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

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

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

However, should members of the public have any questions relating to the items on the agenda, please forward these to Anna.Milanec@nhs.net by 1pm on Tuesday 14th July 2020.

AGENDA

<table>
<thead>
<tr>
<th>Time</th>
<th>Item no</th>
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<tbody>
<tr>
<td>46/20</td>
<td>Chairman’s welcome and announcements</td>
<td>47/20</td>
<td>Apologies for absence &amp; quoracy check</td>
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<tr>
<td></td>
<td>Verbal</td>
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<td>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.</td>
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<td>To note</td>
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<td>Chairman</td>
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<tr>
<td>48/20</td>
<td>Declaration of Interests</td>
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<td></td>
<td>Verbal</td>
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<td>To note</td>
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Procedural Items

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<th>Time</th>
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</thead>
<tbody>
<tr>
<td>49/20</td>
<td>Minutes of previous meeting held on 15 April 2020 (no meeting held in response to national guidance relating to COVID-19) Formally approve the January 2020 minutes</td>
<td>50/20</td>
<td>Matters arising from the previous minutes (not covered elsewhere on the agenda) &amp; action log</td>
</tr>
<tr>
<td></td>
<td>Enc. 3</td>
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<td>Verbal</td>
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<td>For approval</td>
<td>To note</td>
<td>Chairman</td>
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<tr>
<td>51/20</td>
<td>Action Log</td>
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<td></td>
<td>Enc. 14</td>
<td></td>
<td>For approval</td>
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<tr>
<td>52/20</td>
<td>Chairman’s Report</td>
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<td></td>
<td>Enc. 16</td>
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<td>To note</td>
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Council of Governor Regulatory & Statutory Duties

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>53/20</td>
<td>Lead Governor Appointment</td>
<td>54/20</td>
<td>Senior Independent Director</td>
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<td>Enc. 18</td>
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<td>Enc. 19</td>
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<tr>
<td></td>
<td>To approve</td>
<td>To note and approve</td>
<td>Anna Milanec</td>
</tr>
<tr>
<td>55/20</td>
<td>Company Secretary Report</td>
<td></td>
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<td></td>
<td>Enc. 20</td>
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<td>To note and approve</td>
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</tbody>
</table>
Governors Nomination Committee:
- NED appraisals
- Chief Executive’s Role – proposed extension

Chief Executive’s Role – proposed extension

To note & approve

Lead Governor

Audit Committee Annual Report 2019/20

Enc. 31

To note

Joe Barnes, Chair of Audit Committee

Appointment of External Auditor

Enc. 39

To approve

Anna Milanec

Reports from the Executive Directors

Finance Report

Enc. 46

To note

Steve Hackett

Report from the Non-Executive Director Chairs of the Board Committees
To enable the Council of Governors to hold the Non-Executive Directors individually and collectively to account for the Performance of the Board

Finance and Performance Committee

Enc. 53

To note

Heather Craven

Audit Committee

Enc. 55

To note

Joe Barnes

Quality Committee

Enc. 56

To note

Mark Edgell

People Committee

Enc. 58

To note

Lynn Hagger

Items for information only

Integrated Performance Report
(from July 2020 Board of Directors meeting)

Enc. 60

For information

Chairman

Council of Governors Governance

Issues to be escalated to Board of Directors

Verbal -

For approval

Chairman

Council of Governors Work plan

Enc. 81

To note

Chairman

Questions from any member of the public present relating to any agenda item

Verbal -

Chairman

Close of Meeting

Chairman

2020 Meeting Dates:
- Wednesday 14 October 2020

Meeting etiquette:
- Please submit apologies to the Company Secretary’s team in advance of the meeting
- Arrive for the meeting on time, stay for its duration, and ensure regular attendance at all meetings
- If you have to leave before the end of the meeting, you should inform the Chairman beforehand. However, you should avoid this whenever possible.
- Please either switch off or turn to silent mode any mobile telephones.
MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS
HELD ON WEDNESDAY 15 JANUARY 2020
IN THE LECTURE THEATRE, LEVEL D

Chair: Mr M Havenhand, Trust Chairman

Public Governors: Mrs M Gamble, Public Governor Rotherham South
Mr G Jenkinson, Public Governor Wentworth Valley
Mrs H Littlewood, Public Governor Rother Valley West (part of meeting)
Mr G Rimmer, Public Governor Rother Valley South & Lead Governor
Mr A A Zaidi, Public Governor Rotherham South

Staff Governors: Mr C Bott, Staff Governor
Mr O Dickinson, Staff Governor
Mrs J Lovett, Staff Governor
Dr J McDonough, Staff Governor

Partner Governors: Cllr P Jarvis, Partner Governor RMBC
Dr J Lidster, Partner Governor Sheffield Hallam University

Apologies: Mr S Adalat, Partner Governor REMA
Mrs J Dalton, Public Governor Rother Valley South
Mrs J Flanagan, Partner Governor Voluntary Action Rotherham
Lt Col R MacPherson, Public Governor Wentworth South
Dr A Mellor, Staff Governor
Mr D Moore, Public Governor Rother Valley West

Members of the Board of Directors and other Trust staff in attendance either for the whole or part of the meeting:
Miss N Bancroft, Non-Executive Director
Mr J Barnes, Non-Executive Director
Mrs L Barnett, Chief Executive
Mr G Briggs, Chief Operating Officer
Mr M Edgell, Non-Executive Director
Ms L Hagger, Non-Executive Director
Dr D Hannah, Non-Executive Director
Ms A Milanec, Director of Corporate Affairs/Company Secretary
Mr C Preston, Interim Deputy Chief Executive
Mr S Sheppard, Director of Finance
Mr M Smith, Non-Executive Director
Miss D Stewart, Corporate Governance Manager (minutes)

Observers: None
01/2020  WELCOME AND ANNOUNCEMENTS
The Chairman welcomed all those present to the meeting.

02/2020  APOLOGIES FOR ABSENCE & QUORACY CHECK
Apologies were noted, with the meeting confirmed to be quorate.

03/2020  DECLARATION OF CONFLICT OF INTEREST
There were no declarations of any conflict of interest from the Governors. As there were a number of agenda items relating to the Non-Executive Director, including the Chairman, declarations were noted from those colleagues present.

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

QUALITY AND SAFETY
04/2020  PATIENT STORY
The Council of Governors noted the patient story, which had been presented to the Board of Directors in the previous quarter.

05/2020  MINUTES OF THE PREVIOUS MEETING
The minutes of the previous meetings held on 16 October 2019 and 4 December 2019 were agreed as a correct record.

06/2020  MATTERS ARISING
i.  Finance and Performance Committee (minute 2019/76 Refers)
A verbal update with regard to the electronic outpatient appointment booking system was provided, this was supported by a written report as part of agenda item 15/2020.

Mr Briggs explained that it had not been possible to progress the work as outlined at the October 2019 meeting. However, he confirmed that a focus group meeting, including patient and staff representation, had been arranged for 19 February 2020. It was anticipated that these discussions would support a way forward which would meet the requirements of both service users and the Trust.

Mr Havenhand welcomed the process which had been established to discuss the matter, taking into account comments from the Governors. The aim remained to achieve a solution beneficial to all.
07/2020  **ACTION LOG**

The action log was reviewed. It was agreed that all actions, with the exception of log numbers 8 (from 2018), 24, 30 and 32 (from 2019) could be closed.

08/2020  **CHAIRMAN’S REPORT**

The Council of Governors received the Chairman’s Report.

Mr Havenhand highlighted that the Trust had achieved The Governance Framework Accreditation from The Chartered Governance Institute. It was understood that Rotherham was the first NHS Trust in England to have received the accreditation.

The work had been led by Ms Milanec, which had been in addition to her role requiring reflective practice and an examination. An action plan had been developed for areas of further work which would be monitored by the Board of Directors.

The Council of Governors noted the report.

**COUNCIL OF GOVERNOR REGULATORY AND STATUTORY REQUIREMENTS**

**09/2020  2019/20 QUALITY REPORT AND GOVERNORS’ INDICATOR**

The Council of Governors received the re-submitted report regarding the 2019/20 Quality Report and the Governor indicator to be audited.

Mrs Barnett confirmed that following the October 2019 Council of Governors meeting where the matter had first been debated, further discussion had taken place at the Governors Forum. The preferred indicator selected at the Forum had been Mortality. However, should Annual Report and Accounts guidance still awaited by the regulator determine that mortality would be a mandated indicator, the Forum had identified an alternative indicator of Dementia Assessment.

The Council of Governors agreed the suggestion from the Governors Forum that their selected local indicator to be reviewed as part of the 2019/20 Quality Report would in the first instance be Mortality.

In terms of the Trust’s 2020/2021 quality priorities, although still being debated, Mrs Barnett outlined the current preferred priorities, three in each of the categories Patient Experience, Patient Safety and Clinical Effectiveness. Once finalised, Mrs Barnett would ensure that they were communicated to the Council of Governors as they would then be the subject of stakeholder consultation, which would include the Governors.

**ACTION – Chief Nurse Team**
Mr Smith, Non-Executive Director left the room at this point.

**10/2020  CONSTITUTION AMENDMENT**

The Council of Governors received the report which outlined the requirement to amend the Trust’s Constitution.

Ms Milanec explained that during the process to appoint the new (interim) Chief Executive, it had been highlighted that a clause in Section 30 of the Constitution required removal. The Board of Directors having considered the matter, had approved removal of:

“30.1 The following may not become or continue as a member of the Board of Directors……
…..30.1(ix) he is an executive nor Non-Executive Director, or Governor or Chief Executive of another NHS Trust or foundation trust…….”

The Council of Governors in noting the report approved the proposed amendment with immediate effect.

Based upon this amendment, the Council of Governors ratified their original appointment of Mr Smith, on a one year basis from April 2019. Mr Smith was also a Non-Executive Director of Humber Teaching NHS Foundation Trust, which had been declared upon his appointment.

*Mr Smith returned to the room at this point.*

**11/2020  NON-EXECUTIVE DIRECTORS REPORT FROM THE GOVERNORS NOMINATION COMMITTEE**

Declarations of interest were made by those Non-Executive Directors present, including the Chairman, with regard to this agenda item.

The Council of Governors received two reports from the Governors Nomination Committee, these were presented by the Lead Governor.

i. **Term of Office – Michael Smith**
The Council of Governors approved the recommendation from the Governors Nomination Committee that Mr Smith be offered a further two year term of office from 1 April 2020 until 31 March 2022.

ii. **Non-Executive Director Remuneration**
Following receipt of the NHS England/Improvement guidance relating to Non-Executive Director remuneration, the Trust’s position had been considered in detail by the Governors Nomination Committee.

The Lead Governor indicated that the position and formal recommendation from the Committee with regard to each of the Trust’s Non-Executive Directors, including the Chairman, was detailed within the report. In addition, a number of principles had been agreed with regard to future appointments or re-appointments. These were:
Any new NED would be advertised and appointed on the standard rate of £13k per annum.

All existing NEDs would by the end of December 2022 be remunerated at £13k per annum.

The Council of Governors approved the recommendations for each of the current Non-Executive Directors, including the Chairman.

12/2020 COMPANY SECRETARY REPORT

The Council of Governors received the Company Secretary Report.

The report documented the timetable for the 2020 Governor Elections. There would be 15 seats subject to election – 13 public governors and 2 staff governors. The Nominations stage would open on 10 March 2020, and results declared on 29 May 2020. New, and returning Governors would commence their term of office on 1 June 2020.

The Council of Governors was requested to promote the elections and the role of Governor. In the constituencies where elections were to be held Governors in those areas were requested to provide a list of ten addresses to which posters could be sent by the Foundation Trust Office. Alternatively, a supply would be available for the Governors Forum on 19 February 2020 to enable Governors to engage within their own constituency to display the election material.

**ACTION – Governors**

For information, the Governors Engagement Strategy 2019-21 had been appended to the report and had been updated with the known engagement activities for 2020. This included an induction date of 30th June 2020 for newly elected Governors, and refresh for experienced or returning Governors.

It was planned that the induction session would cover a number of topics pertinent to the role, and other aspects of information to support knowledge about the Trust. The Executive Directors or other senior trust officers, supported by Non-Executive Directors, would facilitate the session providing opportunities for engagement with key colleagues.

With regard to the induction process, Mrs Gambles highlighted a potential opportunity to enhance the approach. Ms Milanec would discuss the matter further outside the meeting with Mrs Gambles and Mrs Littlewood, who also had some personal reflections which she wished to share.

**ACTION – Company Secretary**

The Council of Governors noted the report.
This agenda item was taken after the Chairman's report but is recorded in the order of the agenda.

The Council of Governors received the finance report which outlined the month eight (November 2019) financial position.

The year to date position showed that the Trust was £578K adverse to plan. This was as a consequence of the cost improvement programme, which although having delivered £5,240k was below the planned year to date target of £5,495k. Activity levels (elective and outpatients) in all areas, with the exception of outpatients, were below plan.

The 2019/20 Capital Programme of £5.4m, remained on forecast to be fully utilised for such as refurbishments and medical equipment.

Whilst November 2019 had been off plan, Mr Sheppard was confident that the quarter three position would be achieved, thereby securing the £4.4m Provider Sustainability Funding and we were on track to deliver for 2019/20.

Mr Havenhand commented that although currently on plan, it remained important for the Trust to work collaboratively with the South Yorkshire and Bassetlaw Integrated Care System to ensure system wide financial balance. This would provide the ability to access additional central monies. Strong financial management, with a focus on quality improvements, remained important for the Trust.

The Council of Governors noted the month eight finance report.

The Council of Governors received and noted the report which provided an update on improvements to the Trust’s corporate website, which had first been discussed at the July 2019 Council of Governors meeting (minute 54/19) and escalated to the Board of Directors.

The report provided an overview of the position, the key issues and actions being taken to resolve the outstanding issues.

Mr Preston indicated that as part of the review of the website comparison had been undertaken with those of other Trusts. Although there remained opportunities for further improvement in areas such as site content, consistency, navigation and search functionality, the website was similar to other Trusts. However, it could be more dynamic.

The Communications Team would take an overview of the website, with the Divisions, through named individuals, taking ownership of the content.

The Council of Governors noted the update report and looked forward to the continued improvements to the website.
Mrs Littlewood and Mr Sheppard left the meeting at this point.

15/2020 ELECTRONIC APPOINTMENT SYSTEM

The Council of Governors noted the report which provided a written position statement on the matter of the electronic appointment system, which had been verbally reported under matters arising (minute 06/2020i).

REPORT FROM NON-EXECUTIVE DIRECTOR CHAIRS OF BOARD COMMITTEES

16/2020 REPORT FROM NON-EXECUTIVE DIRECTOR CHAIRS OF BOARD COMMITTEES

The Council of Governors received and noted the reports from the Board Assurance Committees, with each Non-Executive Committee Chair providing supplementary information to the written reports.

i. **Strategy and Business Planning Committee (SBPC)**

Mr Havenhand, provided an update on the work of the SBPC, with the report being taken as read.

Focus remained on a number of matters including the South Yorkshire and Bassetlaw Integrated Care System (ICS) and the Rotherham Integrated Care Partnership (Place) to ensure alignment with the Trust’s strategies and priorities.

The ICS had produced, following feedback from individual organisations, a system-wide response to the NHS Five Year Plan.

This Committee additionally reviewed progress against the Trust’s own transformation programmes and the review of clinical services.

ii. **Audit Committee (AC)**

Mr Barnes, provided an update on the work of the AC with the report being taken as read.

Mr Barnes took the opportunity to highlight the greater emphasis being placed on the Board Assurance Framework1 (BAF) in supporting delivery of the Trust’s Strategy and Five Year Plan.

The new internal auditors, as part of their work to develop the annual Head of Internal Audit Opinion required for the Annual Report, had highlighted a number of recommendations as to how the BAF should be utilised by the Board and its assurance committees.

As the BAF was developed and/or revised at the start of each financial year it was suggested, that at an appropriate time further information on the BAF and how it was utilised by organisations would be presented to a future Governors Forum.

**ACTION – Mr Barnes**

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1 the term ‘board assurance framework (BAF)’ to be used to refer to the key document used to record and report an organisation’s key strategic objectives, risks, controls and assurances to the board.
iii. **Quality Assurance Committee (QAC)**

Mr Edgell, provided an update on the work of the QAC with the report being taken as read.

Mr Edgell confirmed that with regard to mortality, the current hospital standardised mortality ratio (HMSR) stood at 106 compared with the national average of 90. The Committee, and the Board of Directors, remained concerned at the variance; however, the work undertaken to review processes had identified no obvious reasons for the variance. Two stage mortality reviews were in place, and the backlog had been addressed. An area now being assessed was the impact of clinical coding2.

An externally commissioned review of mortality had been undertaken in order to provide additional assurance, with Mrs Barnett confirming that the report would provide additional learning opportunities. The Governors in choosing mortality as their local indicator (minute 09/2020), would provide another valuable source of information on the processes.

The Committee, whilst continuing to challenge the position, were assured by the work being undertaken by the Executive Medical Director and Medical Examiner.

In response to a question from Mr Jenkinson, it was confirmed that SHMI (Summary Hospital-level Mortality Indicator) included deaths within 30 days of discharge from hospital.

Another area of focus for the Committee was the Care Quality Commission (CQC). The report following the August 2019 re-inspection of the Urgent and Emergency Care Centre (UECC) had been received. Although the report had highlighted a number of areas which had improved, moving the service from ‘inadequate’ to ‘requires improvement’, it also acknowledged that it remained challenged.

One area had been staffing levels, with Mr Edgell confirming that a new five year staffing model had been considered at the December 2019 Board of Directors meeting. The model aimed to ensure staffing reflected current activity and patient acuity.

In terms of attendance levels at the UECC, Mrs Jarvis questioned the role of GP Hubs in supporting reduced attendances. Mr Briggs confirmed that in order to support the Trust, the Rotherham Clinical Commissioning Group (CCG) had agreed to pilot one of the GP Hub’s on the Trust site for a three month period and increase promotion of all their GP hubs.

The Committee continued to receive reports outlining implementation of the 74 ‘Must Do’ and ‘Should Do’ actions from previous CQC inspections in preparation of the a new inspection in the next six months. The Committee had been assured that progress was being made and evidenced against these actions.

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2 **Clinical coding** is the process whereby information from the hospital case notes for each patient is expressed as codes. This includes the operation/treatment, diagnosis, complications and comorbidities.
Mrs Barnett, confirmed that she considered good progress had been made. Preparations continued for the next inspection, which would intensify, with such as workshops and mock inspections. Details on the dates and times of the latter would be circulated to enable the Governors to participate in the process and gain assurance on preparations.

**ACTION – Company Secretary**

Mrs Gambles sought clarity on the process to monitoring progress against the Safe and Sound framework. Mr Edgell confirmed that the Committee received a monthly report with positive benefits for patients, although the outcomes against some elements of the framework were harder to measure.

Dr McDonough raised the matter of the assurance provided to the Committee in relation to the Electronic Prescribing and Medication Administration (EPMA). Mr Edgell indicated that the Committee had received information from the project lead, in addition to feedback from the divisions attending for other matters, on the benefits being seen which from a medication perspective was functioning effectively.

Mrs Barnett provided additional clarity in that factual information had been shared with the Committee, the focus had now moved from implementation to refinement of the system. In order to provide greater transparency, and additional assurance to QAC, she would discuss with the Executive Medical Director provision of an EPMA issues log.

**ACTION – Chief Executive**

The Quality Assurance Committee would seek assurance that the governance arrangements were effective in addressing any issues. The matters raised by Dr McDonough should form part of the escalation process and raised through the appropriate governance processes and/or further discussed with the Executive Medical Director.

iv. **Finance and Performance Committee (FPC)**

Mr Smith, in the absence of Mrs Craven, provided an update on the work of the FPC with the report being taken as read.

The Cancer 62 day target and pre-noon discharges were specifically highlighted to the Governors.

**ITEMS FOR INFORMATION**

**17/2020 INTEGRATED PERFORMANCE REPORT**

The Council of Governors received and noted the Integrated Performance Report which had been considered at the November 2019 Board of Directors meeting.

**18/2020 FEEDBACK FROM GOVERNORS SURGERY**

The Council of Governors received and noted the feedback gathered by the Governors at their December 2019 Governors Surgery.

It was confirmed that although similar to the Friends and Family Test, the feedback from the Governors Surgery was a separate exercise. However,
information from both exercises was routinely detailed in the quarterly patient experience report considered by the QAC. Mr Edgell suggested that this quarterly report be shared with the Governors as it provided comprehensive information relating to the experiences of service users.

**ACTION – Company Secretary**

A number of Governors commented on the current format for the Governors Surgeries. Whilst the use of questions provided a structured approach resulting in qualitative information against which the Trust could take action as appropriate, it was considered too prescriptive with little opportunity for engagement. However, Ms Milanec highlighted that there were a number of questions which provided the opportunity to engage freely with service users.

It was suggested that a hybrid approach be considered in readiness for the next surgery which would be held on 19 February 2020.

**ACTION – Corporate Governance Manager**

The Council of Governors noted the Governors Surgery report, with the Chairman thanking the Governors for participating in the session gathering valuable feedback from service users.

**Post Meeting Note**

Feedback on the process had been requested from the Head of Patient Experience.

The questions currently asked by Governors as part of their surgery provided views from service users not captured from any other source. The Friends and Family Test questions, which had been circulated to Governors as part of a weekly communication, were being reviewed nationally.

Although the Head of Patient Experience would support a structured approach, as detailed within the quarterly patient experience report to QAC:

‘It is anticipated that following the appointment of the Engagement and Inclusion Officer, closer liaison with Governors can be developed, to ensure greater reach for these surveys and further work on the understanding of the findings from surveys and the enabling of appropriate action to be taken to rectify concerns.’

19/2020 **GOVERNORS NOMINATION COMMITTEE APPROVED MINUTES**

The Council of Governors received and noted the approved minutes from the Governors Nomination Committee meetings held on 24 June 2019 and 18 September 2019.

**COUNCIL OF GOVERNORS GOVERNANCE**

20/2020 **ISSUES TO BE ESCALATED TO BOARD OF DIRECTORS**

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

21/2020 **COUNCIL OF GOVERNORS WORK PLAN**

The Council of Governors received and noted their forward work plan.
Governors were reminded that should they have any items which they considered should be discussed, they should initially be informed to the Lead Governor.

22/2020

QUESTIONS FROM ANY MEMBER OF THE PUBLIC PRESENT AT THE MEETING

There were no questions raised at this point nor any items of any other business having been notified to the Chair prior to the meeting.

Mr Havenhand took the opportunity, to inform the Governors that this would be the last meeting for Mrs Lovett who would be leaving the Trust at the end of March 2020. On behalf of the Council of Governors Mr Havenhand thanked Mrs Lovett for her positive contributions during her time in office.

Additionally, a number of Board colleagues would shortly be leaving the Trust. Firstly, Dr Hannah, Non-Executive Director would complete his term of office at the end of January 2020. In February, Mr Preston, Interim Deputy Chief Executive would be leaving the Trust as would Mrs Barnett, Chief Executive.

Mr Rimmer on behalf of the Council of Governors presented a bouquet of flowers and thanked Mrs Barnett in supporting the Trust in its improvement journey.

23/2020

CLOSE OF MEETING

The next meeting of the Council of Governors would be held on Wednesday 15 April 2020 commencing at 5pm.

Martin Havenhand
Chairman
<table>
<thead>
<tr>
<th>Log No</th>
<th>Meeting date</th>
<th>Report/ agenda title</th>
<th>Min Ref</th>
<th>Action</th>
<th>Lead Officer</th>
<th>Time scale</th>
<th>Response</th>
<th>Open/close</th>
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<tbody>
<tr>
<td>8</td>
<td>Jan-18</td>
<td>Company Secretary Report</td>
<td>2018/13</td>
<td>Arrange further session to consider Integrated Care System (Accountable Care System as was)</td>
<td>Company Secretary</td>
<td>n/a</td>
<td>Further regional Governor event is in the process of being arranged (not by TRFT) and Governors will be advised / invited when this is finalised. January 2020 update: Work being progressed by ICS Comms Lead following a renewed request from ICS CEO's. As this action has been pending for over two years and is out of the control of the Trust, it is proposed to remove from the action log but Governors will, of course, be advised when there is further news, through the usual routes (Friday bulletins).</td>
<td>Rec to close</td>
</tr>
<tr>
<td>24</td>
<td>Oct-19</td>
<td>Matters arising</td>
<td>2019/76i</td>
<td>To discuss current arrangement re electronic appointments booking system and provide an update to next meeting</td>
<td>Chief Operating Officer</td>
<td>Jan-20</td>
<td>Agenda item 15/20 Outcome remains outstanding. UPDATE - meeting held on 19/02/2020 which included invited members of the public / public governors and Trust colleagues. Report provided at 38/20 (April 2020) and position paused due to COVID-19.</td>
<td>Open</td>
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<tr>
<td>30</td>
<td>Oct-19</td>
<td>Company Secretary Report</td>
<td>2019/84</td>
<td>Member Engagement Group to consider terms of reference</td>
<td>Member Engagement Group</td>
<td>Apr-20</td>
<td>See Co Sec Report July 2020 and prior to that, April 2020 meeting (31/20)</td>
<td>Rec to close</td>
</tr>
<tr>
<td>32</td>
<td>Oct-19</td>
<td>Company Secretary Report</td>
<td>2019/84</td>
<td>Member Engagement Group to consider options in terms of public constituencies</td>
<td>Member Engagement Group</td>
<td>Apr-20</td>
<td>Co Sec Report April 2020 (31/20), Informally constituencies considered and will remain as there are.</td>
<td>Rec to close</td>
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<tr>
<td>1</td>
<td>Jan-20</td>
<td>2019/20 Quality report and Governor Indicators</td>
<td>2020/09</td>
<td>The nine Quality Priorities for 2020/21 to be advised to Governors.</td>
<td>Chief Nurse</td>
<td>Apr-20 Jul-20</td>
<td>Information provided on 31/01/2020 and 19/02/2020 See also Co Sec Report July 2020, for update</td>
<td>Rec to close</td>
</tr>
<tr>
<td>2</td>
<td>Jan-20</td>
<td>Company Secretary Report</td>
<td>2020/12</td>
<td>Governors to promote the role and elections within their constituency.</td>
<td>Governors</td>
<td>asap</td>
<td>19.02.2020 Governors in constituency where there will be elections provided with posters to distribute and asked to provided details of the locations for future reference</td>
<td>Rec to close</td>
</tr>
<tr>
<td></td>
<td>Date</td>
<td>Committee/Report</td>
<td>Action</td>
<td>Responsible</td>
<td>Notes</td>
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<tr>
<td>3</td>
<td>Jan-20</td>
<td>Company Secretary Report 2020/12</td>
<td>Requirement for a more systematic approach for induction for new Governors.</td>
<td>Company Secretary</td>
<td>Feb-20</td>
<td>Separate meetings held with two Governors to share their views as to how the process could be enhanced from 2020 for the new cohort of Governors.</td>
<td></td>
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<tr>
<td>4</td>
<td>Jan-20</td>
<td>Audit Committee 2020/16ii</td>
<td>Information on the BAF to be provided to a Governors Forum.</td>
<td>Mr Barnes (NED)</td>
<td>Sep-20</td>
<td>Date to be confirmed to ensure new cohort of Governors are party to the discussion. Mr Barnes to attend 02/09/2020 Governors Forum</td>
<td></td>
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<tr>
<td>5</td>
<td>Jan-20</td>
<td>Quality Assurance Committee Report 2020/16iii</td>
<td>Governor to be provided with the dates to support the CQC mock inspections</td>
<td>Company Secretary</td>
<td>Feb-20</td>
<td>Governors supported the sessions on 24th January &amp; 14th February</td>
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<tr>
<td>6</td>
<td>Jan-20</td>
<td>Quality Assurance Committee Report 2020/16iii</td>
<td>Executive Medical Director to be requested to provide an EPMA issues log to QAC.</td>
<td>Chief Executive</td>
<td>Feb-20</td>
<td>Remitted to QAC</td>
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<tr>
<td>7</td>
<td>Jan-20</td>
<td>Feedback from Governors Surgery 2020/18</td>
<td>Quarterly Patient Experience Report (presented to QAC) to be shared with the Governors for information.</td>
<td>Company Secretary</td>
<td>Jan-20</td>
<td>Shared with Governors on 31/01/2020 - Governors reminded that information it contains should not be shared.</td>
<td></td>
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<tr>
<td>8</td>
<td>Jan-20</td>
<td>Feedback from Governors Surgery 2020/18</td>
<td>Hybrid approach to be considered in terms of the questions for the Surgery.</td>
<td>Corporate Governance Manager</td>
<td>Feb-20</td>
<td>See the post meeting response from Head of Patient Experience (minute 2020.18). Format adjusted for 19 February 2020 Surgery, moving the questions which provided the ability for more open discussion to be inserted between the structured questions, which were fewer in number and with yes/no answers</td>
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</table>

**Rec to close**

Open

Closed
COUNCIL OF GOVERNORS MEETING: 15 July 2020

Agenda item: 52/20

Report: Chairman’s Report

Presented by: Martin Havenhand, Chairman

Action required: For noting

1.0 Introduction

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

2.0 COVID-19

2.1 Our colleagues, particularly those working directly with our patients who have been affected by COVID-19, continue to work incredibly hard to ensure that they receive the best care possible.

2.2 Our Executive Team have done an excellent job in leading the Trust’s response to the pandemic and I wish to thank our colleagues for the tremendous efforts they are making, and for their commitment to the safe and compassionate care that they are providing our patients.

2.3 A virtual meeting of The Rotherham Together Partnership took place on the 17 June and the agenda focused on the COVID-19 pandemic situation and implications for the Rotherham Place.

2.4 The Rotherham Chief Executive’s Group made a joint presentation covering the local situation and how they had collectively responded to the challenge of COVID-19. Our Deputy Chief Executive, Michael Wright, represented the Trust and made an excellent contribution to how the Trust had responded and made particular reference to the increased capacity of critical care beds from 14 to 50 beds. He also acknowledged the tremendous response from our colleagues in adapting to the situation and undertaking different roles.

2.5 The Executive Group are now looking at how they will be operating during the next phase of recovery.

3.0 Financial Position

3.1 The review of our end of year financial position is progressing. Our Executive have introduced improved controls and procedures. We are commissioning a financial governance review and the findings and actions will be reported to the Board and a future meeting of the Council of Governors.

4.0 Interim Director of Finance

4.1 The Nominations Committee met on 12 May 2020, and approved the appointment of Steve Hackett as the Interim Director of Finance, following recommendation from the Chief Executive.
4.2 Mr Hackett is currently the Director of Finance, Contracting and Performance for Rotherham, Doncaster and South Humber NHS Foundation Trust and will be undertaking the temporary 3 month role on a part-time basis.

5.0 Board Development

5.1 The Board of Directors has approved the next phase of our board development programme. We have secured the expertise of Chris Lake of Integrated Development (Changing the way that people and organisations think about people and organisations) and agreed the process which would be undertaken.

5.2 A board development workshop will be held in September 2020. In preparing for that workshop there will be a period of Discovery:
   - Mid-May to mid-June 2020 – 1:1 discovery interviews (via video technology)
   - Mid-May to mid-June 2020 – online board review survey
   - Tuesday 4 August – board observation

5.3 Following the workshop there will be ongoing board coaching over a 12 month period.

6.0 Rotherham Town Deal Board

6.1 Mike Smith, Non-Executive Director represents the Trust on the Rotherham Town Deal Board. The Town Deal has funding of £25m and is focussed on helping to regenerate Rotherham. The focus is on three areas of the town, Eastwood, Templeborough and the new, primarily housing development at Bassingthorpe Farm.

7.0 Ambition Rotherham

7.1 Ambition Rotherham is the ‘Place Board’ for The Rotherham Together Partnership and they are leading on the Positive Promotion Strategy for Rotherham. A key part of the strategy is the development of 3 websites:
   - MyRotherham website which provides information about the positive things that are happening for the people of Rotherham which has been operating since early April
   - Yorkshires Hidden Gems website which promotes Rotherham’s great assets to the people of Rotherham, South Yorkshire, regionally and nationally which will be launched to coincide with the new Gullivers Theme Park opening on 11th July
   - Loyalty/Discount site which promotes the offers available at the great assets sites and also the offers from local businesses and organisations

8.0 Interim Chief Executive

8.1 Richard Jenkins was appointed our Interim Chief Executive from 10th February 2020 for 12 months in addition to his role of Chief Executive at Barnsley NHS FT. Due to the impact of Covid-19 on our plans for the year I am pleased to inform you that Barnsley Hospital NHS FT have agreed to extend Richard’s secondment to the end of September 2021.

Martin Havenhand
Chairman
July 2020
COUNCIL OF GOVERNORS MEETING: 15 July 2020

Agenda item: 53/20

Report: Lead Governor Appointment

Presented by: Anna Milanec, Director of Corporate Affairs / Co Secretary
Author(s): Dawn Stewart, Corporate Governance Manager

Action required: For ratification

1. **Background**

1.1 The Trust Regulator (NHS Improvement) asks that all Foundation Trusts nominate a "lead governor". This would be the individual and representative of the Council of Governors who would liaise with NHS Improvement directly, if they had concerns about the leadership provided to the NHS Foundation Trust or in circumstances where it would be inappropriate for the Chairman to contact NHS Improvement or vice versa.

1.2 In line with many organisations, The Rotherham NHS Foundation Trust has broadened the role of Lead Governor as detailed in the Lead Governor Role Description. A revised role description was approved at the April 2017 Council of Governors’ meeting.

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

1.4 Following the conclusion of the 2020 Governor Elections, nominations were sought from eligible Public Governors for the role of Lead Governor.

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

2. **Action required**

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

2.2 The period of office will be until 31st May 2021.
COUNCIL OF GOVERNORS MEETING: 15 July 2020

Agenda item: 54/20

Report: Senior Independent Director

Presented by: Martin Havenhand, Trust Chairman
Author(s): Anna Milanec, Director of Corporate Affairs/Company Secretary & Dawn Stewart, Corporate Governance Manager

Action required: To ratify

1. Background

1.1 The Code of Governance states:

Code provision A.4.1. In consultation with the council of governors, the board should appoint one of the independent non-executive directors to be the senior independent director to provide a sounding board for the chairperson and to serve as an intermediary for the other directors when necessary. The senior independent director should be available to governors if they have concerns that contact through the normal channels of chairperson, chief executive, finance director or trust secretary has failed to resolve, or for which such contact is inappropriate. The senior independent director could be the deputy chairperson.

2. Current position

2.1 Joe Barnes has undertaken the role of Senior Independent Director (SID) since 1st April 2018.

2.2 The Board of Directors undertook the annual review of the SID at their meeting on 7th April 2020 and approved the proposal that Mr Barnes should continue in the role.

2.3 However, the Governors’ approval is also required to bring full effect to the appointment.

2.4 The position was reported to the April 2020 Council of Governors. However, as a consequence of the COVID-19 national guidance that meeting was not held, but rather that the report were provided to the Council of Governor for information.

3. Action required

3.1 The Council of Governors is asked to formally ratify Mr Barnes’ continuation as the Senior Independent Director.
COUNCIL OF GOVERNORS MEETING: 15 July 2020

Agenda item:  55/20

Report:  Company Secretary Report

Presented by: Anna Milanec, Director of Corporate Affairs/Company Secretary
Author(s): Anna Milanec, Director of Corporate Affairs/Company Secretary & Dawn Stewart, Corporate Governance Manager

Action required:  For noting

1.0 Governor Elections 2020

1.1 To remind Governors elections were held in the following constituencies in March 2020:

- Rother Valley South (2 seats) - 986 members
- Rother Valley West (1 seat) - 1241 members
- Rotherham North (2 seats) - 1427 members
- Wentworth North (2 seats) - 1122 members
- Wentworth South (2 seats) - 1579 members
- Wentworth Valley (2 seats) - 1605 members
- Rest of England (2 seats) - 1470 members
- Staff (2 seats) - 4288 members

1.2 Due to COVID-19 the advice from NHS England in relation to Governor elections at that time was that all elections were either to be delayed or postponed. As the Trust had already commenced its elections it was agreed that the process would continue to the nomination phase and then assess the position.

1.3 As reported to the April Council of Governors, at the end of the Nominations stage, two returning Governors and two staff nominations had been received the consideration to be given at a later date as to whether a further election process would be undertaken.

1.4 In June 2020, at the request of the Trust Chairman, the Lead Governor was asked to convene a shadow Member Engagement Group with the immediate goal of ensuring a full Council of Governors.

1.5 This group considered the feasibility of repeating the election process on the basis of the good will and support being given to the NHS by members of the public in response to COVID-19.

1.6 The Group agreed that a further Public Governor election process should be undertaken within the following timeframe:

<table>
<thead>
<tr>
<th>ELECTION STAGE</th>
<th>Date</th>
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<tbody>
<tr>
<td>Trust to send nomination material and data to ERS</td>
<td>Thursday, 16 Jul 2020</td>
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<tr>
<td>Notice of Election / nomination open</td>
<td>Thursday, 30 Jul 2020</td>
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</tbody>
</table>
1.7 The Group considered whether changes should be made to the constituency boundaries in order to maximize the potential for potential governor candidates to come forward.

1.8 Whilst it was initially agreed that the boundaries would be merged to form three distinct constituencies, one of which would include the Rest of England, it was subsequently agreed that the constituencies would remain unchanged. As such there would be no requirement to amend the Constitution.

1.9 The seats to be contested will be:
- Rother Valley South (1 seat)
- Rother Valley West (1 seat)
- Rotherham North (2 seats)
- Wentworth North (2 seats)
- Wentworth South (1 seat)
- Wentworth Valley (2 seats)
- Rest of England (2 seats)

1.10 The Group gave further consideration as to the activities which would be led by the Governors as a means to engage with the membership and the general public to promote the role of the Governor.

1.11 The Lead Governor will be in a position to outline to Governor colleagues any support which will be required in promoting the role and the work of the Council of Governors.

1.12 The Group also gave consideration to development of a Mission Statement to be used by Public Governors:

“The Rotherham NHS FT Public Governors have an important role in representing the public voice and diversity of the local community and influencing the continual improvement of health services for the people of Rotherham”.

The Council of Governors is asked to support the Mission Statement.

1.13 The Council of Governors is asked to note that a second round of elections will be commencing from the end of July 2020. All members of the Council of Governors are asked to promote the role of Public Governor, with friends, family or colleagues who do not work for the Trust.
2.0 **Member Engagement Group**

2.1 The shadow Group referred to in the previous item additionally considered the proposed terms of reference for the Member Engagement Group.

2.2 Two previous iterations of these terms of reference had been submitted to the Council of Governors (April 2020 and October 2019).

2.3 The final draft terms of reference are detailed at appendix 1.

2.4 The Lead Governor will provide an update in terms of the ongoing areas of focus for this new Group.

2.5 **The Council of Governors is asked to approve the revised Terms of Reference.**

3.0 **Assurance Map 2020/21**

3.1 On an annual basis, work is undertaken to assign the Board approved objectives to its assurance committees, thus providing assurance as to progress being made and also an early warning if timelines are being delayed.

3.2 The details for 2020/21 are provided on Appendix 2, which has been developed with input from the Executives.

3.3 The Board of Directors approved the assurance map at its meeting held on 2 June 2020.

4.0 **Annual Quality Accounts and Quality Reports 2019/20**

**Changes to timings and procedures**

4.1 Governors are advised that, as one of the implications arising from the COVID-19 pandemic, alternative arrangements were put in place by NHSI / E for dealing with the Annual Report and Accounts 2019/20, and the Annual Quality Report 2019/20.

4.2 Revised extended timetables were introduced, and measures put in place which meant that the usual “5 hard copies” that used to be sent off to Parliament for their files were replaced with electronic copies only.

4.3 The electronic copies have now been lodged with the Department of Health and Social Care for laying by the Heath Secretary, prior to summer recess on which starts on 22 July 2020. Access to copies will be provided to Governors at the Annual Members Meeting in September 2020.

**Changes in requirements concerning auditors and deadlines**

4.4 Alternative arrangements have also been made for the annual Quality Report (submitted under NHSI guidance as part of the Annual Report and Accounts) and the
Quality Account (submitted as a separate document under the Quality Accounts Regulations.)

4.5 Whereas the external auditors would usually provide an assurance opinion for Governors on the outturn of chosen ‘indicators’, this work was not completed for 2019/20. Trusts and auditors were told to stand down the work in view of the reallocation of resources for the COVID-19 pandemic work.

4.6 Hence, the Annual Report and Accounts do not contain a Quality Report this year.

4.7 However, a Quality Account will be produced, but won’t follow the usual 30th June 2020 filing deadline.

4.8 The amended regulations mean there is no fixed deadline by which providers must publish their 2019/20 Quality Account. NHSE/I recommend for NHS providers that a revised deadline of 15 December 2020 would be appropriate, in light of pressures caused by COVID-19. The draft Quality Account should be provided to stakeholders (for ‘document assurance’ as required by the quality accounts regulations) in good time to allow scrutiny and comment. It is suggested that for finalising the Quality Account by 15 December, a date of 15 October would be reasonable for this; each trust will agree this with their relevant stakeholders (i.e. CCG, Local Healthwatch and Oversight and Scrutiny Committee).

**Quality Priorities for 2020/21**

4.9 Each year, the Trust must set out a series of Quality Priorities for the forthcoming year, focussing on improving the quality of services provided. The priorities must link to the three domains of quality – patient safety, clinical effectiveness and patient experience.

4.10 The proposed Quality Priorities were developed in conjunction with a number of key stakeholders, including Governors who attended an event earlier in the year, and the Priorities have been through the Clinical Governance Committee, Quality Committee and a Board of Directors’ seminar session, prior to being submitted to the Board of Directors for approval on 7th July 2020.

4.11 The Board approved Quality Priorities for 2020/21 are:

**Patient Safety**
- Learning from incidents
- Introduce Schwartz Rounds Within the Organisation
- Roll-Out Medical Examiner Office

**Clinical Effectiveness**
- Utilisation of Trust Wide Audit to Facilitate Improvement in 2 Key Areas:
  - Sepsis Management
  - Medicines Management (incorporating compliance with anti-coagulation and Insulin Script modules)
- Reduce HSMR and improve Learning from Deaths
- Ensure staff have the knowledge and training to give excellent care to Patients with a Learning Disability (PLD) and Autism
Patient Experience

- The Friends and Family Test (FFT) – the embedding of new questions and processes and FFT - improved evidence of learning from patient feedback, - adopting ‘You said - we did’
- Diversity and Inclusion
- Maximising the potential of Volunteering - recognise, recruit, embed and celebrate

5.0 Communications

5.1 Finally, could I once again ask all Governors to read the weekly communication which is sent out to you by Dawn on a Friday, as it provides up to date information relating to the business being conducted at the Trust.

5.2 As a Trust, we have a duty to keep you informed, and as Governors, you have a duty to remain apprised of the issues.

5.3 If there is anything that you would like to know at this time, particularly regarding the arrangements we have in place for COVID-19, etc. then please send an email to Dawn who can forward any queries to the relevant Executive Director for a response.

Anna Milanec
Director of Corporate Affairs/Company Secretary
June 2020
## TERMS OF REFERENCE

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

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

**Short Term**

- Develop and co-implement a strategy to engage the general public and trust members in the next Public Governor elections.
- Work with the Trust’s communications team to deliver profiles, press releases and interviews with local media to raise awareness and participation in the elections.
- Recommend changes to the Constitution to facilitate awareness and participation in the elections.
- Promote attendance at the Annual Members Meeting (AMM) anticipated to be held at the end of September 2020 to existing membership using the platforms identified above.

**Medium Term**

- Develop the strategy for the Council to engage on behalf of the Trust, with the Trust’s members.
- Continue quarterly/bi annual engagement with local media as appropriate.
- Regularly receive and analyse reports from the Trust’s membership database.
- Ensure efficient mechanisms are in place for Governors to gain member and public feedback to, for example engagement by the Council of Governors including:
  - Governors’ Drop-in Sessions. These sessions are to be held monthly. A mix of staff, patient and public governor identify a suitable ‘base’ and talk to and take comments from staff, patients and visitors. These are then fed back to the Executive Directors for comment/action.
  - The Annual Members Meeting
  - Undertake listening exercises within the local community. Utilising other NHS premises such as GP surgeries to gather the views from service users
  - Website – each governor has their profile and details of the constituency they serve, published on the Trusts website with an e-mail for members to contact governors
  - Governors attend community presentations held in their constituency in relation to hospital/patient issues
  - Health talks – Governors attend health talks
  - Raise the profile of Foundation Members and Governors within the Trust
- Ensure engagement with the Trust’s Communications Team to enable Governors to be involved in elements of the content of the quarterly ‘Your Health’ magazine to highlight the work of the Governors is effectively communicated to Trust members and the wider public.
- Identify any trends highlighted through engagement, through a nominated Governor from the Group on the Trust’s Patient Experience Group
| SERVICED BY: | • Lead Trust Officer - Individual to be determined who will:  
  ➢ Agree the agenda with the Chair  
  ➢ Advise the Group on pertinent areas and ensure it is fully informed of key issues and risks  
  ➢ Ensure minutes and collation of papers are undertaken |
| --- | --- |
| FREQUENCY OF MEETINGS: | Quarterly, ideally in:  
  January (to support engagement activities for Governor Elections)  
  April (to support engagement activities for Governor Elections and Business Planning Cycle and seeking views on the Trust's forward plan)  
  July (to support timetable for Annual Members Meeting)  
  October |
| REQUIRED ATTENDANCE: | Governor members should attend the majority of meetings (3/4) |
| QUORUM: | 3 Governors (from any constituency) plus a Public Governor as Chair |
| REPORTING MECHANISM: | • The Chair of the Group to provide a written report on the last meeting to the next Council of Governors’ meeting  
  • The approved minutes of the Group to be presented to the next Council of Governors’ meeting |
| MINUTES CIRCULATED TO: | The draft minutes of the Group will be circulated to all Group members.  
  Final approved minutes to be circulated to members of the Council of Governors. |
| REVIEW DATE: | The Member Engagement Group shall review its Terms of Reference annually. Any amendments shall be presented to the Council of Governors for approval. |
| DATE APPROVED | PENDING FORMAL APPROVAL |
| PROCESS FOR MONITORING THE EFFECTIVENESS OF THE ABOVE: | Review of effectiveness to take place annually using Committee Effectiveness Audit tool. |
## Covid-19 objectives

<table>
<thead>
<tr>
<th>Item</th>
<th>Audit Committee</th>
<th>Quality Committee</th>
<th>People Committee</th>
<th>Finance and Performance Committee</th>
<th>Executive Team and / or board</th>
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<tbody>
<tr>
<td>Every patient is able to access the clinically appropriate level of care.</td>
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<td>Patients with urgent life-threatening non-Covid illness will receive the care they need</td>
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<td>Staff will be protected against the risk of acquiring Covid-19 in the workplace through the use of nationally specified PPE</td>
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<td>Staff will be supported with the psychological consequences of working through the pandemic</td>
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<td>We will make timely decisions, support each other and where appropriate, embrace new ways of working that may have value beyond the pandemic</td>
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<td>We will support our local health and social care partners in their responses</td>
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## Wider objectives

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<tr>
<th>Item</th>
<th>Audit Committee</th>
<th>Quality Committee</th>
<th>People Committee</th>
<th>Finance and Performance Committee</th>
<th>Executive Team and / or board</th>
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<tr>
<td><strong>Mortality</strong>: ensure TRFT mortality rates are being counted and reported correctly</td>
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<td><strong>Operational Performance</strong>: Comply with national requirements around operational standards</td>
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<td><strong>Workforce</strong>: Increase the substantive establishment of our staff, including through improving our staff engagement</td>
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<td><strong>Financial Stewardship and Governance</strong>: Deliver our financial plan based on revised Codiv-19 expectations; ensure improvement financial stewardship across the organisation</td>
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<tr>
<td>Item</td>
<td>Audit Committee</td>
<td>Quality Committee</td>
<td>People Committee</td>
<td>Finance and Performance Committee</td>
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<tr>
<td><strong>Priorities for 2020/21</strong></td>
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<tr>
<td>Optimise flow through the hospital by developing resilient emergency pathways, shoring up Same Day Emergency Care provision, increasing early discharge and implementing appropriate streaming and on-site GP OOH services</td>
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<td>Deliver a step change reduction in the number of face to face appointments, lowering the overall number and utilising technology solutions where appropriate</td>
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<td>Improve staff engagement and morale by driving a fundamental change in the volume and impact of staff engagement activity in the Trust</td>
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<td>Maximise the effectiveness of the senior leadership within the organisation, empowering staff to work collectively to make informed decisions</td>
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<td>Increase the proportion of our workforce who are substantively employed by the Trust and in doing so, reduce the vacancy rate and ensure a minimum 10% in-year reduction in agency cost</td>
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<td>Complete Ophthalmology move to RCHC and relocate existing Greenoaks services (ante and post-natal care) and hysteroscopy services to the Oakwood Unit</td>
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</tr>
<tr>
<td>Implement joint Gastroenterology service with Barnsley Hospital NHS Foundation Trust, including a joint GI bleed rota and joint ward cover</td>
<td></td>
<td></td>
<td></td>
<td>√</td>
<td></td>
</tr>
</tbody>
</table>
1. **Background**

1.1 To align with good governance practices in other sectors, the Healthcare Financial Management Association NHS Audit Committee Handbook recommends that the Audit Committee provides an annual report to the organisation’s Governing Body.

1.2 The HFMA recommends that the Annual Report details the manner in which the Audit Committee has discharged its responsibilities and met its Terms of Reference during the year.

1.3 The final Audit Committee Annual Report for 2019/20 is therefore presented to the Council of Governors.

2. **Action required**

2.1 The Council of Governors is requested to note the Audit Committee Annual Report for 2019/20.
Audit Committee Annual Report 2019/20

Introduction
The purpose of this report is provide a formal account to the Board of Directors and the Council of Governors of the work of the Audit Committee during 2019/20 and to describe the way in which it has discharged its role and responsibilities during the year.

Committee Membership and Meetings
The Audit Committee is established under Board delegation with approved terms of reference that are aligned with the Audit Committee Handbook published by the Healthcare Financial Management Association (HFMA)\(^1\).

The Committee was chaired throughout the year by Joe Barnes, a Non-Executive Director with relevant financial experience. From April 2019 to January 2020 four of the Non-Executive Directors were members of the Audit Committee, all of whom were considered to be independent. From February 2020 three Non-Executive Directors were members of the Committee, all of whom were considered to be independent. The Trust's Chairman is neither the Chair nor a member of the Audit Committee. The Director of Finance and Company Secretary attend every meeting, and in addition, other Executive or Operational Directors attend meetings as required. Since January 2014 two members of the Council of Governors have been invited, as observers, to attend the Audit Committee.

The Committee has met on five occasions throughout the financial year and has discharged its responsibilities for scrutinising the risks and controls which affect all aspects of the organisation’s business.

<table>
<thead>
<tr>
<th>Audit Committee</th>
<th>Joe Barnes (Chair)</th>
<th>Lynn Hagger</th>
<th>David Hannah</th>
<th>Barry Mellor</th>
<th>Nicola Bancroft</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 April</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>22 May</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>11 September</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 December</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 March</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Attendance</td>
<td>5/5</td>
<td>5/5</td>
<td>4/4</td>
<td>3/3</td>
<td>1/1</td>
</tr>
</tbody>
</table>

From April 2019 to January 2020 Joe Barnes was Chair of the Audit Committee with Barry Mellor as Vice-Chair and Lynn Hagger and David Hannah as members. From February 2020 Joe Barnes continued as Chair, Nicola Bancroft joined the committee as Vice-Chair and Lynn Hagger continued as a member.

\(^1\) Fourth edition, 2018
Principal Areas of Review
This annual report is divided into nine sections reflecting the nine key duties of the Committee as set out in the terms of reference (updated in November 2018).

1. Integrated governance, risk management and internal control
• The Committee has reviewed relevant disclosure statements, in particular the Annual Governance Statement (AGS) together with the Head of Internal Audit Opinion, External Audit opinion and other appropriate independent assurances and considers that the AGS is consistent with the Committee’s view of the Trust’s system of internal control. Accordingly, the Committee supported Board approval of the AGS for 2018/19 at its 22 May 2019 meeting
• The Committee has reviewed the Board Assurance Framework (BAF) on a quarterly basis throughout the financial year
• A quarterly review of the Trust’s risk register items scoring 15 and above has been undertaken by the Audit Committee
• Progress updates relating to the Trust’s own review of risk management and resulting action plan have been received by the Committee in year
• The operational effectiveness of policies and procedures was reviewed by the Committee throughout the year through the receipt of Internal Audit reports and oversight of the implementation of Internal Audit recommendations at each Committee meeting
• The adequacy and effectiveness of the organisation’s financial control systems have been reviewed by the Committee throughout the year through the receipt of regular reports detailing breaches of Standing Financial Instructions (SFIs), single tender actions and losses and special payments; additionally the Committee reviewed the work of Internal Audit relating to the integrity of the general ledger and financial reporting as well as key financial systems and the work of External Audit relating to the financial statements
• As reported in the Trust’s Annual Report for 2019/20 the following areas were the significant issues considered by the Audit Committee during 2019/20:
  o Annual Governance Statement 2018/19
  o Annual Report and Accounts 2018/19
  o Quality Account and Report 2018/19
  o Head of Internal Audit Opinion 2018/19
  o External Audit ISA 260 review 2018/19
  o Internal Audit (TIAA) annual work plan for 2019/20
  o Internal Audit (360 Assurance) annual work plan for remainder of 2019/20 as well as draft Internal Audit annual work plan for 2020/21
  o Counter Fraud self-review tool for 2019/20, draft annual work plan 2020/21 and risk assessment for 2020/21
  o Board Assurance Framework 2019/20
  o Trust’s Risk Register (scores of 15 and above)
  o Annual Review of Standards of Business Conduct
  o Annual Report of the Audit Committee 2018/19
  o Freedom to Speak up Guardian Annual Update 2018/19
  o Changes to Accounting Policies 2019/20

Exceptional items considered were:
  ▪ External Audit 2018/19 de-brief
  ▪ Operational Plan 2018/19 objectives
  ▪ General Data Protection Regulations
  ▪ Internal Audit procurement process during 2019/20
  ▪ External Audit procurement during 2020
Cyber security report
Requirements of International Financial Reporting Standard (IFRS) 8 relating to operating segments
Counter Fraud Service Engagement Meeting on 24 January 2020
Governance Diagnostics

Review of:
  ● Internal Auditor effectiveness
  ● External Auditor effectiveness

The significant risks identified by the External Auditors (PwC) at the 2019/20 audit planning meeting on 13 March 2020 were:
  ● Risk of management override of controls
  ● Risk of fraud in income recognition
  ● Risk of fraud in expenditure recognition
  ● Financial sustainability
  ● Carrying value of property, plant and equipment

The Committee confirms that there are no outstanding areas of significant duplication or omission in the organisation’s systems of governance.

2. Internal Audit

From April until May 2019 the Committee worked with TIAA as its Internal Audit provider to strengthen the Trust’s internal control processes. From June 2019 onwards the Committee worked with 360 Assurance as its Internal Auditors reviewing and strengthening the organisation’s internal control processes.

In addition, in year the Committee also:
  ● Received and reviewed the Annual Report and Head of Internal Audit Opinion at the 22 May 2019 Audit Committee meeting
  ● Reviewed and approved the TIAA Audit Strategy and Annual Internal Audit plan at its 23 April 2019 meeting
  ● Received the revised Internal Audit plan from 360 Assurance at its 11 September 2019 meeting
  ● Considered the major findings of Internal Audit and sought assurance that management have responded in an appropriate manner and that the Head of Internal Audit Opinion and AGS reflect any major control weaknesses
  ● Met privately with the Internal Auditors prior to the 25 February 2020 Committee meeting
  ● Undertook the annual review of the effectiveness of the Internal Audit function in September 2019 and noted that since 360 Assurance had only been appointed from August 2019 it was too early to comment on their effectiveness but a positive start.

Through internal audits carried out throughout 2019/20, the final Head of Internal Audit opinion was:

I am providing an opinion of moderate assurance that there is a generally sound framework of governance, risk management and control, however, inconsistent application of controls puts the achievement of the organisation’s objectives at risk.

In providing our opinion we consider three areas:
  ● Board Assurance Framework and strategic risk management
  ● Internal audit plan out-turn
Follow up of internal audit actions

Board Assurance Framework (BAF) and strategic risk management: moderate assurance. We raised some high risk actions in our Stage 1 review in November 2019; these were acted upon and progressed in quarter 4.

Internal audit plan outturn: limited assurance. We have issued a number of core reviews with a limited assurance opinion. Risk-based reviews have also led to a range of significant issues being raised.

Follow up of actions: significant assurance. The Trust has implemented 80% of actions in line with original timeframes.

This Opinion should be taken in its entirety for the Annual Governance Statement and any other purpose for which it is repeated.

The table below details the assurance ratings assigned to internal audits completed during 2019/20:

<table>
<thead>
<tr>
<th>Review</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Quality Assurance (TIAA)</td>
<td>Reasonable Assurance*</td>
</tr>
<tr>
<td>Staff Engagement Review</td>
<td>Limited Assurance</td>
</tr>
<tr>
<td>Integrity of General Ledger and Financial Reporting</td>
<td>Significant Assurance</td>
</tr>
<tr>
<td>Compliance with the General Data Protection Regulation</td>
<td>Significant Assurance</td>
</tr>
<tr>
<td>Governance and Risk management</td>
<td>Limited Assurance Limited Assurance</td>
</tr>
<tr>
<td>Key financial systems - payroll</td>
<td>Significant Assurance (indicative opinion)</td>
</tr>
<tr>
<td>Key financial systems – fixed assets</td>
<td>Limited Assurance</td>
</tr>
<tr>
<td>Data Security Standards</td>
<td>Significant Assurance</td>
</tr>
<tr>
<td>Divisional quality governance</td>
<td>Limited Assurance</td>
</tr>
<tr>
<td>Learning from deaths</td>
<td>In progress</td>
</tr>
</tbody>
</table>

* This is an assurance rating used by TIAA but not by 360 Assurance

3. External Audit

- During 2019/20 the Trust’s external audit provider, PwC LLP, did not provide any non-audit services whilst it was appointed as External Auditor.
- The Committee reviewed and commented on the reports prepared by External Audit as part of their year-end audit for 2018/19 at the May 2019 Committee meeting and on the 2018/19 audit de-brief document presented at the September 2019 meeting
- The annual review of the effectiveness of the External Audit function was undertaken in September 2019
- At the Audit Committee meeting on 11 September 2019 it was agreed to recommend to the Council of Governors to tender the External Audit service as the contract extension
would conclude in September 2020. The Council of Governors agreed to this recommendation at their meeting in October 2019.

The re-procurement of the External Audit service was further discussed at the February 2020 meeting as a change in approach was required due to a significant reduction in the number of organisations on the procurement framework that were in a position to submit a bid for the contract when tendered by the Trust. The Committee therefore approved the proposal to proceed with a shortened procurement process.

- Audit Committee members met privately with the External Auditors before the 22 May 2019 Committee meeting
- The Audit Plan for 2019/20 including PwC’s assessment of audit risks was not received until late in the audit process and was therefore presented to the May 2020 Audit Committee meeting at which point it was approved.

4. Other Assurance Functions

- The Committee reviewed the Board Assurance Framework (BAF) on a quarterly basis throughout the financial year. In December 2019 360 Assurance provided the Audit Committee with their Head of Internal Audit Stage 1 memo which made six recommendations for improvements to the BAF. At the February 2020 Audit Committee meeting the Head of Internal Audit Stage 2 memo concluded that two of these recommendations had been implemented and that the remaining recommendations were in progress. Two additional recommendations were completed at the same Audit Committee meeting and the remaining 2 recommendations were scheduled for completion during Q1/Q2 2020/21.
- The Annual Standards of Business Conduct Report was reviewed by the Committee in September 2019 and approved for publication
- The Standards of Business Conduct were revised and shortened and in May 2019 the Audit Committee recommended their submission to the Board of Directors for approval. The Board of Directors approved the Standards of Business Conduct at its 28 May 2019 meeting following which the Standards were disseminated across the organisation.
- The Committee received a report on Cyber Security at its February 2020 meeting which provided assurance relating to the continuing actions taken to mitigate against organisational cybersecurity risks

5. Financial Reporting

- The Committee reviewed the systems for financial reporting, including budgetary control, throughout the year through the receipt of regular reports detailing losses and special payments and single tender actions
- In addition, reports relating to breaches of the Standing Financial Instructions (SFIs) were presented to the Committee by the Director of Finance on 23 April and 11 September 2019 and a verbal update was provided to the 25 February 2020 meeting.
- The work of Internal Audit relating to financial control systems also provided independent assurance to the Audit Committee relating to the organisation’s financial reporting systems during 2019/20
- At its February 2020 meeting the Committee considered the Trust’s Accounting Policies and Accounting Guidance for 2019/20. At this meeting the proposed changes to the organisation’s Accounting Policies were recommended by the Committee for approval by the Board of Directors. In addition, the Committee also considered the requirements of International Financial Reporting Standard (IFRS) 8 relating to operating segments
- The 22 May 2019 Audit Committee meeting focussed on the Trust’s Annual Report and Accounts for 2018/19 including the receipt of:
  - The Annual Report including the:
    - Annual Governance Statement; and
Quality Report
Other disclosure statements relevant to the Committee’s Terms of Reference

- Annual Financial Statements
- Reports from the External Auditors (PwC):
  - Financial statements representation letter
  - International Standard on Auditing (ISA) 260
  - Quality Report Representation Letter
  - Review of Quality Report
- Reports from the Internal Auditors:
  - Head of Internal Audit Opinion
- The Audit Committee assured itself that all the documents supporting the Annual Report and Accounts and the Annual Report and Annual Financial Statements themselves represented a true, fair and accurate representation of the Trust's position at the end of the 2018/19 financial year

6. Counter Fraud
- The Audit Committee noted the Counter Fraud progress report and self-review tool at its 23 April 2019 meeting
- Quarterly Counter Fraud progress reports were received during the year
- The report from the Counter Fraud Authority’s Engagement Meeting with the Trust on 24 January 2020 was received at the February 2020 Committee meeting including the action plan from the meeting
- The draft Counter Fraud work plan for 2020/21 was received and noted at the February 2020 committee meeting

7. Annual Report
- The Trust’s Annual Report for 2018/19 contained a report from the Audit Committee relating to the manner in which it had discharged its responsibilities during the year
- This report from the Audit Committee contained all the elements required of such a report as detailed in NHS Improvement’s NHS Foundation Trust Annual Reporting Manual 2018/19 as confirmed by the External Auditors during their annual audit for 2018/19

8. Whistleblowing Policies
The annual report from the Trust’s Freedom to Speak Up Guardian was received at the 23 April 2019 Audit Committee meeting.

9. Other matters
- The Committee reviewed the appropriateness of single tender actions which had been approved by the Executive
- The Audit Committee also gave due consideration to laws and regulations, and the provisions of the NHS Foundation Trust Code of Governance in discharging its role
- Committee members received the development and training that they needed to fulfil their role on the Committee during the year

Other matters worthy of note
The Committee has reviewed the process and controls the Trust has in place to achieve its financial obligations throughout the year.

The Committee has continually challenged the assurance process when appropriate and has requested and received assurance reports from Trust management and various other sources both internally and externally throughout the year. This process has also included calling managers to account when considered necessary to obtain relevant assurance. The
Committee also works closely with the Chief Executive, Director of Finance and Company Secretary to ensure that the assurance mechanism within the Trust is fully effective and that a robust process is in place to ensure that actions falling out of external reviews are implemented and monitored by the Committee.

Cost/benefit analysis
It is not possible to accurately quantify the benefits of the work of the Committee during the year, as it is impossible to determine the financial impact of risks mitigated and costs avoided and the proportion of these that could be apportioned to the Committee’s work.

The current and future costs associated with loss of reputation have also been mitigated as a result of the work performed by the Committee.

Conclusion
The Committee is of the opinion that this annual report is consistent with the Annual Governance Statement, Head of Internal Audit Opinion and the external audit ISA 260 review and there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Report prepared by Lisa Reid, Head of Governance

On behalf of Joe Barnes, Chair, Audit Committee
June 2020
COUNCIL OF GOVERNORS MEETING: 15 July 2020

Agenda item: 58/20

Report: Appointment of External Auditor

Presented by: Anna Milanec, Director of Corporate Affairs / Co Secretary

Author(s): Dawn Stewart, Corporate Governance Manager

Action required: For approval

Background

One of the statutory roles and responsibilities of the Council of Governors is to ‘appoint and, if appropriate, remove the NHS Foundation trust’s auditors’. The relevant extract from the Code of Governance is detailed at appendix 1.

The Council of Governors meeting of 16 October 2019 received a report which outlined the proposed tender process for provision of external audit services as the contract with PWC expires in September 2020.

The Audit Committee meeting of 11 December 2019 agreed the project initiation document (See appendix 2).

The project initiation document detailed the potential contractors who may be invited to tender for the service, the project team, which would include representation from the Council of Governors as appointment of the External Auditors formed one of your statutory duties.

At their meeting on 25 February 2020 the Audit Committee were informed that of all the organisations on the framework contacted, only one (Mazars LLP) had confirmed that they would be in a position to submit a bid.

As such, under the framework, the Trust had an ability to, following formal interview and value for money considerations, directly award the contract in the event of only one supplier being in a position to provide the service.

Action required

The Council of Governors is requested to note the process undertaken to appoint an external auditor.

The Council of Governors is requested to consider and approve the recommendation that Mazars LLP be appointed at the Trust’s external auditor for a 3-year period, effective from 01/10/2020, with the option to extend for a further 1 year.
Extract from Code of Governance

C.3 Audit committee and auditors

Main principle

C.3.a The board of directors should establish formal and transparent arrangements for considering how they should apply the corporate reporting and risk management and internal control principles and for maintaining an appropriate relationship with the NHS foundation trust’s auditors.

Monitor’s publications, Audit Code for NHS Foundation Trusts and Your statutory duties: A reference guide for NHS foundation trust governors, provide further guidance.

Code provision

C.3.1. The board of directors should establish an audit committee composed of at least three members who are all independent non-executive directors. The board should satisfy itself that the membership of the audit committee has sufficient skills to discharge its responsibilities effectively, including ensuring that at least one member of the audit committee has recent and relevant financial experience. The chairperson of the trust should not chair or be a member of the audit committee. He can, however, attend meetings by invitation as appropriate.

C.3.2. The main role and responsibilities of the audit committee should be set out in publicly available, written terms of reference. The council of governors should be consulted on the terms of reference, which should be reviewed and refreshed regularly. It should include details of how it will:

- Monitor the integrity of the financial statements of the NHS foundation trust, and any formal announcements relating to the trust’s financial performance, reviewing significant financial reporting judgements contained in them;
- Review the NHS foundation trust’s internal financial controls and, unless expressly addressed by a separate board risk committee composed of independent directors, or by the board itself, review the trust’s internal control and risk management systems;
- Monitor and review the effectiveness of the NHS foundation trust’s internal audit function, taking into consideration relevant UK professional and regulatory requirements;
- Review and monitor the external auditor’s independence and objectivity and the effectiveness of the audit process, taking into consideration relevant UK professional and regulatory requirements;
- Develop and implement policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm; and
- Report to the council of governors, identifying any matters in respect of which it considers that action or improvement is needed and making recommendations as to the steps to be taken.

C.3.3. The council of governors should take the lead in agreeing with the audit committee the criteria for appointing, re-appointing and removing external auditors. The council of governors will need to work hard to ensure they have the skills and knowledge to choose the right external auditor and monitor their performance. However, they should be supported in this task by the audit committee, which provides information to the governors on the external auditor’s performance as well as overseeing the NHS foundation trust’s internal financial reporting and internal auditing.
C.3.4. The audit committee should make a report to the council of governors in relation to the performance of the external auditor, including details such as the quality and value of the work and the timeliness of reporting and fees, to enable to council of governors to consider whether or not to re-appoint them. The audit committee should also make recommendation to the council of governors about the appointment, re-appointment and removal of the external auditor and approve the remuneration and terms of engagement of the external auditor.

C.3.5 If the council of governors does not accept the audit committee’s recommendation, the board of directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the council of governors has taken a different position.

C.3.6. The NHS foundation trust should appoint an external auditor for a period of time which allows the auditor to develop a strong understanding of the finances, operations and forward plans of the NHS foundation trust. The current best practice is for a three- to five-year period of appointment.

C.3.7. When the council of governors ends an external auditor’s appointment in disputed circumstances, the chairperson should write to Monitor informing it of the reasons behind the decision.

C.3.8. The audit committee should review arrangements that allow staff of the NHS foundation trust and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters. The audit committee’s objective should be to ensure that arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action. This should include ensuring safeguards for those who raise concerns are in place and operating effectively. Such processes should enable individuals or groups to draw formal attention to practices that are unethical or violate internal or external policies, rules or regulations and to ensure that valid concerns are promptly addressed. These processes should also reassure individuals raising concerns that they will be protected from potential negative repercussions.

C.3.9. A separate section of the annual report should describe the work of the committee in discharging its responsibilities. The report should include:

- the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed;
- an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and
- if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.
Project Update Document

<table>
<thead>
<tr>
<th>Project:</th>
<th>External Audit</th>
<th>Contract Type:</th>
<th>Direct Award/Mini-Comp under NOECPC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager and Owner:</td>
<td>Steve Hackett</td>
<td>Status:</td>
<td>V1.2</td>
</tr>
<tr>
<td>Procurement Lead:</td>
<td>Lisa Tearney</td>
<td>Version:</td>
<td>1</td>
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<tr>
<td>Directorate:</td>
<td>Finance</td>
<td>Author:</td>
<td>Lisa Tearney</td>
</tr>
<tr>
<td>Version Date:</td>
<td>06/07/2020</td>
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</table>

This project initiation document is a logical document that brings together the key information needed to start a project on a sound basis. It provides clarity on why the project is required, what the goals of the project are, identifies the milestones and who will be involved with their relative responsibilities. It is a method to agree a way forward and ensure clarity between parties preventing issues at later stages. It is the basis of project management and an assessment of the overall success of the project.

1. Project Summary
2. Goals and Benefits
3. Responsibilities
4. Project Plans – Key milestones
5. Project summary

1. Project Summary
This procurement is intended to re-procure the external audit service required by The Rotherham NHS Foundation Trust.

The current external auditors are Price Waterhouse Coopers (PWC) and the contract is due to expire on the 30th September 2019.

The cost of external audit services per annum is approximately £84k.

There are many companies that can provide external audit services and as the spend is above the OJEU threshold it is recommended to use the North of England Commercial Partnership Collaboration (NOECPC), where the Trust can carry out a mini-competition or direct award, significantly reducing the time to appoint a contractor. The framework also allows for standard terms to be used and removes an element of risk of a procurement challenge related to the OJEU aspects of the procurement.

The contractors that the Trust can invite to tender under this agreement are:
Deloitte LLP
Ernst & Young LLP
Grant Thornton LLP
KPMG LLP
Mazars LLP

During January 2020 the Trusts Procurement department engaged in soft market testing with the suppliers for external Audit due to issues with the Trusts incumbent supplier PwC. As part of this
testing all the suppliers, with the exception of Mazars LLP, indicated that they would not bid for any future work for The Rotherham NHS Foundation Trust in respect of External Audit services. This was due to the additional requirements in relation to auditors and the burden and risk these organisations now faced, along with the conflict of interest that this may create the suppliers in “selling” consultancy services to the Trust in the future.

A pricing benchmark exercise has been conducted based on the framework prices. Using the last contract as the benchmark, Mazars costs for the same number of days as identified by PWC will be comparable to the costs identified by PWC in 2016.

As such the Procurement recommendation is to undertake a Direct Award to Mazars LLP, in line with the guidelines of the Framework Agreement.

2. Goals and Benefits

- The primary objective is to procure a contractor by 01/10/2020.
- To ensure compliance with the OJEU regulations when procuring a contract.
- To ensure the external audit service is delivered to an agreed standard throughout the contract duration.
- To deliver VFM throughout the contract duration.

3. Responsibilities

Project Organisation

3.1 Project Team

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Name</th>
<th>Role</th>
<th>Core or Feed members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance</td>
<td>Director of Finance</td>
<td>Project Lead</td>
<td>Core member</td>
</tr>
<tr>
<td>Finance</td>
<td>Head of Financial services</td>
<td>Team Member</td>
<td>Core member</td>
</tr>
<tr>
<td>Corporate Governance</td>
<td>Company Secretary</td>
<td>Team Member</td>
<td>Core member</td>
</tr>
<tr>
<td>Procurement</td>
<td>Lisa Tearney</td>
<td>Procurement Lead</td>
<td>Core member</td>
</tr>
<tr>
<td>Procurement</td>
<td>Paul Ralston</td>
<td>Procurement</td>
<td>Feed Member</td>
</tr>
</tbody>
</table>

Project Manager (if needed)

- Ultimately responsible to ensure the project is on track.
- Identifying risks and mitigations.
- Ensuring action plans are in place for issue resolution.
- Identification of Project Team members.
- To provide the written specification document.
- Provide final sign off of tender documentation.

Procurement Lead

- Identifying the tasks required for successful procurement.
- Management of the procurement process.
- All communication with suppliers.
- Identifying legal risks and mitigations on procurement.
- Produce a signed contract document.
All will be involved in:

- Development of the Procurement documentation:
  Memorandum of Information
  Service Specification

- Communication:
  Responsible for communication of project progress within the wider Directorate/Trust to ensure that all key personnel are engaged.
  Responding to communications.

4. Programme

<table>
<thead>
<tr>
<th>Task</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Commence review of NOECPC framework for compatibility to Trust requirements</td>
<td>01/06/20 – 26/06/20</td>
</tr>
<tr>
<td>2. Preparation of base documents</td>
<td>29/06/20 – 1/07/20</td>
</tr>
<tr>
<td>3. Initial contracts document completed. Will include as a minimum Specification and Terms and conditions</td>
<td>3/07/20</td>
</tr>
<tr>
<td>4. Council of Governors approval to proceed</td>
<td>July Council of Governors</td>
</tr>
<tr>
<td>5. Final contract documents completed. In addition to point 3, will also include KPI’s, performance management structure and final pricing:</td>
<td>20/07/20 – 15/08/20</td>
</tr>
<tr>
<td>Direct award confirmed</td>
<td>15/08/20 – 28/08/20</td>
</tr>
<tr>
<td>Provisional Award &amp; Standstill (10 days)</td>
<td>31/08/20 – 11/09/20</td>
</tr>
<tr>
<td>Due Diligence</td>
<td>14/09/20 – 21/09/20</td>
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<tr>
<td>Final Award - Contract Documentation &amp; Signature</td>
<td>25/09/20</td>
</tr>
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<td>Contract Commencement</td>
<td>01/10/20</td>
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</tbody>
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Project Reporting

5.1 Project Summary

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<tr>
<th>Meeting</th>
<th>Agenda</th>
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</tr>
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<tr>
<td>Commence Tender package and contract preparation</td>
<td>Jan 2020</td>
<td></td>
</tr>
<tr>
<td>Pre-start meeting</td>
<td>Project Plan sign off and specification draft</td>
<td>Jan 2020</td>
</tr>
<tr>
<td>Project meeting</td>
<td>Specification review and contract terms proposed</td>
<td>April 2020</td>
</tr>
<tr>
<td>Project Meeting</td>
<td>Specification approval, call off documents confirmed</td>
<td>July 2020</td>
</tr>
<tr>
<td>Review</td>
<td>August 2020</td>
<td></td>
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<td>-----------------------------</td>
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<tr>
<td>Direct award</td>
<td>Agreement final contract documents, KPI frequency and performance management meetings</td>
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<td>Contract</td>
<td>September 2020</td>
<td></td>
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<tr>
<td>Award of Contract</td>
<td>Contract approval before issued to successful bidder</td>
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## Council of Governors
### 15 July 2020

<table>
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<tr>
<th>Agenda item</th>
<th>59/20</th>
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<td>Report</td>
<td>Finance Report</td>
</tr>
<tr>
<td>Executive Lead</td>
<td>Steve Hackett, Interim Director of Finance</td>
</tr>
<tr>
<td>Link with the BAF</td>
<td>B8 and B9: This report provides assurance regarding the financial out-turn results for the two-months period ending 31st May 2020 against the Trust’s requirement to deliver a break-even position in line with national guidance.</td>
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</tbody>
</table>

### Purpose

<table>
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<tr>
<th>Decision</th>
<th>To note</th>
<th>Approval</th>
<th>For information</th>
</tr>
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The report provides details of:

- Sections 1 to 4 – Financial Performance 2020/21

  This includes details of financial results for the two months ending 31st May 2020 in terms of:

  - Income and expenditure account;
    - £7K deficit position as at 31st May 2020, as required by NHSE/I;
    - After accounting for £3,461K COVID-19 expenditure; and
    - Additional Top-Up income of £6,438K.
  
  - Capital expenditure;
    - £745K incurred in month and £1,819K year to date, which is £601K above plan;
    - This includes £894K of COVID-19 related expenditure year to date, which the Trust expects to be reimbursed for nationally.
  
  - Cash
    - A closing cash position at 31st May 2020 of £24,184K as a consequence of the revised arrangements to compliment the emergency planning framework.

### Recommendations

It is recommended that the Council of Governors note the out-turn position for the financial year 2019/20.

### Appendices

1. Income & Expenditure Account Summary for Month 2 2020/21 (May 2020)
2. COVID-19 Expenditure Subjective Summary for Month 2 2020/21 (May 2020)
3. Capital Expenditure Summary for Month 2 2020/21 (May 2020)
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.

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<th>In Month Actual £000s</th>
<th>In Month Variance £000s</th>
<th>YTD Plan £000s</th>
<th>YTD Actual £000s</th>
<th>YTD Variance £000s</th>
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<td>(7)</td>
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<td>1,218</td>
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<td>22,827</td>
<td>1,357</td>
<td>24,184</td>
<td>22,827</td>
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2. **Income & Expenditure Account**

2.1 In line with national guidance, the Trust has set itself a break-even plan for the first four months of the financial year 2020/21.

2.2 For the two months ending 31st April 2020 The Trust has delivered a £7K deficit position in line with this plan, which is after taking account of COVID-19 related expenditure of £3,461K. This has been offset by Additional Top-Up value payments of £2,179K above the value assumed in the Trust’s emergency plan. The Trust will expect that this level of Top-Up payments will be fully reimbursed by NHSE/I.

2.3 The deficit of £7K relates to depreciation on donated asset which does not count against the NHS funding control total and hence, when excluded the Trust is showing the break-even position required by NHSE/I.

2.4 A summary of May 2020 financial position is shown in Appendix 1, which shows that:

(a) NHS clinical income is above plan in month by £532K and £1,624K year to date, as the Trust is requesting £2,179K additional Top-Up payments to help fund the additional costs of COVID-19. This is made up of £1,634K not initially required as part of the Trust’s initial emergency financial plan (excluding COVID-19) together with a further £545K to enable the Trust to break-even in accordance with national requirements and expectations. Total Top-Up payments expected up to 31st May 2020 total £6,438K, with April’s Top-Up payment of £3,548K having being paid in full during June 2020.

(b) These Top-Up values are being offset by £601K of identified income risks brought into account from 2019/20, together with under-performance in other areas, but primarily linked to road traffic accidents and other insurance reclaimable amounts (£92K).

(c) Other operating income is behind plan both in month by £110K and year to date by £229K. This is primarily related to a loss of car parking income, which is directly related to COVID-19. Patients and visitors have not been charged for...
parking since mid-March 2020, with staff charges being waived part way through April 2020.

(d) Pay costs are over-spending both in month by £762K and year to date by £1,189K. This is primarily related to the additional costs of COVID-19. Whilst services in the Trust have been significantly curtailed, additional staff costs have been necessarily incurred in anticipation of the increased safety and quality issues that need to be addressed in dealing with this cohort of patients.

(e) This month non-pay costs are under-spending by £293K but over-spending by £298K year to date, The Trust incurred significant costs on personal protective equipment and other medical equipment in April 2020, which have significantly reduced during May 2020, with under-spend on other non-pay costs continuing due to the significantly reduced levels of normal activity.

(f) Non-operating costs relates mainly to lower than planned depreciation and amortisation of fixed asset values.

2.5 Details of COVID-19 related expenditure is similarly shown in appendix 2. This shows that:

(a) COVID-19 related expenditure has been incurred and recorded in accordance with the latest guidance issued by NHSE/I.

(b) These figures reported here are consistent with the analysis submitted to NHSE/I included within the monthly monitoring return summarising financial performance.

(c) Costs are identified and recorded against each separate part of the organisation. These are incremental costs above existing budgets/costs, with the exception of £788K related to staff sickness costs calculated in relation to staff who are self-isolating, shielding, etc. reported in April 2020. These costs are no longer to be separately identified for NHSE/I and hence, this value has been reversed in the May 2020 numbers and explains why the pay costs shown in month are so low both actually and in comparison to the year to date position.

(d) Non-pay costs include c. £1,299K related to central procurement of personal protective equipment and other non-capital equipment, some of which will have been distributed to other organisations under national procurement initiatives.

3. Capital Expenditure

3.1 Details of capital expenditure incurred in April and May 2020 is shown in Appendix 3 – a total of £745K in month and £1,819K year to date, resulting in a cumulative over-spend of £601K (49%).

3.2 Within these figures is COVID-19 related expenditure of £894K across Estates, medical equipment and information technology requirements that are expected to be approved and funded nationally via receipt of additional PDC in year.

4. Cash

4.1 At the same time as new financial planning guidance was issued nationally in March 2020, accompanying guidance was also issued regarding cash management. This was on the basis that provider organisations should have certainty regarding cash inflows during the first four months’ emergency plan phase.
4.2 To facilitate this, commissioners and NHSE/I central have been required to make payments to providers upfront in April 2020 and monthly thereafter, effectively paying a month in advance on Block Contract and Top-Up payments.

4.3 Additional Top-Up payments for additional costs (COVID-19 related together with reasonable business as usual costs) incurred above these monthly income levels will be payable two months in arrears i.e. payable in June 2020 for April 2020, etc.

4.3 At the same time the Trust is to endeavour to pay its suppliers within 7 working days, which is still subject to internal authorisation processes. However, against this background the Trust had a closing cash balance at 31st May 2020 of £24,184K.

4.4 The Trust’s cash balance has remained this high whilst reducing its trade and other payables (creditors) by £8,945K as it has received the cash payment for the non-recurrent financial support monies due from quarter 4 of 2019/20 financial year totalling £10,139K.

Steve Hackett
Interim Director of Finance
26th June 2020
## Appendix 1 – Income & Expenditure Account Summary for Month 2 2020/21 (May 2020)

<table>
<thead>
<tr>
<th>Summary Income and Expenditure Position</th>
<th>Monthly Position (May - Month 2)</th>
<th>Year to Date Position</th>
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<tr>
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<td>£000s</td>
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<td>0</td>
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<td>Elective Day Case</td>
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<tr>
<td>Non Elective Income</td>
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<td>Emergency Department</td>
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<td>Outpatients</td>
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<tr>
<td>Other Clinical Income</td>
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<td><strong>Total NHS Clinical Income</strong></td>
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<td>Other Operating Income</td>
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<td><strong>EXPENDITURE</strong></td>
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<td>Total Non-Pay Costs</td>
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<td><strong>Total Operating Costs</strong></td>
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<td>Non-Operating Costs</td>
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### Appendix 2 – COVID-19 Expenditure Subjective Summary for Month 2 2020/21 (May 2020)

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<th>Summary Income and Expenditure Position</th>
<th>Monthly Position (May - Month 2)</th>
<th>Year to Date Position</th>
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<td>Non Elective Income</td>
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<td>Emergency Department</td>
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<td>Outpatients</td>
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</tr>
<tr>
<td>Critical Care Services</td>
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</tr>
<tr>
<td>Community Services Income</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Excluded Drugs</td>
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</tr>
<tr>
<td>Other Clinical Income</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total NHS Clinical Income</strong></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other Operating Income</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Provider Sustainability Fund (PSF)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>EXPENDITURE</strong></td>
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<td><strong>Total Operating Costs</strong></td>
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<tr>
<td>EBITDA</td>
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<td>Non-Operating Costs</td>
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## Appendix 3 – Capital Expenditure Analysis for Month 2 2020/21 (May 2020)

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<tr>
<th>In Month</th>
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<th>Actual</th>
<th>(Above) Below Plan</th>
<th>Description</th>
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<td>£000s</td>
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<td>Replace Core Network Infrastructure</td>
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<td>Clinical Noting</td>
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<td>Medical Equipment</td>
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<td>308</td>
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<td>319</td>
<td>Total Medical &amp; Other Equipment</td>
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<td>Estates COVID 19</td>
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<td>22</td>
<td>0</td>
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<tr>
<td>0</td>
<td>128</td>
<td>(128)</td>
<td>IT COVID 19</td>
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<td>0</td>
<td>135</td>
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<tr>
<td>63</td>
<td>529</td>
<td>(466)</td>
<td>Total Other</td>
<td>609</td>
<td>63</td>
<td>894</td>
</tr>
<tr>
<td>1,218</td>
<td>745</td>
<td>472</td>
<td>Total Capital Expenditure Programme</td>
<td>7,092</td>
<td>1,218</td>
<td>1,819</td>
</tr>
</tbody>
</table>
The Finance & Performance Committee (FPC) meets monthly with its last meeting taking place on 24 June 2020. Due to the impact of COVID-19 this meeting was a virtual meeting using Zoom.

The main areas of scrutiny being:

(a) Financial performance in 2019/2020, focusing on why the Trust did not meet the year-end financial plan.

(b) Financial performance for 2020/21 specifically:
   (i) Ensuring the Trust is delivering against the financial plan
   (ii) Capital expenditure
   (iii) Cash and working capital

A separate report on the year to date financial performance is on the agenda for the July Governor’s meeting.

Funding for the first 4 months of the year is on an emergency footing across the NHS due to the Covid pandemic. Focus has therefore been on ensuring that the first 4 months comply with this new regime. There is currently no guidance on how the remainder of the year will be funded.

Learning from the issues that resulted in failing to meet the year end financial plan there has been scrutiny of the additional controls and processes that have been implemented since the year end and those that are yet to be implemented.

(c) Operational performance in year, primarily looking at:
   (i) COVID-19 ward reconfigurations and how the Trust begins to move into the second phase of COVID-19
   (ii) UECC Access Standards and the new “field test” pilot
   (iii) Cancer 62-days target
   (iv) Referral to treatment times (18 weeks’ target) and total waiting list size
   (v) Diagnostic waits (6 weeks’ target)
(vi) Winter Planning

Prior to the Covid pandemic the Trust had made significant improvements in meeting the cancer targets and was meeting the diagnostic targets. COVID-19 will mean that many of these metrics will not be met due to step down in activity to prepare the hospital to deal with the pandemic. However there have been some areas where we have seen improvement during the pandemic such as in UECC and focus will be on how we retain these areas of new working and improvement as the Trust moves into the recovery phase.

(d) The Operational Plan and the performance of the specific enablers and objectives for this financial year are currently being prepared. Due to COVID-19 there has been a delay in finalising the objectives.

(e) The committee also scrutinised additional investments costing over £250k. These included the Catering and Outpatients Pharmacy contracts.
The Audit Committee met on 01 June 2020 as part of its annual cycle of meetings. Attending each meeting are representatives from the internal auditors (360 Assurance), external auditor (PwC) and counter fraud service provider (360 Assurance).

The Committee:

- Received the 2019/20 Annual Report and Accounts, which included the Annual Governance Statement.
- Received the final 2019/20 Head of Internal Audit Opinion and the Annual Report.
- Reviewed the Board Assurance Framework (BAF).
- Reviewed the Trust’s risk register items scoring 15 and above.
- Considered a report outlining the current status of the operational plan objectives and milestones aligned to the Committee.
- Received reports from the Director of Finance including, Losses & Compensations, Single Tender Waivers and SFI breaches.
- Monitored progress against implementing the agreed annual accounts audit recommendations.

**External Audit**

The Trust has sought to re-procure the external audit service contract. Only one company has confirmed that they would be in a position to provide the service - Mazars LLP. It is formally requesting that the Council of Governors support the appointment of Mazars LLP.
COUNCIL OF GOVERNORS’ MEETING: 15 July 2020

Agenda item: 60/20iii

Report: Report from Quality Committee

Presented by: Mark Edgell, Non-Executive Chair of the Committee
Author(s): As above

Action required: For noting

Obviously COVID-19 has dominated the agenda in recent months as well as currently, but the Quality Committee has sought to keep focus on ongoing quality issues. Quality of care remains a priority and measures are being taken to ensure that this continues to be maintained, enhanced, monitored and reported. We are also keen to ensure that newly identified ways of working that improve quality are continued where possible.

The issues on which we have expended most attention are:

COVID
We have been seeking assurance that patients, visitors and staff are being kept as safe as possible, including that we are optimising infection prevention and control, such as through ensuring appropriate PPE is available and used and that there is a rigorous testing regime. We have also been assured that the quality of care is maximised as far as possible, including patients reaching the end of their lives and those with other symptoms such as dementia. It would appear that generally the Trust has adapted very well to the changing demands of COVID.

Infection Prevention and Control
NHS England and NHS Improvement have recently sent out a Board Assurance Framework to Trusts. Completion is not compulsory but we were pleased to see this being used by TRFT as a source of internal assurance to maintain quality standards.

Non-COVID Patients
The Committee has been testing-out the way in which the Trust is getting patient care back up and running. This is where patient care had to be postponed due to COVID, including unavoidable reductions in cancer care (where Trusts had been asked to maintain these). We have been impressed by examples we have heard, particularly in surgery, where patient waiting lists are being examined systematically and re-prioritised to ensure that those patients with the most urgent needs are being seen first.

Quality Improvement Priorities
The Committee has spent some time challenging the lack of tightness, clarity and focus with the 9 quality improvement priorities. Some progress has been made which has limited the overlap between them and this has made them more focused. While not perfect they do present a stretching and ambitious programme for the Trust this year and we will maintain attention on ensuring the outcomes from these priority actions are achieving the sorts of results we are looking for.
Care Quality Commission (CQC) preparation
During the COVID peak the Committee has reduced its attention on the Trust’s preparedness for a full CQC inspection. We have asked for the September Committee to receive a report on preparedness including evidence that we have appropriately responded to the must and should dos from the most recent inspection.

Serious Incidents (SI)
The Committee has expressed concern about the timeliness of the completion of SI reports. These present significant learning opportunities for the Trust and investigations should be undertaken in a timely way (although not unnecessarily rushed to achieve an arbitrary deadline). At present we have over 40 SI reports that are overdue for completion. COVID has, understandably, caused some delays but there were delays before this. The Committee has asked for this backlog to be reduced as quickly as can be and for evidence that learning is being effectively disseminated and acted on.

Mortality
The Hospital Standardised Mortality Ratio (HSMR) is currently at 116 and the Summary Hospital-level Mortality Indicator (SHMI) at 119. These continue to be statistically significantly higher than expected, but appear to be on a downward trend. Some omissions in the denominator have, we think, been put right and will feed through and reduce the ratios over the next few months, but our mortality will still be higher than expected. We remain concerned about the level of mortality, although assured by the mortality review process that the Medical Director has put in place. We continue to focus our attention on issues related to quality of care.
The People Committee meets monthly with its last meeting taking place on 19 June 2020. Due to the impact of COVID-19 this meeting was a virtual meeting using Zoom.

The main areas of scrutiny being:

**Operational Objectives**
The Executive Committee are currently finalising this year’s operational objectives. Once finalised the People Committee will oversee the workforce objectives.

**Workforce indicators**
- Turnover during May 2020 was 0.55% (99.45% retention) which is a 0.21% improvement against May 2019.
- The Trust’s sickness absence for May 2020 was 3.61% (excluding COVID 19 absence) which is a 0.52% improvement compared to April 2020.
- Sickness rate including COVID-19 is 6.46% May 2020, a decrease of 0.96% compared to previous month.
- The Trust’s core MaST compliance for May 2020 has decreased slightly to 90%.
- The 12 month rolling Personal Development Review (PDR) compliance is currently 72.07% against a 90% target.

**Covid-19**
The Trust has a number of support mechanisms in place for colleagues during the Covid-19 pandemic. These include help from the dedicated Covid-19 helpline, occupational health, chaplaincy support, wobble room, mindfulness etc.

In relation to support for Black and Minority Ethnic (BAME) colleagues, letters were sent by Steve Ned, Director of Workforce, individually to every member of staff employed by the Trust who has identified themselves as BAME on our electronic staff record system highlighting a new risk assessment framework and inviting colleagues to make an appointment with their line manager for a risk assessment.

**Medical Workforce**
The Trust has appointed a number of consultants. There are some delays to start dates due to air travel. Interviews are currently taking place through MS Teams.
Engagement, Learning and Development
Face to face training has stopped, however, learning and development continue to deliver a comprehensive development programmes, induction, and PDR support— all available via the Hub/TEAMS/or Bespoke.

Planning is underway for the 2021/22 appraisal process as part of Our People Strategy and Our Talent Management implementation with a soft launch planned for Autumn 2020.

Three Trust Apprentices have won awards at RNN College for their outstanding efforts. Wendy Jarvis (Assistant Practitioner), Shane Atkins (Assistant Practitioner) and Colette Ashforth (Senior Healthcare Support Worker) won the “Principal’s Award”, the “Above and Beyond” and “Amazing Attitude” awards respectively.

Staff Survey
Due to Covid-19 the Trust has been delayed in implementing the intended staff survey action plans. The Trust is part of an initiative with NHSE/I to look at issuing pulse surveys to gain feedback from colleagues during the pandemic. At this moment in time it is anticipated that the national staff survey will take place in October this year but is likely to differ from previous years.

Equality, Diversity & Inclusion (EDI)
The Trust got actively involved NHS Virtual Pride, publicising widely via social media and flying the flag for the first time.

The EDI blogspace was launched in June and has been well received; it is hoped that this will encourage other staff network (BAME, LGBT+ and Disability) members to participate in raising awareness of different challenges / views and initiate actions across the organisation and community improve both the patient and employee experience.

Understanding Privilege and Becoming Anti-Racist – is a training pilot which the Trust has developed; given the current training restriction it will be delivered virtually via Microsoft Teams and commenced at the end of June.

Following a rigorous application process, the Trust has been successfully selected by NHS Employers as one of their Diversity and Inclusion Partners for 2021. This programme will commence in June 2021. The partners programme supports participating health and social care organisations to progress and develop their equality performance and build an inclusive culture in the workplace over a period of 12 months.
## Agenda item 228/20

**Report**  
Integrated Performance Report – new report

**Executive Lead**  
Michael Wright, Deputy Chief Executive

**Link with the BAF**  
B1, B2, B10

### Purpose

<table>
<thead>
<tr>
<th></th>
<th>Decision</th>
<th>To note</th>
<th>Approval</th>
<th>For information</th>
</tr>
</thead>
</table>

Attached is the Integrated Performance Report (IPR) for May 2020, based on the proposed new version discussed at the June Board meeting, with Board feedback incorporated as appropriate. This version builds on the Trust’s previous IPR from 2019/20, and includes additional qualitative and quantitative information.

There are several points of information for the Board, to support this report.

1) **Metrics** – the Board is asked to note that these may develop in response to national developments. The NHS is currently going through a significant period of change, and as such, some of the previous national metrics are gradually being replaced with more relevant metrics. For example, the ‘Delayed Transfers of Care’ metric is expected to be replaced as the primary indicator of delayed discharge by a new ‘Right to Reside’ metric in future. This report will develop to reflect these changes as they are formalised.

2) **Data Quality Indicators** – the key to the data quality indicators is included below. As noted at last month’s meeting, the Data Quality Assurance statements are required to be performed, written and signed off by Executive owners for each indicator for this financial year, as part of a self-assurance process. Due to working restrictions there is a proposal that the Trust utilise the ‘our light’ version, which is promoted by NHS Digital as a product for Trusts in England to utilise. This product is known as STAR-Lite DQA, it still focuses on the six core data quality dimensions as per our original existing product but has been developed to enable self-assessment by Indicator Owners, thus avoiding the need for face to face assessments. The
Assurance Mark (KITE) has changed in format but is still based on the traffic light system and is as easy to follow and will still seem familiar to the board.

**Data Quality Key**

1 = Granularity: is there sufficient detail to make this easy to understand?

2 = Contemporaneous: is data available realtime / or within 24 hours of clinical event?

3 = Completeness: have all required elements been completed?

4 = Sign-off: is there a named responsible individual who will authorise the data as accurate and a true reflection?

5 = System/Data Source: is there a data capture tool / process that supports the capture of this information accurately and reliably?

6 = Auditable Process: is this a process that can be audited and has it been audited recently? i.e last 12 months

3) **Type of Standard** - the key is provided below. Note that one monthly CQC metric is not included this month - Cancelled operations as % of elective activity – and this is due to the significant reduction in the elective programme since Covid-19 impacted NHS Trusts. This metric will be included from M3.

L = Local (agreed within the Trust or with the CCG, usually based on previous historic performance)

B = Benchmark (agreed internally, based on peer benchmark values)

N = National (required by the NHS Constitution or other national performance standards)

CQC = CQC Indicator for Trust Composite Score. Note that there are 10 indicators within this CQC assessment, of which 7 are annually-derived or staff/patient survey metrics, and therefore, not included within this report.

4) **End of Year Forecasts** – these are included for key metrics only, as an indication of the expected trajectory to the end of the year. Forecasts will be updated monthly, and given the unpredictability around the impact of Covid-19, these are expected to change as the impact of the pandemic on future requirements becomes clearer.

5) **Escalation Reports** – there are 4 escalation reports provided this month. As mentioned previously, these escalation reports are not designed to be produced for every single monthly failure of a standard, but rather to recognise the key areas of
concern and challenge that the Trust needs to address, and ensure the Board are sighted on.

6) **SPC charts** – these are provided for over 20 metrics. The methodology used to produce these is captured in the final page. This methodology will be kept under review as an automated production tool is sourced.

7) **Targets** – Further detail on the methodology behind metrics, their targets and data sources, is available if required.

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>The Board is asked to note the contents of the report.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendices</td>
<td>Integrated Performance Report – May 2020</td>
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</tbody>
</table>
Integrated Performance Report – May 2020

Provided by

Business Engagement Team, Health Informatics
## Integrated Performance Report

### Performance Summary

<table>
<thead>
<tr>
<th>Quality</th>
<th>Operational Delivery</th>
<th>Finance</th>
<th>Workforce</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality</td>
<td>Planned Patient Care</td>
<td>Financial Position</td>
<td>Workforce Position</td>
<td>Acute</td>
</tr>
<tr>
<td>Infection Prevention &amp; Control</td>
<td>Emergency Performance</td>
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<td>Community Services</td>
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<tr>
<td>Patient Safety</td>
<td>Cancer Care</td>
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<tr>
<td>Maternity</td>
<td>Inpatient Care</td>
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<tr>
<td>Patient Feedback</td>
<td>Community Care</td>
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</table>

### CQC Domains

<table>
<thead>
<tr>
<th>Responsive</th>
<th>Effective</th>
<th>Safe</th>
<th>Caring</th>
<th>Well Led</th>
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</thead>
<tbody>
<tr>
<td>Planned Patient Care</td>
<td>Mortality</td>
<td>Infection Prevention &amp; Control</td>
<td>Patient Feedback</td>
<td>Workforce position</td>
</tr>
<tr>
<td>Emergency Performance</td>
<td>Inpatient Care</td>
<td>Patient Safety</td>
<td></td>
<td>Financial Position</td>
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<tr>
<td>Cancer Care</td>
<td></td>
<td>Maternity</td>
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<tr>
<td>Community Care</td>
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</table>
Operational Delivery

Urgent & Emergency Care:

Whilst we are not currently reporting the 4-hour standard due to being a Field Test pilot site, the published HES statistics evidence that the Trust’s Mean Total Time in A&E improved to its best level since October 2019 in April’s data. Similarly, the 3 core field test pilot metrics were all comfortably met. This was possible due to strong flow through the organisation, despite the need to cohort Covid-19 patients in appropriate beds. DTOCs were once again close to 0% for the month, and there were no 12 hour trolley waits, with a total of 3 ambulance handovers over 60 minutes (compared to 46 in the same month last year).

Effective Care:

From an inpatient perspective, activity remains very low at the Trust given the anaesthetic rota required to staff red and green critical care, but activity has been increased in June to ensure we can start dealing with the significant backlogs which have developed. Referral to Treatment performance dropped right down to 67% given the number of long-waters who have not been treated during the pandemic, although the overall size of the waiting list remains low compared to historically.

Cancer:

Cancer care remains a significant concern given the volume of patients now waiting for diagnostics or treatment, but capacity has been significantly increased in June with the revision to the NHS and British Society of Gastroenterologists (BSG) guidance on endoscopy. However, with nearly 300 patients on the PTL waiting for endoscopy procedures, there will be much longer waits than planned for these patients over the next few weeks. Use of the Independent Sector is being maximised wherever possible.

Outpatient care:

The positive trend within the DNA rate will be driven in part by the switch to more non-face-to-face consultation mediums. This positive change is one which the Trust is keen to continue, and teams are already focusing on establishing how to enable fewer face-to-face interactions within our outpatient activity.

Quality Summary

Mortality:

The Trust mortality comparative benchmark figures remain high. The planned change to recording methodologies (to ensure the Trust’s recording is as accurate as possible) will not be visible until we are reviewing April’s data in a month or two’s time. N.B. Covid-19 deaths will be removed from the SHMI until the end of July’s data (pending any further review).

Infection Prevention & Control:

Since late May, the Trust has treated 8 patients whereby their Covid-19 result was confirmed at least 15 days after their admission to hospital, and 9 patients between 8 and 14 days after admission. In line with national guidance, Root Cause Analyses will be carried out on all such infections acquired over 15 days. There have been two instances where asymptomatic staff are likely to have led to increased numbers of cases, but these were both identified and managed very rapidly, with no further action required.

Patient Safety:

The Trust experienced a Never Event in May, which has been communicated to the CCG and CQC. The preliminary investigation has been completed, with the full review to follow within the 60 day timescale. However, total patient harms remained low, in part possibly based on the lower volume of activity being delivered by the Trust. In addition, the proportionate number of complaints remained very low, and care hours per patient day continued to exceed target, at nearly 3 hours per day above the target. The VTE risk assessment completion levels remain well below previous levels, and as things stand, the mandatory field within Meditech has not corrected the previous issues with this metric.

Maternity:

Our midwifery teams continue to deliver an excellent service to expectant parents, with over 95% of antenatal appointments taking place within 90 days despite the current challenges around PPE and social distancing. Breastfeeding initiation has remained low, in part possibly based on the lower volume of activity being delivered by the Trust. In addition, the proportionate number of complaints remained very low, and care hours per patient day continued to exceed target, at nearly 3 hours per day above the target. The VTE risk assessment completion levels remain well below previous levels, and as things stand, the mandatory field within Meditech has not corrected the previous issues with this metric.

Workforce Summary

Recruitment:

There were 49 WTE starters in the month of May, including 16 Student Nurses, recruited as part of the initiative to retain Student Nurses during the Covid-19 pandemic. The Trust also recruited 17 staff into Additional Clinical Services roles. Although this was a fall from the previous month, it is almost double the number of staff (WTE) recruited in the same month last year.

Retention:

The month of May continued to show positive trends in key recruitment and retention metrics, with turnover at 0.55%. The nursing and midwifery vacancy figure of 116 also does not include a further 48 newly-qualified and aspirant nurses, meaning the overall vacancy figure is 69 WTE.

Sickness:

Sickness absence was also below trend when Covid-19 sickness was excluded, with an in-month net reduction of long-term cases of 19 (14%). This is the first time that sickness absence has been below target for over a year. However, with the inclusion of Covid-19 sickness, the rate rises to 6.5%, and some of this sickness may be replacing what would normally be counted within short-term sickness.

Mandatory and Statutory Training (MAST):

Despite the very busy recent period, MAST training remains above target at 90% in-month, although Fire Safety and Hand Hygiene are below target levels (this is due to the fact the face-to-face training has had to be postponed given Covid-19 and social distancing requirements). Medical and dental compliance is at 77%.

Personal Development Reviews:

PDR compliance is down to 72%, but this is expected due to the pause on PDR completion in order to ensure colleagues had appropriate time to deliver these effectively. The organisation is about to relaunch the PDR season for 2020/21, with a 2-month extension to the usual deadline of June.

Finance Summary

I&E Position:

In line with national guidance, the Trust has set itself a break-even plan for the first four months of the financial year 2020/21. For the two months ending 30th April 2020 the Trust has delivered a £7K deficit position in line with this plan, which is after taking account of -:-

- COVID-19 related expenditure of £3,461K;
- which has been offset by additional top-up value payments of £2,179K above the value assumed in the Trust’s emergency plan. However, this is only £545K above the maximum values allowable for reasonable expenditure to break-even and hence, the Trust will expect that this will be reimbursed in full by NHSE/I.

Capital Expenditure:

In May 2020 there was a total of £745K of capital expenditure incurred in month (£1,819K year to date), resulting in a cumulative over-spend of £601K (49%). Within these figures is COVID-19 related expenditure of £894K across Estates, medical equipment and information technology requirements that are expected to be funded nationally via receipt of additional PDC in year.

Cash position:

Cash management guidance issued at the start of the Covid-19 pandemic required provider organisations to have certainty regarding cash inflows during the first four months’ emergency plan phase. To facilitate this, commissioners and NHSE/I central have been required to make block contract and top-up payments to providers a month in advance, as well as reimbursing Covid-19 costs two months in arrears. Against this background the Trust had a closing cash balance at 31st May 2020 of £24,184K.
<table>
<thead>
<tr>
<th>KPI</th>
<th>Reporting Period</th>
<th>Type of Standard</th>
<th>Target</th>
<th>Previous Month (3)</th>
<th>Previous Month (2)</th>
<th>Previous Month (1)</th>
<th>Current Month</th>
<th>YTD 20/21</th>
<th>Same Month Prev. Yr</th>
<th>Forecast - Year End</th>
<th>Trend</th>
<th>Data Quality</th>
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<tr>
<td><strong>Planned Patient Care</strong></td>
<td></td>
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<tr>
<td>P1 Waiting List Size</td>
<td>May-20</td>
<td>L</td>
<td>12,796</td>
<td>15,384</td>
<td>14,594</td>
<td>12,727</td>
<td>12,796</td>
<td>12,796</td>
<td>15,459</td>
<td>14,594</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P2 Referral to Treatment (RTT) Performance</td>
<td>May-20</td>
<td>N</td>
<td>92%</td>
<td>91.0%</td>
<td>86.4%</td>
<td>77.1%</td>
<td>67.1%</td>
<td>72.1%</td>
<td>92.6%</td>
<td>75%</td>
<td></td>
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<tr>
<td>P3 Overdue Follow-Ups</td>
<td>May-20</td>
<td>L</td>
<td>8,721</td>
<td>10,637</td>
<td>11,211</td>
<td>12,247</td>
<td>12,727</td>
<td>8,721</td>
<td>8,721</td>
<td>7,518</td>
<td>6,325</td>
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<tr>
<td>P4 First to follow-up ratio</td>
<td>May-20</td>
<td>B</td>
<td>2.5</td>
<td>2.5</td>
<td>2.9</td>
<td>3.0</td>
<td>3.0</td>
<td>2.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P5 Day case rate (%)</td>
<td>May-20</td>
<td>B</td>
<td>80%</td>
<td>80.7%</td>
<td>80.1%</td>
<td>68.5%</td>
<td>70.9%</td>
<td>68.8%</td>
<td>81.9%</td>
<td></td>
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</tr>
<tr>
<td>P6 Diagnostic Waiting Times (DM01)</td>
<td>May-20</td>
<td>N</td>
<td>1%</td>
<td>0.0%</td>
<td>8.6%</td>
<td>73.6%</td>
<td>70.4%</td>
<td>72.0%</td>
<td>0.1%</td>
<td>1%</td>
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<tr>
<td><strong>Emergency Performance</strong></td>
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</tr>
<tr>
<td>E1 Number of Ambulance Handovers &gt; 60 mins</td>
<td>May-20</td>
<td>CQC</td>
<td>0</td>
<td>167</td>
<td>23</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>46</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E2 Number of 12 hour trolley waits</td>
<td>May-20</td>
<td>N</td>
<td>0</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
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<tr>
<td>E3 Conversion rate from A&amp;E (not including Observations)</td>
<td>May-20</td>
<td>-</td>
<td>-</td>
<td>20.5%</td>
<td>22.0%</td>
<td>30.6%</td>
<td>24.3%</td>
<td>27%</td>
<td>20%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E4 Proportion of same day emergency care</td>
<td>May-20</td>
<td>L</td>
<td>33%</td>
<td>26.6%</td>
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<td>Ca1 2 Week Wait Cancer Performance</td>
<td>Apr-20</td>
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<td>Ca2 2 Week Wait Breast Symptoms</td>
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<td>N</td>
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<td>Ca3 31 day first treatment</td>
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<td>Ca4 62 Day Performance</td>
<td>Apr-20</td>
<td>N</td>
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<td>Ca5 62 day Patient Tracking List Size</td>
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<td>L</td>
<td>800</td>
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<td>Ca6 28 day faster diagnosis standard</td>
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<td>I1 Mean Length of Stay - Elective</td>
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<td>-</td>
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<td>I2 Mean Length of Stay - Non-Elective</td>
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<td>I3 Length of Stay &gt; 7 days (Proportion discharged)</td>
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<td>21%</td>
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<td>I4 Length of Stay &gt; 21 days (Proportion discharged)</td>
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<td>5.4%</td>
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<td>I5 Length of Stay &gt; 21 days (Snapshot Numbers)</td>
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<td>I7 Discharges before midday</td>
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<td>O1 Did Not Attend Rate (OutPatients)</td>
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<td>O2 Appointment Slot Issues</td>
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<td>O3 % of missing outcomes</td>
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<td>19.1%</td>
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<td>CC1 MusculoSkeletal Physio &lt;4 weeks</td>
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<td>CC2 % urgent referrals contacted within 2 working days by specialist nurse (Contin)</td>
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<td>95%</td>
<td>81%</td>
<td>65%</td>
<td>88%</td>
<td>50%</td>
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<td>CC3 A&amp;E attendances from Care Homes</td>
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<td>133</td>
<td>166</td>
<td>109</td>
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<td>CC4 Admissions from Care Homes</td>
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<td>CC6 Patients assessed within 5 working days from referral (Diabetes)</td>
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# Trust Integrated Performance Dashboard - Quality

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<th>Type of Standard</th>
<th>Target</th>
<th>Previous Month (3)</th>
<th>Previous Month (2)</th>
<th>Previous Month (1)</th>
<th>Current Month</th>
<th>YTD 20/21</th>
<th>Same Month Prev. Yr</th>
<th>Forecast Year End</th>
<th>Trend</th>
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<td>M1 Mortality index - SHMI</td>
<td>Dec-19</td>
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<td>M3 Number of deaths (crude mortality)</td>
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<td><strong>Infection, Prevention and Control</strong></td>
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<td>TBC - not yet received</td>
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<td>PS1 Incidents - severe or above</td>
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<td>PS5 Venous Thromboembolism (VTE) Risk Assessment</td>
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<td>PS6 Number of complaints per 10,000 patient contacts</td>
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<td>PS7 Proportion of complaints closed within 30 days</td>
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<td>PS8 Care Hours per Patient Day</td>
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<td>6.8</td>
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<td>Ma1 Antenatal appointments within 90 days</td>
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<td>Ma2 % of emergency Caesarean-sections</td>
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<td>W1 Whole Time Equivalent against plan - Total</td>
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<td>-272</td>
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<td>W4 Vacancy Rate - TOTAL</td>
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<td>W7 Sickness Rates (%) - exc COVID related</td>
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<td>W8 Sickness Rates (%) - inc COID related</td>
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<td>W10 Appraisals complete (%)</td>
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<td>W11 MAST (% of staff up to date)</td>
<td>May-20</td>
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Trust Integrated Performance Dashboard - Finance

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<th>In Month</th>
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<th>YTD</th>
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<th>YTD</th>
<th>Forecast</th>
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<td>Cash Balance</td>
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<td>24,184</td>
<td>22,827</td>
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Forecasts have not yet been completed due to the unique contractual payment system we are currently operating under. A forecast is due to take place in M4, for reporting at the M5 Board meeting.
Ambulance Handovers - % of handovers > 60 minutes

Zero tolerance communicated
Trust became field test pilot site on 23rd May with revised Urgent and Emergency Care standards in place

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

Covid-19 pandemic forced cancellation of significant volumes of activity

12 hour trolley waits - per month

Significant increase in proportion of non-face-to-face appointments due to Covid-19 pandemic

Length of Stay > 21 days (proportion of patients discharged)
Cancer 2 week wait standard

Cancer 2 week wait breast symptoms standard

Cancer 62 day first treatment standard

Diagnostics - % of breaches over 6 weeks (DM01)

Covid-19 pandemic forced cancellation of significant volumes of activity
The Standardised Hospital Mortality Indicator (SHMI) shows a steady increase from May 2018 to May 2020, with a notable peak in April 2020. Similarly, the Hospital Standardised Mortality Ratio (HSMR) also indicates a rising trend during the same period, especially a significant spike in April 2020.

Covid-19 pandemic peaked in Rotherham in April, leading to higher numbers of deaths than otherwise expected.

The Crude Mortality chart illustrates the number of deaths, showing an increase over the years, with a sharp rise in April 2020 due to the pandemic.

The Incidents chart, indicating severe or above incidents, fluctuates with a noticeable increase in April 2020, correlating with the pandemic.
Covid-19 pandemic has meant the closure of a number of beds and significantly lower bed occupancy figures, meaning nurse:patient ratios have improved.
Covid-19 pandemic has introduced significant additional short-term (self-isolation) and long-term (shielding) sickness

Aspirant nurses working at the Trust as part of Covid-19 response included in Trust overall workforce figures

Decision made to stop face-to-face MAST training and relax expectations for clinicians directly involved in Covid-19 response for a short period
Patient Feedback Tweets May/June

The Early pregnancy unit and the Chaplaincy team have been outstanding helping me and my husband through this difficult time. The care and compassion the staff gave us even with the restrictions due to covid-19, I couldn't have asked for anything more. Thank you so much x

Absolutely amazing staff, I cannot thank the labour ward enough for the delivery of our beautiful little girl, you are all amazing and wonderful at what you do. Thank you all very much

I lost my dad last week to covid19 myself and 2 family members were also tested positive 3 out of the 4 required hospital admission I can’t fault the care my family member who died received from the staff on B5 and the doctor looking after them who rang me at home to discuss the situation the staff are doing a fantastic job in a difficult situation as a member of staff at The Rotherham Nhs Foundation Trust Community Nursing service I am proud to be a staff member

My uncle as passed due to contracting covid on your ward when he was initially admitted with tachycardia. He was placed on covid ward where patients was government letter and you put him at risk. He lost his life not long after. His wife is now showing symptoms of covid and you are refusing to test just she as been in contact with someone who tested positive!

Over the last few week my dad has been really poorly I just want to say a massive thank you to a very special lady for everything you have done for my dad 😊 you’ve gone above and beyond for him especially at a time like this putting yourself in danger to save others, not only for my dad but thank you for been out there on the frontline 🌈 👑 THANKYOU

NHS 🤵‍♀️ ✨ #NHS #A1

After being in rotherham hospital for nearly 2 weeks my son has bravely fought covid19 thanks to him for fighting this awful virus and thanks to the excellent care he has received from the doctors and nurses on ward A2 and A5 his only complaint was some of the food welcome home mark at least a bit of good news we have had over the last 3 weeks
Escalation/Assurance Report

Metric Requiring Improvement: Mortality index - HSMR (Rolling 12 months)  
Type of Standard: National Benchmark  
Assurance Committee: Quality  
Latest Data Period: March 2020

Performance:

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Driver for Underperformance:
- **Counting:** The Trust has not historically recorded ‘observations’ from A&E (where patients are assessed and treated in an assessment area such as AMU) as non-elective admitted activity. As such, none of these patients count within the Hospital Standardised Mortality Ratio calculation. This is in contrast to most other trusts, where similar patients would be counted within their non-elective admissions figures. This negatively impacts our HSMR all year, with estimates suggesting it could have an 8-12 point impact on our HSMR (full-year impact).
- **Clinical Care:** The Trust continues to outlie in a few specific groups, where deaths are significantly higher than expected. These are being investigated with support from Dr Foster.

Actions to Deliver Improvement:
- From 1st April, Inpatient Observation activity is flowing to the activity submission as non-elective admitted activity. This will have a gradual impact from review of the April data onwards, but given the time lag for receipt of data and the required cumulative impact of the change, this is unlikely to be noticeable for a few months.
- The Executive Medical Director is developing more intelligence around Mortality than the Trust has had previously, in order to inform clinical service planning across the organisation.
- The recently-appointed Medical Examiner (ME) is reviewing all deaths with a Stage 1 review, and co-ordinating any Stage 2 reviews which are required. Furthermore, the Executive Medical Director is working with the ME to increase the number of MEs and ME officers with a view to the provision of a 7-day service, and on strengthening the Trust’s Learning from Deaths resource via Clinical Effectiveness.

Expected Trajectory/forecast:
- The Improvement Plan target is for an HSMR of less than 110 by the time of the March data 2021. Whilst this is an ambitious target without being able to compute the exact impact of the switch to observations being recorded as non-elective admissions, at this stage there is confidence that this target is deliverable. However, even in achieving this significant reduction, there is unlikely to be noticeable movement on the HSMR until Q3 of 2019/20

Lead Executive Director: Callum Gardner, Executive Medical Director  
Lead Senior Manager: Carrie Kelly, Medical Examiner  
Lead Analyst: Lisa Fox
**Escalation/Assurance**

<table>
<thead>
<tr>
<th>Metric: Referral to Treatment (RTT) Performance</th>
<th>Type of Standard: National Constitutional Standard</th>
<th>Assurance Committee: FPC</th>
<th>Report Period: May 2020</th>
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**Performance:**

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<th>May</th>
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<tbody>
<tr>
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<td>2020/21</td>
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| Target | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% |

**Driver for Underperformance:**
- **National Covid-19 guidelines:** National and Royal College guidelines have necessitated the cancellation of significant amounts of activity since the Covid-19 pandemic began. This includes a significant reduction in diagnostic activity.
- **Social distancing and IPC requirements:** due to social distancing and IPC requirements, face-to-face capacity in outpatient clinics has been significantly reduced. Whilst many outpatient appointments can take place virtually, this is much more difficult in surgical specialties.
- **Staff sickness:** In some specialties where staff sickness has led to the cancellation of activity. In smaller specialties in particular, this remains an ongoing challenge.
- **Patient Choice:** Since the Covid-19 pandemic started, some patients have chosen not to come to hospital for any appointments or tests. Even if they are declining these for the foreseeable future, we are not able to remove them from our waiting lists under current guidelines.

**Actions to Deliver Improvement:**
- **Increase in elective activity at the Trust:** As Royal College and National guidelines change, we are gradually increasing our activity levels on site in a safe and appropriate way.
- **Reconfiguration of Clinics:** The Outpatient department has a carefully marked waiting area outside, and arrival and departure times for patient appointments are being staggered. Alternative rooms are being utilised on site wherever possible. Rooms have had additional air extraction capacity added where possible (work ongoing).
- **Use of the Independent Sector:** The Trust has been making use of the Independent Sector in Rotherham for several weeks now, under the terms of the national contract. From late June, the Trust is also using the two main Independent Sector providers in Sheffield.
- **Locum consultants:** For critical specialties, where substantive staff are going to be off sick for lengthy periods of time, the Trust has established contracts with locum consultants.

**Expected Trajectory/forecast:**
- RTT performance is likely to continue to deteriorate for the next quarter as referral volumes pick up and the Trust continues to have limitations on its capacity. A year-end forecast of 75% has been set at this stage, although this is not built on a detailed bottom-up demand and capacity model at this stage, given the number of unknown assumptions required for such an exercise. This will be reviewed on a monthly basis, and as national guidelines change, this will be factored in as services establish the impact on our capacity.

**Lead Executive Director:**
George Briggs, Chief Operating Officer

**Lead Senior Manager:**
Louise Tuckett, Director of Strategy, Planning & Performance

**Lead Analyst:**
Ruth Gallagher

77
**Escalation/Assurance**

<table>
<thead>
<tr>
<th>Metric:</th>
<th>Type of Standard</th>
<th>Assurance Committee:</th>
<th>Report Period:</th>
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<td>Vacancy Rate - Nursing</td>
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<td>May 2020</td>
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**Performance:**

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**Driver for Underperformance:**
The Trust has historically struggled to recruit sufficient numbers of nursing staff, with a mean vacancy rate of over 10% over the last 2 years. This is despite extensive efforts to secure staff from abroad, including a recruitment and interview campaign in January focussing on nurses from India. This is a critical priority for the Trust this year. Note that the data above does not include newly-qualified nurses and midwives awaiting pin numbers, nor Aspirant Nurses. If these staff are included in the figures, the true vacancy rate reduces to 5.5%, which is below the acute trust average in the North East & Yorkshire region (Q4 2019/20).

**Actions to Deliver Improvement:**
- **Aspirant Nurses:** We currently have over 40 Aspirant Nurses working within the Trust, as part of the NHS response to Covid-19. The Trust is putting significant resource into ensuring these nurses have a positive experience with us, and are able to gain a permanent position when they qualify.
- **Ongoing Recruitment:** We continue to advertise for and recruit to nursing positions, with 39 of our Aspirant Nurses accepting a post at the Trust from September 2020 (when they qualify). In addition, we have secured a flight for 7 of the 20 nurses from India who we have recruited, so they will be starting at the Trust at the end of July, after a period of self-isolation.
- **Nurses Returning to Practice:** Rolling adverts are live for nurses wishing to return to practice. Training and support will be provided in-house to enable them to pass the required Computer Based Test (CBT) and Objective Structured Clinical Examination (OSCE) in order to re-register with the Nursing and Midwifery Council (NMC). Recruitment are prioritising the pre-employment checks of those on the temporary NMC register. Three have been successful from a second cohort interviewed on 20 May. Further interviews are planned for 24 June.

**Expected Trajectory/forecast:**
The trajectory for this metric this year is partly dependent on ensuring the Aspirant Nurses who have accepted a position at the Trust from September do take this up, as well as our ability to bring a further 13 nurses from India to start work at the Trust in September or October. At this stage, if all of these individuals were to take up a permanent position and we successfully added the additional 13 nurses from India to our substantive workforce, we should meet the target of 7.4% at the end of the year, and ensure a more stable and substantive workforce for next year.

**Lead Executive Director:**
Angela Wood, Chief Nurse

**Lead Senior Manager:**
Helen Dobson, Deputy Chief Nurse

**Lead Analyst:**
Danielle Hardy
Assurance Committee:

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<tr>
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**Escalation/Assurance**

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<td>Diagnostic Waiting Times (DM01)</td>
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**Driver for Underperformance:**

- Covid-19 has led to a significant reduction in diagnostic capacity, for similar reasons to those described in the 18 Weeks Referral to Treatment escalation report. PPE and necessary infection control for COVID have reduced capacity by 25 - 50% dependent on the examination being carried out. In addition, if a patient is intubated, the air filtration is not of a high enough standard in the CT scanners so the room has to be left for 3 hours in-between appointments which significantly impacts on our capacity. 3 CT staff are shielding, which has reduced opportunities for extended days or additional weekend activity.

- Endoscopy activity had to be reduced to life and limb only for several weeks given national and British Society guidance. This has now changed and activity is ramping up; however, due to social distancing guidelines and physical capacity constraints, we are only able to use 3 out of our 5 possible endoscopy rooms at present.

**Actions to Deliver Improvement:**

- Mobile MRI: We have been given a mobile MRI scanner on site at RCHC by mid July, 6 times a month. The hope is that we will be able to increase this, dependent on available funding. This will only be able to do certain procedures but will still make some inroads into reducing the backlog.

- Temporary CT: The Trust is expecting delivery of a portable CT scanner, to be located on site, within the next 6 weeks. This will be staffed utilising locums and will be in operation 5 days a week.

- Independent Sector: The Trust plans to send up to 10 CT patients a day and 10 MRIs a day to Claremont Hospital in Sheffield (Independent Sector). At least one all-day endoscopy list a week is currently being carried out in the Independent Sector as well. A significant proportion of our colposcopy and hysterectomy activity is taking place at Kinvara Hospital in Rotherham, and the colposcopy backlog has now been cleared.

- Shift Patterns: Shift patterns are being amended to ensure we are utilising all of our staff as effectively as possible, including when staff sickness occurs due to Covid-19.

**Expected Trajectory/forecast:**

- Mobile MRI: The Ultrasound backlog is expected to be cleared by the end of August (currently at over 1,300 patients). Until the CT and MRI temporary/mobile scanners are in place, we cannot yet be confident of a recovery trajectory for these diagnostic tests. However, there are currently over 750 patients awaiting MRI, 1,000 awaiting CT, and approximately 1,000 awaiting endoscopy, which, given the significant infection prevention and control measures that need to be in place for these specific tests and procedures, the recovery period is expected to extend beyond Q2.

- Currently, the Trust is predicting to be meeting the DM01 standard within the year-end forecast. Once we have the two mobile units on site, and have delivered a number of diagnostic procedures in the Sheffield Independent Sector hospitals, we will be able to produce a more detailed test-level forecast.

**Lead Executive Director:**

George Briggs, Chief Operating Officer

**Lead Senior Manager:**

Lisa Hickling, Service Manager, Imaging Services

**Lead Analyst:**

Catherine Dixon
The below summary sets out the proposed methodology and colouring we will use at TRFT, noting the different trends that will be shown as special cause variation or out of control.

We will use the following colours to indicate variation:
- **orange** indicates special cause variation of concern and needing action
- **blue** indicates special cause variation where improvement appears to lie
- **grey data** indicates no significant variation
- **red** indicates where the process is out of control (outside control limits)

We will follow the NHS guidance and identify 4 different ways in which a trend will be defined as special cause variation:

1) A single point outside the control limits

![Chart showing a single point outside control limits](image1)

2) A run of at least 6 points above or below the mean line

![Chart showing a run of 6 points above mean line](image2)

3) Six consecutive points increasing or decreasing

![Chart showing six consecutive increasing points](image3)

4) A pattern of 2 out of 3 points within the outer thirds

![Chart showing two out of three points within outer thirds](image4)

Other SPC methodologies classify a further 4 trends as special cause variation, but these will not be identified by colour coding within our SPC charts, for ease:

5) 14 consecutive points alternating up and down
6) 15 consecutive points in the central third
7) 8 consecutive points with none in the central third
8) 4 out of 5 consecutive points in the middle third

In addition, we will annotate any reasons for special cause variation which we are aware of.
<table>
<thead>
<tr>
<th>Procedural items</th>
<th>2020</th>
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<tbody>
<tr>
<td>Welcome and announcements</td>
<td>Chair</td>
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<tr>
<td>Apologies and quoracy check</td>
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<tr>
<td>Declaration of Interest</td>
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<tr>
<td>Minutes of the previous meeting</td>
<td>Chair</td>
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<tr>
<td>Matters arising and action log</td>
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<tr>
<td>Chairman’s report</td>
<td>Chair</td>
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<tr>
<td>Patient Story</td>
<td>Lead Governor</td>
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<table>
<thead>
<tr>
<th>Report from the Non-Executive Chairs of Board Committees</th>
<th>2020</th>
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<tbody>
<tr>
<td>Report from Audit Committee</td>
<td>NED Chair</td>
</tr>
<tr>
<td>Annual Report from Audit Committee</td>
<td>NED Chair</td>
</tr>
<tr>
<td>Report from Finance and Performance Committee</td>
<td>NED Chair</td>
</tr>
<tr>
<td>Report from Quality Committee</td>
<td>NED Chair</td>
</tr>
<tr>
<td>Report from Strategy &amp; Business Planning Committee</td>
<td>NED Chair</td>
</tr>
<tr>
<td>Report from People Committee</td>
<td>NED Chair</td>
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<thead>
<tr>
<th>Report from the Executive Directors</th>
<th>2020</th>
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</thead>
<tbody>
<tr>
<td>Finance Report</td>
<td>DoF</td>
</tr>
<tr>
<td>Integrated Performance Report</td>
<td>CEO</td>
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<tr>
<td>2 Year Operational Plan</td>
<td>CEO</td>
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<tr>
<td>5 Year Strategic plan</td>
<td>CEO</td>
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<tr>
<td>Quality Accounts programme – CoG priorities/local indicator</td>
<td>CN</td>
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<tr>
<td>Quality Accounts programme (data to inform Governors selection of indicator)</td>
<td>CN</td>
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<tr>
<td>Draft Quality Account/Quality Report</td>
<td>CN /def</td>
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<tr>
<td>Annual Report (through Annual Members Meeting)</td>
<td>Co Sec</td>
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<tr>
<td>Annual Accounts (through Annual Members Meeting)</td>
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<thead>
<tr>
<th>Governor Regulatory and Statutory Requirements</th>
<th>2020</th>
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<tbody>
<tr>
<td>Company Secretary Report</td>
<td>CoSec</td>
</tr>
<tr>
<td>Constitution – formal review</td>
<td>Co Sec</td>
</tr>
<tr>
<td>Governors Standing Orders (linked to Constitution review)</td>
<td>Co Sec</td>
</tr>
<tr>
<td>Appointment of Vice Chair (as needed)</td>
<td>Co Sec</td>
</tr>
<tr>
<td>Appointment of Senior Independent Director (as needed)</td>
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<tr>
<td>Appointment / Reappointment of NED’s (as needed)</td>
<td>NomComm</td>
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<tr>
<td>Appointment/Reappointment of Chair (as needed)</td>
<td>NomComm</td>
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<tr>
<td>NED Remuneration</td>
<td>NomComm</td>
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<tr>
<td>Outcome of Chair and NED Appraisals</td>
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</tr>
<tr>
<td>External Auditors (contract renewal)</td>
<td>Co Sec</td>
</tr>
<tr>
<td>External Auditors Engagement letter on Quality Report</td>
<td>Co Sec /def</td>
</tr>
<tr>
<td>External Auditors feedback on Quality Report</td>
<td>CoSec /def</td>
</tr>
<tr>
<td>Lead Governor Appointment</td>
<td>Co Sec</td>
</tr>
<tr>
<td>Governors’ Surgery</td>
<td>Lead Governor</td>
</tr>
<tr>
<td>Governor Elections</td>
<td>CoSec</td>
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<tr>
<td>Council of Governors Annual Review of Effectiveness</td>
<td>CoSec</td>
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<thead>
<tr>
<th>Council of Governors Committee</th>
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<tbody>
<tr>
<td>Nomination Committee Approved Minutes</td>
<td>Lead Governor</td>
</tr>
<tr>
<td>(dependent upon number of meetings held in year)</td>
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<tr>
<td>Nomination Committee Terms of Reference</td>
<td>Lead Governor</td>
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<tr>
<td>Nomination Committee Escalations</td>
<td>Lead Governor</td>
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