the calendar year, it remains below other providers and in the bottom quartile in the latest benchmarking data.

However, the CHpPD figures for registered nurses is a relatively good position and in the 3rd quartile, with the % of the CHpPD in the top third of providers.

This indicates it is lower levels of non-qualified staff which is affecting our relative performance on CHpPD. Increased sickness levels have been a factor driving this over the last two months. The latest Safer Staffing data continues to show huge improvements in all areas of nurse staffing compared to earlier in the calendar year. The impact of recent recruitment is anticipated to lead to an improvement next month.

WORKFORCE SUMMARY

Retention and Recruitment

- The Trust welcomed 75 new starters for the month of September 2023. 13 were qualified nursing & midwifery staff and 11 were Nursing Support.
- Surgery division had the highest amount of leavers for the month of September, with 15 colleagues moving onto new opportunities. Staff groups with the highest amount of leavers (excluding medic rotation) were Additional Clinical Services (11) followed by Nursing (7).
- Analysis shows that of the 41 voluntary leavers for September 2023, 16 had less than 1 years' service with TRFT, which contributes to just under half of the total amount of leavers. The top 3 leaving reasons for September were: To undertake further education or training; Promotion; Relocation.

Attendance

- Monthly sickness absence rate for the month of September 2023 decreased by 0.04%. The decrease in the overall sickness rate was driven by long term sickness (3.96%), a 0.37% improvement when compared with previous month (4.26%)
- Sickness absence at the Trust continues to be relatively high, being in the bottom quartile of trusts.
- Medicine continues to have the highest sickness absence for the 8th consecutive month (7.68%). Corporate Services division has seen the largest increase in sickness absence, a 0.18% increase on previous month
- 12 month rolling sickness absence for September 2023 was 5.97%

Appraisals and Mandatory Training

- Overall appraisal (rolling 12 months) compliance for the month of September 2023 was 86% which is a 7% increase when compared to September 2022.
- All divisions have seen an increase in compliance for both appraisal season and 12 month rolling. Surgery (95%) and Medicine (91%) are the two divisions above the 90% target.

FINANCE SUMMARY

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

COUNCIL OF GOVERNORS MEETING: 15 November 2023

Agenda item: 73/23

Report: Governor Engagement Report

Presented by: Angela Wendzicha, Director of Corporate Affairs

Action required: To note

1.0 Introduction

- 1.1 The guidance document 'Your Statutory Duties: A Reference Guide for NHS Foundation Trust Governors (August 2013), (which remains current), sets out your statutory duties in addition to setting out what the general duties of the Council of Governors are.
- 1.2 The NHS Act 2006, as amended by the Health and Social Care Act 2012 established the statutory duties whereby Governors are specifically tasked (amongst other duties) with holding the Non-Executive Directors individually and collectively, to account for the performance of the Board of Directors whilst taking into consideration that the Board operates as a unitary board. In addition, the Governors have a duty to represent the interests of the members of the Trust as a whole and the interests of the public.
- 1.3 In order to support the Governors in carrying out their duty, the Trust has established a cycle of events, all of which the Governors are invited to in order that they can observe and interact with patients, visitors and staff.
- 1.4 Over the course of the year, there are a number of meetings/events/visits which Governors are invited to attend and which take place on a regular basis. These include Governors Surgeries, Nurse Led Walkabouts and attending Public Board and Board assurance sub committees.
- 1.5 Information on forthcoming events are included in the fortnightly Governor Newsletter.
- 1.6 Over the past few months, attendance at these has reduced and details on each from June 2023 are attached in Appendix 1.

2.0 **Governor Surgery**

- 2.1 These are held on a monthly basis provide an opportunity for Governors to speak to members of the public and promote the role of the Governor. The time allotted for the surgeries has been reduced in recent months to encourage attendance.

However, there have been a number of surgeries where no Governor attended and July's surgery was cancelled as the one Governor due to attend was unwell.

- 2.2 Dates for the surgeries are published in the Governor newsletter and provides all the dates for the year.
- 2.3 Work is taking place to improve attendance at Governor Surgeries going forward including the possibility of taking the surgeries into the community and training being offered by the Engagement and Inclusion Lead.

3.0 Council of Governors

- 3.1 In order to fulfil the statutory duty of holding the Non-Executive Directors to account, the Governors are encouraged to seek assurance from Non-Executive Directors at formal Council of Governor meetings, thereby creating the evidence to support the function of holding the Non-Executive Directors to account.

4.0 Attendance at Board Committees

- 4.1 The Board has an established mature Committee structure comprising Audit and Risk, People, Quality and Finance and Performance Committees. The aforementioned Committees of the Board are chaired by Non-Executive Directors and are the key Governance architecture in providing oversight and assurance in relation to all aspects of the Trust.

4.2 The function of a Board Committee is to ensure the Board obtains the necessary assurance it requires in addition to being a forum whereby Non-Executive Directors are able to carry out their challenge, check and scrutiny function in detail. For such discussion and challenge to be sufficiently robust, guidance supports the need for an element of privacy. Material developed by NHS Providers¹ regarding attendance at Board Committees suggests that while other Board directors and managers may need to attend, *'the presence of an audience is likely to constrain the full effectiveness of a Board committee and may lead to restraint in challenge and the assurance sought by the committee not being as robust as it might have been.'*

- 4.3 The membership and attendances of the Board Committees are currently being reviewed with a recognition that in some cases this needs to be streamlined to support robust discussion. To that end Governors are encouraged to attend the Board meeting held in public in order to observe Non-Executive Directors holding Executives to account and for Governors to hold the Non-Executive Directors to account at the Council of Governors. The order of the agenda has recently been amended to support and facilitate this. This is common practice throughout the South Yorkshire System.

¹ NHS Providers (02 July 2018) Governors attending board committees, Governor Support

Recommendations

The Council of Governors are asked to note the above and discuss ways in which they can be further supported in their role in particular in seeking the views of the membership and the wider public.

Angela Wendzicha
Director of Corporate Affairs
November 2023

APPENDIX 1

Date	Event	Attended
08.06.23	Senior Nurse Led Walkabout	Marilyn Gambles Emily Wraw
16.06.23	People Committee	-
20.06.23	Audit Committee	-
21.06.23	Governors Surgery	-
28.06.23	Finance & Performance Committee	-
28.06.23	Quality Committee	-
06.07.23	Senior Nurse Led Walkabout	Cancelled as only Marilyn Gambles due to attend
07.07.23	Board of Directors	-
19.07.23	Governors Surgery	Cancelled due to Governor illness
21.07.23	People Committee	-
26.07.23	Finance & Performance Committee	-
26.07.23	Quality Committee	-
11.08.23	Audit Committee	-
23.08.23	Governors Surgery	-
25.08.23	People Committee	Paul Coffell
30.08.23	Finance & Performance Committee	Matt Skelding
30.08.23	Quality Committee	Paul Coffell
20.09.23	Governors Surgery	-
27.09.23	Finance & Performance Committee	Paul Coffell
27.09.23	Quality Committee	-
11.10.23	Governors Training session	Gavin Rimmer Andrew Ball Rachel Bell Dolly Mondal Matt Skelding Geoff Berry Mohammed Ayub
11.10.23	Governors Forum	Joanna Baker-Rogers Andrew Ball Rachel Bell Geoff Berry Paul Coffell Marilyn Gambles Precious Keta Joanne Lidster Julian McDonough Ifechukwude Ogbolu Matthew White
18.10.23	Governors Surgery	Matthew White
25.10.23	Finance & Performance Committee	-
25.10.23	Quality Committee	-
27.10.23	People Committee	-
06.11.23	SYBAF Governor's Event	Joanna Baker-Rogers Geoff Berry Marilyn Gambles Gavin Rimmer Matthew White

Calendar of Business for Council of Governors 2023

REPORT - ORDER		2023			
		Feb 15	May 17	Aug 16	Nov 15
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 2023

External Auditors Engagement report to CoG following closure of annual audit	DoCA				/
Lead Governor Appointment	DoCA			/	
Deputy Lead Governor Appointment	DoCA				
Governor Elections (part of Governance Report or Member Engagement Group Report)	DoCA	/	/	/	/
Council of Governors Annual Review of Effectiveness	DoCA		/		
Governor Engagement Strategy (current Strategy 2021-2023)	DoCA	/			
Member Engagement Strategy (current Strategy 2022 -2025)	DoCA				
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		23 Feb 2023	02 May 2023	18 July 2023	07 Nov 2023
Governor Member Engagement Group		07 Feb 2023	11 April 2023	11 July 2023	10 Oct 2023

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