GENERAL MEETING OF THE COUNCIL OF GOVERNORS
OF BARNSLEY HOSPITAL NHS FOUNDATION TRUST

5.30-7.30PM, WEDNESDAY 16 AUGUST 2017
IN THE EDUCATION CENTRE, BARNSLEY HOSPITAL

AGENDA

PART 1

1. Apologies & Welcome
2. To invite comments from members of the public
3. To review the Register of Interests and receive any declarations for interest for the meeting
4. To approve Minutes of the General Meeting held in public on 14th June 2017
5. To consider any matters arising from the Minutes of the last General Meeting
6. To receive and consider the External Auditor’s report on the Quality Account for 2016-17 & presentation – Mr G Mills, Associate Director, Public Sector Assurance, Grant Thornton
7. To receive a report from the Lead Governor, Ms A Moody – presented by Mr T Smith, Deputy Lead Governor
8. To note the role of the Speak Up Guardian – Ms J Pollington, Speak Up Guardian
9. To receive a report from the Trust’s Chairman, Mr S Wragg
10. To receive an update report from the Trust’s Chief Executive, Dr R Jenkins – presented by Mr R Kirton, Interim Deputy Chief Executive
11. To receive latest update report from the Council of Governors’ sub-groups – Mr D Brannan (Chair, Finance & Performance) and Mr T Smith (Chair, Quality & Governance)
12. To receive and note reports from the Board of Directors – latest Board agenda and Minutes (meetings held in public) – latest monthly integrated performance report – Horizon Scanning report
13. To consider issues raised by Governors – items highlighted in pre-meeting
14. Any other business, including – matters raised by the public – date of Annual General & Public Members Meeting: Wednesday 13th September, 10-12 noon – date of the next General Meeting: Wednesday 18th October 2017, 5.30-7.30pm
15. To resolve that representatives of the press and other members of the public be excluded from this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with 8.13.2 and 8.13.3 of the Trust’s Constitution.

Signed: …………………..
Chairman

Pack pg 1
COUNCIL OF GOVERNORS – AUGUST 2017  REF: CG/17/08/03

REGISTER OF INTERESTS

1. INTRODUCTION

In accord with statutory guidance and our Constitution, the Trust is required to maintain and regularly review a Register of Interests for the Council of Governors. In addition, Governors are invited to make a declaration of any interests – which should include any changes to the Register – at each general meeting.

Whilst every effort is made to assist Governors’ declarations, it is the responsibility of each individual Governor to ensure that his or her interests are declared in a timely and appropriate manner.

2. REGISTER OF INTERESTS

A copy of the Register of Interests for the Council of Governors is attached for reference, reflecting latest known changes. If anyone has any other changes/amendments/additions they should record on the Register, would they please ensure the details are declared at the meeting or advised in writing to the Chairman as soon as possible.

The Register, together with the Register of Interest for the Board of Directors, is available to the public on request at any time.

Maintenance and publication of the Registers is currently under review as part of the Trust’s response to the revised national guidance on Conflict of Interests published by NHS England in June.

3. RECOMMENDATION

Governors are asked to:

- note the Register of Governors’ Interests attached

- advise any amendments, additions or deletions required to ensure that their personal entries comply with Clause 12 and Annex 7 of the Trust’s Constitution

Carol Dudley
SECRETARY TO THE BOARD & GOVERNORS
August 2017
<table>
<thead>
<tr>
<th>Entry No*</th>
<th>GOVERNOR (&amp; CONSTITUENCY)</th>
<th>Start date of Term</th>
<th>INTERESTS</th>
<th>Date Interest registered</th>
<th>Date entry reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>92</td>
<td>Mr Paul Ardron&lt;br&gt;&lt;i&gt;Constituency: Partner Org&lt;br&gt;Sheffield Hallam University &amp; University of Sheffield (shared seat)&lt;/i&gt;</td>
<td>01 August 2013 to 31 July 2016</td>
<td>None</td>
<td>15 February 2017</td>
<td>15 February 2017</td>
</tr>
<tr>
<td>109</td>
<td>Ms Kathryn Armitage&lt;br&gt;&lt;i&gt;Constituency: Public&lt;br&gt;Barnsley Public&lt;/i&gt;</td>
<td>01 January 2016 to 31 December 2018</td>
<td>Co-opted member, Audit Committee of Barnsley Council</td>
<td>15 February 2017</td>
<td>15 February 2017</td>
</tr>
<tr>
<td>114</td>
<td>Ms Michelle Bailey&lt;br&gt;&lt;i&gt;Constituency: Public&lt;br&gt;Barnsley Public&lt;/i&gt;</td>
<td>01 January 2017 to 31 December 2019</td>
<td>Managing Director, Active Response Security Services Limited</td>
<td>January 2017</td>
<td>15 February 2017</td>
</tr>
<tr>
<td>115</td>
<td>Mr Andrew Bogg&lt;br&gt;&lt;i&gt;Constituency: Public&lt;br&gt;Barnsley Public&lt;/i&gt;</td>
<td>01 January 2017 to 31 December 2019</td>
<td></td>
<td>15 February 2017</td>
<td>15 February 2017</td>
</tr>
<tr>
<td>68</td>
<td>Mrs Pauline Buttling&lt;br&gt;&lt;i&gt;Constituency: Public&lt;br&gt;Barnsley Public&lt;/i&gt;</td>
<td>01 January 2010 3rd term to 31 December 2018</td>
<td>None</td>
<td>07 March 2017</td>
<td>15 February 2017</td>
</tr>
<tr>
<td>111</td>
<td>Mrs Gillian (Gilly) Cockerline&lt;br&gt;&lt;i&gt;Constituency: Staff&lt;br&gt;Non Clinical Support&lt;/i&gt;</td>
<td>01 January 2016 to 31 December 2018</td>
<td>None</td>
<td>15 February 2017</td>
<td>15 February 2017</td>
</tr>
<tr>
<td>84</td>
<td>Mr Tony Conway&lt;br&gt;&lt;i&gt;Constituency: Staff&lt;br&gt;Volunteers&lt;/i&gt;</td>
<td>01 January 2013 2nd term to 31 December 2018</td>
<td>Union representative, GMB</td>
<td>08 October 2014</td>
<td>15 February 2017</td>
</tr>
<tr>
<td>116</td>
<td>Mrs Helen Dixon&lt;br&gt;&lt;i&gt;Constituency: Staff&lt;br&gt;Clinical Support&lt;/i&gt;</td>
<td>01 January 2017 to 31 December 2019</td>
<td>None</td>
<td></td>
<td>15 February 2017</td>
</tr>
</tbody>
</table>

* Entry numbers to run consecutive by date order

** Hard copy of all updates will be required to be initialled by updating officer and retained in the office of the Chief Executive or Nominated Officer

Signed: ____________________________
Secretary to Board & Governors

Dated: 09 August 2017

Page 1 of 4
<table>
<thead>
<tr>
<th>Entry No*</th>
<th>GOVERNOR (&amp; CONSTITUENCY)</th>
<th>Start date of Term</th>
<th>End date of Term</th>
<th>INTERESTS</th>
<th>Date Interest registered</th>
<th>Date entry reviewed</th>
</tr>
</thead>
</table>
| 93        | Mr Antony (Tony) Dobell  
Constituency: Public  
Barnsley Public | 01 January 2014   | to 31 December 2016 | None | 15 February 2017 | 15 February 2017 |
| 85        | Mr Tony Grierson  
Constituency: Public  
Barnsley Public | 01 January 2013  
2nd term to 31 December 2018 | Member, Liberal Democrats Party | 15 February 2017 | 15 February 2017 |
| 117       | Mr Alan Higgins  
Constituency: Public  
Barnsley Public | 01 January 2017  
31 December 2019 | None | 15 February 2017 | 15 February 2017 |
| 59        | Mr Martin Jackson  
Constituency: Partner Org  
Joint Trade Unions Committee | January 2008  
3rd term to 31 December 2016 | None | 15 February 2017 | 15 February 2017 |
| 118       | Mrs Karen Kanee  
Constituency: Public  
Barnsley Public | 01 January 2017  
31 December 2019 | None | 15 February 2017 | 15 February 2017 |
| 112       | Mr Stephen Long  
Constituency: Public  
Barnsley Public | 01 January 2016  
31 December 2018 | Member of Barnsley Magistrate | January 2016 | 15 February 2017 |
| 102       | Ms Annie Moody  
Constituency: Public  
Barnsley Public | 01 January 2015  
31 December 2017 | None | 15 February 2017 | 15 February 2017 |
| 107       | Mr Chris Millington  
Constituency: Partner org  
Barnsley CCG | June 2015  
31 May 2018 | a) Chair, CRM: Creating Retail Management  
b) Lay Member: Governing Body, NHS Barnsley Clinical Commissioning Group (CCG)  
c) Deputy Chair, Barnsley CCG  
d) Chair, Primary Care Co Commissioning Comm.  
e) Chair, Barnsley Patient Council  
f) Lead, Patient & Public Engagement,  
NHS Barnsley CCG  
g) Chair, Equality & Engagement Committee,  
NHS Barnsley CCG  
h) Deputy Chair, Audit Committee  
NHS Barnsley CCG | June 2015 | 15 February 2017 |
| 79        | Ms Gwyn Morrirt  
Constituency: Staff  
Nursing & Midwifery | 01 January 2012  
2nd term to 31 December 2017 | None | 15 February 2017 | 15 February 2017 |

* Entry numbers to run consecutive by date order

** Hard copy of all updates will be required to be initialled by updating officer and retained in the office of the Chairman or Nominated Officer
<table>
<thead>
<tr>
<th>Entry No*</th>
<th>GOVERNOR (&amp; CONSTITUENCY)</th>
<th>Start date of Term End date of Term</th>
<th>INTERESTS</th>
<th>Date Interest registered</th>
<th>Date entry reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>95</td>
<td>Mrs Jacky O’Brien</td>
<td>01 January 2014 to 31 December 2016</td>
<td>None</td>
<td>08 January 2014</td>
<td>15 February 2017</td>
</tr>
<tr>
<td>103</td>
<td>Mr Harshad Patel</td>
<td>01 January 2015 to 31 December 2017</td>
<td>None</td>
<td></td>
<td>15 February 2017</td>
</tr>
<tr>
<td>67</td>
<td>Councillor Jenny Platts</td>
<td>November 2009 3rd term to 31 October 2018</td>
<td>a) Governor, Athersley South Primary School b) Member, Labour Party c) Member, Barnsley Health &amp; WellBeing Board</td>
<td>08 February 2012 08 October 2014</td>
<td>15 February 2017</td>
</tr>
<tr>
<td>108</td>
<td>Mr Lee Pryor</td>
<td>November 2015 to 31 October 2018</td>
<td>None</td>
<td></td>
<td>15 February 2017</td>
</tr>
<tr>
<td>74</td>
<td>Mr Ray Raychaudhuri</td>
<td>01 September 2010 3rd term to 31 December 2018</td>
<td>a. Director of Yorkshire Women’s Health b. Member of Yorkshire Clinical Senate</td>
<td>21 March 2011 24 Feb 2015</td>
<td>15 February 2017</td>
</tr>
<tr>
<td>39</td>
<td>Mrs Carol Robb</td>
<td>01 January 2006 4th term to 31 December 2017</td>
<td>None</td>
<td></td>
<td>15 February 2017</td>
</tr>
<tr>
<td>113</td>
<td>Mr Robert Slater</td>
<td>01 January 2016</td>
<td>None</td>
<td></td>
<td>15 February 2017</td>
</tr>
<tr>
<td>104</td>
<td>Mr Frank Skorrow</td>
<td>01 January 2015 to 31 December 2017</td>
<td>Member, Hoyland Medical Practice Patient Reference Group</td>
<td>May 2015</td>
<td>15 February 2017</td>
</tr>
</tbody>
</table>

* Entry numbers to run consecutive by date order

** Hard copy of all updates will be required to be initialled by updating officer and retained in the office of the Chairman or Nominated Officer
<table>
<thead>
<tr>
<th>Entry No*</th>
<th>GOVERNOR (&amp; CONSTITUENCY)</th>
<th>Start date of Term End date of Term</th>
<th>INTERESTS</th>
<th>Date Interest registered</th>
<th>Date entry reviewed</th>
</tr>
</thead>
</table>
| 73        | Mr Trevor Smith           | 01 September 2010 3rd term to 31 December 2018 | a) Member of the Royal British Legion, Branch Chairman & Honorary Poppy Appeal organiser  
b) Magistrate (Supplementary List), Barnsley Bench  
c) Member, Friends of Darfield Churchyard Group – Health & Safety  
d) Owner & Director of Operations, Florida Villas Home Rentals – Est 1998  
e) Member, Chartered Institute of Builders  
f) Member, Association of Building Engineers  
g) Member, Rotary International - Rockley Branch  
h) Member of Barnsley Beekeepers Association  
i) Member, UKIP | 31 January 2015 | 15 February 2017 |
| 66        | Mr Stephen Wragg          | 01 January 2009 4th term to 31 December 2018 | a) Non Executive Director, Barnsley Premier Leisure Trading  
b) Sole Director, Wragg Consulting Limited  
c) Director, 360 Engagement Ltd  
d) Governor, Darton College  
e) Chairman & Trustee, Barnsley Civic | 7 January 2009  
20 May 2010  
29 June 2011  
18 October 2011  
12 December 2011  
15 December 2011 | 15 February 2017 |

Next no: 119

---

a) Member of the Royal British Legion, Branch Chairman & Honorary Poppy Appeal organiser  
b) Magistrate (Supplementary List), Barnsley Bench  
c) Member, Friends of Darfield Churchyard Group – Health & Safety  
d) Owner & Director of Operations, Florida Villas Home Rentals – Est 1998  
e) Member, Chartered Institute of Builders  
f) Member, Association of Building Engineers  
g) Member, Rotary International - Rockley Branch  
h) Member of Barnsley Beekeepers Association  
i) Member, UKIP

---

1 Subject to annual review/renewal

---

* Entry numbers to run consecutive by date order

** Hard copy of all updates will be required to be initialled by updating officer and retained in the office of the Chairman or Nominated Officer

Signed: ____________________________
Secretary to Board & Governors
Dated: 09 August 2017
CG 17/41 APOLOGIES AND WELCOME

The Chairman welcomed Governors and attendees to the meeting. Apologies were noted as above and were also received from Dr Jenkins, the Chief Executive (CEO). Mr Wright, Director of Finance, was attending in his stead.
As the first item of business, the Chairman was pleased to advise that he had received confirmation earlier in the day regarding Dr Jenkins' appointment as CEO. This would now enable the Trust formally to announce Dr Jenkins' substantive appointment to the role.

CG 17/42 COMMENTS FROM THE MEMBERS OF THE PUBLIC
None.

CG 17/43 DECLARATIONS OF INTEREST
The Chair and Non Executive Directors declared their interests in the reports to be presented by the Nominations Committee. Mrs Firth also declared her potential interest in discussions around the Clinical Thresholds paper included under agenda item 11.

CG 17/44 MINUTES OF THE PREVIOUS GENERAL MEETING
The Minutes of the General Meeting held on 19th April 2017, were reviewed and accepted as a true record.

CG 17/45 MATTERS ARISING
Several matters arising from the meeting on 19th April were noted:

- **Minute 17/27 – Matters Arising: re Assistive Technology**
  The proposed visit to the Assistive Technology department had taken place on 22nd May. Four Governors attended (Mr Boggs, Mr Dobell, Ms Moody and Mr Smith) and had been impressed by the range of equipment and support provided by the team across the whole of South Yorkshire and the Humber. The Governors’ interest had been greatly appreciated by the team.

  Governors were reminded that the next departmental visit was scheduled for 9th August, 2-4.30pm.

- **Minute 17/27 – Matters Arising: re PALS**
  The Chairman advised that in response to the Governors’ concerns, the decision to move the Patient Advice & Liaison Service (PALS) from the main reception area had been reviewed. Recent data had shown that PALS had provided a better service in terms of increased contacts as part of the wider Complaints & Concerns Team located away from reception but the Trust appreciated the Governors’ feedback and had responded. Plans were being made to re-establish a front-facing PALS desk in the next few months. Lead Governor, Ms Moody, advised that this had been the subject of a lengthy discussion at the Governors’ pre-meeting. The decision to re-provide a service at main reception would be welcomed by all of the Governors.

- **Minute 17/29 – Quality Account**
  It was confirmed the Governors’ response to the Trust’s 2016/17 Quality Account had been drafted and circulated to all Governors by Mr Smith, as Chair of the Governors’ Quality & Governance Sub-Group. The draft had been widely supported with no issues of contention identified. It had since been submitted to the Trust on behalf of the Council of Governors.
• **Minute 17/37 – Nominations Committee**  
With regard to the Partner Governor vacancy on the Nominations Committee, the Chairman advised that only one expression of interest had been received – from Mr David Brannan, Partner Governor for Voluntary Action Barnsley. With the approval of the Chairman and the Nominations Committee, and in accord with the Committee’s terms of Reference, Mr Brannan had been re-appointed to the Committee for a further three years or for the duration of his term of office on the Council, whichever was the shorter.

• **Minute 17/39 – Issues raised by Governors**  
It was confirmed that a “Jargon Buster” would be available for the next sub-group meeting.

**CG 17/46 CHAIRMAN’S REPORT**  
(Enc 06)

The Chairman’s regular report on his actions and items of interest since the last General Meeting was received and reviewed.

The outcomes of the latest checks for the Fit & Proper Persons Test (FPPT) for all of the Non Executive Directors, including the Chairman, was attached for the Governors’ information. No issues of concern had been identified. The Chairman advised that a similar exercise for the Executive Team had been completed more recently, copies of which were available at the meeting. Again, no issues of concern had been identified. The Governors accepted the outcomes of both sets of FPPT checks. Governors were reminded that whilst they were not subject to FPPT checks, they had committed themselves to adhere to the same requirements in principle. As part of this they were requested to refresh their self-declarations for Disclosure & Barring Service (DBS) annually. Most of these had now been received for 2017 and it was asked that any outstanding declarations be completed and submit to Ms Dudley as soon as possible.

Other issues highlighted from the report included:

• **Hospital Charity**  
Governors requested more information on the £15,000 annual management charge against the Tiny Hearts Appeal. Mr Wright confirmed that the charge had been calculated based on staff input to supporting work for the Appeal. It was separate to the larger charge for the wider general charitable fund. The Chairman explained that a management charge had always existed but had been stated separately in relation to the Appeal to ensure transparency. The charge was not unusual; most charities operated with paid officers. Mrs O’Brien advised that she would be pleased to make sure her contacts were aware of the position and recommended other Governors to do the same, to give assurance to the public.

• **HEART Awards**  
Mr Brannan congratulated the Charity on another successful evening for the annual HEART Awards. It had been a fantastic event and a great opportunity to see so many staff nominated and winning well deserved awards. The Chairman affirmed that, whilst the event had been well attended, arrangements had already been made to ensure the 2018 event was held on a Friday evening, rather than Thursday.
In addition to being an enjoyable evening, the event had also raised £4,500 for the Charity.

Ms Moody reported that the Governors’ Award had gone to Yasmeen Akthar for her work on mental health with new and expectant mothers. Governors had not been aware of the other Award winners ahead of the event and Ms Moody had been delighted to receive an email from the General Manager for Clinical Business Unit 3 (CBU) to say how proud the CBU was to have received Awards from the Governors, the Chairman and the Chief Executive.

The Chairman also confirmed that the Trust’s 2016/17 Annual Report & Accounts had been completed and submitted. Copies would be available for Governors after the report had been laid to Parliament; it would be launched more widely at the Annual General & Public Members Meeting (AGPMM) being held on 13th September 2017, in the Trust’s Education Centre. The Chairman advised that as a final part of the annual reporting requirements for foundation trusts, the Trust was required to submit several self-certifications on finance, governance and Governors’ training – the latter taking account of the Council’s views on the training provided. Governors agreed that the training made available to them, both internally and externally, was satisfactory.

CG 17/47  LEAD GOVERNOR REPORT  (Enc 07)

Ms Moody presented the report, which outlined her work since the April General Meeting and a number of meetings she had attended as Lead Governor. One item not included was her involvement with the steering group for primary care streaming in the Emergency Department (ED). The group’s first question had been to ask where the streaming would be located with space in the ED being so tight: it would not be addressed easily. She would be pleased to report back to Governors as the work progressed.

The Lead Governor’s report was received and noted.

CG 17/48  CHIEF EXECUTIVE (CEO) REPORT  (Enc 08)

Mr Wright presented the CEO’s report on behalf of Dr Jenkins. It reflected the CEO’s work since the last meeting and a number of issues of regional and national interest to Governors. Mr Wright expanded on several items:

- Firstly, the Trust’s response to the recent atrocities in Manchester and London. In addition to a review of the Trust’s security and preparedness for major incidents, the CEO had also requested an update on training for all directors and senior management.

- Credit had been given to the IT team for their swift and effective response to the cyber ransomware attack in May. The attack had impacted on many organisations across the country but, thanks to the actions of the IT team, had only taken one system off line at BHNFT for a short period. The Governors also congratulated the team members on their good work.

- The CEO had requested a review of the Trust’s Cost Improvement Programme (CIP) to ensure recurrent savings were maximised wherever possible without jeopardising service quality or patient safety.
Ms Armitage requested an update on the latest position of the 2017/18 CIP. Mr Wright confirmed that it had been behind target in month 1, with several schemes still to gain traction, including the development plans for the Trust’s subsidiary company. As Chair of the Board’s Finance & Performance Committee (F&P), Mr Patton advised that F&P continued to give considerable focus to the CIP. The position was not vastly different to the same period last year but the target was larger for 2017/18. In response to a query from Mrs Buttling, Mr Wright confirmed that the CIP was phased; some schemes were based on equal twelfths per month but most were phased to reflect their projected start up and progress schedules.

- In order to reach more staff directly, the CEO had proposed a new way of presenting the Team Brief to all staff, with staggered dates and times for the central briefing and Director-led presentations to teams across the Trust at their own departmental briefings.
- In reply to a question from Mr Dobell regarding the NHS Improvement (NHSI) Relationship Manager’s first visit to the Trust, Mr Wright was pleased to confirm that the NHSI Manager had attained a positive view of the Trust, particularly around its financial management. He had also discussed the Trust’s ED performance, which compared well across the region.

Mr Millington reminded Governors of earlier reports regarding the Trust’s plan to request repayment of some penalty monies for the <4 hours emergency target in light of the recognised position nationally. Mr Wright confirmed that, with support from the Barnsley Clinical Commissioning Group (CCG), the Trust’s appeal had been successful for Quarter 3 (Q3). The Trust had also received full payment for Q4, following a change in the criteria issued by NHSI.

- Mr Brannan drew attention to the number of consultant appointments listed in the CEO’s report, which was good to see. Mr Wright advised that the Trust would also look forward to seeing the new appointees support work to bring in further income too.
- Mrs O’Brien noted that the Trust had recently received an Award from CHKS, as one of the top 40 Hospitals nationally. On behalf of the Council she congratulated the Trust and staff on another excellent achievement.

**CG 17/49 NOMINATION COMMITTEE REPORTS**

a) Non Executive Directors’ year end review

Mrs Firth, Mr Hudson and Mr Patton left the meeting during discussion of this report. The Chairman advised that the tabled report was largely as presented to the Nomination Committee; it included his assessment of the work of each of the Non Executive Directors (NEDs) throughout 2016/17, including a brief comment on Mrs Firth and Mr Hudson, who had only joined the Board in January 2017. The Committee had fully endorsed the Chairman’s view that all of the NEDs continued to work effectively and efficiently and were an asset to the Trust.

Following discussion of the presented report, the Governors had no hesitation in accepting and supporting the outcome of the NEDs’ annual appraisals for 2016/17. They also endorsed the approach outlined for
the development of the NEDs’ objectives for 2017/18, which would be derived from the Chairman’s objectives when finalised.

The Chairman left the meeting at this juncture. Mr Hudson, Mr Patton and Mrs Firth returned to the meeting and Mr Patton, as Deputy Chair, assumed the Chair.

b) Chairman’s year end review

Mr Patton expanded on the report and explained that the Chairman’s (Mr Wragg’s) appraisal for 2016/17 had been led by himself and Ms Moody, as Lead Governor. Input had been sought and obtained from the CEOs (both Ms Wake as outgoing CEO and Dr Jenkins as (then) interim CEO), the wider Executive Team (ET), the NEDs and the Governors. The report provided a summary of the ET and NED feedback. Ms Moody gave a verbal overview of the input received from Governors, which had included a number of completed appraisal forms and some individual comments received by email, all of which had been collated and fed into the Nomination Committee’s discussions.

The appraisal had been very thorough and a full and frank report on the outcomes – including all of the individual comments received – had been shared with the Chairman at a meeting between him, Mr Patton and Ms Moody.

The Chairman’s performance against his 2016/17 objectives had been reviewed and Governors agreed with the outcomes as noted in the report. It was proposed that some aspects should be carried forward into 2017/18, alongside areas for development, to form the basis of his objectives for the current year. Whilst this was broadly agreed, it was also agreed that the objectives should be more measurable and that it would be useful to add a further objective from the Governors, perhaps giving a slightly different focus around partnership working and developing relationships.

In conclusion the outcomes of the Chairman’s performance review were endorsed by the Council. The objectives for 2017/18 were accepted in principle albeit Mr Patton undertook to work with Ms Moody to further refine the objectives as requested.

The Chairman re-joined the meeting and resumed the Chair. He reminded Governors that the performance of the Council of Governors was also subject to annual review and would be reported via the Lead Governor at the AGPMM in September. He also highlighted the continuing programme of 1-to-1 meetings between Governors and the Chairman, which had been working very well.

CG 17/50 SUB GROUP REPORT

Mr Smith and Mr Brannan, Chairs of QGSG and the Finance & Performance sub-group (FPSG) respectively, presented the report and information from the latest sub-group meetings. Both sub-groups continued to be very effective. The most recent meeting of QGSG had been held only a week ago and Mr Smith highlighted a number of key topics discussed, including an update on the work of the Trust’s volunteers, updates on a range of quality and patient safety issues through the Q&G Chair’s Log and reports from Governors on recent quality and safety visits.

Mr Skorrow reiterated his query raised at the QGSG meeting regarding the
Trust’s plans to develop a Clinical Strategy. He had been surprised that one was not already in place and, on reflection, wondered if one was needed if the Trust had operated effectively without it to date. The Chairman acknowledged Mr Skorrow’s views but stressed that it was right for the Trust to have a strategy in place. Mr Patton affirmed that a clinical strategy was already operating albeit not in a written collective form; it would comprise the Trust’s many discussions and plans around services both collectively and in isolation. The development of a formal strategy would, in effect, present these in a cohesive form. Mr Wright, Mr Jackson and Mrs Morritt agreed the key workstreams that formed part of the Clinical Strategy were in operation on a daily basis and were led by the Medical Director and Director of Nursing & Quality. Mrs Morritt, who was a member of the focus group developing the formal Clinical Strategy, advised that the written Strategy would also be focussed on vision and stretching boundaries, working differently and responding to the changing nursing and medical roles and practices across the NHS. Ms Bailey stated that it was important the decision had now been made to document the Strategy.

The Governors noted and supported the continued work of the sub groups. Governors also noted and approved the review of the Terms of Reference for the Governors’ sub-groups and the processes supporting appointment of the Lead and Deputy Lead Governor, undertaken by the FPSG. The Council was reminded that the meetings remained open to all Governors.

CG 17/51 BOARD OF DIRECTORS

The latest agenda (June), Minutes (May), Integrated Performance Report (IPR) and Clinical Threshold Report presented to the Board of Directors meeting held in public in June 2017, were received and noted.

Mr Dobell comment on the minuted Patient’s Story, which showed a succession of missed opportunities. The Chairman agreed that it did but Directors remained committed to receiving both positive and negative stories at the Board, setting the context for their discussions and highlighting lessons to be learned.

CG 17/52 ISSUES RAISED BY GOVERNORS

Ms Moody confirmed that all of the issues to be raised by Governors following their pre-meeting had been addressed during the discussions. Governors had talked in some depth about the Clinical Thresholds and had appreciated input from Mr Millington. Mr Ardron advised that Mr Millington had given Governors some assurance on how the thresholds had been established and their purpose to bring consistency across different parts of the region.

CG 17/53 ANY OTHER BUSINESS

There being no members of public present and no further business to be discussed in public, the date of the next General Meeting was confirmed as 14th August 2017.

It was resolved that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, in accordance with 8.13.2 and 8.13.3 of the Trust’s Constitution.
QUALITY REPORT 2016/17

1. INTRODUCTION

1.1. In accordance with Department of Health requirements and NHS Improvement’s (NHSI) Foundation Trust Annual Reporting Manual for 2016/17 (the “ARM”), all Trusts are required to provide a report on the quality of care they provide within their annual report.

1.2. NHSI guidance also requires Foundation Trusts (FTs) to include a limited assurance report from the external auditors on the content of the quality report and certain mandated indicators. The limited assurance report gives the auditors’ view on whether anything has come to their attention that leads them to believe that the content of the quality report has not been prepared in line with the guidance or is consistent with other referenced information sources.

2. OUTCOMES

2.1. Barnsley Hospital’s latest quality report and the auditors’ limited assurance report are both included within the Annual Report & Accounts 2016/17, copies of which have been provided to Governors under separate cover. The Annual Report & Accounts will be presented formally to Governors and members at the Trust’s Annual General & Annual Public Members meeting to be held on 13th September 2017 and will be available on the Trust’s website thereafter.

2.2. In accordance with the ARM, Grant Thornton, the Trust’s External Auditors, have prepared a more detailed report for Governors and will present this at the General Meeting. Grant Thornton will be pleased to respond to any questions or comments from Governors.

3. RECOMMENDATION

The Council of Governors is asked to note report incorporated into the Annual Report & Accounts and the further information to be provided by Grant Thornton at the meeting.

Stephen Wragg
CHAIRMAN
August 2017
1. **INTRODUCTION**

1.1. Despite the holiday season, the Governors’ agenda continues to be busy. This report provides a brief overview of my activities as Lead Governor, on behalf of the wider Council of Governors.

1.2. I must ask you to accept my apologies for this meeting but believe you will see from the report that it in no way reflects any lessening of enthusiasm for and commitment to this role. My thanks to Trevor Smith, Deputy Lead Governor, for presenting this report in my absence.

2. **ACTIVITIES**

2.1. **Sub-group meetings**

I attended the Governors’ Quality & Sub-Group meeting earlier this month. More information from the meeting will be outlined in the sub-group report (agenda item 12). I must say that it is good to see how many Governors make time to attend these meetings as well as the General Meetings. The sub-groups tend to be less formal, are well supported by Non Executive Directors and management (by invitation) and lead to some interesting, frank and lively discussions.

2.2. Although I was not able to attend the Finance & Performance Sub-Group meeting in July, I caught up on its work and discussions as soon as possible afterwards. It was clearly another good session.

2.3. **Primary Care Streaming in the Emergency Department (ED)**

As Lead Governor, I was invited to go along to the Project Steering Group Meetings and have been able to attend most of them. Because this is primarily operational work, I am there to observe rather than input, however, I have been made very welcome and it has been interesting to see how the project has progressed. From my perspective the three main strands have been

- the modification necessary to the space available - fitting a quart into a pint pot. Three groups are involved: ED itself, Physiotherapy (because they share the space being redeveloped) and the GP Federation/I♥, who are coming on site to provide primary care at the front door. It has been great to see the cooperation between the parties. The final space plan has now been agreed
- the actual front door streaming process, ensuring that the protocols are agreed and that signage and navigation is clear
- the practical operational detail

2.4. **Patient Experience Group (PEG)**

I have also enjoyed being involved with this group, which gives tremendous focus on improving the experience of our patients. The group has allowed two governors to attend as observers (currently me and fellow Public Governor, Steve Long) although in
fact they very kindly allow us to contribute to discussions as well as observe. The group’s work illustrates the dedication and commitment of the staff across the Trust and gives us – the Governors – assurance about a lot of good work being carried out and, importantly, the constant challenge to improve on that wherever possible. It is timely, however, for me to step down from the group.

The group meets alternate months (days and times can vary) and yes there can be a lot of papers to read but it is very worthwhile. The only other commitment required of you would be to share feedback from the PEG meetings with the Governors’ Quality & Governance sub-group regularly – but it is only a brief verbal update each time.

Expressions of interest for this shared seat are invited from any Governor; please contact Carol Dudley before the end of the month.

2.5. Employer Based Awards (EBA)
Together with the Deputy Lead Governor, Trevor Smith, I have been a Lay Member on the Panel considering the latest round of applications from Consultants for the EBAs. As reported previously, the EBAs are a national scheme, enabling us to recognise some of the excellent work our Consultants, in particular the work done over and above their core jobs.

2.6. Behind the Scenes
I was pleased to attend the latest “Behind The Scenes” Visit, with a number of other Governors on 9th August. We visited the Planned Investigation Unit (PIU) and the Coronary Care Unit (CCU), where we were hosted by Sister Esther Tibble in PIU and Charge Nurse Martin Jackson in CCU.

The visits were extremely informative and I would like to record my sincere thanks to Esther and Martin for their time. We came away amazed at some of the things that are undertaken in the PIU - the name does not really do justice to all the things they do. Although we all know Martin from the Governors’ Meetings, it was fascinating to see him in his “real job”, and hear him talk with such enthusiasm about it.

3. FORWARD LOOK

3.1. Annual General & Public Members Meeting (AGPMM)
The AGPMM will be held on 13th September 2017, 10-12 noon, in the Education Centre. It is an important meeting for Governors, at which we formally receive the Annual Report & Accounts from the Board of Directors. It is also another opportunity for us to ask the Board direct about any issue from this year or proposals for the year ahead.

Please make sure this date is in your diaries.

3.2. Coffee Afternoon
This year, it is also planned to hold an informal coffee afternoon after the AGPMM, where members and public can come along to speak with the Governors. Please let Carol know if you are able to support this special event.

3.3. Elections
it is also timely to remind everyone that the annual elections to the Council of Governors will soon be upon us.

If your current term of office expires on 31st December 2017, please start thinking about standing for re-election – we don’t want to lose you!
Equally, of course, I would also urge you to talk to friends and neighbours to encourage them to consider standing for election too. You and I know better than anyone how valuable the role of a Governor is, how we can speak up for our members and help to make a difference to the hospital’s future.

4. **RECOMMENDATION**

The Council of Governors is recommended to receive this report.

Annie Moody  
LEAD GOVERNOR  
August 2017
CHAIRMAN’S REPORT

1. INTRODUCTION

1.1 This report is intended to give a brief outline of some of the work and activities undertaken as Trust Chairman over the past month and highlight a number of items of interest.

1.2 The items reported are not shown in any order of priority.

2. TRUST POSITION

2.1 Our financial position continues to improve through very tight controls of our costs and an increase in activity. We must continue to make real progress with our deficit so we can contribute to the overall NHS savings and to the Accountable Care System (ACS). Our record on patient safety will continue to give confidence to the population of Barnsley and our key stakeholders that care will not be compromised and we will continue to improve our current position. I will keep reiterating this message as I think it should be constantly in people’s minds. Whilst we are bringing about our return to stability, we will not compromise on quality of care and patient safety.

2.2 We also continue to give confidence to our staff that the Trust is doing everything it can to improve patient experience and the quality of care our patients receive. Our hospital is very busy and it is important that we continue to recognise this, and the hard work our staff put in on a daily basis, and pay tribute to all our staff for their valued work and their efforts to conceive new ideas to deliver better care.

2.3 We must also continue to be conscious of the ongoing pressures on the hospital, including activity and cost improvement plans. It is essential we keep on track to return to financial balance whilst protecting the quality of our services for our patients and meaningful staff engagement.

3. COUNCIL OF GOVERNORS

3.1 Together with Francis Patton and Nick Mapstone (Non Executive Directors) and Bob Kirton (Director of Strategy & Business Development), I attended the Governors’ Finance & Performance sub-group meeting in July. In addition to the regular review of the Trust’s activity and financial position, Bob and Francis reported progress of the Trust’s plans for expansion of the wholly owned subsidiary company. Governors’ support for the proposals is greatly appreciated.

3.2 On 9th August, I also attended the Governors’ Quality & Governance sub-group meeting, as did two Non Executive colleagues, Janet Dean and Philip Hudson. “David’s Story” – which had been presented to the Board in July - was shared as part of a broader overview of the Trust’s approach to safeguarding Adults and Children. In addition to the regular review of quality and safety reporting, it was good to receive feedback too from Governors’ growing interactions with the Trust, including attendance at the Patients’ Experience and Equality & Diversity Groups and views on the new style of Quality & Safety visits.
4. NEWS & EVENTS

4.1 As Governors will be aware, the annual HEART Awards held in June are not the only opportunity to recognise our staff’s excellent work and I am delighted that we continue to receive so many great nominations for our BRILLIANT staff awards each month.

4.2 In June and July the Chief Executive and I presented Awards to:

- Mr Martin Wickham: Martin is one of our senior and longest serving consultants, having joined the Trust more than 27 years ago. He also served as Lead Cancer Clinician until earlier this year. The BRILLIANT award was a small token of our thanks for his work to date

- the Emergency Department (ED) Implementation team who worked diligently and with great success earlier this year to implement the latest module of the Lorenzo system into the ED, with minimal impact on patients’ services and core duties for the ED team.

- Chloe Spencer, in our Payroll department, nominated by a member of staff who had appreciated her going more than the extra mile to help resolve some complex salary queries.

- Carol Heritage, who received the first “Public Award” introduced in July. Our staff get a lot of well deserved praise via Facebook, the internet and social media and this new award has been established to enable some of it to be recognised. Carol works in Phlebotomy (blood tests) and helped one of our patients overcome their fear of needles, putting them at ease and enabling the tests to be taken quickly and easily. The patient wanted her thanks to be passed on to Carol and it was a pleasure to be able to do so as the first winner of the public BRILLIANT Award.

- The final award for July was presented to Debbie Green and Mo Chambers, on Ward 24. Debbie and Mo had worked hard to support a learning disability patient on their ward, cleverly creating sensory products from basic ward stocks. The patient, who was supervised 1:1 at all times whilst on the ward, was able to use these objects safely, helping to keep him calm and settled throughout his treatment.

4.3 I completed my ‘micro volunteering’ session in the Volunteers’ tea & coffee shop on 21st June. Whilst I was not allowed to serve, I became well trained in the skills of clearing tables and washing up and really enjoyed the chance to chat to and work alongside a few of our fabulous volunteers, as well as talk to patients and staff in the coffee shop. I look forward to more opportunities to volunteer in other sectors across the site over the coming months.

4.4 I know some of my fellow Non Executives have also undertaken volunteering sessions in other areas and that several Governors have participated in this initiative too. All of the feedback has been very positive.

4.5 Whilst I continue to attend the Working Together Partnership (WTP) meetings generally, Nick Mapstone, Non Executive Director, attended in my stead for the July meeting and shared a brief update on the progress of the workstreams at our July Board meeting.

4.6 One of the issues discussed recently was around bringing the meetings of the seven Boards across the partnership more into line. Looking at the schedule of meetings, it would seem that the majority of Boards meet in the fourth week of every month and we have agreed to move into line with this.
4.7 The change will be introduced from January 2018 and will help to facilitate a common timeline for information sharing across the various trusts. This may affect the Council of Governors’ schedule next year too. Meetings will continue to run on alternate months but we can, if Governors wish, revisit the day and which week of the month, etc. Carol Dudley will start to work on the 2018 schedule shortly and any hints on dates that will or perhaps more importantly wont work for your diaries should be sent to Carol before the end of the month please and she will do her utmost to accommodate these.

4.8 On behalf of the Trust, I attended the Annual Members Meeting for The Rotherham Hospital Foundation Trust in mid July. I try to get to as many of the Annual meetings as possible, showing support and listening to their achievements and challenges over the past year.

4.9 I was pleased to be involved with three consultant appointment panels in the past few weeks. It is good to see that we continue to attract high quality candidates, particularly in some difficult to fill specialties

4.10 I am always keen to work more closely with our staff and welcomed recent opportunities to give my support to the setting up of a Health & Wellbeing steering group, building on work launched at the Health & Wellbeing Fayre held on 14th June, and to partner a member of staff on a patient observation exercise in the Emergency Department.

5. BARNESLEY HOSPITAL CHARITY

5.1 The Charity has hosted some very exciting and successful events this summer: the Rainbow Dash, Three Peaks Walk and sponsored Sky Diving. These proved very enjoyable to everyone involved and were a great way of contributing to the Charity.

5.2 The generosity of local people and the support for our Charity continues unabated. The work done by the charity team is spreading our message throughout the borough and this has resulted in increasing in donations to the Charity, supporting the hospital to deliver its aims. Donations as at the end of July are reported below.

- Total Donations = £17,757.73
- Donations excluding Tiny Hearts = £14,197.18
- Donations Tiny Hearts = £3,560.55
- Total Tiny Hearts Raised to date = £566,123.58
- Current balance Tiny Hearts = £551,123.58

6. RECOMMENDATIONS

The Governors are asked to receive and note this report

Stephen Wragg
CHAIRMAN
August 2017
CHIEF EXECUTIVE’S REPORT

1. STRATEGIC CONTEXT
   1.1 This report is intended to give a brief outline of some of the key activities undertaken as Chief Executive since the last meeting and highlight a number of items of interest.
   1.2 The items below are not reported in any order of priority

2. SOUTH YORKSHIRE & BASSETLAW SUSTAINABLE TRANSFORMATION PARTNERSHIP (STP)
   2.1 Commissioners agreed a change to deliver of some Children's Surgery and Anaesthesia services at the end of June. This will affect about 35 Barnsley children each year who have a small range of emergency surgical conditions for which there is a clinical argument for their care to be delivered in one of three centres in the region. A final decision on the Hyper Acute Stroke Unit reconfiguration has been delayed and is anticipated in October 2017. In the meantime, the BHNFT stroke service is dependent on locum consultant staffing whilst new posts are developed in partnership with other Trusts.
   2.2 I led an STP wide workshop on improving outpatient services in June. 70 attendees from across the region, and including patient representatives, participated in a series of workshops and market stalls. The purpose of the event was to develop a varied community of interested parties who will be able to work together in this area over the coming years. Best practice was shared and some NHS and non-NHS commercial solutions were showcased. Feedback was very positive. Further work is planned on endoscopy services and the interface with other STP work, such as the cancer alliance.

3. SUSTAINABLE HOSPITAL SERVICES REVIEW (SHSR)
   The independent team that will deliver this review is now in place and meetings have occurred with them. The Trust is represented in discussions about the review by Dr Simon Enright (Interim Medical Director), Mr Bob Kirton (Director of Strategy and Business Development) and Mrs Karen Kelly (Director of Operations). Within the Trust, the Executive Team have delivered initial briefing sessions to nursing and management colleagues and senior medical staff. Further briefings will be arranged for other staff groups in due course. Each hospital is initially identifying any services about which it has sustainability concerns and this will then be subject to further discussion with the review team.

4. WORKING TOGETHER PARTNERSHIP (WTP)
   I attended the Chief Executives’ meeting and then the joint Chief Executive/Chair meeting on 3rd July – Mr Nick Mapstone also attended the latter meeting. Steve Wragg and I attended the subsequent meeting on 31st July. The meetings reviewed progress against the Vanguard and WTP workstreams. The latter meeting was predominantly focussed on the Hospital Services Review methodology.
5. ACCOUNTABLE CARE PARTNERSHIP BOARD (ACPB)

The Board met on 12th July and 9th August – I attended the former meeting with Bob Kirton and Steve Wragg and Bob Kirton attended the latter. The ACPB agreed with a proposal for developing an Accountable Care Shadow Delivery Board (ACSDB) comprised of senior staff from each partner organisation subject to approval by partner organisation boards. BHNFT’s Board agreed the proposal on 27th July. The ACSDB will oversee a defined set of activities, namely the existing Alliance Contract, delivery of the Barnsley Plan and the development of the accountable care partnership. Any proposed change in the role of the ACSDB would require a review of it’s structure, membership and Terms of Reference.

6. A & E DELIVERY BOARD

Each local area’s A&E Delivery Board has undergone a review meeting with regional directors of NHS Improvement (NHSI)/NHS England (NHSE). Lesley Smith and I had a very positive meeting with the Directors on 4th August as this area’s performance for Quarter 2 was the best in South Yorkshire & Bassetlaw at that time.

7. TRENT PAEDIATRIC SOCIETY MEETING 4TH JULY

I gave a talk to this group about the STP and the importance of clinical engagement following an invitation from a local consultant who had organised the meeting in Barnsley. There was good attendance from BHNFT clinicians.

8. MEETING WITH DAN JARVIS, MP

Bob Kirton and I met with Dan Jarvis on 22nd June and updated him on various issues related to the Trust.

9. NHSI OPERATIONAL PRODUCTIVITY LAUNCH

Chris Thickett (Deputy Director of Finance), Katherine Sowden (Head of Business Planning & Programmes) and I attended the inaugural meeting of the new national Operational Productivity workstream. A series of presentations were made covering various aspects of productivity, for example estates, clinical etc. The information will be used to identify whether there are additional areas for the Trust to develop.

10. SECURITY

The Executive Team underwent Gold Command refresher training from Mike Lees, head of Business Security.

11. INTERIM DIRECTOR OF HUMAN RESOURCES AND ORGANISATIONAL DEVELOPMENT

Natalie Grosvenor was appointed to this 6 month interim post on 9th August with a start date of 21st August subject to pre-employment checks. Natalie has extensive senior experience in the NHS and the private sector and will significantly augment the existing HR team.

12. STAFF ENGAGEMENT

The new staff engagement group has commenced meeting and a revised action plan has been developed. Heather McNair and I have started engagement meetings with some nursing teams with particularly low engagement scores in the last staff survey.
13. CONSULTANT APPOINTMENTS

I would like Governors to note the following Consultant appointments since the last report:

- Locum consultant in radiology
- Two consultants in anaesthetics

14. REVISED TEAM BRIEF APPROACH

The new departmental Director-led Team Briefs have now been in place for four months and feedback to date has been very encouraging.

Dr Richard Jenkins
CHIEF EXECUTIVE
August 2017
1 INTRODUCTION

1.1 This report provides an update on the work and discussions of the Council of Governors’ Finance & Performance sub-group (FPSG) and Quality & Governance sub-group (QGSG).

1.2 The sub-groups meet on alternate months. This report includes notes from the July FPSG meeting and August QGSG meetings.

2 SUB-GROUP LEADERSHIP & MEMBERSHIP

2.1 The July and August meetings were led respectively by Mr David Brannan (for FPSG) and Mr Trevor Smith (for QGSG) as the Sub-group chairs.

2.2 Membership of the sub-groups remains informal. Governors are welcome to attend the sub-group meetings regularly or on an ad hoc basis if preferred. If any Governor wishes to raise an item through either of the sub-groups, the Chairs would be pleased to hear from you ahead of the next meeting’s agenda setting.

3 WORK OF THE SUB-GROUPS

3.1 One of the primary objectives of the sub-groups is to support the Governors’ role of holding the Non Executive Directors (NEDs) – and through them, the Board – to account for the Trust’s performance. As part of this, the sub-groups continue to review progress against the strategic aims and objectives underpinning the Trust’s business plan.

3.2 The sub-group meetings also provide a valuable opportunity for Governors to share feedback from their constituencies (public, partners and staff) and members.

3.3 Minutes from the sub-groups are shared with all Governors by email. Printed copies are available to Governors on request and key points from each meeting are reported at General Meetings (see below).

4 REPORT ON SUB-GROUP MEETINGS

Finance & Performance Sub-Group (FPSG)

4.1 The latest FPSG meeting was held on 7th July 2017. The meeting was well attended by Governors and Board members, including three Non Executive Directors - Francis Patton, Nick Mapstone and the Chairman - and Bob Kirton, Director of Strategy & Business Development.

4.2 Bob Kirton provided an update on the development of the Trust’s wholly owned subsidiary company – Barnsley Facilities Services Limited (BFS). The Governors are generally supportive of this development but also keen to ensure that staff transferring to BFS will do so on equitable terms to those received whilst working in
the Trust and we welcomed assurance on this. A further update on the development plans will be provided at the General Meeting (see separate agenda item 8 refers), ahead of the formal launch of the expanded company from 1st September.

4.3 The meeting received a wider update on staffing issues from Martin Jackson. Martin is a Partner Governor on behalf of the Joint Trade Unions Committee (JTUC) and it is always interesting to get a ‘front line’ perspective of the Trust’s progress. Whilst big changes such as the BFS proposals mentioned above are always unsettling and treated with caution, staff continue to be supportive of the Trust’s plans for development overall. Undeniably staff at the hospital face a lot of pressure, with demands and patient numbers growing and salaries remaining capped. The recent discussions around moves to relax the national pay restrictions will be monitored with interest.

4.4 Review of the latest Chair’s Log from the Board’s Finance & Performance Committee (F&P) and the Integrated Performance Report highlighted the financial position at the end of month two still ahead of plan and a strong - but challenging - cash position. This is supported by continued good controls on expenditure and management of income.

4.5 Governors were pleased to note the good performance overall in such as cancer services and diagnoses and improvements in emergency access and ophthalmology, with further work ongoing to ensure the Trust returns to target in these areas as soon as possible.

4.6 The positive achievements against workforce indicators were also noted, with appraisals and mandatory training on track to achieve target by the end of June (latest data was to May) and sickness absence reduced for the fifth consecutive month, to 3.5%.

4.7 The meeting also reviewed the Board report on Clinical Thresholds, some of which are comparatively new to the hospital. Governors received assurance that the thresholds were part of a shared aim across the community to deliver the best results for Barnsley patients.

Quality & Governance Sub-group (QGSG)

4.8 The QGSG meeting held on 9th August, was well attended. In addition to Steve Wragg (Chairman), Janet Dean and Philip Hudson (Non Executive Directors), Governors were pleased to welcome leads from the Trust’s safeguarding team too.

4.9 Safeguarding is an important issue: key messages from the presentation emphasised that safeguarding must be personal – to support the needs and wishes of the person at the centre, and that safeguarding is everyone’s responsibility. It is a challenging agenda aimed and supporting some very vulnerable people. The safeguarding leads – Jayne Axa (Lead Nurse Safeguarding Children), Gillian Pepper (Adults Safeguarding Lead/Named Nurse), June Pollard (Named Midwife Safeguarding Children) and Sharon Tyne (Safeguarding Children Advisor) – provided a very useful overview of their work. Several of the team are quite new to the Trust and have clearly brought some interesting ideas with them; they were assured of Governors’ continuing support for their work.

4.10 As usual, the group reviewed the Chair’s Logs from the Board’s Quality & Governance Committee (Q&G) for June and July and the key aspects of the latest Integrated Performance Report (IPR) that fall under the remit of Q&G and QGSG. As expected, several aspects of the tragic fire in a London tower block have been reviewed by the Trust and Governors appreciated the internal and external assessments undertaken and confirmation that the Trust did not have any of the cladding on site that had contributed to the deaths at Grenfell Towers. We also took assurance from the Trust’s constantly pro-active approach to issues such as fire
safety and security and the Trust’s readiness to respond to major incidents across the region too, whatever their nature.

4.11 The Non Executives responded to a number of questions raised by Governors on a range of issues including venous thromboembolism (VTE) – work on which is continuing to ensure further improvements in timely assessments; the Trust’s response to the recent Regulation 28 letter (confirming actions taken in response to recommendations from the Coroner); the value of the new system being adopted for supervisory of midwives, following abolition of the national system earlier in the year (this would ensure continuation of the support needed for staff working in this challenging field), and an update on the proposed transfer of intermediate care services from Mount Vernon.

4.12 The meeting also learned that BHNFT would be among the first trusts to be visited by the Care Quality Commission (CQC) under the new inspection system. As a starting point, the Trust has provided a wealth of information to the CQC in response to a data request received and will be expecting an unannounced visit later in the year, at which the CQC will check its findings against the information provided and review the Trust’s progress since its last inspection in 2015.

4.13 The Lead Governor reported on the work on the Patient Experience Group. Whilst she had not been able to attend the latest meeting, the papers clearly demonstrated the continued wide ranging work aimed at improving the experience of patients at Barnsley Hospital.

4.14 Mr Bogg, Public Governor, shared feedback from discussions at the latest meeting of the Trust’s Equality & Diversity group. He highlighted the focus on staff from diverse ethnic backgrounds in response to the latest staff survey. Findings had shown that these staff often faced different problems to others and felt less able to speak up and it was encouraging to learn of the work being undertaken to be able to support them.

4.15 In addition Governors shared feedback from the latest Quality & Safety visits they have been involved with. These visits are valued by both the Trust and the Governors. Whilst comments from patients are nearly always very positive, Governors welcomed assurance about the Trust’s responsiveness to less positive feedback received from these visits too – from patients, visitors and staff.

4.16 The Committee continued to monitor progress on developments in ophthalmology and the relocation of the Patient Advice & Liaison Services.

5 CONCLUSION & RECOMMENDATIONS

5.1 As stated previously, sub-group meetings are intended to supplement and support the work of the wider Council of Governors. Other information will also continue to be available to Governors via formal and informal updates from the Chairman, Governor attendance at Board meetings held in public, the joint meeting of the Governors and Board, briefings received at General Meetings, private briefing sessions for Governors, and the Board’s responses to any questions raised by Governors.

5.2 The notes above are by no means a full reflection of the meetings’ business. Governors are encouraged to come along to hear more and contribute to the sub-groups’ discussions and work.
5.3 Governors are asked to:

- note and support the continued work of the sub-groups, and
- receive a verbal update from the Chair of the QGSG following June’s meeting of the sub-group

DAVID BRANNAN               TREVOR SMITH  
Sub-Group Chair              Sub-Group Chair  
FINANCE & PERFORMANCE        QUALITY & GOVERNANCE  
August 2017
BOARD OF DIRECTORS

1 MEETING PAPERS & AGENDA

1.1 The Agenda for the meeting of the Board of Directors held in public on 13th July 2017, is attached for information. The Minutes of the previous meeting, held in June, are also attached.

1.2 Governors have access to all of the papers from the Board meetings held in public but the following two reports are attached for your attention:

1.2.1 The latest performance report (to end June 2017). These monthly reports continue to be subject to closer review regularly at Governors’ sub-group meetings. Progress against delivery of the strategic objectives for the Business Plan is monitored through the sub-groups too.

1.2.2 The Horizon Scanning report received in July, which provides insight into national new and future plans, much of which will have a bearing on services at Barnsley.

1.3 Copies of the full reports from all Board meetings held in public are available on the Trust’s website (www.barnsleyhospital.nhs.uk) or on request from the Secretary to the Board & Governors, Carol Dudley.

2 FUTURE MEETINGS

2.1 Governors, staff and members of the public are welcome to come along to observe any meetings of the Board held in public. Meeting papers will be provided on the Trust’s website and at the meeting.

2.2 The Board of Directors’ regular meetings are usually held on the first Thursday of every month but there are exceptions, as was the case in July and August. Governors are advised to check with the Governors’ Office or on the Trust’s website for further details.

2.3 The next Board of Directors’ meeting to be held in public is scheduled for 7th September, commencing at 9am.

3. RECOMMENDATION

Governors are asked to receive and note this report.

Stephen Wragg
CHAIRMAN
August 2017
### Meeting Information

**A MEETING OF THE BOARD OF DIRECTORS**  
**WILL TAKE PLACE ON 13 July 2017, 9AM**  
**IN THE EDUCATION CENTRE, BARNSTLEY HOSPITAL**

### Agenda

<table>
<thead>
<tr>
<th>No</th>
<th>Item</th>
<th>Sponsor</th>
<th>Ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Apologies and Welcome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>To <strong>review</strong> the Register of Interests and <strong>receive</strong> any further declarations of interests</td>
<td>S Wragg, Chairman</td>
<td>17/07/P-02</td>
</tr>
<tr>
<td>3.</td>
<td>To <strong>approve</strong> the Minutes of the meeting of the Board of Directors held in public on 1st June 2017</td>
<td></td>
<td>17/07/P-03</td>
</tr>
<tr>
<td>4.</td>
<td>To <strong>approve</strong> the Action Log in relation to progress to date and <strong>review</strong> any outstanding actions</td>
<td></td>
<td>17/07/P-04</td>
</tr>
</tbody>
</table>

**Strategic Aim: Patients will experience safe care**

<table>
<thead>
<tr>
<th>No</th>
<th>Item</th>
<th>Sponsor</th>
<th>Ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td>To <strong>receive</strong> and <strong>review</strong> latest Patient’s Story</td>
<td>H McNair Dir of Nursing &amp; Quality</td>
<td>Presentation</td>
</tr>
<tr>
<td>6.</td>
<td>To <strong>receive</strong> and <strong>support</strong> the Chair’s Log and assurance from the Quality &amp; Governance Committee</td>
<td>R Moore, Quality &amp; Governance Committee Chair</td>
<td>17/07/P-07</td>
</tr>
<tr>
<td>7.</td>
<td>To <strong>receive</strong> and <strong>endorse</strong> the Annual Report on Infection Prevention &amp; Control</td>
<td>H McNair Dir of Nursing &amp; Quality</td>
<td>17/07/P-08</td>
</tr>
<tr>
<td>8.</td>
<td>To <strong>receive</strong> the quarterly review on the Trust’s Mortality Ratios</td>
<td>Dr S Enright Interim Medical Dir</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>To <strong>receive</strong> and <strong>review</strong> the Chair’s Log on any escalation issues from the Executive Team</td>
<td>Dr R Jenkins Chief Executive</td>
<td></td>
</tr>
</tbody>
</table>

**Strategic Aim: People will be proud to work for us**

**Strategic Aim: Performance matters**

<table>
<thead>
<tr>
<th>No</th>
<th>Item</th>
<th>Sponsor</th>
<th>Ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>To <strong>receive</strong> and <strong>endorse</strong> the Chair’s Log and assurance from the Finance &amp; Performance Committee</td>
<td>F Patton Committee Chair</td>
<td>17/07/P-10</td>
</tr>
<tr>
<td>11.</td>
<td>To <strong>review</strong> the integrated performance report (month 02)</td>
<td>Executive Team</td>
<td>17/07/P-11</td>
</tr>
<tr>
<td>12.</td>
<td>To <strong>receive</strong> and <strong>review</strong> latest information on the Sustainability &amp; Transformation Partnership</td>
<td>Dr R Jenkins Chief Executive</td>
<td>17/07/P-12</td>
</tr>
</tbody>
</table>

**Strategic Aim: Partnership will be our strength**

<table>
<thead>
<tr>
<th>No</th>
<th>Item</th>
<th>Sponsor</th>
<th>Ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.</td>
<td>To <strong>note</strong> and <strong>endorse</strong> the monthly report from the Chairman</td>
<td>S Wragg Chairman</td>
<td>17/07/P-13</td>
</tr>
<tr>
<td>14.</td>
<td>To <strong>note</strong> the monthly report from the Chief Executive</td>
<td>Dr R Jenkins Chief Executive</td>
<td>17/07/P-14</td>
</tr>
</tbody>
</table>

Cont/…
<table>
<thead>
<tr>
<th>No</th>
<th>Item</th>
<th>Sponsor</th>
<th>Ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>To receive and note the latest Agenda and Minutes of the Council of Governors’ General Meetings</td>
<td>S Wragg Chairman</td>
<td>17/07/P-15</td>
</tr>
<tr>
<td>16</td>
<td>To receive and note the quarterly report on Communications &amp; Marketing</td>
<td>E Parkes Director of Marketing &amp; Communications</td>
<td>17/07/P-16</td>
</tr>
<tr>
<td>17</td>
<td>To receive and review the latest Horizon Scanning report</td>
<td></td>
<td>17/07/P-17</td>
</tr>
</tbody>
</table>

18. In accordance with the Trust’s Standing Orders and Constitution, to resolve that representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted.

Date of next meeting:
- 7th September 2017
- (no meeting in August)

Signed: ........................................

CHAIRMAN

Please see reference section at back of papers for key to business plan and glossary of terms/acronyms
MINUTES OF A MEETING OF THE
BOARD OF DIRECTORS
HELD ON 1ST JUNE 2017
IN THE EDUCATION CENTRE, BARNSLEY HOSPITAL NHSFT

PRESENT:
Ms J Dean Non Executive Director
Mrs K Firth Non Executive Director
Mr P Hudson Non Executive Director
Dr R Jenkins Interim Chief Executive
Ms K Kelly Director of Operations
Mr R Kirton Director of Strategy & Business Development
Mr N Mapstone Non Executive Director
Mrs H McNair Director of Nursing & Quality
Ms R Moore Non Executive Director
Mr F Patton Non Executive Director
Mr S Wragg Chairman
Mr M Wright Director of Finance

IN ATTENDANCE:
Dr R Atkinson Clinical Director, CBU1 (Medical Services)
Mrs L Christopher Director of Estates & Facilities
Miss M Dass Clinical Director, CBU3 (Women, Children & Clinical Support)
Mr T Davidson Director of ICT
Ms C E Dudley Secretary to the Board & Governors
Mr K Hickman Joint Associate Director of HR&OD
Ms L Love Quality & Patient Experience Coordinator *
Mrs J Pell Head of Patient Experience *
Mr J Whitehead Voluntary Services Co-ordinator *
[* attended re Minute 17/90]

APOLOGIES:
Dr Simon Enright Interim Medical Director

17/86 APOLOGIES & WELCOME
Members and attendees were welcomed, apologies were noted as above. As a courtesy, apologies had also been received from Ms Parkes, Director of Marketing & Communications, and Mr Bannister, Deputy Medical Director.

17/87 DECLARATION OF INTERESTS
Mrs Firth declared her potential conflict of interest in relation to the report on Clinical Thresholds (agenda item 9). No other declarations were received.

17/88 MINUTES OF LAST MEETING (17/06/P-03)
The Minutes of the meeting of the Board of Directors held in public on 4th May 2017 were received and approved as a true record.
The action log showing progress on matters arising from the last and previous meetings held in public was received and noted. Three additional updates were noted:

- **16/198**: protocol to be revised/developed re patients assessed as medically fit for discharge – it was confirmed that this was being taken forward to completion as an action by the Executive Team. It was therefore agreed that it should be removed from the Board’s action log.

- It was agreed that firmer dates should be assigned to 16/152 (review of establishment post re-configuration of wards) and 16/171 (development of ‘Ambassador Packs’) in the next issue of the log.

- With regard to 16/152, it was further confirmed that the information on establishment would relate to staffing and configuration, so should be noted as two actions.

### PATIENT’S STORY

As part of the celebration of National Volunteers’ Week, a video was shown illustrating some of the diverse and effective ways in which volunteers currently worked across the Trust. It also included comments from just a few of the Trust’s nearly 300 volunteers explaining why they had chosen to volunteer at Barnsley Hospital and highlighting some of the benefits for volunteers, patients and the Trust. Although the video was not a patient’s story as such, many of the Trust’s volunteers were or had been patients and saw volunteering with the hospital as a way of saying thank you for the care they or their families had received.

Mrs Pell advised that the video was one of a series of tools and events being deployed throughout the week to celebrate the Trust’s volunteers and promote opportunities for recruitment to current and new volunteer roles. There was also an opportunity for Board members to get involved by pledging 30-60 minutes for a ‘micro volunteering slot’, to shadow one of the volunteers. The Chairman, Chief Executive and other Directors were pleased to confirm their support for this initiative.

The Board wholeheartedly appreciated the work of the volunteers, all of whom played an important part supporting patients and staff across the Trust. The video prompted questions from Ms Dean regarding the recruitment process for volunteers and the age range of the people involved. Mrs Pell confirmed that volunteers were recruited in line with the Trust’s HR processes. She also advised that volunteers’ ages ranged from 17 years upwards (currently 33 members of the team were aged under 25 years). Ms Moore highlighted the new opportunity for end of life volunteers, which could include staff too. Mrs Pell briefly outlined other work ongoing to enable more staff to volunteer, which would be piloted shortly.

The Chairman welcomed the video and was keen to share it more widely. Ms Love undertook to send the link, which could be shared with everyone, and would also liaise with the communications team to see if it would be possible to play the video at the HEART Awards event too.

Before leaving, Mrs Pell, Mr Whitehead and Ms Love were thanked for the information shared at the meeting and for their work with and support for the volunteers.
QUALITY & GOVERNANCE COMMITTEE (Q&G) – CHAIR’S LOG

Ms Moore, Chair of Q&G, presented the Chair’s Log following the Committee’s latest meeting (May). The Log was reviewed and noted. It had been a busy meeting and Ms Moore highlighted several of the key issues from the discussions, as reported in the Log. Some items were also featured on the Board’s agenda separately. She flagged several common themes across a number of topics, including ‘closing the loop’ on clinical audit outcomes to ensure agreed work/actions were fully embedded and the need for more medical engagement in some of the processes relating to clinical audits and NICE compliance. Other issues of particular note at the Committee meeting had included the continued good work around healthcare acquired infections (11 cases of clostridium difficile/C.diff recorded in 2016/17 against a trajectory of 13 and increased reporting on MSSA and E-coli), the updated Fire and Health & Safety statements for signature (following recent appointment of a new Chief Executive) and several new policies recommended to the Board for approval (per section 9 on the Log).

With regard to the Policies, Mrs Firth highlighted the Health & Safety Management Policy which included a reference to related expenditure in 2014/15. She suggested, and it was agreed, that this was not pertinent for a policy and should be removed. Subject to the agreed correction, this Policy and the Fire Statement Policy were approved by the Board and would be presented for signature by the Chairman and/or CEO accordingly. The updated policies for Waste Management, Incident Reporting and Safe Handling and Disposal of Sharps were also noted.

Mrs Kelly drew attention to the four reported 52 week breaches in ophthalmology. Assurance was given that all of the patients involved had now been seen in clinic and actions taken to ensure that the delays, which could and should have been avoided, did not recur for other patients.

As Chair of the Audit Committee, Ms Dean confirmed that the request for a review of clinical audit outcomes would be addressed by the Audit Committee at its next meeting. In the interim, she would appreciate further discussions with the Chief Executive and Interim Medical Director to ensure a consistent approach to reporting and understanding of risks across all clinical audits.

NURSING & MIDWIFERY - SIX MONTHS STAFFING REPORT

Mrs McNair presented the six months report on Nursing & Midwifery staffing, which was reviewed and noted. In addition to an overview on staffing levels, the report outlined the Trust’s response to some of the new roles being introduced nationally and the continuing development of associate nurse practitioners (ANPs) within the Trust – over 20 had now been introduced at BHNFT. Additionally the report highlighted work within the Clinical Business Units (CBUs), taking into account the impact of the new roles and feedback on the skill mix reviews progressed following the relocation of several wards.

It was affirmed that the report showed the Trust still with higher staffing ratios of registered nurses to patients than many trusts (ie one nurse to every seven patients – with some variance in accord with the needs of the ward). Mrs McNair flagged that latest national guidance, however, showed an expectation for trusts to have a 21.5% uplift in staffing levels; the Trust was currently at 19% (with no adverse impact reported). She would be presenting a further report on this to the Board and Q&G following a gap analysis.
In response to questions from several members of the Non Executive team, Mrs McNair confirmed that the Trust had lost four ANPs to primary care. This reflected the pay rates and working hours that were often more flexible and attractive in primary care than in acute hospitals. Discussions were ongoing with the Clinical Commissioning Group (CCG) to develop a shared cohort across the region, with joint training and joint roles, which would help to address this risk.

Mr Patton had been pleased to note that the Trust’s Emergency Department (ED) remained an attractive and popular place to work despite current pressures. However, Members agreed that this seemed contrary to other reporting on recruitment and retention in ED. It would be useful to expand on this in future reports.

Ms Moore welcomed confirmation from Mrs McNair that there were no cost improvement plans scheduled for nursing in 2017/18. Mrs McNair advised that there would be some recovery on the pay protection in place over the past two years and savings from continued good management of vacancy factors. In reply to a query from Mrs Firth, she affirmed that the Trust was constantly recruiting and tried to over recruit where possible to protect staffing levels overall.

Ms Moore was pleased to share feedback from Mrs Cooper, NHS Digital, who had visited the site recently. She had been impressed by the helpfulness and enthusiasm of the staff she had met and asked that her comments were shared with the Board.

Ms Moore also enquired about any information on the impact on student recruitment following the abolition of bursaries. Mrs McNair advised that local uptake had reduced by a third although courses remained full, reflecting usual attrition. The number of mature students had reduced but these students may now have a greater interest in some of the other (new) roles as they developed.

17/93 SERIOUS INCIDENTS (SIs) (17/06/P-08)
- THEMATIC REVIEW, October 2016-March 2017

Mrs McNair introduced the latest six months report on SIs, to 31st March 2017. The report was intended to reflect on learning from incidents and identify any areas for increased focus, the latest of which were set out in the report. It had been subject to close scrutiny by Q&G.

Mr Mapstone referred to the task & finish group established for diagnostics and enquired about the timescale. Mrs McNair advised that feedback from the group was due to be presented at the Clinical Effectiveness Group (CEG) shortly. Dr Jenkins flagged that some elements of the work would continue beyond the life of the task & finish group; he would be discussing this further with the Interim Medical Director and Deputy Medical Director shortly.

The report was appreciated and noted. The Chairman requested that key items (such as Coroner’s Letters) be including in the executive summaries in future to provide more clarity for both the Board and public readers of the Board papers.

17/94 IMPLEMENTATION OF CLINICAL_THRESHOLDS (17/06/P-09)

Mrs Kelly presented the report, which expanded on the Trust’s work to support implementation of the clinical thresholds introduced by Barnsley, Rotherham and Doncaster CCGs for the 12 conditions listed. The aim of the thresholds was to maximise benefits for patients by commissioning high quality and evidence based care, the principle of which was fully supported by the Trust.
Thresholds had been in place with Rotherham for some time and the impact of the new thresholds from Barnsley CCG was unlikely to be seen before the end of May/June. It was noted that mechanisms were in place to provide support for those patients needing treatment or surgery but unable to meet the criteria and Dr Atkinson affirmed that both GPs and hospital clinicians had the right to refer patients to a review panel if they had concerns regarding the assessment against the threshold criteria or the potential impact of any deferred treatment.

Mr Patton advised that the new thresholds had been discussed at length at the latest meeting of the Finance & Performance Committee (F&P). Discussions had highlighted the need for consistency across all bodies in South Yorkshire to avoid referrals being directed to other trusts working differently and ensure clarity on the reporting of decisions to patients. It had been emphasised that primary care needed to take a lead on the latter, although there would be exceptions where patients had come to the hospital directly (via ED etc). With regard to consistency, Dr Jenkins confirmed that he Chaired the Sustainability & Transformation Partnership (STP) Elective & Diagnostics workstream, which was leading work to ensure a consistent approach across the region.

Mr Patton reported that F&P had also noted the potential conflict for patients who were outside of the criteria and could not immediately have treatment on the NHS but might still be eligible to obtain it via private health care providers. Additionally Dr Jenkins outlined reservations around certain criteria, which might be unavoidable for some patients and could entail them needing assistance for up to six months before being reviewed for surgery/treatment. Ms Moore was similarly concerned that, while she understood the rationale for the thresholds, the approach in some cases might be contrary to the ethos of patient centred care.

It was agreed that it would be good to have sight of the Quality Impact Assessment that would have been progressed by the CCG prior to implementation of the thresholds, to give assurance to the Board. Mrs Kelly and Dr Jenkins would continue to pursue this. It would also be useful to liaise with other areas where thresholds had been in place longer, learning from whom could also give more assurance.

In response to a question from the Non Executives, Mr Wright confirmed that the potential reduction in activity following the introduction of thresholds had been factored into the 2017/18 contract negotiations. He also affirmed, however, that the CCG had agreed to pay the Trust against its forecast activity. If/when this or other actions introduced by the CCG to lessen demands on the hospital gained traction, the payments could be subject to review. A joint audit (check) had been agreed between BHNFT and Barnsley CCG in October. Ms Moore would appreciate if the audit also tried to take account of experiential evidence, not just to focus on patients who had undergone surgery.

The introduction of the 12 clinical thresholds and progress to date was noted and would continue to be closely monitored.

17/95

EXECUTIVE TEAM (ET) CHAIR’S LOG

Dr Jenkins confirmed that most issues from the ET had been raised already in the Board’s discussions or were featured on the agenda separately. He did, however, highlight one case of MRSA bacteraemia reported within the last week. If confirmed, this would be the first such case at the Trust in over a year. Mrs McNair advised that outcomes from the root cause analysis were awaited.
17/96 IMPROVING STAFF EXPERIENCE AND ENGAGEMENT (17/06/P-11)

Dr Jenkins presented the report, which outlined the agreed response to the latest staff survey as discussed in the recent Board workshop. The action plan would be delivered through the relaunched Staff Engagement Group (SEG) and reported via F&P. Progress would also be evaluated through monthly checks against the related CQUIN (Commissioning for Quality and Innovation) payments.

Ms Moore welcomed the approach outlined as it was important that staff experience was given equal weight alongside patient experience. She requested that progress of the action plan was triangulated with Picker data, the impact of Human Factors and appraisal outcomes etc, as well as SEG reporting and the CQUIN. Ms Dean would also like to see the reporting identify the different experiences across the Trust and transfer of good learning between departments. Dr Jenkins appreciated the feedback and suggestions raised, all of which would be factored into the work as it progressed.

17/97 FINANCE & PERFORMANCE COMMITTEE (F&P) - CHAIR’S LOG (17/06/P-12)

Mr Patton, Chair of F&P, presented and expanded upon the Chair’s Log from the latest meeting. Reports had been limited as they had only reflected month 1 data but the Committee had been pleased to note the month’s outcome at £12,000 above plan. This reflected strong clinical income, and continued good cost controls and reductions in agency. The cash position was good too but, as highlighted in the Log, the Trust was facing the start of loan repayments. These would be challenging and would be managed with care. One major debt remained outstanding and was being pursued. The Cost Improvement Programme (CIP) had missed the month 1 target and progress was slightly slower in percentage terms (but not in value) than the same period in 2016/17, reflecting the overall higher CIP for 2017/18. Mr Patton was pleased to report on further support from NHS Improvement (NHSI) for the Trust’s capital programme: an additional £600,000 expenditure had been approved, following the Trust’s good delivery against the 2016/17 capital programme. The funding had been allocated.

The Committee had noted good progress in terms of performance across all areas, including cancer and the revised RTT (referral to treatment) times but had also noted the four 52 week breaches in ophthalmology as reported under Q&G earlier. These had been due to administrative problems and assurance had been received that these had been rectified and would not recur. Concerns remained around the <4 hour emergency access target, which continued to be below target and the focus of considerable efforts and plans.

In relation to workforce issues, sickness absence continued to be closely scrutinised. The trend had improved albeit was still above the Trust’s target. Mandatory training was expected to meet the new target of 90% in Quarter 2 (Q2). Appraisals remained good for medical staff (99%) and compliance was increasing slowly for non-clinical staff with significant improvement expected by the end of June deadline. The Committee had been keen to consolidate all aspects of workforce under a cohesive workforce strategy, encompassing reporting on performance indicators, Human Factors and the staff opinion surveys. The strategy was due to be presented to F&P shortly and would be shared with the Board thereafter. Dr Jenkins confirmed that there would be clear links to the Clinical Strategy also under development.

The Committee had received benefit realisation reports for two business cases. Both had demonstrated improvements in patients’ experiences but review had highlighted the need for better assessment of financial benefits in the initial proposals.
The Chairman reported on his recent discussions with the Director of Finance regarding the Trust’s budget for the year. With the annual planning process having been revised slightly this year, the budget had not been presented separately to the Board for 2017/18. Mr Wright confirmed that the CBU’s had affirmed their agreement to their individual budgets at the May F&P meeting and this approach, together with the Board’s earlier discussions on the annual plan submission, was accepted. It was also agreed, however, that, as requested by the Chairman, the budget for 2018/19 should be formally presented to the Board next year at the March 2018 meeting.

17/98 INTEGRATED PERFORMANCE REPORT (IPR) (17/06/P-13)

The month 1 IPR was received and noted. Many of the key points had been reported during discussion of the F&P and Q&G Chairs’ Logs but further information was provided and reviewed on the issues below.

Quality & Patient Safety
Mrs McNair pointed out:

- performance on complaints had fallen against the prior month, largely due to long term sickness in the team. An interim manager had been secured, which should help to redress this
- the improved position for falls had remained good overall albeit with one incident with severe harm recorded in month
- there had been no healthcare acquired grade 3 pressure ulcers for the second consecutive month
- the medication incidents and SIs as listed

In Dr Enright’s absence, Dr Jenkins drew attention to the latest mortality data, which showed continuing progress and reduction following the winter peaks.

Activity
As flagged by the F&P report, pressures remained in the ED. Mrs Kelly outlined the intensive focus applied over recent weeks, including her attachment to the department for a week, working alongside staff across a range of shifts and roles to observe practice and patient flows. The peak risk to breaches had been noted between 8pm to 3am. Several actions had been implemented to provide more support across the department, including - but by no means limited to - increased safety huddles, successful recruitment (which would affect shift patterns going forward) and more support to enable nursing staff to focus on nursing rather than administrative tasks. Other improvements to be introduced included learning from the recent visit to Luton & Dunstable Hospitals – progress would continue to be closely monitored.

Mrs Kelly outlined latest progress against the cancer 62 day metric, which was improving following continued discussions with multidisciplinary team leads and service management, at which different ways of working and support needs had been explored.

Mrs Kelly also highlighted the continued good performance in ‘did not attend’/DNAs (below national average, with further work ongoing) and RTT performance, currently at 90%, which was ahead of the agreed revised trajectory (hence ‘green’ rating and expected to return to compliance by the end of June). She reported too on the continued improvements in ophthalmology, albeit cognisant of the four reported 52 week breaches, which had been reported to NHS Improvement as a serious incident. It was noted that there were still over 50 escalation beds open; a report on bed modelling was due to be presented to ET at the end of June.
The reduction in length of stay (LOS) was noted, with a significant reduction year on year. Dr Jenkins, however, questioned the reported statistics which showed non-elective LOS shorter than elective and would seek further clarity on the data. He had also noted several issues with the month 1 IPR which would bear review in terms of presentation and needed to be addressed.

Workforce
Mr Hickman highlighted the reduction in sickness absence as reported earlier (a reduction for the fourth consecutive month). He also provided a more up-to-date figure on non-medical staff appraisals – currently at 25.5%, compared to the 18% shown in the IPR.

Finance
While most of the information on finance had been expanded in the report from F&P, Mr Wright reconfirmed that the Trust was on plan for month 1. He forewarned, however, of the impact of different phasing of Sustainability & Transformation Funding (STF) for 2017/18, the reduction in the agency spend target and the need to look for borrowings shortly following a period of zero borrowings since November 2016.

The Chairman reminded members of the annual accounts for 2016/17 recently approved, which showed a good reduction in the overall deficit – but tough challenges ahead.

17/99 STP (17/06/P-14)
The latest progress report on the regional STP and minutes from the Collaborative Partnership Board were received and noted. Dr Jenkins advised that the hospital sustainability review was due to commence after the General Election (after purdah). Appointments of the lead and secretariat for this work were expected to be formally confirmed, as was the appointment of the STP lead for South Yorkshire & Bassetlaw. The outcomes of the two regional consultations were also expected to be announced at that time.

17/100 PUBLIC HEALTH ANNUAL REPORT
The Board viewed the Director of Public Health’s Annual Report (YouTube link) and re-affirmed its support for the areas of focus for 2017/18, helping to support improvements in health and wellbeing for families and children across the borough. Members agreed it was important the Trust pro-actively engaged with this work.

17/101 CHAIRMAN’S REPORT (17/06/P-16)
The Chairman’s report was received and noted, providing an overview on a number of activities undertaken by the Chairman since the last Board meeting and items of interest, including feedback from national and local events and the continuing work of the Council of Governors.

The Chairman drew attention to the outcomes of the Fit & Proper Person Tests (FPPT) for the Non Executive Directors, which had been carried out through two independent government websites in addition to Directors’ annual self-declarations. The independent reviews had not identified any areas of concern. The report would be shared at the next General Meeting of the Council of Governors. Reviews would also be undertaken and reported for the Executive Directors and wider executive management team.

The continuing growth of the Charity and the Tiny Hearts Appeal was noted, supported by events such as the HEART Awards evening and sky diving (involving one of the Directors – Mrs Kelly) and promises of further support in future by one of the local parliamentary candidates (to run the London
Marathon in support of the Appeal, in 2018). In addition to raising funds for a very worthy cause, the Appeal had helped to reinforce the hospital’s central role in the community and promote further engagement with local people.

The Chairman also reported on the work of the Organ Donation memorial group, which he chaired. He was pleased to advise that the group was being supported by the Curator from the Yorkshire Sculpture Park, who was generously working with the Trust to develop an artistic specification, which the Trust would be putting to Barnsley College, thus developing a community-wide approach.

Reports were invited from other members of the Non Executive Team.

- Ms Moore reported on the latest End of Life meeting (including progress on the spirituality work reported previously), and her attendance at a recent conference hosted by the HFMA. The conference had included a good focus on leadership, areas of good practice and learning from less good practice (including data overload in IPRs, which could obscure issues of concern).
- Ms Dean was pleased to share feedback from her recent visit to the neonatal unit and children’s wards. This had given a useful insight into the aims of the Tiny Hearts Appeal.
- Mr Patton confirmed progress on the Chairman’s annual appraisal, discussions on which he had chaired through the Nominations Committee – the outcomes would be shared with the Chairman shortly, before being presented to the Council of Governors for consideration and approval. He also reported on the latest departmental visit for some of the Non Executives (himself, Mr Hudson and Mr Mapstone) to the acute stroke unit. The visit had been very informative and the Non Executives had met a very enthusiastic and positive team.

17/102 CHIEF EXECUTIVE’S REPORT

Dr Jenkins’ report on regional and national news and updates on a range of activities undertaken as CEO over the past month was received and noted.

He emphasised the Trust’s review of security following the recent atrocity in Manchester. He also reiterated the ICT team’s quick and effective response to the national ransomware attack on 12th May, which had ensured a minimal impact on the patients and the Trust and no appointment cancellations. More work had been undertaken since to further strengthen the Trust’s defences against cyber attacks.

Dr Jenkins was also pleased to confirm the appointment of Ms Pollington as the new Freedom to Speak Up Guardian. Ms Moore had met with Ms Pollington at a recent End of Life meeting and had no hesitation in agreeing that this would be a good appointment for the Trust.

17/103 ANY OTHER BUSINESS & DATE OF NEXT MEETING

- Public comments
  Mr Millington, a Partner Governor from the CCG, had been pleased to note the progress on the respiratory service, which he hoped would provide a seamless service for the people of Barnsley.

  He had noted the reports on the ophthalmology service. In his role in the CCG, he Chaired the Patients’ Council and had received some hard challenges recently regarding the service. He appreciated that there had been some issues at the time of handover to BHNFT; the service was now a standing item on the Council’s agenda and he looked forward to further progress.
Mr Millington expressed a concern regarding the Board’s discussions on the new clinical thresholds, which should not be seen as a rationing of services in any way, rather a rationale to ensure the right services for local patients. It was important that both organisations were equally supportive of the new approach and again he would be keen to follow developments as implementation progressed.

- **Any other business**
  Dr Atkinson referred to a recent meeting with the Director of Medical Education from the School of Medicine and Deanery, during which the Director had queried whether or not a Non Executive Director should be involved. The Chairman confirmed that this was not something the Non Executive Directors had been involved with previously but undertook to discuss it further with the Chief Executive.

- **Date of next meeting**
  The next meeting of the Board of Directors to be held in public was scheduled for 13th July 2017.

There being no further business and in accordance with the Trust’s Constitution and Standing Orders, it was resolved that members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted.
Integrated Performance Report

June 2017

Created by: Healthcare Information and Insight Service
Title of report: Integrated Performance Report
Executive Lead: Karen Kelly
### Key Messages

<table>
<thead>
<tr>
<th></th>
<th>Patients will experience safe care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Quality &amp; Patient Experience:-</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Complaints</strong></td>
</tr>
<tr>
<td></td>
<td>During June the Trust received 27 new complaints which was a slight increase on the previous month’s figure of 21. Of this number 12 were for CBU 1, 9 for CBU 2 and 5 for CBU 3 and 1 for Corporate Services. The top subject areas for the new complaints were clinical care and treatment (12), Access related issues (6) and Communication concerns (6). Of the 27 new complaints 7 were graded as high risk with themes relating to diagnosis, complication of treatment, management of VTE, discharge and unsatisfactory standard of care.</td>
</tr>
<tr>
<td></td>
<td>Of note is the number of complaints closed within target at 92% against a target of 90% - which demonstrates a significant improvement on performance for the past two months. 13 complaints were closed and the average number of working days taken to investigate was 46 days. There were 8 re-opened complaints: three each for CBUs 1&amp;2 and CBU 3 having 2.</td>
</tr>
<tr>
<td></td>
<td>There has been no new referral of complaints to the PHSO and of the two complaints currently under investigation, one has been partly upheld and the other is still under investigation.</td>
</tr>
<tr>
<td></td>
<td><strong>Falls</strong></td>
</tr>
<tr>
<td></td>
<td>During the period 1st-30th June 2017 there were 68 inpatient falls reported trust wide and 13 repeat falls. The total number of inpatient falls reported in quarter 1 FYTD is 185.</td>
</tr>
<tr>
<td></td>
<td>During the period 1st-30th June 2017 there were 4 falls incidents resulting in moderate harm and above. 2 of these incident resulted in moderate harm and 2 incidents resulted severe harm, both severe harms are currently being investigated under the serious incident process. The total number of falls incidents resulting in moderate harm and above reported in quarter 1 FYTD is 10.</td>
</tr>
<tr>
<td></td>
<td>There continues to be a variation through the months with the number of inpatient falls that occur at the Trust and this is to be expected. The data collected on the actual number of falls per 1,000 bed days’ shows that we remain within our set control limits. The Trust is slightly above our upper warning limit for the number of falls incidents resulting in moderate harms but we remain under our upper control limit.</td>
</tr>
<tr>
<td></td>
<td>The Falls team continues to provide advice, support and training for staff around best falls prevention practices and falls documentation. There has been a drive to promote uptake of ward based training offered by the team, specifically focusing on those higher risk falls areas. A trial of ward Link Nurse Champions is due to commence in July, who will in turn cascade the training to their teams and provide on-going support promoting and embedding best falls prevention practices in day to day practices.</td>
</tr>
</tbody>
</table>
### Pressure Ulcers

Having achieved the trust objective of zero hospital acquired avoidable grade 3 pressure ulcers for the previous three months, there have been two avoidable grade 3 pressure ulcers in June. The number of avoidable grade 2's has also increased this month, with four avoidable incidents reported.

It was agreed in May that TV led ward rounds would concentrate on AMU going forward, in response to an increased number of avoidable pressure ulcers attributable to AMU in the preceding months, and this has shown a marked improvement on the number of pressure ulcers which have developed on the unit. However, other areas have shown an increase in the number of pressure ulcers. Lead TVN and HoN CBU1 have met and agreed a worksheet for ward staff to use when conducting tissue viability ward rounds the aim being the prompts on the worksheet will be used to check that essential assessments, equipment and documentation is in place to maintain the safety of patients and reduce harm – this will be in place on the Acute Medical Unit from week commencing Monday 24 August 2017.

Individual ward areas have Tissue Viability action plans in place, which are monitored through the CBU governance process.

The use of the pressure ulcer risk assessment process / documentation is continually evaluated through RCA investigations, and amendments have been made to the documents, based on this and user feedback.
## Key Messages

### Safety

#### Serious Incidents

There have been 6 SIs in total reported in June 2017:

- 2017/16175 – Inappropriate transfer. Incident occurred in February 2017
- 2017/14215 – Fall resulting in a fractured neck of femur. Incident occurred in May 2017
- 2017/14432 – Fall resulting in death. Incident occurred in June 2017
- 2017/16400 – Pressure Ulcer. Incident occurred in June 2017
- 2017/15169 – Fall resulting in fractured neck of femur. Incident occurred in June 2017

#### Medication Incident Resulting in Harm

There has been 1 medication incidents resulting in low harm:

- Neonate on IV antibiotics to cover infection. 2nd dose of gentamicin given in error 12hrs early. Patient had to be re-bled for tests. (Datix 37076 – Labour suite)

#### Incident Resulting in Death

- Patient had a fall and sustained a head injury. Patient died during CT scan (Datix 36998 – Ward 18. SI 2017/14432)
- Patient had a cardiac arrest and died. (Datix 37372 – Elderly Care ward 20)

#### Incident Resulting in Severe Harm

- In-patient fall which resulted in the patient sustaining a fractured neck of femur. (Datix 37141 – Ward 21. SI 2017/15169)

### Mortality

- HSMR for the rolling 12 month period April 16 - March 17 is 93. (Next update is due in August 17)

- SHMI for Q3 2016/17 is 99.2. (Next Update is due in September 17)

### A&E 4 Hour Wait

- ED performance under achieved at 91.8% against agreed trajectory of 95%, Year To date position 90.7%
### Executive Summary by Exception

#### Key Messages

<table>
<thead>
<tr>
<th>3</th>
<th>People will be proud to work for us</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee: F&amp;P</td>
<td>Page: 31-34</td>
</tr>
</tbody>
</table>

#### Staff Turnover

Turnover is down but remains within target range.

#### Appraisals

- **Appraisals Medical** - Percentage of doctors (eligible for appraisal) in date for appraisal was 97.8%:
  - CBU 1 Medicine = 98.6%
  - CBU 2 Surgery = 97.3%
  - CBU 3 W&C & Clinical Services = 97.3%

- **Appraisals Non Medical** - Current appraisal target is set at 90% each year. The position as of 10th July 2017 is 93.1% which is highest percentage the Trust has achieved.

#### Mandatory Training

Compliance has increased on a monthly basis since January 2017. The Trust has set a target of 90% to be achieved by the end of September 17. Lead professionals, HR Officers and Learning and Development are working closely together to support the Trust in achieving this target.

#### Sickness Absence

Overall sickness absence for June has risen by 0.18% to 3.72% but remains in green and below the Trust target. The largest increase in sickness absence was in CBU 2 which rose 1.01% to 4.69%. CBU1 also saw an increase of 0.56% to 4.28%. CBU 3 saw sickness fall by 0.4% and moves from amber to green at 3.41%. Corporate also saw a fall of 0.19% to 2.52% and remains in green. The 12 months cumulative sickness absence for the Trust has reduced to 4.11%.
### Key Messages

<table>
<thead>
<tr>
<th>Performance Matters</th>
<th>Committee: F&amp;P</th>
<th>Page: 35-51</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Key Performance Indicators</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 62 Day - Urgent GP Referral to Treatment

The uploaded May performance showed a compliant unadjusted position against this target. Following local application of the national breach allocation guidance, performance was adjusted to 87.4%, therefore demonstrating continued compliance following all revisions.

The June position is undergoing validation but looks set to be compliant and would result in an overall Q1 end compliant position. Current estimates suggest performance will exceed the 85% trajectory submitted to NHSI.

#### Consultant Upgrade

The Consultant Upgrade target in May was compliant although the unvalidated position for June shows a deterioration in performance. This is due to a low denominator of Upgrade pathways throughout June, with performance adversely affected by 2 x breaches only.

#### Breast symptomatic 2WW

The uploaded May performance showed a compliant position against this target. The forecasted June position is non-compliant due to patient choice and capacity related breaches (appointments offered late in the 14 day window and not convenient for the patient). However, the overall Q1 end position is compliant.
### Key Messages

<table>
<thead>
<tr>
<th>4</th>
<th>Performance Matters cont.</th>
</tr>
</thead>
<tbody>
<tr>
<td>b)</td>
<td>Financial overview</td>
</tr>
</tbody>
</table>

The Trust has a consolidated year to date deficit position of £4.04m that is slightly favourable to plan. CIP delivery for month 3 is slightly behind plan year to date, although has improved when compared to month 2. Clinical income is £0.56m ahead of plan, although the activity mix is varied. Other income is adverse to plan at month 3. Planned Sustainability and Transformation funding has been realised in month. Capital expenditure is £0.3m above plan. Loan funding of £1.12m has been drawn year to date.
### Quality & Patient Experience

<table>
<thead>
<tr>
<th>Domain</th>
<th>KPI</th>
<th>Target</th>
<th>Set By</th>
<th>Current Qtr</th>
<th>Year to Date</th>
<th>Mar-17</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
<th>Aug-17</th>
<th>Sep-17</th>
<th>Oct-17</th>
<th>Nov-17</th>
<th>Dec-17</th>
<th>Jan-18</th>
<th>Feb-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q - FTT Positivity Rates - ED</td>
<td>G R &gt;85%, A &gt;=80%-85%, R &lt;80%</td>
<td>BHNFT</td>
<td>83.9%</td>
<td>83.9%</td>
<td>88.8%</td>
<td>79.8%</td>
<td>84.3%</td>
<td>83.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q - FTT Positivity Rates - IP</td>
<td>G R &gt;85%, A &gt;=80%-85%, R &lt;80%</td>
<td>BHNFT</td>
<td>97.1%</td>
<td>97.1%</td>
<td>98.4%</td>
<td>97.2%</td>
<td>97.6%</td>
<td>96.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q - FTT Positivity Rates - DP</td>
<td>G R &gt;85%, A &gt;=80%-85%, R &lt;80%</td>
<td>BHNFT</td>
<td>94.7%</td>
<td>94.7%</td>
<td>95.3%</td>
<td>92.9%</td>
<td>93.5%</td>
<td>93.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q - FTT Positivity Rates - MAT</td>
<td>G R &gt;85%, A &gt;=80%-85%, R &lt;80%</td>
<td>BHNFT</td>
<td>98.3%</td>
<td>98.3%</td>
<td>98.5%</td>
<td>97.9%</td>
<td>99.5%</td>
<td>97.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Dementia**
- Find/Assess: 90% (G) National: 92.9%, 92.9%, 90.4%, 92.2%, 93.6%
- Refer: 90% (G) National: 100.0%, 100.0%, 100.0%, 100.0%, 100.0%

**Falls**
- Falls: 785 (G) BHNFT: 185, 185, 76, 73, 60, 68
- Multiple Falls: 104 (G) BHNFT: 10, 20, 18, 8, 8, 13

**Handwashing**
- 95% (G) National: 99.7%, 99.7%, 99.9%, 99.4%, 99.9%

**Pressure Ulcers**
- Grade 3 & 4 (Avoidable): 0 National: 2, 2, 0, 0, 0
- Grade 2 (Avoidable): 0 National: 8, 8, 3, 2, 2

**Single Sex Breaches**
- 0 National: 1, 1, 0, 0, 0

**VTE Screening Compliance**
- 95% (G) National: 83.6%, 84.1%, 77.0%, 78.6%, 86.6%, 86.6%

**Recorded Medication Incidents**
- 400 (G) National: 82, 82, 37, 31, 32, 19

**Recorded Medication Errors - Causing harm**
- 10 (G) National: 10, 10, 1, 18, 0, 1

**Q - Never Events - Reported in Month**
- 0 National: 19, 19, 6, 8, 5, 6

**Q - Total Number of Incidents Resulting in Death**
- 0 National: 2, 2, 0, 0, 0

**Q - Total Number of Incidents Resulting in Severe Harm**
- 0 National: 7, 7, 1, 1, 1

**Mortality**
- HSMR (Rolling 12 months) Latest Data is March 2017: 100 (G) National: 1793, 1793, 589, 569, 642, 182

**Duty of Candour**
- 0 National: 0, 0, 0, 0, 0

### Patient Safety

<table>
<thead>
<tr>
<th>Domain</th>
<th>KPI</th>
<th>Target</th>
<th>Set By</th>
<th>Current Qtr</th>
<th>Year to Date</th>
<th>Mar-17</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
<th>Aug-17</th>
<th>Sep-17</th>
<th>Oct-17</th>
<th>Nov-17</th>
<th>Dec-17</th>
<th>Jan-18</th>
<th>Feb-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>VTE Screening Compliance</td>
<td>95% (G)</td>
<td>National</td>
<td>82.6%</td>
<td>84.1%</td>
<td>77.0%</td>
<td>78.6%</td>
<td>86.6%</td>
<td>86.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Summary

- **Duty of Candour**: 0
- **Handwashing**: 95%
- **Pressure Ulcers**: 0
- **Recorded Medication Incidents**: 400
- **Recorded Medication Errors - Causing harm**: 10
- **VTE Screening Compliance**: 95%
- **Dementia - Find/Assess**: 90%
- **Dementia - Refer**: 90%
- **Falls**: 785
- **Handwashing**: 100%
- **Pressure Ulcers Grade 3 & 4 (Avoidable)**: 0
- **Pressure Ulcers Grade 2 (Avoidable)**: 0

---

**RAG Description**
- RED: Failed Target
- AMBER: Failed by >5% (This tolerance does not apply to Cancer & A&E targets which will be RED if the target is not achieved)
- GREEN: All Target Achieved

- Less is Good
- More is Good
- KPI is in the Quality Schedule
## Performance Indicators

| Domain                  | KPI                                        | Target       | Set By | Current Qtr | Year to Date | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 |
|-------------------------|--------------------------------------------|--------------|--------|-------------|--------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| **Workforce**           |                                            |              |        |             |              |        |        |        |        |        |        |        |        |        |        |        |        |        |
|                         | Staff Turnover (Rolling 12 months)         | G <=10%, A >10%-11%, R >11% (<) | BHNFT   | 9.4%        | 9.4%         | 8.9%   | 9.4%   | 9.4%   | 9.4%   | 9.4%   | 9.4%   | 9.4%   | 9.4%   | 9.4%   |        |        |        |
|                         | Appraisals (Rolling 12 months)             | G <=10%, A >10%-11%, R >11% (<) | BHNFT   | 43.3%       | 43.3%        | 92.9%  | 11.7%  | 31.3%  | 47.1%  | 47.1%  | 47.1%  | 47.1%  | 47.1%  | 47.1%  |        |        |        |
|                         | Mandatory Training (Rolling 12 months)     | G <=10%, A >10%-11%, R >11% (<) | BHNFT   | 88.3%       | 88.2%        | 87.7%  | 88.0%  | 88.2%  | 88.5%  |        |        |        |        |        |        |        |        |        |
|                         | Sickness Absence (Rolling 12 months)       | G <=10%, A >10%-11%, R >11% (<) | BHNFT   | 3.7%        | 3.7%         | 4.1%   | 3.8%   | 3.5%   | 3.7%   |        |        |        |        |        |        |        |        |
| **Elective Access**     |                                            |              |        |             |              |        |        |        |        |        |        |        |        |        |        |        |        |        |
|                         | RTT Incomplete Pathways                    |             |        | 92% (-)     | National      | 91.2%  | 91.2%  | 92.8%  | 90.0%  | 94.4%  | 92.3%  |        |        |        |        |        |        |        |
| **Cancer**              |                                            |              |        |             |              |        |        |        |        |        |        |        |        |        |        |        |        |        |
|                         | Q - Cancer 2 Week Waits                    | G <=10%, A >10%-11%, R >11% (<) | BHNFT   | 95.3%       | 95.2%        | 95.9%  | 95.0%  | 96.2%  | 94.2%  |        |        |        |        |        |        |        |        |
|                         | Q - Symptomatic Breast 2 Week Waits        | G <=10%, A >10%-11%, R >11% (<) | BHNFT   | 94.3%       | 94.3%        | 94.5%  | 94.6%  | 97.2%  | 90.3%  |        |        |        |        |        |        |        |        |
|                         | Q - 31 Day - 1st Definitive Treatment      | G <=10%, A >10%-11%, R >11% (<) | BHNFT   | 99.4%       | 99.4%        | 98.4%  | 100.0% | 98.2%  | 100.0% |        |        |        |        |        |        |        |        |
|                         | Q - 31 Day - Subsequent Treatment (Surgery)| G <=10%, A >10%-11%, R >11% (<) | BHNFT   | 94% (-)     | National      | 100.0% | 100.0% | 98.0%  | 100.0% | 100.0% |        |        |        |        |        |        |        |
|                         | Q - 31 Day - Subsequent Treatment (Chemotherapy) | G <=10%, A >10%-11%, R >11% (<) | BHNFT   | 98% (-)     | National      | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |        |        |        |        |        |        |        |
|                         | Q - 38 Day - Inter-Provider Transfer       | G <=10%, A >10%-11%, R >11% (<) | BHNFT   | 85% (+)     | National      | 74.4%  | 81.1%  | 87.8%  | 88.9%  |        |        |        |        |        |        |        |        |
|                         | Q - 62 Day - GP Referral to Treatment      | G <=10%, A >10%-11%, R >11% (<) | BHNFT   | 91.8%       | 91.8%        | 87.2%  | 93.5%  | 89.5%  | 92.9%  |        |        |        |        |        |        |        |
|                         | Q - 62 Day - Screening Referral to Treatment| G <=10%, A >10%-11%, R >11% (<) | BHNFT   | 95.9%       | 95.9%        | 100.0% | 100.0% | 100.0% | 100.0% |        |        |        |        |        |        |        |
|                         | Q - 62 Day - Consultant Upgrade to Treatment| G <=10%, A >10%-11%, R >11% (<) | BHNFT   | 80% (+)     | National      | 80.0%  | 80.0%  | 80.0%  | 83.3%  | 56.7%  |        |        |        |        |        |        |        |
| **Emergency**           |                                            |              |        |             |              |        |        |        |        |        |        |        |        |        |        |        |        |        |
|                         | % Patients Waiting >4 Hours                 | G <=10%, A >10%-11%, R >11% (<) | BHNFT   | 90% (+)     | National      | 90.7%  | 90.7%  | 92.0%  | 89.0%  | 91.1%  | 91.8%  |        |        |        |        |        |        |
| **Operational Efficiency** |                                          |              |        |             |              |        |        |        |        |        |        |        |        |        |        |        |        |        |
|                         | Average Length of Stay - Elective          | G <=10, A >10-20, A >20-25, A >25-30, A >30 | BHNFT   | 2.38        | 2.38         | 2.44   | 2.52   | 2.48   | 2.15   |        |        |        |        |        |        |        |        |
|                         | Average Length of Stay - Non-Elective      | G <=10, A >10-20, A >20-25, A >25-30, A >30 | BHNFT   | 2.32        | 2.32         | 2.56   | 2.33   | 2.38   | 2.25   |        |        |        |        |        |        |        |        |
|                         | Re-admissions %                            | G <=10, A >10-20, A >20-25, A >25-30, A >30 | BHNFT   | 9.9%        | 9.9%         | 8.7%   | 10.0%  | 9.6%   | 10.0%  |        |        |        |        |        |        |        |        |
| **DNA**                 |                                            |              |        |             |              |        |        |        |        |        |        |        |        |        |        |        |        |        |
|                         | Outpatient DNA Rates                       | G <=10%, A >10-20, A >20-30 | BHNFT   | 9.0%        | 9.0%         | 7.9%   | 7.7%   | 8.1%   | 8.9%   |        |        |        |        |        |        |        |        |

### RAG Description
- **RED**: Failed Target
- **AMBER**: Failed by <5% (This tolerance does not apply to Cancer & A&E targets which will be RED if the target is not achieved)
- **GREEN**: Achieved Target

- Less is Good
- More is good

Q - KPI is in the Quality Schedule

### NOTE:
- National Indicators such as Cancer, RTT, Cancelled Ops, etc. are considered as being either Achieved or Failed. These are therefore RAG rated as Green or Red.
- All other indicators are classed as Achieved or Failed with the exception of all Workforce KPIs, Average Length of Stay & DNA rates which detail the tolerances applied in the Target column.
Patients will experience safe care - "At a glance"

<table>
<thead>
<tr>
<th>Patients will experience safe care - Quality &amp; Experience</th>
<th>Patients will experience safe care - Patient Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patients will experience safe care - Quality &amp; Experience</strong></td>
<td><strong>Patients will experience safe care - Patient Safety</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Targets</strong></td>
<td><strong>Target</strong></td>
</tr>
<tr>
<td>17/18</td>
<td>YTD</td>
</tr>
<tr>
<td><strong>Friends &amp; Family Test (Quality Strategy Goal 1)</strong></td>
<td></td>
</tr>
<tr>
<td>Friends &amp; Family Test - ED</td>
<td>85%</td>
</tr>
<tr>
<td>Friends &amp; Family Test - Inpatients</td>
<td>85%</td>
</tr>
<tr>
<td>Friends &amp; Family Test - Maternity</td>
<td>85%</td>
</tr>
<tr>
<td>Friends &amp; Family Test - Outpatients</td>
<td>85%</td>
</tr>
<tr>
<td><strong>Complaints (Quality Strategy Goal 1)</strong></td>
<td></td>
</tr>
<tr>
<td>Total no. of complaints</td>
<td>27</td>
</tr>
<tr>
<td>Complaints closed within target</td>
<td>90%</td>
</tr>
<tr>
<td>Complaints re-opened</td>
<td>8</td>
</tr>
<tr>
<td><strong>Dementia (Quality Strategy Goal 1)</strong></td>
<td></td>
</tr>
<tr>
<td>Find/Assess</td>
<td>90%</td>
</tr>
<tr>
<td>Investigate</td>
<td>90%</td>
</tr>
<tr>
<td>Refer</td>
<td>90%</td>
</tr>
<tr>
<td><strong>Falls (Quality Strategy Goal 2)</strong></td>
<td></td>
</tr>
<tr>
<td>No. of Falls</td>
<td>0</td>
</tr>
<tr>
<td>No. of Multiple Falls</td>
<td>13</td>
</tr>
<tr>
<td>Falls resulting in moderate harm or above</td>
<td>20</td>
</tr>
<tr>
<td>Hand washing (Quality Strategy Goal 2)</td>
<td>95%</td>
</tr>
<tr>
<td><strong>Pressure Ulcers (Quality Strategy Goal 2)</strong></td>
<td></td>
</tr>
<tr>
<td>Grades 3 &amp; 4 (Avoidable)</td>
<td>0</td>
</tr>
<tr>
<td>Grade 2 Post (Avoidable)</td>
<td>0</td>
</tr>
<tr>
<td><strong>Single Sex Breaches (Quality Strategy Goal 1)</strong></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Infections (Quality Strategy Goal 2)</strong></td>
<td></td>
</tr>
<tr>
<td>Hospital Acquired Clostridium Difficile</td>
<td>13</td>
</tr>
<tr>
<td>MSSA</td>
<td>0</td>
</tr>
<tr>
<td>MRSA Bacteraemia</td>
<td>0</td>
</tr>
<tr>
<td>Ecoli - Total hospital</td>
<td>2</td>
</tr>
<tr>
<td><strong>Trend arrows relates to improving or worsening performance not the change in the numerical value comparing last month to this month.</strong></td>
<td></td>
</tr>
</tbody>
</table>

| Mortality (Quality Strategy Goal 3) | | | | |
| HSMS Rolling 12 months (Latest data March 17) | 100 | 100 | 93 | ↔ |
| SHMR Rolling 12 months (Latest data December 16) | 105 | 105 | 99 | ↑ |
| SHMR Year to date (Latest data March 17) | 100 | 100 | 93 | ↔ |
| VTE Screening Compliance (Quality Strategy Goal 2) | | | | |
| March 2017 | 95% | 95% | 95.0% | 86.0% | 84.1% | ↔ |
| **Medication Incidents (Quality Strategy Goal 2)** | | | | |
| Recorded Medication Incidents | 0 | 0 | 19 | 82 | ↑ |
| **Serious Incidents (Quality Strategy Goal 2)** | | | | |
| Never Events Occurring in Month | 0 | 0 | 0 | 0 | ↔ |
| Never Events Reported in Month | 0 | 0 | 0 | 0 | ↔ |
| Serious Incidents | 0 | 0 | 6 | 19 | ↓ |
| **Incident Grading by Degree of Harm (Quality Strategy Goal 2)** | | | | |
| Death | 0 | 0 | 2 | 2 | ↓ |
| Severe | 0 | 0 | 1 | 7 | ↑ |
| Moderate | 0 | 0 | 9 | 24 | ↓ |
| Low | 0 | 0 | 34 | 98 | ↓ |
| No Harm | 0 | 0 | 536 | 1660 | ↑ |
| Percentage of incidents causing harm | <28% | <28% | 7.9% | 7.3% | ↓ |
| **Patient Safety (Quality Strategy Goal 2)** | | | | |
| Total Incidents | 7400 | 1850 | 582 | 1793 | ↑ |
Patients will experience safe care (Safety)

Mortality (Quality Strategy - Goal 3: Delivering Consistently Effective Care)
Patients will experience safe care (Safety)
Patients will experience safe care (Safety)

Incidents (Quality Strategy - Goal 2: Delivering Consistently Safe Care)

- Medication Incidents - Causing harm
  - Total Medication Incidents
  - Causing Harm Target
  - Causing Harm Actual

- Never Events & Serious Incidents
  - Never Events target is '0'
  - Serious Incidents
  - Never Events

- Incident Grading
  - Low
  - Moderate
  - Severe
  - Death
  - % Causing Harm

- Patient Safety Incidents (All)
  - Actual
  - Target

Pack pg 55
Patients will experience safe care (Quality & Experience)
Complaints (Quality Strategy - Goal 1: Delivering Patient Centred Care)

Comments:
During June the Trust received 27 new complaints which was a slight increase on the previous month’s figure of 21. Of this number 12 were for CBU 1, 9 for CBU 2 and 5 for CBU 3 and 1 for Corporate Services. The top subject areas for the new complaints were clinical care and treatment (12), Access related issues (6) and Communication concerns (6). Of the 27 new complaints 7 were graded as high risk with themes relating to diagnosis, complication of treatment, management of VTE, discharge and unsatisfactory standard of care.

Of note is the number of complaints closed within target at 92% against a target of 90% - which demonstrates a significant improvement on performance for the past two months. 13 complaints were closed and the average number of working days taken to investigate was 46 days.

There were 8 re-opened complaints: three each for CBUs 1 & 2 and CBU 3 having 2.

There has been no new referral of complaints to the PHSO and of the two complaints currently under investigation, one has been partly upheld and the other is still under investigation.
Patients will experience safe care (Quality & Experience)

**Dementia (Quality Strategy - Goal 1: Delivering Patient Centred Care)**

**Percentage of Cases Identified** (Latest NHS England published data December 2016)

<table>
<thead>
<tr>
<th>Peer Group</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airedale NHS</td>
<td>86%</td>
</tr>
<tr>
<td>Calderdale and</td>
<td>94%</td>
</tr>
<tr>
<td>Huddersfield and</td>
<td>94%</td>
</tr>
<tr>
<td>Kirklees</td>
<td>90%</td>
</tr>
<tr>
<td>Northern</td>
<td>93%</td>
</tr>
<tr>
<td>Sheffield Teaching</td>
<td>88%</td>
</tr>
<tr>
<td>The Rotherham NHS</td>
<td>99%</td>
</tr>
<tr>
<td>York Teaching Hospital</td>
<td>91%</td>
</tr>
<tr>
<td>Leeds Teaching</td>
<td>90%</td>
</tr>
<tr>
<td>Middlesbrough</td>
<td>100%</td>
</tr>
<tr>
<td>Middlesbrough</td>
<td>99%</td>
</tr>
</tbody>
</table>

**Percentage of Cases with Diagnostic Assessment** (Latest NHS England published data December 2016)

<table>
<thead>
<tr>
<th>Peer Group</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airedale NHS</td>
<td>100%</td>
</tr>
<tr>
<td>Calderdale and</td>
<td>100%</td>
</tr>
<tr>
<td>Huddersfield and</td>
<td>96%</td>
</tr>
<tr>
<td>Kirklees</td>
<td>100%</td>
</tr>
<tr>
<td>Northern</td>
<td>100%</td>
</tr>
<tr>
<td>Sheffield Teaching</td>
<td>93%</td>
</tr>
<tr>
<td>The Rotherham NHS</td>
<td>100%</td>
</tr>
<tr>
<td>York Teaching Hospital</td>
<td>100%</td>
</tr>
<tr>
<td>Leeds Teaching</td>
<td>100%</td>
</tr>
<tr>
<td>Middlesbrough</td>
<td>100%</td>
</tr>
</tbody>
</table>

Comments
Please note June’s Dementia data is not available. This will be available in the July’s report.
Patients will experience safe care (Quality & Experience)

Falls (Quality Strategy - Goal 2: Delivering Consistently Safe Care)

**Comments:**

During the period 1st-30th June 2017 there were 68 inpatient falls reported trust wide and 13 repeat falls. The total number of inpatient falls reported in quarter 1 FYTD is 185.

During the period 1st-30th June 2017 there were 4 falls incidents resulting in moderate harm and above. 2 of these incident resulted in moderate harm and 2 incidents resulted severe harm, both severe harms are currently being investigated under the serious incident process. The total number of falls incidents resulting in moderate harm and above reported in quarter 1 FYTD is 10.

There continues to be a variation through the months with the number of inpatient falls that occur at the Trust and this is to be expected. The data collected on the actual number of falls per 1,000 bed days’ shows that we remain within our set control limits. The Trust is slightly above our upper warning limit for the number of falls incidents resulting in moderate harms but we remain under our upper control limit.

The Falls team continues to provide advice, support and training for staff around best falls prevention practices and falls documentation. There has been a drive to promote uptake of ward based training offered by the team, specifically focusing on those higher risk falls areas. A trial of ward Link Nurse Champions is due to commence in July, who will in turn cascade the training to their teams and provide on-going support promoting and embedding best falls prevention practices in day to day practices.

---

### Falls

**No. of Falls**

- Falls target is '0'

![Graph showing No. of Falls from Mar-17 to Mar-18](image)

### Multiple Falls

**No. of Multiple Falls**

- Multiple falls target is '0'

![Graph showing Multiple Falls from Mar-17 to Mar-18](image)

### Falls resulting in moderate harm or above

**No. of Falls resulting in moderate harm or above**

- Target is '0'

![Graph showing Falls resulting in moderate harm or above from Mar-17 to Mar-18](image)
Patients will experience safe care (Quality & Experience)

Pressure Ulcers (Quality Strategy - Goal 2: Delivering Consistently Safe Care)

**Pressure Ulcers - Grade 2**

- **Total number of Grade 2 Pressure Ulcers**
- **Grade 2 Unavoidable**
- **Grade 2 Avoidable**

**Comments:**

**Pressure ulcers grade 2**

- There were four hospital-acquired avoidable grade 2 pressure ulcers in June, two which developed on the Clinical Decisions Unit (CDU) and two which developed on the Care of the Elderly wards.

**CDU**

- Grade 2 sacrum - on admission to ED and subsequent transfer to CDU, no Pressure Ulcer Traffic Light risk assessment was completed, and there was no evidence of patient repositioning.

- Grade 2 heel - on admission to ED, staff identified grade 1 pressure damage to the heel. There was then no documented evidence of repositioning during an 18-hour period, and it was unclear from the documentation if heels had been elevated. The Pressure Ulcer Traffic Light documentation was not utilized.

**Actions:**

- Band 6 Sister has completed a documentation audit in CDU and implemented new CDU documentation.
- Magnetic boards have been ordered for CDU to ensure visual prompts, such as repositioning clocks and heel magnets, can be utilized.
- Unregistered staff have taken ownership of pressure ulcer prevention and management in CDU including devising a handover sheet with the time patients require repositioning.

**Care of the Elderly**

- Grade 2 sacrum and grade 2 heel - staff had failed to undertake an initial risk assessment, failed to complete a reassessment of risk, failed to implement preventative measures in accordance with risk levels, and failed to undertake appropriate skin assessment.

**Actions:**

- On-going support is being provided by the Tissue Viability team around Pressure Ulcer Traffic Light documentation, with additional refresh training sessions arranged for July.
- Lead Nurse has met with staff to discuss their accountability in undertaking risk/skin assessments and implementing preventative measures, with spot checks of documentation planned for July.
- Lead Nurse to undertake an audit of the use of repositioning clocks, to ensure repositioning are being undertaken per patient risk level.
- A bank/agency nurse file has been developed by the Lead Nurse on ward 22 and is to be rolled out to all in-patient areas, including Care of the Elderly wards, to ensure temporary staff are aware of the Trust documentation and their responsibility in ensuring this is completed and Trust guidance adhered to.

**Pressure ulcers grade 3**

- There were two avoidable grade 3 pressure ulcers which developed, one on ward 19 and one which was jointly attributable to ward 33/theatres.

**Ward 19**

- Grade 3 pressure ulcer heel and foot area - the 25 point skin assessment had not been completed x 3 daily, the repositioning regime not maintained and there was no evidence of heel elevation.

**Actions:**

- Actions as per Grade 2 narrative.

**Ward 33 / theatres**

- Grade 3 pressure ulcer heel - although preventative measures were put in place on admission to ward 33, there was no skin assessment prior to transfer to theatre, the traffic light documentation did not accompany the patient to theatre, and there was no skin assessment prior to or in theatre. The pressure damage was identified on arrival to recovery, but no Data was completed.

**Actions:**

- All relevant risk assessments / care plans are to be sent to theatre with the patient from ward 33 to ensure continuation of care and highlight risk levels.
- A review of the Theatre pathway / documentation is to take place, with an outcomes meeting planned for 11th August. Further training will be delivered to theatre staff on completion of the Pressure Ulcer Traffic Light documentation.
- All theatre recovery staff have received training on the Pressure Ulcer Traffic Light documentation.

**Pressure ulcers grade 4**

- There were zero hospital-acquired avoidable grade 4 pressure ulcers in June 2017.
Infections (Quality Strategy - Goal 2: Delivering Consistently Safe Care)

Comments:
Please note there has been x2 cases of E.coli reported in June 2017.
Patients will experience safe care (Quality & Experience)

Nursing Staffing Fill Rate (Quality Strategy - Goal 4: Building on Capacity and Capability)

<table>
<thead>
<tr>
<th>Ward name</th>
<th>Specialty</th>
<th>Day Ave fill rate</th>
<th>Night Ave fill rate</th>
<th>Day Ave fill rate (Registered)</th>
<th>Night Ave fill rate (Registered)</th>
<th>Registered Nurses/Midwives Ave</th>
<th>Care Staff Ave</th>
<th>Overall Ave</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>502 - GYNAECOLOGY</td>
<td>85.6%</td>
<td>98.3%</td>
<td>100.0%</td>
<td>96.7%</td>
<td>2.5</td>
<td>1.5</td>
<td>4.0</td>
</tr>
<tr>
<td>17</td>
<td>320 - CARDIOLOGY</td>
<td>86.4%</td>
<td>95.3%</td>
<td>97.8%</td>
<td>110.5%</td>
<td>2.9</td>
<td>2.1</td>
<td>5.0</td>
</tr>
<tr>
<td>18</td>
<td>340 - RESPIRATORY MEDICINE</td>
<td>74.4%</td>
<td>96.9%</td>
<td>91.1%</td>
<td>96.6%</td>
<td>3.1</td>
<td>2.9</td>
<td>6.0</td>
</tr>
<tr>
<td>19/20</td>
<td>430 - GERIATRIC MEDICINE</td>
<td>77.9%</td>
<td>83.2%</td>
<td>97.8%</td>
<td>107.4%</td>
<td>2.2</td>
<td>4.3</td>
<td>6.5</td>
</tr>
<tr>
<td>AMU</td>
<td>300 - GENERAL MEDICINE</td>
<td>67.9%</td>
<td>88.8%</td>
<td>91.7%</td>
<td>95.8%</td>
<td>4.2</td>
<td>2.7</td>
<td>6.9</td>
</tr>
<tr>
<td>Acute Stroke</td>
<td>300 - GENERAL MEDICINE</td>
<td>102.2%</td>
<td>99.0%</td>
<td>99.7%</td>
<td>130.0%</td>
<td>3.1</td>
<td>2.8</td>
<td>5.9</td>
</tr>
<tr>
<td>24</td>
<td>370 - MEDICAL ONCOLOGY</td>
<td>103.6%</td>
<td>127.3%</td>
<td>98.6%</td>
<td>170.0%</td>
<td>4.8</td>
<td>4.9</td>
<td>9.7</td>
</tr>
<tr>
<td>21</td>
<td>301 - GASTROENTEROLOGY</td>
<td>95.7%</td>
<td>84.0%</td>
<td>95.1%</td>
<td>100.1%</td>
<td>2.3</td>
<td>2.4</td>
<td>4.7</td>
</tr>
<tr>
<td>ISU</td>
<td>100 - GENERAL SURGERY</td>
<td>76.1%</td>
<td>89.0%</td>
<td>96.7%</td>
<td>104.9%</td>
<td>2.8</td>
<td>3.0</td>
<td>5.8</td>
</tr>
<tr>
<td>33/34</td>
<td>T10 - TRAUMA &amp; ORTHOPAEDICS</td>
<td>78.7%</td>
<td>91.6%</td>
<td>97.5%</td>
<td>119.7%</td>
<td>3.4</td>
<td>3.4</td>
<td>6.8</td>
</tr>
<tr>
<td>ITU</td>
<td>192 - CRITICAL CARE MEDICINE</td>
<td>89.2%</td>
<td>68.0%</td>
<td>92.4%</td>
<td>-</td>
<td>34.1</td>
<td>2.3</td>
<td>36.4</td>
</tr>
<tr>
<td>SHDU</td>
<td>192 - CRITICAL CARE MEDICINE</td>
<td>95.9%</td>
<td>70.3%</td>
<td>98.3%</td>
<td>-</td>
<td>17.5</td>
<td>3.3</td>
<td>20.8</td>
</tr>
<tr>
<td>CCU</td>
<td>320 - CARDIOLOGY</td>
<td>97.3%</td>
<td>69.5%</td>
<td>100.7%</td>
<td>-</td>
<td>11.8</td>
<td>1.5</td>
<td>13.3</td>
</tr>
<tr>
<td>AN/PN</td>
<td>501 - OBSTETRICS</td>
<td>99.1%</td>
<td>96.8%</td>
<td>98.2%</td>
<td>97.5%</td>
<td>5.6</td>
<td>1.8</td>
<td>7.4</td>
</tr>
<tr>
<td>Birthing Centre</td>
<td>501 - OBSTETRICS</td>
<td>99.1%</td>
<td>90.3%</td>
<td>99.4%</td>
<td>100.0%</td>
<td>31.9</td>
<td>5.2</td>
<td>37.1</td>
</tr>
<tr>
<td>37</td>
<td>420 - PAEDIATRICS</td>
<td>97.8%</td>
<td>84.1%</td>
<td>96.6%</td>
<td>-</td>
<td>8.1</td>
<td>1.2</td>
<td>9.3</td>
</tr>
<tr>
<td>15</td>
<td>422- NEONATOLOGY</td>
<td>98.1%</td>
<td>85.5%</td>
<td>96.8%</td>
<td>85.2%</td>
<td>8.6</td>
<td>1.7</td>
<td>10.3</td>
</tr>
</tbody>
</table>

BHNFT is committed to ensuring that levels of nursing staff, match the acuity and dependency needs of patients in order to provide safe and effective care. Nurse staffing includes:

- Registered Nurses
- Registered Midwives
- Unregistered health care/midwifery care assistants
- Unregistered nursing/midwifery auxiliaries.

The Trust uses an e-rostering system with duty rosters created eight weeks in advance to ensure the levels and skill mix of the nursing staff on duty are appropriate for providing safe and effective care.

In June there were five in patient wards with a fill rate for registered staff of below 80%; ward 18, the Acute Medical Unit (AMU), wards 19/20, the Integrated Surgical Unit (ISU) and wards 33/34 this is due to a number of reasons including vacancies, sickness and supporting the escalation capacity. Overall the fill rate for registered nurses continues to stay stable on day shifts and has increased on night duty. In order to ensure safe deployment of staff whilst escalation areas continue to be used the Matrons are overseeing the staffing plans with support from the Heads of Nursing. Care Hours per Patient Day continue to be monitored as does the use of agency. The highest user of agency nurses continues to be in the Emergency Department, however plans are in place to increase recruitment to this area, and theatres.
Patients will experience safe care (Quality & Experience)

Falls SPC Charts

07 Sep 2015
- Introduction of:
  - Multifactorial Falls Assessments (MFA level 1 & 2) for inpatients
  - Lying and Standing BP charts
  - Bed rail assessment charts
  - Medical Acute post fall assessment & Secondary fall assessment document
  - Updated Falls careplans on Lorenzo for nursing staff
  - Patient and Relatives falls prevention advice available at each patients bedside
  - Promotion of Stickman signage (Red stickman to indicate patient has fall in hospital but also to include patients admitted with a falls).

28 Sep 2015
- Falls Awareness Week at the Trust

Nov 2015
- Feedback to wards on spot check from local falls audit
- Updated falls assessment documentation used on ITU, CCU, & SHDU (live 30.11.15)
- Short stay Falls assessment documentation went live 30.11.15 on CDU,PU,SA, Wards 1/3/34 (daycases),Day Surgery & Endoscopy Unit

Dec 2015
- Falls Outcomes added to discharge summary letter

Jan 2016
- Inpatient falls assessments provided by Falls Nurse Specialist.

Apr 2016
- Introduction of bed & chair alarms.

Jun 2016
- Acute Falls Assessment documentation went live June 2016 ANU
- Short stay Falls assessment documentation went live June 2016 on AMAC

4th Oct 2016

26th Sep 2016
- Falls awareness week

16th Dec 2016
- The Falls Clinical Support Sister’s (note change of role name) post is now a permanent position.

Jan 2017
- Daily COE Consultant ward rounds on AMU for frailty/Falls patients

* Average number of falls per 1000 bed days based on calculations from Apr-15 to present
Patients will experience safe care (Quality & Experience)

Falls SPC Charts

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>07 Sep 2015</td>
<td>Introduction of:</td>
</tr>
<tr>
<td></td>
<td>Multifactorial Falls Assessments (MFA level 1 &amp; 2) for inpatients</td>
</tr>
<tr>
<td></td>
<td>Lying and Standing BP charts</td>
</tr>
<tr>
<td></td>
<td>Bed rail assessment charts</td>
</tr>
<tr>
<td></td>
<td>Medical Acute post fall assessment &amp; Secondary falls assessment document</td>
</tr>
<tr>
<td></td>
<td>Updated falls careplans on Lorenzo for nursing staff</td>
</tr>
<tr>
<td></td>
<td>Promotion of Stickman signage (Red stickman to indicate patient has fall in hospital but now also to include patients admitted with a falls).</td>
</tr>
<tr>
<td>28 Sep 2015</td>
<td>Falls Awareness Week at the Trust</td>
</tr>
<tr>
<td></td>
<td>* Average number of falls per 1000 bed days based on calculations from Apr15 - Mar16 and Apr16 - Apr17</td>
</tr>
</tbody>
</table>

Oct 2015 - Local Falls audit undertaken (including ward spot checks)
- Falls Nurse Specialist Secondment commenced

Nov 2015
- Feedback to wards on spot check from local falls audit
- Updated falls assessment documentation used on ITU, CCU, & SHDU (live 30.11.15)
- Short stay falls assessment documentation went live 30.11.15 on CDU, PU, SDA, Wards 1/3/34 (daycases), Day Surgery & Endoscopy Unit

Dec 2015
- Falls Outcomes added to discharge summary letter

Jan 2016
- Inpatient falls assessments provided by Falls Nurse Specialist.

April 2016
- Introduction of bed & chair alarms.

Jan 2016
- Acute Falls Assessment documentation went live June 2016 - AMU
- Short stay Falls assessment documentation went live June 2016 on AMAC

28th Sep 2016
- Falls Awareness Week

16th Dec 2016
- The Falls Clinical Support Sister’s (note change of role name) post is now a permanent position.

Jan 2017
- Daily COE Consultant ward rounds on AMU for frailty/Falls patients
Patients will experience safe care (Quality & Experience)

Pressure Ulcer SPC Charts

Patients
Partnerships
People
Performance

**Grade 2 Pressure Ulcers per 1000 Bed Days**

*The information above represents hospital acquired, avoidable grade 2 pressure ulcers.*

*The average is calculated from July-15 to present.*

July-15
Documentation: New 2 part Pressure Ulcer Pathway and Pressure Ulcer Prevention and Management policy implemented.

Education: 4 week intensive Pressure Ulcer Prevention and Management training wards 19 / 20

April-15
Introduction of Pressure Ulcer Prevention patient information leaflet.

1st April Tissue Viability Education Nurse commences in post.

w/c 13th April implementation of the hybrid mattress system across the medical block (wards 17, 18, 19, 23, 24, AMU, CCU).

Education: Tissue Viability Education Nurse commences in post to specifically deliver Pressure Ulcer Prevention and Management training for one year.

Equipment: Implementation of the hybrid mattress system – wards 17, 18, 19, 20, 23, 24, AMU, CCU.

May-15
Documentation: New 2 part Pressure Ulcer Pathway and Pressure Ulcer Prevention and Management policy implemented.

Education: 4 week intensive Pressure Ulcer Prevention and Management training wards 19 / 20

May-16
Education: Tissue Viability Education Nurse finishes in post (4th March).

June-16
Equipment: Implementation of the hybrid mattress system in ED / CDU (including hybrid)

Nov-16
React to Red training commenced

December-16
Repositioning Clocks implemented Trust wide

15th May-17
AMU Tissue Viability Ward Rounds commenced

October-16

Education: React to Red Clinical Support Nurse commences in post.

Heel logo magnets implemented Trust wide

Q1 2016
- 164 staff received training on Pressure Ulcer Prevention and Management

Q2 2016
- 130 staff received training on Pressure Ulcer Prevention and Management

Q3 2016
- 531 staff received training on Pressure Ulcer Prevention and Management

Q4 2016
- 169 staff received training on Pressure Ulcer Prevention and Management
Patients will experience safe care (Quality & Experience)

Pressure Ulcer SPC Charts

Grade 3 Pressure Ulcers per 1000 Bed Days

Aug-15
Equipment: Implementation of the hybrid mattress system – ward 28, 31, 32, 33, 34. Implementation of 4 bariatric hybrid mattresses Trust wide

Education: Trust wide Heel Pressure Ulcer Awareness week

Nov-15
Staffing: Vacant part time TVN post (new starter to commence Feb 22nd 2016).

Education: TVN / Frailty team ward round ward 19 / 20 three times weekly (from 30th November)

Feb-16
Staffing: Part time TVN commences in post (24th Feb)

Mar-16
Education: Tissue Viability Education Nurse finishes in post (4th March)

Jun-16
Equipment: Implementation of the hybrid mattress system in ED / CDU (including hybrid

Apr-15
Introduction of Pressure Ulcer Prevention patient information leaflet.

1st April Tissue Viability Education Nurse commences in post.

w/c 13th April implementation of the hybrid mattress system across the medical block (wards 17, 18, 19, 23, 24, AMU, CCU).

Education: Tissue Viability Education Nurse commences in post to specifically deliver Pressure Ulcer Prevention and Management training for one year.

Equipment: Implementation of the hybrid mattress system – wards 17, 18, 19, 20, 23, 24, AMU, CCU.

Jul-15
Documentation: New 2 part Pressure Ulcer Pathway and Pressure Ulcer Prevention and Management policy implemented.

Education: 4 week intensive Pressure Ulcer Prevention and Management training wards 19 / 20

Oct-15
AMU Tissue Viability Ward Rounds commenced

Nov-16
React to Red training commenced

15th May-17
AMU Tissue Viability Ward Rounds commenced

Dec-16
Repositioning Clocks implemented Trust wide

Oct-16

Education: React to Red Clinical Support Nurse commences in post.

Heel logo magnets implemented Trust wide

Q1 1516 - 164 staff received training on Pressure Ulcer Prevention and Management

Q2 1516 - 130 staff received training on Pressure Ulcer Prevention and Management

Q3 1516 - 534 staff received training on Pressure Ulcer Prevention and Management

Q4 1516 - 169 staff received training on Pressure Ulcer Prevention and Management

* The information above represents hospital acquired, avoidable grade 3 pressure ulcers.
* The average is calculated from July-15 to present.
Patients will experience safe care (Quality & Experience)

Infections SPC Charts

Rolling Annual Infection Rate - Infections as a Percentage of all Hip Operations

Rolling Annual Infection Rate - Infections as a Percentage of all Knee Operations
Patients will experience safe care (Quality & Experience)

Infections SPC Charts

Rolling Annual Infection Rate - Infections as a Percentage of all Neck Of Femur Operations

- SSI % Last 4 Periods for Inpatient or Re-admission
- Average
- Upper Control Limit
- Upper Warning Limit
- National Benchmark

Patients
Partnerships
People
Performance
Patients will experience safe care (Quality & Experience)

Cardiac Arrest SPC Charts

Cardiac Arrests per 1000 Admissions

- Actual Cardiac Arrests - 16/17 target = 72  Current 16/17 total = 69
- Improvement trajectory is based on a 25% reduction of the average calculated between Oct-14 and Mar-16.
- Average CAs per 1000 Admissions is calculated from Oct-15 to present.

Oct 2015
- NCAA reporting commenced
- Datix reporting commenced

Apr 2016
- DNACPR audit produced and disseminated

Oct 2016
- Vital PAC Launch

Nov 2016
- AMU Relocation
- W23 relocated with W20
- New bed configuration

Mar 2017
- Vital PAC Launch phase 1 completion due
Patients will experience safe care

### Heatmap

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Stroke Unit</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology Department</td>
<td>6</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemotherapy Unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICU</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endoscopy Unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Care - Ward HOS</td>
<td>8</td>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15</td>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Stroke Unit</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology Department</td>
<td>9</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemotherapy Unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICU</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endoscopy Unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Care - Ward HOS</td>
<td>8</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Stroke Unit</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology Department</td>
<td>9</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemotherapy Unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICU</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endoscopy Unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Care - Ward HOS</td>
<td>8</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Stroke Unit</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology Department</td>
<td>9</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemotherapy Unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICU</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endoscopy Unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Care - Ward HOS</td>
<td>8</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Stroke Unit</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology Department</td>
<td>9</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemotherapy Unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICU</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endoscopy Unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Care - Ward HOS</td>
<td>8</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Patients will experience safe care

Heatmap

Reporting Month: Jun-17
Executive lead: Heather McNair

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Serious Incidents | 2017/14432 – Fall resulting in death. Incident occurred in June 2017  
2017/16400 – Pressure Ulcer. Incident occurred in June 2017  
2017/15169 – Fall resulting in fractured neck of femur. Incident occurred in June 2017  
2017/16661 – Pressure Ulcer. Incident occurred in June 2017. |

Pressure ulcers grade 2

There were four hospital acquired avoidable grade 2 pressure ulcers in June, two which developed on the Clinical Decisions Unit (CDU) and two which developed on the Care of the Elderly wards.

CDU

Grade 2 sacrum - on admission to ED and subsequent transfer to CDU, no Pressure Ulcer Traffic Light risk assessment was completed, upon identification of the pressure ulcer no Datix was completed, and there was no evidence of patient repositioning.

Grade 2 heel - on admission to ED, staff identified grade 1 pressure damage to the heel. There was then no documented evidence of repositioning over an 18 hour period, and it was unclear from the documentation if heels had been elevated. The Pressure Ulcer Traffic Light documentation was not utilised.

Actions:
- Band 6 Sister has completed a documentation audit in CDU, and implemented new CDU documentation.
- Magnetic boards have been ordered for CDU to ensure visual prompts, such as repositioning clocks and heel magnets, can be utilised.
- Unregistered staff have taken ownership of pressure ulcer prevention and management in CDU, including devising a handover sheet with the time patients require repositioning.

Care of the Elderly

Grade 2 sacrum and grade 2 heel - staff had failed to undertake an initial risk assessment, failed to complete a reassessment of risk, failed to implement preventative measures in accordance with risk levels, and failed to undertake appropriate skin assessment.

Actions:
- On-going support is being provided by the Tissue Viability team around Pressure Ulcer Traffic Light documentation, with additional refresher training sessions arranged for July.
- Lead Nurse has met with staff to discuss their accountability in undertaking risk / skin assessments and implementing preventative measures, with spot checks of documentation planned for July.
- Lead Nurse to undertake an audit of the use of repositioning clocks, to ensure repositions are being undertaken as per patient risk level.
- A bank / agency nurse file has been developed by the Lead Nurse on ward 22 and is to be rolled out to all in-patient areas, including Care of the Elderly wards, to ensure temporary staff are aware of the Trust documentation and their responsibility in ensuring this is completed and Trust guidance adhered to.

Pressure ulcers grade 3

There were two avoidable grade 3 pressure ulcers which developed, one on ward 19 and one which was jointly attributable to ward 33 / theatres.

Ward 19

Grade 3 pressure ulcer heel and foot area - the 25 point skin assessment had not been completed x 3 daily, the repositioning regime not maintained and there was no evidence of heel elevation

Actions:
- Actions as per Grade 2 narrative.

Ward 33 / theatres

Grade 3 pressure ulcer heel - although preventative measures were put in place on admission to ward 33, there was no skin assessment prior to transfer to theatre, the traffic light documentation did not accompany the patient to theatre, and there was no skin assessment prior to or in theatre. The pressure damage was identified on arrival to recovery, but no Datix was completed.

Actions:
- All relevant risk assessments / care plans are to be sent to theatre with the patient from ward 33 to ensure continuation of care and highlight risk levels.
- A review of the theatre pathway / documentation is to take place, with an outcomes meeting planned for 11th August. Further training will be delivered to theatre staff on completion of the Pressure Ulcer Traffic Light documentation.
- All theatre recovery staff have received training on the Pressure Ulcer Traffic Light documentation.

Pressure ulcers grade 4

There were zero hospital acquired avoidable grade 4 pressure ulcers in June 2017

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Serious Incidents | 2017/14432 – Fall resulting in death. Incident occurred in June 2017  
2017/16400 – Pressure Ulcer. Incident occurred in June 2017  
2017/15169 – Fall resulting in fractured neck of femur. Incident occurred in June 2017  
2017/16661 – Pressure Ulcer. Incident occurred in June 2017. |

Pressure ulcers grade 2

There were four hospital acquired avoidable grade 2 pressure ulcers in June, two which developed on the Clinical Decisions Unit (CDU) and two which developed on the Care of the Elderly wards.

CDU

Grade 2 sacrum - on admission to ED and subsequent transfer to CDU, no Pressure Ulcer Traffic Light risk assessment was completed, upon identification of the pressure ulcer no Datix was completed, and there was no evidence of patient repositioning.

Grade 2 heel - on admission to ED, staff identified grade 1 pressure damage to the heel. There was then no documented evidence of repositioning over an 18 hour period, and it was unclear from the documentation if heels had been elevated. The Pressure Ulcer Traffic Light documentation was not utilised.

Actions:
- Band 6 Sister has completed a documentation audit in CDU, and implemented new CDU documentation.
- Magnetic boards have been ordered for CDU to ensure visual prompts, such as repositioning clocks and heel magnets, can be utilised.
- Unregistered staff have taken ownership of pressure ulcer prevention and management in CDU, including devising a handover sheet with the time patients require repositioning.

Care of the Elderly

Grade 2 sacrum and grade 2 heel - staff had failed to undertake an initial risk assessment, failed to complete a reassessment of risk, failed to implement preventative measures in accordance with risk levels, and failed to undertake appropriate skin assessment.

Actions:
- On-going support is being provided by the Tissue Viability team around Pressure Ulcer Traffic Light documentation, with additional refresher training sessions arranged for July.
- Lead Nurse has met with staff to discuss their accountability in undertaking risk / skin assessments and implementing preventative measures, with spot checks of documentation planned for July.
- Lead Nurse to undertake an audit of the use of repositioning clocks, to ensure repositions are being undertaken as per patient risk level.
- A bank / agency nurse file has been developed by the Lead Nurse on ward 22 and is to be rolled out to all in-patient areas, including Care of the Elderly wards, to ensure temporary staff are aware of the Trust documentation and their responsibility in ensuring this is completed and Trust guidance adhered to.

Pressure ulcers grade 3

There were two avoidable grade 3 pressure ulcers which developed, one on ward 19 and one which was jointly attributable to ward 33 / theatres.

Ward 19

Grade 3 pressure ulcer heel and foot area - the 25 point skin assessment had not been completed x 3 daily, the repositioning regime not maintained and there was no evidence of heel elevation

Actions:
- Actions as per Grade 2 narrative.

Ward 33 / theatres

Grade 3 pressure ulcer heel - although preventative measures were put in place on admission to ward 33, there was no skin assessment prior to transfer to theatre, the traffic light documentation did not accompany the patient to theatre, and there was no skin assessment prior to or in theatre. The pressure damage was identified on arrival to recovery, but no Datix was completed.

Actions:
- All relevant risk assessments / care plans are to be sent to theatre with the patient from ward 33 to ensure continuation of care and highlight risk levels.
- A review of the theatre pathway / documentation is to take place, with an outcomes meeting planned for 11th August. Further training will be delivered to theatre staff on completion of the Pressure Ulcer Traffic Light documentation.
- All theatre recovery staff have received training on the Pressure Ulcer Traffic Light documentation.

Pressure ulcers grade 4

There were zero hospital acquired avoidable grade 4 pressure ulcers in June 2017
## Workforce (Quality Strategy - Goal 4: Building on Capacity and Capability)

<table>
<thead>
<tr>
<th></th>
<th>Target 17/18</th>
<th>Target YTD</th>
<th>Actual YTD</th>
<th>Trend</th>
<th>Month Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sickness Absence Rate</td>
<td>3.75%</td>
<td>3.75%</td>
<td>3.72%</td>
<td>↑</td>
<td>Green</td>
</tr>
<tr>
<td>Staff Turnover</td>
<td>10%</td>
<td>10%</td>
<td>9.4%</td>
<td>↔</td>
<td>Green</td>
</tr>
<tr>
<td>Mandatory Training</td>
<td>90.0%</td>
<td>90.0%</td>
<td>88.5%</td>
<td>↑</td>
<td>Green</td>
</tr>
<tr>
<td>Appraisal Rates - Medical</td>
<td>90.0%</td>
<td>90.0%</td>
<td>97.8%</td>
<td>↓</td>
<td>Green</td>
</tr>
<tr>
<td>Appraisal Rates - Non Medical</td>
<td>90.0%</td>
<td>90.0%</td>
<td>93.1%</td>
<td>↑</td>
<td>Red</td>
</tr>
<tr>
<td>Appraisal Rates - Total</td>
<td>90.0%</td>
<td>90.0%</td>
<td>87.1%</td>
<td>↑</td>
<td>Red</td>
</tr>
</tbody>
</table>

*Trend arrows relate to improving or worsening performance not the change in the numerical value comparing last month to this month.*
People will be proud to work for us

Q - Workforce (Quality Strategy - Goal 4: Building on Capacity and Capability)

Staff Turnover

<table>
<thead>
<tr>
<th>Month</th>
<th>Percentage Turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar '17</td>
<td>5%</td>
</tr>
<tr>
<td>Apr '17</td>
<td>6%</td>
</tr>
<tr>
<td>May '17</td>
<td>7%</td>
</tr>
<tr>
<td>Jun '17</td>
<td>8%</td>
</tr>
<tr>
<td>Jul '17</td>
<td>9%</td>
</tr>
<tr>
<td>Aug '17</td>
<td>10%</td>
</tr>
<tr>
<td>Sep '17</td>
<td>9%</td>
</tr>
<tr>
<td>Oct '17</td>
<td>8%</td>
</tr>
<tr>
<td>Nov '17</td>
<td>7%</td>
</tr>
<tr>
<td>Dec '17</td>
<td>6%</td>
</tr>
<tr>
<td>Jan '18</td>
<td>5%</td>
</tr>
<tr>
<td>Feb '18</td>
<td>6%</td>
</tr>
<tr>
<td>Mar '18</td>
<td>7%</td>
</tr>
</tbody>
</table>

- Staff Turnover - Turnover is down but remains within target range.
People will be proud to work for us

Workforce (Quality Strategy - Goal 4: Building on Capacity and Capability)

**Mandatory Training**
- Compliance has increased on a monthly basis since January 2017. The Trust has set a target of 90% to be achieved by the end of September 17. Lead professionals, HR Officers and Learning and Development are working closely together to support the Trust in achieving this target.

**Appraisals Medical**
- Percentage of doctors (eligible for appraisal) in date for appraisal was 97.8%.

**Appraisals Non Medical**
- Overall compliance is 30.9% the appraisal window is open until the 30/6/17.
People will be proud to work for us

Workforce (Quality Strategy - Goal 4: Building on Capacity and Capability)

Comments

Sickness - Overall sickness absence for June has risen by 0.18% to 3.72% but remains in green and below the Trust target. The largest increase in sickness absence was in CBU 2 which rose 1.01% to 4.69%. CBU1 also saw an increase of 0.56% to 4.28%. CBU 3 saw sickness fall by 0.4% and moves from amber to green at 3.41%. Corporate also saw a fall of 0.19% to 2.52% and remains in green. The 12 months cumulative sickness absence for the Trust has reduced to 4.11%.
**Performance - "At a glance"**

**Performance - Key Performance Indicators**

<table>
<thead>
<tr>
<th>Cancer Reporting</th>
<th>Target 17/18</th>
<th>Target YTD</th>
<th>Jun-17</th>
<th>Actual YTD</th>
<th>Trend</th>
<th>Current Qt</th>
<th>Qt/ Status</th>
<th>YTD Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Cancer 2 week waits</td>
<td>93%</td>
<td>93%</td>
<td>94.2%</td>
<td>95.2%</td>
<td>↓</td>
<td>95.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 week wait - Breast Symptomatic</td>
<td>93%</td>
<td>93%</td>
<td>90.3%</td>
<td>94.3%</td>
<td>↓</td>
<td>94.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 day diagnostic to 1st treatment</td>
<td>96%</td>
<td>96%</td>
<td>100.0%</td>
<td>99.4%</td>
<td>↑</td>
<td>99.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 day subsequent treatment - Surgery</td>
<td>94%</td>
<td>94%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>↔</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 day subsequent treatment - Drugs</td>
<td>94%</td>
<td>94%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>↔</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>62 day urgent GP referral to treatment</td>
<td>85%</td>
<td>85%</td>
<td>92.9%</td>
<td>91.8%</td>
<td>↑</td>
<td>91.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>62 day screening programme</td>
<td>90%</td>
<td>90%</td>
<td>88.9%</td>
<td>95.9%</td>
<td>↓</td>
<td>95.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>62 day consultant upgrades</td>
<td>85%</td>
<td>85%</td>
<td>66.7%</td>
<td>80.0%</td>
<td>↓</td>
<td>80.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Breast Screening**

| Screening to offer of 1st assessment <=3 weeks (April 17) | 90% | 90% | 100.0% |
| Screening to 1st assessment (April 17) | 90% | 90% | 98.5% |
| Screening to issue of normal results <=2 weeks (April 17) | 90% | 90% | 99.7% |

**Referral to Treatment**

| RTT Incomplete Pathways - % still waiting | 92% | 92% | 92.3% | 91.2% | ↑ | 91.2% |

**Diagnostics**

| No. of diagnostic tests waiting over 6 weeks | 0 | 0 | 6 | 28 | ↓ |
| % of diagnostic tests waiting over 6 weeks | 0% | 0% | 0.2% | 0.3% | ↓ |

**ED**

| Percentage of patients treated in less than 4 hours | 95% | 95% | 90.7% | ↑ | 90.7% |
| Emergency Department Attendances | 0 | 0 | 21234 | 0 |

**Ambulance to ED Handover Time**

| % under 15 mins | 36.7% | 34.8% |
| % between 15 and 30 mins | 37.5% | 38.6% |
| % between 30 and 60 mins | 17.2% | 14.4% |
| % between 60 and 120 mins | 1.3% | 2.0% |
| Over 120 mins (SI) | 0.0% | 0.0% |
| % Not Recorded | 99.9% | 10.2% |
| Total Ambulance Handovers | 1988 | 5947 |

**DNA Rates**

| New outpatient appointment DNA rate | 10% | 10% | 9.7% | 8.9% | ↑ |
| Follow-up outpatient appointment DNA rate | 10% | 10% | 8.6% | 8.0% | ↑ |
| Total outpatient appointment DNA rate | 10% | 10% | 8.9% | 9.0% | ↑ |

**Appointment Slot Issues**

| No. of appointment slot issues | 0 | 0 | 33% | ↑ |
| % of appointment slot issues | 4.0% | 4.0% | 33.2% |

**Average Length of stay (Quality Strategy Goal 3)**

| Average Length of Stay - Elective | 2.4 | 2.4 | 2.2 | 2.4 |
| Average Length of Stay - Non-Elective | 3.4 | 3.4 | 2.3 | 2.3 |

**Re-admissions**

| Percentage of re-admissions | 8.63% | 10.0% | 9.9% | ↑ |

**Trend arrows relates to improving or worsening performance not the change in the numerical value comparing last month to this month .**
Performance Matters (KPIs)

Operational Efficiency

**Average Length of Stay**

- Elective
- Non-Elective
- Elective Target
- Non-Elective Target
- 2016/2017 Elective
- 2016/2017 Non Elective

**Re-admissions %**

- Jan '17
- Feb '17
- Mar '17
- Apr '17
- May '17
- Jun '17

**Cancelled Operations**

- 28 Day Breaches
- % Cancelled Ops
- 2016/17

**KPIs**

- Average Length of Stay
- Breast Symptomatic Re-admissions
- Cancelled Operations

**Goal 3: Delivering Consistently Effective Care**
Performance Matters (KPIs)

**Theatre Utilisation**
- % of Theatre Utilisation over time for Day, Main, Trauma, and 2016/17.

**GP Referrals Made & Seen**
- Referrals made and seen from Jan 17 to Jan 18.

**DNA Rates**
- DNA rates for New, Follow Up, Total, and Target, with 2016/17 data.

Packs pg 78
Performance Matters (KPIs)

Diagnostics

Diagnostic Tests over 6 Weeks

- **Target**
- **Actual**
- **Actual %**
- **Diagnostics 2016/17**

### Diagnostic Tests over 6 Weeks (DM01)

<table>
<thead>
<tr>
<th>Month</th>
<th>No. over 6 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar 17</td>
<td>0.2%</td>
</tr>
<tr>
<td>Apr 17</td>
<td>0.4%</td>
</tr>
<tr>
<td>May 17</td>
<td>0.4%</td>
</tr>
<tr>
<td>Jun 17</td>
<td>2%</td>
</tr>
<tr>
<td>Jul 17</td>
<td>0%</td>
</tr>
<tr>
<td>Aug 17</td>
<td>0.5%</td>
</tr>
<tr>
<td>Sep 17</td>
<td>1%</td>
</tr>
<tr>
<td>Oct 17</td>
<td>1.5%</td>
</tr>
<tr>
<td>Nov 17</td>
<td>2%</td>
</tr>
<tr>
<td>Dec 17</td>
<td>2.5%</td>
</tr>
<tr>
<td>Jan 18</td>
<td>3%</td>
</tr>
<tr>
<td>Feb 18</td>
<td>3.5%</td>
</tr>
<tr>
<td>Mar 18</td>
<td>4%</td>
</tr>
</tbody>
</table>

Percentage over 6 weeks

- 0.0%
- 0.2%
- 0.4%
- 0.6%
- 0.8%
- 1.0%
- 1.2%
- 1.4%
- 1.6%
- 1.8%
- 2.0%
- 2.2%
- 2.4%
- 2.6%
- 2.8%
- 3.0%
- 3.2%
- 3.4%
- 3.6%
- 3.8%
- 4.0%
- 4.2%
- 4.4%
- 4.6%
Performance Matters (KPIs)

Regulatory Performance - ED

**A&E 4 Hour Wait**

- **Within 4 Hours**: [Graph]
- **Total Attendances**: [Graph]
- **Target**: [Graph]
- **% Achievement**: [Graph]

**No. Ambulance Handover Times (pre-validated YAS)**

- **No. under 15 mins**: [Graph]
- **No. between 15 & 30 mins**: [Graph]
- **No. between 30 & 60 mins**: [Graph]
- **No. between 60 & 120 mins**: [Graph]
- **No. over 120 mins**: [Graph]
- **Not recorded**: [Graph]

**A&E All Types Benchmarking**

- **Doncaster & Bassetlaw**: 91.39% (91.39%)
- **Barnsley**: 90.69% (90.69%)
- **Rotherham**: 87.53% (87.53%)
- **Sheffield Teaching**: 91.99% (91.99%)

**Quarterly & Year on Year Performance**

- **Quarter %**: 89.66% 90.13% 91.09% 91.39%
- **Current Position %**: 91.99%
- **Year on Year %**: 91.99%
Performance Matters (KPIs)

Regulatory Performance - 18 Week Referral to Treatment

As stated RTT 18 Week Performance - June 2017

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Incompletes - Target 92%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;18</td>
</tr>
<tr>
<td>General Surgery</td>
<td>1644</td>
</tr>
<tr>
<td>Urology</td>
<td>624</td>
</tr>
<tr>
<td>Trauma &amp; Orthopaedics</td>
<td>1343</td>
</tr>
<tr>
<td>ENT</td>
<td>1093</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>987</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>2363</td>
</tr>
<tr>
<td>General Medicine</td>
<td>52</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>538</td>
</tr>
<tr>
<td>Cardiology</td>
<td>570</td>
</tr>
<tr>
<td>Dermatology</td>
<td>949</td>
</tr>
<tr>
<td>Respiratory</td>
<td>327</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>284</td>
</tr>
<tr>
<td>Geriatric Medicine</td>
<td>342</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>733</td>
</tr>
<tr>
<td>Other</td>
<td>787</td>
</tr>
<tr>
<td>Total</td>
<td>12636</td>
</tr>
</tbody>
</table>

Comments
BHNFT is ahead of the RTT trajectory agreed by NHSI, linked in with the STF funding. At June month end the Trust is achieving RTT at 92.3% (target 92%). There are three specialties that are not achieving RTT, General Surgery 85.95%, Ophthalmology 90.9% and Dermatology 87.7%. A paper will be presented at F&P detailing the recovery plans for these specialties.
Regulatory Performance - Cancer

- All Cancer 2 Week Waits
- 31 Day - Subsequent Treatment (Surgery)
- 31 Day - Diagnostic to Treatment
- 31 Day - Subsequent Treatment (Drugs)
- 62 Day - Urgent GP Referral to Treatment
- 62 Day - Screening Programme
- 62 Day - Consultant Upgrades

Performance Matters (KPIs)
Performance Matters (KPIs)

**Patients**

- **Cancer Performance by Tumour Site**

  The validated May performance against all national and locally agreed KPIs showed compliance as reported on Open Exeter for the majority of targets. However, the 62 Day Screening target was non-compliant due to 1 x local breach. This patient was received late from the screening programme and could not be salvaged. Further screening breaches have been seen recently for the same reason and this has been escalated to the screening lead nurse. Local screening provision has also been bolstered which should help the situation.

  Validation of performance across all CWT targets for June is currently underway and will not be uploaded to Open Exeter until the 2nd August 2017.

**Comments**

- **Non-compliant targets in June:**
  - Breast symptomatic – this related to patient choice and capacity issues with first appointments offered late in the 14 day window.
  - The 62 Day Screening target failed due to patient’s being referred beyond the 62 day window by the screening programme.
  - The locally agreed 62 Day ‘Consultant Upgrade’ target is below threshold at Q1 end reflecting a very low denominator of accountable pathways throughout the quarter.

**Performance by Tumour Site**

<table>
<thead>
<tr>
<th>Tumour Site</th>
<th>21 Day</th>
<th>30 Day</th>
<th>60 Day</th>
<th>90 Day</th>
<th>Open Exeter</th>
<th>Plan</th>
<th>Open Exeter</th>
<th>Plan</th>
<th>Open Exeter</th>
<th>Plan</th>
<th>Open Exeter</th>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Symptomatic</td>
<td>94%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Lung</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Stomach</td>
<td>94%</td>
<td>94%</td>
<td>94%</td>
<td>94%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>GI - Liver</td>
<td>94%</td>
<td>94%</td>
<td>94%</td>
<td>94%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>GI - Upper</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>GI - Lower</td>
<td>94%</td>
<td>94%</td>
<td>94%</td>
<td>94%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>94%</td>
<td>94%</td>
<td>94%</td>
<td>94%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**Non-compliant targets in May:**

- Most teams achieved 100% compliance across relevant 31 Day pathways in May with the exception of the Lower GI (colorectal) pathway which was under threshold at 88.9%. This related to 1 x local breach due to elective capacity (no anaesthetist available).
- The Lung team failed the 62 Day ‘GP referral to treatment’ target in May, demonstrating performance of 75% against the 85% target. The shared pathway performance for the same target was reported on Open Exeter as 70% and was also non-compliant. This was further adversely affected following application of the IPT Policy and was reduced to 60% compliance. This was due to 1 x breached pathway being referred Day 76 and treated by Sheffield less than 24 days later. Therefore the full impact of this breach is absorbed by BHNFT. This was a complex pathway.

- In addition, the UGI team failed the 62 Day ‘GP referral to treatment’ threshold in May according to the uploaded Open Exeter position. However, 1 x breached pathway was deemed fully allocated back to STH following local analysis and application of the IPT principles. Whilst STH and BHNFT could not reach agreement about this pathway – this would alter the UGI position to compliant for May. This particular pathway was deemed to be referred early by Day 20 and not treated in Sheffield until Day 82.

- The Gynaecology team also failed to meet the 62 Day ‘GP referral to treatment’ target in May. This was due to inadequate elective capacity. Whilst the pathway originated in gynaecology, the treatment was performed by the colorectal team who were referred the patient late in the pathway. This meant surgery was unable to be scheduled before the breach date.

**All relevant teams achieved compliance against the 62 Day ‘Consultant Ugrade’ target in May.**
The June shared referral performance continued to show improvement and the Q1 position against the 85% target is considered compliant. Several specialties achieved the target of referral by Day 38 in Q1 and these were – Head and Neck, Urology, Upper GI, Skin, Breast and Gynaecology.

Colorectal, Lung and Sarcoma (managed through the Upper GI MDT) were all under target. Work remains ongoing both at local and Cancer Alliance level to improve pathway delivery, patient experience and IPT compliance.

In May the impact of late referrals was as follows:

Allocated Breaches – negative impact
1 x Urology – referred Day 56 and treated by STH Day 71
1 x Lung – referred Day 76 and treated by STH Day 91

Allocated Breaches – positive impact (allocated back to STH)
1 x Urology – referred Day 31 and treated by STH Day 81
1 x CUP – referred Day 34 and treated by STH Day 63
1 x H+N – referred Day 30 and treated by STH Day 64 (STH do not agree IPT)
1 x UGI – referred Day 30 and treated by STH Day 82 (STH do not agree IPT)

Allocated Compliant pathways – negative impact
3 x Lung – 1 x referred Day 39 and treated by STH Day 53
1 x referred Day 43 and treated by STH Day 50
1 x referred Day 42 and treated by STH Day 57

The Trust has submitted a 62 Day ‘Recovery Plan’ to NHSI as part of the Alliance which reflects implementation of the IPT Shared pathway policy. Strengthening shared pathway performance remains a key priority for the Trust despite achieving 62 Day performance overall and being a leading performer in relation to Cancer Waiting Times across the Cancer Alliance.

Prolonged pathways
In May 1 x Consultant Upgrade pathway exceeded 104 days. RCA is underway. A number of delays were observed in this pathway including long histopathology turnaround times due to second opinion needed from Sheffield. Overall, there was considerable complexity to the pathway.
Performance Matters (KPIs)

Regulatory Performance - Breast Cancer Screening

Screening to issue of normal results

<table>
<thead>
<tr>
<th>Percentage Positivity</th>
<th>Actual</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>75%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>85%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>95%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Screening to offer of 1st assessment

<table>
<thead>
<tr>
<th>Percentage Positivity</th>
<th>Actual</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>30%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Screening to 1st assessment

<table>
<thead>
<tr>
<th>Percentage Positivity</th>
<th>Actual</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>30%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Uncoded Episodes (As at June 2017)

<table>
<thead>
<tr>
<th>Treatment Specialty</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCIDENT AND EMERGENCY</td>
<td>23</td>
<td>7</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANTICOAGULANT SERVICE</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BREAST SURGERY</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARDIOLOGY</td>
<td>25</td>
<td>21</td>
<td>46</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLINICAL HAEMATOLOGY</td>
<td>7</td>
<td>4</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLINICAL ONCOLOGY</td>
<td>10</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLORECTAL SURGERY</td>
<td>6</td>
<td>1</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DERMATOLOGY</td>
<td>12</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIABETIC MEDICINE</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIAGNOSTIC IMAGING</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENDOCRINOLOGY</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENT</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GASTROENTEROLOGY</td>
<td>29</td>
<td>24</td>
<td>53</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GENERAL MEDICINE</td>
<td>93</td>
<td>70</td>
<td>163</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GENERAL SURGERY</td>
<td>26</td>
<td>16</td>
<td>42</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GERIATRIC MEDICINE</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GYNAECOLOGY</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEONATOLOGY</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OBSTETRICS</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPHTHALMOLOGY</td>
<td>1</td>
<td>7</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORAL SURGERY</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAEDIATRIC CARDIOLOGY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAEDIATRIC CYSTIC FIBROSIS</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAEDIATRIC ENT</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAEDIATRICS</td>
<td>7</td>
<td>11</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAEDIATRIC T&amp;O</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESPIRATORY MEDICINE</td>
<td>8</td>
<td>10</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RHEUMATOLOGY</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke Medicine</td>
<td>5</td>
<td>3</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRAUMA AND ORTHOPAEDICS</td>
<td>22</td>
<td>21</td>
<td>43</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UROLOGY</td>
<td>9</td>
<td>2</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VASCULAR SURGERY</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WELL BABIES</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLANK SPECIALTIES</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>0</td>
<td>0</td>
<td>295</td>
<td>219</td>
<td>514</td>
</tr>
</tbody>
</table>

### Missing Outcomes (As at June 2017)

<table>
<thead>
<tr>
<th>Specialty</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMU</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANTE-NATAL</td>
<td>2</td>
<td>11</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANTICOAGULANT</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>CARDIOLOGY</td>
<td>0</td>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DERMATOLOGY</td>
<td>2</td>
<td>17</td>
<td>19</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>DIABETICS CENTRE</td>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ED</td>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GASTROENTEROLOGY</td>
<td>10</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GENMED</td>
<td>17</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAIN OPD</td>
<td>6</td>
<td>11</td>
<td>17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEW STREET</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OMFS</td>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAEDIATRICS</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHYSIOTHERAPY</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESPIRATORY MEDICINE</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UROLOGY</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WARD 24</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THERAPY SERVICES (BLANK)</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dietetics</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GENERAL MEDICINE</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VULVAL CLINIC</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Comments

Uncoded Episodes - All episodes for January, February, March and April have been coded.

There are 295 for May 2017 and 219 for June 2017.

Overall there are 514 uncoded episodes for 17/18.
Barnsley is currently unable to flow the RTT patient pathway data in the APC & OP datasets, hence the reduced data quality score.
Performance Matters

Data Quality - Secondary Uses Service (SUS) Dashboard

### Outpatients CDS

#### NHS Number

<table>
<thead>
<tr>
<th>Barnsley</th>
<th>Sheffield Children's</th>
<th>Sheffield Teaching</th>
<th>Rotherham</th>
<th>Doncaster &amp; Bassetlaw</th>
<th>National Average</th>
<th>Area Team Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>99.9%</td>
<td>99.8%</td>
<td>99.9%</td>
<td>99.9%</td>
<td>99.7%</td>
<td>99.5%</td>
<td></td>
</tr>
</tbody>
</table>

#### Registered GP Practice

<table>
<thead>
<tr>
<th>Barnsley</th>
<th>Sheffield Children's</th>
<th>Sheffield Teaching</th>
<th>Rotherham</th>
<th>Doncaster &amp; Bassetlaw</th>
<th>National Average</th>
<th>Area Team Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>99.8%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

#### Postcode

<table>
<thead>
<tr>
<th>Barnsley</th>
<th>Sheffield Children's</th>
<th>Sheffield Teaching</th>
<th>Rotherham</th>
<th>Doncaster &amp; Bassetlaw</th>
<th>National Average</th>
<th>Area Team Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>99.8%</td>
<td>99.9%</td>
<td></td>
</tr>
</tbody>
</table>

#### Attendance Outcome

<table>
<thead>
<tr>
<th>Barnsley</th>
<th>Sheffield Children's</th>
<th>Sheffield Teaching</th>
<th>Rotherham</th>
<th>Doncaster &amp; Bassetlaw</th>
<th>National Average</th>
<th>Area Team Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>100.0%</td>
<td>100.0%</td>
<td>99.4%</td>
<td>98.6%</td>
<td>97.4%</td>
<td>99.4%</td>
<td></td>
</tr>
</tbody>
</table>

---

Pack pg 88
Q - Data Quality - Secondary Uses Service (SUS) Dashboard

- **NHS Number**
  - Barnsley: 99.3%
  - Sheffield Children's: 99.5%
  - Sheffield Teaching: 99.5%
  - Rotherham: 89.6%
  - Doncaster & Bassetlaw: 97.8%
  - National Average: 96.9%
  - Area Team Average: 98.2%

- **Registered GP Practice**
  - Barnsley: 100.0%
  - Sheffield Children's: 100.0%
  - Sheffield Teaching: 100.0%
  - Rotherham: 99.1%
  - Doncaster & Bassetlaw: 99.9%
  - National Average: 99.9%
  - Area Team Average: 99.7%

- **Postcode**
  - Barnsley: 99.9%
  - Sheffield Children's: 100.0%
  - Sheffield Teaching: 100.0%
  - Rotherham: 99.1%
  - Doncaster & Bassetlaw: 100.0%
  - National Average: 99.5%
  - Area Team Average: 98.1%

- **Attendance Disposal**
  - Barnsley: 100.0%
  - Sheffield Children's: 100.0%
  - Sheffield Teaching: 100.0%
  - Rotherham: 99.4%
  - Doncaster & Bassetlaw: 99.9%
  - National Average: 97.7%
  - Area Team Average: 96.1%
### Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>16/17 Actual</th>
<th>17/18 Plan</th>
<th>17/18 Actual</th>
<th>Variance</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective Day cases</td>
<td>3,798</td>
<td>4,290</td>
<td>4,349</td>
<td>59</td>
<td>1%</td>
</tr>
<tr>
<td>Elective Inpatients</td>
<td>662</td>
<td>696</td>
<td>662</td>
<td>-34</td>
<td>-5%</td>
</tr>
<tr>
<td>Elective Total</td>
<td>4,460</td>
<td>4,986</td>
<td>5,011</td>
<td>25</td>
<td>1%</td>
</tr>
<tr>
<td>Non Elective</td>
<td>6,137</td>
<td>5,914</td>
<td>6,152</td>
<td>-34</td>
<td>-5%</td>
</tr>
<tr>
<td>Maternity Pathway</td>
<td>992</td>
<td>1,114</td>
<td>1,032</td>
<td>-82</td>
<td>-7%</td>
</tr>
<tr>
<td>A&amp;E Attendances</td>
<td>13,559</td>
<td>14,416</td>
<td>14,175</td>
<td>-241</td>
<td>-2%</td>
</tr>
<tr>
<td>Outpatients</td>
<td>37,695</td>
<td>55,547</td>
<td>53,350</td>
<td>-2196</td>
<td>-4%</td>
</tr>
</tbody>
</table>

* Please note excess bed days are not included in these figures. Obstetric outpatient attendances are excluded as they are covered by the Maternity Pathways.
Main areas of underperformance are Outpatients and A&E. Main area of overperformance is Non-Elective Inpatients.

Outpatients: areas of underperformance with the highest variances (against aggregated attendances and procedure plans) in Ophthalmology -520, Dermatology -619, Anticoagulant Service - 542, General Surgery -384, Diabetic Medicine -267 and Respiratory Medicine 229. Overperforming are T&O Pre-Assessment 246, Physiotherapy 388, ENT 230 and T&O 275.

Non-Elective Inpatients: Overperformance is mainly due to Gynaecology.
### ACTIVITY LEVELS (PROVISIONAL) £'000

<table>
<thead>
<tr>
<th>Category</th>
<th>Month Plan</th>
<th>Month Actual</th>
<th>Variance</th>
<th>Variance %</th>
<th>Plan YTD</th>
<th>Actual YTD</th>
<th>Variance</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective inpatients</td>
<td>394</td>
<td>334</td>
<td>-15.23%</td>
<td>-60</td>
<td>1,090</td>
<td>994</td>
<td>-8.81%</td>
<td>-96</td>
</tr>
<tr>
<td>Day Cases</td>
<td>2,426</td>
<td>2,364</td>
<td>-2.56%</td>
<td>-62</td>
<td>6,715</td>
<td>6,729</td>
<td>0.21%</td>
<td>14</td>
</tr>
<tr>
<td>Non-elective inpatients</td>
<td>2,970</td>
<td>3,218</td>
<td>8.35%</td>
<td>248</td>
<td>8,901</td>
<td>9,343</td>
<td>4.97%</td>
<td>442</td>
</tr>
<tr>
<td>Outpatients</td>
<td>31,180</td>
<td>26,931</td>
<td>13.63%</td>
<td>-4,249</td>
<td>86,324</td>
<td>79,989</td>
<td>-7.34%</td>
<td>-6,335</td>
</tr>
<tr>
<td>A&amp;E</td>
<td>7,203</td>
<td>7,063</td>
<td>-1.94%</td>
<td>-140</td>
<td>21,618</td>
<td>21,238</td>
<td>-1.76%</td>
<td>-380</td>
</tr>
</tbody>
</table>

**Clinical Activity**

Other (excludes direct access tests)

<table>
<thead>
<tr>
<th>Category</th>
<th>Month Plan</th>
<th>Month Actual</th>
<th>Variance</th>
<th>Variance %</th>
<th>Plan YTD</th>
<th>Actual YTD</th>
<th>Variance</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8,514</td>
<td>7,969</td>
<td>-6.40%</td>
<td>-545</td>
<td>24,223</td>
<td>23,677</td>
<td>-2.55%</td>
<td>-546</td>
</tr>
</tbody>
</table>

**Total activity**

<table>
<thead>
<tr>
<th>Category</th>
<th>£'000</th>
<th>£'000</th>
<th>£'000</th>
<th>£'000</th>
<th>£'000</th>
<th>£'000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>52,687</td>
<td>47,879</td>
<td>-9.13%</td>
<td>-4,808</td>
<td>141,970</td>
<td>-6,901</td>
</tr>
</tbody>
</table>

### CIP

<table>
<thead>
<tr>
<th>Category</th>
<th>Month Plan</th>
<th>Month Actual</th>
<th>Variance</th>
<th>Variance %</th>
<th>Plan YTD</th>
<th>Actual YTD</th>
<th>Variance</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>17</td>
<td>241</td>
<td>1317.65%</td>
<td>224</td>
<td>14,871</td>
<td>14,170</td>
<td>-4.64%</td>
<td>-6,901</td>
</tr>
<tr>
<td>Pay</td>
<td>298</td>
<td>358</td>
<td>20.13%</td>
<td>60</td>
<td>796</td>
<td>671</td>
<td>-15.91%</td>
<td>-127</td>
</tr>
<tr>
<td>Non-Pay</td>
<td>92</td>
<td>106</td>
<td>15.22%</td>
<td>14</td>
<td>275</td>
<td>153</td>
<td>-44.16%</td>
<td>-122</td>
</tr>
</tbody>
</table>

**Total CIP**

<table>
<thead>
<tr>
<th>Category</th>
<th>£'000</th>
<th>£'000</th>
<th>£'000</th>
<th>£'000</th>
<th>£'000</th>
<th>£'000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>407</td>
<td>705</td>
<td>73.22%</td>
<td>298</td>
<td>1,123</td>
<td>1,070</td>
</tr>
</tbody>
</table>

### INCOME

<table>
<thead>
<tr>
<th>Category</th>
<th>Month Plan</th>
<th>Month Actual</th>
<th>Variance</th>
<th>Variance %</th>
<th>Plan YTD</th>
<th>Actual YTD</th>
<th>Variance</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical (Activity)</td>
<td>10,954</td>
<td>10,838</td>
<td>-1.06%</td>
<td>-116</td>
<td>31,277</td>
<td>31,922</td>
<td>2.06%</td>
<td>645</td>
</tr>
<tr>
<td>Other Clinical</td>
<td>3,592</td>
<td>3,731</td>
<td>3.87%</td>
<td>139</td>
<td>10,615</td>
<td>10,528</td>
<td>-0.82%</td>
<td>-87</td>
</tr>
<tr>
<td>CQUINS</td>
<td>321</td>
<td>325</td>
<td>1.25%</td>
<td>4</td>
<td>919</td>
<td>931</td>
<td>1.31%</td>
<td>12</td>
</tr>
<tr>
<td>Risks &amp; Penalties</td>
<td>0</td>
<td>87</td>
<td>-87%</td>
<td>-87</td>
<td>0</td>
<td>265</td>
<td>-100%</td>
<td>-265</td>
</tr>
<tr>
<td>Non Recurrent Income</td>
<td>198</td>
<td>198</td>
<td>0.00%</td>
<td>0</td>
<td>311</td>
<td>311</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>ST &amp; T Funding</td>
<td>294</td>
<td>368</td>
<td>25.17%</td>
<td>74</td>
<td>882</td>
<td>882</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>1,329</td>
<td>1,323</td>
<td>-0.45%</td>
<td>-6</td>
<td>3,987</td>
<td>3,894</td>
<td>-2.33%</td>
<td>-93</td>
</tr>
</tbody>
</table>

**Total income**

<table>
<thead>
<tr>
<th>Category</th>
<th>£'000</th>
<th>£'000</th>
<th>£'000</th>
<th>£'000</th>
<th>£'000</th>
<th>£'000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16,490</td>
<td>16,696</td>
<td>1.25%</td>
<td>206</td>
<td>47,680</td>
<td>48,203</td>
</tr>
</tbody>
</table>

### OPERATING COSTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Month Plan</th>
<th>Month Actual</th>
<th>Variance</th>
<th>Variance %</th>
<th>Plan YTD</th>
<th>Actual YTD</th>
<th>Variance</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay</td>
<td>-10,927</td>
<td>-10,963</td>
<td>-0.33%</td>
<td>-36</td>
<td>-32,865</td>
<td>-32,991</td>
<td>-0.04%</td>
<td>-126</td>
</tr>
<tr>
<td>Drugs</td>
<td>-1,262</td>
<td>-1,278</td>
<td>-1.27%</td>
<td>-16</td>
<td>-3,786</td>
<td>-3,831</td>
<td>-1.39%</td>
<td>-45</td>
</tr>
<tr>
<td>Non-Pay</td>
<td>-4,476</td>
<td>-4,683</td>
<td>-4.62%</td>
<td>-207</td>
<td>-13,428</td>
<td>-13,860</td>
<td>-3.22%</td>
<td>-412</td>
</tr>
</tbody>
</table>

**Total Costs**

<table>
<thead>
<tr>
<th>Category</th>
<th>£'000</th>
<th>£'000</th>
<th>£'000</th>
<th>£'000</th>
<th>£'000</th>
<th>£'000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-16,665</td>
<td>-16,924</td>
<td>-1.55%</td>
<td>-259</td>
<td>-50,079</td>
<td>-50,682</td>
</tr>
</tbody>
</table>
Performance Matters - Finance

June 2017 Summary

Summary Performance:

Commentary

Key to RAG Rating

The RAG rating applied to Variance % is based on the following criteria:

• Green equating to 0% or greater
• Amber behind plan by up to 5%
• Red greater than 5% behind plan

The key points derived from this table are as follows:

• Total activity is adverse to plan year to date excluding Direct Access. The main driver is underperformance on Outpatient & A&E activity. Direct Access tests were excluded from the Other activity because large variances in these figures skew the overall activity variance.
• CIP achievement is ADVERSE to plan by £0.05m.
• Clinical activity based income is £0.65m favourable to plan before risks and penalties. The main variances are Outpatients income £0.75m adverse to plan, Planned Same Day income £0.53m favourable. Other clinical income is £0.09m behind plan.
• ST & T funding has been accrued to plan. Other income is adverse to plan by £0.24m.
• Operating costs are adverse to plan. Pay is £0.13m adverse largely due to non elective pressures.
• Non-pay costs total are £0.48m adverse to plan, which links to activity.
• EBITDA is £0.08m below plan.
• Depreciation, restructuring and finance costs are £0.10m favourable to plan in total.
• The overall deficit is broadly to plan.
• Capital expenditure is £0.30m adverse to plan.
• Inventory is £0.18 below plan.
• Total receivables incl. prepayments are £3.8 above plan.
• Total payables incl. accruals are £0.1m favourable to plan.
• Deferred income is £0.69m above plan.
• Cash is £0.61m favourable to plan.
• Debtor days are 23.3 year to date, which is 7 days adverse to plan.
• Payable days are 66.2 year to date which is 0.4 days less than plan. Payable days have been calculated excluding accruals, because whilst accruals include certainties in respect of future payments, the timing of these payments is uncertain.
Performance Matters (Financial Overview)

**Actual Income Analysis**

- **Clinical Income Per Day**
  - This is above plan for June 2017

**Clinical Income Per Day**

**Pay as a % of Income**

- **Income analysis** - this graph analyses the split of income on a monthly basis and demonstrates the variability of clinical income.
- **Clinical income per day** - this is above plan for June 2017
- **Pay as a % of clinical income** is below plan for June 2017
**Performance Matters (Financial Overview)**

**Agency Monthly Spend**

- **Agency monthly spend** - Total spend ytd is £1.02m. Agency expenditure is reviewed in depth.

**Deficit Trend Analysis**

- **Deficit trend analysis** - this graph highlights the gap between plan and actual at month 3. Currently the Trust deficit is to plan.

- **CIP** is £0.05m behind plan at month 3.
## REPORT TO THE BOARD OF DIRECTORS

**SUBJECT:** HORIZON SCANNER  
**DATE:** JULY 2017

<table>
<thead>
<tr>
<th>PURPOSE</th>
<th>For decision/approval</th>
<th>Assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>For review</td>
<td>✓</td>
<td>Governance</td>
</tr>
<tr>
<td>For information</td>
<td>✓</td>
<td>Strategy</td>
</tr>
</tbody>
</table>

**PREPARED BY:** Emma Parkes, Director of Marketing & Communications  
**SPONSORED BY:** Dr Richard Jenkins, Chief Executive  
**PRESENTED BY:** Emma Parkes, Director of Marketing & Communications

### STRATEGIC CONTEXT

To provide a brief overview of key developments and initiatives across the national and regional healthcare landscape which may impact or influence the Trust’s strategic direction.

### EXECUTIVE SUMMARY

Summary of content for June 2017:

- MY NHS/NHS Choices
- NHS needs 5,000 more beds
- Trainee doctors report near misses
- Smart speakers in NHS hospitals
- Dementia cases set to rise
- Cost effective drugs
- NHS fire safety tests
- Call for increased paramedic training
- NHS staff retention
- NHS sickness figures
- BMA votes to tackle gender pay gap

### RECOMMENDATIONS

The Board of Directors is asked to receive the contents of this report for information.
### NHS Choices User Rating – 4* (5* is Excellent)

**Review Summary:**
24 Individual posts for March, of these 23 had a rating of 5 stars, with just one receiving a lower rating. All posts have been responded to.

**Speed and quality of care has been overwhelming**
Just want to say that for reasons I won't disclose, I have been truly overwhelmed by the speed and quality of service and care that I have seen first hand at Barnsley Hospital over the last month. Whilst the journey is far from over, it could have been over before it started. So, in no particular order, could I say a heartfelt "thank you" to X-ray Appointments, Day Surgery Unit, X-ray staff, Outpatient staff - Auxiliaries, HCA's, Nurses, Medical Staff, CT scanning team/radiologists, labs/pathology/histology and the MDT team.

I know from experience on both sides how much pressure there is on the system, on individuals. The NHS exists, in my opinion, in an increasingly over managed and policy/procedural driven era. Never forget that those that care do so because it's in their make up to do so, it doesn't come from policy v12.4. Things go wrong, and will do so, when humans are dealing with humans, all with the same frailties and weaknesses, exacerbated when overstretched. But what I have seen and experienced in the last 4 weeks has been humbling and pretty much flawless and has given optimism and hope.

We are lucky to have an NHS and even luckier to have a good hospital, not flawless (but which one is?), with wonderful people working in it. Don't take it for granted.

**Excellent staff**
My son visited on a busy Friday evening with a broken wrist, all staff were fantastic and friendly despite being extremely busy. A&E nurses, doctors, x-ray department, bone specialists all kept us informed and treated my 10 year old son in a way that he felt safe, in control and important. The children's waiting area is decorated in an underwater theme with books, toys, bubbles and a TV. During a painful procedure to straighten his bone he was entertained, distracted and treated by 4 members of staff in a lovely cubicle decorated with jungle animals. I can not thank the staff enough!

**Exceptional treatment from all staff.**
I couldn't fault the way I have been looked after for the past 3 weeks. I can see how pushed and understaffed the NHS is, even so I was shown care and consideration and nothing was too much trouble. Having to rely on the NHS really puts into perspective what could happen to this great service. Please don't privatisate this amazing service for the people, put more money into it. Thank you to all on Ward 14, although I still have another visit I can't thank you enough for all you have done.
<table>
<thead>
<tr>
<th>Publication</th>
<th>Detail</th>
<th>Impact/ Action/ Owner / Board involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward 14 &amp; 31 amazing under pressure!</td>
<td>Over the past 4 weeks I have spent majority of that in Barnsley hospital my first stay was on ward 14 for 6 days and my second on ward 31 for 12 days, all under an excellent registrar who didn't give up on me. The nurses on ward 14 are amazing and like no other but on Ward 31 a few specific individuals deserve a massive thank you the Nurse &amp; Night Nurse... nothing was ever too much to ask for them and they paid attention to their patients didn't show that they were under pressure which you know they are and basically showed what a top nurse looked like... The Auxiliary/HCAs kept me laughing when I felt like I didn't want to even lift my head off the pillow &amp; finally the domestic/tea person, who was very devoted to their job and could see they cared. Under the current state of our NHS i feel I received some amazing care &amp; even though I haven't got all my answers yet the guys made me stay more than bearable! I hope they go on to get recognised by higher members of staff and the hospital bosses because they deserve it. Once again a massive thank you!!!</td>
<td></td>
</tr>
<tr>
<td>National – HSJ</td>
<td><strong>NHS needs 5,000 more beds to hit A&amp;E waiting times</strong>&lt;br&gt;The Royal College of emergency Medicine has issued a report stating that the NHS needs at least 5,000 more beds to achieve safe bed occupancy levels and hit the four hour waiting time target. The 4% “modest” bed base boost would equate to an average hospital with a type one accident and emergency department adding only around 20 beds. The college’s report tracked performance of 50 trusts running 60 sites across the UK between October 2016 and March 2017 on a weekly basis. It also found some trusts saw their four hour waiting performance drop to under 50% over winter, against the 95% target. The report comes with NHS England currently understood to be carrying out a major assessment of the current bed base with a view to preparing for this winter.</td>
<td>Board to note for information</td>
</tr>
<tr>
<td>National – The Guardian</td>
<td><strong>Over half of trainee doctors report accidents or near misses due to sleep deprivation</strong></td>
<td>Board to note for information</td>
</tr>
<tr>
<td></td>
<td>Report that over half of trainee hospital doctors have had an accident or near miss on their way home after a night shift because of sleep deprivation, according to evidence about fatigue among NHS staff. Medics have spoken of swerving across motorways, crashing into other cars, being stopped by police and hitting a kerb, verge or roundabout as a result of falling asleep at the wheel on their journey home. In all, 57% of the trainee anaesthetists questioned had been involved in an accident, or come close to having one, while driving, cycling or walking home after working all night. More than eight out of 10 (84%) of respondents said that they had felt too tired to drive home after a night shift. About 90% use caffeine-based drinks in order to stay awake on a night shift. Seven out of 10 (72%) said that work-related fatigue had negatively affected their physical health, while almost as many said it had damaged their psychological wellbeing (69%) or personal relationships (66%).</td>
<td></td>
</tr>
<tr>
<td>Publication</td>
<td>Detail</td>
<td>Impact/ Action/ Owner / Board involvement</td>
</tr>
<tr>
<td>-------------</td>
<td>--------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>National</td>
<td>‘Smart' speakers to feature in NHS hospitals A number of NHS trusts are in talks with IBM to introduce voice-activated bedside speakers that can change the room temperature, lower the blinds and tell patients when their test results are due. The speakers will come to a number of hospitals in the next two years. The aim is to improve patients' experiences by helping to handle their non-medical needs and give frail patients more control of their surroundings. It is hoped that they will cut the time spent answering routine questions or performing easily automated tasks.</td>
<td>Director of ICT to note and report as appropriate</td>
</tr>
<tr>
<td>National Study</td>
<td>Dementia cases to reach 1 million in the next 25 years Research teams from UCL and the University of Liverpool forecast that more than 1.2 million people will be living with dementia in England and Wales by 2040. Dementia is already costing the UK £23billion a year.</td>
<td>Board to note for information</td>
</tr>
<tr>
<td>National</td>
<td>Cost-effective alternative treatments Novartis has launched two copycat treatments in Britain, which it claims have the potential to save the NHS tens of millions of pounds a year. The treatments, known as biosimilars, will offer cut-price versions of etanercept for rheumatoid arthritis and rituximab for lymphoma, which were originally developed by Amgen and Roche under the brand names Enbrel and MabThera. The two drugs are both in the NHS's top six drugs by spend and cost it £387m last year. A wave of patents on biologic drugs are due to expire by 2020 which will offer the potential for big NHS savings if biosimilars are approved.</td>
<td>Board to note</td>
</tr>
<tr>
<td>National coverage</td>
<td>Buildings at three NHS trusts fail fire safety tests Buildings at three NHS trusts in England have failed fire safety tests. None of the three hospitals whose buildings have failed fire tests house patients, the NHS has said, and the cladding is being removed from all three. All NHS trusts and foundation trusts have been asked to conduct urgent fire safety checks. NHS Improvement said it has identified 38 organisations that require extra support to carry out urgent checks. Of these trusts, 19 have had a review and no further action is needed at this stage. A further 11 are not required to take further action.</td>
<td>Board to note for information. Director of estates and Facilities to monitor and update as appropriate</td>
</tr>
<tr>
<td>National - NICE</td>
<td>Train more paramedics to take strain off hospitals National Institute for Health and Care Excellence (Nice) has called for more paramedics to be trained to treat patients at the scene, in order to ease pressure on hospitals. According to the NHS advisory body, elderly patients can be kept out of hospitals by higher-skilled paramedics who can treat them at home or arrange social care for their problems. Nice says training more staff to give stronger pain relief and assess wounds better could cut hospital admissions by 13%. Although more highly skilled paramedics are paid about £48,000, compared with under £40,000 for more junior staff, Nice says that they could save money by keeping people out of hospital, particularly the frail elderly.</td>
<td>Board to note for information</td>
</tr>
<tr>
<td>Publication</td>
<td>Detail</td>
<td>Impact/ Action/ Owner / Board involvement</td>
</tr>
<tr>
<td>-------------</td>
<td>--------</td>
<td>------------------------------------------</td>
</tr>
</tbody>
</table>
| National – NHS Providers | **NHS Providers welcomes support for trusts to improve staff retention**
A new programme to drive better staff retention in trusts across England has been launched by NHS Improvement with the aim of reducing the rates of people leaving the NHS workforce by 2020. The programme will support trusts by providing a series of master classes for directors of nursing and HR to discuss ways to reduce staff leaving trusts. The organisation will also work alongside NHS Employers and look into how the current national retention programme can be improved. The programme will start with a group of 20 providers, with one cohort aimed at providers with above average nurse leaving rates and one at mental health trusts with above average leaving rates for clinical staff. | Assc. Director of HR and Director of Nursing & Quality to note and report as appropriate |
| National | **NHS staff sickness days increase to 17m days a year**
Health service personnel in England took a total of 16,866,471 sick days off work between them in 2016. That is 895,979 more days than the 15,970,492 which the NHS lost in 2012 through staff illness – a 6% increase. The estimated bill in in 2015 was £2.4bn a year. Common illnesses for NHS staff include mental health conditions such as anxiety and depression, and musculo-skeletal problems including chronic back pain. | Board to note for information |
| National - BMA | **BMA votes to tackle gender pay gap**
The British Medical Association’s annual conference voted overwhelmingly for the union to do more to end the gender pay gap in health and underrepresentation of women in leadership positions. The union said the significant gender pay gap in the medical profession was unacceptable that there remains a gender pay gap in medicine nearly 50 years after the Equal Pay Act 1970 and that women remain consistently underrepresented at consultant level. It pointed to the fact more than half of new doctors in training are female, yet inequality of pay has increased from 20% in 2004 to 40% in 2014. | Board to note for information, Assc. Director of HR to report back as appropriate. |