Board of Directors: Public

Schedule	Thursday 7 December 2023, 9:30 AM — 12:00 PM GMT
Venue	Lecture Theatres 1 & 2, Education Centre, Barnsley Hospital NHS Foundation Trust
Organiser	Lindsay Watson

Agenda

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	2.1. Staff Story: Emma Lavery/Brogan Barry in attendance To Note - Presented by Sarah Moppett and Steve Ned		20

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	Members of the public may request that they address a question to the Board of Directors. Any member of the public wishing to do so must advise the Corporate Governance Manager at least 24 hours before commencement of the meeting, stating their name and the nature of the question. These questions shall be brought to the attention of the Chair before the commencement of the meeting and the decision as to whether any question will or will not be allowed to be put to the Board of Directors by any member of the public will lie with the Chair whose decision will be final. 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 this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.	410
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1. Introduction

1.1. Welcome and Apologies

Apologies: Nahim Ruhi-Khan

Observing: Leanne Battley, Lead Nurse, Intensive Care Unit

To Note

Presented by Sheena McDonnell

1.2. Declarations of Interest

To Note

Presented by Sheena McDonnell

1.3. Quoracy

To Note

Presented by Sheena McDonnell

1.4. Minutes of the Meeting held on 5 October 2023

To Review/Approve

Presented by Sheena McDonnell

Minutes of the meeting of the Board of Directors Private Session
Thursday 5 October 2023 at 9.30 am, Lecture Theatre 1 & 2,
Barnsley Hospital NHS Foundation Trust

PRESENT:	Sheena McDonnell	Chair
	Richard Jenkins	Chief Executive
	Bob Kirton	Deputy Chief Executive
	Simon Enright	Medical Director
	Chris Thickett	Director of Finance
	Sarah Moppett	Director of Nursing, Midwifery and AHPs
	Steve Ned	Director of People
	Nick Mapstone	Non-Executive Director
	Sue Ellis	Non-Executive Director
	Stephen Radford	Non-Executive Director
	Kevin Clifford	Non-Executive Director
IN ATTENDANCE:	Emma Parkes	Director of Communications & Marketing
	Lorraine Burnett	Director of Operations
	Tom Davidson	Director of ICT
	Robert Paskell	Deputy Director of Finance
	Nahim Ruhi-Khan	Associate Non-Executive Director
	Angela Wendzicha	Interim Director of Corporate Affairs
	Lindsay Watson	Corporate Governance Manager *(minutes)*
	Theresa Rastall	Freedom to Speak up Guardian, *min ref 23/103*
	Sara Collier-Hield	Associate Director of Midwifery, min ref 23/106
	Noor Khanem	Consultant in Obstetrics & Gynaecology, min ref 23/106
	Jeremy Bannister	Deputy Medical Director, min ref 23/107
	Katie Yockney	End of Life Care Clinical Lead, min ref 23/108
APOLOGIES:	Gary Francis	Non-Executive Director
	Neil Murphy	Associate Non-Executive Director
	David Plotts	Non-Executive Director

	INTRODUCTION	
BoD 23/94	**Welcome/Apologies** Sheena McDonnell welcomed members and attendees to the public session of the Board of Directors meeting. Apologies were noted as above. *The agenda was taken out of order at various times to accommodate presenters attending the meeting.*	
BoD 23/95	**Declarations of Interest** The standing declarations of interest were noted by Richard Jenkins, Chief Executive Officer and Angela Wendzicha, Interim Director of Corporate Affairs for their joint roles between Barnsley Hospital NHS Foundation Trust (BHNFT) and The Rotherham NHS Foundation Trust (TRFT).	

	A declaration of interest was noted from Lorraine Burnett as Director of Barnsley Facilities Services (BFS).	
BoD 23/96	**Quoracy** The meeting was quorate.	
BoD 23/97	**Minutes of the Meeting held on 3 August 2023** The minutes of the meeting held on 3 August 2023 were reviewed and approved as an accurate record of events.	
BoD 23/98	**Action Log** The action log was reviewed, noting all actions from the previous meeting were complete.	
BoD 23/99	**Patient Story** Sarah Moppett introduced the patient's story which was shared via video technology. The patient's journey was explained, which highlighted the compassionate care provided to the patient and her family during an inpatient stay in Ward 19. It was suggested that the video be shared throughout the Trust as part of ongoing training and lessons learned. ***Action:*** Sarah Moppett confirmed the family would be approached to obtain consent. On behalf of the Board, Sheena McDonnell expressed appreciation to colleagues within the Trust for their exemplary work, and for providing a human aspect to services that are delivered to the patients. The Board also acknowledged the patient for sharing the positive story.	SM
	CULTURE	
BoD 23/100	**Guardian of Safe Working Annual Report: Deferred** Due to prior commitments, the Guardian of Safe Working was unable to attend the meeting, the Board agreed to defer this item. The report had been fully scrutinised by the People Committee on 26 September 2023.	
BoD 23/101	**Workforce, Race Equality Standard Annual Report** Steve Ned presented the Workforce, Race Equality Standard (WRES) annual report with the recommendation for endorsement by the Board for publication on the Trust's website, in line with statutory reporting requirements. The report highlighted the performance of the Trust during the reporting period 1 April 2022 – 31 March 2023. The data reported progress in a number of areas including increased Black and Minority Ethnic (BME) workforce representation as a result of international nurse recruitment, an increase in BME Trust Board voting membership/overall workforce, a reduction in BME colleagues experiencing discrimination and no formal disciplinary cases involving BME colleagues. A number of recommendations/priority areas of focus, which are replicated nationally, were noted for the Trust which included a negative increase that	

	white applicants are more likely to be appointed from shortlisting across all professions as compared to BME applicants and access to non-mandatory training. An action plan has been established to improve performance over the next 12 months which are illustrated in the action plan for 2023/24. The national comparative data, which is currently embargoed until the end of October 2023, will be circulated to the Board when available. ***Action:*** *The national comparative data is to be circulated to Board colleagues, along with being presented to the People Committee. This item will be added to the People Committee work plan.* The Board noted that whilst improvements were made during the reporting period, the Trust is committed to ensuring changes are made to improve performance against the national standards. The monitoring of the action plan for 2023/24 will be overseen by the People Committee. The Board formally received and approved the report for publication, by the reporting deadline of 31 October 2023.	SN
BoD 23/102	**Workforce Disability Equality Standard Annual Report** Steve Ned introduced the Workforce Disability Equality Standard (WDES) with the recommendation for endorsement by the Board for publication on the Trust's website, in line with the statutory reporting requirements. The report provided an overview of performance against the WDES indicators for the reporting period 1 April 2022 – 31 March 2023. This illustrated progress in a number of areas and highlighted several recommendations/priority areas of focus for the coming year. An action plan has been established to improve performance over the next 12 months which is illustrated in the action plan for 2023/24. In response to a comment raised regarding under-reporting for staff with disabilities, the Board was informed work is ongoing with the Staff Network to encourage disabled staff to disclose their disability anonymously via the Electronic Staff Record. Teresa Rastall confirmed a large amount of work has been undertaken to try and identify why disabilities are not disclosed. Work is ongoing throughout the Trust, including Trade Union colleagues, to develop a positive workplace culture, noting a wide range of initiatives are arranged to create a compassionate and creative culture. The Board noted the actions planned for the year ahead, and formally ratified the report for publication, by the reporting deadline of 31 October 2023.	
BoD 23/103	**Freedom to Speak Up Guardian** Theresa Rastall was in attendance to provide an overview of activity during the second quarter of 2023/24. The Board was informed that during October, a range of activities are planned throughout the Trust to engage with staff, as part of the Freedom to Speak Up (FTSU) awareness month.	

	In response to a query raised about comparative data against quarter one; Theresa Rastall confirmed due to confidentially, specific categories cannot be provided and although the information for quarter one is omitted from the report, no themes had been identified. The Board noted regular reports are presented to the People Committee for assurance and agreed to delegate authority to the Committee to review the comparative figures between quarters one and two to gain additional assurance. ***Action:*** *delegate to the People Committee.* Following the recent verdict of the criminal case arising from the recent events at the Countess of Chester Hospital, NHS England has asked all NHS providers to provide assurance on several key points of focus. The Board was made aware work is ongoing in response to this request. The Board was informed work is in progress to review and realign the work plans for the Assurance Committees and the Board, noting that the reporting frequency for the FTSU report will be considered during this time.	SN/ SEl
	ASSURANCE	
BoD 23/104	**People Committee Chair's Log** Sue Ellis introduced the chair's log from the meeting held on 26 September 2023 which was noted and received by the Board. Several reports were presented including the Guardian of Safe Working, Workforce Insight Report and the Annual Committee Effectiveness Review for 2022/23. The Committee received a presentation from the Occupational Psychologist, who gave an overview of work undertaken to review the Psychological Health and Safety and Mental Well-being initiatives for staff. The mandatory and statutory training action plan was presented, providing an update on the current compliance levels for training. The Committee was informed of several measures currently in place, led by the Executive Team (ET), for the Trust to achieve its target. As of yesterday, compliance was reported at 89.94% against a target of 90%. The Board had been made aware previously of concerns raised regarding training, where authority had been delegated to the People Committee for further monitoring, escalating any concerns as necessary.	
BoD 23/105	**Quality and Governance Committee Chair's Log** Kevin Clifford presented the chair's logs from the meetings held on 30 August and 27 September 2023 which were noted and received by the Board. A number of reports were presented including; the Medicines Optimisation Action Plan/Care Quality Commission (CQC) Inspection Feedback, Mortality Report, Health Inequalities Action Plan, Complaint Litigation Incident and Coroner's Report and the Annual Committee Effectiveness Review for 2022/23. The Committee was also provided with the quarterly falls and pressure ulcer report. The Committee agreed that the updates related to the Medicines Management Optimisation action plan would be presented via a quarterly report, with regular updates referenced in the Medicines Management Committee Chair's log, escalating any concerns to the Committee as required.	

BoD 23/106	**Maternity Services Board Measures Minimum Data Set** Sara Collier-Hield and Noor Khanem were in attendance to provide an update on the maternity services board measures minimum data set, to maintain oversight of services within Barnsley. Arising from the report the following points were raised: • Moderate harms were reported above the Local Maternity and Neonatal System target, with the Trust reporting a 5% ATAIN rate. Following an in-depth review, no themes had been identified. The learning and feedback will be shared with all staff involved as part of the lessons learned. • Work is ongoing to review the ethnicity of patients and/or areas of deprivation to understand if women and birthing people are more likely to experience moderate harm, this was included in the report illustrated via a pie chart. • Challenges remain ongoing in terms of training compliance, arising from several factors including the impact of industrial action and workforce issues. Several PROMPT training days and fetal monitoring training were postponed, additional sessions are being facilitated to ensure compliance against the Clinical Negligence Scheme for Trusts standard by 1 December 2023. • Midwifery safe staffing remains depleted due to several factors including long-term sick, maternity leave and vacancy rates. A proposal had been presented to the ET about continuing with the NHS Professionals incentive. • The maternity dashboard has been data cleansed, the only indicators with targets are either nationally set or as part of the Yorkshire/Humber target. Significant improvements had been seen in smoking at the time of delivery, reported at 8%. The Board was pleased to hear the team had been nominated for an award in recognition of their hard work. • One guideline remains out of date; the Management of Jaundice which has been escalated to the quadrumvirate. The Board noted the ongoing work relating to cultural development in the Maternity Team which is being facilitated by NHS Elect. In response to a comment regarding the impact of industrial action on medical staff; Noor Khanem thanked the resilience of the team for ensuring patient care was maintained, despite significant challenges experienced. Following discussion, it was agreed SPC charts would be used to illustrate the upper and lower control limits, which would be supported by the Information Team. ***Action:*** *to be included within the report.*	SM
BoD 23/107	**Doctors Appraisal & Revalidation Annual Report** Jeremy Bannister was in attendance to present the Annual Doctors Appraisal and Revalidation Report. The report assured the Board and NHS England that the Responsible Officer, Simon Enright, is fulfilling the statutory duty and provided assurance effective systems are in place. Jackie Waller who is the Appraisal and Revalidation Support Manager, was	

	acknowledged for her support with the process. The Board also acknowledged and commended Jeremy Bannister, who has completed 45 years of service within the NHS. The Board reviewed and approved to sign off the Statement of Compliance, which confirmed that the Trust was compliant with the regulations.	
BoD 23/108	**End of Life Annual Report** Katie Yockney was in attendance to present the End of Life Annual Report providing an overview of the key achievements for 2022/23 along with outlining the ambitions for the end of life care for 2023/24. The key achievements this year included; support for the wider resuscitation colleagues with the roll out of the "ReSPECT" form across Barnsley Place, a reviewed policy from the Chaplain Service, roll out of the advance care planning templates and continued work on the importance of earlier identification of the deteriorating patient and advance care planning. The Board was also informed of the key ambitions for the forthcoming year which included; implementing consistent approaches to share the end of life care learning throughout the Trust, contribute to Dying Matters Awareness Week for 2023/24 and sharing the learning and feedback to ensure high-quality care is provided. The Board noted and received the report which provided assurance that the end-of-life programme had been delivered during the year.	
BoD 23/109	**Policy for approval: Patient Safety Incident Response Policy/Patient Safety Incident Response Plan** Sarah Moppett provided an overview of the Patient Safety Incident Response Framework (PSIRF) and Patient Safety Incident Response Plan (PSIRP). The documents were presented to the Quality and Governance Assurance Committee where the policy was approved with recommendation for approval by the Board. Following the national requirement for implementation of the framework by the end of September 2023, the document sets out the approach of the Trust for the next 12 – 18 months in developing and maintaining effective systems and processes for responding to patient safety incidents and issues for the purpose of learning and improving patient safety. The Board noted that the Director of Nursing, Midwifery and AHPs would be the accountable officer and following national recommendations, will be ready for implementation from 1 November 2023. The policy was received and ratified by the Board.	
BoD 23/109	**Finance & Performance Committee Chair's Log** Stephen Radford presented the chair's logs from the meetings held on 31 August and 28 September 2023 which were noted by the Board. Arising from	

	the report the following key points were highlighted: • The Trust's finance position remains on track, slightly ahead of plan year to date. The forecast for the year end is £11.2m deficit in line with the final plan submitted to the Integrated Care System. • Work remains ongoing with the efficiency and productivity programme which saw actual savings in Month 5 of £0.9 m against a plan of £1.01m. • The Trust recently reported an infrastructure incident which resulted in a major power outage. A debrief report was presented to the Committee providing an overview of the events and assurance of all actions undertaken to ensure the risks had been mitigated, confirming clear processes are in place should future events occur. The draft report from Sudlows, who had been commissioned to the review incident as part of an external review, has been received which is currently being reviewed by the team. 360 Internal Assurance Audit on Clinical Service Business Continuity has also been commissioned to review the incident. Chris Thickett commented the Trust had experienced several operational challenges as a result of the impact of the recent industrial action, noting that associated costs to ensure safe staffing and patient care were maintained. A significant amount of work is ongoing with the Clinical Business Unit triumvirates and clinical teams with regard to elective recovery, with performance expected to show an improved position at month six.	
BoD 23/110	**Barnsley Facilities Services (BFS) Chair's Log** Lorraine Burnett introduced the chair's log following the September 2023 meeting informing the Board that BFS remains on budget year to date. The key highlights from the report were the increased activity on apprenticeships, completion of Phase Two of the Community Diagnostic Centre noting the MRI service is progressing well and planned to be operational in December 2023 and the succession planning programme. The Board noted and received the report.	
BoD 23/111	**Executive Team Report and Chair's Log** Richard Jenkins presented the chair's log from the meetings held throughout July and August 2023 which was noted and received. The Trust received a publication from NHS England regarding the Sexual Safety of NHS Staff and Patients; the Board was informed this would be presented for information at a future Board meeting. **Action:** add to the work plan.	LJW
	PERFORMANCE	
BoD 23/112	**Integrated Performance Report** Lorraine Burnett introduced the Integrated Performance Report for August 2023 providing an overview of performance and challenges throughout the Trust, which had been scrutinised at the recent Assurance Committees.	

	Emergency care performance against the four-hour standard benchmarks well against South Yorkshire's performance, with an increase in bed occupancy at 97.9%. Diagnostic performance was reported at 1.5% of patients waiting longer than six weeks for a diagnostic test. The Trust is noted to be performing well against the 28 day cancer target, currently reported at 75%, with the standard for next year increased to 80%. The Board noted and received the IPR for August 2023.	
BoD 23/113	**Winter Plan/Bed Reconfiguration Update** Lorraine Burnett presented the Winter Planning Proposals for the Trust, providing a brief overview of measures in place to meet the winter demands. The main elements within the plan are based on ensuring sufficient bed capacity is available and how this can be increased over the winter period to meet demands. As part of the bed configuration programme to increase the capacity of an additional 40 beds, wards 31/32 are planned to open on Monday 9 October 2023. Ward 37 will be complete in December 2023 with the addition of several side rooms available should there be any outbreaks of infections. The discharge lounge will be open 24/7 as of next week, allowing patients to be discharged home earlier in the day, utilising the best resources in terms of therapy teams. The Board supported the structured plan, mitigations for winter activity and additional costs of £1.5m associated with delivery of the plan.	
	GOVERNANCE	
BoD 23/114	**Board Assurance Framework/Corporate Risk Register** Angela Wendzicha introduced the Board Assurance Framework (BAF) and Corporate Risk Register (CRR), providing an update on the latest position. Both documents were presented and fully scrutinised by the ET and Assurance Committees. There are currently 13 risks on the BAF; two extreme (15+) and six high (12), noting no changes had been made to the risk scores since the last presentation in August 2023. The Board was made aware of an amendment to Risk 1713; to reflect the consequence of failing to deliver the in-year financial plan, which had been approved by the Finance and Performance Committee, with a recommendation for approval by the Board. The Board received and endorsed the amendments to the risk descriptor. No new risks have been added to the CRR since the last presentation in August 2023. The Board was asked to support the amalgamation of two risks; Risk 2897 regarding the risk of operational disruption due to digital system infrastructure failures and Risk 2868 regarding the risk of interruption to the	

	delivery of clinical services due to ICT system failures due to air conditioning failures. The Board supported and approved the amalgamation.	
BoD 23/115	**Bi-annual report of the use of the Trust Seal** The Board noted that the Trust Seal was applied to the Leese of the Glassworks for the provision of outreach medical services on 7 January 2022.	
BoD 23/116	**Annual Fit and Proper Person Test Requirements and NHS England Framework** Steve Ned introduced the Annual Fit and Proper Person Test for 2022/23. The Board was made aware that the annual checking process was complete and satisfactory for the Executive Directors and Non-Executive Directors. NHS England recently developed and published a new framework which will be effective from 30 September 2023. The Trust will adopt the new framework which will be used for all new board level appointments, promotions and the annual checks going forwards.	
	SYSTEM WORKING	
BoD 23/117	**Barnsley Place Board** Bob Kirton provided a verbal update on the recent work programme for Barnsley Place Board which was noted and received by the Board including; a review of the eating disorder pathway, an update on the Acorn Unit and Intermediate Care Review and a facilitated session with key leaders for winter planning. The Board noted that the primary care winter plan is still awaited.	
BoD 23/118	**Acute Federation** Richard Jenkins provided a verbal update on the recent work for the Acute Federation which included; Jo Butterworth had been appointed as the Clinical Director and is due to commence post in December 2023, the Mexborough Elective Orthopaedic Centre is due to open on 9 January 2024. The Board noted and received the update.	
BoD 23/119	**Integrated Care Board Update** The ICB Chief Executive Report had been included for information, which was duly noted by the Board. Bob Kirton informed the Board that a summary of the partnership work will be included at future Board meetings. The Board was pleased to note the Trust had recently been nominated and won the Healthcare People Management Association Award. As part of World Menopause Day, the Trust is holding a Menopause Awareness Session, in the staff area of the Colliers Restaurant to raise awareness for staff colleagues.	
	FOR INFORMATION	
BoD 23/119	**Chair Report** Sheena McDonnell introduced the chair's report which provided a summary of	

	events, meetings, publications, and decisions that require bringing to the attention of the Board. The Board noted and received the report.	
BoD 23/120	**Chief Executive Report** Richard Jenkins presented his report providing information on several internal, regional, and national matters that had occurred following the last Board meeting. The Board noted and received the report.	
BoD 23/121	**NHS Horizon Report** Emma Parkes presented the report which provided an overview of NHS Choices Reviews; reviews of strategic developments and national and regional initiatives. The Board noted negative feedback had been received about care provided during an inpatient stay; following discussion it was agreed this would be reviewed in further detail. ***Action:*** *Lorraine Burnett to address.* It was suggested for future reports, that additional narrative be included as to how comments received are fed back into the services. This will be discussed and reviewed to ensure robust processes are in place. ***Action:*** *ET to address*	LB BK
BoD 23/122	**2023/24 Work Plan** The work plan, which sets out the structure of the year ahead was included for information. The Board was informed work in progress to review and realign the work plan.	
	ANY OTHER BUSINESS	
BoD 23/123	**Any other Business** On behalf of the Board, Becky Hoskins was thanked for her hard work and support to the Trust in her capacity as the Interim Director of Nursing. The Board expressed condolences to the family and friends of Philip Hudson who had sadly passed away recently. Following the funeral service, the family expressed wishes to receive feedback, reflections and interactions with Philip during his term of office from the Board. ***Action:*** *Sheena McDonnell to provide opportunities for the Board to feedback to family.*	SM
BoD 23/124	**Questions from the Governors regarding the Business of the Meeting** On behalf of the Council of Governors, Trust Members and Constituents, Tom Wood, Lead Governor submitted the following questions prior to the Board meeting today: • **Workforce, Race Equality Standard Annual Report:** WRES Report Indicator three; the conclusion to this data indicates a "favourable" position for Black, Minority and Ethnic staff. Is the wording used as part of this conclusion typical of WRES reports?	

	WRES Report indicator four; Is the downturn in non-mandatory training affected by the increase in international nurses? Is there adequate support for new staff relatively unfamiliar with NHS employment? • **Integrated Performance Report:** Ambulance Handover performance; are there any action points or focus on this area to improve the percentage? • **Winter Plan:** Is there any indication of further industrial action that could affect these proposals? It is something that should be/has been considered? Due to prior commitments he was unable to attend today, it was agreed that the questions would be forwarded to the Executive Leads who would provide feedback outside the meeting. **Action:** Executive Leads to provide feedback, questions to be circulated outside the meeting.	SM
BoD 23/125	**Questions from the Public regarding the Business of the Meeting** Before the meeting, a statement had been published on the Trust's website inviting questions from members of the public. No questions had been submitted for the Board today.	
BoD 23/126	**Date of next meeting** The next Board of Directors Public Session is to be held on Thursday 7 December 2023, at 9.30 am in Lecture Theatre 1 & 2, Education Centre, BHNFT. 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.	

1.5. Action Log

To Review

Presented by Sheena McDonnell

Public Board - Action Log

Meeting Date	Agenda	Action	Assigned To	Due Date	Progress / Notes	Status
5 Oct 2023	Patient Story	It was suggested that the video is shared throughout the Trust as part of ongoing training and lessons learned. Sarah Moppett confirmed the family would be approached to obtain consent.	Sarah Moppett	7 Dec 2023	The family have confirmed that they are happy for their story to be used in training programmes.	Complete
5 Oct 2023	Workforce, Race Equality Standard Annual Report	The national comparative data is to be circulated to Board colleagues, along with being presented to the People Committee. This item will be added to the People Committee work plan.	Steve Ned	7 Dec 2023	The comparative data circulated to the Board for information. Item has also been added to the People Committee Workplan.	Complete
5 Oct 2023	Freedom to Speak Up Guardian - Quarter 2 Report	The Board noted regular reports are presented to the People Committee for assurance, and agreed to delegate authority to the Committee to review the comparative figures between quarters one and two to gain additional assurance.	Steve Ned, Sue Ellis	7 Dec 2023	Added to Freedom to Speak Up agenda item for January People Committee.	Complete
5 Oct 2023	Executive Team Report and Chair's Log	The Trust received a publication from NHS England regarding the Sexual Safety of NHS Staff and Patients; the Board was informed this would be presented for information at a future Board meeting.	Lindsay Watson	7 Dec 2023	The Sexual Safety Charter was presented to the People Committee on 28 November 2023. The paper has been attached to the People Committee Chair's log for information to the Board.	Complete
5 Oct 2023	Maternity Services Board Measures Minimum Data Set	Following discussion, it was agreed SPC charts would be used to illustrate the upper and lower control limits, which would be supported by the Information Team.	Sarah Moppett	7 Dec 2023	A review of the metrics and presentation of the maternity dashboard is taking place; this will move to wider use of SPC charts. We anticipate it will be completed by April 2024.	Complete
5 Oct 2023	Any Other Business	Following the funeral service, the family expressed wishes to receive feedback, reflections and interactions with Philip during his term of office from the Board. Action: Sheena McDonnell to liaise with the Board and to provide feedback to family.	Sheena McDonnell	7 Dec 2023	Details have been provided to the Board. Action complete.	Complete
5 Oct 2023	NHS Horizon Report	It was suggested for future reports, that additional narrative be included as to how comments received are feedback into the services. This will be discussed and reviewed to ensure robust processes are in place.	Bob Kirton	7 Dec 2023	The following has been added to the NHS Horizon Report: 'All feedback received via NHS Choices is reviewed and circulated to the relevant Clinical Business Unit Leadership Team. Although posts are anonymous, all posts are acknowledged on NHS Choices by the Communications Team. Where appropriate, people are encouraged to contact PALS to discuss their concerns.	Complete
05-Oct-23	NHS Horizon Report	The Board noted negative feedback had been received with regard to care provided during an inpatient stay; following discussion it was agreed this would be reviewed in further detail.	Lorraine Burnett	7 Dec 2023	There is an agreed process via the patient experience team to pick up comments, both positive and negative. Feedback has been provided to the Communications Team that negative comments in board reports need qualifying that the comment has been picked up and reviewed, as had already happened in this case.	Complete
5 Oct 2023	Questions from the Governors regarding the Business of the Meeting	Tom Wood submitted a number of questions via email. Due to prior commitments, he was unable to attend the meeting today. The questions are to be circulated outside the meeting, for the Executive Leads ot provide feedback.	Sheena McDonnell	7 Dec 2023	Questions forwarded to the Executive Leads for feedback to be provided.	Complete

2. Culture

2.1. Staff Story: Emma Lavery/Brogan Barry in attendance

To Note

Presented by Sarah Moppett and Steve Ned

BARNSLEY HOSPITAL NHS FOUNDATION TRUST

Apprenticeship Programme

Current Apprenticeship Standards being completed at BHNFT

- Advanced Clinical Practitioner (integrated degree) Level 7
- Assistant Practitioner Level 5
- BEng (Hons) Building Services Engineering – Site Management Level 6
- Business Administrator Level 3
- Coaching Professional Level 5
- Commercial Procurement and Supplies Level 4
- Customer Service Practitioner Level 2
- Data Analyst Level 4
- Diagnostic Radiographer (integrated degree) Level 6
- MSc Digital and Technology Specialist Level 7
- Information Communications Technician Level 3
- Senior Healthcare Support Worker Level 3
- Healthcare Science Practitioner – Clinical Engineering (integrated degree) Level 6
- Healthcare Science Associate Level 4
- Healthcare Science Assistant Level 2
- HR Consultant Level 5
- HR Support Level 3
- Mammography Associate Level 4
- Midwifery (integrated degree) Level 6
- Operating Department Practitioner (integrated degree) Level 6
- Occupational Therapist (integrated degree) Level 6
- Research Scientist Level 7
- Pharmacy Services Assistant Level 2
- Pharmacy Technician Level 3
- Registered Nurse Degree Level 6
- Registered Nurse Top Up Degree Level 6
- Science Manufacturing Technician Level 3
- Senior Leader Master's Degree Level 7
- Team Leader Level 3
- Trainee Nurse Associate Level 5

Apprenticeship Facts

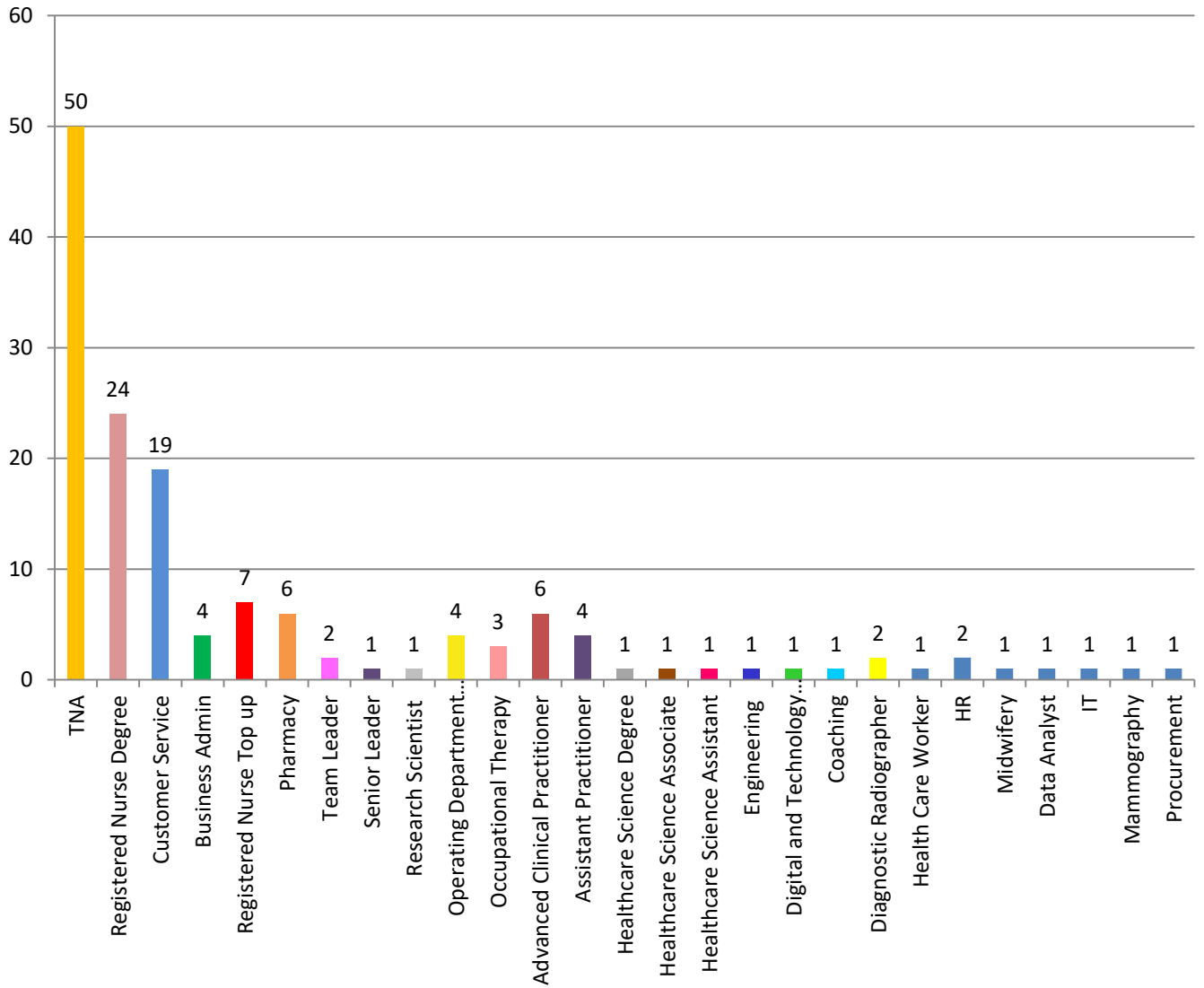
Barnsley Hospital has supported the Apprenticeship Programme (formally Youth Training Scheme) since 1983

Some staff at BHNFT who commenced on an apprenticeship programme have collected their 30 yearlong service award

The apprenticeship team work with the Princes Trust and have 5 learners who have recently commenced at the Trust

Barnsley Hospital currently has 147 learners accessing the apprenticeship programme of which 88 are staff

Occupational Areas - October 2023



Apprenticeship staff story

- **Brogan Barry – Assistive Technology Technician**

3. Assurance

3.1. Audit Committee Chair's Log: 11 October 2023

For Assurance

Presented by Nick Mapstone

REPORT TO THE BOARD OF DIRECTORS	REF:	BoD: 23/12/07/3.1

SUBJECT:	**AUDIT COMMITTEE CHAIR'S LOG**				
DATE:	7 December 2023				
PURPOSE:		*Tick as applicable*			*Tick as applicable*
	For decision/approval	✓		*Assurance*	✓
	For review	✓		*Governance*	✓
	For information			*Strategy*	
PREPARED BY:	Nick Mapstone, Chair of the Audit Committee				
SPONSORED BY:	Nick Mapstone, Chair of the Audit Committee				
PRESENTED BY:	Nick Mapstone, Chair of the Audit Committee				

STRATEGIC CONTEXT

The Audit Committee advises the Board on the effectiveness of arrangements to manage organisational risks.

EXECUTIVE SUMMARY

The Committee approved the annual clinical effectiveness report in respect of the processes and governance of the Trust's arrangements.

Internal audit gave a *limited assurance* opinion following a review of long-term staff absence in the additional clinical services staff group for reported mental health issues. There were concerns about the accuracy of recording of absence data; and the application of the *management of sickness absence* policy.

Eight agreed internal audit recommendations have not been implemented within the agreed timescales and are outstanding.

The annual counter fraud, bribery and corruption policy was approved.

The Committee noted that to September 2023, £90,000 worth of medicines have been wasted compared with £25,000 in the same period last year. The committee asked the director of finance to investigate with the chief pharmacist and report to committee members.

No concerns have been raised about the effectiveness of external audit. There was agreement that the audit of the public disclosure statements for 2022/23 went smoothly.

RECOMMENDATIONS

The Board of Directors is asked to note and take assurance from the matters discussed at the Audit Committee.

Subject:	AUDIT COMMITTEE ASSURANCE REPORT	Ref:	BoD: 23/12/07/3.1

CHAIR'S LOG: Key Issues and Assurance

Committee / Group	Date	Chair
Audit Committee	11 October 2023	Nick Mapstone

Agenda Item	Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
2.1	**Annual clinical effectiveness report** The committee approved the annual clinical effectiveness report in respect of the processes whereby clinical effectiveness, clinical audit, NICE compliance and NCEPOD reviews are undertaken and integrated into practice. The report had previously been reviewed by the clinical effectiveness group, and is to be reviewed by the quality and governance committee, in respect of clinical outcomes.	Board	To note
2.2	**External audit** The external auditor provided a benchmarking analysis of its client base on financial metrics. The only area where the trust might be an outlier is in respect of the time taken to pay creditors. The director of finance is to investigate and consider outside the meeting and then report to members.	Board	To note
2.3	**Internal audit** The internal audit progress report was noted. Two reports have been issued since the last audit committee: **Freedom of information and subject access requests**: a *significant assurance* opinion was provided.	Board	To note

Agenda Item	Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
	Absence management: a *limited assurance* opinion was provided. The audit focused on long-term sickness in the additional clinical services staff group for reported mental health issues. The audit identified concerns about the accuracy of the recording of absences; and the inconsistent application of the *management of sickness absence* policy. A management action plan has been agreed. The report was referred to the people committee and is to be considered at its meeting on the 28th of November 2023. The Trust's performance for 2023/24 to September in respect of the implementation of agreed internal audit recommendations is: First follow-up rate – 79 per cent Overall follow-up rate – 81 per cent There are eight actions that have not been implemented within the agreed timescales.		
2.4	**Counter fraud progress report** The committee noted the counter fraud progress report. No significant issues have been raised.	Board	To note
2.5	**Annual counter fraud, bribery and corruption policy** The committee approved the policy.	Board	To note

Agenda Item	Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
3.2	**Losses and special payments** The committee noted that to September 2023, £90,000 worth of medicines have had to be written off compared with £25,000 in the same period in the prior year. The committee asked the director of finance to investigate with the chief pharmacist and report to members outside the meeting.	Board	To note
3.4	**Effectiveness of external audit** No concerns have been raised and there was agreement that the audit of the public disclosure statements for 2022/23 went smoothly.	Board	To note
3.5	**Annual review of standing orders** A 'tracked changes' version of the document is to be circulated to committee members for comments to the director of corporate affairs.	Board	To note

3.2. People Committee Chair's Log: 28 November 2023

For Assurance

Presented by Sue Ellis

REPORT TO THE BOARD OF DIRECTORS	REF:	BoD: 23/12/07/3.2

SUBJECT:	**PEOPLE COMMITTEE ASSURANCE REPORT**				
DATE:	7 December 2023				
PURPOSE:		*Tick as applicable*			*Tick as applicable*
	For decision/approval	✓		*Assurance*	✓
	For review			*Governance*	✓
	For information	✓		*Strategy*	
PREPARED BY:	Sue Ellis, Non-Executive Director / Committee Chair				
SPONSORED BY:	Sue Ellis, Non-Executive Director/ Committee Chair				
PRESENTED BY:	Sue Ellis, Non-Executive Director/ Committee Chair				

STRATEGIC CONTEXT

The People Committee is a Committee of the Board responsible for oversight and scrutiny of the Trust's development and delivery of workforce, organisational development and cultural change strategies supporting the Trust's strategic priorities. Its purpose is to provide detailed scrutiny, to provide assurance and to raise concerns (if appropriate) to the Board of Directors in relation to matters within its remit.

EXECUTIVE SUMMARY

The People Committee met on Tuesday 28 November 2023 with a very full agenda and considered the following major items:

- Internal Audit on Long Term Sickness Absence
- Board Assurance Framework/Corporate Risk Register
- Committee Terms of Reference
- Workforce Insight Report
- Equality, Diversity and Inclusion Annual Report
- Organisational Development and Culture (OD) Strategy
- Annual Gender Pay Gap Report
- Trust People Plan Progress Report
- Sexual Safety Charter
- Director of People Monthly Update and NHS Long Term Workforce Plan

For the purpose of assurance, the items noted in detail below were those identified for assurance or escalation to the Board.

Particular attention is drawn to 2 topics for which appendices are provided:

- Trust approved OD strategy Appendix 1
- Trust Sexual Safety Charter Commitment Appendix 2

RECOMMENDATION(S)

The Board of Directors is asked to receive and review the attached log.

Subject:	PEOPLE COMMITTEE ASSURANCE REPORT	REF:	BoD: 23/12/07/3.2

CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: People Committee (PC)	Date: 28 November 2023	Chair: Sue Ellis

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
1	Internal Audit - Absence management with focus on long term absence in one staff group, Additional Clinical Services	The meeting was attended by Lianne Richards of 360 Assurance to present the internal audit report on long term sickness absence management. The grading was noted as 'Limited Assurance' and the Committee heard that this had been discussed at the People and Engagement group (PEG) at its November meeting. The report itself was welcomed to highlight areas of concern in management practice and lack of adherence to the current sickness absence policy. The resulting actions are: • Refreshing and publicising the HR policy further. • To introduce regular audits internally. A small sub group has been set up to create a robust training package and toolkit for line managers to support the launch of the revise policy. It was agreed that the feedback would come to the Committee in January with expectation that four of the five actions identified in the report would be completed by then.	Board of Directors	Assurance/Note
2	Board Assurance Framework/Corporate Risk Register	The discussion focused on the risks relevant to the People Committee and an amendment was drawn out to the definition of one of the BAF terms. Otherwise BAF and the risk levels for relevant Corporate risks were unchanged and noted.	Board of Directors	Assurance/Note
3	Committee Terms of reference	Following the committee effectiveness review activity, a short meeting had taken place to review the Terms of Reference.	Board of Directors	Assurance/Note

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
		Following further comments and clarification, it was agreed thst the Terms of Reference would be further reviewed and would come back to the January People committee. All Committees revised Terms of Reference would be forwarded for Board approval together for consistency.		
4	Workforce Insight Report	Updated workforce performance indicators to the period up end of September 2023, as also in IPR documents, show:. • Sickness absence figures continue at 5.2%. • Mandatory training overall compliance rate is 92% at the end November. • Appraisals figure is 93% at the end of November. • Staff turnover is continuing to improve at 10.1% and the retention rate has exceeded 90%. In the light of the sickness absence audit, it was recognised that further work was required and for mandatory training the focus will now be on sustaining above the 90% target.	Board of Directors	Assurance/Note
5	Equality, Diversity and Inclusion Annual Report	Pauline Garnet, Head of Inclusion and Wellbeing, and Roya Pourali, Inclusion and Wellbeing Lead, attended to present this report which summarised the information from the WRES and the WDES as well as other engagement activity taking place. The activity and paper were well received and agreed could be placed on the Trust website.	Board of Directors	Assurance/Note
6	Organisational Development and Culture (OD) Strategy	Tim Spackman, Head of Leadership and Organisational Development attended to present this document. It has now advanced following consultation and was presented for approval. It was agreed as a coherent drawing together of the Trust's strategic direction for our people in the OD strategy under the 3 main elements of evolving our culture, leading well and living up	Board of Directors	Assurance/Note

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
		to our promise. A copy of the document is attached as Appendix 1 for information of the Board as this is significant in our work on the development of our culture.		
7	Annual Gender Pay Gap Report and Action Plan	The committee received early sight of the likely content for our Annual gender pay report which has to be reported by March 2024. A number of further work strands were identified and this will come back to the March meeting.	Board of Directors	Assurance/Note
8	Trust People Plan - Progress Report	The second People plan progress report for Horizon1 in 22/23 to 23/24 was received and welcomed with concrete measures against progress shown.	Board of Directors	Assurance/Note
9	Sexual Safety Charter	The Committee received the document published by NHS England setting out its first ever 'Sexual Safety Charter. The Trust recognises and wishes to become signatory to these key commitments. We are working to ensure all of these are in place by July 2024 and the document (containing the 10 principles) is attached as Appendix 2 for information of the Board. The Committee agreed to add the Trust's name to the list of signatories to the Charter.	Board of Directors	Assurance/Note
10	Director of People Monthly Updates and NHS Long Term Workforce Plan	The Director of People updated on number of topical issues, including closure of submissions for staff survey, covid and flu vaccinations campaign, state of play on potential national settlement of industrial action affecting consultants and our People Plan in the light of the national workforce plan will be discussed at an Executive Team time out session on Friday 1st December.	Board of Directors	Assurance/Note
11	Sub Group Reports	The meeting received the regular reports from subgroups of:	Board of	Assurance/Note

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
		• People and Engagement Group. • CBU performance review meeting.	Directors	
12	Work Plan	Usual work plan review took place.	Board of Directors	Assurance/Note

3.2.1. Culture and Occupational Development Strategy

For Information/Note

Presented by Sue Ellis and Steve Ned

REPORT TO THE BOARD OF DIRECTORS	REF:	BoD: 23/12/07/3.2i

SUBJECT:	**ORGANISATIONAL DEVELOPMENT AND CULTURE STRATEGY**				
DATE:	7 December 2023				
PURPOSE:		*Tick as applicable*			*Tick as applicable*
	For decision/approval	✓		*Assurance*	
	For review			*Governance*	
	For information			*Strategy*	✓
PREPARED BY:	Tim Spackman, Head of Leadership and Organisational Development				
SPONSORED BY:	Steve Ned, Director of People				
PRESENTED BY:	Sue Ellis, Non-Executive Director/Chair of People Committee Steve Ned, Director of People				

STRATEGIC CONTEXT

The OD and Culture Strategy supports the Trust's strategic ambition to be the best place to work. It aligns to the NHS People Promise and our aspirations around Leadership and Culture e.g. as described in our Barnsley People Plan. Our culture can be characterised by our Vision of 'Proud to Care' and our Values of 'Respect, Teamwork and Diversity'.

The Strategy seeks to link into People Strategy at a national as well as local level, and elements contribute to and complement our evolving Communications Strategy.

EXECUTIVE SUMMARY

A draft version of this strategy was submitted to Executive Team, People Committee and other fora, where feedback has been gathered that has been used to further enhance and develop the strategy. Progress so far in 2023 and since the draft is included, with the Proud to Care Conference described for example.

This document captures the OD and Culture Strategy for the Trust. It is built on 3 main elements: (i) Evolving Our Culture (ii) Leading Well and (iii) Living Up To Our Promise.

Opportunities are identified and a range of recommendations suggested, together with timeframes.

RECOMMENDATION

The Board of Directors is asked to receive the Organisational Development and Culture Strategy for information.

Organisational Development and Culture Strategy

1 Background

A draft version of this strategy has already been taken to the Executive Team, People Committee and other fora, where feedback was gathered that has been used to further enhance and develop the strategy. The strategy is a living document and some elements that featured in the draft such as the Proud to Care conference have been delivered.

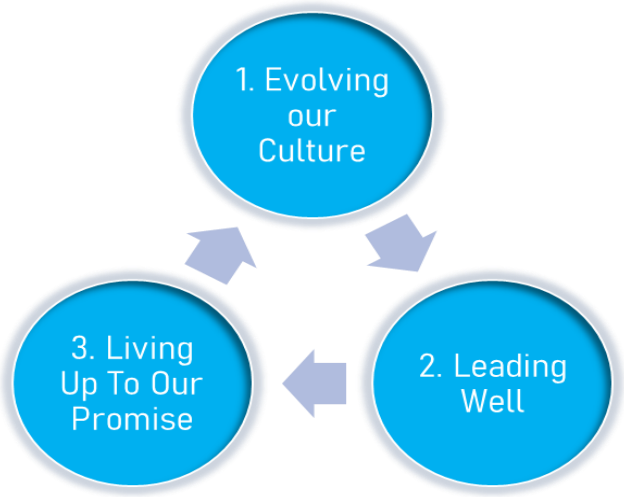
It should be noted that this strategy needs to be an *organisational* strategy, with collective responsibility led by those in senior leadership positions. It is not the preserve or sole responsibility of the Organisational Development or People team. With this in mind, we are asking for more people to be involved in the Steering Group.

This strategy is scoped primarily for the needs of Barnsley, which is appropriate given organisational culture and leadership is rooted in a local context. However, it is worth noting that it draws on national models and frameworks where they are deemed fit for purpose and that Organisational Development work also contributes to wider networks relating to Barnsley Place; the Integrated Care Board and Acute Federation.

Note, the strategy deliberately seeks to use 'People' and 'Colleague' more than words like 'Staff' or 'Workforce' in line with cultural aspirations as they are more person-centred, collective and less hierarchical.

2 High Level Strategy

There are 3 main elements to the Organisational Development (OD) and Culture Strategy at Barnsley:-

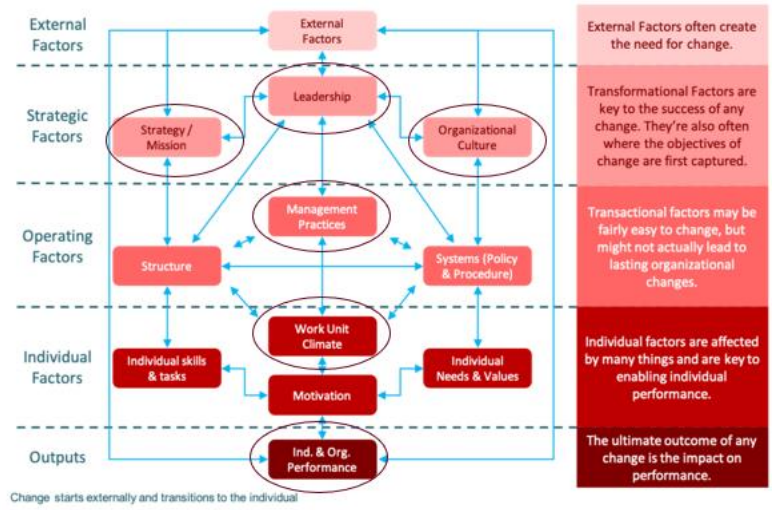


The first element describes activities and objectives to help evolve our culture in a way which aligns to our Vision and Values and supports the delivery of our strategic objectives. The aim is to foster an open, collaborative and empowered culture which releases the abilities, potential and ideas of our talented people in order to provide the best patient care. By doing so, we will become the best place to work and a place where our people feel they belong and wish to stay. Activities such as discovery work to understand our culture; embedding our Values and further developing hybrid working are included here.

The second element consists of developing our leadership population. Programmes such as the Triumverate Development Programme; Board Development and My Leadership Journey are referenced here.

The third element relates to targeting specific aspects of the NHS People Promise, namely 'We each have a voice that counts' and 'We are always learning'. It relates to Engagement and an opportunity to increase colleague involvement. Whilst all elements require focus, these two have been picked out specifically as opportunities highlighted in the Staff Survey.

When considering why these areas are the focus for this strategy, there are reasons relating to best practice and evidence from research, as well as local data gathered from the annual Staff Survey. For example, from an Organisational Development best practice perspective, aspects around Leadership and Culture are seen as 'transformational factors' that are key to success, as suggested by the Burke-Litwin (1992)[1] model:-



Furthermore, recent research relating to what colleagues in the health sector want from their working experience highlights the importance of culture, leadership, empowerment and influence amongst others (West and Coia, 2019)[2]:-

There now follows an overview of each element of the strategy, together with identified recommendations. Timeframes can be found in Appendix 1.

3 Evolving our Culture

In 2023, some of the ground work to engage Board, Exec and senior leaders and develop a cultural narrative has been started. This has involved:-

- clarifying what our cultural aspirations are
- understanding where we are now in relation to strengths and areas for improvement

[1] Burke, W. W., & Litwin, G. H. (1992). *A causal model of organizational performance and change*. Journal of management, 18(3), 523-545.

[2] West, M., & Coia, D. (2019). Caring for Doctors Caring for Patients. London: General Medical Council.

- checking our cultural artefacts are 'fit for purpose' e.g. our Values
- identifying new artefacts to adopt e.g. Our Leadership Way and
- exploring why culture is so important for the future of the organisation

Our Executive team sought to define what kind of culture we were looking to develop here in Barnsley:-

Barnsley Proud To Care

We want Barnsley to be a compassionate and inclusive place to work where our people can be themselves; lead and work together as a team; always learning and striving to be the best for our patients.

The emphasis on developing a Compassionate and Inclusive culture is clear to see in this statement. Research (see Appendix 2) shows compassionate cultures result in physiological benefits (e.g. lower blood pressure, faster healing; longer life); psychological benefits (e.g. alleviating anxiety and depression); lower costs (e.g. faster recovery rates and lower readmission); better quality care (e.g. lower medical error rates); and many colleague benefits (e.g. lower sickness; more resilience; lower stress; better retention).The Executive team have been clear in their desire for a 'bottom-up' approach to developing the culture, co-creating how we work together and everyone taking responsibility for our Values and Behaviours in order to create a great place to work and deliver excellent patient experiences and care.

Other key aspects of our desired culture relate to creating an open environment of psychological safety[3] - a culture of learning and growth rather than one where colleagues are afraid to speak up and contribute their ideas. A feedback culture where colleagues develop self-awareness with regards to the impact they have on colleagues. A culture of where, when things go wrong, we do not rush to blame but seek to learn and improve for the future. A culture where colleagues feel able to bring their whole selves to work and where they feel they belong.

Our first Proud to Care conference took place in September as one of the first deliverables of this emerging strategy. Built around our vision of being Proud to Care for the people of Barnsley and our Values of Respect, Teamwork and Diversity, the Conference brought to life those Values, giving colleagues a voice to share their experiences and co-create what they mean to them. The intention was to create a catalyst and viral change approach to our Values and communications have continued since through Team Brief and through enabling colleagues to share their experiences with a toolkit.

High level evaluation of the Conference showed an increase in understanding of our Values and enabled the identification of leadership expectations of our people (see Appendix 3), as well as identifying further cultural issues to work on.

Whilst an initial understanding of where we are now has been possible through quantitative and qualitative data gathered from 1-to-1s; Staff Survey data; absence; feedback from leaders and

[3] Edmondson, A. C. (2018). *The fearless organization*. John Wiley & Sons.

colleagues; Conference; Freedom To Speak Up etc. there is an ongoing need to discover more as it is ever-changing and understanding will always remain incomplete due to the nature of complex systems.

The following recommendations to further evolve our culture are made:-

1. **Discovery** – form a group to identify trends; triangulate data; holistic e.g. Surveys; Listening; Champions; Patient Experience; Interviews; Team Brief Q & A; Focus Groups
2. **Executive Involvement** – building on the steps taken so far to define our desired culture; Execs and senior leaders to go beyond sponsorship and be actively involved, leading our cultural evolution
3. **Evolve 'Positive Culture' group** – new Terms of Reference; revise Steering group attendees; Workstreams; representative group of Change Champions; language
4. **Embed Values and Behaviours** in practices, including:
    - **Employee Relations** – 'restorative just' policies; processes; language
    - **Leadership** – Embed Our Leadership Way as a model of expectations; develop our leaders in line with it (Curious, Compassionate, Collaborative)
    - **Induction** – Organisational orientation around Values and Behaviours
    - **Annual Refresher Training** – MAST to reinforce Values and Behaviours
    - **Appraisals** – balancing the 'what' and the 'how' in conversations around performance
    - **Recruitment and Selection** – assessing Values and Behaviours
    - **Team Coaching and Development** – co-creation of Values and Behaviours team charters; feedback skills
5. Develop **Hybrid Working** – understanding synchronous and asynchronous benefits and use of tools such as Culture Canvas[4]; considering role type/individual needs

Team Coaching and development has been a key aspect of Organisational Development work that has grown exponentially in the last 12 months. There is a clear need, often identified through Staff Survey results, to support teams (and leaders) through the development of positive relationships characterised by our Values whilst building employee engagement. In the last 6 months, there have been 36 bespoke sessions designed and delivered with teams including Maternity; Theatres; Elderly; Assistive Technology; Pathology; Pharmacy; Physiotherapy and Endoscopy. This is likely to continue for the short- to medium- term but the long-term sustainable aim would be to develop leadership across the Trust and provide the tools for teams to be able to help themselves.

4 Leading Well

Setting the 'tone at the top' is crucial from a leadership perspective. Furthermore, leadership has a crucial role to play in shaping the culture of the organisation. What leaders pay attention to, talk about and model in their own behaviour tells those in the organisation what it is they should value.

Whilst there are some excellent leadership development opportunities in the NHS, cultural development of an organisation such as Barnsley may be limited because leaders rarely learn together – to develop culture and develop collective leadership, shared experiences, language and norms need to be established and leadership development programmes are a key tool in achieving this. There are examples of these both in progress and planned as part of this strategy.

A 12 month Board Development Programme has been developed, supported by our external partners, Q5. This is a collaborative effort with the Head of Leadership and Organisational

[4] Razetti, G. (2022) *Remote Not Distant: Design a Company Culture That Will Help You Thrive In A Hybrid Workplace*.

Development, who is ensuring alignment with our cultural and leadership aspirations. The programme will focus on 'going from good to great', taking a Board that is value-led and experienced and supporting their development through the identification of individual preferences; the development of a behavioural charter; empathy-mapping and exploring ambition and the role of the Board in achieving it.

In addition, both Barnsley and Rotherham Trusts have made a significant investment in Clinical Business Unit Leadership, with the Triumverate Development Programme. Again, internal Organisational Development from both Barnsley and Rotherham are steering the programme. A comprehensive self-assessment exercise is about to get underway which will shape the programme according to both our needs and our strategic ambition in relation to frameworks such as CQC Well-Led; People Promise; Our Leadership Way and more.

The Senior Leaders Forum continues to evolve, reflecting an experiential, learning, participatory forum. Workshops on Compassionate Leadership, Health Inequalities and partnership working with Rotherham have helped to develop this community in a way that fosters collective leadership. Further sessions are planned for 2024 to build on this, with psychological wellbeing, health and safety and employee engagement likely to feature early in the New Year.

One of the first steps in developing leadership capability has to be in setting clear expectations of our leaders and the Trust has agreed to adopt 'Our Leadership Way' (see Appendix 4) as the key framework within the NHS, with expectations of leaders to be Compassionate, Collaborative and Curious.

There is a need for leaders to focus not only on their own leadership ability, development and behaviours, but those of the leaders they lead. Recognising role models and when colleagues are 'leading well'; challenging poor leadership behaviour; providing feedback and coaching are key in effecting cultural change.

There are some key interventions, programmes and activities we are looking to develop in the coming years:-

1. **Simplify and promote a Leadership Development Framework** – to be clearer as to both what is expected of leaders and what is available to support their development
2. Develop a **leadership programme** for all established leaders within the Trust - **My Leadership Journey** – designed to develop leaders in relation to Coaching; Our Leadership Way; the People Promise; 6 Ps; diverse teams; hybrid working
3. Introduce a **'Welcome to Leadership**' induction
4. **First Line Manager** development support, including a review of Passport to Management
5. Evolve the **Clinical Leadership Programme** aligned to leadership and cultural ambition
6. Develop **Systems Leadership** for those required to work with partners in Barnsley Place
7. Further develop **Leadership Coaching** (individual and team) – through greater internal expertise (more coaches and higher skills) as well as promotion of external offer

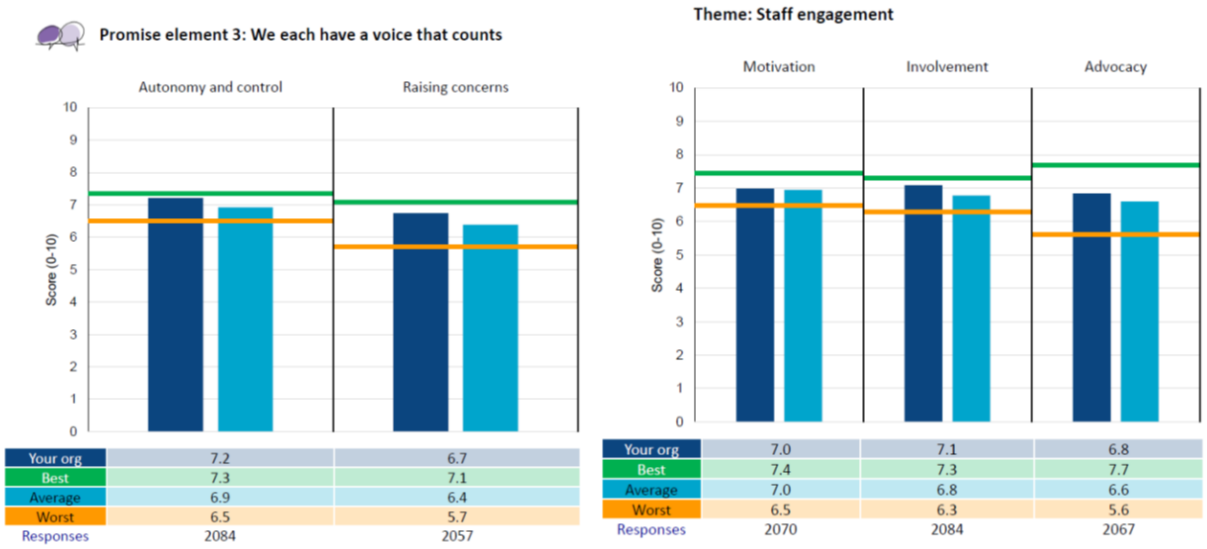
The intervention here that would make the biggest difference is 2, a cultural leadership development programme across the Trust built around Our Leadership Way, where 'One Team' relationships are developed.

5 Living Up To Our Promise

5.1 We each have a voice that counts

Although Barnsley compares well with most Trusts in relation to creating an empowered and engaged environment, there is still more that needs to be done if Barnsley is to be the best place

to work. Some examples relate to creating openness; involving colleagues and instilling pride and advocacy:-



The annual Staff Survey is taken seriously by the Board of Directors and this sets a positive tone regarding its value in the organisation. However, important though measurement of engagement is, the main focus of this report is what drives engagement; factors such as leadership, culture and inclusion. Colleagues can flourish despite the pressures of everyday life in the NHS if they are supported, valued and involved.

Creating an inclusive environment of psychological safety for colleagues where they feel they belong and can contribute to their team; learn through asking questions; share their ideas and offer challenge is a goal of our OD and Culture Strategy. There is great talent and expertise within our colleague population and leveraging that talent requires effective leadership and an environment of openness at all levels, as well as an environment that offers opportunities for people to get involved, whilst recognising the pressures colleagues face in their daily work.
In a busy working environment, communication and engagement is key and getting the basics of regular organisational and team communication right is a key challenge. This means dialogue, listening, co-creation and connection across teams, not just a cascading of information (important though that is).

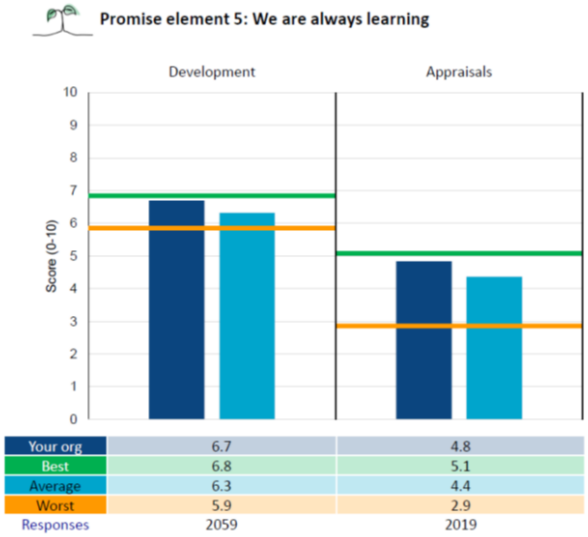
The following recommendations are designed to offer more opportunities for colleague voice at both team and organisational level:-

1. Increase opportunities for **dialogue with senior leaders, increasing visibility, aligning with strategic ambition and demonstrating Teamwork** e.g. Big Conversations bi-monthly on 6 'Best For…' strategic priorities
2. Develop **Brilliant Basics** e.g. line manager sharing of Team Brief
3. **Develop 'reach' as part of Communications Strategy** e.g. Digital comms boards; other digital options
4. **Improve Staff Survey cycle** including response rates, results-sharing and action-planning
5. Consider investment **in 'Always on' listening tool such as TED** to develop listening; local ownership and action-planning in relation to engagement
6. Review and Enhance **Colleague Involvement** - Champions Groups; Listening Sessions; Survey Action-Planning; Large Group Interventions
7. **Introduce** organisation-wide Shared Decision-Making Council to continuously improve colleague experience; raise Executive Team visibility/dialogue and give colleague voice
8. Identify **Employee Value Proposition (EVP)** and promote **Employer Brand**

5.2 We are always learning

There is an opportunity to move towards a more ongoing, less process-driven experience of people management. The desire would be to develop towards an environment where coaching and development conversations held by skilled leaders are habitual 365 days a year and where colleagues take ownership for their own development and seek to continually learn and develop, thereby enhancing their performance be it related to patient care or otherwise.

At present, whilst there are some healthy learning habits in relation to the care provided by the Hospital, these are not always replicated for our people. Time spent reflecting and learning within teams is too often compromised. Effective 1-to-1s are inconsistent as is our people managers' ability to coach and hold wellbeing conversations. Compassionate leadership has been introduced within the Trust and many of our leaders demonstrate it well though it is far from universal.



	Development	Appraisals
Your org	6.7	4.8
Best	6.8	5.1
Average	6.3	4.4
Worst	5.9	2.9
Responses	2059	2019

We need to promote and develop the key principles, behaviours and practices of a Learning Culture into how we work:-

- Implement the recommendations of the Psychological Health and Safety review and develop an environment of psychological safety of our people
- Identify ways to encourage behaviours such as idea generation, experimentation, openness, challenge, reflection, continuous improvement (QI)
- Develop a culture of feedback, where it is valued; sought and given constantly
- Continual professional development owned by the individual, supported by Leader as Coach
- Develop Team Learning and Reflection – according to West (2023)[5] teams are 35-40% more productive if they regularly review and reflect on what they are doing through Time Outs
- Develop habits such as Meeting Health Checks and other after-action-reviews
- Adopt a restorative 'no blame' approach to incidents when things don't go to plan
- Develop improved access to learning – colleague ease; accessibility

On top of these behavioural changes, there are a number of opportunities to develop a more robust Talent Management strategy over the medium- to long- term. Attracting and retaining Talent is a key issue in the NHS and it is no different in Barnsley. Being an employer of choice goes a long way to achieving this aim. However, the Trust has minimal infrastructure (systems, people) and investment in a structured approach to Talent Management at present. With this in mind, the Trust will work with national frameworks such as Scope for Growth and tap into

[5] West (2023) – Presentation to Barnsley Clinical Leaders by Michael West on 20.10.23

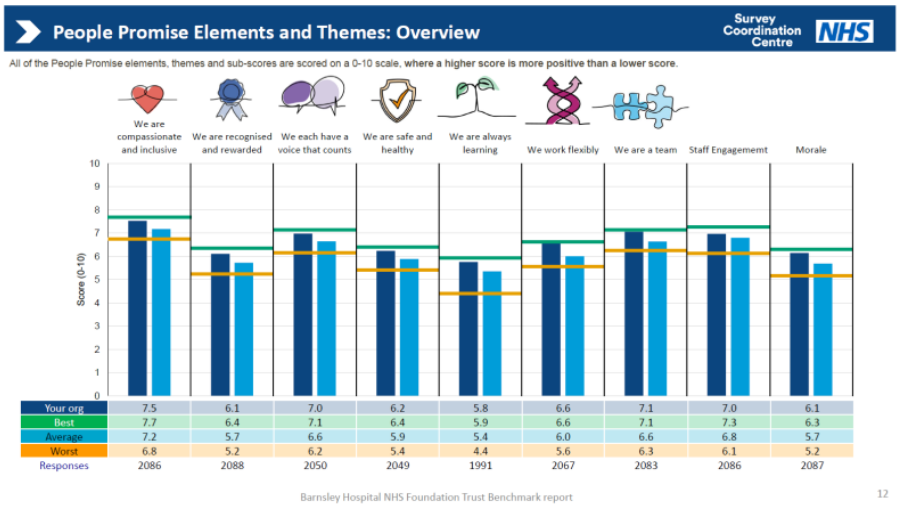
regional work, too. Depending on how much is driven regionally, the organisation may need to consider its appetite and ambition in this area and invest accordingly in the coming years.

The following recommendations are dependent on the ambition, approach (e.g. regional) and resources available in this area and will be modified accordingly:-

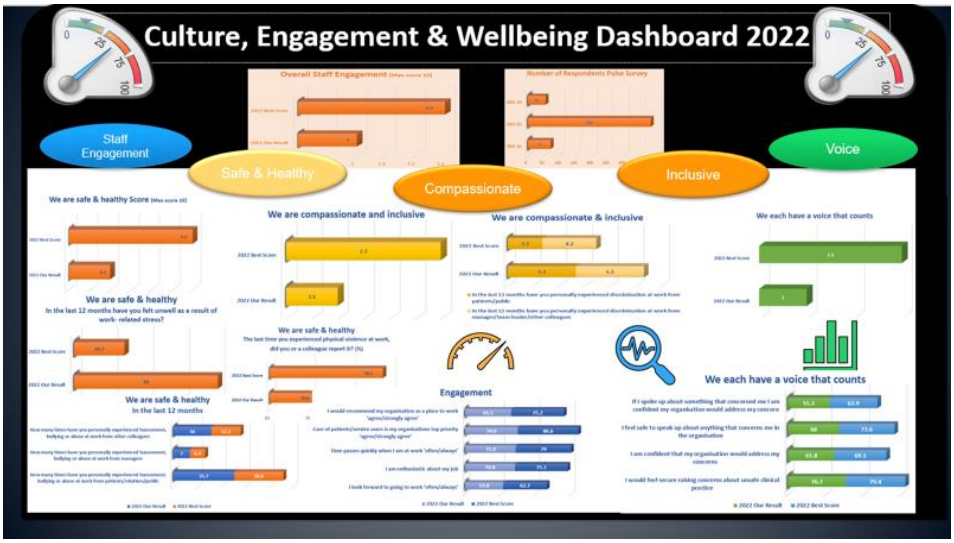
1. **Pilot Scope For Growth** national career conversations model, initially targeting under-represented groups to support their career development and progression, potentially complemented by sponsorship and coaching/mentoring
2. Evolve our organisation's approach to **Appraisal**, moving to an ongoing continual process of development to grow and retain our people and improve performance
3. Invest in a new Talent Development **system** to help manage development, careers, appraisal, talent management, mandatory training across the organisation
4. Identify additional specialist resource to develop and embed **Talent Strategy**
5. Define what is meant by '**Talent'** for Barnsley e.g. 3 A's model of Achievement, Aspiration and Ability
6. Introduce **People Sessions** to support the identification, visibility and development of organisational Talent
7. Identify **key person dependencies** and develop plans to transfer knowledge and mitigate risk
8. Identify **key roles, recruitment strategies and succession plans** at senior level, enabling plans for external/internal hires with the identification of successors in the short-, medium- and long- term; providing individualised assessment and development
9. Assess and develop **Talent Pools** e.g. senior leader potential; key role potential - to benchmark capability and identify Development Plans

6. Success Indicators

This strategy is a long-term direction of travel and its impact will take time. Ultimately the aim is to make Barnsley the best place to work and this can be measured by the attainment of 'best in class' Staff Survey results, as illustrated by the green lines in the graphic below:-



We will also track progress through the Culture, Engagement and Wellbeing Dashboard:-



There are also people success indicators such as retention (a key priority for the NHS) and ultimately being the best place to work will deliver organisational performance targets and high-quality care. However, success in relation to these aims is also dependant on many contextual factors such as organisational change, leadership and the external context. Elements of this strategy will require their own specific evaluation, as was applied to the Proud to Care Conference.

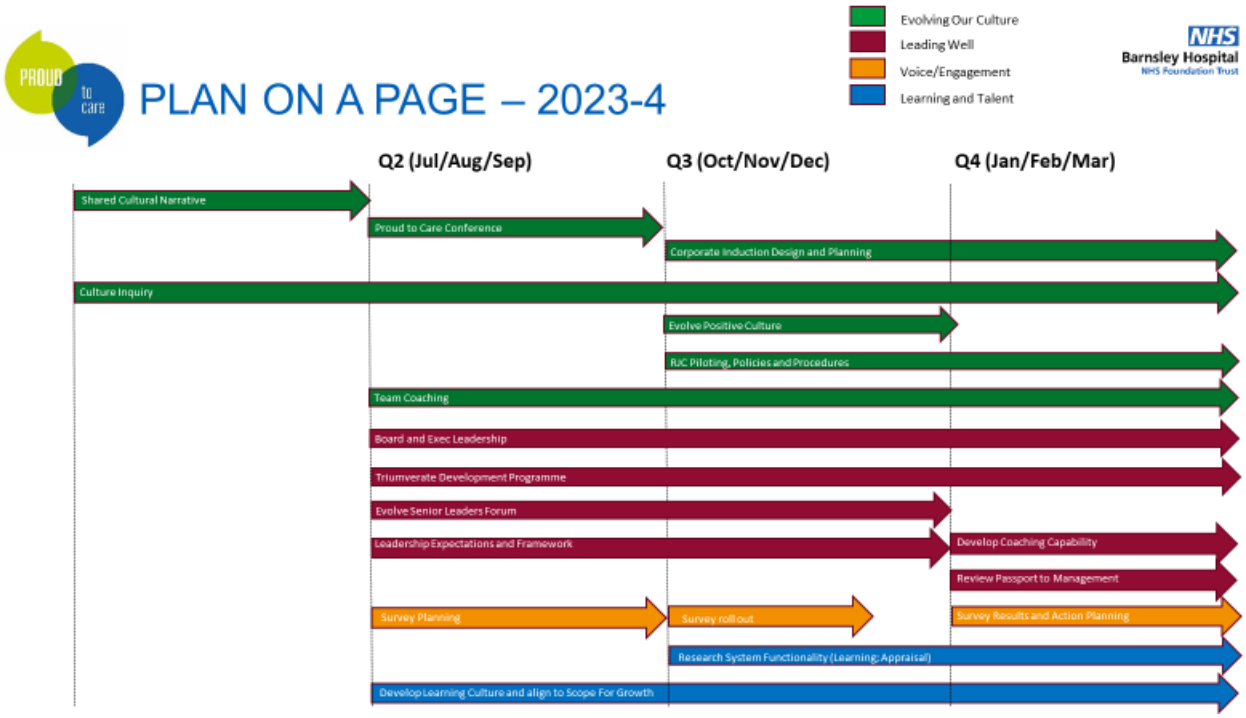
7. Conclusion

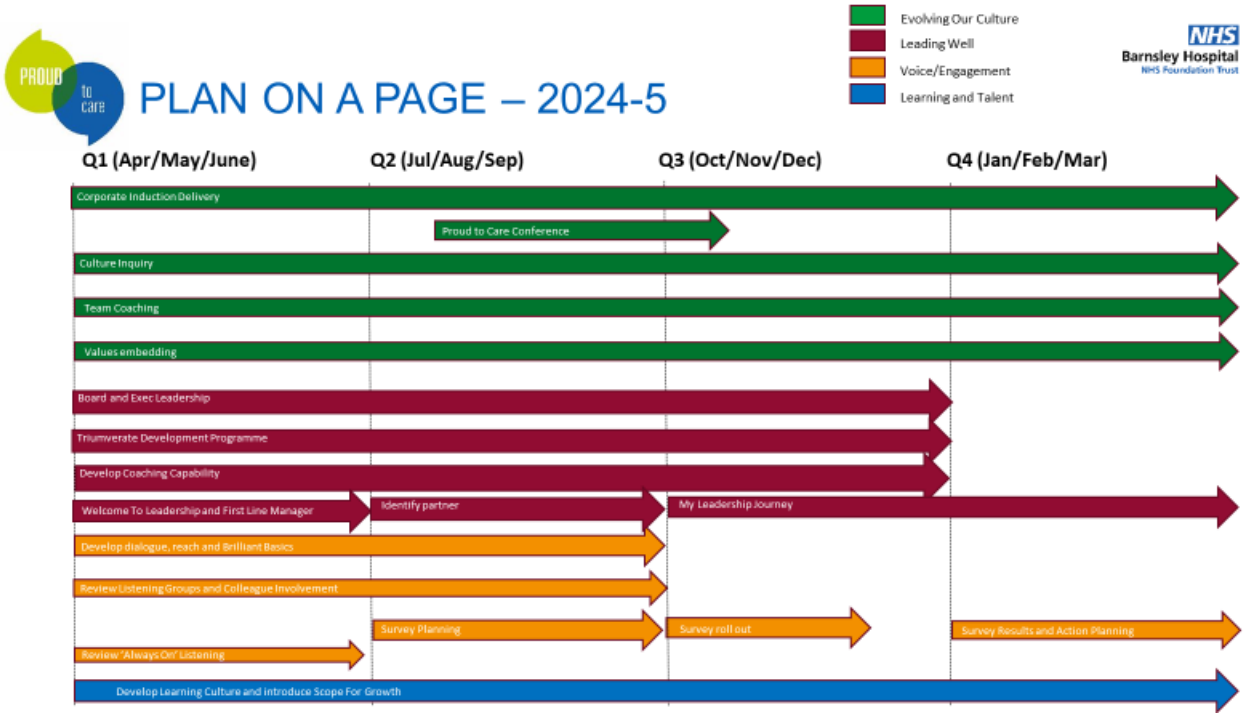
This paper has sought to articulate an ever-evolving Organisational Development and Culture Strategy that aligns to Barnsley's strategic ambition. The strategy is built on evolving our culture; leading well and living up to our People Promise.

Whilst Barnsley benchmarks well in relation to employee engagement, there is an opportunity to further develop culture and leadership as well as colleague voice within the Trust. These form the 3 elements of the strategy. The current situation in relation to these areas has been described followed by a number of recommendations. Some of these will require their own business case e.g. a new system whereas others can be achieved with existing resources as business as usual.

The ultimate aim of this strategy is to make Barnsley a place where colleagues are proud to work and proud to care; a place where they can realise their potential and feel fulfilled, knowing they are contributing to a clear purpose of caring for the people of Barnsley.

APPENDIX 1 – TIMEFRAMES

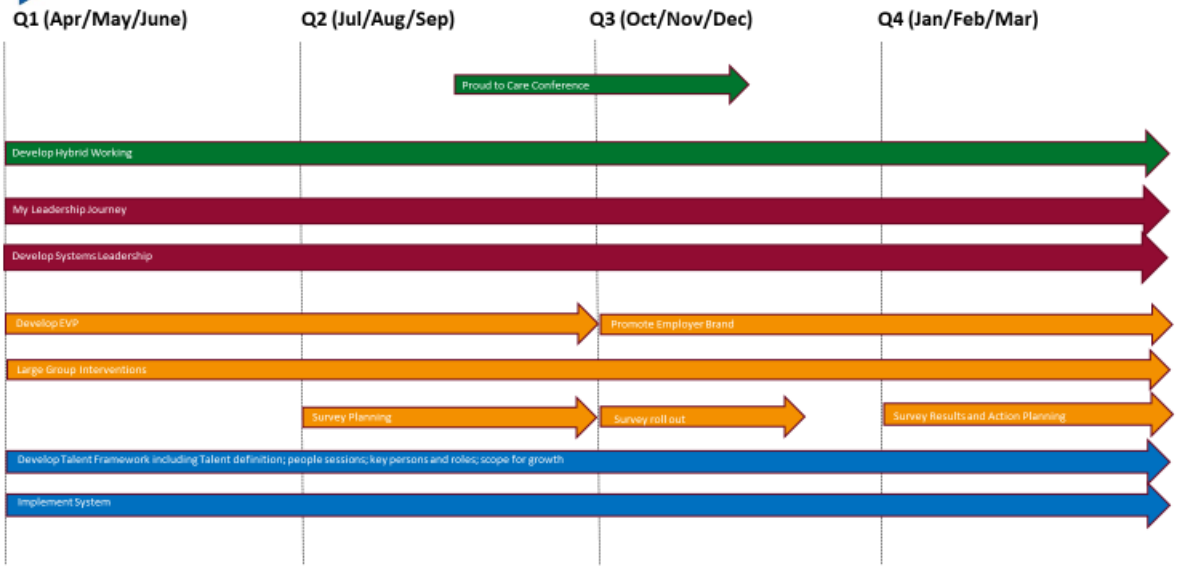




PLAN ON A PAGE – 2025-6

Evolving Our Culture
Leading Well
Voice/Engagement
Learning and Talent

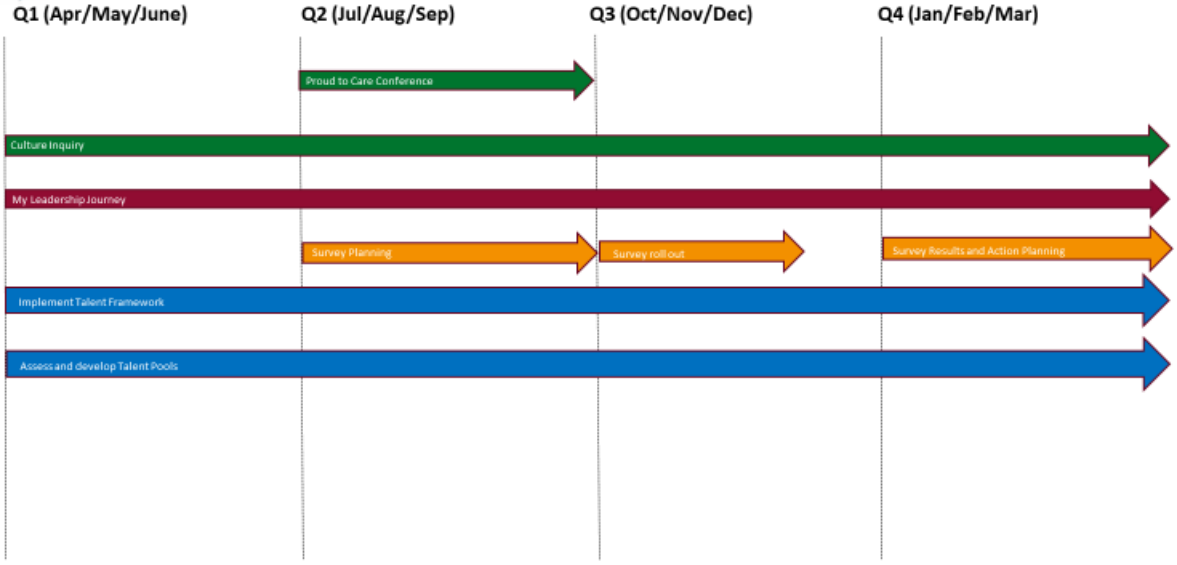
NHS Barnsley Hospital NHS Foundation Trust



PLAN ON A PAGE – 2026-7

Evolving Our Culture
Leading Well
Voice/Engagement
Learning and Talent

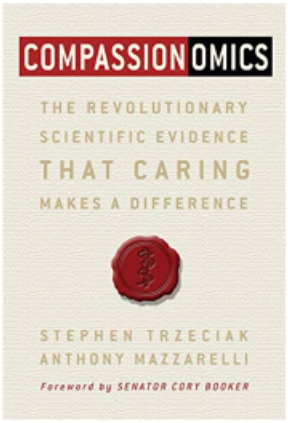
NHS Barnsley Hospital NHS Foundation Trust



APPENDIX 2 – RESEARCH ON COMPASSIONATE CULTURES

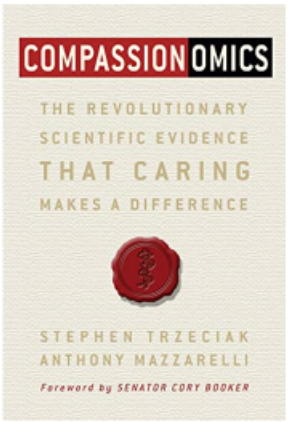
Compassion in Health and Social Care

- More compassion does not take time
- Clinician compassion – lower depression, anxiety, distress
- Cost savings - difference of 5.6% between high and low patient satisfaction hospitals
- 13 residential care homes. Beneficial outcomes for patients and staff.
- US GPs: 51% lower medical bill; Canadian GPs: 51% fewer referrals to a specialist; 40% less diagnostic testing.
- Canada RCT of homeless people at A&E; compassion group 33% less likely to return to A&E
- Greater than effects of aspirin in heart attacks and of statins in 5-year risk of cardiovascular event



Compassion in Health and Care

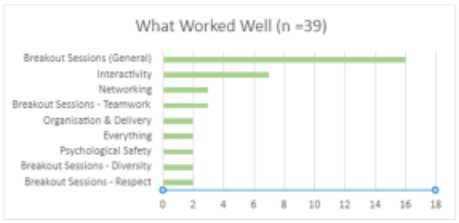
- Compassion from anaesthetists vs sedatives – patients calm but not drowsy. 50% lower requirement for opiates post surgery and shorter stay.
- Patients randomly assigned to compassionate palliative care survived 30% longer
- Diabetes – optimal blood sugar control 80% higher; 41% lower odds of complications
- HIV patients 33% higher adherence to therapy and 20% lower odds detectable virus;
- 21 RCTs large improvements in service-user depression, anxiety, distress and wellbeing

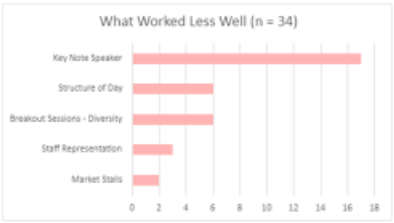


APPENDIX 3 – PROUD TO CARE CONFERENCE EVALUATION

Pre- and Post- Survey Data

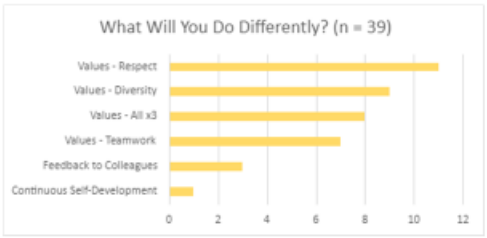
Barnsley Hospital NHS Foundation Trust





Actions and Expectations

Barnsley Hospital NHS Foundation Trust



APPENDIX 4 – OUR LEADERSHIP WAY

3.2.2. Sexual Safety in Healthcare Organisational Charter

For Information/Note

Presented by Sue Ellis and Steve Ned

REPORT TO THE BOARD OF DIRECTORS	REF:	BoD: 23/12/07/3.2ii

SUBJECT:	**SEXUAL SAFETY IN HEALTHCARE ORGANISATIONAL CHARTER**				
DATE:	7 December 2023				
PURPOSE:		*Tick as applicable*			*Tick as applicable*
	For decision/approval	✓		*Assurance*	
	For review			*Governance*	✓
	For information			*Strategy*	
PREPARED BY:	Becky Hoskins, Deputy Director of Nursing & Quality				
SPONSORED BY:	Steve Ned, Director of People Sarah Moppett, Director of Nursing, Midwifery & AHPs				
PRESENTED BY:	Sue Ellis, Non-Executive Director/Chair of People Committee Steve Ned, Director of People Sarah Moppett, Director of Nursing, Midwifery & AHPs				

STRATEGIC CONTEXT

This paper is consistent with our strategic aim: Best for People – We will make our Trust the best place to work by ensuring a caring, supportive, fair and equitable culture for all. On 4th September, 2023, NHS England published its first ever sexual safety charter in collaboration with key partners across the healthcare system. Signatories to this charter commit to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and to ten core principles and actions to help achieve this.

Those who work, train and learn within the healthcare system have the right to be safe and feel supported at work.

Organisations across the healthcare system need to work together and individually to tackle unwanted, inappropriate and/or harmful sexual behaviour in the workplace.

We all have a responsibility to ourselves and our colleagues and must act if we witness these behaviours.

(NHS England 2023).

EXECUTIVE SUMMARY

NHS England has asked organisations to sign up to the charter and commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce. The Trust, if agreeing to sign the charter, would commit to the following principles and actions to achieve this (where any of the above is not currently in place, the Trust commits to work towards ensuring it is in place by July 2024):

1. We will actively work to eradicate sexual harassment and abuse in the workplace.

2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.

4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.

5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.

6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.

7. We will ensure appropriate, specific, and clear training is in place.

8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.

9. We will take all reports seriously and appropriate and timely action will be taken in all cases.

10. We will capture and share data on prevalence and staff experience transparently.

RECOMMENDATION(S)

The Board of Directors is asked to the note the Sexual Safety in Healthcare Organisational Charter for information.

1. INTRODUCTION

NHS England (2023), published its charter on sexual safety in September 2023. The charter stated that we all need to ensure that the NHS is taking the right action to identify, safeguard and care for individuals who have been or are being sexually assaulted or abused. Signing up to this charter will send a powerful message to NHS staff that we take their experiences seriously. But these actions will require close collaboration where we learn from each other and solve problems together.

NHS England will use the new network of NHS DASV leads across the system to help share and promote good practice, identify issues and develop practical solutions in relation to implementation of the charter as quickly and effectively as possible.

The letter of 23 June 2023 asked us to begin to review our policies, register for the DASV Futures Platform and nominate an Executive Lead (Becky Hoskins) and Operational Lead (Emma Lavery) for this work.

Those who work, train and learn within the healthcare system have the right to be safe and feel supported at work.

Organisations across the healthcare system need to work together and individually to tackle unwanted, inappropriate and/or harmful sexual behaviour in the workplace.

2. THE CHARTER

The Sexual Safety Charter was published on 4 September 2023.

At the time of writing, there are 89 Organisations that have signed up to the Charter.

As signatories to this charter, we commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce. We commit to the following principles and actions to achieve this:

1. We will actively work to eradicate sexual harassment and abuse in the workplace.
2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
7. We will ensure appropriate, specific, and clear training is in place.
8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
9. We will take all reports seriously and appropriate and timely action will be taken in all cases.
10. We will capture and share data on prevalence and staff experience transparently.

These commitments will apply to everyone in our organisation equally.

3. CONCLUSION

BHNFT aspires to be the best place to work. By signing up to the Sexual Safety Charter, we will demonstrate our commitment to tackling unwanted, inappropriate and/or harmful sexual behaviour in the workplace (NHSE 2023).

Where any of the 10 commitments are not already in place, we commit to work towards ensuring it is in place by **July 2024** (Timeline set by NHSE).

Becky Hoskins
Deputy Director of Nursing & Quality
October 2023

3.3. Quality and Governance Committee Chair's Log: 25 October/29 November 2023

For Assurance/Review

Presented by Kevin Clifford

REPORT TO THE BOARD OF DIRECTORS	REF:	BoD: 23/12/07/3.3

SUBJECT:	**QUALITY AND GOVERNANCE CHAIR'S LOG**				
DATE:	7 December 2023				
PURPOSE:		*Tick as applicable*			*Tick as applicable*
	For decision/approval	✓		*Assurance*	✓
	For review			*Governance*	✓
	For information	✓		*Strategy*	
PREPARED BY:	Kevin Clifford, Non-Executive Director/Committee Chair				
SPONSORED BY:	Kevin Clifford, Non-Executive Director/Committee Chair				
PRESENTED BY:	Kevin Clifford, Non-Executive Director/Committee Chair				

STRATEGIC CONTEXT

The Quality & Governance Committee (Q&G) is one of the key committees of the Board responsible for oversight of care quality and governance. Its purpose is to provide detailed scrutiny of quality and safety across the Trust in order to provide assurance and raise concerns (if appropriate) to the Board of Directors and to make recommendations, as appropriate, on quality and safety matters to the Board of Directors.

EXECUTIVE SUMMARY

This report provides information to assist the Board in obtaining assurance about the quality of care and rigour of governance. The Committee met on 25 October 2023 and received a number of presentations, regular and ad-hoc reports to provide the Committee and ultimately the Board with assurance.

The Quality and Governance Committee's agenda included consideration of the following items:

- Patient Safety and Harm including Serious Incidents and Mental Health Detentions.
- Approval of Revised Consent Policy.
- Patient Experience Engagement and Insight Group including the Learning from Experience Quarterly Report.
- CQC Inpatient Survey 2022.
- Clinical Effectiveness Group including Mortality Report and Annual report of Clinical Effectiveness Department.
- Commitment to Safety; Systems to listen and respond to concerns and action warning signs.
- Maternity MDS, Six monthly workforce review and Picker Survey results.
- Staffing Reports (Nursing, Midwifery and Therapy Safe Staffing Report, Establishment Paper for Nursing and Midwifery and NHSI Medical Staffing Safeguards Report)
- Health and Safety Group including Protective Security Management System, the Health & Safety Annual Report and an update on recent HSE Visit.
- Medicines Management Committee including Medicines Optimisation Action Plan.

For assurance, the items noted in the log below were those identified for information, assurance or escalation to the Board.

RECOMMENDATION(S)

The Baord of Directors is asked to receive and review the attached log.

Subject:	QUALITY AND GOVERNANCE CHAIR'S LOG	Ref:	BoD: 23/12/07/3.3

CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: Quality and Governance Committee (Q&G)	**Date:** 25 October 2023	**Chair:** Kevin Clifford

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
1	Patient Safety and Harm Group – • Serious Incident Thematic Review • Mental Health Detentions Update Paper	The Committee received and reviewed the log and Minutes of the September / October meetings of PS&H. Specifically, reviewing the Serious Incident Thematic Review and Mental Health Detentions Report. The SI report covered 6 incidents between July and September this year, with no themes identified. No Never Events were reported in the period. It was also confirmed that 100% of patients and families/ carers were invited to feedback on the process and were offered feedback on any identified actions. The Mental Health Detention Report identified no significant issues or errors in our processes, however minor administrative errors do continue to occur. In one case the detention was not accepted due to a DOLLS already being in place rendering a detention under the MHA not required.	Board of Directors	Assurance
2	Revised Consent Policy	The Committee **Approved** the revised Consent Policy. The amendment was minor and required to reflect recent Dept of Health and GMC Guidance.	Board of Directors	Assurance

3	Patient Experience, Engagement & Insight Group • Learning from Experience Quarterly Report. • CQC Inpatient Survey 2022	The Committee received the recent Chairs Log and the Quarter 2 Learning from Experience Report. The Learning from Experience Report covered 67 Complaints in the period a reduction on the same quarter last year. Action from the responses being fed into local and CBU Governance meetings. Friends and Family exceeded 95% for Day cases and Outpatients with a 94% satisfaction. There are currently 185 active volunteers in the Trust. The Committee also received and noted the CQC Inpatient Survey 2022. Results of the survey will be shared with CBUs and identified improvements will be monitored via the PEEIG.	Board of Directors	Assurance
4	Clinical Effectiveness Group • Mortality Report • Clinical Effectiveness Annual Report for 2022/23	The Committee received the Chairs Log which included an update on the use of Cytosponge which is currently going through NICE processes but is expected to have a significant impact on need for repeat Endoscopy in sufferers of Barratt's Oesophagus. Q&G also note the positive outcome of the NJR Annual Report into Hip and Knee service with all areas showing as Green. Dr S. Orme presented the latest Mortality Report to the Committee The Committee also received the Clinical Effectiveness Report and a brief presentation covering the excellent work undertaken by the team covering several hundred Clinical Audits, Nice Guidelines, RCP and other professional guidelines. Zoe Lowe was asked to pass on the Committee's thanks to Jan Micallef and the wider team.	Board of Directors	Assurance
5	Commitment to Safety: Systems to listen and respond to concerns and act on warning signs.	Received by the Committee, in the light of recent events at the Countess of Chester Hospital, this paper provided a timely review of the governance processes in place which should alert the organisation if any similar situation were to occur at the Trust. The full learning is subject to an enquiry and maybe sometime before recommendations are made but these will be acted upon following publication.	Board of Directors	Assurance

6	Maternity Reports • Maternity Board Measures Minimum Data Set • Midwifery Workforce 6 month Review • Maternity Picker Survey Results	The Committee received and discussed the lates Board Measures MDS paper on its progress to the Board. In addition, the Midwifery Workforce 6 month Review prior to its submission as part of CNST. Q&G received on update on the planned deep dive / confirm and challenge event with occurs next week. The committee also received and discussed the Picker Survey results for Maternity recently received in the Trust.	Board of Directors	Assurance
7	Staffing Reports • Nursing Midwifery and Therapy Safe Staffing Report • Establishment Paper – Nursing & Midwifery Staffing Skill Mix / Acuity Report • NHSI Medical Staffing Safeguards Report	The Committee received its usual staffing reports. In the Nursing and Therapies report progress on recruitment was noted. An update on international recruitment indicated a total of 231 internationally educated had now commenced of which 222 remained employed by the Trust. Surgery continues to have challenges recruiting ODPs and within Therapies, Speech and Language is challenged due to a combination of sickness and vacancies. In addition to the monthly report Q&G considered the Establishment Paper on Nursing and Midwifery staffing, skill mix and Acuity, presented 6 monthly. The Medical Report included an overview of current staffing and recruitment, particularly in relation to the increased bed base and winter challenges. In addition, it addressed other governance and processes involved in Medical Staffing.	Board of Directors	Assurance

8	Health & Safety Group. • Protective Security Management System (PSeMS) • H&S Annual Report. • Update on HSE Visit	The Committee received and discussed the Chairs log and minutes of the recent meeting. The report noted 3 RIDDOR reportable incidents all relating to slips, trips and falls. Overall 522 incidents were reported. The Protective Security Management System Checklist was submitted to the group for information. The self-assessment was extremely positive and the committee thanked the team for their efforts in achieving this. The Committee were updated on the recent HSE visit to the Trust, a scheduled visit as part of 20 Trusts visited to look at practice in relation to violence and aggression and MSK disease. The visit went well although further information has been requested which will be completed imminently with HSE revisiting next week to visit A&E and Care of Elderly Areas.	Board of Directors	Assurance/ Approval
9	Medicines Management Committee	The Committee received and accepted the Chairs log and minutes of the MM group, which now includes an update on the post CQC Action Plan. The group acknowledge the significant work which has been undertaken over the last few months	Board of Directors	Assurance

REPORT TO THE BOARD OF DIRECTORS	REF:	BoD: 23/12/07/3.3i

SUBJECT:	**QUALITY AND GOVERNANCE CHAIR'S LOG**				
DATE:	7 December 2023				
PURPOSE:		*Tick as applicable*			*Tick as applicable*
	For decision/approval	✓		*Assurance*	✓
	For review			*Governance*	✓
	For information	✓		*Strategy*	
PREPARED BY:	Gary Francis, Non-Executive Director				
SPONSORED BY:	Kevin Clifford, Non-Executive Director/Committee Chair				
PRESENTED BY:	Gary Francis, Non-Executive Director				

STRATEGIC CONTEXT

The Quality & Governance Committee (Q&G) is one of the key Committees of the Board responsible for oversight of care quality and governance. Its purpose is to provide detailed scrutiny of quality and safety across the Trust in order to provide assurance and raise concerns (if appropriate) to the Board of Directors and to make recommendations, as appropriate, on quality and safety matters to the Board of Directors.

EXECUTIVE SUMMARY

This report provides information to assist the Board in obtaining assurance about the quality of care and rigour of governance. The Committee met on 29 November 2023 and received a number of presentations, regular and ad-hoc reports to provide the Committee and ultimately the Board with assurance.

The Quality and Governance Committee agenda included consideration of the following items:

- Quarterly Research and Development Update
- Annual NHSE Emergency Core Preparation Standards
- Patient Safety & Harm Group
- Clinical Effectiveness Group
- Infection Prevention and Control
- Nursing, Midwifery, Therapies and Medical Staffing Reports
- Maternity Services Board Measures Minimum Data Set
- Clinical Scientists Update
- Corporate Performance Reports
- Board Assurance Framework/Corporate Risk Register
- Medicines Management Committee

For assurance, the items noted in the log below were those identified for information, assurance or escalation to the Board.

RECOMMENDATION(S)

The Board of Directors is asked to receive and review the attached log.

Subject:	QUALITY AND GOVERNANCE CHAIR'S LOG	REF:	BoD: 23/12/07/3.3i

CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: Quality and Governance Committee (Q&G)	**Date:** 29 November 2023	**Chair:** Gary Francis

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
1	Quarterly Research and Development Update	The Committee received the update from the Head of Research and Development (R&D). For an organisation of this size there is a great deal of R&D activity with plans to encourage more participation from professional groups other than medicine. The Head of Research and Development wishes to further align future research activity to clinical needs and inequalities in the local population (as with respiratory).	Board of Directors	Assurance/Note
2	Annual NHSE Emergency Core Preparation Standards	The Committee received the latest compliance (19%) against the recently revised standards for emergency preparedness. Whilst compliance is low the Committee was advised that the revised standards have created difficulty for all trusts to demonstrate high compliance. Not all trusts in England have been involved and those who have participated have failed to meet the minimum (75%) compliance, averaging 40-60%. Mitigations were described and the team agreed to provide an update in March as it is expected the mitigations will result in greater compliance.	Board of Directors	Note the current lack of assurance.
3	Patient Safety & Harm Group (PSHG)	Note was made of the improvements in certain elements of the report, including reductions in review of out of date Trust Approved Documents (TAD) and overdue clinical incident reviews. However, the Committee stressed the need for the PSHG to maintain this momentum for the remaining TADs and overdue clinical incident reviews.	Board of Directors	Assurance/Note

4	Clinical Effectiveness Group (CEG)	Getting it Right First Time (GIRFT). The chair of CEG highlighted the work of CBUs in embracing GIRFT to improve flow and outcomes. Many specialties have utilised this methodology to the extent that a specific sub-group has been established to manage the oversight of this important piece of work, thereby not hindering the work of CEG. Although not currently an outlier, note was made of a trend in the outcome of patients who have suffered a fractured hip (through the National Hip Fracture Database). The committee was provided with the actions that are being taken to understand the context of this situation.	Board of Directors	Assurance/Note
5	Infection Prevention and Control	The Committee was appraised of the following: Clostridioides difficile infections, actions to address training and mass fit testing compliance and ongoing monitoring and mitigations in ICU related to Pseudomonas colonisation of the water supply.	Board of Directors	Assurance/Note
6	Nursing, Midwifery, Therapies, Clinical Scientists and Medical Staffing Reports/Updates	With the exception of Therapies and Operating Theatres, overall staff fill rates are improving through recruitment, training and adopting different models of care to address shortfalls, in particular the adoption of digital solutions within Clinical Scientists. The Committee was also made aware of the collaborative work taking place at ICB level in relation to the adoption of Artificial Intelligence solutions, particularly within pathology services. The Committee received overall assurance of safe staffing within Nursing, Midwifery and AHP's.	Board of Directors	Assurance/Note
7	Corporate Performance Reports	The Committee was advised that a section of the recent Performance Meetings has been devoted to a 'deep dive' analysis of the quality improvement projects being delivered by CBUs (e.g. GIRFT). Adverse performance was noted in relation to waiting times and cancelled operations and it was agreed a further analysis of the potential health inequalities and deprivation will be conducted to provide assurance that these aren't being exacerbated.	Board of Directors	Assurance/Note

8	Board Assurance Framework & Corporate Risk Register	BAF: Following the most recent review of the BAF the Committee noted the change to the descriptor attached to risk 2598. CRR: The Committee the merging of risks 2897 and 2868 (to risk 2976) together with a reduction of the risk rating of risk 2803 (from 15 to 12) following the appointment of a haematology locum; and risk 2773 (from 15 to 12) relating to ongoing industrial action.	Board of Directors	Assurance/Note
9	Medicines Management Committee	The Committee was updated regarding the progress being made with the roll out of EPMA (highlighting antibiotic stewardship and warfarin management) and proposed revisions to the Individual Funding Requests policy.	Board of Directors	Assurance/Note

3.3.1. Annual Health and Safety Report

For Approval

Presented by Kevin Clifford and Bob Kirton

REPORT TO THE BOARD OF DIRECTORS			REF:		**BoD: 23/12/07/3.3ii**
SUBJECT:	**ANNUAL HEALTH & SAFETY REPORT 2022**				
DATE:	7 December 2023				
PURPOSE:		*Tick as applicable*			*Tick as applicable*
	For decision/approval			*Assurance*	✓
	For review			*Governance*	✓
	For information	✓		*Strategy*	
PREPARED BY:	Gill Lammas; Head of Operations and Compliance				
SPONSORED BY:	Bob Kirton; Managing Director				
PRESENTED BY:	Bob Kirton; Managing Director				

STRATEGIC CONTEXT

As an organisation the health, safety and wellbeing of staff, patients and visitors to the Trust is the highest priority.

Organisations must monitor their health and safety performance according to the Health and Safety at Work etc. Act 1974. There is no legal requirement at present to publish the annual health and safety report, but it is provided to give assurance to the Board that the Trust is meeting its legal requirements to monitor its performance and provide a safe environment for staff, visitors and patients.

EXECUTIVE SUMMARY

The Health & Safety Group meet on a two-monthly basis, and is made up of Management from different disciplines, Trade Union Safety Representatives, and representation from the 3 CBU's, Corporate Services and Barnsley Facilities Services (BFS).

Each component of the Health & Safety Group has contributed to the annual report, showing their challenges and achievements from 2022/23, and their objectives for the coming year.

The Trust reported a total of 2836 non-clinical incidents during this financial year, which is an increase of 400 from the previous financial year. Four of these incidents were required to be reported under the RIDDOR Regulations; with 9 RIDDOR Reports the previous year.

The Trust had 72 fire incidents, 69 of which were unwanted. This was an increase from the previous financial year. The Fire Service attended 20 of these incidents, meaning that the Trust successfully stopped their attendance on 49 occasions.

The overall Trust mandatory training compliance for 2022/23 was at 80.5%. This is below the Trust's target of 90%. In January 2023 Fire Health and Safety Training became an hour presentation, either face to face or on Teams in accordance with the agreement of the Health and Safety Group when drop in sessions were introduced in 2016.

The HSE visit in October 2023 required the organisation to have an understanding of where the

high risk areas are for Violence and Aggression and Musculoskeletal issues, to take into account incidents reported and sickness absence. This has been added to the report and will be reviewed annually and form part of the Violence and Aggression site wide risk assessment.

RECOMMENDATION

The Board of Directors is asked to receive and approve the Annual Health and Safety Report for 2022.

ANNUAL FIRE, HEALTH & SAFETY REPORT 2022/23

DRAFT 1
September 2023

1. EXECUTIVE SUMMARY

This Health and Safety Annual Report highlights the Fire, Health & Safety performance within the Trust during the period from 1st April 2022 to the 31st March 2023.

The Health & Safety Group meet on a two-monthly basis, and is made up of Management from different disciplines, Trade Union Safety Representatives, and representation from the 3 CBU's, Corporate Services and Barnsley Facilities Services (BFS).

Each component of the Health & Safety Group has contributed to the annual report, showing their challenges and achievements from 2022/23, and their objectives for the coming year.

The Trust reported a total of 2841 non-clinical incidents during this financial year, which is an increase of 405 from the previous financial year. 04 of these incidents were required to be reported under the RIDDOR Regulations; with 09 RIDDOR Reports the previous year.

The Trust had 72 fire incidents, 69 of which were unwanted. This was an increase from the previous financial year. The Fire Service attended 20 of these incidents, meaning that the Trust successfully stopped their attendance on 52 occasions. Of the 72 fire incidents, the 3333 call was made on 30 occasions. The Trust had 3 actual fires, causing the alarm to sound and the Fire Service attend. No injuries occurred or damage to the building.

The overall Trust mandatory training compliance for 2022/23 was at 79.46%. This is below the Trust's target of 90%. Through the pandemic, there was a radical change to mandatory training as all classroom sessions were cancelled until January 2023, which lead to difficulties for trainers delivering mandatory training. Also, due to the operational pressures experienced during this time, it was very difficult to release members of staff to attend any training.

2. INTRODUCTION

This report relates to the areas covered by the Health and Safety Group, which has representation from the operational CBU's, Corporate Services, BFS, Management, as well as Trade Union Representation. It has numerous sub-groups that report into the group. The following report includes department/service reports from the following disciplines which report into the Health & Safety Group: -

Department / Service	Lead	Designation
CBU 1 – Medicine	Shaun Garside	Associate Director of Operations
CBU 2 – Surgery	Louise Deakin	Associate Director of Operations
CBU 3 – Women's, Children's & Clinical Support Services	Paul Simpson	Associate Director of Operations
Fire, Health & Safety	Gillian Lammas	Head of Operations and Compliance
Occupational Health	Michael Shanaghey	Occupational Health Manager
Inclusion & Wellbeing	Pauline Garnett	Inclusion & Wellbeing Lead
Moving & Handling	Shaun Carney	Moving & Handling Specialist
Sharps Injury Prevention	Christine Fisher	Assistant Director of Infection Prevention & Control
Barnsley Facilities Services	Robert McCubbin	Managing Director
Business Security Unit	Mike Lees	Head of Business Security Unit
Personal Injury Claims	Carol Parker	Claims Co-ordinator
Human Resources	Emma Lavery	Associate Director of HR & OD
Learning & Development	Theresa Rastall	Head of Learning & Development
Medical Gases	Mike Smith	Chief Pharmacist
Radiation Protection	Liz Elfleet	Trust Radiation Protection Supervisor

For each department / service, the report will include an overview of: -

- The service provided;
- The successes during the financial year 2022/23;
- The challenges during the financial year 2022/23.

3. HEALTH & SAFETY GROUP

3.1 Overview

The Health & Safety Group is a sub-Group of the Quality & Governance Committee, and will provide a Chairs Log to the Committee after each meeting.

The Group is authorised to investigate any activity within its Terms of Reference and to seek any information it requires from any employee. All employees are directed to co-operate with any request made by the Group.

The purpose of the Health and Safety Group is to promote safety standards, ensure the implementation of overarching health and safety principles, and develop systems promoting health and safety within the working environment.

All parties recognise the importance of establishing and maintaining a healthy and safe working environment. Agreement between the Trust and the Unions will help meet the varied requirements of all concerned.

The Group will work in partnership to ensure that, so far as is reasonably practical, all steps are taken to instigate, develop and carry out measures to ensure the health and safety of employees. This will also include persons who are not employees of the Organisation.

The Health and Safety Group is a 2-hour meeting that occurs bi-monthly. It is a busy meeting that ensures that the health and safety of staff and visitors to the Trust is maintained.

This meeting is a legal requirement under the Health and Safety at Work etc. Act 1974.

3.2 Membership

The Constitution for the Health and Safety Group comprises of Trust employees, and representatives from Barnsley Facilities Services, and the Trade Unions.

Membership of the Group comprises of the following (if representatives are unable to attend a deputy must be identified to attend in their place): -
Chief Delivery Officer (chair);
Human Resources & Workforce Development;
Barnsley Facilities Services;
Health and Safety Team;
Accredited Health & Safety Representative from recognised Unions and Staff Associations;
Business Security Unit Representative;
Occupational Health Representative;
Inclusion & Wellbeing Representative;
Moving and Handling Specialist;
Infection, Prevention & Control Representative;
Radiation Lead for the Trust;
Chief Pharmacist;
Representation from each Clinical Business Unit, including Corporate Services.

The Group may invite other representatives to attend the Group as required.

Attendance lists will be kept.

3.3 Quorum

The meetings were held on 12th April 2022, 14th June 2022, 9th August 2022, 11th October 2022, 13th December 2022, & 8th February 2023.

The meeting is quorate when there are 4 management representatives and 2 Union Representatives.

6 out of the 6 meetings during 2022/23 were quorate.

3.4 Delivery of Functions within Terms of Reference (ToR)

Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
To review Health and Safety Incident Reports to establish statistics and trends and advise on preventative programmes throughout the Trust.	Report compiled and reviewed at every meeting. (5.1 Non-Clinical Incident Report)	No incidents of note to escalate.
To receive governance reports on the matter of Health, Safety and Fire Safety from all areas of the Trust. Giving the Board assurance that the Trust is managing health and safety according to current legislation and best practice.	Each CBU, including corporate and BFS provide reports in Section 4 for every meeting.	No outstanding items
To raise matters relating to the health, safety and welfare of employees of the Trust and to make recommendations to management for executive action.	Each meeting takes reports from significant areas such as Occ. Health (stress management), Moving and handling, Sharps, Security, and Estates in Sections 5 and 6 of the meeting.	No outstanding items
To consider any matters relevant to health, safety of welfare referred to it by the Group or Staff Organisations or any other body recognised by the Trust. Identification of health and safety and security aspects of proposed changes to the work place and the implementation of new health and safety laws and regulations.	Issues raised through Unions, or areas as applicable. Updates to Security around the Mortuary raised as well as issues on staff welfare	No further action required at this time
Consideration of matters relating to violence and aggression to staff members and non-investigative issues of protective security.	Task and Finish Group established regarding violence and aggression.	Meetings taking place regularly good staff engagement
To assist in the development of rules and safe systems of work.	No Trust wide safe systems of work have been discussed this year.	Not applicable.

To develop and review health and safety policies ensuring appropriate expertise has been sought recommending policies to the Quality and Governance Committee for final approval.	Health and safety related policies are brought through the group in section 7 of the meeting for approval after full consultation with the Group. 22 policies and procedures were reviewed through the group.	There are 1 policy that are overdue currently; the Medical Records Policy.
To review and develop training in health and safety and review health and safety training needs prior to validation by the Workforce Group.	Training compliance has been monitored through the group. Issues of note through pandemic, especially annual packages.	Since going back to the classroom training is slowly increasing.

3.5 Sub-Groups Reporting into the Health & Safety Group

The sub-groups that report into the Health and Safety Group are: -

Moving and Handling Steering Group – The Group has not met in the last 12 months.

Sharps Injury Prevention Group – The Group continues to review sharps incidents and improve upon sharps safety. An exception report is submitted to the Health & Safety Group.

Radiation Protection Group – The group meets on a 6-monthly basis, is Chaired by the Chief Delivery Officer and a Chairs Log and minutes are submitted to the Health and Safety Group.

Medical Gases Group **–** The Group meets every 3 months to discuss issues relating to the medical pipeline and issues affecting the use of medical gases on site, is chaired by the Chief Pharmacist. Chairs log and minutes are submitted to the Health & Safety Group.

Fire Safety Group – The Group meets monthly to progress fire-related works across the Trust. The Group is Chaired by the Managing Director of BFS. This Group reports into the Health & Safety Group through the Health and Safety Team's report.

Violence and Aggression Task and Finish Group - The Group meets bi-monthly, Chaired by the Chief Delivery Officer with the Director of Nursing and a Deputy Director of Medicine in attendance. The meetings start with a staff story which leads the meeting. Good staff engagement, is leading to better reporting of incidents and a greater understanding of the incidents occurring and how to support staff to prevent the issues and deal with what has happened.

3.7 Health & Safety Group Work Plan 2022 – 2023

Work Required	April 22	June 22	Aug 22	Oct 22	Dec 22	Feb 23
CBU Reports	x	x	x	x	x	x
Accident /Incident Report	x	x	x	x	x	x
Risk Register	x	x	x	x	x	x
Non-Clinical Alerts	x	x	x	x	x	x
Personal Injury Claims	x	x	x	x	x	x
In-depth personal injury claims report	x			x		
Mandatory Training Compliance	x	x	x	x	x	x
Policies and procedures progress	x	x	x	x	x	x
Corporate H&S Dept. Report	x	x	x	x	x	x
Barnsley Facilities Services Report	x	x	x	x	x	x
Occupational Health Report	x	x	x	x	x	x
Moving and Handling Group	x			x		
Sharps Group	x		x		x	
Business Security Unit	x	x	x	x	x	x
Medical Gases	x		x		x	
Radiation	x			x		
Annual Statement of Fire		x				
Annual Report		x				
Trust Heat Wave Plan	x			x		
Policies/Procedures	• Incident Management Policy; • Health & Safety Management Policy; • Driving at Work Policy.	• Missing or Absconding Patients Policy; • Contamination Incident Policy; • Moving & Handling Policy; • Display Screen Equipment Policy; • Supporting Staff involved in an Incident Policy • Grievance Policy.		• Noise at Work Procedure • Medical Gas Policy		• Fire Safety Management Policy • PPE Procedure • Surveillance Camera Policy

4. TRAINING COMPLIANCE

4.1 Fire Health and Safety Mandatory Training

	22/23	21/22	20/21	19/20	18/19
Hours Training	136.5	107.5	127.5	239	226
Trust %	80.54%	80.4%	79.2%	83.9%	87.7%

Since the Covid pandemic in 2020, delivery of training has been difficult. The Mandatory fire, health and safety training was due to be a full hour face to face lecture in 2021/22, but due to limitations this continued as a mixture of lectures, Teams sessions and quizzes. Face to face training was reintroduced in January 2023 with some Teams sessions still being available. Fire Health and Safety Training is being completed as a lecture this calendar year with the quiz option to be reintroduced in 2024.

The Trust's Fire, Health and safety mandatory training compliance for 2022/23 was 80.54%. This is below the Trust's target of 90%.

4.2 Training Compliance for Health and Safety Related subjects per CBU

	Trust	CBU1	CBU2	CBU3	Corporate	BFS
Business security and emergency Response	93.3%	90.2%	92.1%	95.3%	95.4%	94.5%
Fire Health & Safety	80.54%	78%	79.1%	79.2%	80.8%	91.7%
Infection Control L1	90%	91.1%	90.5%	89.3%	90.8%	89.9%
Infection Control L2	78%	77.5%	77.1%	79.4%	78%	100%
Moving & Handling – practical Handling L1	88.6%	81.6%	89.3%	92.4%	92.2%	90.6%
Moving & Handling – practical Handling L2	93.7%	93.7%	92.8%	96%	92.6%	N/A
Moving & Handling Back Care Awareness	96.8%	95.7%	95.4%	98.8%	98.4%	94.7%
Conflict Resolution	90.4%	90.5%	89.7%	91.3%	92%	82.7%

5. INCIDENTS

The table below provides the total number of non-clinical incidents reported and the breakdown of those incidents: -

	22-23	21-22	20-21	19-20	18-19	17-18
Medical Sharps	85	77	39	86	81	76
Moving & Handling	24	32	25	26	32	28
Slips & Trips (Excluding Patients)	52	46	44	56	46	53
Other Personal	92	69	124	126	99	95
Violence & Aggression	429	427	300	602	412	259
Security	1309	981	750	416	372	161
Other Incidents	845	799	676	579	516	329
Total	**2836**	**2436**	**1958**	**1891**	**1558**	**1001**

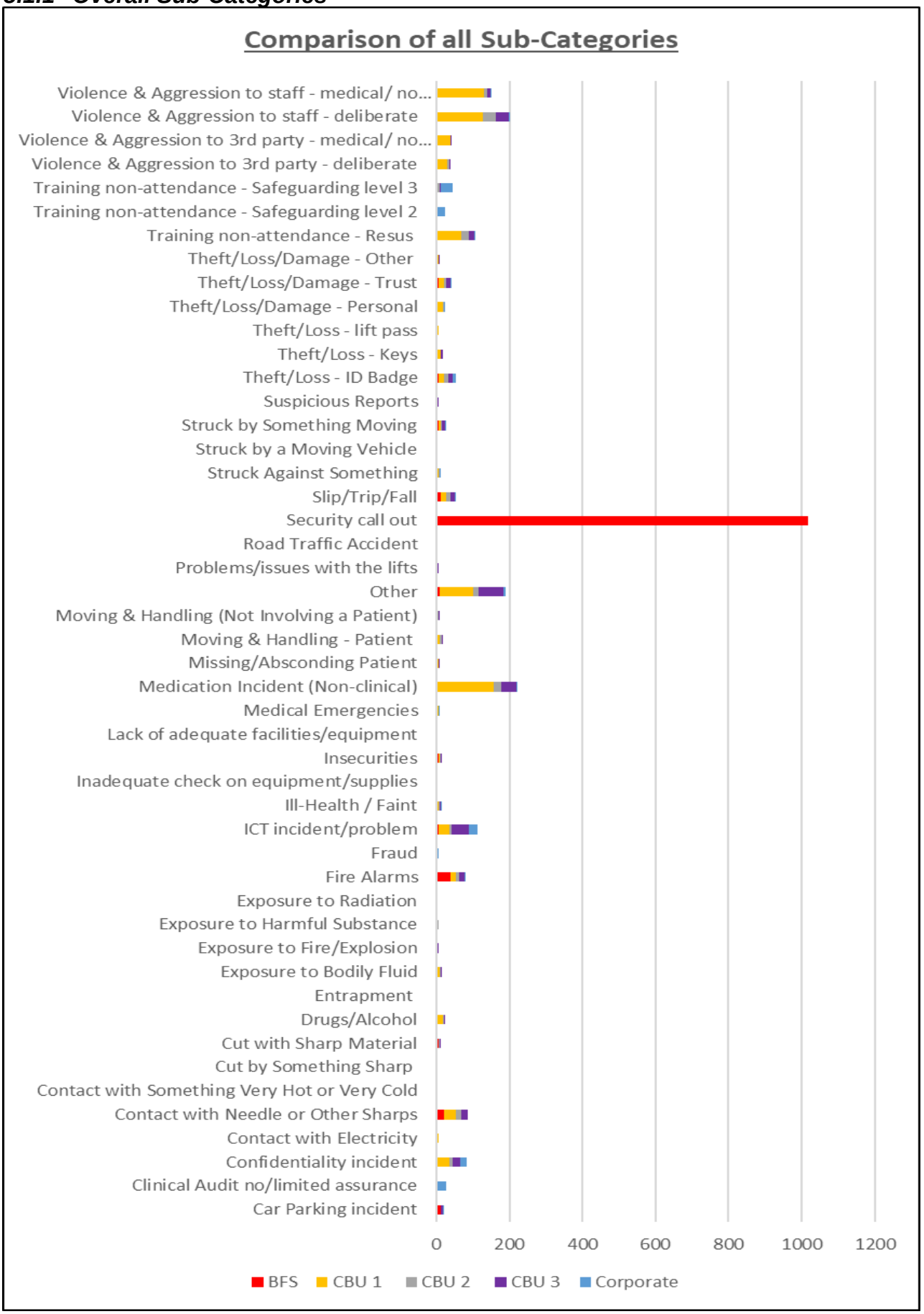
The Datix system is being used to report a wider range of incidents than previously reported, and also more incidents are being reported as staff are encouraged to report every incident that occurs to them.

From 1st April 2020, a new category was introduced for Security Call Outs. This is used for Security to report incidents that they attend. Once the Datix for the initial incident leading up to Security being called is reported, these incidents will then be linked together. This has resulted in the number of Violence & Aggression incidents to reduce, and the number of Security incidents to increase. This has also been reflected in the CBU totals below.

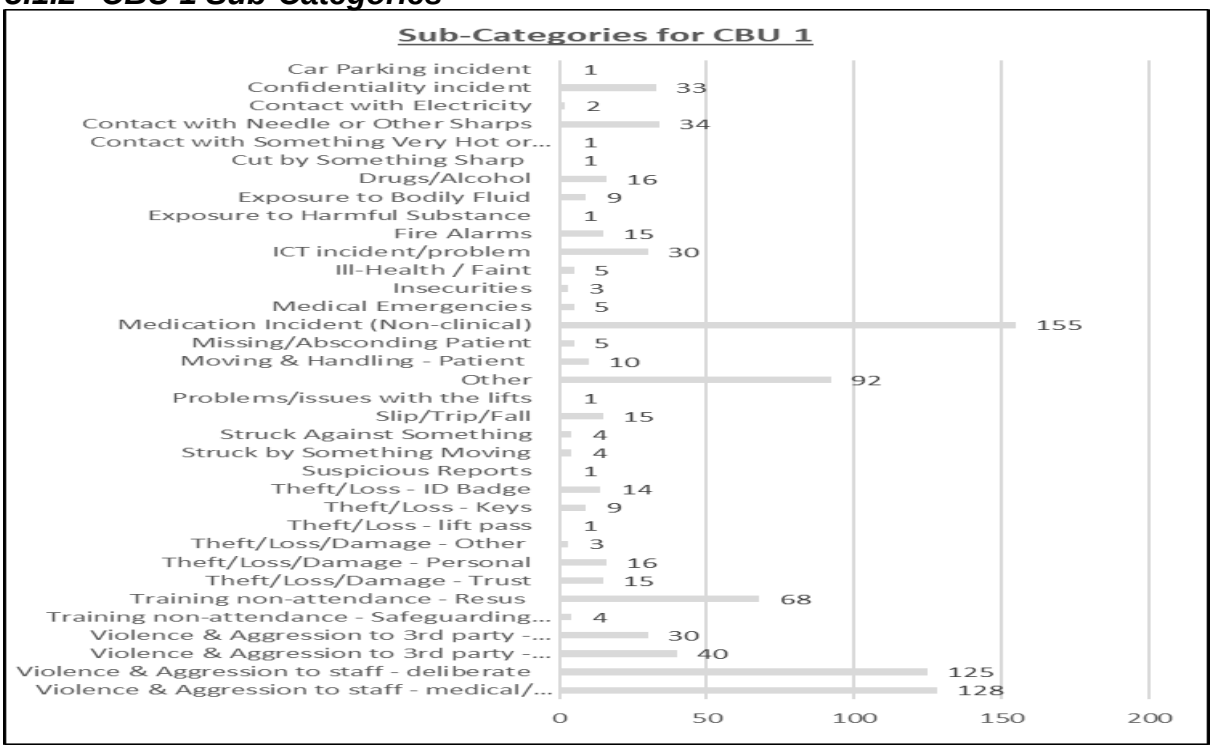
5.1 Total Incidents per CBU

	22/23	**21/22**	**20/21**	**19/20**
Trust	2836	2436	1958	1891
CBU1	896	806	581	928
CBU2	213	239	230	267
CBU3	372	360	444	382
Corporate	166	103	109	139
BFS	1189	928	594	175

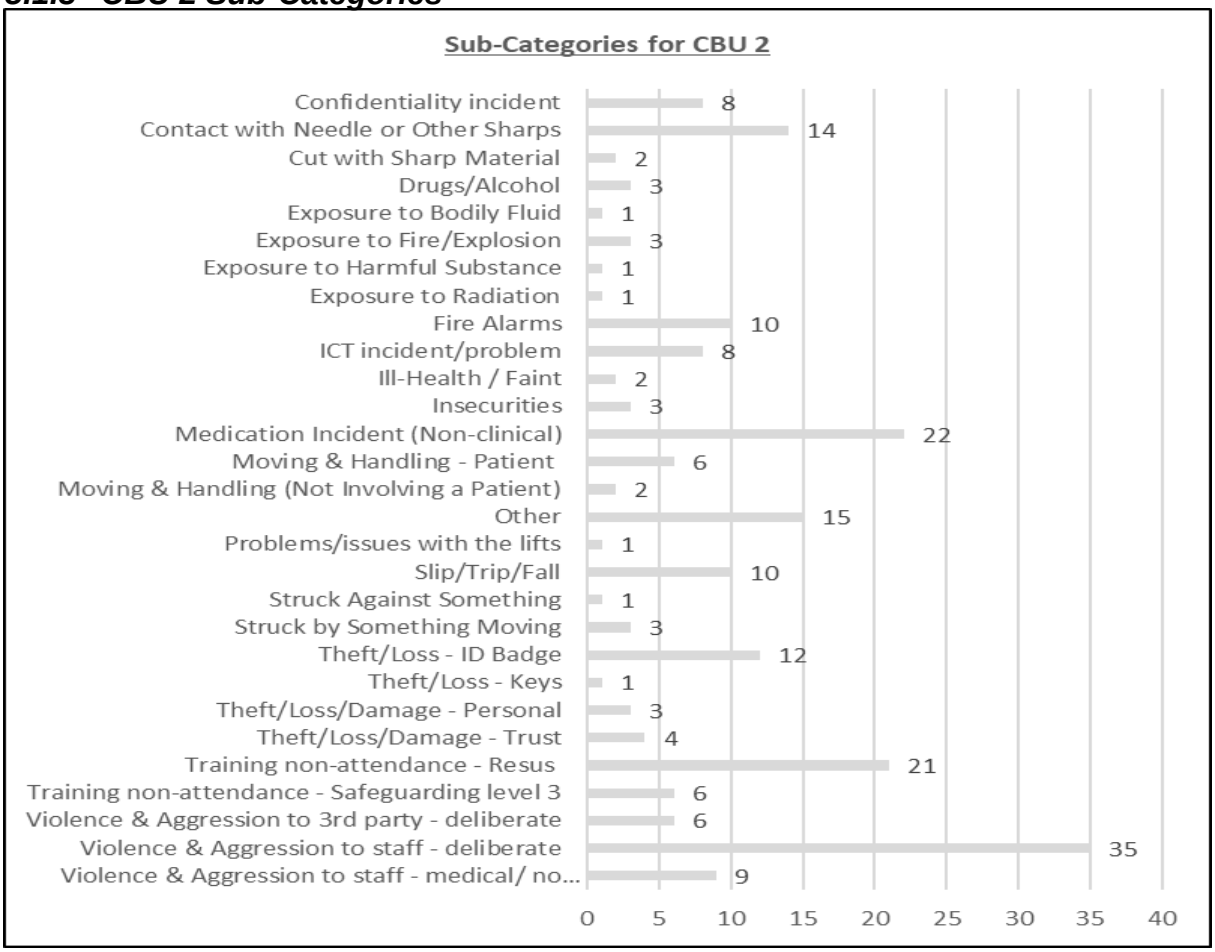
5.1.1 Overall Sub-Categories



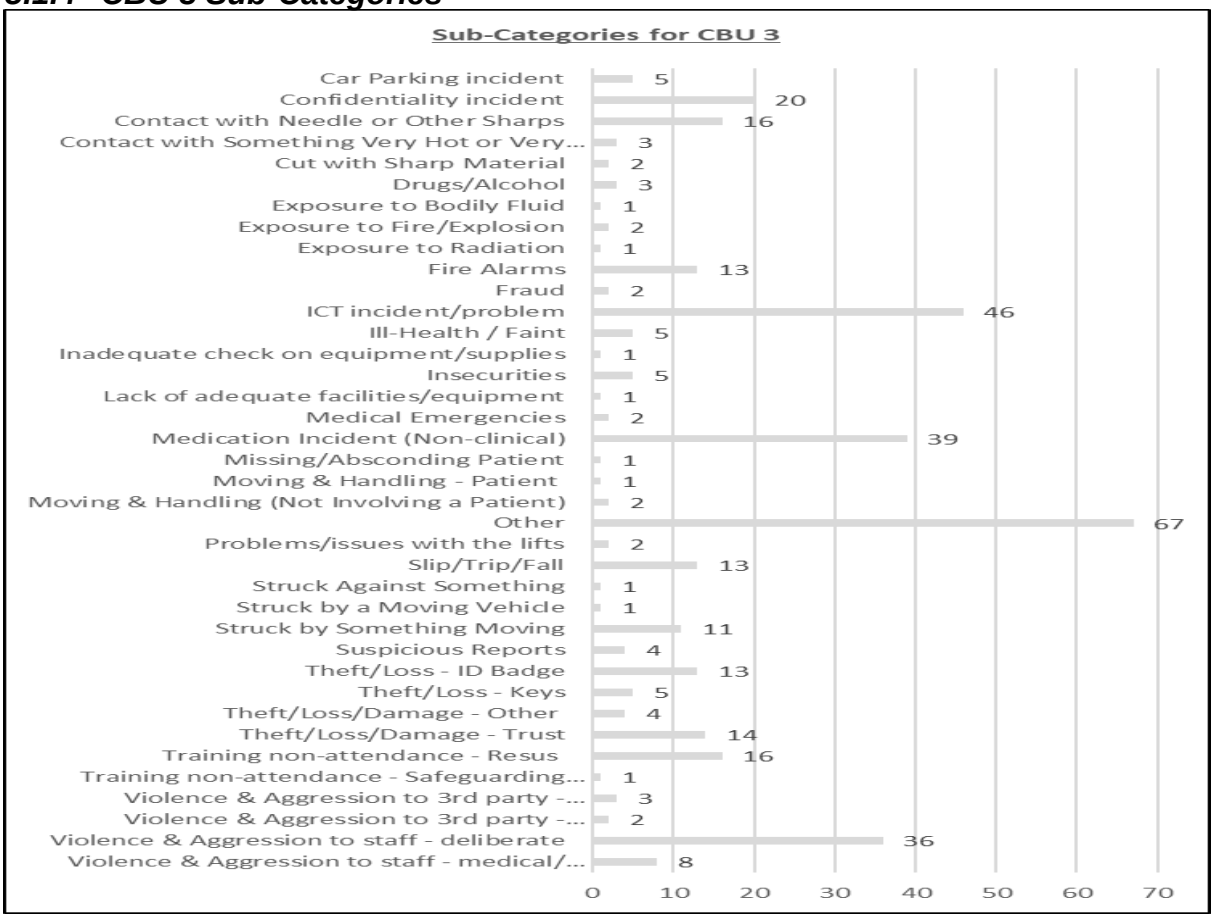
5.1.2 CBU 1 Sub-Categories



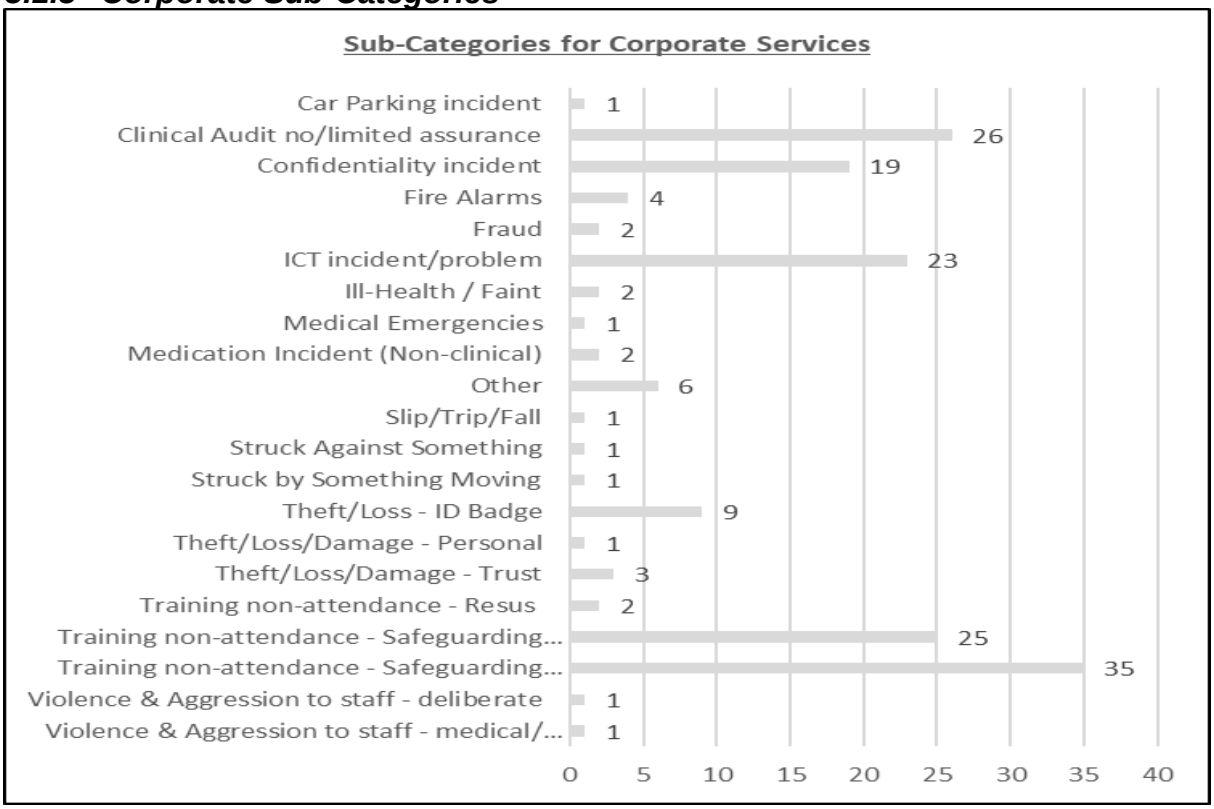
5.1.3 CBU 2 Sub-Categories



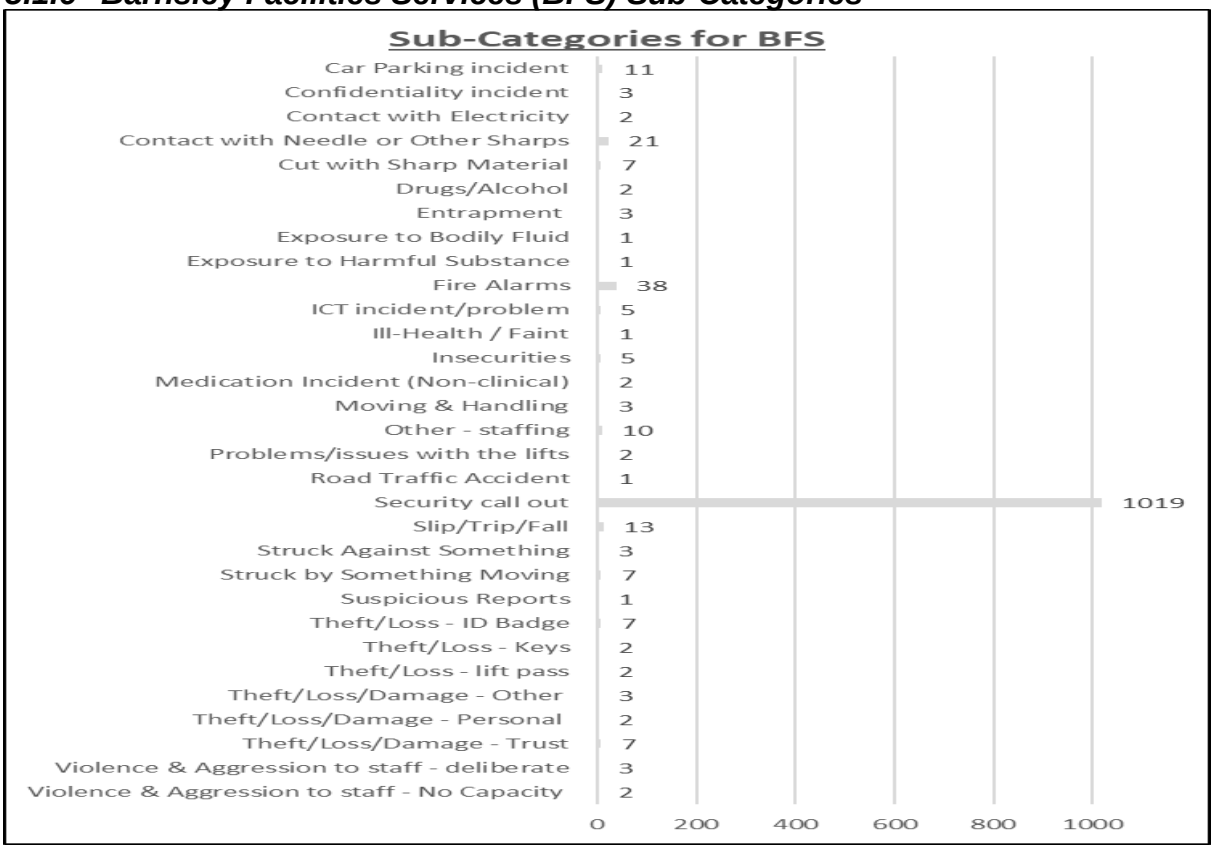
5.1.4 CBU 3 Sub-Categories



5.1.5 Corporate Sub-Categories



5.1.6 Barnsley Facilities Services (BFS) Sub-Categories



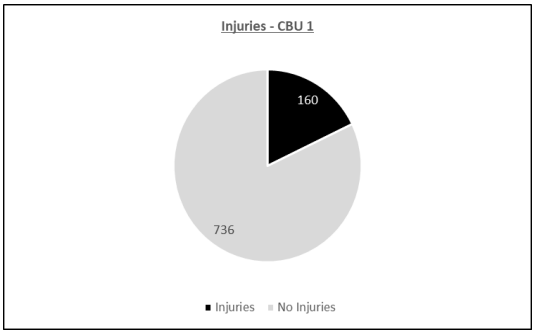
Out of the 1019 Security Call Out incidents, 284 of them were to the Emergency Department, and 115 of them were to AMU. The reasons were a mixture of violence and aggression, patients refusing to leave, patients absconding, etc.

The remaining 620 Security Call Out incidents were to the following areas: -

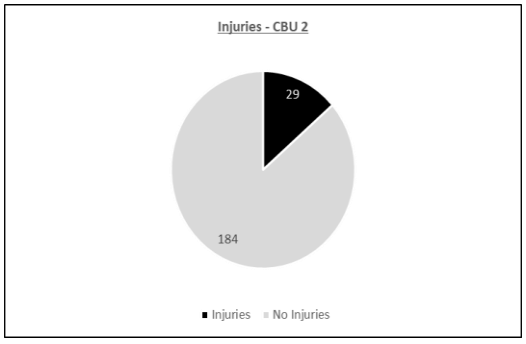
ASU, Admin Block, ANPN, BBC, Block 9, Car Parks, Catering, CDU, Chapel, Children's Ward, CCU, Corridors, Day Surgery, Decon., Discharge, Domestics, ED/CAU, Estates, Grounds, ITU, Main Reception, Dental, Orthoptics, OPD, POPD, Pathology, Pre-Assessment, SDEC, Security, SSU, SOPD, Theatres, Toilets, Wards 17, 18, 19, 21, 22, 23, 24, 29, 30, 33, 34, 35, 36 & 37, and W&C Reception area.

5.1.7 Number of Injuries

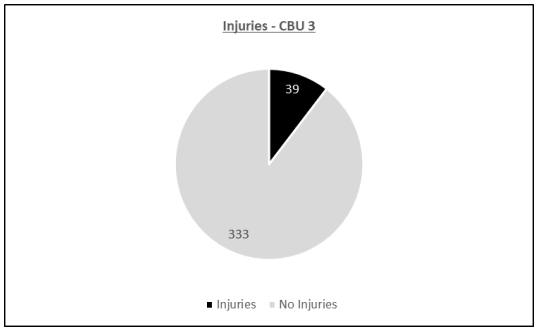
CBU 1



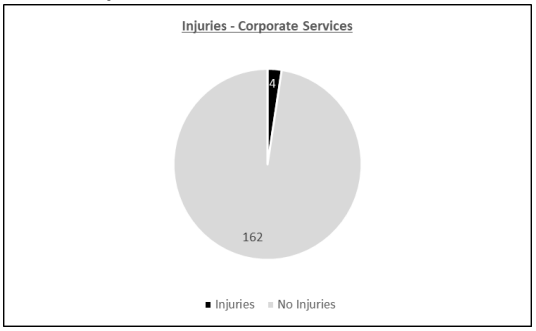
CBU 2



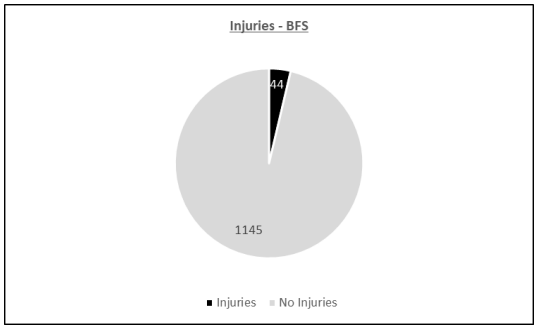
CBU 3



Corporate

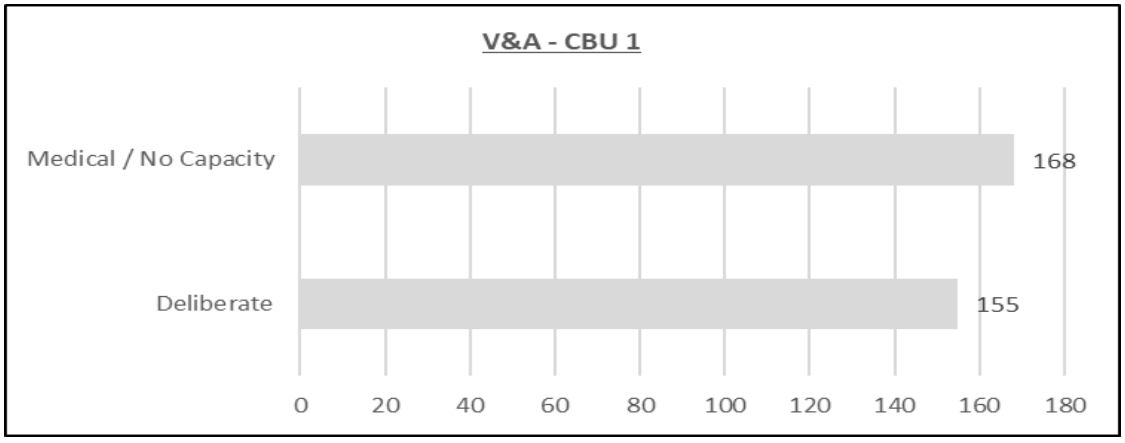


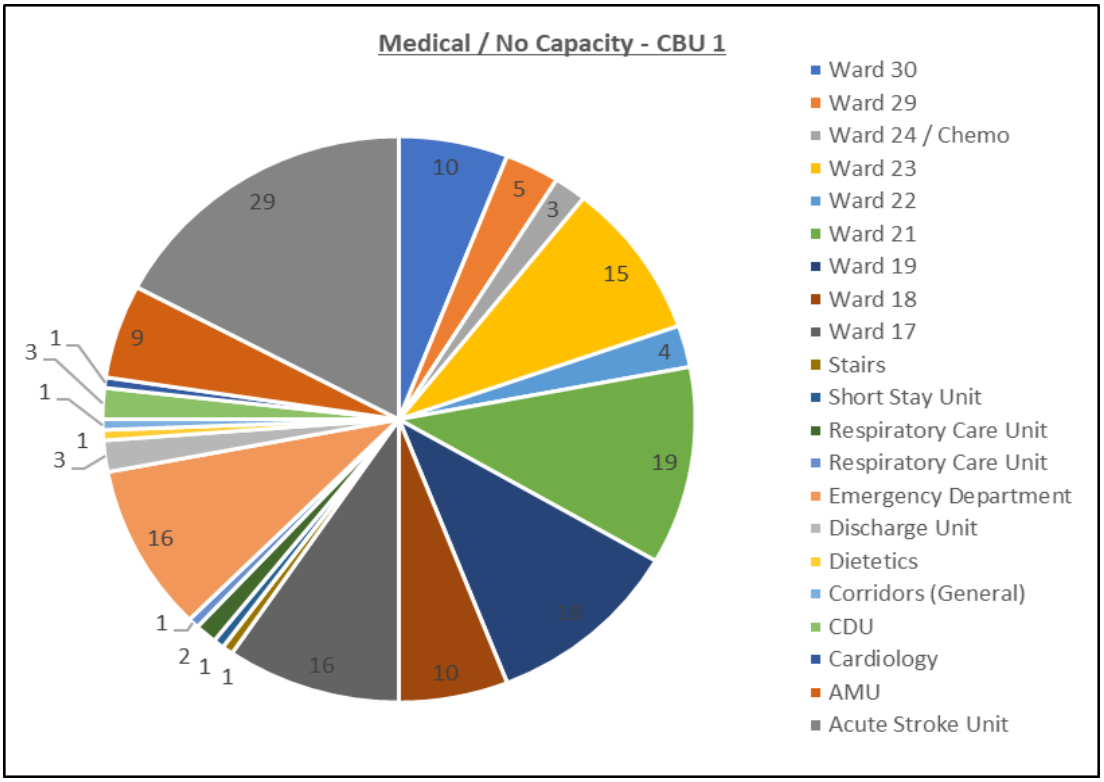
BFS

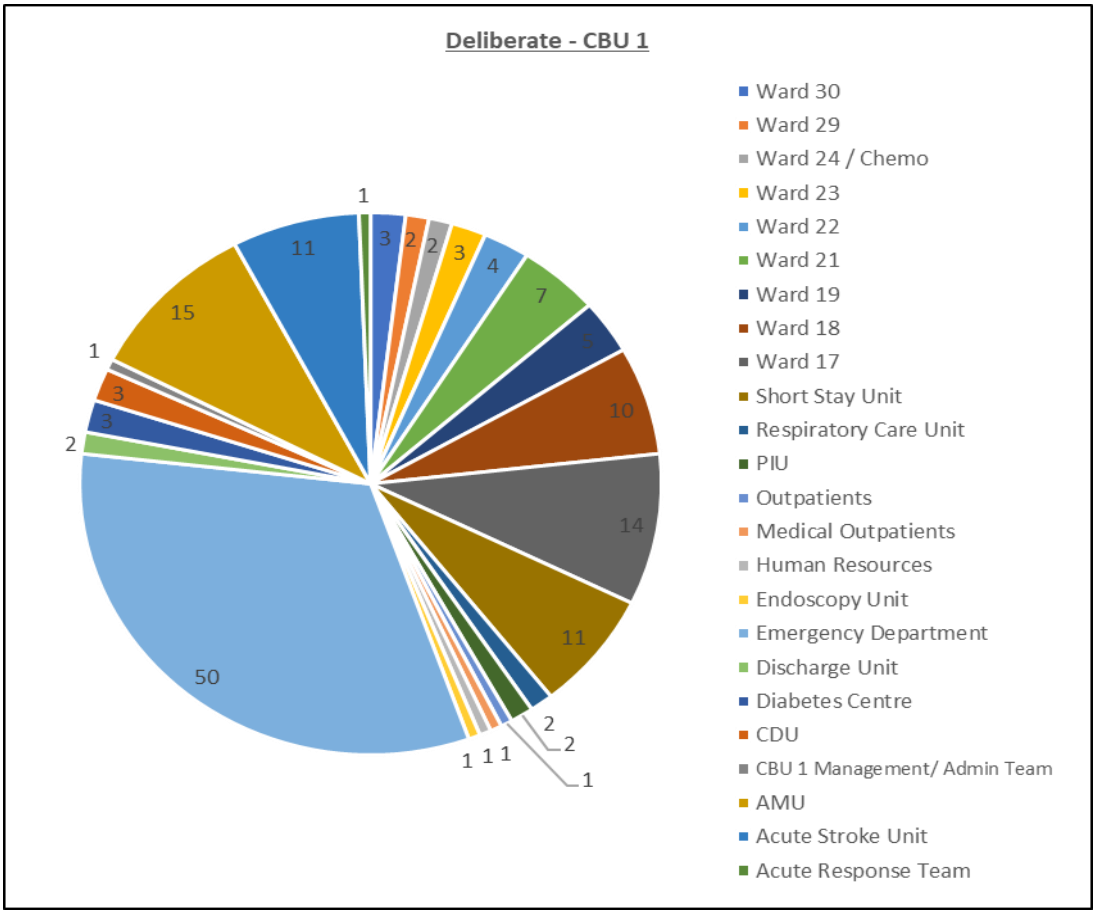


5.1.8 From the above graphs (5.1.1–5.1.6) it can be seen that Violence and Aggression has had an impact on this year's incident figures: -

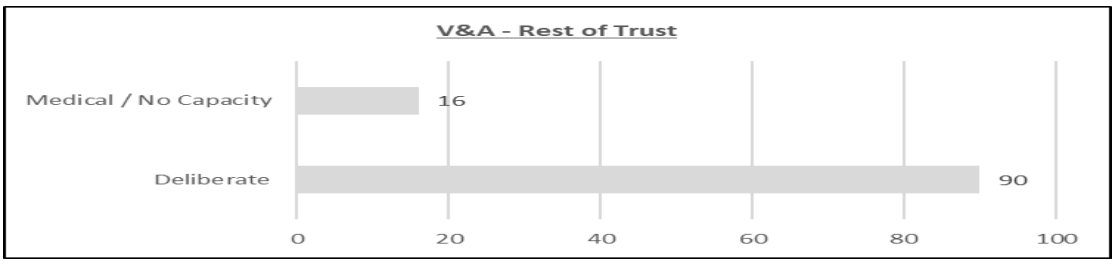
CBU1

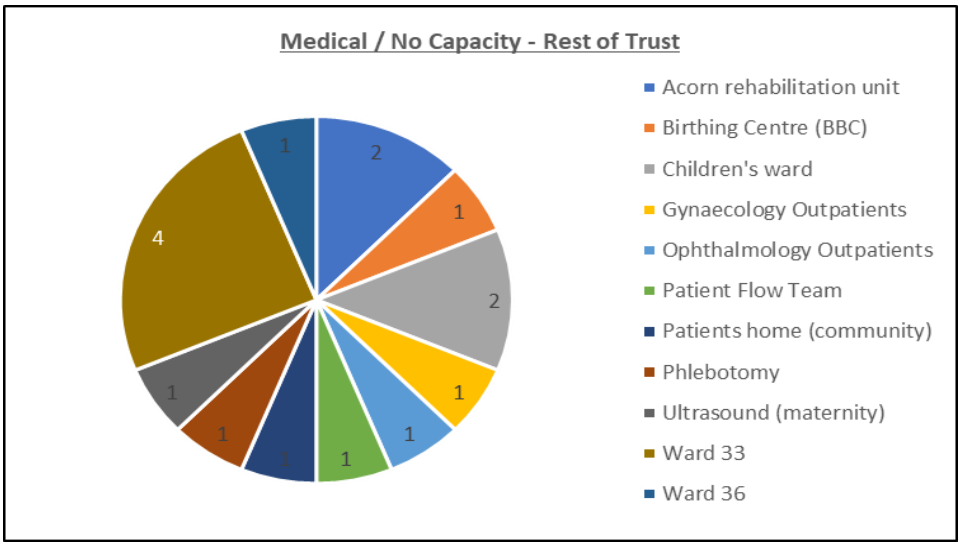


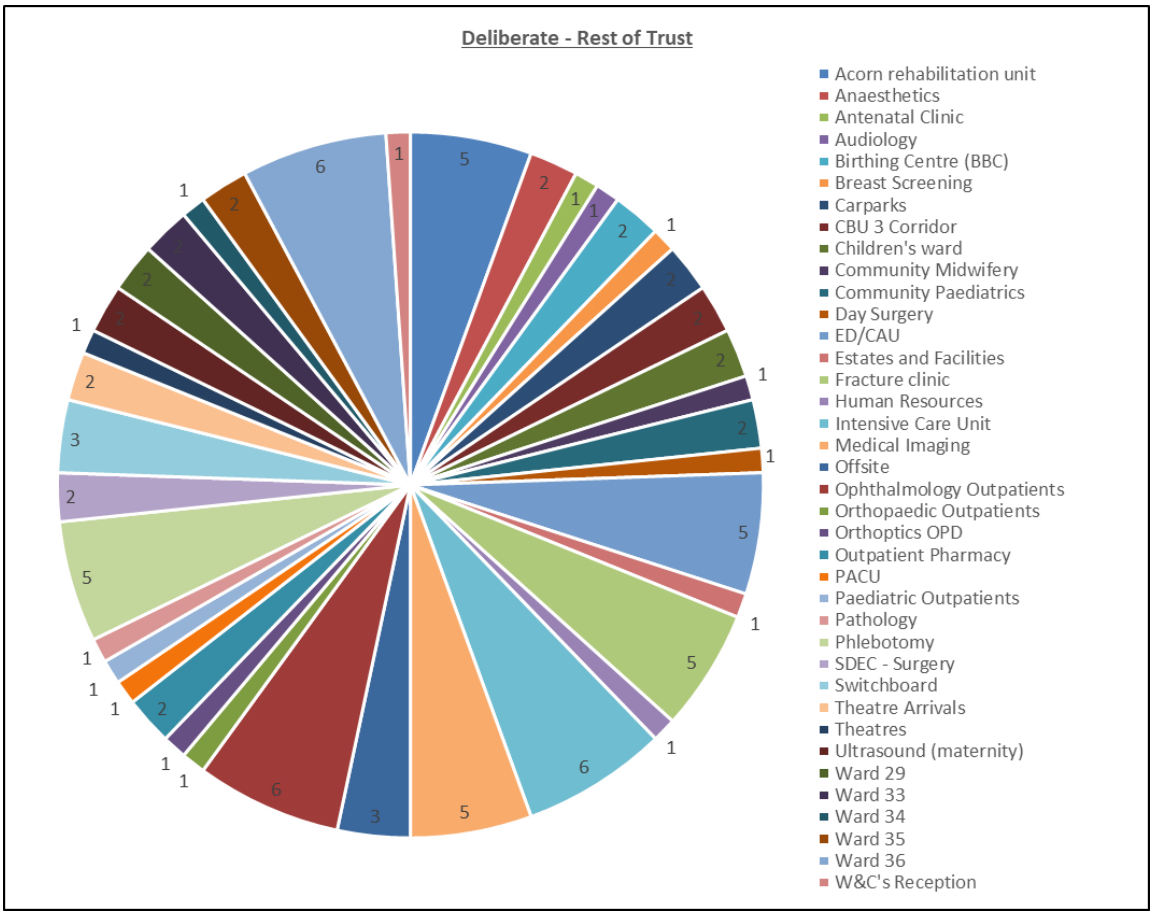

Medical / No Capacity - CBU 1
10
5
3
15
4
19
18
10
16
1
2
1
1
16
1
3
1
3
9
29
Ward 30
Ward 29
Ward 24 / Chemo
Ward 23
Ward 22
Ward 21
Ward 19
Ward 18
Ward 17
Stairs
Short Stay Unit
Respiratory Care Unit
Respiratory Care Unit
Emergency Department
Discharge Unit
Dietetics
Corridors (General)
CDU
Cardiology
AMU
Acute Stroke Unit


Deliberate - CBU 1
1
3
2
2
3
4
7
5
10
14
11
2
2
1
1
1
1
50
2
3
3
1
15
11
Ward 30
Ward 29
Ward 24 / Chemo
Ward 23
Ward 22
Ward 21
Ward 19
Ward 18
Ward 17
Short Stay Unit
Respiratory Care Unit
PIU
Outpatients
Medical Outpatients
Human Resources
Endoscopy Unit
Emergency Department
Discharge Unit
Diabetes Centre
CDU
CBU 1 Management/ Admin Team
AMU
Acute Stroke Unit
Acute Response Team

Rest of Trust







5.2 RIDDOR Reportable Incidents

The Health and Safety Team report all relevant non-clinical incidents under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 to the Health and Safety Executive on behalf of the Trust. RIDDOR Reportable incidents have not resulted in any enforcement action being taken against the Trust by the HSE.

The Risk Management Department monitor the clinical incidents to ensure that any incidents that fall into the RIDDOR reportable criteria are reported within the timescales by members of staff within their Department.

5.2.1 RIDDOR Incident Person Classification Data

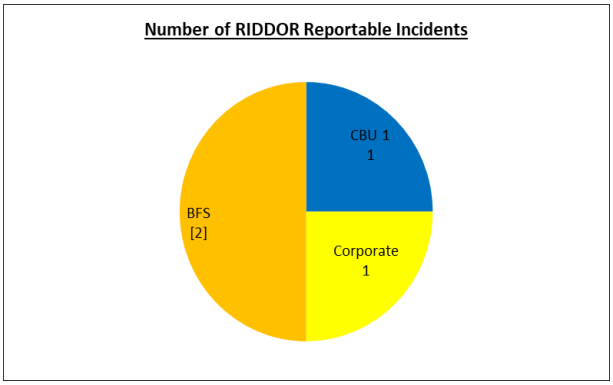
	Employees	Members of the Public	Total Number
2022 - 2023	3	1	**4**
2021 – 2022	9	0	**9**
2020 – 2021	11	1	**12**
2019 – 2020	9	2	**11**
2018 – 2019	15	0	**15**
2017 – 2018	6	4	**10**

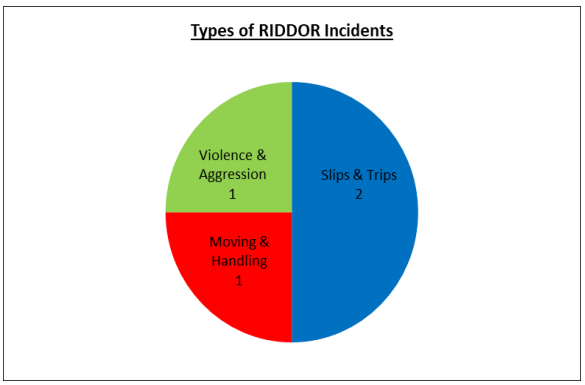
5.2.2 RIDDOR Incident Classification Data

	Specified Injury	Over 7 Day Injury	Admitted to Hospital	Total Number
2022 – 2023	0	3	1	**4**
2021 – 2022	2	7	0	**9**
2020 – 2021	5	6	1	**12**
2019 – 2020	6	5	0	**11**
2018 – 2019	2	13	0	**15**
2017 – 2018	4	6	0	**10**

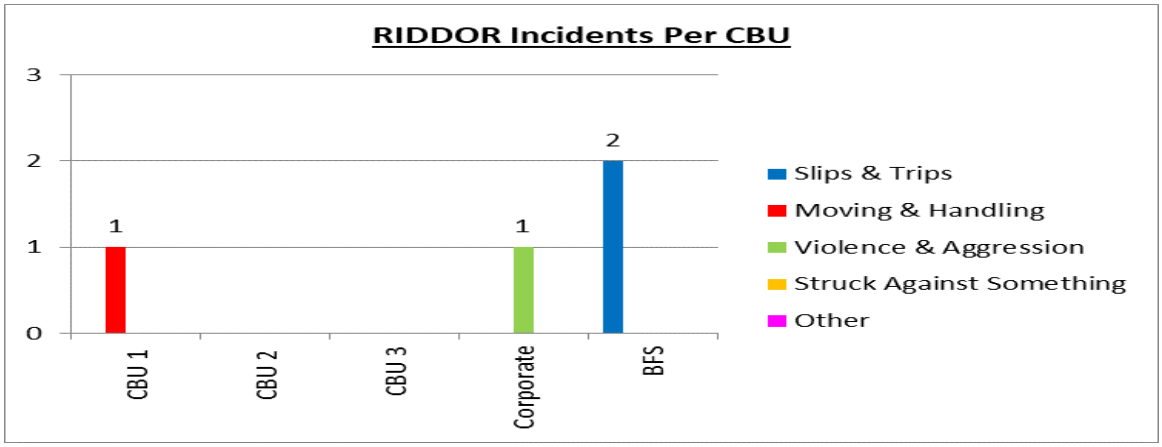
5.2.3 RIDDOR Incident Classification Data

	Slips & Trips	Moving & Handling	Violence & Aggression	Other	Total Number
2022 – 2023	2	1	1	-	**4**
2021 – 2022	3	2	4	-	**9**
2020 – 2021	7	2	1	2	**12**
2019 – 2020	6	1	2	2	**11**
2018 – 2019	6	1	4	4	**15**
2017 – 2018	6	3	-	1	**10**





5.2.4 RIDDOR Incidents per CBU



5.2.5 RIDDOR Specified Incidents

A specified injury is defined in the RIDDOR regulations as: Fractures, other than to fingers, thumbs and toes; Amputation of an arm, hand, finger, thumb, leg, foot or toe; Any injury likely to lead to permanent loss of sight or reduction in sight in one or both eyes; Any crush injury to the head or torso, causing damage to the brain or internal organs; Any burn injury (including scalding); Any loss of consciousness caused by head injury or asphyxia; Any other injury arising from working in an enclosed space.

1 specified injury were sustained in 2022/23, which was a fracture that was sustained, this was a slip/trip/fall incident.

Injury classification	Person affected	Description	Injury sustained
7 Days	Staff	Violence and Aggression	Bruising and reduced movement
Specified Injury	Staff	Slip, trip and Fall	Fractured Wrist
7 Days	Patient	Moving and handling	Bruising and reduced Movement
7 Days	Staff	Slip Trip fall	Bruising and reduced movement

5.3 Incident Rates

To be able to compare the incident statistics on a more even playing field, incident rates are used. These are calculated by:

(no. Incidents/Full Time Equivalents) x 100.

	Full Time Equivalent 31/03/23	Incident Rate	RIDDOR Incident Rate
Trust	3625.22	78.2	0.11
CBU1	951.40	94.1	0.10
CBU2	713.64	29.8	-
CBU3	1066.59	34.8	-
Corporate	592.45	28.0	0.16
BFS	301.15	394.8	0.33

From the above table you can see that BFS is an outlier for incidents, however, if the 1019 Security Incidents are taken out of the figures an incident rate of 56.4 is obtained.

	Incident Rate 21/22	Incident Rate 22/23	RIDDOR Incident Rate 21/22	RIDDOR Incident Rate 22/23
Trust	67.2	78.2	0.25	0.11
CBU1	84.7	94.1	0.53	0.10
CBU2	33.5	29.8	0.14	-
CBU3	33.8	34.8	-	-
Corporate	17.4	28.0	0.17	0.16
BFS	308.2	394.8	0.66	0.33

It is important that in trying to reduce the number of incidents reported that all incidents that occur are still reported.

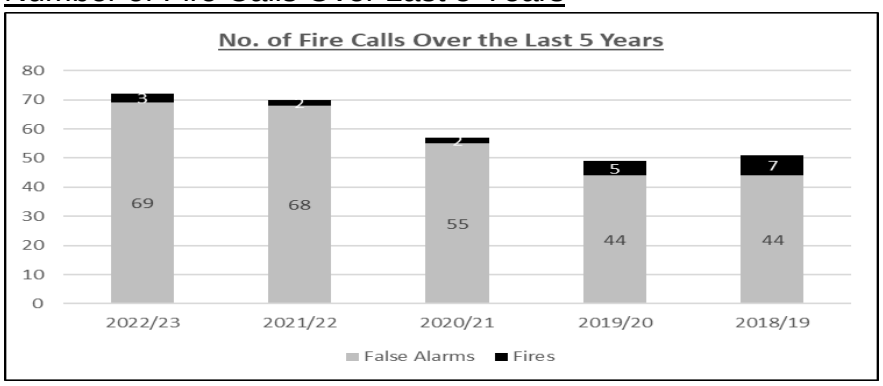
6. FIRE SAFETY

In 2022/23, there was a total of 72 fire alarms. 69 of these were unwanted. The Fire Service attended on 20 occasions.

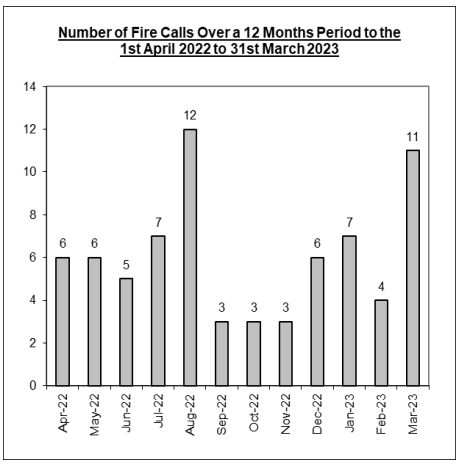
South Yorkshire Fire and Rescue Service undertook inspections within O-Block during 2021/22. The Action Plan from the improvements recommended to the Trust has been actioned throughout 2022/23 with these actions monitored and reviewed by the Fire Safety Group on a monthly basis, and by the Health & Safety Group meeting on a bi-monthly basis. The Action plan is now complete.

6.1 Fire Incident Data

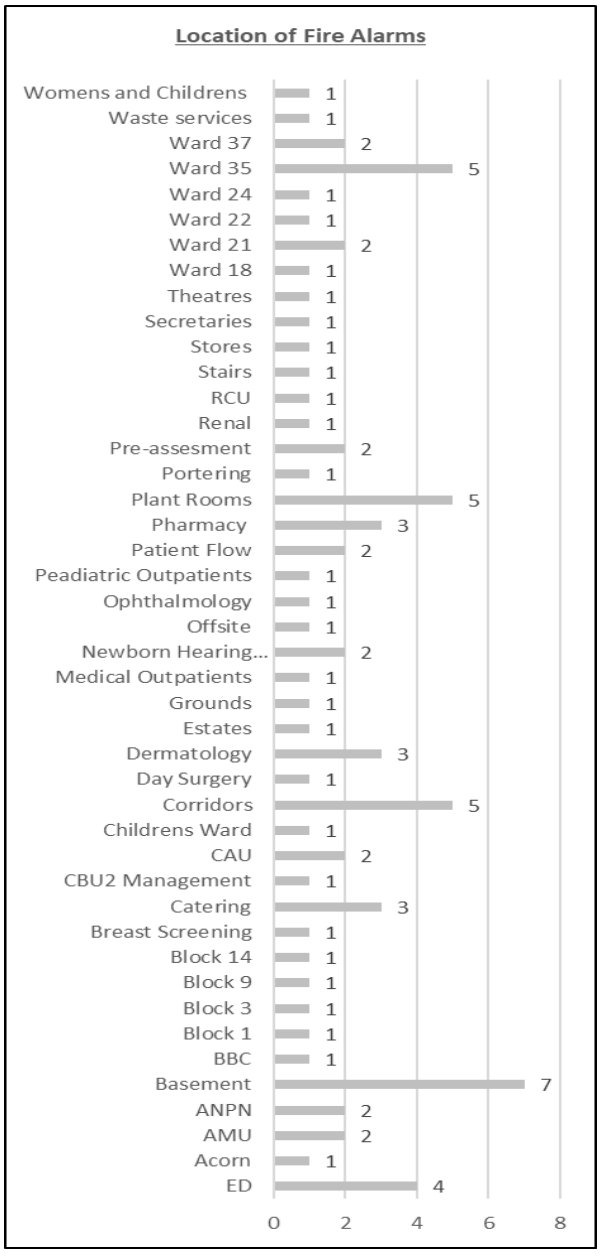
Number of Fire Calls Over Last 5 Years



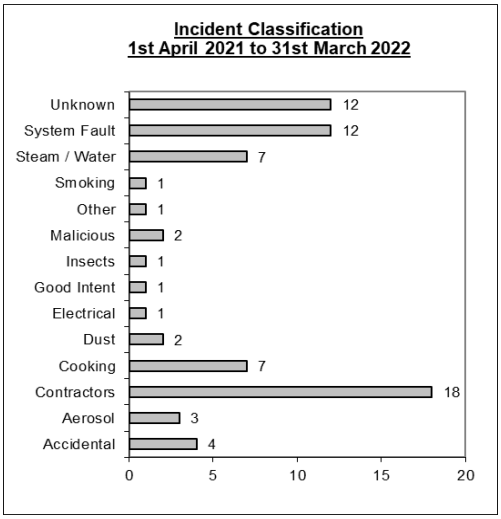
Number of Fire Calls During 2022/23



Location of Fire Calls



Fire Call Causes



The biggest offenders for causing false alarms during 2022/23 were Contractors. The fire alarm system that is in place is very old, and is in the process of being replaced, as a consequence has suffered a high number of faults.

Risk 2243 of the Trust Risk Register relates to the fire alarm system and was reviewed after the fire alarm failure in October 2021. The risk was given a catastrophic consequence, with the likelihood remaining as possible, giving an extreme risk at a score of 15. It has been agreed that this risk score will remain until the upgrade work is completed as the upgrade work itself can cause more failures.

6.2 Trust Fire Detection and Fire Alarm System Performance

There was a total of 72 fire incidents recorded for the financial year, 69 of these incidents were unwanted fire signals.

The overall performance of the Trust fire detection and fire alarm system is determined in accordance with HTM 05-03: Operational Provisions – Part H: Reducing False Alarms in Health Care Premises. The following calculations are submitted for this report:

False Fire Call Performance = No of detectors (smoke & heat) & MCP's, divided by No of false alarms
X = 4103/69
= 59.46%
Performance Level = Amber.

HTM Firecode suggest a 10% reduction for 2022/23, 61 Total. (41 or less UWFS = performance green).

	Performance	Rating	Target
22/23	59.46	Amber	Decrease 10%
21/22	60.34	Amber	Decrease 10%
20/21	74.6	Amber	Decrease 10%
19/20	95.4	Amber	Decrease 10%

6.3 Fires

There were 3 actual fires within the Trust in 2022/23. No harm occurred on either incident to any staff or patients: -

- Fire in the IT Hub where the UPS burnt out
- Fire in the new ITU construction site, hot works had been carried out and the expansion joint was unwittingly left smouldering, the fire service put this fire out
- Fire in Ophthalmology Outpatients an electric heater set on fire and was extinguished by staff.

6.4 Fire Warden Returns

Every area in the Trust is responsible for ensuring that the measures in place for fire safety are operational. This is achieved by a series of checks; from

checking the escape routes daily to a monthly check on the operation of fire doors.

These checks are recorded and must be stored in the fire manual. For Governance purposes, a copy is sent to the Health & Safety Team at the end of each month.

	CBU1	CBU2	CBU3	Corporate	BFS
22/23	86%	89%	99%	94%	100%
21/22	87%	93%	97%	91%	86%
20/21	92%	84%	97%	83%	92%
19/20	90%	81%	95%	81%	78%
18/19	84%	95%	91%	87%	79%

**Data as of 15.05.2023*

6.5 Fire Drill Performance

To ensure that all staff are aware of what action they should take if the fire alarm sounds, or they discover a fire, under the Regulatory Reform (Fire Safety) Order 2005 it is a legal requirement to conduct fire drills. All staff should participate in at least 1 fire drill per year. Due to the nature of the service we provide, some of these fire drills do not entail a full evacuation of the area. They are done through desktop exercises or the evacuation of a 'patient' to illustrate what is required by staff. The responsibility for undertaking fire drills is the Lead or Head of the Department. Assistance can be sought from the Health & Safety Team if required. Actual evacuations also count to this requirement, but must be documented to audit compliance.

	CBU1	CBU2	CBU3	Corporate	BFS
22/23	79%	61%	59%	67%	100%
21/22	84%	65%	74%	59%	100%
20/21	21%	29%	Nil return	Nil return	14%
19/20	84%	86%	53%	14%	50%

**Data as of 15.05.2023*

During the pandemic and the Covid restrictions, there has been a big push placed on Leads to undertake regular fire drill exercises within their teams. This has proved to be beneficial with the feedback that has been received.

6.6 Fire Safety Risk Assessments (FSRA)

Under the Regulatory Reform (Fire Safety) Order 2005 all premises must have a Fire Risk Assessment completed and reviewed regularly by a competent person.

Over the past 12 months there has been a number of different competent persons undertaking FSRA's. The Trust currently has 98.8% of FSRA's in

date. The area that has not been assessed is inaccessible due to decarbonisation project work. It was deemed to be a low risk area that will be assessed as soon as possible.

6.7 Improvements During 2022/23

During 2022/23, there has been a number of improvements made to fire safety throughout the Trust: -

- 2 Fire Evacuation and Fire Fighting lifts installed in O, KL and AB blocks;
- Following the site wide failure of the fire alarm system, work is progressing to replace the current aged system;
- Fire Warden returns compliance for 2022/23 is at 93%;
- Smoke and Fire Dampers installed in O-Block as part of the refurbishment schemes;
- Fire Stopping inspection undertaken for O-Block high risk work completed.

7. HEALTH AND SAFETY

During 2022/23, there has not been any inspections from the Health & Safety Executive (HSE).

7.1 Audits and Inspections

The Trust's Health and Safety Team with assistance from the Union Health & Safety Representatives conduct an inspection of all areas of the Trust once a year: -

	CBU1		CBU2		CBU3		Corporate		BFS	
	No. Areas Inspected	Av. score	No. Areas Inspected	Av. score	No. Areas Inspected	Av. score	No. Areas Inspected	Av. score	No. Areas Inspected	Av. score
22/23	12	88%	8	90%	11	90%	5	88%	3	92%
21/22	23	89%	17	87%	17	88%	5	86%	5	87%
20/21	14	87%	10	90%	14	89%	8	79%	3	80%

7.2 Quarterly Workplace Inspections

These are conducted by each area to ensure that issues are picked up and reported. It is not a guarantee that an area has no defects, but acts as a MOT and is thought good practice in a court of law.

	CBU1	**CBU2**	**CBU3**	**Corporate**	**BFS**
22/23	53%	79%	Unknown	Unknown	78%
21/22	16%	25%	Unknown	Unknown	27%
20/21	89%	Unknown	80%	Unknown	86%

7.3 CoSHH Assessments

All CoSHH information; including material safety data sheets and CoSHH risk assessments, are online on the intranet, under the Trust A-Z. This is to ensure everyone is accessing the most up to date information.

A review of this information was undertaken in August 2022 and January 2023.

7.4 Non-Clinical Risk Assessments

The compliance of non-clinical risk assessments is monitored via the annual inspections undertaken by the Health & Safety Team. All areas must have risk assessments in place. The suite of generic assessments can be utilised or specific assessments for the task or area can be completed.

7.5 Policies and Procedures

Policies and Procedures that have been reviewed through the Health and Safety Group during 2022/23 are: -

• Incident Management Policy;	• Grievance Policy.
• Driving at Work Policy.	• Moving & Handling Policy
• Supporting Staff involved in an Incident Policy	• Display Screen Equipment Policy
• Contamination Incident Policy;	• Missing or Absconding Patients Policy
• Health & Safety Management Policy;	• PPE Procedure
• Fire Safety Management Policy	• Surveillance Camera Policy
• Noise at Work Procedure	• Medical Gas Policy

7.6 Improvements During 2022/23

During 2022/23 there has been a number of improvements made to health and safety throughout the Trust: -

- All Trust COSHH assessments have been updated;
- Face to face training sessions have started to take place;
- Fire, health and safety inspections recommenced.

8. CBU 1

8.1 Brief Overview

Yet again a very challenging year, transitioning to the new normal working following the COVID pandemic. Medicine and Emergency Care has keenly felt the pressure and has work extremely hard to meet the demands placed upon its services.

Teams across the CBU have worked extremely hard over the whole year and especially during the most challenging winter the system has experienced caring for and keeping patients safe.

Summarised below are some of the Challenges, Successes and Key Objectives of 2022/23

8.2 Challenges during 2022/23

- Extremely challenging winter, exasperated by Influenza and COVID
- Health & Wellbeing of Staff, notably psychological wellbeing of staff.
- Staff burn out and exhausted
- Increased staff sickness
- Extreme heat in summer months resulting in power supply issues.
- Repeated Mask Fit testing for new/changing masks
- Mandatory Training Compliance
- Increased patient acuity and complexity
- Violence and Aggression towards staff

8.3 Successes during 2022/23

- Reduction in Registered Nurse vacancies
- Staff survey results for the CBU & Trust positive
- Publicly Brilliant Award for Endoscopy & Day Case Unit
- Brilliant Awards both Individual & Team
- Nursing Times Nomination - SDEC Patient Safety
- Appointments of New Consultants.

8.4 Key Objectives 2022/23

- Back to pre-pandemic 2019/20 levels of activity
- Recovery of long waits
- Mediviewer embedment
- Reduction in Length of Stay
- Health inequalities

8.5 Risk Areas for Musculoskeletal Areas

The HSE require the Trust to identify its high-risk areas, looking at multiple sources of data. It was suggested we look at staff turnover and sickness data as well as incident data.

There is no national standard as to what figures stipulate a high, moderate or low risk area, this has been determined internally but consistently across the Trust.

Area	Moving/ Handling	No. Employees	Harm Caused	Incident Rate no. incidents/no. employees x 100	Associated Absence	Staff Turnover	Trust Risk Rating for Areas
ED & CDU	2	255	1	0.78	4.93	19.31	Low Risk
AMU	1	124	1 mod	0.81	1.91	16.14	Moderate Risk
Respiratory	1	54	1	1.85	3.55	19.4	Low Risk
General Medicine Ward 17	1	45		2.5	2.08	17.4	Moderate Risk
Short Stay (Ward 29)	1	30		3.33	7.68	30.55	Moderate Risk
General Medicine Ward 30	1	49	1	2.04	5.02	6.32	Low Risk
Endoscopy	1	51	1 mod	1.96	4.05	10.2	Moderate Risk
Care of the Elderly	1	84		1.19	2.82	22.36	Low Risk
Stroke	1	33	1	3.03	3.74	6.9	Moderate Risk

Key:				
	Harm Caused	No harm Recorded	Incident rate	Under 2.5
		Low harm		2.5 - 7.5
		Moderate/Severe Harm		7.5 and over
	Absence	Under 2	Turnover	Under 10
		2 to 3.9		10 to 20
		4 and over		over 20

Areas within CBU1 not listed did not have any Musculoskeletal Incidents recorded in the financial year 2022/23, and so are designated as low risk areas.

8.6 Risk Areas for Violence and Aggression Areas

The HSE require the Trust to identify its high-risk areas, looking at multiple sources of data. It was suggested we look at staff turnover and sickness data as well as incident data.

There is no national standard as to what figures stipulate a high, moderate or low risk area, this has been determined internally but consistently across the Trust.

Area	V&A Incidents	No. Employees	Harm Caused	Incident Rate no. incidents/no. employees x 100	Security attendances	Associated Absence	Staff Turnover	Trust Risk Rating for Area
ED & CDU	68	255	13 (3mod)	26.67	324	4.93	19.31	High Risk
AMU	21	124	7 (1 mod)	16.94	116	1.91	16.14	High Risk
Short Stay	19	30	7 (5 mod)	63.33	97	7.68	30.55	High Risk
Cardiology	1	21	1	4.76	0	2.75	25.64	Moderate Risk
Respiratory	4	54	1	7.41	0	3.55	19.4	Moderate Risk
Medical Outpatients	2	26		7.69	2	0	0	Low Risk
General Medicine Ward 17	31	45	13 (6mod)	88.57	43	2.08	17.5	High Risk
General Medicine Ward 18	20	58	3 (2mod)	34.48	25	3.39	14.43	High Risk
General Medicine Ward 21	25	60	15 (1 sev)	41.67	59	1.08	5.88	High Risk
General Medicine Ward 22	8	56	1	14.29	16	1.98	9.26	Moderate Risk
General Medicine Ward 23	18	36	6	50	70	1.65	4	High Risk
General Medicine Ward 30	14	49	6 (4 mod)	28.57	26	5.02	6.32	High Risk
Endoscopy	1	51		1.75	0	4.05	10.2	Low Risk
CBU1 Management	1	23		4.35	0	0.82	4.44	Low Risk
Care of the Elderly	23	84	9	27.38	55	2.82	22.36	High Risk
Stroke	41	33	11	124.24	48	3.74	6.9	High Risk
Diabetes outpatients	3	34		8.82	0	1.6	14.781	Low Risk
PIU	2	22		9.09	0	1	14.29	Low Risk
Ward 24/Chemo	5	17	1	29.41	2	5.69	0	Moderate Risk

Key:	Harm Caused	No harm Recorded Low harm Moderate/Severe Harm	Incident Rate	Under 20 20-49 50 and over	Security Attendances	under 20 21 to 89 Over 90
	Absence	Under 2	Turnover	Under 10	Areas not identified are	

	Stress etc, Injury/Fracture in area over 12 months	2 to 3.9 4 and over	From Trust for all reasons	10 to 20 over 20	deemed to be low risk

This data will be refreshed annually and inform the Trust of areas where further scrutiny is required.

9. CBU 2

9.1 Brief Overview

Yet again a very challenging year, transitioning to the new normal working following the COVID pandemic. Surgery, Critical Care and Theatres have felt the pressure and has worked extremely hard to meet the demands placed upon its services. Added challenge has arose from elective recovery pressures, and system working seeing increasing requests to support mutual aid across South Yorkshire.

Teams across the CBU have worked extremely hard over the whole year and especially during the most challenging winter the system has experienced caring for and keeping patients safe.

Summarised below are some of the Challenges, Successes and Key Objectives of 2022/23

9.2 Challenges during 2022/23

- Extremely challenging winter, exasperated by Influenza and COVID
- Health & Wellbeing of Staff, notably psychological wellbeing of staff.
- Increased mental health related absence
- Staff burn out and exhausted
- Increased staff sickness (key areas Theatres, Anaesthetics)
- Extreme heat in summer months resulting in power supply issues.
- Humidity and Heat issues within theatres, resulting in cancellations
- Repeated Mask Fit testing for new/changing masks
- Mandatory Training Compliance
- Appraisal compliance
- Increased patient acuity and complexity
- Violence and Aggression towards staff

9.3 Successes during 2022/23

- Reduction in Registered Nurse vacancies
- Staff survey results for the CBU & Trust positive
- Brilliant Awards both Individual & Team
- Heart Awards – Outstanding clinical individual/Chair award/QI late start
- Appointments of New Consultants.

- Fluorescence 3D guided surgery (FGS) commenced
- New Critical Care Unit in development
- ICCA Philips system approved
- Trauma late start QI commenced
- Orthopaedic elective LoS reduction
- Complex Elbow reconstruction
- Procurement savings
- BEST event – attendance

9.4 Key Objectives 2022/23

- Back to pre-pandemic 2019/20 levels of activity
- Recovery of long waits
- Mediviewer embedment
- Reduction in Length of Stay
- Health inequalities

9.5 Risk Areas for Musculoskeletal Areas

The HSE require the Trust to identify its high-risk areas, looking at multiple sources of data. It was suggested we look at staff turnover and sickness data as well as incident data.

There is no national standard as to what figures stipulate a high, moderate or low risk area, this has been determined internally but consistently across the Trust.

Area	Moving/Handling Incidents	No. Employees	Harm Caused	Incident Rate no. incidents/no. employees x 100	Associated Absence	Staff Turnover	Trust Risk Rating for Area
Anaesthetics	1	41	1 mod	2.44	1.14	14.46	Moderate Risk
Theatres	2	91		2.2	2.16	6.49	Low Risk
General Surgery Ward 34	3	51		5.88	3.72	18.18	Moderate Risk
General Surgery Ward 35	2	41		4.88	1.83	4.88	Moderate Risk
General Surgery Ward 36	1	30	1	3.33	4.95	25.4	Moderate Risk
SDEC Surgery	1	17	1	5.88	3.18	11.43	Moderate Risk

Key:				
	Harm Caused	No harm Recorded	Incident rate	Under 2.5
		Low harm		2.5 - 7.5
		Moderate/Severe Harm		7.5 and over
	Absence	Under 2	Turnover	Under 10
		2 to 3.9		10 to 20
		4 and over		over 20

The final Risk rating has been established by consideration of number of incidents (incident rate) with absence in the area and staff turnover. These figures will be reviewed annually on the total incident data.
Areas within CBU2 not listed did not have any Musculoskeletal Incidents recorded in the financial year 2022/23, and so are designated as low risk areas.

9.6 Risk Areas for Violence and Aggression Areas

The HSE require the Trust to identify its high-risk areas, looking at multiple sources of data. It was suggested we look at staff turnover and sickness data as well as incident data.
There is no national standard as to what figures stipulate a high, moderate or low risk area, this has been determined internally but consistently across the Trust.

Area	V&A Incidents	No. Employees	Harm Caused	Incident Rate no. incidents/no. employees x 100	Security attendances	Associated Absence	Staff Turnover	Trust Risk Rating for Area
Anaesthetics	2	41		4.88	0	1.14	14.46	Low Risk
ICU	6	82	3	7.32	1	1.75	9.41	Moderate Risk
Theatres & Theatre Arrivals	3	91		3.3	2	2.16	6.49	Low Risk
Day Surgery	1	50	1	2	1	4.18	10.53	Moderate Risk
Recovery	1	30		3.33	0	4.83	6.78	Low Risk
General Surgery Ward 34	1	51		1.96	1	3.72	18.18	Low Risk
General Surgery Ward 35	2	41	1	4.88	5	1.83	4.88	Moderate Risk
General Surgery Ward 36	7	30		23.33	18	4.95	25.4	Moderate Risk
Trauma/Orthopaedic ward 33	6	51	1	11.76	11	3.63	10.2	Moderate Risk
Ophthalmology	7	42		16.67	0	7.18	47.06	Low Risk
Audiology	1	16		6.25	0	0.59	6.45	Low Risk
Fracture Clinic	5	17		29.41	0	2.95	12.5	Moderate Risk
Orthopaedic Outpatients	1	11		9.09	1	0.32	9.09	Low Risk
Orthoptics	1	11		9.09	0	10.98	18.18	Low Risk
SDEC Surgery	2	17		11.76	0	3.18	11.43	Low Risk

Key:	Harm Caused	No harm Recorded Low harm Moderate/Severe Harm	Incident Rate	Under 20 20-49 50 and over	Security Attendances	under 20 21 to 89 Over 90
	Absence Stress etc, Injury/Fracture in area over 12 months	Under 2 2 to 3.9 4 and over	Turnover From Trust for all reasons	Under 10 10 to 20 over 20	Areas not identified are deemed to be low risk	

This data will be refreshed annually and inform the Trust of areas where further scrutiny is required.

10. CBU 3

10.1 Brief Overview

A challenging year across the CBU as Services have got back to normal with COVID regulations relaxing and a changeover of Associate Director and Deputy Associate Director of Operations. The personnel across the CBU have worked extremely hard bringing services back online and trying to reduce waiting lists whilst dealing with Industrial Action at Multiple levels.

Summarised below are some of the Challenges, Successes and Key Objectives of 2022/23.

10.2 Challenges During 202/23: -

- The continued impact and recovery from Covid-19 on CBU 3 provided services.
- Office space both due to COVID distancing and due to team expansion; more room is still required in Block 12 for the expanding CBU3 Management Team.
- Move of Phlebotomy Services from the Main Hospital Site to the Community Diagnostic Centre.
- Expand Services at Community Diagnostic Centre.
- Health & Wellbeing of staff.
- Staff burn out.
- Staff sickness – between 5-6% but higher in Pathology and Imaging.
- Set up of BRILS and transition towards the SYB Pathology Network.
- Continue work on Pharmacy Performance Review to improve output and Staff recruitment and retention.

10.3 Successes During 2022/23: -

- Staff survey results for the CBU & Trust positive.
- Publicly Brilliant Award for Endoscopy & Day Case Unit.

- Brilliant Awards both Individual & Team.
- Children Services Development Shortlisted for HSJ Health & Safety Award.
- Move of Phlebotomy Services from Main Hospital Site to Community Diagnostic Centre reducing Footfall at the Site.
- Expansion of Services at CDC – Radiology Services.
- Initial Meetings for Badgernet Implementation – removal of paper records (Maternity).
- New Pharmacy Out of Hours Services Rolled Out.

10.4 Key Objectives for 2023/24: -

- Continued promotion of Health and Wellbeing within the work place.
- Continue with CQC Pharmacy Pilot Inspection Follow Ups affecting both Staff and Patients.
- Implement new Pharmacy Command Chain Model.
- Continue work from Staff Survey from within various sections.
- Returning to pre-pandemic activity levels.
- Compliance with Ockenden standards for Maternity services.
- Compliance with Mandatory training, TADs, Business Continuity Plan in preparation for CQC Inspection in Winter 2023.

10.5 Risk Areas for Musculoskeletal Areas

The HSE require the Trust to identify its high-risk areas, looking at multiple sources of data. It was suggested we look at staff turnover and sickness data as well as incident data.

There is no national standard as to what figures stipulate a high, moderate or low risk area, this has been determined internally but consistently across the Trust.

Area	Moving/Handling Incidents	No. Employees	Harm Caused	Incident Rate no. incidents/no. employees x 100	Associated Absence	Staff Turnover	Trust Risk Rating for Area
Antenatal, Birthing Centre, Ultrasound	2	178	1 mod	1.12	3.63	12.12	Moderate Risk
Community Midwifery	1	17	1	5.88	3.63	12.12	Moderate Risk

Key:				
	Harm Caused	No harm Recorded	Incident rate	Under 2.5
		Low harm		2.5 - 7.5
		Moderate/Severe Harm		7.5 and over
	Absence	Under 2	Turnover	Under 10
		2 to 3.9		10 to 20
		4 and over		over 20

The final Risk rating has been established by consideration of number of incidents (incident rate) with absence in the area and staff turnover. These figures will be reviewed annually on the total incident data.
Areas within CBU3 not listed did not have any Musculoskeletal Incidents recorded in the financial year 2022/23, and so are designated as low risk areas.

10.6 Risk Areas for Violence and Aggression Areas

The HSE require the Trust to identify its high-risk areas, looking at multiple sources of data. It was suggested we look at staff turnover and sickness data as well as incident data.
There is no national standard as to what figures stipulate a high, moderate or low risk area, this has been determined internally but consistently across the Trust.

Area	V&A Incidents	No. Employees	Harm Caused	Incident Rate no. incidents/no. employees x 100	Security attendances	Associated Absence	Staff Turnover	Trust Risk Rating for Area
Children's' ward	4	24		16.67	2	2.08	0	Low Risk
Children's ED/ Assessment Unit	5	39	1	12.82	12	1.63	10	Moderate Risk
Children's Outpatients	1	23		4.35	1	1.74	13.95	Low Risk
Medical Imaging	5	129	1 mod	3.88	0	3.07	6.53	Moderate Risk
CBU3 Management Team	2	21		9.52	0	0.82	11.11	Low Risk
Antenatal Clinic, Birthing Centre & Ultrasound	7	178	1	3.93	13	3.63	12.12	Moderate Risk
Breast Screening	1	20		5	0	4.21	21.62	Low Risk
Community Midwifery	3	17		17.65	0	3.63	12.12	Low Risk
Community Paediatrics	2	24	1	8.33	0	4.2	16	Moderate Risk
Gynae Outpatients	1	22		4.55	0	6.78	13.95	Low Risk
Phlebotomy	6	14		42.88	0	6.52	20.69	Low Risk
Switchboard	3	24		12.5	8	1.17	4.35	Low Risk
Blood Sciences	1	4		25	1	0	0	Low Risk

Key:	Harm Caused	No harm Recorded Low harm Moderate/Severe Harm	Incident Rate	Under 20 20-49 50 and over	Security Attendances	under 20 21 to 89 Over 90
	Absence	Under 2	Turnover	Under 10	Areas not identified are deemed to be low risk	

This data will be refreshed annually and inform the Trust of areas where further scrutiny is required.

10. CBU4 CORPOTATE SERVICES

10.1 *Risk Areas for Musculoskeletal Areas*

The HSE require the Trust to identify its high-risk areas, looking at multiple sources of data. It was suggested we look at staff turnover and sickness data as well as incident data.

There is no national standard as to what figures stipulate a high, moderate or low risk area, this has been determined internally but consistently across the Trust.

No incidents of Musculoskeletal incidents have been reported through the Datix system in Corporate Services. Therefore, these areas are all classed as low risk areas.

10.2 Risk Areas for Violence and Aggression Areas

The HSE require the Trust to identify its high-risk areas, looking at multiple sources of data. It was suggested we look at staff turnover and sickness data as well as incident data.

There is no national standard as to what figures stipulate a high, moderate or low risk area, this has been determined internally but consistently across the Trust.

Area	V&A Incidents	No. Employees	Harm Caused	Incident Rate no. incidents/no. employees x 100	Security attendances	Associated Absence	Staff Turnover	Trust Risk Rating for Area
Acute response	1	17		5.88	0	0.6	5.71	Low Risk
Patient Flow Team	2	16	1 mod	12.5	0	1.05	11.43	High Risk
Acorn Unit	7	51	1	13.73	0	2.69	12.5	Moderate Risk
Discharge Lounge	5	23	2(1mod)	21.74	5	2.84	4	High Risk

Key:	Harm Caused	No harm Recorded Low harm Moderate/Severe Harm	Incident Rate	Under 20 20-49 50 and over	Security Attendances	under 20 21 to 89 Over 90
	Absence	Under 2	Turnover	Under 10	Areas not identified are deemed to be low risk	

This data will be refreshed annually and inform the Trust of areas where further scrutiny is required.

11. BARNSLEY FACILITIES SERVICES (BFS)

The BFS Teams employ a number of contractors to assist with the running of site. Some of these contractors will report accidents and incidents through the Trust Datix System, and others will report internally. Where incidents happen, these are reported to BFS through regular Client/Contractor management meetings to ensure that the contract is applying robust health and safety management.

11.1 *Risk Areas for Musculoskeletal Areas*

The HSE require the Trust to identify its high-risk areas, looking at multiple sources of data. It was suggested we look at staff turnover and sickness data as well as incident data.
There is no national standard as to what figures stipulate a high, moderate or low risk area, this has been determined internally but consistently across the Trust.

Area	Moving/ Handling Incidents	No. Employees	Harm Caused	Incident Rate no. incidents/no. employees x 100	Associated Absence	Staff Turnover	Trust Risk Rating for Area
Domestics	1	263	2 (1mod)	0.38	2.22	12.5	Moderate Risk
Decontamination	1	34		2.94	1.56	13.7	Moderate Risk

Key:				
	Harm Caused	No harm Recorded	Incident rate	Under 2.5
		Low harm		2.5 - 7.5
		Moderate/Severe Harm		7.5 and over
	Absence	Under 2	Turnover	Under 10
		2 to 3.9		10 to 20
		4 and over		over 20

These figures will be reviewed annually on the total incident data.
Areas within BFS not listed did not have any Musculoskeletal Incidents recorded in the financial year 2022/23, and so are designated as low risk areas.

11.2 Risk Areas for Violence and Aggression Areas

The HSE require the Trust to identify its high-risk areas, looking at multiple sources of data. It was suggested we look at staff turnover and sickness data as well as incident data.
There is no national standard as to what figures stipulate a high, moderate or low risk area, this has been determined internally but consistently across the Trust.

Area	V&A Incidents	No. Employees	Harm Caused	Incident Rate no. incidents/no. employees x 100	Security attendances	Associated Absence	Staff Turnover	Trust Risk Rating for Area
Admin/Stores	1	8	1	12.5	0	0	31.82	Low Risk
Security	2	20	2 (1 mod)	10	N/A	N/A	N/A	High Risk
Outpatient Pharmacy	2	92		2.17	0	2.16	19.9	Low Risk

Key:							
	Harm Caused	No harm Recorded Low harm Moderate/Severe Harm	Incident Rate	Under 20 20-49 50 and over	Security Attendances	under 20 21 to 89 Over 90
	Absence	Under 2	Turnover	Under 10	Areas not identified are deemed to be low risk	

This data will be refreshed annually and inform the Trust of areas where further scrutiny is required.

12. OCCUPATIONAL HEALTH SERVICE MANAGEMENT REPORT

12.1 Brief overview of the service provided

This year 2022-2023, we continued to provide an Occupational Health (OH) Service to the Trust and external stakeholders via Service Level Agreements.

Activity in relation to referral/review appointments for BHNFT during this period was 2726 (2047 2021- 2022). Also, during this period 6366 (6426 2021 – 2022) clinical appointments were carried out.

The service has continued to adapt in response to any changes in national COVID guidance. Face to face appointments and health surveillance has been undertaken following risk assessment and the appropriate control measures implemented.

The service led the staff Autumn 2022 COVID booster campaign.

12.2 Successes During the 2022/23 Financial Year

- Maintaining external contracts
- Secured a temporary contract with BMBC (Jul 22-Aug 23)
- Planning and delivery of the COVID Autumn booster and the seasonal flu programme
- Achieving annual reaccreditation of ‘Safe, Effective, Quality Occupational Health Service’ (SEQOHS)
- Successful recruitment for Mental Health and Specialist OH posts

- Successful recruitment of an Occupational Psychologist; this is a joint post with TRFT
- Provision of Head of OH cover to Doncaster and Bassetlaw Teaching Hospitals
- Return of the Trust counselling service from H&WB to OH

12.3 Challenges During the 2022/23 Financial Year

- Lack of space in the OH department to deliver capacity face to face
- Using the OH department to deliver the COVID and seasonal Flu campaign
- Achieving the CQUIN flu
- Manging capacity with locum staff until recruitment completed
- Capacity higher at times beyond predicted levels; impacting on internal and external KPI performance

12.4 Fire Drill Compliance

Last fire incident occurred in August 2022.

12.5 Quarterly Workplace Inspections Compliance

Compliance sheets are checked daily and submitted monthly to Health and Safety as requested.

12.6 Future Plans

- SEQOHS annual reaccreditation submission due end of May 2023. Full 5-year review in 2024
- Occupational Psychologist undertaking a full review of the mental/psychological health & wellbeing offer at the Trust
- Following the launch of the national 'Growing Occupational Health and Wellbeing Together' strategy, the OH service will participate in a review, led by NHS England and the Integrated Care System, exploring what occupational health and clinical mental health/psychological support services are available for our workforce. The review will go on to support the development of a regional OH and Wellbeing strategy.

13. SHARPS INJURY PREVENTION GROUP ANNUAL REPORT

13.1 Introduction

The main risk associated with sharps injuries is the potential exposure to infections such as blood-borne viruses. This can occur when the injury is contaminated with the blood or body fluid from a patient. Although nationally the number of sharps incidents each year remains high, only a small number cause infection that leads to serious illness. However, the effects of the injury

and anxiety of its potential consequences, including the side-effects of post exposure prophylaxis can have a significant impact on an injured employee.

13.2 Associated Legislation

The Health and Social Care Act 2008, (updated 2022) 'Code of Practice for Health and Social Care on the Prevention and Control of Infections and Related Guidance' requires the Trust to include: -

- risk management and training in management of needlestick/ contamination incidents,
- the provision of medical devices, incorporating sharps protection mechanisms where there are clear indications that they will provide safe systems of working for staff,
- relevant policies that are audited and inclusion of information on policy in induction programmes for all staff groups,
- safe use, secure storage and disposal,
- auditing of compliance with policies
- reduction of risk during surgical procedures.

The legislation Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 places a legal requirement on the Trust to implement safer devices where one exists, to have comprehensive risk assessments in place, to provide training and information, to monitor all sharps incidents and audit compliance.

The Saving Lives campaign (DH 2010) requires all Trusts to safely dispose of sharps and reduce the risk of sharps injuries.

COSHH 2002 and the Health and Safety at Work etc. Act. 1974 requires the Trust to assess, remove or control the risk and promote safe working practice.

13.3 Reporting Arrangements

The Sharps Injury Prevention Group report directly to the Health and Safety Group and provide an exception report from each meeting.

13.4 Work Progress

The group has monitored the trends of incident reports related to sharps injuries and taken appropriate action to reduce the incidence. There were 80 medical sharps incidents reported from 1st April 2022 until 31st March 2023 this is a decrease of 1 on the previous year. Of these 43 incidents resulted in injuries.

The number of incidents occurring in the Decontamination Services continues to be monitored. Service level agreements with external contractors request that all sharps are to be removed from any returned trays. Should any

unscheduled return of sharps cause injury to a member of staff then the practice will be liable for any claim.
Due to the number of sharps incidents in the operating theatres department, there has been a focus on sharps management and injury prevention. There has been an overall reduction in sharps incidents in the department and the team should be congratulated for their work.

13.5 Removal of Risks

The group continues to seek safer alternatives for procedures with trials organised as appropriate following the group's evaluation and risk assessment of the process. The theatre team successfully trialled retractable blades, these are now in use.

13.6 Controlling the Risk

The group strongly recommend that the safety cannula and other safety devices continue to be used in all areas of the Trust and usage will continue to be monitored. The group have emphasised the need to use safety devices where one is available. Demonstrations on safety devices have also been presented to the sharps group.

Needles, scalpels etc. remain essential tools for effective medical care and the risk of sharps injury cannot always be completely removed. However, risk assessments continue to be undertaken on those sharps where there is no suitable alternative safety device.

13.7 Promoting Safer Working Practise

Training on sharps injury prevention is given to all staff, including those not directly having patient contact in induction and during mandatory IPC update training. This training includes the assessment risks surrounding the use of sharps, the consequences of sharps injuries and the immediate first aid following an injury, and discussion on the documentation.

The clinical skills room and the new simulation suite uses only safety needles as documented in Trust procedures.

The Trust has welcomed representatives from companies supplying the Trust with safety devices and sharps containers into clinical areas to promote safer working practice.

13.8 Audits

Regulation 7(6) (c) of COSHH requires systems to dispose of contaminated waste safely.

This audit is carried out by Daniels Healthcare on behalf of the Trust. The results show improvements from previous years. Three hundred and twenty-two sharps containers were audited in sixty-seven clinical areas.
The audit found two (2) sharps containers with protruding sharps, five (5) that were not properly assembled, and none (0) that were filled past the 'fill line'. Twenty-six (26) sharps containers were not dated or signed whilst in use.

13.9 Training

Under the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013, the training provided by the Trust must cover: -

- The correct use of safer sharps
- The safe use and disposal of medical sharps
- What to do in the event of a sharp's injury
- The Trust arrangements for health surveillance and other procedures.

The Infection Prevention and Control Nursing Team continue to deliver training around the safe use and management of medical sharps and the management of sharps and contamination injuries/incidents. This is delivered during Trust induction and also at clinical and non – clinical update training. Sharps safety is also included in external contractor's induction training. All training presentations are updated on an annual basis.

13.10 Recommendations

The reporting of incidents must continue to be proactively encouraged with enhanced surveillance to identify trends and take appropriate action.

That safety devices are used where ever possible and risk assessments are undertaken when there is no viable safety device option.

That a multi-disciplinary approach is required to promote sharps injury prevention.

That the use of the temporary closure device is promoted during awareness events and mandatory training.

13.11 Key Objectives 2023/24

- Continue to monitor trends of sharps incidents and identify areas for intervention and improvement.
- To share learning from sharps injury investigations
- To continue to source and evaluate safety devices
- To continue to raise awareness of sharps injury prevention
- To undertake audits: -

- The use and management of sharps containers in community staff cars
- The use and management of sharps containers (in-patient and out-patient areas).

The Trust is asked to acknowledge this work and actively support the on-going activities to reduce sharps/ contamination injuries and reduce incidents in order to protect staff and meet its obligations under legislation.

14. BUSINESS SECURITY ANNUAL REPORT

This report has been submitted as a separate report to the Quality and Governance Committee

15. MOVING AND HANDLING ANNUAL REPORT

15.1 Overview of Activity

Over the course of this last year the moving and handling team have resumed their substantive role and continue to: -

- Offer the Trust specialist musculoskeletal advice via risk identification and assessment processes
- Develop, deliver and evaluate moving and handling induction and refresher training via on-line programmes, local moving and handling key trainers and face to face classroom-based training.
- Fulfil a significant occupational health role in the rehabilitation to work of Trust staff following musculoskeletal injury.

15.2 Training

The moving and handling team have resumed delivery of monthly classroom based practical patient handling training sessions, levels one and two to our new starters and since March 2023 to staff requiring their 3 yearly refresher. Booking can be made via colleagues in Learning and Development.

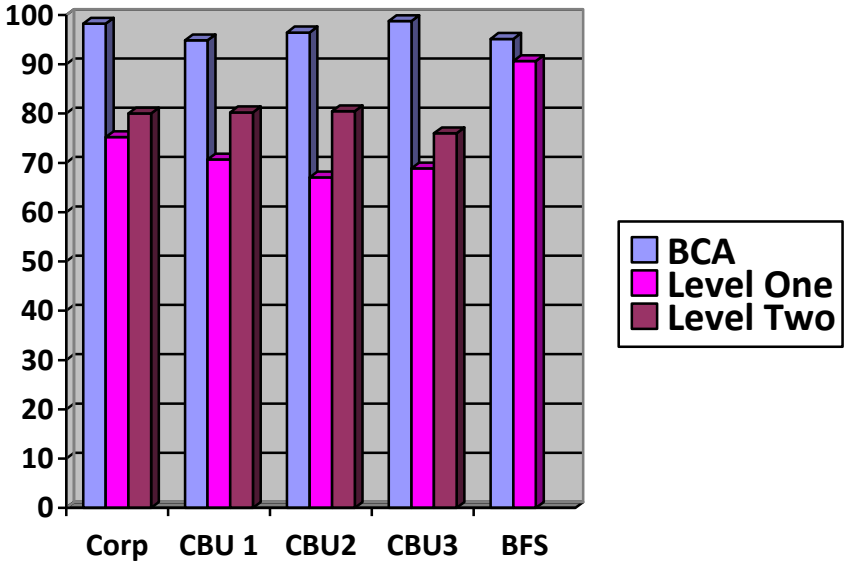
Head Count of attendance to moving and handling training in the period 1 April 2022 to 31 March 2023 inclusive: -

163-0511411 Back Care Awareness	665 staff
163-0511421 Practical Load Handling Levels 1&2	1,043 staff
163-0511510 New Key Trainers	27 staff
1000010 Junior Doctors Rotational Induction	36 staff

Current Trust compliance with mandatory moving and handling training as at 31 March 2023 is: -

Back Care Awareness (once only)	96.74%
Level One patient / load handlers (3 yearly renewal)	71.18%
Level Two patient / load handlers (3 yearly renewal)	79.53%

15.3 Compliance by CBU as at 31 March 2023



The Trust currently has 100 moving and handling key trainers. A total of seven nominees successfully completed the 2-day key trainer courses held in January and April 2023. Three further courses are scheduled for July, October and December 2023. Over the course of this year training returns have been received from moving and handling key trainers based on Wards 17, 18, 19, 20, 21, 24, 30, and 36 and from trainers based in MOPD, SOPD, Medical Imaging, Urology, Porters, Fracture Clinic, Endoscopy, Cardiology, Gynae Inpatients, Breast Unit, NNU and ED who between them have delivered face to face moving and handling training to 251 staff members. A fantastic effort, thank you.

15.4 Risk Assessment and Audit Activity

The moving and handling team maintains a generic clinical and non-clinical moving and handling risk assessment pool on the Trust Share-Point Site which is available for all Trust managers and risk assessors to access and download files to hard copy as needed. Generic assessments are reviewed 2 yearly by the moving and handling team. Our last review took place in March 2023.

The moving and handling team also continue their ward visits and moving and handling audits to assist managers to act on risk assessment findings in order to achieve and maintain green status.

15.5 Referral and Rehabilitation to Work

Moving and Handling Specialist activity for BHNFT staff alone in the period 1 April 2022 – 31 March 2023 is as follows: -

- 176 referral appointments undertaken. A decrease of 1 appointment on 2021-2022 referrals.

- 19 staff patient review appointments. A decrease of one on the previous reporting period.
- 16 return to work workplace visits with accompanying written reports identifying risk/hazard and with recommendations for adjustments to work environment or practice. A decrease of 5 on 2021-2022 figures.
- 73 workstation assessments with written reports and advice on suitable adjustments to practice and equipment provision. A decrease of 2 on 2021-2022.
- 4 Case conferences. No change on last year.
- 10 musculoskeletal fast track referrals, contacting individuals within 24 hours of a manager fast track request to establish a care pathway and facilitate an early return to work. An increase of 4 on 2021-2022 figures.
- Total DNA's 36

The Occupational Health Service income generates by offering its services to external clients. External back care appointments for the period 1 April 2022 – 31 March 2023 are as follows:

- 90 referral appointments undertaken. An increase of 39 appointments on 2021-2022 figures.
- 6 review appointments. An increase of 6 appointments on last year.
- 1 workplace visit. No change from previous year.
- 24 workstation assessments. An increase of 15 on 2021-2022 figures.
- 1 case conference. No change on last year
- Total DNA's 7

Back care appointments offered to BFS for the period 1 April 2022 – 31 March 2023 are as follows:

- 38 referral appointments undertaken. An increase of 15 on previous year
- 4 review appointments. An increase of 2 on 2021-2022 figures
- 4 workplace visits with accompanying reports. An increase of 2 on last year
- 2 workstation assessments with accompanying reports. A decrease of 1 on previous year
- 1 Case conference
- Total DNA's 3

15.6 Moving and Handling Steering Group

The over-riding aims of the moving and handling steering group are to ensure the effectiveness of handling policy, to identify ongoing issues and to report back by exception report to the Health and Safety Group. I'm in the process of establishing a series of Microsoft Teams meetings anticipated to take place in 2023.

15.7 Policy Review

The Trust Moving and Handling Policy and the Trust Display Screen Equipment Policy were last reviewed in 2022 and are due further review in 2024.

15.8 Six Monthly Inspection of Moving & Handling Equipment

The next mandatory insurance inspection of moving and handling aids and equipment is expected to take place in May 2023 and once we have received confirmation of inspection dates and change of tag colour from Estates colleagues the moving and handling team will notify all ward areas via usual communication channels.

15.9 Conclusion – plans for the future

Our priority focus areas remain: -

- Delivery of mandatory induction and refresher moving and handling training and delivery of moving and handling key trainer training to provide continuity, quality and flexibility in our training to enable the Trust to meet its regulatory obligations and achieve compliance with its training targets.
- Support for our key trainers with their risk assessments and training delivery.
- Deliver moving and handling risk assessment advice and training to managers and risk assessors in order to fulfil the requirements of the Moving and Handling Policy and the legislation in order to reduce risk to all Trust staff undertaking moving and handling tasks.
- Deliver a quality musculoskeletal service including rehabilitation to work and risk assessment advice to all users of the Occupational Health Service
- Continue to work toward an effective strategy, including replacement equipment provision, for the management of the exceptionally heavy patient admitted to the hospital.

16. PERSONAL INJURY CLAIMS

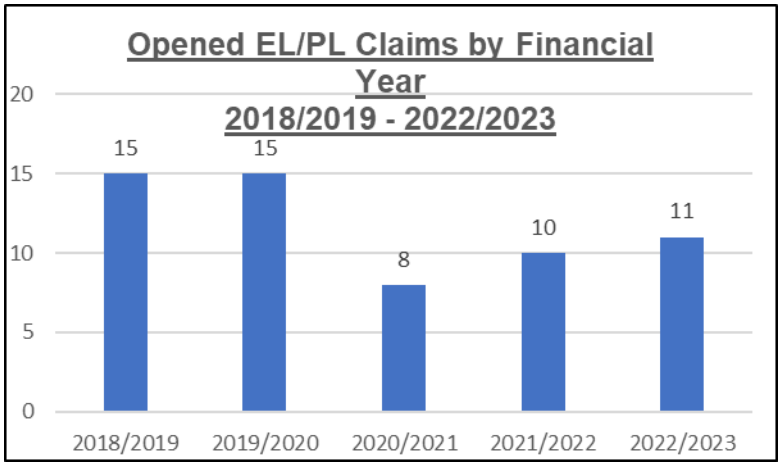
16.1 EMPLOYEE AND PUBLIC LIABILITY CLAIMS

Claims against the Trust by employees and visitors to our premises are covered by NHSR Liability to third Parties Scheme (LTPS) with the exception of Barnsley Facilities Services Limited (BFS) claims, who are managed under a separate commercial insurance agreement.

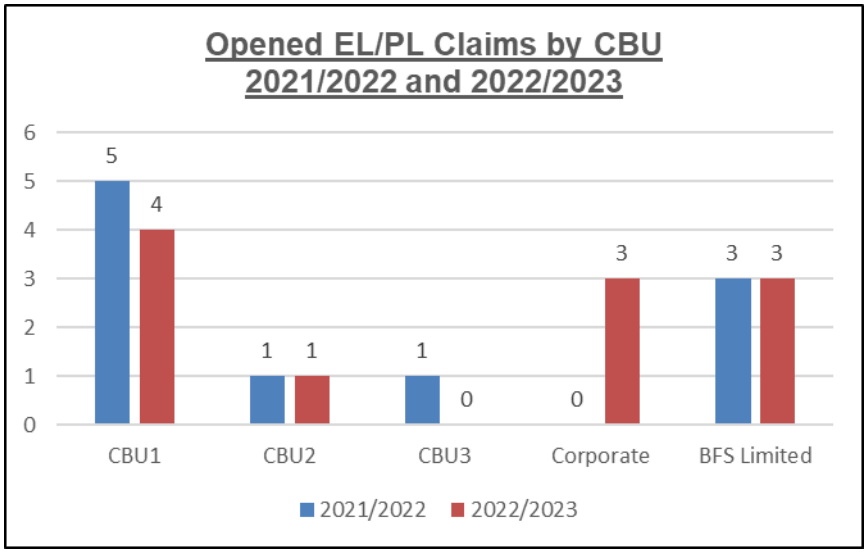
The Trust opened 68 claims over the last five financial years. Below shows the number of opened claims by financial year. In 2022/2023 eleven claims were opened

and in 2021/2022 ten claims were opened. This represents an increase of 10%. Of the eleven opened claims three related to BFS

16.2 Opened Claims by Financial Year

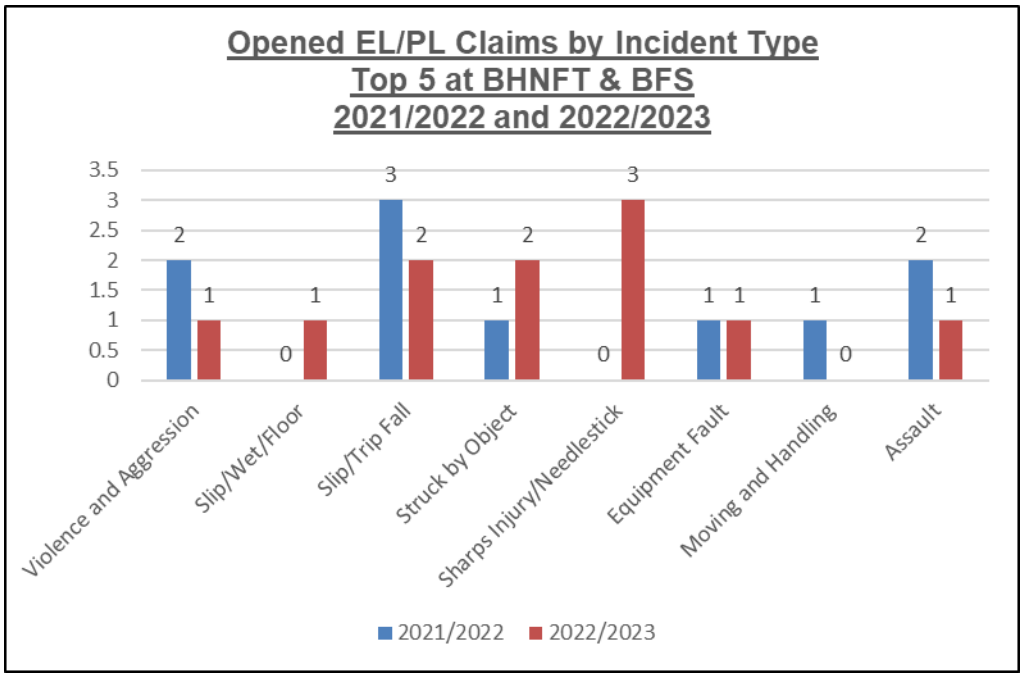


16.3 Opened Claims 2021/2022 and 2022/2023 by CBU



The above graph shows that in 2022/2023 and 2021/2022 CBU1 has the highest number of Personal Injury claims with four and five claims respectively. Three of the Trust's claims received during 2022/2023 relate to sharps injury/needlestick incidents, one involved a non-medical sharp. All needlestick/sharp incidents are monitored through the Trust's Sharps Prevention Group and reported through the Health and Safety Group.

16.4 Claims by Incident Type



Graph 13.0 represents the Trust's and BFS's top five incident types giving rise a claim over the last two financial years.

Sharps Injury/Needlestick claims have increased in 2022/2023 compared to 2021/2022 the values being modest. The number of violence and aggression and assault claims has reduced in 2022/2023 compared to 2021/2022. These types of incidents have been closely monitored by the Trust's Violence and Aggression Group.

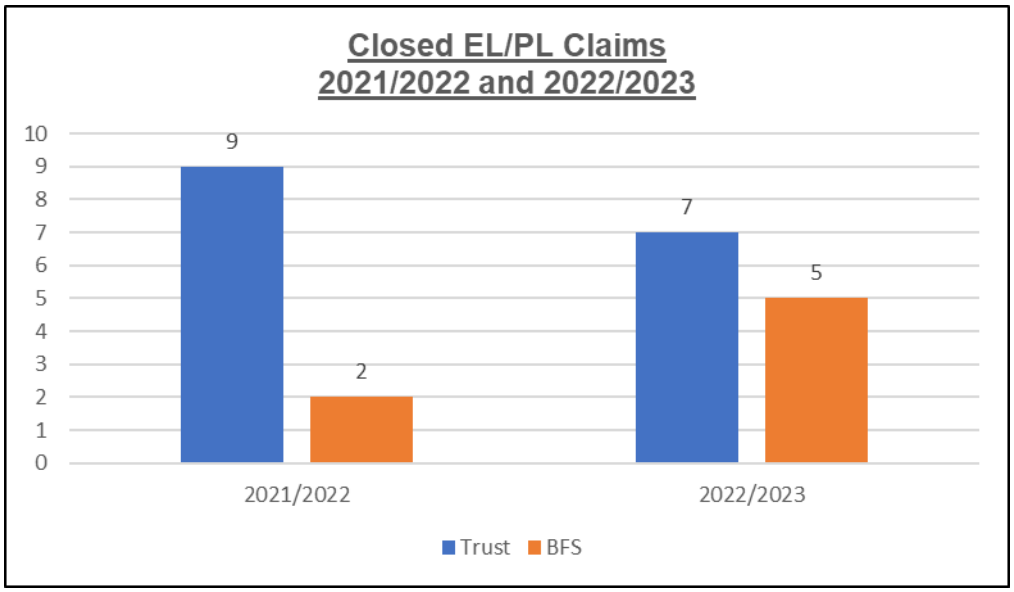
16.5 Claims Linked to Incidents and Complaints

The majority of claims are linked to an incident recorded on datix. In 2022/2023 8/11 (72.7%) claims were linked to at least one incident. Compared to 2021/2022 7/10 (70%) claims were linked to at least one incident.

In 2022/2023 there were no claims linked to a complaint compared to 2/10 (20%) claims in 2021/2022.

16.6 Closed Claims

Graph 4.0



In 2022/2023 the Trust closed seven claims and BFS closed five claims. Of the seven claims closed for the Trust three closed with a payment of damages 3/7 (42.8%) to the claimant and four were successfully defended 4/7 (57.2 %). Of the five claims closed for BFS, three closed with a payment of damages 3/5 (60%) and two were successfully defended 2/5 (40%).

The highest payment for the Trust was £17.181.17 damages in a slip/wet floor case. The highest payment for BFS was £15,000.00 in a slip/trip/fall case.

In 2021/2022 the Trust closed nine claims and BFS closed 2 claims. Of the nine claims closed for the Trust four closed with a payment of damages to the claimant and five were successfully defended 4/9 (44.4%). Of the two claims closed for BFS, one closed with a payment of damages 1/2 (50%) and one was successfully defended 1/2 (50.0%).

16.7 Work to be carried out over 2023/2024

The Legal Services Department continue to work closely with the Health and Safety Department and BFS Ltd to ensure that potential claims are investigated early and at incident stage, and are investigated more robustly so that contemporaneous evidence can be gathered early to afford the Trust the best chance of a defence. Legal Services also works closely with BFS Ltd to ensure that timely learning is put in place.

17. MEDICAL GASES

2 meetings were held for the Medical Gas Group. Clinical representation is not consistent. Work discussed includes gas exposure monitoring in Theatres, Recovery and Birthing Centre, work to be carried out on the medical gas pipeline and usage of medical gas in bottles.

18. VIOLENCE AND AGGRESSION MANAGEMENT GROUP

The Task and Finish Group was established with Executive leadership, with the 1st meeting held in September 2021, chaired by Managing Director with Director of Nursing and Quality and Deputy Medical Director active members of the Group.
The Meeting has now been established as a continuing Group which reports into the Trust Health and Safety Group and through to the Quality and Governance Committee. The Group focus is on key areas of; policy, roles & responsibilities, risk assessments, training and ongoing review.
The Group deals with the clinical and non-clinical aspects of violence and aggression, with all staff working in partnership.
Violence and Aggression against staff is an ongoing issue to the Trust, but action taken in the last 12 months includes:

- Introduced Calla Body Worn Cameras with clinical staff in identified areas. 4 stage deterrent strategy employed by staff.
- Trust only hospital fully accredited by UK Camera Commissioner
- Reviewed the following polices
  - Violence & Aggression
  - Unacceptable Behaviour & Sanctions
  - Security, Surveillance & Access Control
  - Supporting Staff Involved in an Incident, Inquest, Complaint or Claims.
- 'Respect' training rolled out to priority nursing teams.
- 2 members of staff completed pilot Public Health VPR Trainer programme.
- No Place to Hate campaign in association with BMBC

3.4. Finance & Performance Committee Chair's Log: 26 October/30 November 2023

For Assurance

Presented by Stephen Radford

REPORT TO THE BOARD OF DIRECTORS	REF:	BoD: 23/12/07/3.4

SUBJECT:	**FINANCE AND PERFORMANCE CHAIR'S LOG**				
DATE:	7 December 2023				
PURPOSE:		*Tick as applicable*			*Tick as applicable*
	For decision/approval			*Assurance*	✓
	For review	✓		*Governance*	✓
	For information	✓		*Strategy*	
PREPARED BY:	Stephen Radford, Non-Executive Director/Chair				
SPONSORED BY:	Stephen Radford, Non-Executive Director/Chair				
PRESENTED BY:	Stephen Radford, Non-Executive Director/Chair				

STRATEGIC CONTEXT

The Finance & Performance Committee (F&P) is one of the key committees of the Board responsible for Governance. Its purpose is to provide detailed scrutiny of financial matters, operational performance and indicators to provide assurance, raise concerns if required, and make recommendations on the BAF, ICT, financial and performance matters to the Board of Directors.

EXECUTIVE SUMMARY

KEY: £k= thousands
£m = millions

This report provides information to assist the Committee and Board in obtaining assurance regarding the finance and operational performance of the Trust and the appropriate level of governance. The October meeting was held on 26 October 2023, via Zoom.

The following topics were the focus of discussion:

- Integrated Performance Report
- Trust Financial Position 2023-24
- Efficiency & Productivity Programme 2023-24
- Inter Provider Transfer 28/38 Day Improvement Plan
- Sub-Group Chair Logs

RECOMMENDATIONS

The Board of Directors is asked to receive and review the attached log.

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Subject:	Finance and Performance Committee Chair's Log	Ref:	BoD: 23/12/07/3.4

CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group	Date 26 October 2023	Chair
Finance and Performance Committee		Stephen Radford, Non-Executive Director

KEY: FTE: Full Time Equivalent; £k = thousands; £m = millions

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
Integrated Performance Report September 2023	The Finance & Performance Committee received the latest IPR report for September 2023 for discussion and review, and received assurance on the operational performance of the Trust. The following was noted from the review of the IPR: **Performance:** In September, Trust performance was impacted by two periods of Industrial Action; the BMA held joint action with consultants and junior Doctors; consultants 19th – 21st September and juniors Doctors from 20th – 23rd September. The 20th September was a day of joint action with only Christmas day cover from both consultants and Junior staff. These factors continued to significantly affect Trust performance. September also saw the commencement of the seasonal vaccination programme for Influenza and Covid, Bed occupancy for August was on average 94 down from the 97% reported in the previous month. Average length of stay continues to remain above target Although the Trust continues not to meet constitutional targets, it still benchmarks well against other Trusts for the majority of metrics **4-Hour UEC Target:** In September, UEC 4-hour delivery improved to 66.5% from 63.2% in August and against an NHS England operational objective of 76% by March 2024 (England 57.6% Ranking: England 16/122 North East & Yorkshire 4/22) **Ambulance Handover Performance**: In September, the turn-around in <30 minutes of ambulances performance improved in the month to 86.6% against 81% the previous month. This still remains below the national objective of 95% of handovers within 30 minutes. **RTT:** Performance against the 18-week RTT target reduced in the month to 70.4% from 72.2% in July and against the 92% target. (Actual performance in England for August 2023 - England 57.2%). The Trust ranks in the top quartile for this metric nationally. (Ranking: Ranking: England 35/169 North East & Yorkshire 6/26)	Board of Directors	For Information and Assurance

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Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	There are 201 patients waiting longer than 52 weeks. In line with NHSE key priorities, operational managers are working on trajectories to ensure no patients are waiting above 65 weeks by the end of March 2024. **Waiting List**: The number of patients on the waiting list increased in August 2023 to 21921 from 21618 in July and against a planning target of 14500. DNA rates also remained static in the month at 6.9% and against a target of 6.9%. **Diagnostic Waits:** The number of patients waiting longer than 6 weeks improved in the month to 0.8% from 1.5% the previous month against a target of 1%. (actual performance in England – 27.5%). BHNFT therefore achieved the DM01 constitutional target. (Ranking: England 173/431 North East & Yorkshire 25/64) **Cancer:** In the month, overall cancer 2-week wait time improved in the month to 94% from 93.0% the previous month and is now above the 93% target. The Trust performance for urgent 62-day urgent GP referrals saw significant improvement in the month to 79% from 60% the previous month, and below the 85% target. The Faster Diagnosis - Two Week Wait at 74% is only slightly below the 75% target. From October 2023, the Trust will be adopting the recently announced change to cancer standards. **Theatre Utilisation:** The Uncapped Main theatre utilisation in the month was 81.0% from 83.0% the previous month and against a target of 85%. **Complaints:** The Trust closed 60.0% of complaints within the 40-day target in the month (no change from the previous month), and against the 90% target. There is a weekly escalation process with oversight from the Director of Nursing & Quality and Medical Director **<u>Workforce</u>** **Staff Turnover:** Staff turnover rate increased in the month to 10.1% from 10.0% in the previous month, but remains below the 12% target. **Sickness:** The sickness absence rate improved in the month to 5.1% from 5.2%, but is still above the 4.5% target. Return to work interviews were completed in 40% of cases.		

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Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	Mandatory Training: This improved in the month to 90% from 88.1% the previous month. The target of 90% has finally been achieved,		
Trust Financial Position 2023/24	The Finance & Performance Committee received the Trust Finance report and received assurance on the financial position of the Trust for month six of the financial year 2023-24. It was also noted that: **Financial Position 2023/24:** As at month six the Trust has a consolidated year-to-date deficit of £3.95m against a planned deficit of £4.42m giving a favourable variance of £0.47m. NHS England (NHSE) adjusted financial performance after considering income and depreciation in respect of donated assets is a deficit of £3.89m with a favourable variance of £0.52m. The year-end forecast continues to be a £11.2m deficit in line with plan. In the year-to-date, industrial action has cost the Trust an additional £2.0m. Planned activity levels are 1.4% below plan and there also been a 2% reduction to elective recovery activity targets. Non-elective length of stay, bed occupancy, and sickness levels continue also to be adverse to plan. **Total Income:** Total income in the year-to-date was £158.5m against a planned £159.4m giving an unfavourable variance of £0.9m against the plan. The full year forecast is £324.0m against a plan £319.5m giving a favourable variance of £4.5m, so year to date variance is expected to be recovered. **Pay Costs:** Pay costs in the year-to-date, are £117.0m against a plan of £114.5m giving an adverse variance of £2.5m. Pay costs continue to come under pressure due to the costs of supporting the significantly challenged site including higher than planned staff sickness absence levels; premium cost agency consultants to cover vacancies, and unachieved efficiency. For Agency costs, the Trust has spent £5.0m on agency, which is £0.30m above plan and £0.8m above a cap based on 3.7% of planned pay costs for the year to date. There has been some success from the move to a zero tolerance on nurse agency and increased controls on medical agency, however, this is being more than offset by strike cover and other operational issues **Non-Pay Costs:** In the year-to-date, non-pay operating expenditure is £41.2m with a cumulative favourable variance of £3.2m to plan. This is mainly due to elective recovery activity levels remaining below those planned	Board of Directors	For Information and Assurance

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Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	Capital Expenditure: Capital expenditure for the year is £2.3m, which is £2.8m adverse to plan. The programme is expected to be recovered before year-end and achieve the planned £14.4m spend **Cash**: In the year-to-date, cash balances are at £35.8m against a plan of £30.1m giving a favourable variance of £5.7m which are mainly due to timing of receipt of NHS income and timing of payments to capital creditors.		
Efficiency & Productivity Programme 2023-24	The Finance and Performance Committee received the latest update on the Efficiency & Productivity Programme (EPP) for month six, 2023/24. The Committee noted that: • Month six saw actual savings of £0.98m against a plan of £1.01m. • Cumulative savings to date is £5.01m against a plan of £6.10m which gives a year-to-date negative variance of £1.09m • The overall programme forecast position is £12.48m against the target of £12.50m giving a negative variance of £0.02m. • Programme recurrency rate is currently 66% a slight reduction of 2% since the last month. • There are currently 40 schemes in the programme with 21 schemes (further 4 since last month) at full maturity or awaiting final sign-off with a value of £9.16m • Major programme risks relate to Urgent and Emergency Care due to operational pressures and industrial action. Both have impacted on the delivery of the Medical Recruitment, Retention and Management scheme. This continues to be closely monitored.	Board of Directors	For Information and Assurance
Inter Provider Transfer 28 & 38 Day Improvement Plan	The Finance and Performance Committee received the latest update on the Inter Provider 28/38 Day Improvement Plan. The Committee received assurance on the action plan/timeline around the areas that the organisation is taking to improve the overall patient journey and outcome that in turn will support the delivery of cancer standards both locally and regionally. It was agreed that this would be reported quarterly to the Committee until completion.	Board of Directors	For Information and Assurance
Sub Group Logs	The Finance and Performance Committee received the following sub-group logs/updates: • Executive Team: Noted • Capital Monitoring Group: Noted • Trust Operations Group: Noted • CBU Performance Meeting: Noted	Board of Directors	For Information and Assurance

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Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate

	• Digital Steering Group:
	  ○ The Infrastructure report from Sudlows/360 Audit on the infrastructure incident was discussed. It was agreed that any significant updates to existing plans would be included in the next ICT Quarterly Report
	  ○ The Governor ICT Insight session was discussed. It was agreed that an update as required would be included in the next ICT Quarterly Report
	• Data Quality Group Log and Terms of Reference: these were approved by the Committee.
	• Information Governance Group: Noted		

REPORT TO THE BOARD OF DIRECTORS	REF:	BoD: 23/12/07/3.4i

SUBJECT:	**FINANCE AND PERFORMANCE CHAIR'S LOG**				
DATE:	7 December 2023				
PURPOSE:		*Tick as applicable*			*Tick as applicable*
	For decision/approval			*Assurance*	✓
	For review	✓		*Governance*	✓
	For information	✓		*Strategy*	
PREPARED BY:	Stephen Radford, Non-Executive Director/Chair				
SPONSORED BY:	Stephen Radford, Non-Executive Director/Chair				
PRESENTED BY:	Stephen Radford, Non-Executive Director/Chair				

STRATEGIC CONTEXT

The Finance & Performance Committee (F&P) is one of the key committees of the Board responsible for Governance. Its purpose is to provide detailed scrutiny of financial matters, operational performance and indicators to provide assurance, raise concerns if required, and make recommendations on the BAF, ICT, financial and performance matters to the Board of Directors.

EXECUTIVE SUMMARY

KEY: £k= thousands £m = millions

This report provides information to assist the Committee and Board in obtaining assurance regarding the finance and operational performance of the Trust and the appropriate level of governance. The November meeting was held on 30 November 2023, via Zoom.

The following topics were the focus of discussion:

- Integrated Performance Report
- Trust Financial Position 2023-24
- Efficiency & Productivity Programme 2023-24
- National Cost Collection
- Workforce Absence Insight Report
- BAF/CRR
- Trust Objectives 2023-24 Progress Report
- ICT Strategic Programme Update & Digital Foundation Investment Agreement 2023-24
- Power Outage & Aircon Issue Update
- Winter Plan
- Sub-Group Chair Logs

The Finance & Performance Committee also approved the National Cost Collection plan and sign-off/submission process by the Deputy or Director of Finance.

RECOMMENDATIONS

The Board of Directors is asked to receive and review the attached log.

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Subject:	Finance and Performance Committee Chair's Log	Ref:	BoD: 23/12/07/3.4i

CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group	Date 30 November 2023	Chair
Finance and Performance Committee		Stephen Radford, Non-Executive Director

KEY: FTE: Full Time Equivalent; £k = thousands; £m = millions

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
Integrated Performance Report September 2023	The Finance & Performance Committee received the latest IPR report for October 2023 for discussion and review, and received assurance on the operational performance of the Trust. The following was noted from the review of the IPR: **Performance:** In October, bed occupancy was on average 94% and still above the 92% Trust target. Average length of stay also continued to remain above target. The Trust continued not to meet constitutional targets. The Trusts still benchmarks well against other Trusts for the majority of metrics. **4-Hour UEC Target:** In October, UEC 4-hour delivery reduced to 65.7% from 66.5% in September and against an NHS England operational objective of 76% by March 2024. The Trust continues to benchmark in the upper quartile for this metric (Ranking: England 15/122 North East & Yorkshire 4/22). **Ambulance Handover Performance**: In October, the turn-around of ambulances in <30 minutes reduced in the month to 79.8% against 86.6% in September. This still remains below the national objective of 95% of handovers within 30 minutes. **RTT:** Performance against the 18-week RTT target reduced further in September to 68.4% from 70.4% the previous month and against the 92% target. (Actual performance in England for September 2023 - England 56.8%). The Trust ranks in the top quartile for this metric nationally. (Ranking: Ranking: England 37/168 North East & Yorkshire 7/26). There were 189 patients waiting longer than 52 weeks. In line with NHSE key priorities, operational managers are working on trajectories to ensure no patients are waiting above 65 weeks by the end of March 2024.	Board of Directors	For Information and Assurance

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Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	Waiting List: The number of patients on the waiting list reduced in September 2023 to 21779 from 21921 in August and against a planning target of 14500. In October, DNA rates improved in the month at 6.8%, against a target of 6.9%. An age analysis and breakdown of the waiting list showed that areas with the longest wait lists included Orthodontics, Trauma & Orthopaedics, Oral Surgery and Dermatology. **Diagnostic Waits:** The number of patients waiting longer than six weeks increased in the month to 2.5% from 0.8% the previous month against a target of 1% (actual performance in England – 26.3%). (Ranking: England 184/432 North East & Yorkshire 28/65). Industrial action through September/ October has impacted on available capacity. **Cancer:** In September, overall cancer 2-week wait time reduced in the month to 93% from 94.0% the previous month, but remains on target. The Trust performance for urgent 62-day urgent GP referrals improved in the month to 81% from 79% the previous month, but remains below the 85% target. The Faster Diagnosis - two week wait remained static at 74% is only slightly below the 75% target. From October 2023, the Trust will be adopting the recently announced change to cancer standards. **Theatre Utilisation:** The Uncapped Main theatre utilisation in the month was 84.0% from 81.0% the previous month and against a target of 85%. Capped Theatre Utilisation at 77.4% for October and continues to slowly improve. **Complaints:** The Trust closed 77.3% of complaints within the 40-day target in the month, a significant improvement on the 60% in the previous month and against the 90% target. **<u>Workforce</u>** **Staff Turnover:** Staff turnover rate improved in the month to 9.8% from 10.1% in the previous month, and remains below the 12% target. **Sickness:** The sickness absence rate worsened in the month to 5.5% from 5.1%, and is above the 4.5% target. Return to work interviews were completed in 38% of cases (40% in the previous month). **Mandatory Training:** In the month this further improved to 90.9% up from 90% the previous month, and above the target of 90%.		

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Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	Appraisal: At 93.5%, now above target of 90%.		
Trust Financial Position 2023/24	The Finance & Performance Committee received the Trust Finance report and received assurance on the financial position of the Trust for month six of the financial year 2023-24. It was also noted that: **Financial Position 2023/24:** As at month seven the Trust has a consolidated year-to-date deficit of £4.67m against a planned deficit of £5.24m giving a favourable variance of £0.57m. The year-end forecast has been revised to £5.4m deficit from £11.2m deficit last time. This represents an improvement against plan of £5.8m. In the year-to-date, industrial action has cost the Trust an additional £2.3m. Planned activity levels remain below plan, and non-elective length of stay, bed occupancy, and sickness levels continue to be adverse to plan. In October, saw the opening of new wards as part of the planned bed re-configuration programme. **Total Income:** Total income in the year-to-date was £186.0m against a planned £186.7m giving an unfavourable variance of £0.7m against the plan. The full year forecast is £318.5.0m against a plan £319.5m giving an adverse variance of £1.0m. **Pay Costs:** Pay costs in the year-to-date, are £136.9m against a plan of £133.9m giving an adverse variance of £3.0m. Pay costs continue to come under pressure due to the costs of higher than planned staff sickness absence levels; premium cost agency consultants to cover vacancies, and unachieved efficiency. For Agency costs, the Trust has spent £6.1m on agency, which is £0.59m above plan and £1.1m above a cap based on 3.7% of planned pay costs for the year to date. There has been some success from the move to a zero tolerance on nurse agency and increased controls on medical agency, however, this is being more than offset by strike cover and other operational issues. **Non-Pay Costs:** In the year-to-date, non-pay operating expenditure is £48.8m with a cumulative favourable variance of £3.5m to plan. This is mainly due to elective recovery activity levels remaining below those planned.	Board of Directors	For Information and Assurance

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Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	Capital Expenditure: Capital expenditure for the year is £3.7m, which is £2.6m adverse to plan. The programme is expected to be recovered before year-end and achieve the planned £14.4m spend. **Cash**: In the year-to-date, cash balances are at £38.0m against a plan of £31.2m giving a favourable variance of £6.8m which is mainly due to timing of receipt of NHS income and timing of payments to capital creditors.		
Efficiency & Productivity Programme 2023-24	The Finance and Performance Committee received the latest update on the Efficiency & Productivity Programme (EPP) for month seven, 2023/24 and received assurance regarding the action being taken to deliver the programme. The Committee noted that: • Month seven saw actual savings of £1.02m against a plan of £1.01m. • Cumulative savings to date is £6.05m against a plan of £7.12m which gives a year-to-date negative variance of £1.07m. • The overall programme forecast position is £12.50m against the target of £12.50m. • Programme recurrency rate is currently 65% a slight reduction of 1% since the last month. • There are currently 42 schemes in the programme with 24 schemes (further 3 since last month). at full maturity or awaiting final sign off with a value of £9.22m. • A review of current schemes within the programme continues to be completed monthly to ensure this provides a realistic and accurate programme forecast. • Key programme risks relate to ongoing industrial action and operational pressures.	Board of Directors	For Information and Assurance
Workforce Absence Insight Report	The Finance and Performance Committee received the latest Workforce Absence Insight Report and received assurance on the Trust's progress towards achievement of our key workforce performance indicators. The following key points were noted: • Total absence levels have improved to 5.2%. • Mental Health related absence remains the top reason and levels are deteriorating. • The staff group with the highest absence rate is Additional Clinical Services at 7.45%. • CBU1 & 2 have the highest rate at 6.16% and 6.15% respectively.	Board of Directors	For Information and Assurance

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Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
Business Assurance Framework /Corporate Risk Register (BAF/CRR)	The Finance and Performance Committee received the latest BAF/CRR The Committee received assurance on the system of internal control and risk management within the Trust. The following key points were noted: • A total of nine BAF Risks are aligned to the F&P Committee. No recommendations were made to change the risk scores. • The Committee noted the updated risk descriptor for BAF Risk 2598 and the additional controls for risk 2596. • In the CRR, three of the risks are aligned to F&P. Two risked were merged (2897: risk of operational disruption due to digital system infrastructure failures and 2868: risk of interruption to the delivery of clinical services due to ICT system failures due to air conditioning failures) into one new risk (2976: Risk of major operational/service disruption due to digital system infrastructure and air conditioning failures).	Board of Directors	For Information and Assurance
Trust Objectives 2023/24 Progress Report	The Finance and Performance Committee received/reviewed the latest Trust Objectives progress report prior to its submission to Trust Board and commended the team on content/format. It was noted that ongoing industrial action and ongoing operational/financial pressures may impact on work associated with the Trust objectives. Any changes identified in the meeting were included in the report prior to its submission to Board.	Board of Directors	For Information and Assurance
National Cost Collection (NCC)	The Finance and Performance Committee received/reviewed a paper on the National Cost Collection (NCC) system that has been introduced to help move away from using average costs (Reference Costs) for patient level costing (PLiCs). The Board assurance process has been updated to reflect the importance of cost submissions, as the data collected through the NCC is the source data for work by the Model Health System. The Finance and Performance Committee under delegated authority from the Board, approved the plan, proposed submission resourcing and reporting process to allow the NCC Submission to be signed off by the Deputy Director of Finance. The second report will be a brief confirmation of the submission report once this has been made on 11 December 2023.	Board of Directors	For Information and Assurance

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Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
ICT Strategic Programme Quarterly Update	The Finance and Performance Committee received the report providing an update on key ICT based strategic projects and funding, and gained assurance on the delivery of the current programme. Key information provided included: • Strategic Clinical Digital Projects updates. • Full Investment Agreement Bid for F&P for £2,104K of Frontline Digital Funding. • Business Case for Patient Flow System for ratification. • Power Outage and Infrastructure Report from Sudlows and action plan.	Board of Directors	For Information and Assurance
Digital Steering Committee Terms of Reference	The Finance and Performance Committee received and reviewed the Terms of Reference for the Digital Steering Committee. The Committee approved the Terms of Reference.	Board of Directors	For Information and Assurance
NHSE MDF Digital Funding Update	The Finance and Performance Committee were asked to review and note the Investment Agreement bid to be for 2023/24 against the Minimum Digital Foundation allocation for the Trust. The Investment agreement template for 2023/24 has now been published by NHS England and completed in draft. The template shows a list of projects that includes the Patient Flow solution for which a separate business case has been completed and totals £2.1m. Once this submission has received all required approvals it will be submitted to NHS England in November 2023.	Board of Directors	For Information and Assurance
Power Outage Incident & Air Conditioning	The Finance and Performance Committee received and reviewed the report/action log from Sudlows and the Trust. This followed the power outage incident on 12 May 2023 and the air con issue on 28 May 2023. The Committee were assured of actions that had been implemented or are planned to be completed by 2024. The Committee noted that a high risk is registered on the corporate risk register risk id: 2976 relating to this matter.	Board of Directors	For Information and Assurance

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Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
Winter Plan Update	The Finance and Performance Committee received and reviewed the Winter Plan for 2023/24. The Committee received assurance on the proposed approach, plan and content of the Winter plan. It was noted that: • The purpose of this plan is to provide a strategic overview of the arrangements in place in Barnsley to enable the effective delivery of health services for our patients throughout the winter period. • It focuses on meeting the needs of the population over the winter period and responding to the anticipated winter pressures.	Board of Directors	For Information and Assurance
Sub Group Logs	The Finance and Performance Committee received the following sub-group logs/updates: • Executive Team - Noted • Capital Monitoring Group - Noted • Trust Operations Group - Noted • CBU Performance Meeting - Noted • Digital Steering Group - Noted • Data Quality Group - Noted • Information Governance Group - Noted	Board of Directors	For Information and Assurance

3.5. Barnsley Facilities Services Chair's Log

For Assurance

Presented by David Plotts

REPORT TO THE BOARD OF DIRECTORS	REF:	BoD: 23/12/07/3.5

SUBJECT:	**BARNSLEY FACILITIES SERVICES LIMITED (BFS)**				
DATE:	7 December 2023				
PURPOSE:		*Tick as applicable*			*Tick as applicable*
	For decision/approval			*Assurance*	✓
	For review			*Governance*	✓
	For information	✓		*Strategy*	✓
PREPARED BY:	David Plotts, Chair, BFS & Non-Executive Director BHNFT				
SPONSORED BY:	David Plotts, Chair, BFS& Non-Executive Director BHNFT				
PRESENTED BY:	David Plotts, Chair, BFS & Non-Executive Director BHNFT				

STRATEGIC CONTEXT

Barnsley Facilities Services Ltd (BFS), (formerly Barnsley Hospital Support Services Limited BHSS), was established in 2012 as a wholly owned subsidiary of Barnsley Hospital NHS Foundation Trust (BHNFT) and became operational from January 2013. In addition to providing essential services to the Trust, it is intended as a vehicle to expand commercial opportunities and income streams for the benefit of patient services.

EXECUTIVE SUMMARY

This report provides the Trust's Board of Directors with a regular update on the activities of BFS and to flag any risks or concerns. The enclosed Public Log reflects discussions from the BFS Board's (full performance) meeting in October 2023.

Key items for information:

- Financially, BFS is performing on budget for YTD
- Hospital parking and traffic
- Ward refurbishment
- Staff survey underway

RECOMMENDATION

BFS Board recommends that:

- The Board of BHNFT notes the attached report and take assurance that the Operated Healthcare Facility is performing to plan and budget.

BARNSLEY FACILITIES SERVICES LIMITED (BFS)	REF:	BoD: 23/12/07/3.5

CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: BFS Board Meeting	**Date:** October 2023	**Chair:** David Plotts

	Item	Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
1.	**Performance Report**	BFS continue to work with the council on parking solutions and opportunities, with BMBC developing potential options to utilise the land to the front of the Women's and Children's Block with the aim to improve access to spaces, including an increase of accessible spaces and improve flow with an exit to Pogmoor Road. The next steps are to develop the estimated costs and present to the Trust Executive Team for direction. The findings of the BMBC survey for a park and ride system are still awaited. Tree Removal to Oakham Place – Following a letter being issued to the residents of Oakham Place and Vernon Way, detailing our proposals to plant trees in November, followed by a wildflower being sown next spring to maximise establishment. We have received feedback from the residents of Oakham place stating they do not want the trees; we will continue to work with the residents to agree the final scheme. Ward refurbishments and winter ward expansion are well progressed for Wards 37 along with 31 and 32. Ward 31 and 32 have been occupied since 9 October 2023; works have been concentrated on improving the electrical infrastructure, accommodating changes to additional toilets and minor layout changes along with replacing the nurse call.	Trust Board	For Information and Assurance
2.	**Finance**	BFS in line with the planned financial budget for the year and continues to do well with their Efficiency and Productivity program.	Trust Board	For Information and Assurance

Item		Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
3.	**People**	BFS continues to communicate that we believe vaccination remains the best way of protecting yourself, your colleagues, and patients against Covid-19 infection and also reinforces the need to remain vigilant. We continue to communicate the importance to all our team members and are encouraging all to be vaccinated through the influenza and Covid vaccination programme launched in September 2023. Vaccination rates of BFS colleagues is very encouraging. The Picker Staff Survey 2023 has been launched and distributed to akll BFS staff. As previously we are supporting this with information on action taken on the findings from the previous year's survey and allowing staff dedicated time with a drink and a biscuit to complete the survey in order to ensure we have as many staff as possible complete the survey. Recruitment activity continues to remain a focus with a number of roles in process and proving challenging, particularly for Domestic Operatives and some technical specialists. During September / October we attended two recruitment events run by DWP and are supporting the Barnsley Metrodome Event for schools in November. We have also reached out to the WILKO staff at risk of redundancy and made them aware of our vacancies through DWP.	Trust Board	For Information and Assurance

REPORT TO THE BOARD OF DIRECTORS	REF:	BoD: 23/12/07/3.5i

SUBJECT:	**BARNSLEY FACILITIES SERVICES LIMITED (BFS)**				
DATE:	7 December 2023				
PURPOSE:		*Tick as applicable*			*Tick as applicable*
	For decision/approval			*Assurance*	✓
	For review			*Governance*	✓
	For information	✓		*Strategy*	✓
PREPARED BY:	David Plotts, Chair, BFS & Non-Executive Director BHNFT				
SPONSORED BY:	David Plotts, Chair, BFS& Non-Executive Director BHNFT				
PRESENTED BY:	David Plotts, Chair, BFS & Non-Executive Director BHNFT				

STRATEGIC CONTEXT

Barnsley Facilities Services Ltd (BFS), (formerly Barnsley Hospital Support Services Limited BHSS), was established in 2012 as a wholly owned subsidiary of Barnsley Hospital NHS Foundation Trust (BHNFT) and became operational from January 2013. In addition to providing essential services to the Trust, it is intended as a vehicle to expand commercial opportunities and income streams for the benefit of patient services.

EXECUTIVE SUMMARY

This report provides the Trust's Board of Directors with a regular update on the activities of BFS and to flag any risks or concerns.
The enclosed Public Log reflects discussions from the BFS Board's (light board meeting) meeting in November 2023.

Key items for information:

- Financially, BFS is performing on budget for YTD.
- Hospital parking and traffic
- Ward & Lift refurbishment
- Macmillan Hub

RECOMMENDATION

BFS Board recommends that:

- The Board of BHNFT notes the attached report and take assurance that the Operated Healthcare Facility is performing to plan and budget.

BARNSLEY FACILITIES SERVICES LIMITED (BFS)	REF:	BoD: 23/12/07/3.5i

CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: BFS Board Meeting	**Date:** November 2023	**Chair:** David Plotts

Item		Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
1.	**Performance Report**	BFS continue to work with the council on parking solutions and opportunities, with BMBC and a travel survey is planned for Outpatients on 29 November 2023. BFS have spoken to the team at Hilder House (the ICS offices across from the main entrance to the hospital) regarding spare parking capacity. A plan is being worked up to release spaces for staff parking so that additional on site visitor spaces can be released from the carpark 2. The remaining lift in KL Block is now complete, with all lifts returned to all blocks. Signage has been installed to designate the lifts as 'patient and equipment transfer only' and 'patient, visitor and staff' lifts. The grouping is now complete, and improvements in traffic are evident. Formal traffic analysis will be undertaken to verify the flow and to consider any further adjustments that are required to improve performance and experience.	Trust Board	For Information and Assurance
2.	**Finance**	BFS is in line with the planned financial budget for year to date and the full year forecast. BFS is continuing with their Efficiency and Productivity program and is on plan with delivering significant savings for the Trust.	Trust Board	For Information and Assurance
3.	**People**	BFS Leadership are encouraged by the engagement from our staffing groups to complete the annual feedback survey with over 80% of staff within the organisation providing a response thus far. Similar success can be reported within the mandatory training compliance scores. However, this percentage has not been achieved in regards to the seasonal vaccination campaign. The leadership are ensuring all staff are	Trust Board	For Information and Assurance

Item		Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
		reminded of the importance and benefits associated with the vaccinations and provided time to attend appointments to support. Recruitment activity continues to remain a focus for BFS. The HR team have been working with the local DWP office to ensure we provide opportunities to the staff that have recently been made redundant by the closure of SafeStyle and Wilko. The Macmillan POD micro project is now heading towards completion. We have the installation of the POD lined up for Tuesday 5 December 2023, the area will receive a full redecoration beforehand. As part of the works, the Volunteers reception area artwork is being updated, the design has been signed off by comms and an order has been placed. We are hoping to align this install with the POD install. Various stakeholder meetings are underway to support go live.		

3.6. Executive Team Report and Chair's Log

For Assurance

Presented by Richard Jenkins

REPORT TO THE BOARD OF DIRECTORS	REF:	BoD: 23/12/07/3.6

SUBJECT:	**EXECUTIVE TEAM CHAIR'S LOG**				
DATE:	7 December 2023				
PURPOSE:		*Tick as applicable*			*Tick as applicable*
	For decision/approval			*Assurance*	✓
	For review			*Governance*	✓
	For information	✓		*Strategy*	
PREPARED BY:	Bob Kirton, Chief Delivery Officer/Deputy Chief Executive				
SPONSORED BY:	Richard Jenkins, Chief Executive				
PRESENTED BY:	Richard Jenkins, Chief Executive				

STRATEGIC CONTEXT

Our vision is to provide outstanding, Integrated care. The Executive Team meets on a weekly basis to ensure the smooth day to day running of the Trust and ensure the Trust is delivering on the vision through its oversight and decision making.

EXECUTIVE SUMMARY

Board has previously been updated on matters considered at the Executive Team (ET) meetings by exception, usually verbally, on the basis that almost all matters are covered in other Assurance Committee reports, Board Reports or the IPR. This is the report of a more traditional Chair's Log approach and covers the ET meetings held in September/October/November 2023.

The Chair's Logs do not cover the routine weekly performance monitoring, updates or embedded Gold meetings unless the matters are sufficiently significant to require escalation. The COVID-19 Gold meetings are held within the ET allocated time for expediency but are separate from normal ET business and the separate COVID-19 Board report will provide Board with details of the Trust's pandemic response.

RECOMMENDATION

The Board of Directors is asked to receive and review the attached log.

CHAIR'S LOG: Chair's Key Issues and Assurance Model - Public

Committee/Group	Date	Chair
Executive Team	September 2023	Richard Jenkins

Meeting Date	Agenda Ref No	Agenda Item	Issue
6.9.23	23/771	Pensions - Flexible Retirement Update	Change in AfC pensions from October 2023, guidance and agreement is required locally. Points discussed were as follows: • Split contract option - more difficult for AfC staff than for medical and dental staff. • Reductions of doctor PA's. • Provide financial advice as a salary sacrifice option. • Hidden consequences of staff completing bank shifts at premium rates. • Who would be the decision maker – line manager would complete that required process. • BFS risk – staff returning on current contract and not a BFS contract. ET were supportive of the principles and framework with the addition of with the addition of an implementation and communications plan for managers who receive requests, along with undertaking a risk assessment on the consequences and a decision of implantation to be discussed at the People committee.
6.9.23	23/777	Mutual Aid Standard Operating Procedure (SOP) approval	The SOP was signed off by Chief Operating Officers meeting, the current requirements for number of weeks needs to be updates.
6.9.23	23/780	Industrial Action	Industrial action is planned from Tuesday 19 September to Saturday 23 September 2023, 4 days continuous for Junior Doctors and Consultants.

14.9.23	Joint Executive Team Meeting	Montague Elective Orthopaedic Centre (MEOC)	It was confirmed that progress updates will be provided via PPG's and Executive Teams.
		Weekly Performance	Work has commenced to separate into weekly and monthly performance reports.
		SOF3 & Back to Balance	Notification of SOF3 was received, there are a series of action plans to address, over a reasonable period of time. CT noted that vacancy panel are well established, all non-contracted pay/additional payments require the same rigor with some form of executive sign off, which will be challenging. Elements are system related which are out of our control. The Trust will continue to make improvements where possible and the back to balance route will be plotted for both Trusts and a focus session was suggested on how the partnership can contribute, and it was suggested that the Director of Finance's to review comparisons.
		Chief Pharmacist Update	The Chief Pharmacist at The Rotherham NHS Foundation Trust has been working jointly across both sites and is now in the third month, going really well. The interim arrangement completes at the end of December 2023, MD's and COO's from both Trusts will meet to discuss.
20.9.23	23/800	Reinforced Autoclaved Aerated Concrete (RAAC) Update	The national process has been followed and 1 RAAC plank that is badly damaged has been located, the area has been closed prior to further investigation. There are further exercises and outputs from the emergency preparedness recommendation and it was agreed that the Board would have oversight via a chairs log from the contract meeting and the next Private Board will require a focused report.

20.9.23	23/801	IT Outage Debrief	The report highlighted the good work undertaken by estates and IT, clinical impacts need to escalated to Silver and a further review of the IT data centre is requested. The key learning point is that there was no clear escalation to Silver. The learning has been put in place and a 360-continuity review has been completed. The incident should have been classified as a business continuity incident and this should be included within the recommendations in the paper prior to presentation at the Finance a Performance committee along with the learnings from the incident, the length of the time the review has taken will be included in the report.
20.9.23	23/803	NHSE Protecting and Expanding Elective Capacity Self-Assessment	Letter received and the need to complete and return the self-assessment to the ICB by next Thursday 28 September 2023, suggesting providing full assurance against 6 of the metrics and partial assurance against 5 of the metrics, actions and responsible person have been added. It was agreed that BK could sign off in the absence of RJ next week.

CHAIR'S LOG: Chair's Key Issues and Assurance Model - Public

Committee/Group	Date	Chair
Executive Team	October 2023	Richard Jenkins

Meeting Date	Agenda Ref No	Agenda Item	Issue
4.10.12	23/835	Major Trauma Survival Outlier Suspension	The Trust was issued with a Major Trauma Survival Alarm Status for April 2019 to March 2021. On the 30 of August, the trust received an update on the process. A further update paper on the business case relating to Trauma Nurse Co-ordinator and Trauma Rehabilitation Co-ordinator will be presented at ET in due course and SMO will discuss at the CQC & Commissioner relationship meeting in November.
4.10.23	23/836	Psychological Health & Safety and Mental Wellbeing Review	The paper discussed ways to support staff's mental health and well-being and how to move forward with delivering training and raising awareness to support teams; to discuss at a Senior Leaders Session. The current in-house counselling service is supported/enhanced by volunteers and work is beginning to understand what support and education is required.
4.10.23	23/841	Internal Audit Reports (bi-monthly):	The following internal audit reports were approved by ET: • Absence Management • Freedom of Information and Subject Access Requests • Head of Internal Audit Opinion Stage 1
4.10.23	23/847	Any Other Business - Patient Digital Letters	Outpatient clinical outcome letters have now gone live digitally. Now received by SMS and if viewed a paper letter is not posted, around 60% sent digitally and 40% via the postage system. The has been communicated on social media. The process is monitored via data processes daily.

11.10.23	23/863	Adjustments to Cancer Standards	ET noted the changes to the cancer standard and the potential impact and agreed to work on a communication plan, there is a paper due at Finance and Performance committee on the 38-day provider transfer and the cancer standard changes will be included in the paper.
18.10.23	23/899	EPMA Team Expansion	ET approved the 2 additional posts, with the expectation that some resource is removed in January 2026 with a paper 6 months prior to the date describing business as usual. A review of the original business case is required to provide learning for future business cases.
18.10.23	23/902	Sexual Safety in Healthcare - Organisational Charter	ET noted the 10 commitments/charter issues and provided approval for BHNFT to sign up to the Sexual Safety Charter and the change in executive leads from Director of Nursing, Midwifery and AHP's to the Director of People. ET were supportive of next steps, which will be to undertake a gap analysis of our current position against the commitment standards, to present at a future meeting and to be discussed at Public Board in December 2023.

CHAIR'S LOG: Chair's Key Issues and Assurance Model - Public

Committee/Group	Date	Chair
Executive Team	November 2023	Richard Jenkins

Meeting Date	Agenda Ref No	Agenda Item	Issue
01.11.2023	23/925	South Yorkshire & Bassetlaw Acute Paediatric Innovator Programme	The aim of the acute paediatric innovator programme is to standardise the quality of care across South Yorkshire and Bassetlaw.
01.11.2023	23/929	Non-Surgical Oncology update on Long Term Model and Evaluation Process	The paper provided assurance that the process of stabilisation will support the renewal of the SLA and provide clarity to the existing model. The next stage of building the future model, will require strong engagement with local stake holders including Trust board and Governors. Emergency arrangements were put in place until the large change organisation chance process was undertaken over a 12-month period, further changes have been identified and BHNFT have challenged the changes.
01.11.2023	23/931	National Standards of Healthcare Food and Drink	Standard one states that organisations must have a designated Board Director responsible for food (nutrition and safety) and report on compliance with the Healthcare Food and Drink Standards at the board level as a standing agenda item. With a recommendation would be that the new Director of Nursing would be the correct person for this task who could raise this as a standing agenda item, as appropriate.
08.11.23	23/955	Patient Flow System Business Case	ET approved option 3, with an indicative value of £1.2m, subject to successful receipt of National funds from our investment agreement for frontline digitisation, with the procurement of the discussed automated discharge system alongside the patient flow system and automated booking of transport. The contract can only be awarded upon confirmation of the IA approval, following F&P and Board approval of the case, with assurance that the project will have delivered by year end.

08.11.23	23/957	CBU1 Services Manager	ET reviewed and approved the request for funding to support the recruitment of an additional 1.00WTE Service Manager and marginally increase Operational Support Manager time by 0.13WTE, with the proposed way of funding by the reducing the run rate and additional spend.
08.11.23	23/958	Paediatric Audiology for information	ET were in support of the recommendations to update the action plan monthly and feed through to the locality (ENT) Business & Governance meeting.
08.11.23	23/961	Assistive Technology Loan Bank Scheme	The proposed loan scheme funded by South Yorkshire ICB and operated by BATT, the report highlighted significant gaps in the pathway and identified a number of ways to improves access to equipment for patients.
08.11.23	23/963	Paper to Digital Project Proposal	The proposal to support the investment agreement submission and agree the used of £300,415 National Funding Capital for the Patient to Digital Project. The drawing down of funds is subject to the IA being signed off and Board approval, and that we can only capitalise if we have incurred the actual costs in the revenue position. TD stated that the costs will be incurred by year end.
08.11.23	23/965	2023-2024 CQUIN Quarter 2 Update	ET noted that three of the five schemes aligned to the CQUIN financial incentive have achieved the compliance required to receive the full quarterly payment. The Trust is required to report compliance on the following three schemes via the relevant national bodies. Table 1.0 highlights Q2 compliance and any actions being taken to address needs for improvement. • CQUIN03: Prompt switching of intravenous (IV) antimicrobial treatment to the oral route of administration as soon as patients meet switch criteria • Q2 achieved CQUIN threshold • CQUIN05: Identification and response to frailty in emergency departments Quarter 2 data was not available at the time of completing this update. • CQUIN12: Deferment to Quarter 4.
15.11.23	23/987	Flu Vaccination Programme	The paper detailed options to support and encourage staff to have flu and Covid vaccinations, assurance was provided that the Trust is in a better position than in previous years. Vaccination track allows current data to be accessed daily and this allows low uptake areas to be targeted by vaccinators.

			Videos will be recorded of Directors encouraging staff to have flu vaccinations uptake and suggested a “if you don’t want flu we will come to you”. It was agreed that staff flu/Covid vaccinations would be discussed at the Performance Review and Business & Governance meetings and communications via the mandatory training email group, to encourage staff.
15.11.23	23/995	Celebration Week	The last week in November was agreed to be Celebration Week. A key focus is encouraging staff to come forward with items to celebrate. It was suggested launching videos in celebration week and continuing on a monthly basis at the beginning of Team Brief a slide of “what we are proud of”, ET were in support and noted that they only need to be small innovations and what they are proud of as simple changes make a difference. A template was suggested for managers/lead nurses to complete and a glimpse of brilliance.
22.11.23	23/1011	Pride of Barnsley Awards	BK and Sheena McDonnell attended the event, and presented the winners the Stoma Care Team with their award, it was a positive event with good attendance and showed the high regard held by local people for our teams.
22.11.23	23/1015	Benefits Realisation Band 7 EDI Lead for Health & Wellbeing	Positive work that the post has supported was highlighted, specifically on improvement for Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) and the difference on staff sickness, retention and recruitment, data is available from surveys on staff engagement. One of the challenges is ensuring EDI reaches every department in an equal way with engagement and it is everyone’s job to promote EDI and how is time used to encourage staff engagement.

4. Performance

4.1. Integrated Performance Report

For Assurance

Presented by Lorraine Burnett

REPORT TO THE BOARD OF DIRECTORS	REF:	BoD: 23/12/07/4.1

SUBJECT:	**INTEGRATED PERFORMANCE REPORT**				
DATE:	7 December 2023				
PURPOSE:		*Tick as applicable*			*Tick as applicable*
	For decision/approval	✓		*Assurance*	✓
	For review	✓		*Governance*	✓
	For information	✓		*Strategy*	✓
PREPARED BY:	Lorraine Burnett, Chief Operating Officer				
SPONSORED BY:	Bob Kirton, Managing Director				
PRESENTED BY:	Lorraine Burnett, Chief Operating Officer				

STRATEGIC CONTEXT

The monthly Integrated Performance report is aligned to the Trust objectives and informs the Board of Directors on key delivery indicators against local and national standards.

The report is currently being developed to reflect 3 of the 6 'P's' as per the Trust strategic objectives. The report does not currently contain metrics directly related to Place & Planet as these are reported separately, with all objectives reported quarterly via the strategy report. The place dashboard is shared as available.

EXECUTIVE SUMMARY

The attached Integrated Performance report covers performance metrics from October 2023. Specific metrics may be September data due to reporting timescales. Following the joint period of Industrial Action at the beginning of October there has been no further action in November.

Patients:

There were 4 serious Incidents in October.

The recent work around improving hand hygiene compliance has focused on training. Hand hygiene sessions have been provided to teams who are struggling with consistency regarding compliance. The IPCT are working with CBU's to ensure there are sufficient hand hygiene champions to support training and that champions have time to deliver training. The IPCT continue to review data to ensure that hand hygiene champions are up to date with training and provide regular training sessions. The champions are supported by the IPCT and a bi-monthly bulletin is distributed to all champions. The IPCT continue to roll out the gloves awareness training to reduce low compliance with hand hygiene associated with inappropriate glove use.

The number of falls remains stable this month. There have been 5 falls resulting in moderate harm or above. This is higher than last month, but the number of overall falls resulting in moderate harm or above remains on average lower year to date than the previous year.

We reported a further decrease in the number of hospital acquired pressure ulcers and a continued decrease in those pressure ulcers which were judged to have lapses of care.

There were no cases of hospital acquired MRSA bacteraemia identified; 3 hospital acquired cases of Clostridioides difficile were identified during October 2023.

We responded to 77.3% of formal complaints within 40 days, an improvement from 60% in September.

People:

Appraisal: above target of 90% at 93.3%. Compliance reports distributed weekly.

Turnover: remains within target and benchmarks favourably within South Yorkshire**.**

Sickness: 5.5%, remains above target and has been static since June 23.

Mandatory Training: At 90.9% against Trust target of 90%. Weekly progress reports distributed.

Performance:

UEC: Performance against 4 hrs for type 1 was 65.7% against the England performance of 55.9%. Bed occupancy for October was on average 94% and average length of stay remains above target. The bed reconfiguration programme delivered 38 beds in ward 31/32 on 9th October 2023. Attendances remain at or above expected levels over the latest periods of Industrial action.

RTT: 68.4% performance which benchmarks well against with England performance at 56.8%. There are 277 patients waiting 52 weeks and above. Operational managers are working on trajectories to ensure no patients are waiting above 65 weeks by end March 2024, in line with NHSE key priorities. The deterioration in the 18-week performance relates to the increase in treatments for the longest waiting patients. Overall the size of the patient waiting list has stabilised. All pathways are validated down to 12 weeks.

Capped Theatre Utilisation: 77.4% for October and continues to slowly improve.

Diagnostics: In October BHNFT 2.5% against the constitutional target with <1% of patients waiting longer than 6 weeks for a diagnostic test. Industrial action through September and October has impacted on available capacity.

There is a correction in the chart contained within the IPR. The figure had been incorrectly reported as 0.8% in September. The corrected figure is 2.9%. The correct figure was uploaded to the national reporting team. Following a review of the error further controls have been introduced by the information team to minimise the human factors.

Cancer: There has been a slight drop in the 28-day faster diagnosis target for GP referrals, and screening. Applying combined performance against the new standards that went live from October 2023 the trust would still have achieved the national target (76%)

Performance against 62 days is at 79% for August for GP referrals, 71% for upgrades and 63% for screening. Applying the new standard, the trust would have reported 77% which is above the national objective of 70% by March 2024.

Finance: As at month 7 the Trust has a consolidated year to date deficit of £4.670m against a planned deficit of £5.240m giving a favourable variance of £0.570m. Pay costs continue to come under pressure as a consequence of length of stay, bed occupancy and sickness levels being above target; along with increased costs of covering industrial action. October also saw the opening of the new wards. Total income is £0.671m adverse to plan, mainly due to the underperformance on clinical income. Capital expenditure for the year is £3.746m, which is £2.608m below plan

The breakdown of the waiting list by speciality (unvalidated) as at 17/11/23:

Spec	RTT %	<18	18-26	27-51	52-64	65-77	78-103	Total
BREAST SURGERY	99.00%	198		2				200
CARDIOLOGY	89.26%	756	61	30				847
CLINICAL HAEMATOLOGY	85.66%	209	34	1				244
COMMUNITY PAEDIATRICS	85.71%	72	9	3				84
DERMATOLOGY	55.99%	1141	400	497				2038
DIABETIC MEDICINE	90.91%	60	5	1				66
ENDOCRINOLOGY	89.97%	296	30	3				329
ENDOSCOPY	100.00%	1						1
ENT	70.78%	1732	496	212	7			2447
GASTROENTEROLOGY	93.43%	882	52	10				944
GENERAL MEDICINE	100.00%	2						2
GENERAL SURGERY	70.69%	1054	225	198	12	2		1491
GERIATRIC MEDICINE	92.38%	97	4	4				105
GYNAECOLOGY	57.78%	1329	419	541	11			2300
HEPATOLOGY	95.50%	106	5					111
MAXILLO-FACIAL SURGERY	66.40%	1097	261	278	16			1652
OPHTHALMOLOGY	82.38%	1505	201	118	3			1827
ORAL SURGERY	17.15%	71	80	182	76	5		414
ORTHODONTICS	28.63%	65	39	93	26	4		227
PAEDIATRIC CARDIOLOGY	90.00%	18	2					20
PAEDIATRIC DERMATOLOGY	84.24%	155	18	11				184
PAEDIATRIC EAR NOSE AND THROAT	75.48%	237	60	17				314
PAEDIATRIC EPILEPSY	100.00%	6						6
PAEDIATRIC MAXILLO-FACIAL SURGERY	100.00%	1						1
PAEDIATRIC OPHTHALMOLOGY	98.18%	269	5					274
PAEDIATRIC TRAUMA AND ORTHOPAEDICS	91.34%	116	5	6				127
PAEDIATRICS	77.32%	559	137	27				723
RESPIRATORY MEDICINE (THORACIC MEDICINE)	59.46%	591	144	259				994
RHEUMATOLOGY	92.78%	167	12	1				180
TRAUMA & ORTHOPAEDICS	48.36%	1192	474	692	95	11	1	2465
UROLOGY	73.44%	658	114	118	4	2		896
VASCULAR SURGERY	66.85%	248	87	36				371
Total	68.04%	14890	3379	3340	250	24	1	21884

RECOMMENDATIONS

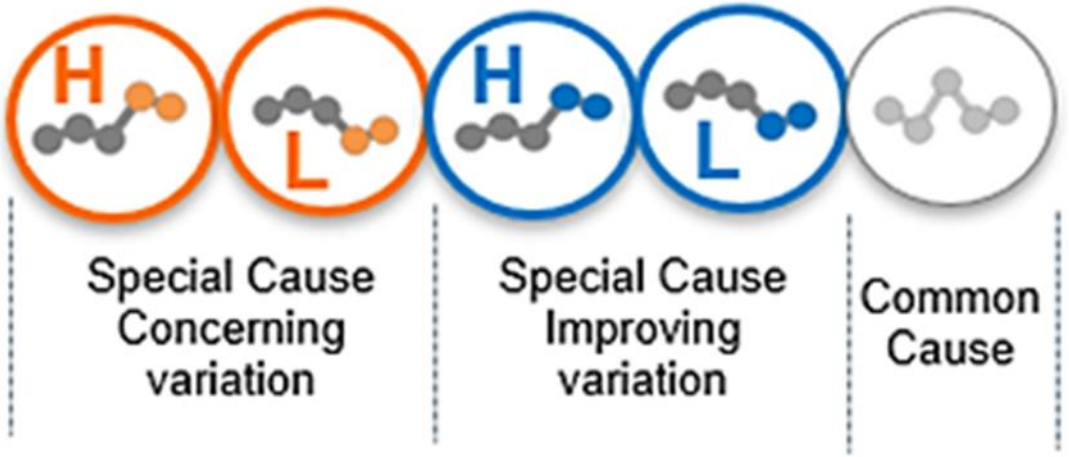
The Board of Directors is asked to receive and note the Integrated Performance Report.

Barnsley Hospital Integrated Performance Report

Reporting Period: October 2023

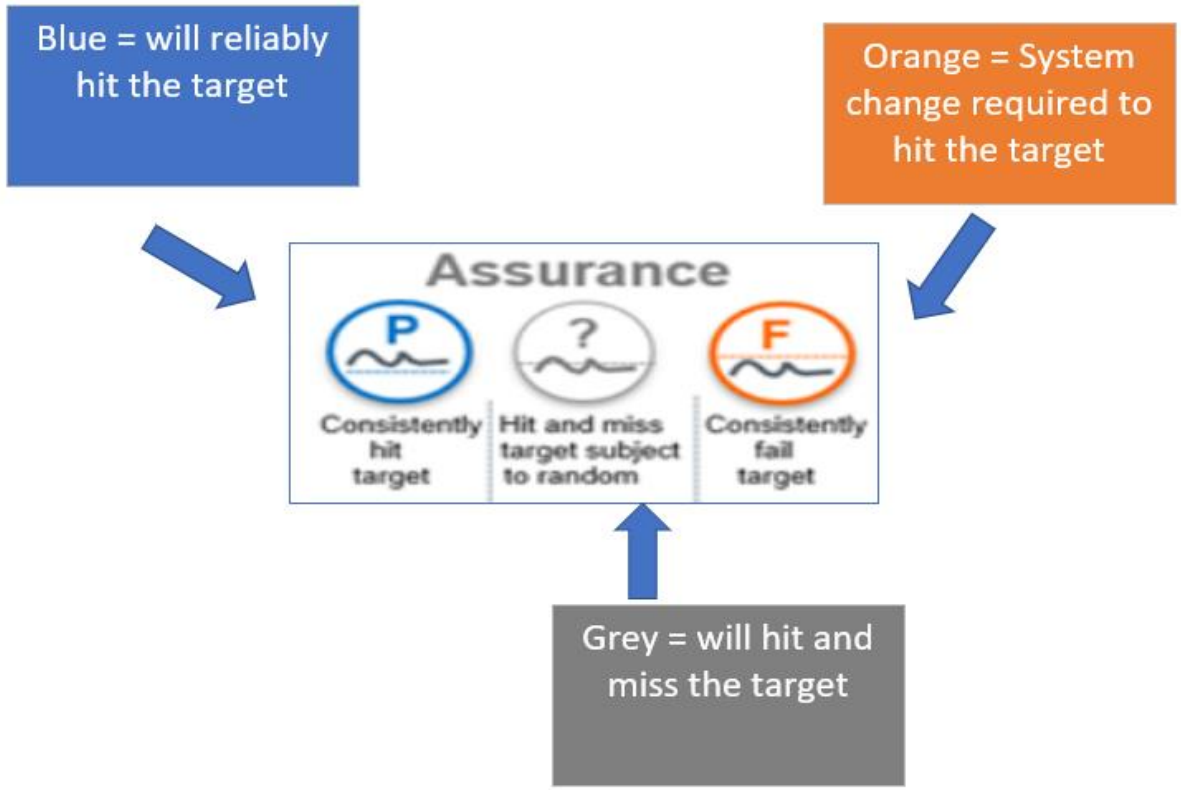
Assurance

Performance



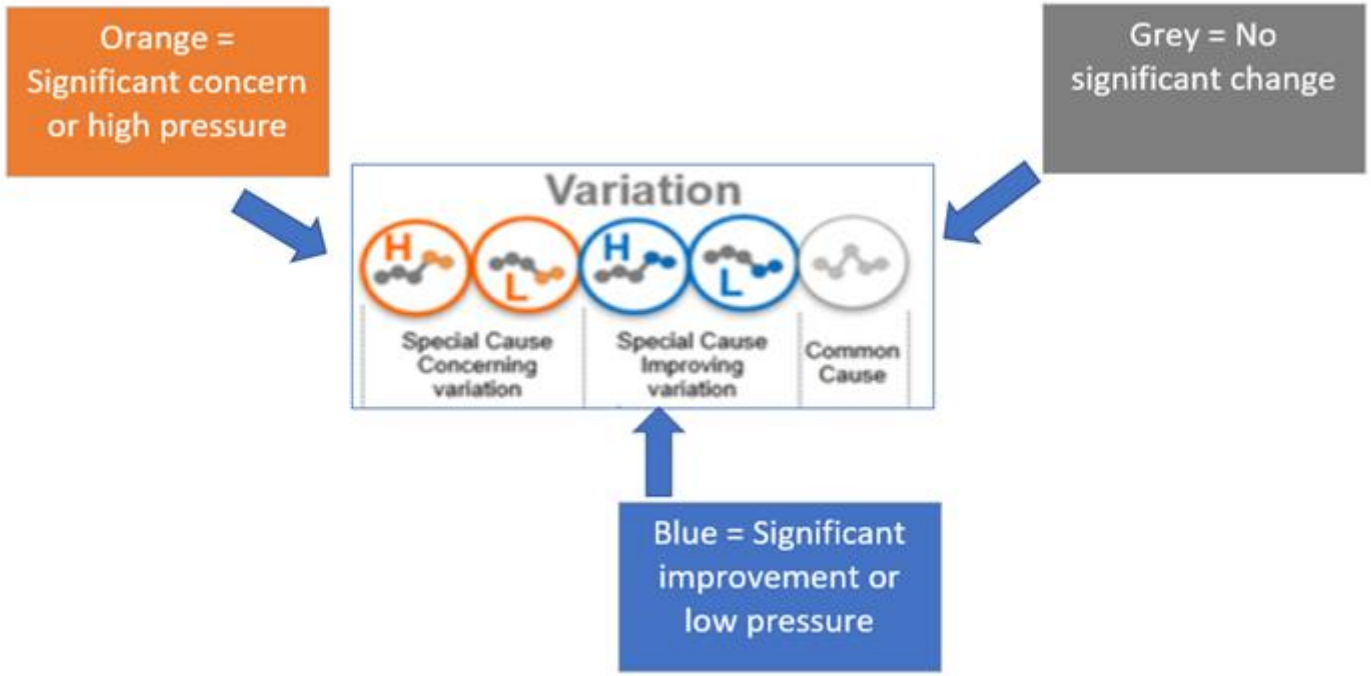
High Level Assurance

Can we reliably hit the target?



High Level Key Performance

Are we improving, declining or staying the same?



Summary icon descriptions

Assure	Perform	Description
		Special cause of an improving nature where the measure is significantly **HIGHER**.This process is still not capable. It will **FAIL** the target without process redesign.
		Special cause of an improving nature where the measure is significantly **HIGHER**. This process is capable and will consistently **PASS** the target.
		Special cause of an improving nature where the measure is significantly **HIGHER**. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Special cause of an improving nature where the measure is significantly **LOWER**.This process is still not capable. It will **FAIL** the target without process redesign.
		Special cause of an improving nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target.
		Special cause of an improving nature where the measure is significantly **LOWER**. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Special cause of a concerning nature where the measure is significantly **HIGHER**. This occurs where there is higher pressure in the process or deteriorating performance. This process is not capable. It will **FAIL** the target without process redesign.
		Special cause of a concerning nature where the measure is significantly **HIGHER**. This occurs where there is higher pressure in the process or worse performance. However despite deterioration the process is capable and will consistently **PASS** the target.
		Special cause of a concerning nature where the measure is significantly **HIGHER**. This occurs where there is higher pressure in the process or worse performance. This process will not consistently hit or miss the target. This occurs when target lies between process limits.

Summary icon descriptions

Assure	Perform	Description
		Special cause of a concerning nature where the measure is significantly **LOWER**. This process is not capable. It will **FAIL** the target without process redesign.
		Special cause of a concerning nature where the measure is significantly **LOWER**. However the process is capable and will consistently **PASS** the target.
		Special cause of a concerning nature where the measure is significantly **LOWER**. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Common cause variation, no significant change. This process is not capable. It will **FAIL** to meet target without process redesign.
		Common cause variation, no significant change. This process is capable and will consistently **PASS** the target.
		Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

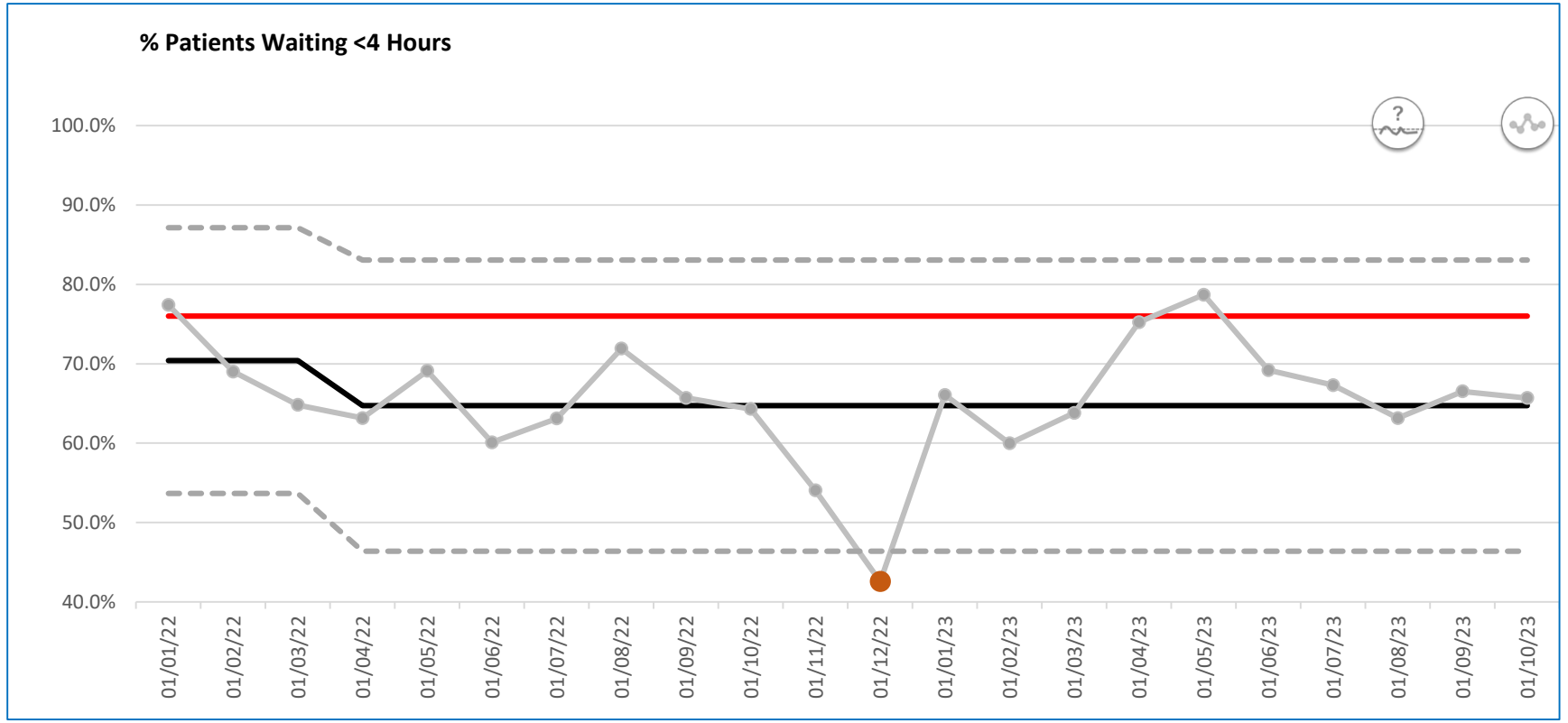
Means and process limits are calculated from the most recent data step change.

KPI	Latest month	Measure	Target	Assurance	Performance	Mean	Lower process limit	Upper process limit
Serious Incidents	Oct 23	4	0			2	-2	6
Incidents Involving Death	Oct 23	1	0			1	-2	5
Incidents Involving Severe Harm	Oct 23	3	0			2	-2	5
Never Events	Oct 23	0	0			0	0	0
Falls	Oct 23	100	90			101	73	130
Falls Resulting in moderate harm or above	Oct 23	5	21			2	-3	7
Hospital Acquired Pressure Ulcers	Sep 23	31	0			51	29	73
Hand washing	Oct 23	96%	95%			96%	86%	105%
Q - Hospital Acquired Clostridioides difficile	Oct 23	3.0	2.8			3.3	-2.9	9.5
Q - Hospital Acquired MRSA Bacteraemia	Oct 23	0	0			0	0	1
Number of complaints	Oct 23	28				24	7	42
Complaints closed within standard	Oct 23	77.3%	90.0%			66.6%	37.3%	95.9%
Complaints re-opened	Oct 23	0	0			0	-1	2
FFT Trustwide Positivity	Oct 23	91.9%	95.0%			90.7%	81.3%	100.0%

KPI	Latest month	Measure	Target	Assurance	Performance	Mean	Lower process limit	Upper process limit
% Patients Waiting <4 Hours	Oct 23	65.7%	76.0%	?		64.7%	46.4%	83.1%
RTT Incomplete Pathways	Sep 23	68.4%	92.0%	F	L	76.8%	73.7%	79.9%
RTT 52 Week Breaches	Sep 23	189	0	F	H	129	88	169
RTT Total Waiting List Size	Sep 23	21779	14500	F	H	19965	18976	20954
% Diagnostic patients waiting more than 6 weeks (DM01)	Oct 23	2.5%	1.0%	?	L	8.9%	0.8%	17.0%
% Cancelled Operations	Oct 23	1.3%	0.8%	?		0.9%	-0.6%	2.3%
DNA Rates - Total	Oct 23	6.8%	6.9%	?	L	8.0%	6.8%	9.1%
Average Length of Stay - Elective - Spell	Oct 23	3.4	3.5	?		3.2	1.9	4.5
Average Length of Stay - Non-Elective - Spell	Oct 23	3.6	3.5	?		3.7	3.3	4.2
Bed Occupancy General and Acute % Overnight	Oct 23	92.6%	85.0%	F	L			
Staff Turnover	Oct 23	9.8%	12.0%	?	L	11.4%	10.7%	12.0%
Appraisals - Combined	Oct 23	93.5%	90.0%	?	H	68.4%	23.3%	113.6%
Mandatory Training	Oct 23	90.9%	90.0%	F	H	87.7%	85.6%	89.7%
Sickness Absence	Oct 23	5.5%	4.5%	F	L	5.9%	4.7%	7.2%
Return to Work	Oct 23	38.6%	0.0%			40.4%	33.2%	47.7%

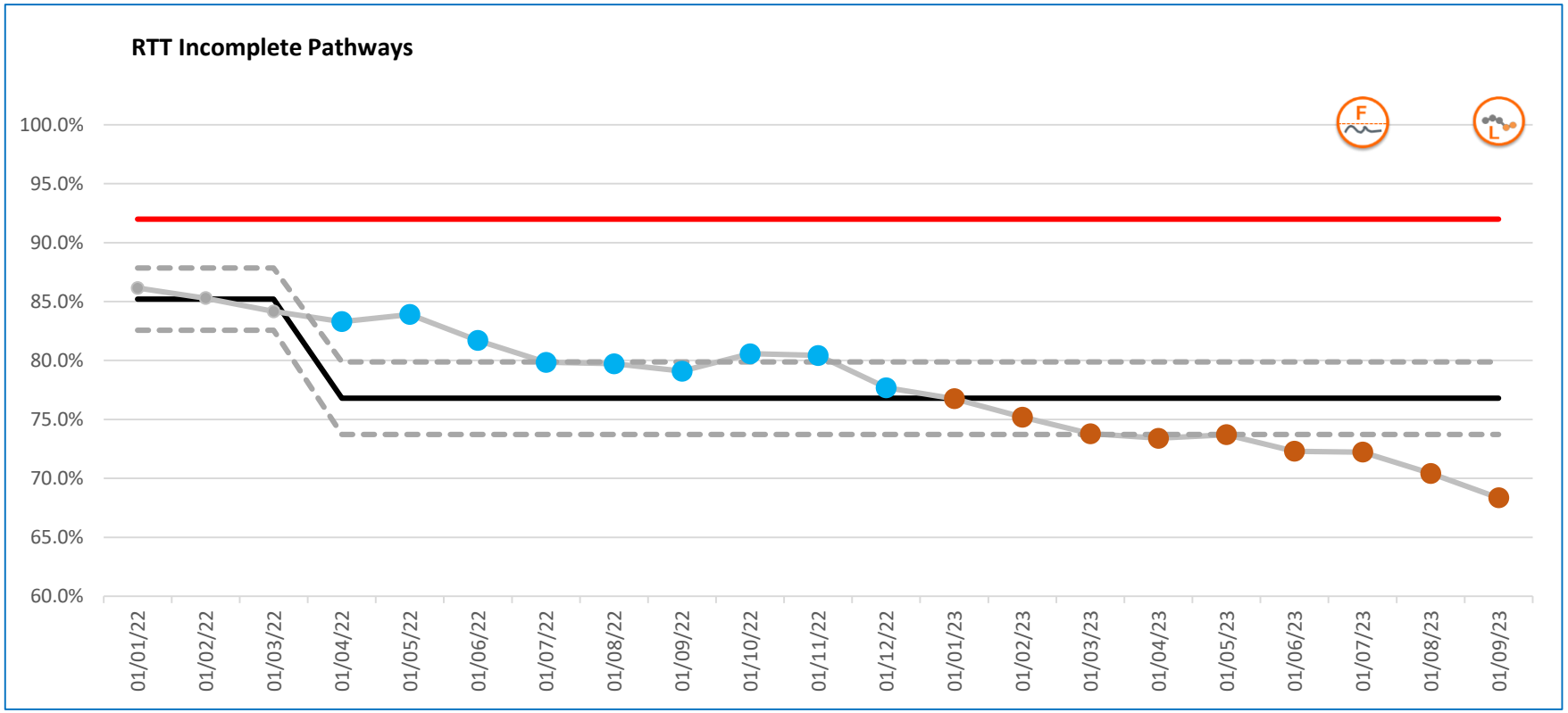
KPI	Latest data	Measure	Target	Assurance	Performance	Mean	Lower process limit	Upper process limit
Uncapped Theatre Utilisation	22/10/23	84.0%	85.0%			80.8%	71.5%	90.1%
Capped Theatre Utilisation	22/10/23	77.4%	85.0%			76.2%	69.4%	82.9%
Total Number of Ambulances	Oct 23	2109	-			1996		
% Less than 30 mins	Oct 23	79.8%	95.0%			74.1%		
% Greater than 30 mins	Oct 23	12.4%	-			12.6%		
% Over 60 mins	Oct 23	4.6%	-			5.3%		
No time recorded	Oct 23	3.2%	-			8.5%	5.2%	11.9%
Data Quality - % pathways with metrics on RTT PTL	Oct 23	2.1%	2.0%			2.3%	1.5%	3.2%

KPI	Latest month	Measure	Target	Assurance	Varriation	Mean	Lower process limit	Upper process limit
All Cancer 2 Week Waits	Sep 23	93%	93%	?		93%	87%	99%
Breast Symptomatic	Sep 23	95%	93%	?		92%	83%	101%
31 Day - Diagnostic to 1st Treatment	Sep 23	96%	96%	?		95%	86%	103%
31 Day - Subsequent Treatment (Surgery)	Sep 23	80%	94%	?		91%	67%	116%
31 Day - Subsequent Treatment (Drugs)	Sep 23	100%	98%	?	H	99%	95%	103%
38 Day - Inter Provider Transfer	Sep 23	45%	85%	F		55%	34%	76%
62 Day - Urgent GP Referral to Treatment	Sep 23	81%	85%	?		70%	46%	94%
62 Day - Screening Programme	Sep 23	86%	90%	?		84%	51%	116%
62 Day - Consultant Upgrades	Sep 23	77%	85%	?		83%	62%	105%
Faster Diagnosis - Two Week Wait	Sep 23	74%	75%	?	H	73%	65%	81%
Faster Diagnosis - Breast Symptomatic	Sep 23	100%	75%	P		98%	91%	105%
Faster Diagnosis - Screening	Sep 23	72%	75%	?		68%	43%	93%



October 2023
65.7%
Variance Type
Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).
Target
76%
Target Achievement
Metric is consistently failing the target

Background	What the chart tells us:	Issues	Actions	Context
Emergency Department patients waiting <4 Hours	Remains below target and will not reach the target without system and/or process change. 2023/2024 NHSE target is 76% attendances admitted or discharged within 4 hours.	Bed occupancy still in excess of 92% (average 94% Oct) Timely bed availability and high bed occupancy. High number of people attending without a time critical emergency condition. Periods of Industrial action leading to lower staffing levels.	Weekly executive oversight A focus on: • Flow and bed queues, Dr Waits and causes. • Daily Ward Board Rounds with increase oversight from CBU management teams • Review of ED registrar workload and agreed actions to improve. Wards continuing to focus on patients LoS & criteria to reside with an emphasis on discharge. Additional bed capacity in place 9th October.	**October 2023** Barnsley 65.7%, England 54.9% **Ranking:** England 15/122 North East & Yorkshire 4/22



September 2023

68.4%

Variance Type

Special cause of a concerning nature where the measure is significantly LOWER. This process is not capable. It will FAIL the target without process redesign.

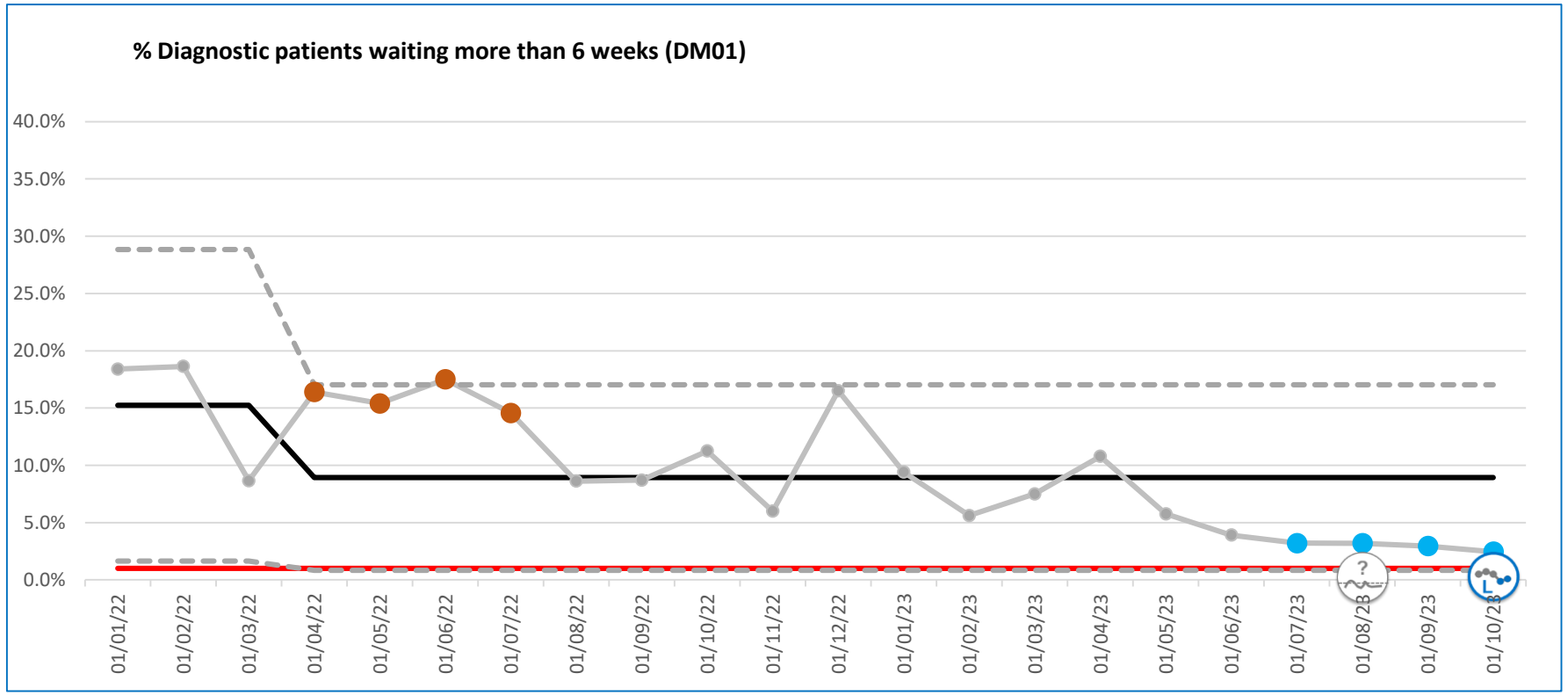
Target

92%

Target Achievement

Metric is consistently failing the target

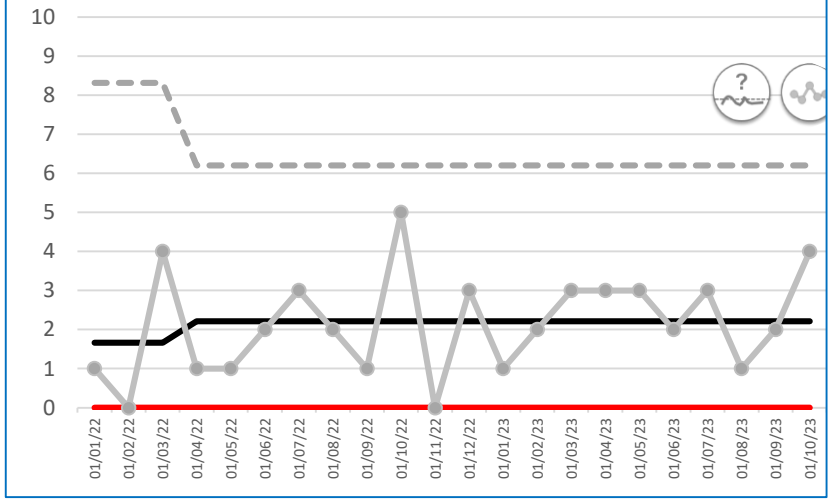
Background	What the chart tells us:	Issues	Actions	Context
RTT Incomplete Pathways	Remains below target and will not reach the target without system and/or process change.	Focus on patient cohort at risk of waiting >65 weeks by end March 2024. Focus on clinical prioritisation, including health inequalities. Industrial action resulting in cancelled activity. Orthodontic and oral surgery have significant workforce gaps pressures. Oral surgery looking to insourcing solution Long-term Consultant sickness absence General Surgery/T&O	Bi-weekly oversight meetings. Theatre improvement group to increase productivity. Forward planning for patients >65 weeks at March Utilising Independent Sector to support delivery of >65 weeks risk (T&O & General Surgery). 2024, including live dashboard to track impact of any activity changes. Prioritise cancer and urgent patients. Insourcing for specific specialties to reduce waits. Ongoing recruitment to specific areas.	**September 2023** Barnsley 68.4%, England 56.8% **Ranking:** England 37/168 North East & Yorkshire 7/26



October 2023
2.5%
Variance Type
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).
Target
1.0%
Target Achievement
Metric is consistently failing the target

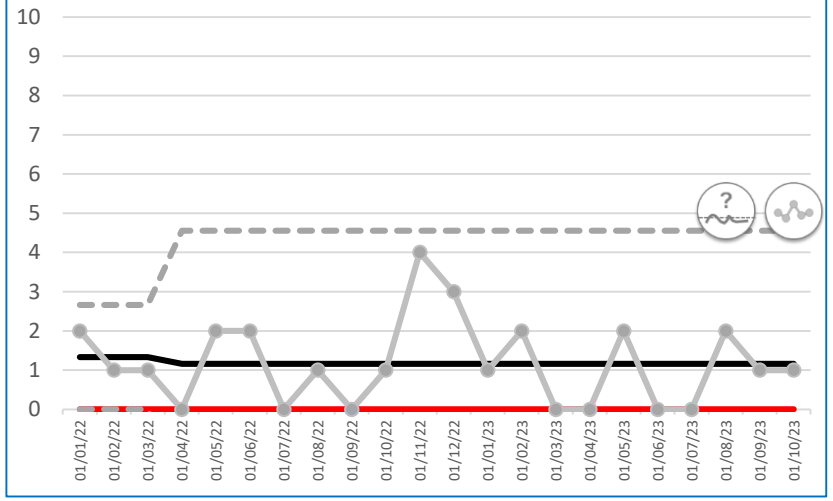
Background	What the chart tells us:	Issues	Actions	Context
Diagnostics	Performance remains within control limits but will not hit constitutional target without continued focus. NHS England Operational target for 2023/24 as part of COVID recovery is 5% and is being achieved.	Prioritisation of cancer & urgent work, including 'carve out slots' held for those on cancer pathway. Increased emergency & inpatient requests impacting on routine wait times.	Focus on validation & reporting. Endoscopy position continues to be sustained Continued priority for cancer & urgent. 'Straight to test' capacity managed to reduce cancer wait to treatment times.	**September 2023** Barnsley 2.9%, England 26.3% **Ranking:** England 184/432 North East & Yorkshire 28/65

Serious Incidents



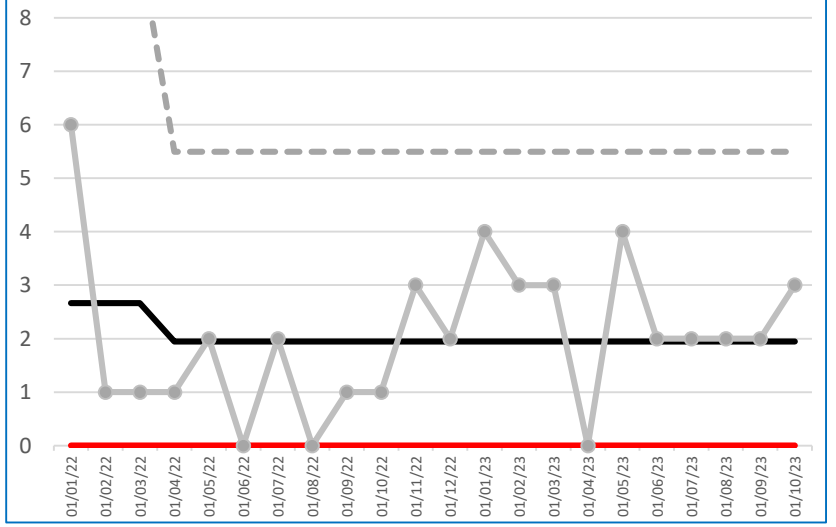
October 2023	Target	Variance Type
4	0	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)

Incidents Involving Death



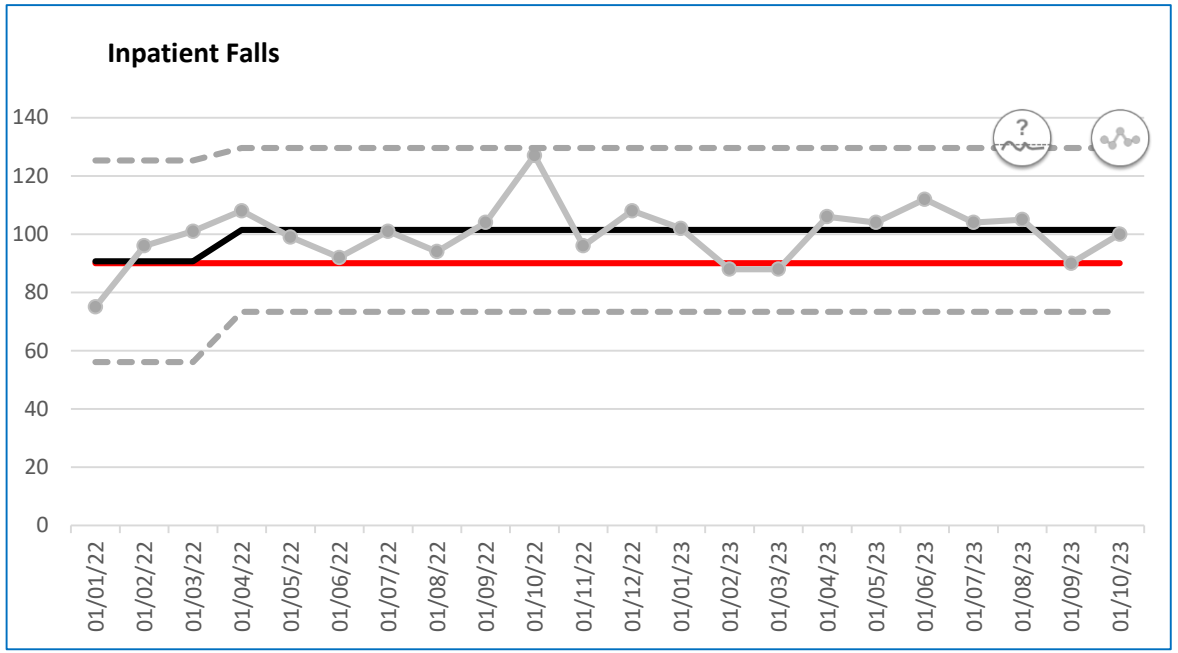
October 2023	Target	Variance Type
1	0	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)

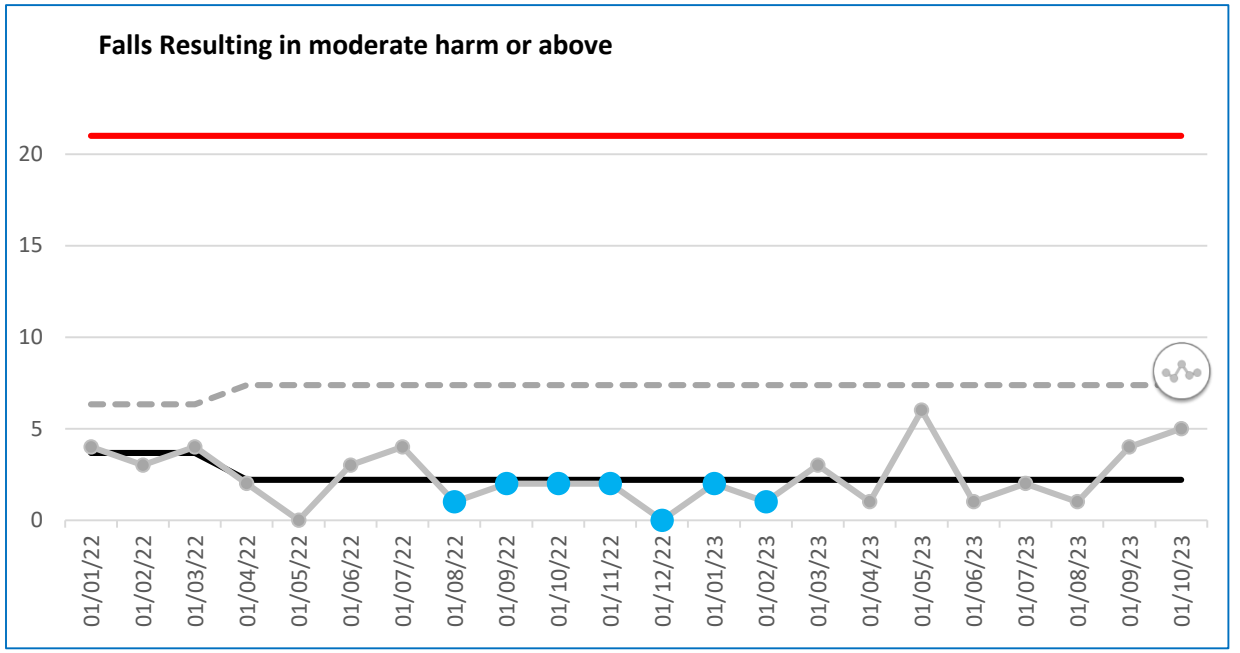
Incidents Involving Severe Harm



October 2023	Target	Variance Type
3	0	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)

Background	Issues
Serious Incidents	There were four serious incidents declared in the month: • 2023/18491 – maternity/obstetric incident: baby only (incident occurred in September 2023) • 2023/19252 – suboptimal care of a deteriorating patient (incident occurred in September 2023) • 2023/18466 – suboptimal care of a deteriorating patient (incident occurred in September 2023) • 2023/18433 – treatment delay (incident occurred in September 2023)
Incidents under investigation involving death of a patient	There was one incident involving death • There was one incident involving a cardiac arrest. The incident is being reviewed and managed in line with the relevant policies.
Incidents under investigation involving severe harm	There were three incidents resulting in severe harm • There was one inpatient fall resulting in a hip fracture. Duty of candour has commenced and an investigation is underway. • There were two incidents regarding ambulance delays. The harm of both incidents is not attributable to the Trust and the incidents have been raised with YAS for further investigation.

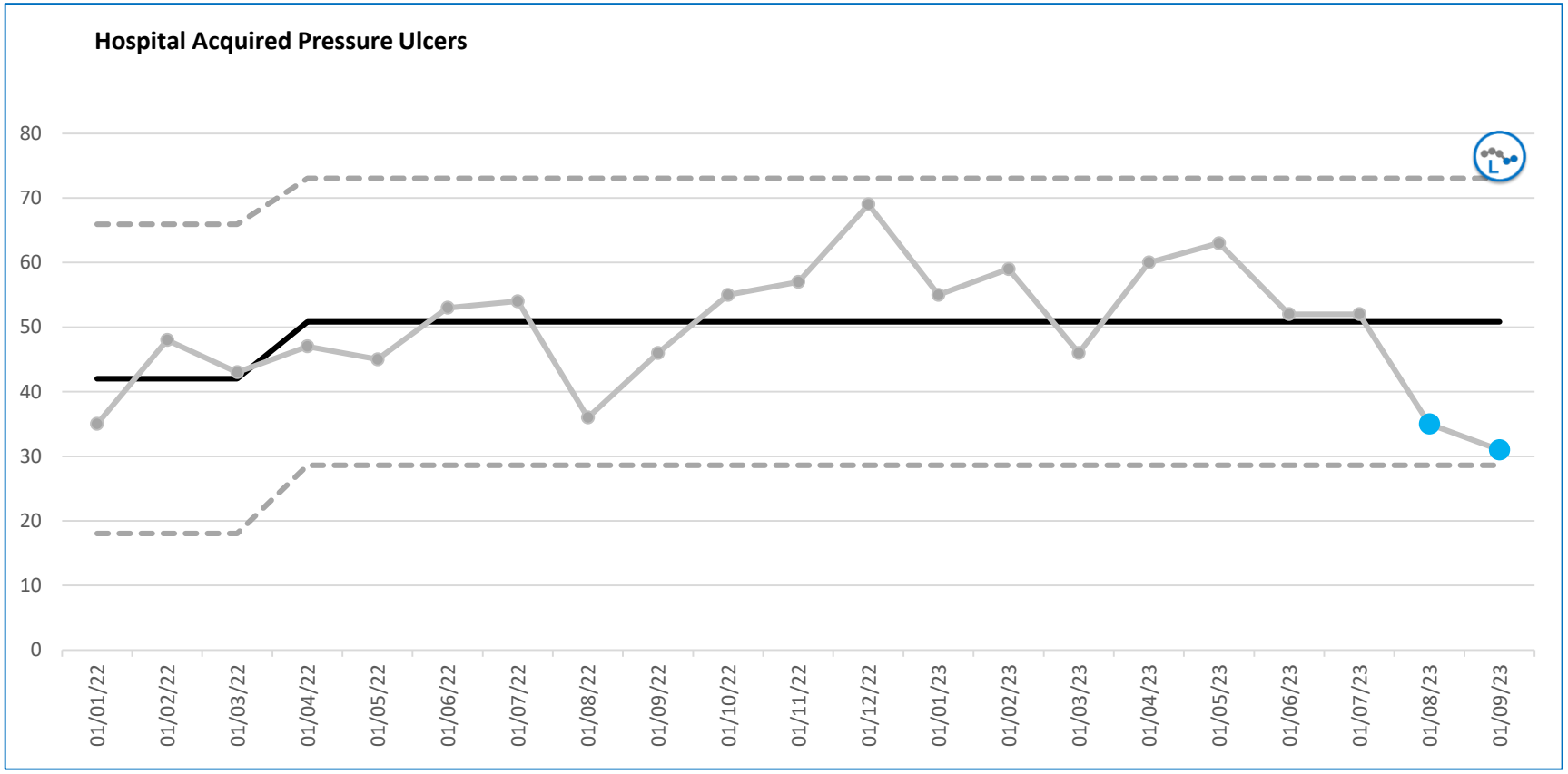




October 2023	Target	Variance Type
100	**90**	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)

October 2023	Target	Variance Type
5	**21**	Common cause variation, no significant change. This process is capable and will consistently PASS the target.

Background	What the chart tells us:	Issues	Actions	Context
Inpatient Falls	Overall falls are within normal variation. All departments have individual SPC charts, areas within normal variation with the exception of discharge unit and ITU. Both are above the upper control limit. There have been 5 harmful falls in different areas.	Increase in beds across the Trust with 2 new wards opening (ward 32 – general medicine), (ward 21 cardiology, general medicine). Changes to bed occupancy in DCU from 2 October and open 24 hours for inpatients due for discharge the next day. Extra capacity beds in ward area.	All harmful falls – cold debriefs completed and Discussion at Falls Prevention Group in what measures can support reducing falls. Three improvement trajectories. Practice Educators in ward areas supporting staff in education and prevention of falls. Working with AMU to look at implementing 'hot debrief' for each fall.	



September 2023

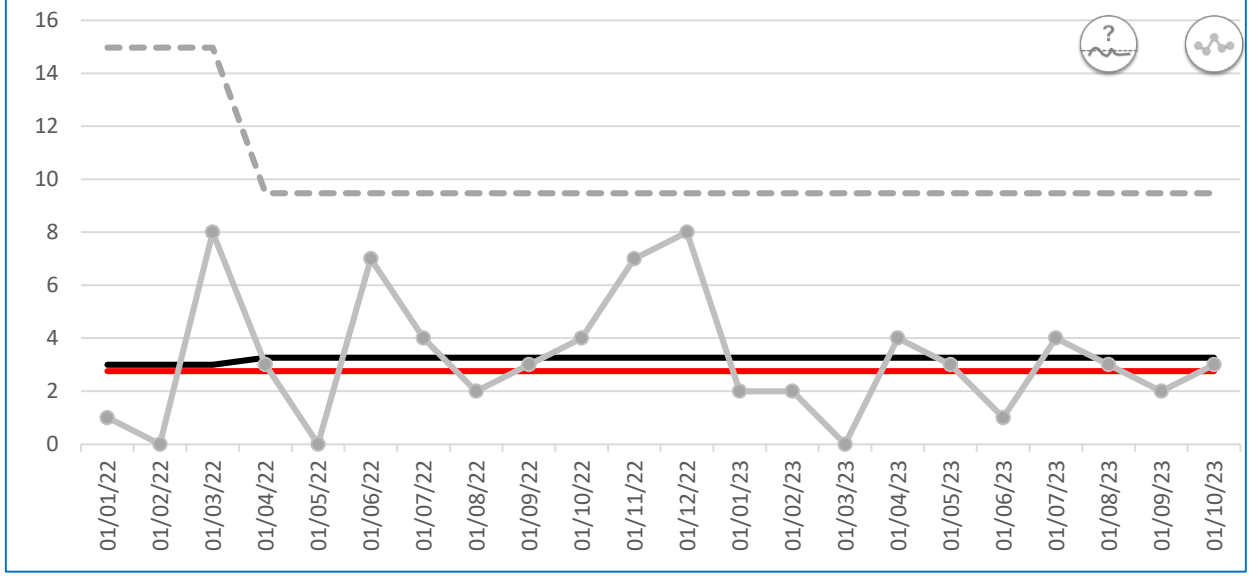
31

Variance Type

Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

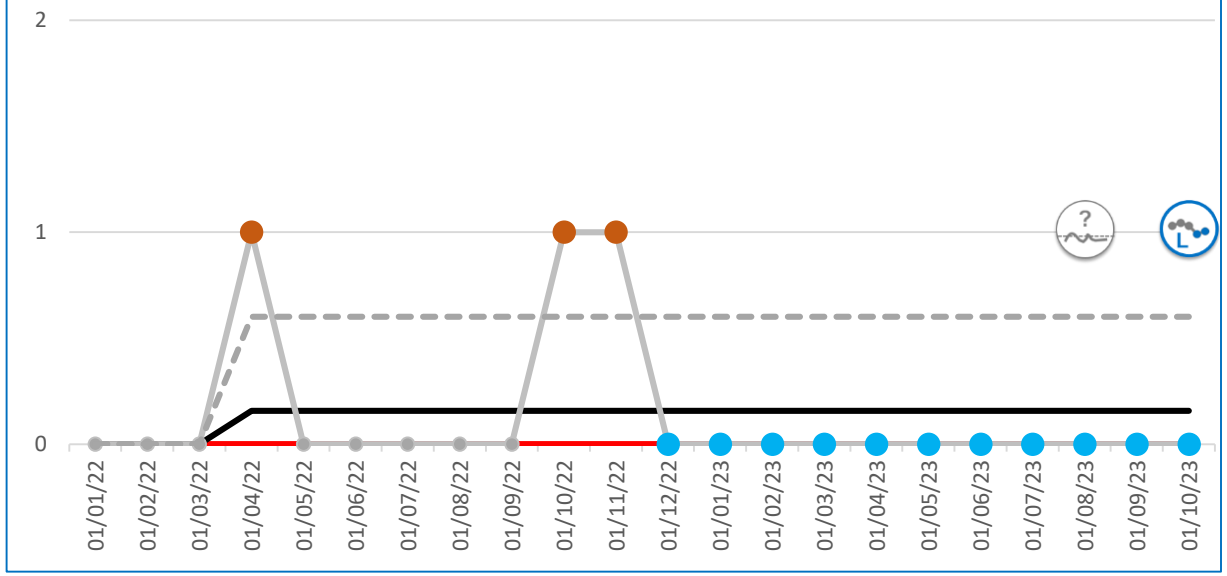
Background	What the chart tells us:	Issues	Actions	Context
Pressure Ulcers	The number of hospital acquired pressure ulcers remains within normal variation.	National guidance has changed which affects how the data is collected. - This involves the removal of lapses / no lapses and using areas of learning. - Categorisation has changed, there no longer is DTI, unstageable categories. Pressure ulcers are categorised as cat 2, 3, 4. Unstageable categories are likely to be recategorized as a category 3 due to the tissue damage.	- Practice Educators continue to provide on the spot training to ward staff. - Category 2 incidents are investigated by the Lead Nurse of the area. - Category 3 and 4 will be investigated and presented at Pressure Ulcer Forum. - Tendable audit (pressure ulcer prevention) completed in each area to monitor risk assessments / actions.	

Q - Hospital Acquired Clostridioides difficile



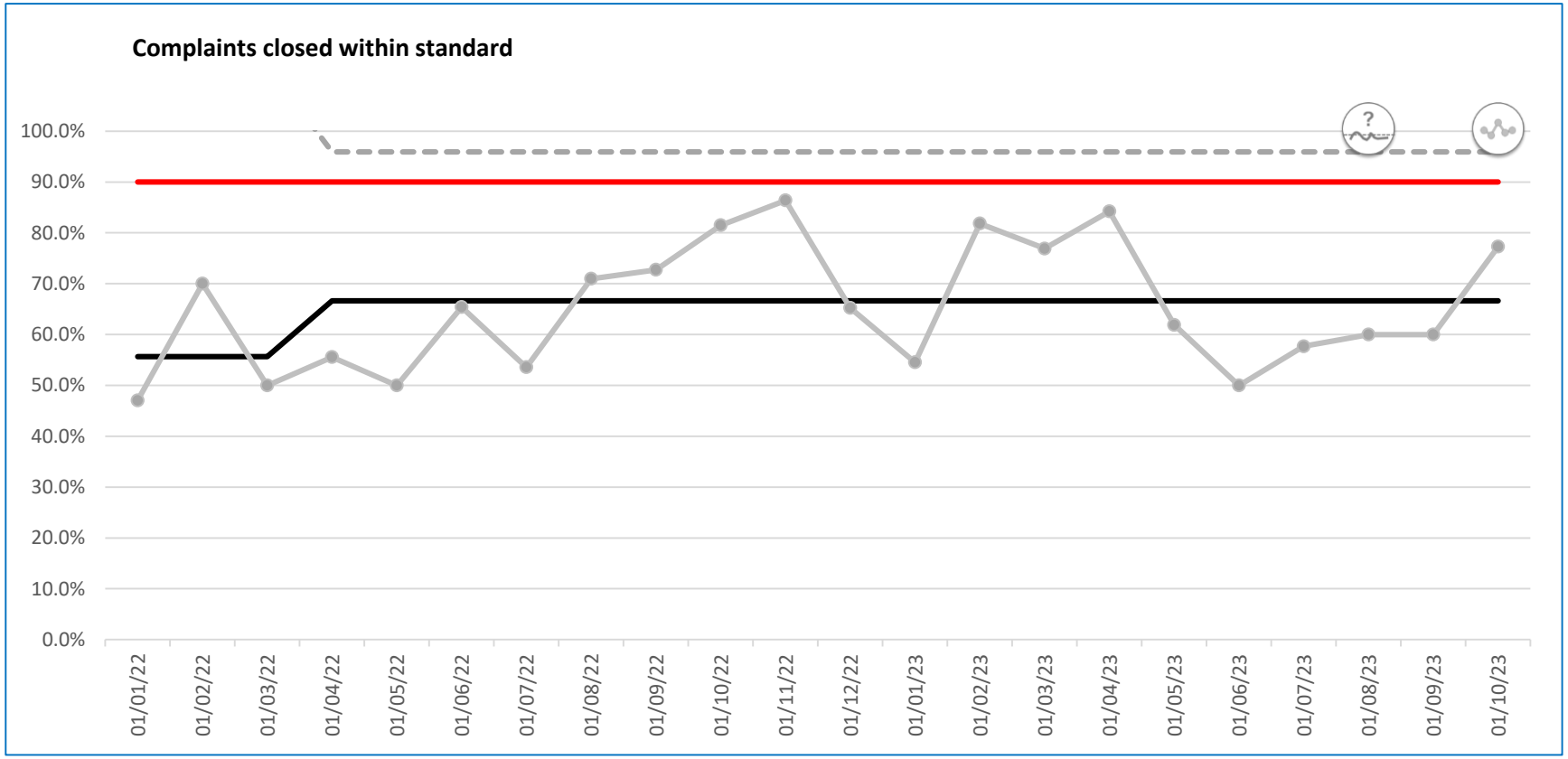
October 2023	Target	Variance Type
3	2	Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

Q- Hospital Acquired MRSA Bacteraemia



October 2023	Target	Variance Type
0	0	Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

Background	What the chart tells us:	Issues	Actions	Context
Infections	• There were no hospital acquired MRSA Bacteraemia identified during October 2023. • There were 3 x hospital acquired case of Clostridioides difficile identified during October 2023.	1 case attributed to ITU. The patient's condition was complex and required antibiotic therapy. The investigation did not identify any learning and the case was deemed to be unavoidable. 1 case was attributed to ward 30. Lessons identified related to antimicrobial stewardship; antibiotics were not reviewed in line with clinical sample results. There was a delay in the patient being moved into a cubicle and barrier precautions initiated. The case was deemed to be potentially avoidable. 1 case was a attributed to ward 18. Lessons identified related to antimicrobial stewardship; an over use of antibiotics, not switching from intravenous to oral antibiotics, not documenting the indication for antibiotics and not seeking microbiologist advice. This was exacerbated because of the consultant working patterns on the ward. The case was deemed to be potentially avoidable.		



October 2023

77.3%

Variance Type

Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

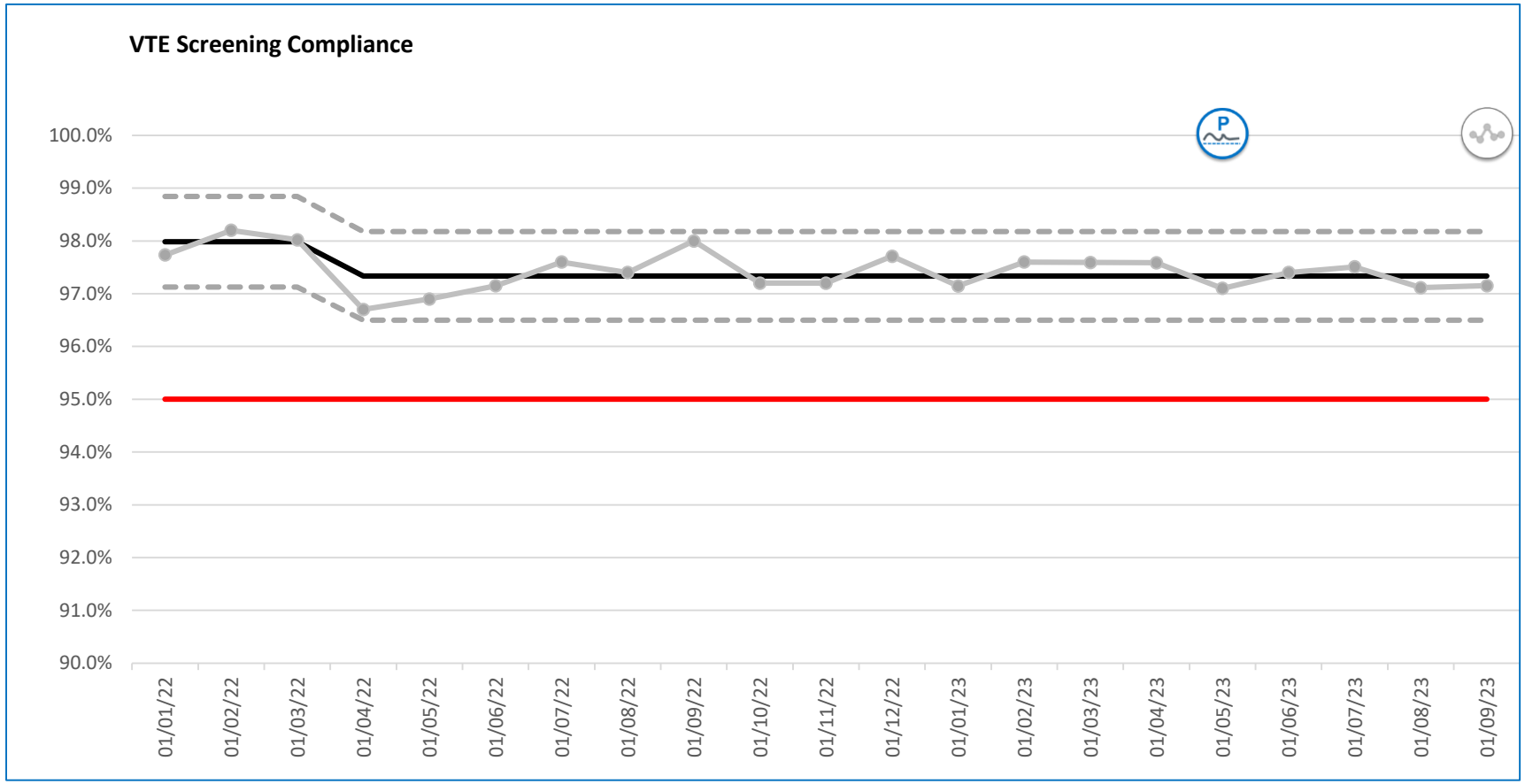
Target

90%

Target Achievement

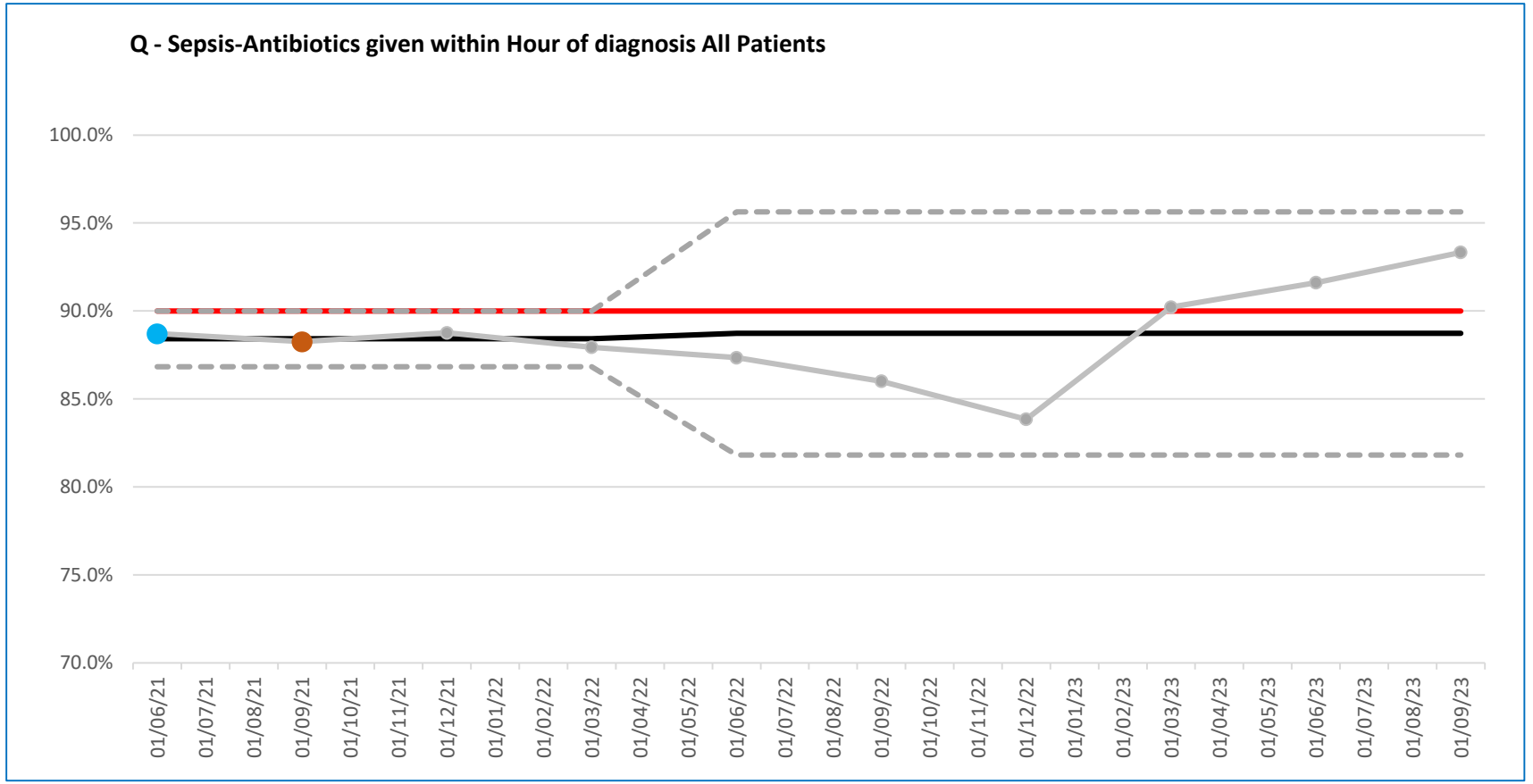
Measure is failing the target.

Background	What the chart Tells Us	Issues	Actions	Context
Complaints closed within local standard	Consistently failing to achieve the KPI of responding to all formal complaints within 40 working days. This has increased since last month with 77% closed within initial target and an average of 40 days.	Delays in obtaining information and statements required to respond to formal complaints. There were five complaints which failed to achieve the 40 working day KPI: • Three complaint investigations were delayed due to waiting for statements • Two were complex cases.	Weekly email escalation processes in place to support the timely access to information and statements required to respond to formal complaints. Weekly face to face meeting with CBU triumvirates and Complaints Manager Weekly exception reports to the DoN&Q and MD as required Escalations at CBU performance meetings	All complainants have been kept informed of the progress of their complaint response.



September 2023
97.2%
Variance Type
Common cause variation, no significant change. The system will consistently PASS.
Target
95%
Target Achievement
Consistently passing target.

Background	What the chart tells us	Issues	Actions	Context
VTE Screening Compliance is a National Quality Requirement in the NHS Standard Contract 2023/2024	The target is consistently being achieved.	Ensuring all data sources are included. Specialties and their individual performance can be viewed on IRIS.	The clinical teams that have not achieved the target have been informed and support offered.	Annual update of the data specification which informs reporting. Manual sample validation checks take place each month.



Q2 2023/24

93%

Variance Type

Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)

Target

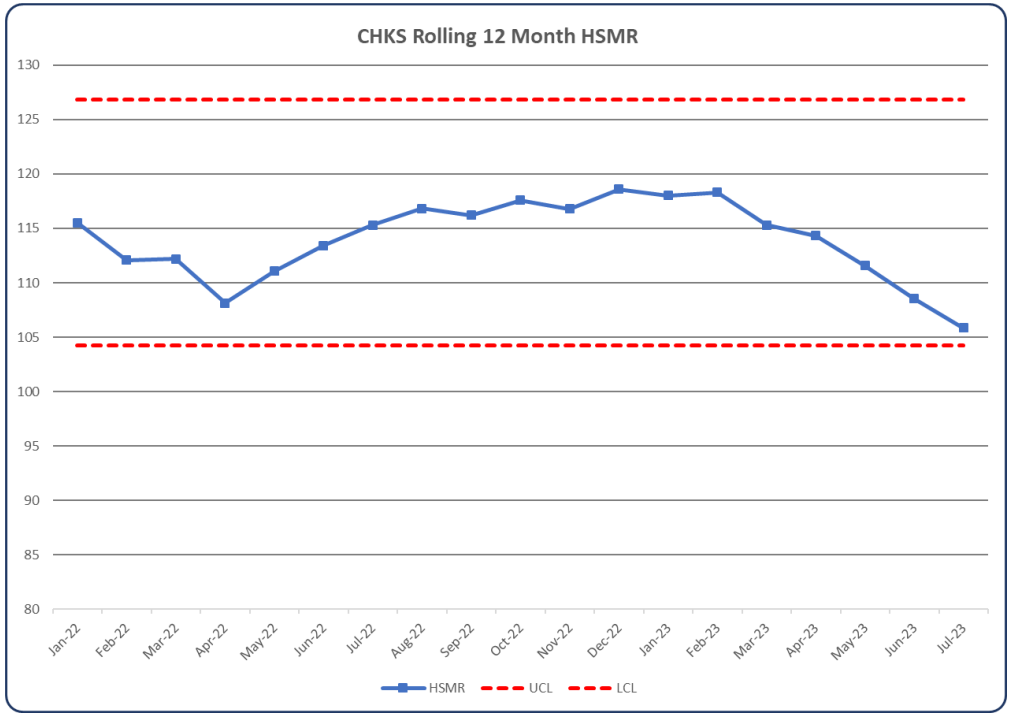
90%

Target Achievement

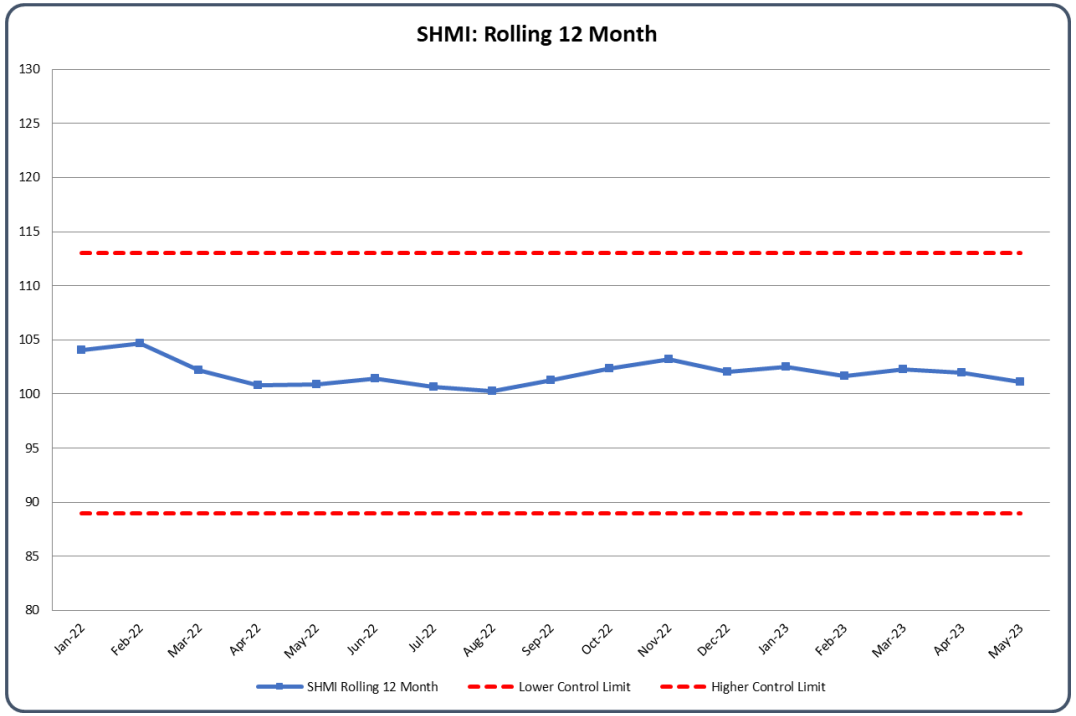
Will hit and miss the target.

Background	What the chart tells us	Issues	Actions	Context
Sepsis is a National Quality Requirement in the NHS Standard Contract 2023/24	The target for inpatients is consistently met ED has met the target for within the hour.	ED sepsis is on the risk register rated at 8 (high risk).	ED own the improvement workstream the risk register is due to be updated in Q2 2023.	Patients with sepsis coded in the Primary, 1st & 2nd position are checked by the clinical lead for sepsis for accuracy and learning.

HSMR



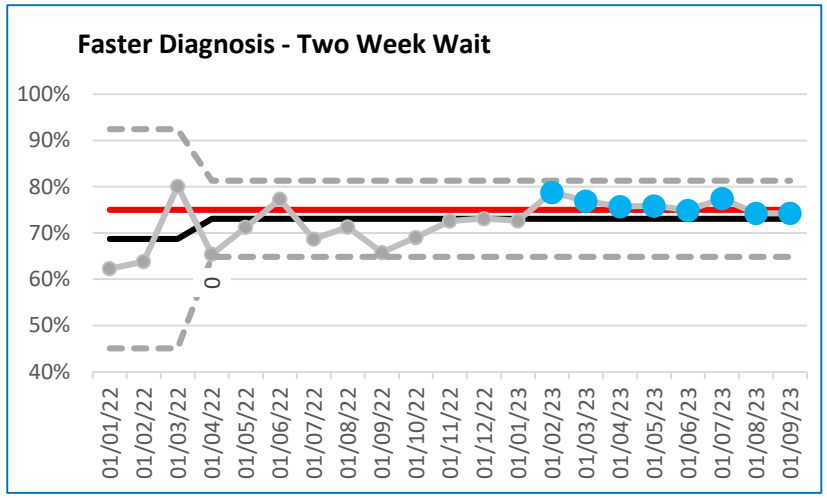
SHMI



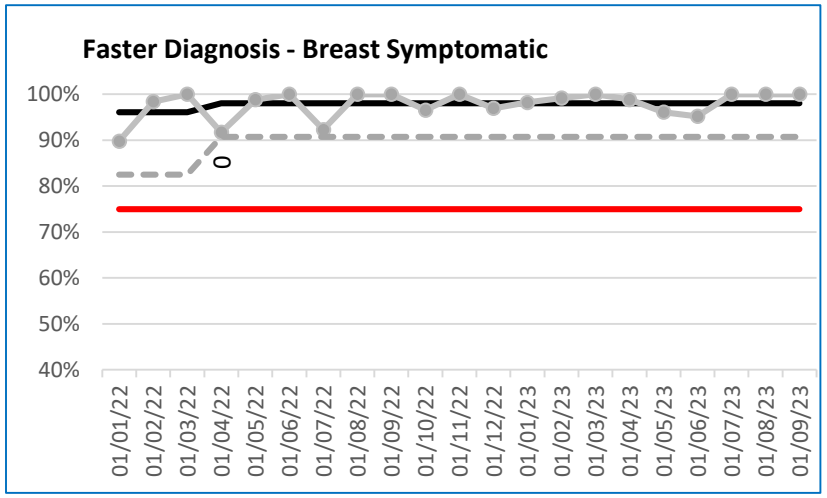
Commentary

HSMR Rolling 12 Month: August 2022 – July 2023 **105.87**

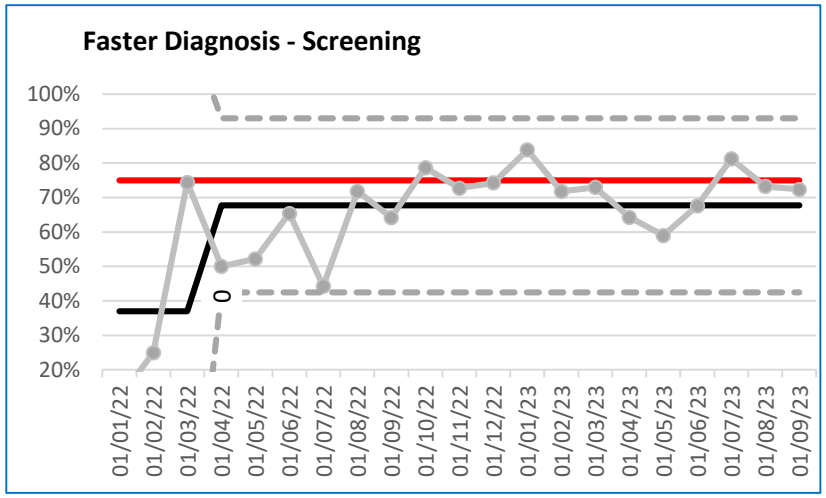
SHMI Latest reporting period: April 2022 – May 2023 **101.15**



September 2023	Target	Variance Type
74%	75%	Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

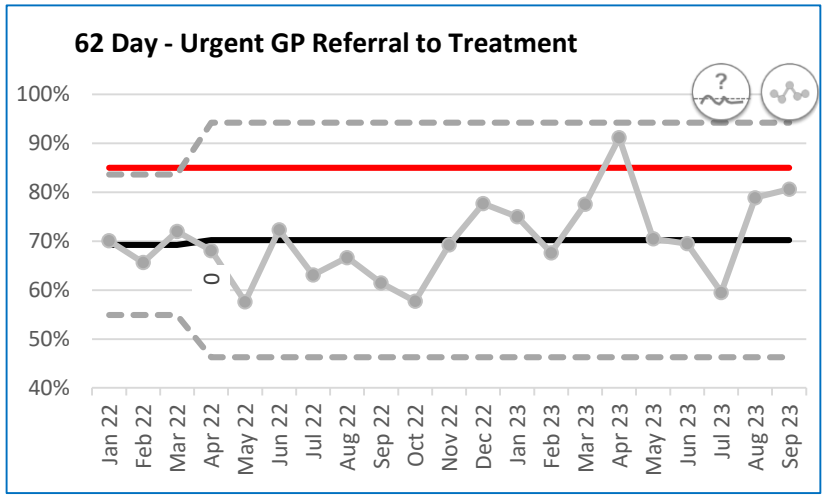


September 2023	Target	Variance Type
100%	75%	Common cause variation, no significant change. The system will consistently PASS.

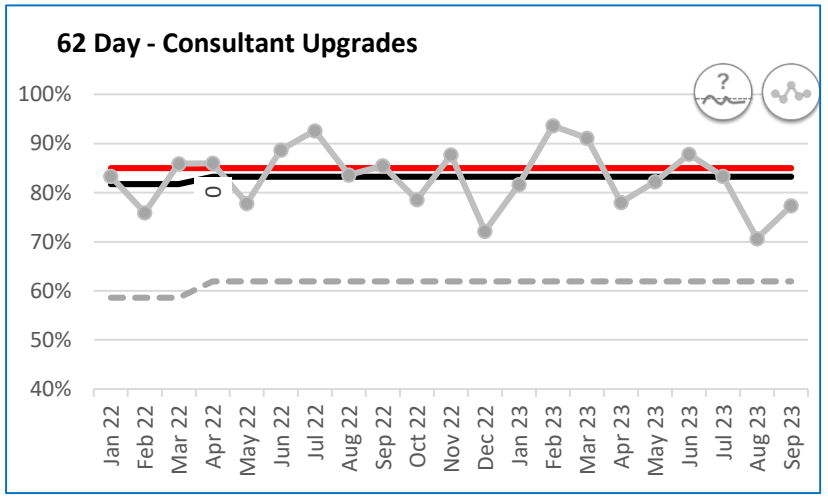


September 2023	Target	Variance Type
72%	75%	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)

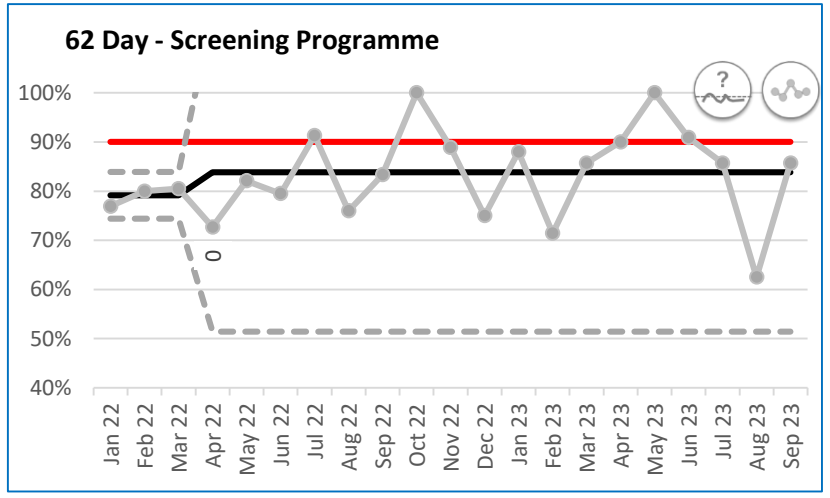
Background	What the chart tells us	Issues	Actions	Context
Cancer - Faster Diagnosis • **2 Week Waits** • **Breast Symptomatic** • **Screening**	Performance variation has reduced.	Capacity lost due to combined Consultant and Junior Doctor industrial action reducing the number of available appointments and MDT decisions supporting patients' pathways.	Focus is on Diagnostic decision making. Triaging referrals Straight to Test is a focus. Radiology and Histology key in supporting the 10 day turn around to ensure diagnostic turnaround can be achieved.	



September 2023	Target	Variance Type
81%	85%	Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

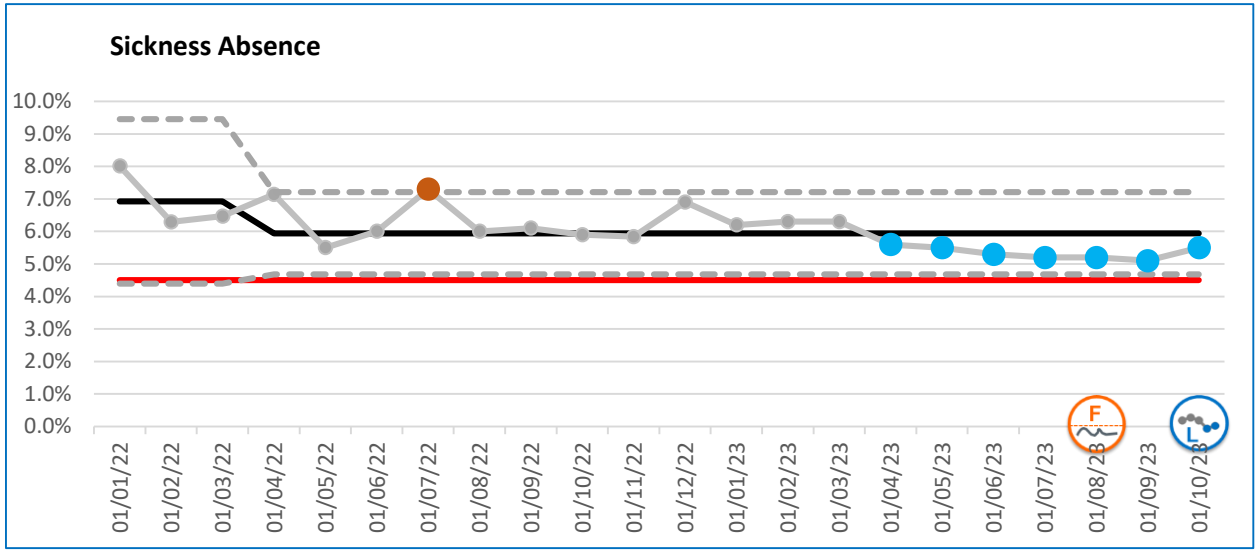


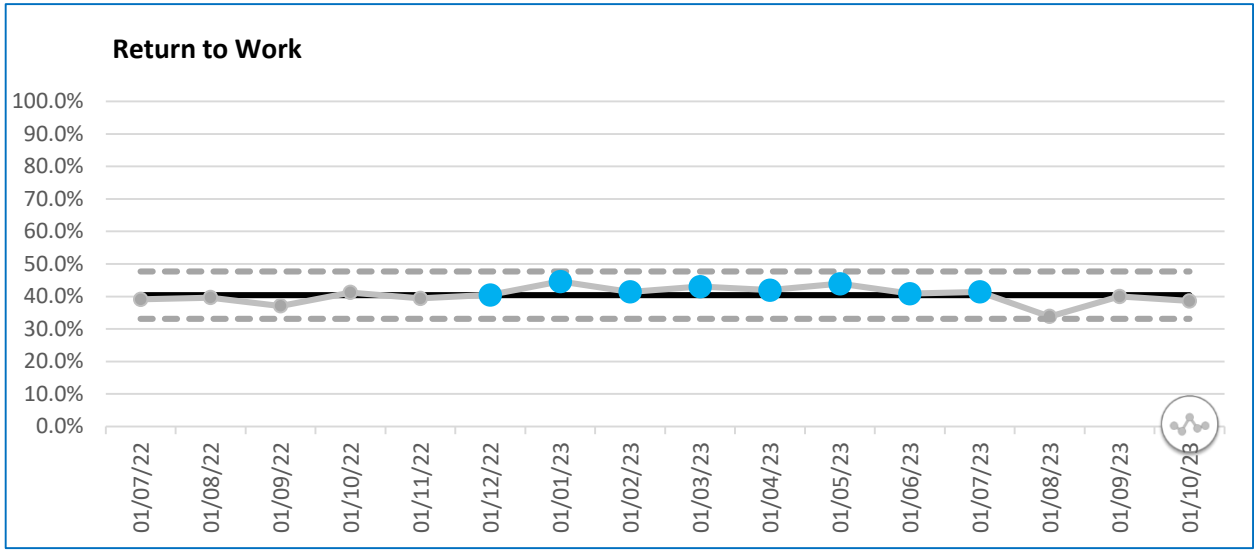
September 2023	Target	Variance Type
77%	85%	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)



September 2023	Target	Variance Type
86%	90%	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)

Background	What the chart tells us	Issues	Actions	Context
Cancer • **62 Day Urgent GP Referral** • **62 Day Screening Programme** • **62 Day Consultant Upgrades**	Performance is improving but may miss the target without further action.	Delays to pathways from patient choice, illness, industrial action across different specialties. Continued focus on >62 day waits which adds to the variability in performance against target.	Majority of targets now being met and others improving. Number of long waiting patients significantly reduced. Robust escalation process and cancer tracking.	Requirement to continue work with partners to ensure pathways are optimised and patients aware of urgent timings at referral to reduce cancellation of appointments.





October 2023	Target	Variance Type
5.5%	**4.5%**	Special cause of an improving nature where the measure is significantly LOWER.This process is still not capable. It will FAIL the target without process redesign.

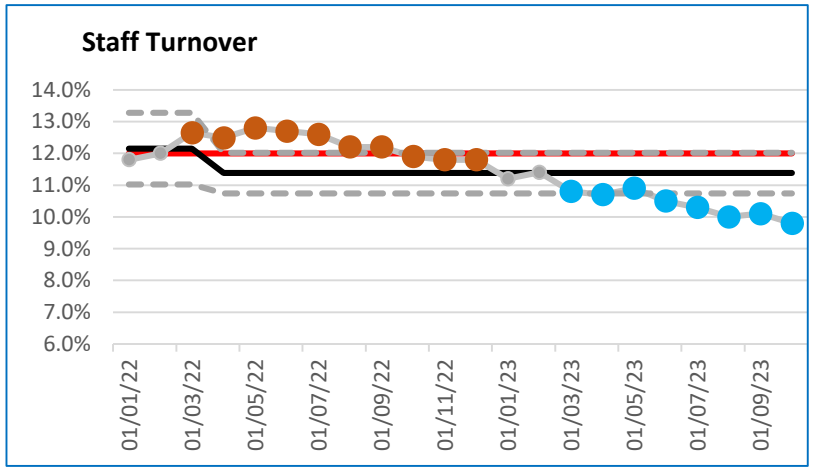
Sickness Absence

Issues	High cost short term absence areas identified.
Actions	CBUs monthly panels taking place, to closely manage cases. New Policy T&F Group is set up to design manager training package ready for policy launch.
Context	Sickness for 2023 has consistently been below 2022 levels. LTS dropped to its lowest level in 12 months in Sept to 3.2%

October 2023	Target	Variance Type
38.6%	**N/A**	Common cause variation, no significant change..

Return to Work

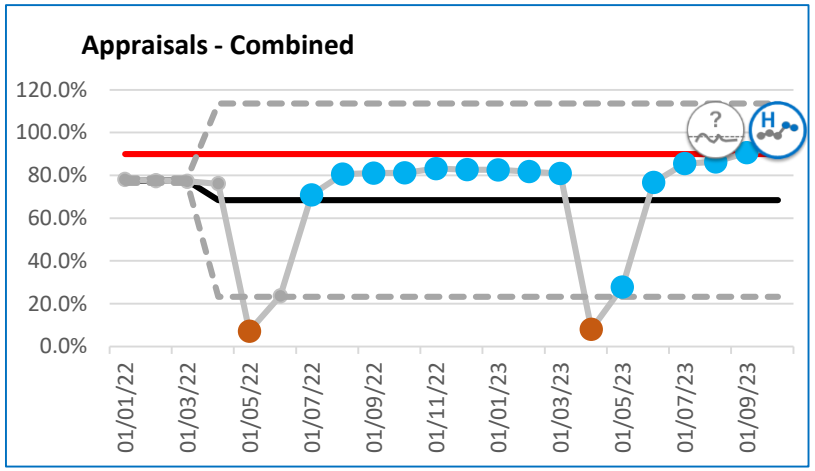
Issues	Continued low completion rate.
Actions	New line Manager training in holding and recording supportive Health and Wellbeing conversations including RTW interviews to feature as part of new policy launch in early 2024.
Context	Annual cumulative rate is slowly improving at 48% completed in Sept 2023, compared to 47% in June 2023.



Oct 2023	Target	Variance Type
9.8%	12%	Special cause of an improving nature where the measure is significantly LOWER. This process is capable and will consistently PASS the target.

Staff Turnover

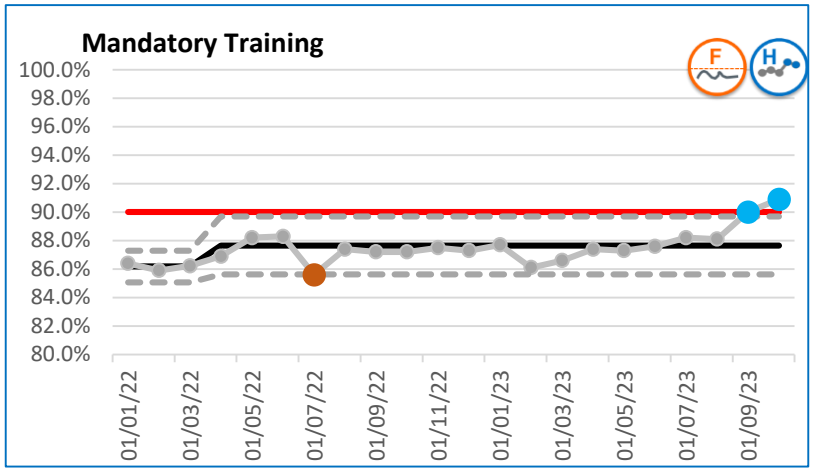
Issues	Continued low return of ESR exit questionnaires from leavers
Actions	HR Team to survey recent leavers to find out their reasons and barriers to non-completion of exit questionnaires.
Context	The Trust compares favourably to the ICB and nationally remains within the first quartile for nurses, AHPs and support to nurses.



Oct 2023	Target	Variance Type
93.5%	90%	Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

Appraisals – Combined

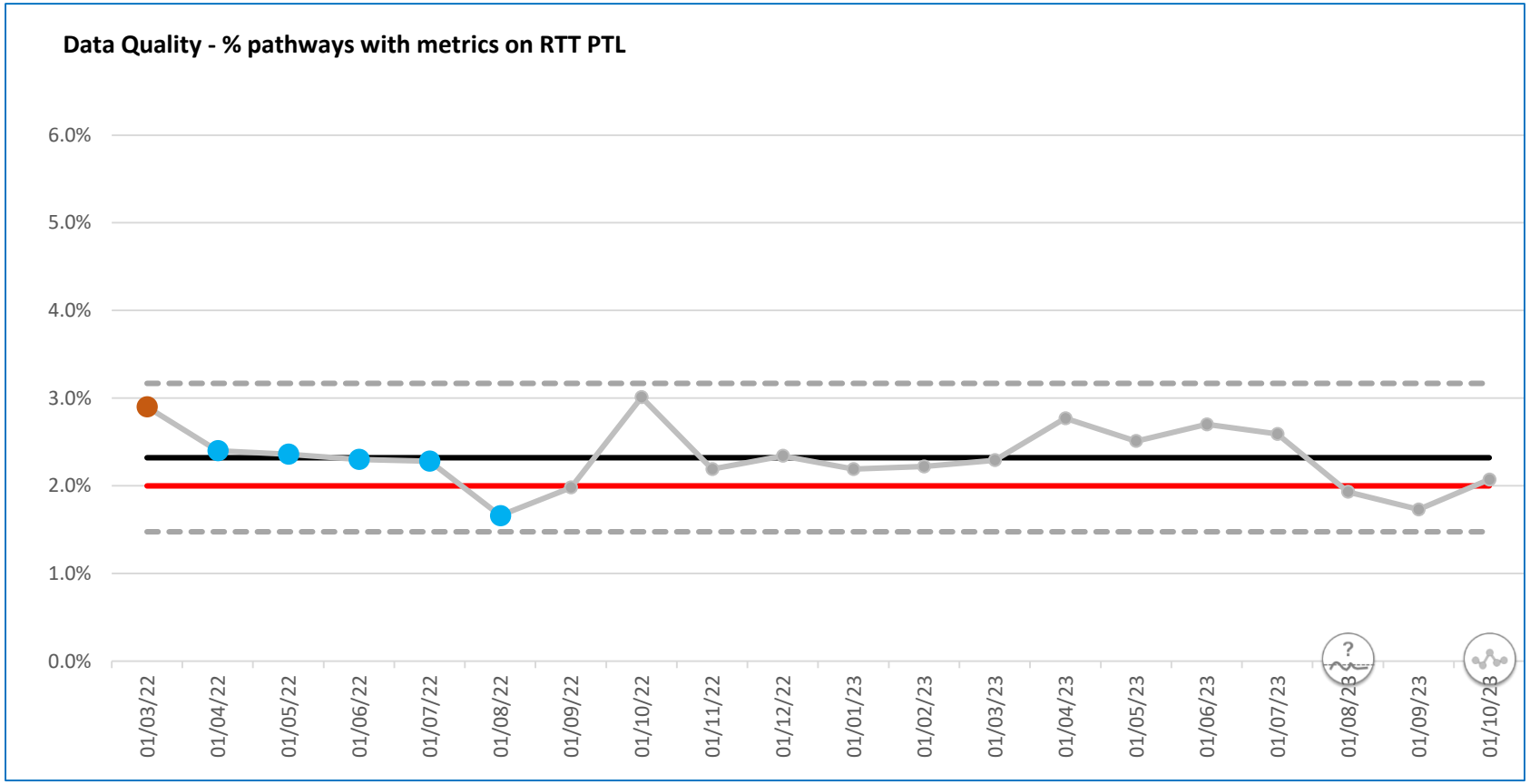
Issues	Sustaining the target.
Actions	Weekly focus on compliance progress to continue.
Context	Second consecutive month the target has been met since pre-covid in 2019/20.



Oct 2023	Target	Variance Type
90.9%	90%	Special cause of an improving nature where the measure is significantly HIGHER.This process is still not capable. It will FAIL the target without process redesign.

Mandatory Training

Issues	Trainer-led courses remain under target.
Actions	Weekly focus on compliance progress to continue. Extra training sessions, queries support and data cleansing.
Context	Second consecutive month the overall target has been reached since remaining fairly static



October 2023

2.1%

Variance Type

Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

Target

2.0%

Target Achievement

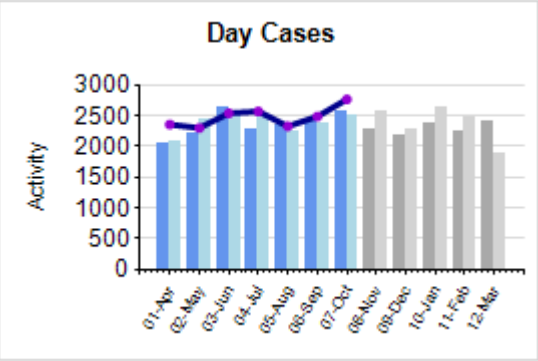
Will hit and miss the target.

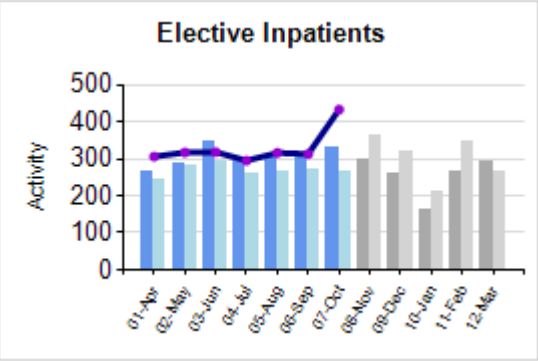
Background	What the chart tells us	Issues	Actions	Context
2% target **Protecting & Expanding Elective Capacity Action on validation**	We are currently only just above target by 0.07%, this could equate to 1 pathway.	Patients can have more than one pathway in the same specialty. Pathways continue to be created when they already have a pathway set up in many cases.	Continue to validate any potential duplicate pathways and raise with CBU's for training where necessary.	Validation of RTT pathways. The board receives a report showing current validation rates, utilising available data quality (DQ) reports to target validation, with progress reported to board at monthly intervals. This should include use of the nationally available LUNA system (or similar) to address data quality errors and identify cohorts of patients that need further administrative and clinical validation.

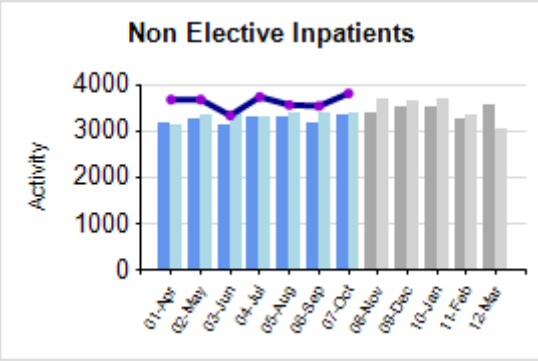
2023/24 Year to Date Activity

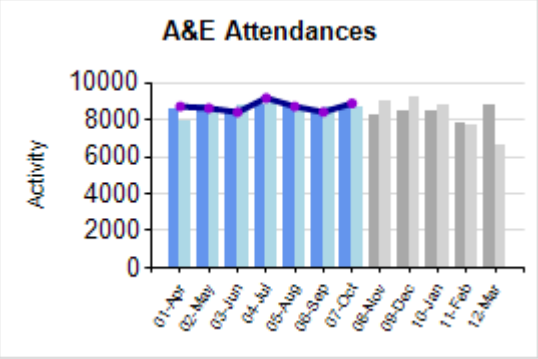
	19/20 Actuals	2023/24 Plan	2023/24 Actuals	Variance	%
Elective Daycases	17,342	16,466	16,606	140	1%
Elective Inpatients	2,298	2,139	1,880	(259)	-12%
Elective Total	**19,640**	**18,605**	**18,486**	**(119)**	**-1%**
Non Elective	25,361	22,568	23,302	734	3%
Non Elective Total	**25,361**	**22,568**	**23,302**	**734**	**3%**
Maternity Pathway	3,799	3,708	3,361	(347)	-9%
Maternity Pathway Total	**3,799**	**3,708**	**3,361**	**(347)**	**-9%**
A&E Att.	60,979	60,825	60,027	(798)	-1%
A&E Total	**60,979**	**60,825**	**60,027**	**(798)**	**-1%**
Outpatients	215,379	222,292	218,595	(3,697)	-2%
Outpatients Total	**215,379**	**222,292**	**218,595**	**(3,697)**	**-2%**

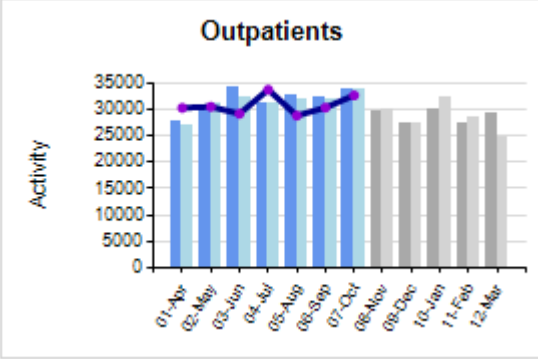
Please note excess bed days are not included in these figures.
Obstetric outpatient attendances are excluded as they are covered by the maternity pathway tariffs.











Commentary

Clinical business units continue to focus on the cohort of patients who may breach 65 weeks by end March 2024, there are approximately 382 patients who are potentially 65-week breaches with the majority in Orthopaedics, Oral & Maxillo-facial surgery and Dental where work is ongoing to create additional capacity both insourcing and outsourcing support. There are increasing waits to first appointment in some specialties and recovery plans are in train to reduce the wait initially to <26 weeks, however industrial action has impacted on the original trajectory of October 2023. The trust has not yet achieved the specified reduction of 25% in outpatient follow ups as set out within the 2023/2024 operational priorities, however clinical business units continue to work with clinical teams and patients to implement national best practice guidelines. Industrial action at the start of October impacted on elective activity with teams focused on maintaining safe non-elective services & capacity. Theatre utilisation increased to 77.4% in October up by 1.7% on September to 75.7%.

Finance Performance

October 23 Summary

RAG Rating Summary Performance:		
Finance	Planned Financial Position	As at month 7 the Trust has a consolidated year to date deficit of £4.670m against a planned deficit of £5.240m giving a favourable variance of £0.570m. NHS England (NHSE) adjusted financial performance after taking into account income and depreciation in respect of donated assets £7k and granted assets £67k, is a deficit of £4.596m with a favourable variance of £0.644m.
	Income	Total income is £0.671m adverse to plan, mainly due to the under performance on clinical income.
	Planned Cash Position	Cash balances have increased from last month by £2.145m and are £6.742m above plan, both of which are mainly due to timing of receipt of NHS income, capital programme slippage and timing of payments of capital creditors.
	Capital Plan	Capital expenditure for the year is £3.746m, which is £2.608m below plan.

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**

October 23 Summary

Performance - Financial Overview

	Month Plan	Month Actual	Variance	Variance %	Plan YTD	Actual YTD	Variance	Variance %
ACTIVITY LEVELS (PROVISIONAL)								
Elective inpatients	329	266	(63)	-19.15%	2,139	1,880	(259)	-12.11%
Day cases	2,561	2,514	(47)	-1.84%	16,466	16,606	140	0.85%
Outpatients	26,173	25,368	(805)	-3.08%	172,674	168,744	(3,930)	-2.28%
Non-elective inpatients	3,332	3,393	61	1.83%	22,577	23,318	741	3.28%
A&E	8,811	8,711	(100)	-1.13%	60,825	60,027	(798)	-1.31%
Other (excludes direct access tests)	17,640	18,275	635	3.60%	109,279	118,724	9,445	8.64%
Total activity	**58,846**	**58,527**	**(319)**	**-0.54%**	**383,960**	**389,299**	**5,339**	**1.39%**
INCOME	**£'000**	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**	
Elective inpatients	1,138	869	(269)	-23.64%	7,391	6,700	(691)	-9.35%
Day Cases	1,955	2,140	185	9.46%	12,611	13,365	754	5.98%
Outpatients	3,803	3,835	32	0.84%	24,903	24,527	(376)	-1.51%
Non-elective inpatients	8,679	8,387	(292)	-3.36%	58,704	60,978	2,274	3.87%
A&E	1,571	1,579	8	0.51%	10,845	10,908	63	0.58%
Other Clinical	7,776	8,388	612	7.87%	55,653	53,060	(2,593)	-4.66%
Other	2,379	2,304	(75)	-3.15%	16,653	16,551	(102)	-0.61%
Total income	**27,301**	**27,502**	**201**	**0.74%**	**186,760**	**186,089**	**(671)**	**-0.36%**
OPERATING COSTS	**£'000**	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**	
Pay	(19,361)	(19,863)	(502)	-2.59%	(133,954)	(136,960)	(3,006)	-2.24%
Drugs	(1,661)	(2,074)	(413)	-24.86%	(11,627)	(11,602)	25	0.22%
Non-Pay	(6,270)	(5,550)	720	11.48%	(40,823)	(37,289)	3,534	8.66%
Total Costs	**(27,292)**	**(27,487)**	**(195)**	**-0.71%**	**(186,404)**	**(185,851)**	**553**	**0.30%**
EBITDA	**9**	**15**	**6**	66.67%	**356**	**238**	**(118)**	-33.15%
Depreciation	(645)	(651)	(6)	-0.93%	(4,415)	(4,396)	19	0.43%
Non Operating Items	(179)	(75)	104	58.10%	(1,181)	(512)	669	56.65%
Surplus / (Deficit)	**(815)**	**(711)**	**104**	12.76%	**(5,240)**	**(4,670)**	**570**	10.88%
NHSE adjusted financial performance	**(815)**	**(697)**	118	14.48%	**(5,240)**	**(4,596)**	644	12.29%

Commentary

The key points derived from this table are as follows:

- The final plan approved by the Board of Directors and submitted in May is an £11.2m deficit, in the context of a South Yorkshire (SY) system balanced plan.
- As at month 7 the Trust has a consolidated year to date deficit of £4.670m against a planned deficit of £5.240m giving a favourable variance of £0.570m. NHS England (NHSE) adjusted financial performance after taking into account income and depreciation in respect of donated assets £7k and granted assets £67k, is a deficit of £4.596m with a favourable variance of £0.644m.
- The plan was set aligned to the national NHSE planning guidance, which set a planned care recovery target of 103% weighted value of 2019/20 levels of planned care delivery, supported with Elective Recovery Fund (ERF) monies. NHSE have reduced the target by 2% to take into account the impact of the Junior doctors strike in April. The month 7 position includes a £1.5m clawback of ERF monies as actual activity levels are below those required, this may be reduced to £0.6m once advice & guidance overperformance is taken into account.
- In-month activity is 6.30% greater than last month, however it is 0.54% below plan for the month with non elective and other POD's favourable to plan. The acuity of patients presenting at ED and requiring admission continues to be high, with higher than usual length of stay as a result.
- Total income is £0.671m adverse to plan, mainly due to the under performance on NHS clinical income and non-NHS clinical income adverse variances for overseas visitors and road traffic accidents.
- Pay costs continue to come under pressure as a consequence of length of stay, bed occupancy and sickness levels being above target; along with increased costs of covering industrial action. October also saw the opening of the new wards and discharge lounge moving to 24/7 opening hours as part of the winter capacity plan. Non-pay costs are below plan mainly due to not delivering elective recovery activity levels and additional efficiencies.
- Non Operating Items are £0.669m above plan mainly due interest receivable being higher than expected due to higher interest rates.
- Forecast year-end position continues to be a £11.225m deficit in line with plan.

Finance Performance

Performance - Financial Overview

	Month Plan	Month Actual	Variance	Variance %	Plan YTD	Actual YTD	Variance	Variance %	Commentary
Capital Programme	**£'000**	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**		
Capital Spend - internally funded	(631)	(312)	319	50.52%	(3,603)	(1,692)	1,911	53.03%	• The internally funded variance is across building schemes. The externally funded variance is mainly on the public dividend capital funded phase 2 community diagnostic centre. The slippage is expected to be recovered before year-end and achieve the planned £14.437m spend.
Capital Spend - externally funded	(563)	(1,118)	(555)	-98.57%	(2,751)	(2,054)	697	25.33%	
Statement of Financial Position (SOFP)									
Inventory					2,273	1,667	606	-26.64%	
Receivables					8,465	5,186	3,279	-38.73%	• Receivables are below plan due to the timing of receipt of NHS income.
Payables (includes accruals)					(48,486)	(47,676)	(810)	1.67%	• Payables are below plan mainly due to the timing of capital creditors, partially offset by higher than expected revenue accruals.
Other Net Liabilities					(6,550)	(8,905)	2,355	-35.95%	• Other Net Liabilities are above plan due to the timing of release of expenditure provisions and deferred income being higher than expected.
Cash & Loan Funding					**£'000**	**£'000**	**£'000**		
Cash					31,263	38,005	6,742	21.56%	• Cash balances have increased from last month by £2.145m and are £6.742m above plan, both of which are mainly due to timing of receipt of NHS income, capital programme slippage and timing of payments to capital creditors.
Loan Funding					0	0	0		
Efficiency and Productivity Programme (EPP)					**£'000**	**£'000**	**£'000**		
Income					175	908	733	418.70%	• Income schemes are above plan due to the increased interest receivable. Pay schemes are below plan mainly due to the impact of the ongoing industrial action. Non-pay schemes are above plan mainly due to procurement savings. The forecast level of savings remains £12.506m in line with plan.
Pay					6,320	4,021	(2,300)	-36.38%	
Non-Pay					626	1,126	499	79.68%	
Total EPP					**7,122**	**6,054**	(1,068)	-14.99%	
KPIs									
EBITDA %	0.03%	0.05%	0.02%	-65.45%	0.19%	0.13%	-0.06%	-32.91%	
Surplus / (Deficit) %	-2.99%	-2.59%	0.40%	13.40%	-2.81%	-2.51%	0.30%	10.56%	
Better Payment Practice Code (BPPC)									• The BPPC requires all valid invoices to be paid by the due date or within 30 days of receipt of the invoice, whichever is later. Compliance has deteriorated slightly from last month and is just below the target 95% of invoices in terms of value.
Number of invoices paid within target					95.0%	91.3%	-3.66%	-3.85%	
Value of invoices paid within target					95.0%	94.9%	-0.13%	-0.14%	

4.2. Trust Objectives 2023/24: Quarter Two

For Assurance

Presented by Bob Kirton

REPORT TO BOARD OF DIRECTORS	REF:	BoD: 23/12/07/4.2

SUBJECT:	**TRUST OBJECTIVES 2023/24: QUARTER TWO**				
DATE:	7 December 2023				
PURPOSE:		*Tick as applicable*			*Tick as applicable*
	For decision/approval	√		*Assurance*	√
	For review	√		*Governance*	√
	For information	√		*Strategy*	√
PREPARED BY:	Alice Cannon, Deputy Head of PMO				
SPONSORED BY:	Bob Kirton, Managing Director				
PRESENTED BY:	Bob Kirton, Managing Director				

STRATEGIC CONTEXT

Following in-depth development and engagement the Trust objectives were approved by Trust Board in April 2023. The Trust Objectives were developed through various forums including: Council of Governors, ET, Trust Board and Senior Leadership Team. As agreed at the April 2023 Trust Board meeting, progress against the Trust Objectives will be reported to Executive Team, Q&G, F&P, People Committee and Trust Board on a quarterly basis.

EXECUTIVE SUMMARY

This paper presents the 2023/24 Quarter 2 progress update. Overall the Trust has progressed with the objectives in equal balance.

Key Highlights: Excellent work has taken place in Best for Patients & the Public with the new in post, Population Health Analyst, this role will provide public health intelligence to the Trust and in the first instance will primarily focusing on identifying health inequalities in three areas; RTT waits, OPD DNA rates and Frailty. Positive work in patient experience & engagement with an established flagging system now in place for people who have safeguarding needs, this is being used to inform developments for people living with Dementia, a learning disability or autism. Excellent work in the Best for People objective with The Proud to Care colleague conference being held in September, the Trust has now launched the cultural development programme to embed our Values of Respect, Teamwork and Diversity. Senior Leaders Forum on 29th September 2023 provided a focus on Health Inequalities in Barnsley and to engage Leadership in the subject. Best for Place continues work to support joined up care and support for those with greatest need with the introduction of the HEARTT tool in September 2023, this tool (originally developed in Coventry and Warwickshire) will allow additional clinical and non-clinical factors to be considered when prioritising waiting lists, a 12-month license has been given to the Trust to pilot the tool with a working group established to support the delivery and evaluation over the 12-month period.

Key Concerns: Further Industrial strike action for the British Medical Association may impact on the delivery of planned and urgent care. Pressures associated with managing and delivering services whilst supporting the planned industrial action may impact on work associated with the Trust objectives.

Progress will continue to be monitored and reported on a quarterly basis.

RECOMMENDATIONS

The Board of Directors is asked to:

1.1 review and approve the report.
1.2 accept this report as assurance of progress against the Trust Objectives.

Subject:	TRUST OBJECTIVES 2023/24: QUARTER TWO	Ref:	BoD: 23/12/07/4.2

1. STRATEGIC CONTEXT

1.1 Following in-depth development and engagement the Trust objectives were approved by Trust Board in April 2023. The Trust Objectives were developed through various forums including: Council of Governors, ET, Trust Board and Senior Leadership Team. As agreed at the April 2023 Trust Board meeting, progress against the Trust Objectives will be reported to Executive Team, Q&G, F&P, People Committee and Trust Board on a quarterly basis.

2. INTRODUCTION

2.1 This paper presents the 2023/24 Quarter 2 progress update. Overall the Trust has progressed with the objectives in equal balance. The attached report (Appendix 1) outlines progress against the Trust Objectives including the supporting metric dashboard (Appendix 2).

3. KEY HIGHLIGHTS

3.1 Excellent work has taken place in Best for Patients & the Public with the new in post, Population Health Analyst, this role will provide public health intelligence to the Trust and in the first instance will primarily focusing on identifying health inequalities in three areas; RTT waits, OPD DNA rates and Frailty. Positive work in patient experience & engagement with an established flagging system now in place for people who have safeguarding needs, this is being used to inform developments for people living with Dementia, a learning disability or autism.

3.2 Excellent work in the Best for People objective with The Proud to Care colleague conference being held in September, the Trust has now launched the cultural development programme to embed our Values of Respect, Teamwork and Diversity. Senior Leaders Forum on 29th September 2023 provided a focus on Health Inequalities in Barnsley and to engage Leadership in the subject.

3.3 Best for Place continues work to support joined up care and support for those with greatest need with the introduction of the HEARTT tool in September 2023, this tool (originally developed in Coventry and Warwickshire) will allow additional clinical and non-clinical factors to be considered when prioritising waiting lists, a 12-month license has been given to the Trust to pilot the tool with a working group established to support the delivery and evaluation over the 12-month period.

4. KEY CONCERNS

4.1 Further Industrial strike action for the British Medical Association may impact on the delivery of planned and urgent care. Pressures associated with managing and delivering services whilst supporting the planned industrial action may impact on work associated with the Trust objectives.

5. RECOMMENDATIONS

5.1 The Board of Directors is asked to review and approve the report.

5.2 The Board of Directors accepts this report as an assurance of progress against the Trust Objectives.

6. CONCLUSION

6.1 Overall the Trust has progressed with the objectives in equal balance.

Appendices:

- Appendix 1 - Trust Objectives 23-24 Q2 Report
- Appendix 2 – Trust Objectives Q2 Metric Dashboard

Appendix 1

NHS Barnsley Hospital NHS Foundation Trust

BARNSLEY HOSPITAL TRUST OBJECTIVES 2023–2024 – BUILDING ON EMERGING OPPORTUNITIES Q2 REPORT

RAG Key

	On Track
	Issues but Mitigation in Place
	Significant Issues/Delays
	Complete

Mission: To provide the best possible care for the people of Barnsley and beyond at all stages of their life		
Strategic Goal Priorities	**Best for Patients & The Public** - We will provide the best possible care for our patients and service users	**Best for People** - We will make our Trust the best place to work
	Best for Performance - We will meet our performance targets and continuously strive to deliver sustainable services	**Best for Place** - We will fulfil our ambition to be at the heart of the Barnsley place partnership to improve patient services, support a reduction in health inequalities and improve population health
	Best Partner - We will work with partners within the South Yorkshire Integrated Care System to deliver improved and integrated patient pathways	**Best for Planet** - We will build on our sustainability work to date and reduce our impact on the environment

Best for Patients & The Public - We will provide the best possible care for our patients and service users

Lead Director	Objectives (including key metrics to measure success)	Key Actions and Milestones	Completion Date	RAG Status	Progress Update
	We will deliver our defined quality priorities for 2023/24 and achieve outstanding care by continuing to learn from exemplary organisations Delivery measured by: RAG / Mortality statistics to remain within confidence limits / Q2: Within Limits RAG / Scrutiny of Deaths by the medical examiner service@100% / Q2: 100%	• Achieve the 2023/24 targets aligned to each of the quality priorities with monthly reporting on KPIs/progress via Quality & Governance Committee: Clinical Effectiveness ▪ Ensure mortality indicators are within statistically expected confidence limits ▪ Continue to improve and implement systems to provide learning from deaths to prevent avoidable harm ▪ Embed GIRFT learning using the intelligence to reduce unwarranted variation in outcomes to drive improvements in clinical services ▪ Further develop and strengthen our preventive medicine for all patients through our Healthy Lives Programme including QUIT ▪ Guided by the Core20Plus5 approach and our health inequalities action plan disaggregate activity and performance data, continue to develop and implement the Barnsley Index of Deprivation and develop service improvement plans targeted to those that have the greatest need.	Mar 2024	Green	Progress against the 2023/24 targets aligned to each of the quality priorities for Q2 detailed below: **Clinical Effectiveness** • Mortality indicators are within statistically expected confidence limits, latest data available for the HSMR to July 2023. • 100% of deaths are reviewed by the medical examiner service and either an ME scrutiny carried out or a referral made to HM Coroner. • Further GIRFT Oversight Groups have been scheduled with services to provide oversight of progress against GIRFT guidance/action plans. Monthly SYB GIRFT meetings continue to provide learning from other Trusts to support embed GIRFT processes and recommendations. • The QUIT and Alcohol Care teams continue to work closely with aligned local community services to build pathways that feel as seamless to patients as possible and report on outcomes as well as process measures. • Population Health Analyst in post since July 2023. This role provides public health intelligence for BHNFT and along with support to our Information team in the further identification and exploration of health inequalities using our activity and performance data. Focus has been on looking into health inequalities in three areas: RTT wait times; outpatient DNA rates and frailty.
	Delivery measured by: • Compliance with patient safety updates (RAG) Achieve compliance with the following:	Patient Safety ▪ Undertake a programme of quality improvement projects that test and inform best practice relating to the provision of enhanced care	Mar 2024	Green	**Patient Safety** • The Enhanced care risk assessment has undergone PDSA cycles and version 2 is now being tested. Patient, carer and staff surveys are being undertaken to evaluate the impact of extended visiting hours. The use RITA continues on ward 30, and modifications have been made to ward 20 enhanced care bay.

	RAG		Q2	▪ Develop an action plan to take forward the single delivery plan for maternity and neonatal when published including improving the access and outcomes for the groups that experience the greatest inequalities ▪ Proactively implement improvements to keep our patients safe, using Quality Improvement (QI) methodology where appropriate ▪ Prevent avoidable patient deterioration (NEWS2 for unplanned Critical Care Unit admissions, Venous Thromboembolism (VTE), Sepsis) ▪ Continued development of the Patient Safety Specialist role within the organisation and delivery of work programmes to support the implementation of the NHS Patient Safety Strategy ▪ Share learning from regional and national best practice examples for example from the National Patient Safety Team to achieve the strategy's aims through a series of programmes and areas of work. ▪ Provide care that is compassionate, dignified and respectful balancing both the physical and mental health of our patients and service users.			• The delivery plan is reviewed as an ongoing piece of work via the maternity & neonatal transformation group. This has also been included as part of the LMNS work attended/supported by CBU3 ADON and Head of Midwifery. • There are currently 15 areas identified at Q2 within the Trust that are utilising Quality Improvement (QI) methodologies to support with their QI initiatives to support keep our patients safe. • In Q1 In-patient and the Emergency Department combined within an hour for sepsis achieved 91.61%, Q2 figure hasn't been validated. The clinical lead for sepsis reviews all patient records for those coded for sepsis, ensuring any patients who do not receive the administration of antibiotics within an hour receives the appropriate care. NEWS2 metrics have been achieved for Q2. The VTE clinical lead completes an RCA for all potential hospital acquired VTE the findings are presented monthly at the VTE committee. VTE screening has consistently achieved >95% for all reporting areas for the past five months. AKI alerts for adult inpatient areas are received daily and actioned by the Acute Response Team, ensuring appropriate management. • Patient Safety Specialist (PSS) role is embedded and working well. Monthly national patient safety updates are actioned and shared by PSS. Wider engagement with the SY ICS is underway. Both PSS participate in local regional and national level PSS workstreams. • In support of implementing the NHS Patient Safety Strategy – Safer Systems, Safer Patients there are eight key priorities. BHNFT PSS has completed a gap analysis against the updated priorities and the Trust is currently on track with six out of the eight key priorities. Any urgent patient safety issues are addressed at the weekly Patient Safety Panel. The Patient Safety Specialist provides a monthly report and assurance on the National Patient Safety Updates to the Panel. • Engagement with Healthwatch has took place to explore opportunity to seek patient experience feedback to inform service improvements. Currently working with partners to understand the data relating to section 136 detentions.
		30% of unplanned ITU admissions from having a timely response to deterioration, with the NEWS2 score, escalation and response times recorded in clinical notes	Q2 62.5% NEWS2			
		VTE screening >95%	97.11% Aug 2023			
		Antibiotics given within an hour for Sepsis >90%.	Q2 91.61%			
	Delivery measured by: • 95% FFT satisfaction score. Currently at the end of Q2 2023: ○ Inpatient: 93% ○ Maternity: 94% ○ ED: 86%			**Patient Experience & Engagement** ▪ Implement Care Partner principles which will include a visitor's charter and will revisit John's Campaign ▪ Embed a process to ensure service users requiring reasonable adjustments are identified accurately and recorded by a suitable flagging system within the electronic record ▪ Engage with patients and service users when co-designing pathways, services and environmental changes which will include priorities in the health inequalities action plan	Mar 2024 Aug 2023 Mar 2024	Green	**Patient Experience & Engagement** • A Care Partner Policy and Care Partner Charter is being implemented across the CBUs. A Carers and Care Partner Steering Group has been set-up to support its implementation. • An established flagging system is now in place for people who have safeguarding needs and are using this to inform developments for people living with Dementia, a Learning disability or autism. Working with partners to address information sharing requirements. The Accessible Information Standard has been reviewed to ensure that the flagging system is up to date/relevant and have produced a staff user guide to ensure people with a communication need are identified and supported. • Strategies for patient, carer and public engagement are in place support the design, co-design of new services; removing barriers; support health inequalities (working with CBU1); evaluating new/revised systems. During Q2 the team has re-engaged with Barnsley PLACE: Involvement and Equality Strategic Group, ICS (Engaging with Carers) and Barnsley Healthcare Federation regarding PLACE wide engagement opportunities.

		▪ Clinical Business Unit's (CBU's) will embed two Always Events (Event area of focus to be determined by the CBU).	Mar 2024		• The Patient Experience team are working with CBU's to establish and embed Always Events, each quarter, across all CBU's. At the end of Q2: ○ *Care Partners Policy and Charter:* being implemented trust-wide with regular updates to the provided to Barnsley Carers Forum and other community groups to raise awareness of the initiative and to maintain momentum. ○ *Three Things About Me:* Embedded across CBU1. CBU2 are in the process of embedding this initiative in a format that supports the cohort of surgical patients ○ *Welcome Packs:* Distributed trust-wide with ongoing 'audit' of distribution and perceived effectiveness. • Discharge and Patient Flow and Check In-Check Out workstreams will begin roll-out in Quarter 3 and 4 respectively.
	Delivery measured by: RAG / Q2 Green: 75% of staff trained in QI Introduction by 2024. — 73.97% Sep-23 Yellow: 5% of staff trained in QI Foundations — 4.16% Sep-23	**Quality Improvement** ▪ Build quality improvement training appropriate for service users ready to use from 2024 ▪ Commence the transition from a quality improvement trained organisation to a fully demonstrable QI ethos and carry out a QI Culture survey results to inform change. ▪ Further develop and build on the improvement capability across the organisation.	Dec 2023 Dec 2023 Mar 2024	Green	**Quality Improvement** • Training will be available that is bespoke for the service user dependent on the project they were involved in. Review of existing training undertaken & clear on which sections would be appropriate. • Demand continues to be high for QI work with 52 active QI projects being undertaken as at 12/10/23. Differing levels of support are provided to projects by the QI team. During this ¼ the team have been canvassing teams & individuals who have undertaken QI work to get their views of using the methodology, the difference it has been to their service & the level of support they received. Plans to complete a QI culture survey across the organisation in Q3. • As at September 23, 73.97% of staff have completed the QI Introduction. training module, along with 4.16% of staff having completed Foundations training. The % of foundations trained staff is reduced from the previous ¼ due to overall staffing numbers within the organisation. Training continues to be delivered regularly & feedback continues to be positive. Engagement with teams continues to support them in completing their QI training.
Simon Enright	We will embed research as core business across the Trust, provide staff with access to support, guidance and time to progress research aspirations and identify a location for a Research Facility	• Engage more closely with CBUs and speciality teams through attendance at governance and team meetings to raise the profile and awareness of Research • Identify suitable participants for research studies by using our clinical systems more effectively • Identify new opportunities for collaborative working through our links with local Integrated Care Systems (ICS) • Identify and take forward joint research opportunities with The Rotherham Foundation Trust • Develop options for a fit for purpose Research Facility which may include collaboration with The Rotherham Foundation Trust.	Jun 2023 Oct 2023 Mar 2024 Mar 2024 Mar 2024	Green	• CBU B&G meetings are attended on a quarterly basis. In addition, a monthly update report on research activity is provided to each CBU. Links are embedded in the report that direct to more detailed information on the R&D intranet page. • Trust systems are effectively being utilised to support research activity. Care-flow (e-handovers) Infloflex, Bluespier, Microsoft teams' files section and internal referrals e-forms are used to support recruitment of participants. Clinical coding provide data on specific patient conditions that allow the team to assess feasibility of studies. • Relevant meetings and networking events are being attended to discuss potential opportunities for collaborations. There are ongoing and new collaborations are being formed. • No further opportunities have been identified to work with Rotherham • Meetings with estates continue and options are being explored for making current research space more fit for purpose and a better working environment. Plans have been drawn up to reconfigure block 14 and a paper is being prepared for the Executive team. Some research participants are being recruited when attending

					the CDC and we plan to utilise this space more when a suitable study becomes available.
Simon Enright	We will embed innovation across the Trust and foster a culture whereby day-to-day activities are supported by innovation at the core of our hospital's work	• Identify innovations that meet the needs of the Trust, liaising with clinical and operational teams to pilot and implement • Implement processes for staff to access support with the delivery of innovations across the Trust and introduce systems to capture and monitor associated projects • Continue to promote, communicate and embed the Innovation support available including access to the dedicated Innovation website • Progress implementation systems to promote innovations from external partners e.g. AHSN, P4SY etc. • Maintain close working with the Integrated Care System (ICS) and regional innovation leads to support delivery of Innovation in the Trust, ICB and Region.	Mar 2024	Green	• The innovation team is currently working on projects to do with: ○ Testing for pre-eclampsia ○ Considering options for chest drains ○ Considering an alternative for nasal surgery ○ Supporting work around an innovation called Cystosponge • An innovation email address has been set up and this is available on the intranet. We also have a form that can be completed when people have identified an innovation. If an innovation idea is submitted we have developed processes to review and propose next steps. We also have processes for innovations being suggested by external bodies e.g. AHSN. • The innovation team continues to embed our processes for introducing innovation to the hospital. • Work continues with our AHSN and ICB contacts for the implementation of (applicable) MedTech innovation products • Discussions taken place with ICB Lead for innovation who has also had conversations with other Trusts in South Yorkshire. The ICB Innovation Strategy will be shared with Barnsley Innovation Team to review. The current plan is to develop a newsletter with other Trusts to encourage collaboration where appropriate.
Tom Davidson	We will continue to use digital transformation to support new ways of working and build on solutions that enable our patients to digitally access information to support their own healthcare needs. Delivery measured by: • Realisation of the benefits associated with Electronic Prescribing and Electronic Patient Records • Delivery of each digital transformational action.	• Complete pilot work to share our appointment and digital letter solution to the NHS app in line with operational planning guidance and priorities • Respond to digital maturity assessments to assess gap and develop a plan to improve against minimum digital foundations by 2025 • Apply for minimum digital foundations funding to facilitate meeting the targets by 2025 • Ensure the appropriate business intelligence resources are put in place to support effective population health management • Assess the digital tools in place that will support patients with high quality information that equips them to take greater control over their health and Care • Complete the 3rd Phase of our Electronic Patient Records Strategy to include: ○ Clinical workspace to facilitate an unfragmented digital healthcare record for our patients ○ Outpatient Electronic Prescribing ○ Further review of Robotic Process Automation and Artificial Intelligence application across the organisation ○ Record Sharing – Submit our clinical records for access by our neighbouring NHS partners; • Ensure understanding and action any requirements of the new provider licence related to the new digital elements • Deliver our business intelligence strategy by implementing our Power BI plans to support self-service and improve forecasting, planning and intelligence • Undertake optimisation of digital systems based on user feedback to improve user friendliness and reduce waste e.g. discharge medication processes, electronic document management system and single sign on for systems	Mar 2024 Sep 2023 Mar 2024 Jun 2023 Mar 2024 Mar 2024 Mar 2024 Mar 2024 Mar 2024	Amber Rationale: Awaiting agreement on funding	• The NHSApp is currently live for our Patients appointments. We are going live with all our outpatient clinic outcome letters October 2023. • Complete: We have successfully completed a gap analysis, which is linked to external funding opportunities. • We have submitted our draft Investment Agreement documentation awaiting response and approval of our business cases. • The new population health resources are now awaiting to start. We are writing a new information strategy over the next 3 months expected for December 2023. • A new patient digital communications group is in place reporting to the digital steering group and this has already had traction. • Progress with the 3rd Phase of our Electronic Patient Records Strategy includes: ○ Clinical workspace go-live still on track for October 2023. Digital to paper group in place. ○ Outpatient e-prescribing are now live across all services July 2023. A number of clinicians requiring training to complete this project. ○ RPA live for 3 processes saving over 60 hours a week. Planned for extra contractual claims process. ○ Record sharing project in delivery will be integrated into workspace go-live Oct 2023. • We have aligned the digital provider license with our digital transformation strategy. • First PowerBI Dashboard expected to go live October 2023 for Recovery Patient Waiting lists. Supplier challenges. • We have aligned with the digital notation and clinical reference group to help engagement. We have great expectations of our clinical workspace solution.

Rob McCubbin /Chris Thickett	We will develop our estate to include phase 2 of the Community Diagnostics Centre development and delivery of capital programme in 2023/24. Delivery measured by: • Capital programme spend against plan • CT MR Diagnostic activity taking place at Glassworks.	• Finalise the new estates strategy • Community Diagnostic Centre Phase 2 operational – Providing local CT/MR facilities • Complete prioritised capital schemes as managed through Capital Monitoring Group, including backlog maintenance and essential fire related works. • Report and contribute to South Yorkshire & Bassetlaw (SYB) ICS Estates Board to understand the role of the estate within the region and agree any appropriate timeframe for actions arising. • Continue to review the efficiency of the estate ensuring optimal use for clinical activities, to be reported monthly through Space Utilisation Group • Review the food and beverage offer across the Trust (inpatient and retail) determining the service required to inform procurement as appropriate.	Aug 2023 Dec 2023 Mar 2024 Mar 2024 Mar 2024 Jun 2023	Green	• Work is on-going in relation to the Estates Strategy, influenced by ICB, Barnsley Place, Trust Strategies and the recent BMBC purchase of the Alhambra. • Works are now complete with the exception of the MRI which is due to complete in December 2023. Works remain on programme. • Capital programme is progressing with Wards 31/32 occupied 9 October 2023, Ward 37 is due to complete in December 2023. Designs are complete for the Theatre expansion to substantially start in Q4. • On-going attendance and input are being provided. • Monthly Space Management Group in place along with reviewing Estates Return Information Collection (ERIC) to ensure efficient use of space. • An initial review has been undertaken with the outcome an agreement to extend the contract for 12 months with the current provider.

Best for People - We will make our Trust the best place to work

Lead Director	Objectives (including key metrics to measure success)	Key Actions and Milestones	Completion Date	RAG Status	Progress Update
Steve Ned	**<u>Equality, Diversity and Inclusion</u>** We will continue to develop and embed a caring, supportive, fair and equitable culture for all and create an organisational climate that supports Equality, Diversity and Inclusion. Delivery measured by: RAG | | Q2 ‘We are compassionate and inclusive’ theme score from staff survey to improve to 7.7 | Report at Q4	• Apply for accreditation of our rainbow badge scheme, increase uptake and refresh badge holders’ commitment to the pledges of the scheme to help improve the experiences of our LGBTQ+ staff • Implement the actions arising from the Workplace Culture work embedding a positive culture. • Implement the WRES action plan to Improve the experience of our BAME workforce (as measured through the improvement of the WRES indicators) • Implement the WDES action plan to improve the experience of our staff with disabilities (as measured through the improvement of the WDES indicators) • Create plans to deliver the NHS People Plan six high impact actions to overhaul recruitment, promotion and development practices to ensure the workforce at all levels reflects the diversity of the community • Ensure Board members and senior management have measurable objectives on equality, diversity and inclusion • Apply to upgrade to Disability Confident Leader Accreditation • Develop actions plan to address the key areas of concern in NHS Staff Survey results with an aim to improve our relative position nationally in respective of the staff survey results.	Mar 2024 Sep 2023 Oct 2023 Oct 2023 Nov 2023 Jun 2023 Mar 2024 Mar 2024	Green	• The Trust has submitted an expression of interest to the LGBT Foundation to undertake the NHS rainbow badge scheme’s assessment and accreditation application process. Awaiting further updates from the foundation. • Complete: The Proud to Care colleague conference was held on 12th & 13th Sept and has launched the Trust’s cultural development programme to embed our Values of Respect, Teamwork and Diversity. • Complete: Improvements in WRES 2022 metrics for BAME workforce include reduction of staff experiencing bullying, harassment, abuse and discrimination, and staff entering formal disciplinary process. • Complete: Improvements in WDES 2022 metrics for disabled staff include staff believing the Trust provides equal opportunities for career progression, and slight improvement in presenteeism and harassment, bullying and abuse from colleagues. • Gap analysis being undertaken against the NHS EDI improvement plan six high impact actions to inform the delivery plan. • Complete: All Board members have measurable objectives on equality, diversity and inclusion written into their agreed 2023/24 performance objectives. • Scoping work to be undertaken to upgrade accreditation status • 2023 staff survey launched on 26 September and runs until 24 November, with initial Picker results anticipated to arrive by December.

<table>
<tr>
<td>Steve
Ned</td>
<td><u>Retention</u>
We will continue to ensure that we retain our staff and explore all opportunities to recruit to all vacancies across the Trust in 2023/24, including exploring innovative approaches where appropriate, and to ensure our organisation is correctly resourced.

Delivery measured by:
<table>
<tr><td>RAG</td><td></td><td>Q2</td></tr>
<tr><td></td><td>Retention rate – Increase from 89% to 90% (Mar 2024)</td><td>Headcount 90.27%
Assignment 90.05%</td></tr>
<tr><td></td><td>Vacancy rate – Decrease from 4.7% to 3.7% (Mar 2024)</td><td>2.87%</td></tr>
<tr><td></td><td>Improve the staff survey overall engagement score to a score of 7.3</td><td>Report at Q4</td></tr>
</table></td>
<td>• Learn from flexible working best practice case studies and showcase flexible roles to increase access to flexible working across the organisation

• Scope the feasibility to use the Erostering system to facilitate flexible team rostering
• Introduce a new Hybrid Working Policy and toolkit

• Optimise the role of our new Health Ambassadors, to showcase and attract young people to careers in the NHS
• Implement Manager Self Service within the Electronic Staff Record (ESR) system to empower and engage managers in the utilisation of ESR and provide training for them to access their own team’s workforce data

• Review and assess merits of sourcing a visually attractive and digitised on-boarding solution

• Explore strategies and develop further our partnership working with Barnsley Place partners to strengthen and streamline employability pathways and referral routes into health and social care jobs in line with the principles in our anchor charter, supporting people from the most deprived backgrounds into good and secure employment.</td>
<td>Jul 2023

Sep 2023
May 2023

Jun 2023

Mar 2024

Sep 2023

Sep 2023</td>
<td>Green</td>
<td>• Flexible working web page is in development to raise staff and managers’ awareness and increase access to resources, toolkits, and case studies to showcase flexible roles.
• NHS webinar attended, focus groups booked to assess feasibility.
• Complete: Policy and toolkit approved and uploaded to TAD in June 2023.
• Complete: Health ambassadors have completed school’s engagement activities in quarter 1 including, careers festival and mock interviews. Have engaged with approximately 500 pupils.
• Targeted ESR workshops and drop-in sessions to be arranged by workforce information team for managers on “what’s available in ESR from your payslip to Management Scorecards etc” within the next 6 months and then the team will continue to capture new managers to the Trust to show them what is available and where.
• 2 meetings booked with Recruitment Team in October to process map end to end recruitment process to inform service redesign to streamline and identify opportunity for digital solution. On-boarding Group currently exploring introduction of e-payroll starter form and remote IT sign-on.
• Complete: Project Search supported internship programme for young people with learning disabilities and autism, Princes Trust pastoral mentor for 18 – 30 year olds, DWP recruitment events & sector based academy for Domestics, Apprenticeships programme, SY schools engagement team’s outreach work to Barnsley schools, all vacancies placed on Armed Forces career transition partnership site.</td>
</tr>
<tr>
<td>Steve
Ned</td>
<td><u>Health and Wellbeing and attendance management</u>
We will continue to enhance the health and wellbeing support (including psychological support) and evaluate our offer with regards to take up and impact for our staff in 2023/24.

Delivery measured by:
<table>
<tr><td>RAG</td><td></td><td>Q2</td></tr>
<tr><td></td><td>Overall Sickness absence reduction by 0.75% to 5%</td><td>5.12%</td></tr>
<tr><td></td><td>‘We are Safe and Healthy’ theme score from staff survey to improve to 6.4</td><td>Report at Q4</td></tr>
</table></td>
<td>• Develop and deliver the organisational action plan following the Health & Wellbeing Framework diagnostic work

• Develop a line manager toolkit and offer support for them to be able to provide regular one-to-one health and wellbeing conversations with their staff
• Launch the NHS carers passport to protect flexible working patterns for our working carers, learning from best practice in this area

• Engage more staff in our Healthy Lives services, including QUIT

• Undertake a gap analysis against the NHSE attendance management toolkit in order to develop an action plan to improve attendance support

• Develop the skills of our new health and wellbeing champions to actively promote health and wellbeing initiatives in their areas

• Develop and deliver an action plan following the publication of the Growing Occupational Health and Wellbeing Together national strategy.</td>
<td>Mar 2024

Jul 2023

Sep 2023

Sep 2023

May 2023

Jun 2023

Mar 2024</td>
<td>Green</td>
<td>• Organisational action plan for year 1 developed and working group in place to oversee delivery of the plan. Annual review of framework diagnostic to take place.
• Selected NHS Health & Wellbeing Conversations plan/toolkit to be customised and piloted from December 2023
• The above NHS health and wellbeing personalised plan will include identifying and making provision for working carers’ needs.
• Complete: Senior Leaders Forum on 29th Sept focused on Health Inequalities in Barnsley to engage Leadership in the subject
• Complete: From a data perspective, absence reporting has incorporated elements of recommendations in the toolkit. Furthermore, an interactive data analysis workbook has been created to enable CBU leads and the HRBP team to drill down to more granular level (team level) to help identify hotspots such as reason for absence, age range of absence, staff group, role and FTE lost. Toolkit dashboard and action plan presented at PEG in August 2023. T&F Group being set up to deliver action plan.
• Complete: Regular (Bi Monthly) Network / support meetings established to share best practice, disseminate signposting information packs and deliver training, e.g., menopause awareness session, and some champions are accessing ICS menopause advocates training. Champions event planned in September to recognise and celebrate work involved in and raise awareness of role.
• The Trust is represented at the ICS in developing a 3- year roadmap in response to the strategy and the Trust’s Head of OH has led the ICS OH focus group. Action plan to follow when the roadmap is ratified.</td>
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Steve Ned	**<u>Leadership Development</u>** We will continue to develop our leaders and staff in 2023/24 trusting our staff to care for our patients to a high standard and supporting them to continuously improve their own work and the work of others. Delivery measured by: RAG | | Q2 ‘We are always learning’ theme score from staff survey to improve to 5.9 | Report at Q4	• Create a coaching culture and learning organisation placing an emphasis on leaders to trust, coach and empower their teams in an open and inclusive environment • Encourage our people to take ownership for their personal and career development • Increase access for aspiring leaders to individual coaching and mentoring, and external leadership development programmes • Create a talent pipeline and development framework from Early Careers to Future Senior Leaders, including maximising use of our apprenticeship levy • Review and assess the merits of sourcing a new mandatory training learning management system to improve user experience • Identify opportunities for Leadership Team Coaching and for organisational development large group interventions • Work collaboratively in partnership with TRFT to develop joint leadership development approaches and programmes • Develop a Board Development Plan to develop the top team • Develop and evolve the Senior Leaders Forum to develop senior leadership community.	Mar 2024 Mar 2024 Mar 2024 Mar 2024 June 2023 Mar 2024 Apr 2023 May 2023 Dec 2023	Green	• Coaching opportunities promoted monthly to Trust • OD Strategy includes developing coaching and Learning principles • Ongoing Coaching of Talent programme attendees • OD Strategy includes leadership development and talent management framework. To be presented to Exec Team and People Committee/Board for approval in Nov/Dec 2023. • Complete: Now exploring appetite within the ICS for a joint procurement business case. • Ongoing Leadership Team Coaching with Pharmacy and upcoming with Maternity • Complete: Joint working party on Triumvirate Development Programme with Rotherham; joint working with Acute Federation on Transitions Pathway • Complete: Board Development Programme underway with 1-to-1 and data review for diagnostics • Complete: Off-site Senior Leader Forum held on 29/9

Best for Performance – We will meet our performance targets and continuously strive to deliver sustainable services

Lead Director	Objectives (including key metrics to measure success)	Key Actions and Milestones	Completion Date	RAG Status	Progress Update
Lorraine Burnett	We will deliver the urgent care programme in 2023/24 to support top quartile performance Delivery measured by: RAG | | Q2 ‘Minimum of 76% against 4-hour target by October 2023 | 65.7% Ongoing improvement against ambulance handover delays with no waits over 1h | 174 ambulances * Delivery of 92% bed occupancy as set out in the NHS England operational planning priorities | 97.24% * Total Ambulance Handovers to ED – 5,986 with 9.2% between 30 and 60 mins and 2.7% between 60 and 120 mins.	• Develop an urgent care improvement trajectory that is owned by CBUs with support from relevant executives to achieve minimum of 76% against 4 hour ED standard and other metrics outlined • Develop the winter plan with place partners and Acute Federation • Delivery of the strategy for Urgent Treatment Centre with Barnsley Place and implement findings of the front door review with support from Emergency Care Improvement Support Team • Deliver the patient flow programme including end-to-end review to support 76% 4 hour ED target and 92% occupancy across: ○ **Ward Processes** <u>- Early discharge planning on admission to support early flow</u> ▪ Implement and embed SAFER principles including consistent senior review and expected date of discharge and meet the criteria to reside for all patients (in line with national planning priorities). Embed structured board round (S.H.O.P) processes on ward round to support early discharge (D1) process. ○ **Emergency Department -** <u>Implement methods to reduce delays in patients’ journey and improving internal delays</u> ▪ Develop processes to improve YAS handover and Triage assessment process ▪ Embed criteria to admit process and implement pathways to stream patients to other services.	Jul 2023 Sep 2023 Jul 2023 Mar 2024	Amber Rationale: work is progressing to support achieve performance metrics	• The aim for 76% has been in place since April 2023, the Trust recognises the need to be above 76% to mitigate winter pressures when overall performance is likely to drop. There is a Dashboard in place that is reviewed weekly against other metrics. • Follow up joint winter workshops are to take place with Rotherham in October 2023. • Ongoing meetings with Barnsley Place are in place to support the work around strategy for an Urgent Treatment Centre and alternatives to ED. • Delivery of patient flow programme: ○ **Ward Processes -** First meeting taken place for the QI ward round initiative upon CBU1 ward areas to support with early discharge planning. Reconditioning initiatives continue along-with work on a reporting process for harm caused by deconditioning. Tailored SAFER bundles upon Surgical areas. Surgical process mapping of patient pathway to commence. Finalised process mapping of W&C area to support GIW action plan. Re-audit of ward around upon W&C area to be completed. Audit of CLD completed June, awaiting national results. Re-launch of CLD November 23 to trial on nominated wards upon Medicine, Surgery and GIW. ○ **Emergency Department –** Development of a Triage Assessment Guide continues. Process mapping of the ‘Navigator role’ and ‘nursing assessment’ complete with thematic outputs captured/shared with teams. Streamlining of the Health Care Assistant processes commence October 23. Retrospective audit of criteria to admit continues on one night shift following a high admission rate.

		○ **Site management** – Improve flow and maximise bed capacity by ensuring patients have the right care in the right place ▪ To develop and build an electronic bed state to efficiently monitor and manage patient flow effectively ▪ Maximise opportunities to improve hospital avoidance and hospital readmission reduction with support from community services. ○ **ICT** - Implement efficient methods/tools to support reduction of delays around investigations affecting inpatient pathways ▪ Transform paper referrals and paper assessments to digital to reduce fragmentation, delay and staff time ▪ Identify and develop digital processes with community enabling integrated and place-based approach. ○ **Therapies** – Home first approach by developing processes and pathways to support early intervention from the front door and embed processes to ensure all Discharge to Assess slots are filled and flexed appropriately to meet demand. ○ **Investigations** – Develop and implement streamlined radiology referral processes and develop new processes to support a timely phlebotomy service. ○ **Pharmacy** – Reduce delays associated with discharge (D1)/prescription (TTO) process through implementation of a streamlined, digital process to improve D1 process and Virtual Wards and develop delivery process to support delivery of discharge medications. ○ **Patient Experience** – Engage with patients to understand patient experience improvement areas following admission.		Amber Rationale: work is progressing to support achieve performance metrics	○ **Site Management –**Work underway with identifying community services available to support admission avoidance at ED. ECIST audit completed, feedback provided around actions to take forward (OPEL level action cards) to be completed October/November 23. Delayed discharges to be captured within DATIX system. Report developed for 'Overnight Moves' from AMU and Base Wards to evidence impact of delays on patient flow. Criteria to reside dashboard now live to provide oversight to CBUs of patients that don't meet the criteria to focus for discharge. ○ **ICT** – Development of holistic view of patients on clinical workspaces by October/November 23. Electronic Discharge checklist ready for testing phase with roll out plan to be developed. Paper processes identified during process mapping of areas within have been shared with Digital teams in order for these to be digitised. ○ **Therapies –** National development of a deconditioning toolkit is ongoing that will be shared with Trusts once this is live. Process map of all therapy services ongoing. D2A tracker now ready for testing with teams, roll out plan to be developed for December 23. ○ **Investigations –** Process mapping of radiology & pathology pathways continue and will support with development of streamlined referral process. ○ **Pharmacy –** Business case in development for the prescribing Pharmacist role. Process mapping of pathways continue with dispensary staff completed next. D1 prescribing audit to take place. Continue with auditing "missing medications". Internal audit for quality of prescribing of discharge letters to commence. ○ **Patient Experience** – Audit of welcome pack continues, sharing good practice. Finalised the roles and responsibilities of the Discharge Volunteers to support DCU dispensary service, to start in posts end of October 23. Patient pathway leaflets developed, awaiting approval prior to printing. Linked with NHSE Volunteering app to support patient discharges.
Lorraine Burnett	As a minimum we will meet our national operational priorities for Elective, Diagnostics and Cancer care. Delivery measured by: • Model system metrics for Elective, Diagnostics and Cancer reporting weekly to ET • National planning priority metrics outlined ○ Cancer ○ Diagnostics ○ Elective Care	• Enact plans to recover cancer waiting time standards and deliver the diagnostics and elective priorities set out in the operational planning guidance across Cancer, Elective Care, and Diagnostics including: ○ Cancer – Reduce patients waiting over 62 days, faster diagnostic standard to 75% of patients confirmed within 28 days by March 24 and increase % diagnosed at stage 1 and 2 in line with the 75% early diagnostic ambition by 2028 ○ Diagnostics - Increase % who have a diagnostic within 6 weeks in line with March 25 ambition of 95%, delivery of phase 2 Community Diagnostics Centre in support of increased primary care direct access ○ Elective care – Zero over 65w waits*, reduction of Outpatient follow up activity by 25% compared to 2019/20, support the ICS achieve 30% more activity by 24/25 than before the pandemic including offering alternative providers for long waiting patients	Mar 2024	Amber Rationale: work is progressing to support achieve performance metrics	• Plans to recover cancer waiting time standards and deliver the diagnostics and elective priorities continue as set out in the operational planning guidance across Cancer, Elective Care, and Diagnostics: ○ Reduce 62 day waits – BHNFT continue to be on target to hit the forecast 40 patients for March 2024. Challenges arose with continued industrial action adding pressure with MDT clinical plans to progress pathways. FDS 75% - with merge in the standard we continue to be compliant against this metric. Key focus for all service is on improving and maintaining the 28 day FDS to support better outcomes for patients. Staging – we continue to improve our data quality to ensure staging is captured to fully understand the impact on our patients. A huge amount of work is required to ensure early engagement with people to understand their signs and symptoms and attend for GP appointments. In the Trust we are currently building an outward facing website that is likely to be launched alongside a Macmillan information Pod opening mid Q3. Lung Health Screening Checks has also been

		• Productivity improvements to be made in line with Model System top quartile performance and national planning priorities across Elective, Diagnostics and Cancer care e.g. target of 85% theatre utilisation and 85% day case rates using GIRFT to support. • Develop plans to deliver increased activity levels supporting system elective recovery and target this on a greatest need basis in line with our public health action plan. • Develop and deliver agreed activity and performance trajectories annually. • Develop mechanisms including health inequalities consideration within the Trust operational delivery plans linked to health inequalities action plan • Work within the SY Acute Federation to deliver on the SY ICS performance expectations at system oversight level * (except for choice and specific specialities)	Mar 2024 July 2023 Mar 2024 July 2023 Mar 2024		rolled out across Barnsley with high attendance from people which is extremely positive. ○ Diagnostic patients waiting more than 6 weeks is 2.0% for Q2. ○ Elective care - Work to reduce follow up activity by 25% continues including the review of pathways and validation of waiting lists, zero of 65w waits by March 2024 currently 1387 patients above 32 weeks who need to be treated within this year otherwise at risk of breeching 65 weeks. • In specific to Theatre Utilisation, model hospital timing points have been mirrored and work continues around this. Currently third quartile in the model health system. Capped theatre utilisation rate for Q2 was 75.33%. • Plans to deliver increased activity levels continue. For Q2 our actual elective activity was: ○ Day Cases – Actuals saw 7,7076 against a plan of 7,028 with a variance of plus 48. ○ Electives – Actuals saw 837 against a plan of 913 with a variance of minus 76. • Complete: activity and performance trajectories agreed. • Work continues with implementing HEARRT tool which will support with theatre scheduling to include health inequalities. • South Yorkshire mutual aid protocol agreed September 2023. Request for BHNFT to support other Trusts to deliver 65 weeks.
Chris Thickett	We will take forward work to eliminate waste and maximise productivity across our services working with place partners to support this. Delivery measured by: • Efficiency & Productivity Programme (EPP) benefits delivered.	• Undertake benchmarking reviews and deep dive specialty/departmental learning • Undertake service sustainability reviews led by the Deputy Chief Executive across all clinical services to inform a baseline position • Delivery of actions set out in the cross cutting workstreams of the EPP programme including Urgent & Emergency Care, Outpatients, Theatres and Workforce • Explore and maximise all opportunities afforded via the TRFT and Acute Federation work (to be outlined when determined). • Explore areas set out in the operational planning priorities to understand where productivity has been lost across workforce and theatre productivity in collaboration with the ICS • Work towards the ambitions in the national planning priorities to: ○ Reduce agency spend to 3.7% of total pay bill ○ Focus on corporate running costs including areas of standardisation and automation ○ Reduce procurement and supply chain costs ○ Improve inventory management ○ Purchase medicines at the most effective price point.	Jun 2023 Apr 2023 Mar 2024 Mar 2024 Jun 2023 Mar 2024	Green	• Complete: Benchmarking work and financial analysis has taken place across services in order to inform immediate actions required to increase the level of financial control within the Trust and this work continues to identify further opportunity. • Complete: Service sustainability reviews took place March 2023, following this an ET timeout session took place in April 2023 to inform the strategic approach to address the issues identified as part of the work. Partnership and workforce development were key themes along with financial sustainability across our services. • The key actions required of the cross cutting workstreams within the EPP programme 2023/24 have been outlined with improvements being seen in some areas. • Partnership work with TRFT continues with dedicated meetings in place to inform priorities and monitor progress with Haematology being a major service change both Trusts are progressing. • The EPP programme is addressing areas of workforce productivity opportunities particularly in relation to effective rotas, rigour across workforce spend controls and sickness absence controls. Regular benchmarking takes place across theatre utilisation metrics and consistent improvements have been seen in this productivity metric. • Working towards the national planning priorities as outlined and we currently perform 4.5% against Agency Spend of total pay bill, and have implemented actions to control this further. Procurement supply chain costs including medicine and inventory management are a key focus of the EPP Programme and the standardisation and automation and Robotic Process Automation (RPA) is being adopted in areas such as OPD.

Chris Thickett	We will deliver against our board approved financial plan in 2023/24 Delivery measured by: • Delivery of agreed financial plan.	• Production of robust annual business plans that have direct alignment of the service cost envelope with associated budgetary plans in line ICB system planning • Work with partners to produce a Barnsley Place plan to deliver areas of financial and service improvement not able to tackle solely as a provider e.g. urgent and elective acute care demand. This links to the Barnsley Place priorities outlined in Best for Place • Identify and develop a sufficient Efficiency & Productivity Programme to enable to the Trust to deliver the agreed financial plan • Contribute to ICB system plans to deliver a balanced net financial system position for 2023/24 as set out in the national planning priorities (TBC following final plan submission).	May 2023 Jun 2023 Jun 2023 Mar 2024	Green	• Complete: Annual business plan submitted and agreed May 2023 with several iterations made to align with budgetary plans set out by the SY ICB. • Barnsley Place have a shared understanding of current plans and challenges and work is ongoing to identify the opportunities. • The 2023/24 EPP programme has been developed in line with the agreed Trust financial plan. The plan is fully aligned to the NHSE operational planning priorities and Trust Objectives. • The ICB submitted a system break-even plan however this contained a significant financial gap, work needs to take place to identify opportunities to support close the gap.
Chris Thickett	We will develop a long-term financial plan in 2023/24 which outlines the steps required to enable the Trust to get back to a recurrent balanced position in the next 3 to 5 years.	• Understand ICS system allocations over next 3-5 years and implication for BHNFT • Understand and review Barnsley demand activity over 3-5 years including projected capacity and workforce requirements • Production of a 3–5 years financial recovery plan identifying the actions that are in the Trust's control and those that are dependent upon partners and national funding allocations.	Mar 2024	Amber Rationale: Medium-term plan will support and inform the 3-5 year plan.	• Supporting the ICB with the submission of a medium-term plan, to include a 3 year high level plan. This is expected by the end of September 2023. • Work has commenced around demand and capacity assessments. • The current focus has been on attaining the short term grip and control, once assurances are in place the focus will turn to the longer term.

Best for Place – We will fulfil our ambition to be at the heart of the Barnsley place partnership to improve patient services, support a reduction in health inequalities and improve population health

Lead Director	Objectives (including key metrics to measure success)	Key Actions and Milestones	Completion Date	RAG Status	Progress Update
Bob Kirton	We will continue to play a key role in the delivery of Barnsley Place priorities 2023/24. Delivery measured by: • High level Barnsley Health & Care plan metrics.	• Support delivery of the priorities agreed by Place board - plan currently outlined as: ○ **Best start in life for children and young people** ▪ Grow the Barnsley workforce and build resilience & drive efficiencies and improve the costs of care. Examples of delivery: Create family hubs, improve children and young people access to mental health support and increase fill rates against funded establishment for maternity staff ○ **Improve access and equity of access** ▪ Co-developing solutions with residents and service users & work more closely with voluntary, community and social enterprises (VCSE). Examples of delivery: Develop and implement an Integrated Urgent Care Front door, strengthen the access offer from primary care and proactive case finding in primary care and personalised care interventions ○ **Strengthened joint approach to preventing ill health** ▪ Telling the Barnsley story & making best use of the Barnsley collective estate. Examples of delivery: Provide more opportunities for physical activity and healthy food, ensure a person's smoking status is recorded at every admission to hospital every attendance to GP / community care / social care and link up stop smoking services to measure a person's journey	Mar 2024	Green	• The Trust is supporting the delivery of the agreed Barnsley Place priorities outlined as: ○ **Best start in life for children and young people –** We have offered posts to 10 newly qualified midwives who start in Q3 2023/24 which reduces midwifery vacancy significantly. We are working with Barnsley Place team to ensure midwifery is integral to planning for the family hubs. We have worked with Barnsley Place team on a workforce pilot bid to support targeted intervention. ○ **Improve access and equity of access** – The Patient Experience Team, the Public Health Speciality Registrar & Leadership Fellow and CBU representatives working together to identify areas of focus. These include understanding the Health Inequalities impact in DNA rates across individual service areas and quality /access to care. Once the required data and specific areas of concern have been identified, engagement activity will be undertaken with relevant service user groups to understand the challenges and how services can be improved to support attendance. ○ **Strengthened joint approach to preventing ill health –** ▪ The QUIT and Alcohol Care teams continue to work closely with aligned local community services to build pathways that feel as seamless to patients as possible and report on outcomes as well as process measures. This is enabled through membership of forums such as local Alliance meetings and ICB programme meetings. ▪ The Early Help Team, which comprises BMBC family support professionals hosted within the Healthy Lives Team at BHNFT, are now permanent and are expanding their reach across specialities Trust-wide, raising awareness and educating hospital staff.

		○ **Joined up care and support for those with greatest need** ▪ Digital for good approach & an Intelligence and inequalities-led system. Examples of delivery: Development of Frailty/anticipatory care register, review of Intermediate care model and pathway, dementia pathway review with VCSE sector and development of timely service user feedback		Green	▪ A "Meet the Healthy Lives Team" article due to be published in the BMBC Spotlight magazine Nov 23. ○ **Joined up care and support for those with greatest need –** ▪ The HEARTT waiting list prioritisation tool was developed in Coventry and Warwickshire. The tool allows additional clinical and non-clinical factors to be considered when prioritising waiting lists. BHNFT has a 12-month license to pilot the tool, this was installed at the end of September 2023. The tool will be used to address unfair differences in the length of time people are on a waiting list. A working group is being established to plan the implementation, delivery and evaluation of the pilot of the HEARTT tool over the next 12 months.
Bob Kirton	We will continue to be an organisation committed to improving population health and reduce health inequalities and deliver our action plan across: 1. Holistic and preventative care 2. Targeting all core services to greatest need 3. Our role as an anchor institution and a partner in Place Delivery measured by: • Tier one – ACT and QUIT metrics outlined. • Tier two – Reduce the gap in health inequalities for the priority service area of Cancer. Services measuring and reporting health inequalities. • Tier three – Reduce waste produced & transport emissions. Increase proportions of local spend and of staff from local and Core20PLUS communities	• We will continue to embed our tobacco control and treatment offer across the trust so that at least 80% of priority admissions are screened for smoking and 65% have specialised advice during their stay • We will develop our alcohol care offer to ensure at least 80% of priority admissions to hospital will be screened and high risk drinkers identified using audit-c. • Use population health management and Core20PLUS5 to support clinical decision-making, care planning and service development • Incorporate routine measurement of health inequalities metrics across all core clinical services reporting into the Performance Review Meetings • Support our staff through challenges such as the current cost of living crisis e.g. hardship fund and sign-posting to local / BMBC support services • Strengthen our links with local education and development, including targeting employment opportunities to communities who need it most and raising the health aspirations of learners. • Spend more of our budget on local supply and supporting local development and regeneration to strengthen the local economy,	Mar 2024	Green	• As a Trust, we are now consistently screening above 80% of all admissions to the hospital for smoking status, with the process embedded within our clinical system admission documentation • The Alcohol Care Team (ACT) are testing the clinical usability and data capture/extraction of their new digital proformas on Careflow and are due to launch in the next month when assured that these functionalities are sound. A validated screening tool for alcohol risk (AUDIT-C) has been embedded trust-wide within the nursing admission assessment forms to support early identification of increasing to high risk drinkers, referrals to the ACT and delivery of brief interventions for those with lower risk alcohol consumption. • New Population Health Analyst started in post July 2023. 50% of this role provides public health intelligence for BHNFT and supporting our Information team in the further identification and exploration of health inequalities using our activity and performance data. Three key areas of focus for health inequalities are being looked at: RTT wait times; outpatient DNA rates and frailty. Currently, inequalities between level of deprivation (IMD) has been focused on, but there are plans to also look at differences between ethnicity, sex and age. • Health inequalities dashboard on IRIS provides up to date data looking at RTT waiting lists and OPD DNA rates, by deprivation level (most deprived vs least deprived). This will identify whether there are inequalities between people in the most and least deprived areas for RTT waiting lists and OPD DNAs, and to inform what areas should be prioritised for taking action to address the inequalities. It will also enable evaluation of any changes. • Complete: A cost of living crisis working group was set up by the Deputy CEO and Chair of the Trust ensuring the Barnsley-wide offer for support (including the More Money In Your Pocket) was available to staff and other Trust-specific sources of financial and social support were provided. This group was disbanded once sustainable offers of support were established (now sits with HR). • The Trust is strengthening the accessibility of its employment, working with local schools through an Ambassadors programme, partaking in virtual open days and simulation events to demonstrate the range of roles in healthcare and providing placements to people who often don't get the opportunity, such as for people with SEN through the Prince's Trust. • Initial baseline work completed to identify potential to spend through local contracts, including our supply of paediatric pulse oximeters, the new steel bins and our blood pressure cuffs. Work is ongoing and the procurement team are exploring the possibility

		• Sharing learning with local partners and more widely to align our approach to improving public health and reducing health inequalities • Trust-wide rollout of reusable PPE and exploration of / switching to greener and more sustainable health technologies • Continue to use the Barnsley 2030 board to effectively engage with partners based on the 4 goals of healthy, growing, learning and sustainable. • Establishment of a Barnsley executive-level anchor network		Green	for special local frameworks and engagement events to grow this potential within the NHS procurement laws. • The Trust's action plan to improve public health and reduce health inequalities has been shared in order to encourage constructive criticism and celebrate the good work being done to inform other organisations and partnerships that want to strengthen their approach. Across SY: supported some of the Acute Federation work and continue to support the development/ delivery of the Integrated Care Strategy. Locally: building the visibility of the work by beginning regular updates to the Place Partnership and one of BMBC's Directorate Management Teams. • The roll out of reusable PPE continues to progress well. Main and day theatres complete, with the exception of T&O, work continues to ensure the right gowns are used for some of their higher risk procedures, next steps are to progress to obstetric theatres and other clinical areas. Reusable curtains implemented in many areas and a switch over to recyclable fluid bags from non-recyclable. • The Trust representation at Barnsley-wide alliances and under the Barnsley 2030 boards continues to grow, with Bob Kirton now fulfilling the vice chair-ship of Barnsley 2030, Andy Snell input to the Inclusive Economy Board and representation across a number of alliances including Ceryl Harwood's membership of the tobacco control and alcohol control alliances. • BMBC are leading on the establishment of the place anchor network, and Kathy McArdle is currently planning a Barnsley Anchor Network meeting later in the year.

Best Partner – We will work with partners within the South Yorkshire Integrated Care System to deliver improved and integrated patient pathways					
Lead Director	**Objectives (including key metrics to measure success)**	**Key Actions and Milestones**	**Completion Date**	**RAG Status**	**Progress Update**
Richard Jenkins, Bob Kirton	We will work with and support delivery of the Integrated Care Partnership 5 year strategy and Joint Forward Plan by continuing to work with partners at system level in 2023/24 Delivery measured by: • Outcome framework to be developed	• Support progression of the South Yorkshire Integrated Care Partnership strategy four shared outcomes: o Best start in life for children & young people o Living healthier & longer lives and improved wellbeing for greatest need o Safe strong & vibrant communities o People with the skills & resources they need to thrive. • Engage in the development of the NHS South Yorkshire 5 Year Joint Forward Plan (submission expected July 2023) which will be a key delivery vehicle for the South Yorkshire Integrated Care Partnership strategy.	Mar 2024 Jul 2023	Green	• The South Yorkshire Integrated Care Partnership strategy has been published with teams, this is being used to inform and help develop the NHS South Yorkshire 5-year joint forward joint plan. • The NHS South Yorkshire 5 Year Joint Forward Plan is now published on the ICB website. The plan is a forward look at what is most important for keeping people healthy and making sure everyone has equal access to health care across South Yorkshire, the seven areas of focus in the plan are: o Improving maternity services and services for children and young people. o Improving access to primary care (GPs, pharmacists, optometrists, and dentists) o Improving access and transforming mental health services o Transforming community services o Recovering urgent and emergency care including developing alternatives to A&E o Recovering and optimising cancer, elective and diagnostic pathways o Improving access and redesigning specialist services for those with learning disabilities and autism. Progress against the plan will follow once reported against.

Bob Kirton	We will support the delivery of the 2023/24 Acute Federation priorities	• Delivery of Acute Federation 2023/24 priorities to include: ○ **NHS recovery** – Continue to work together to recover elective and diagnostic services and reduce waiting times for patients, with specific focus on orthopaedics, ophthalmology, ear nose and throat and general surgery ○ **Clinical strategy** - Implement the Acute Federation clinical strategy to deliver improvements in care quality for the people of South Yorkshire & Bassetlaw, reduce unwarranted variation between providers, address inequalities in access and improve our resilience and efficiency. ○ **Innovative commissioning models and financial improvement** – Complete 22/23 actions, identify and implement opportunities for integrated commissioning and explore the development of a shared Acute Federation financial plan ○ **Flagship national innovator scheme: secondary care acute paediatrics innovator project –** Accelerate the design and implementation of the South Yorkshire & Bassetlaw collaborative model for acute paediatric services as part of NHS England's national innovator scheme ○ **Engagement to drive collaboration** ▪ Ongoing organisational development and developing a culture of collaboration ▪ Develop Clinical engagement plan ▪ Refresh communications plan ○ Delivery plan to be agreed and outlined • Mexborough Hospital collaboration with partners for Orthopaedic surgery • Pathology collaboration including support of the national planning priority for a minimum 10% improvement in pathology and imaging networks productivity by 2024/25 through digital diagnostic investments and meeting optimal rates for test throughput	Mar 2024 Apr 2023 Dec 2023	Green Green	• Alignment to the Acute Federation 2023/24 priorities now complete following approval: ○ **NHS Recovery –** ▪ **Elective Recovery:** Mutual Aid policy has been agreed and signed off. NHSE OPD transformation letter received by all Trusts with specific actions outlined including validation of PTL down to 12 weeks and all patients on the 65-week cohort to have had an OPFA by 31st Oct 23, to support this 65-week trajectory modelling in progress. ▪ **Diagnostics Recovery:** Imaging AI funding bid submitted to NHSE for Chest X-ray and CT Head. Endoscopy Board agreement of bid for 23/24 endoscopy capital for AI (deadline 15 Sept). Appointed to vacant diagnostic programme manager post. CDC H2 revenue profiles submitted – 15th Sept. Digital connectivity workshop to support system use of Montagu CDC endoscopy capacity. ○ **Clinical Strategy –** Long term strategy review session held with CEOs and Directors of Strategy. CEO Clinical Strategy Roadshows completed (2 in August and 1 in September). Urology – mutual aid and scoping of urology procedures at each Trust completed. Urology Area Network project plan for rapid BPH pilot developed. Rheumatology Clinical Working Group relaunched with collective actions agreed. ○ **Innovative commissioning models and financial improvement –** Inter-hospital transfers operationalised on 11 September through SCC channel phase one only. Medical Agency proposal to harmonise extracontractual rates discussed. Financial position, areas of opportunity continue to be developed. ○ **Flagship national innovator scheme: secondary care acute paediatrics innovator project –** Work programme Implementation Plan further developed with stakeholder input and reviewed by board. Draft Communication and Engagement Plan developed, presented to board and asset development underway, draft key messages developed, scheduled and actions drafted. Programme definition document updated and aligned to plans. ○ **Engagement to drive collaboration –** Trust OD lead group has now formed and is work on the OD plan. Agreed focus of OD Plan: exec development and targeted OD for AF priorities. • Complete: Delivery plan progress report now in place. • Overall this is progressing well. The build is in the factory with weekly updates received including pictures. There is a time lapse camera to record the project. Foundations are completed with ground work etc all on track. The first admin MEOC group starts 03/10/2023 with all Trusts meeting to discuss waiting lists and shared processes. A Rota for the clinicians is still in design mode, 9 different versions so far, once that is agreed then it will be more comfortable. The plan is to be built early Jan 24 with patients arriving Jan/Feb 24. • An FBC is to be presented to Trust Boards in the SYB region in November proposing a formal hosted Pathology Network. Service transfer is proposed for 1 April 24. Histopathology at Barnsley was consolidated onto the Rotherham site in April 23.

Richard Jenkins	We will further work on the Rotherham FT partnership with agreed delivery plan	• Undertake joint leadership development programme • Joint consideration of mutual support with clinical teams across both Trusts • Launch of integrated Histology service • Joint proposal on Research and development collaboration • Approval of 2024/25 Barnsley FT and Rotherham FT partnership plan	Sep 2023 Jun 2023 Jun 2023 Sep 2023 Mar 2024	Green	• The joint leadership programme is currently being procured and will be launched to CBU triumvirate teams in November 23. • Bilateral meetings of the senior operational teams is being explored. Matched Divisions and CBUs have started to come together in a facilitated manner to consider opportunities for mutual support and to develop a pipeline for future iterations of joint work. • Complete: The Histopathology Lab at Barnsley has now moved across to the Rotherham site to give greater resilience to the service for patients at BHNFT. The shared service will be more attractive for Consultants and scientific staff, giving more opportunities for staff to develop into novel roles such as BMS cut up. • Work continues to identify opportunities to work with Rotherham. • The current programme runs through to the end of the 2023-24 year, at which point a further set of proposals for subsequent years will be developed. This will be based on an objective assessment of the learning identified from our first full year of partnership working.
Bob Kirton	We will work with partners across the system to enhance our role as an anchor institution through development in procurement, environment and energy, education and employment.	• Strengthen our links with local education and development, including targeting employment opportunities to communities who need it most and raising the health aspirations of learners. • Help to strengthen the local economy, spending more of our budget on local supply and supporting local development and regeneration. • Continue to switch over to greener and more sustainable energy and health technologies	Mar 2024	Green	• The Trust is strengthening the accessibility of its employment, working with local schools through an Ambassadors programme, partaking in virtual open days and simulation events to demonstrate the range of roles in healthcare and providing placements to people who often don't get the opportunity, such as for people with SEN through the Prince's Trust • Trust to specifically spend through local contracts a number of them have come about, including for our supply of paediatric pulse oximeters, the new steel bins and our blood pressure cuffs. This work is ongoing and the procurement team are exploring the possibility for special local frameworks and engagement events to grow this potential within the NHS procurement laws. • The roll out of reusable PPE continues to progress well with this being rolled out to main theatres and day theatres, only with the exception of T&O, further work ongoing to ensure the right gowns are used for higher risk procedures. Progress expected soon with obstetric theatres and other clinical areas. Reusable curtains now being used in many areas and a switch over to recyclable fluid bags from non-recyclable.

Best for Planet - We will build on our sustainability work to date and reduce our impact on the environment

Lead Director	Objectives (including key metrics to measure success)	Key Actions and Milestones	Completion Date	RAG Status	Progress Update
Bob Kirton/ Rob Mccubbin	We will build on existing work and exceed national expectations through the delivery of the Trust's Green Plan, the Active Travel Plan and the formation of a new Decarbonisation Plan. Delivery measured by: • Increase recycled waste (KG's) • Reduction in anaesthetic gas use (volume and CO2 reduction) • Energy (kWh) and CO2 reduction from decarbonisation scheme • Increase in Ultra Low Emission Vehicles (ULEV) on NHS Fleet Scheme • Reduction in the number of single use PPE in areas where reusable PPE has been rolled-out	**Travel and Transport** • Develop and implement proposal to set an emissions cap of 100g/km CO2 for vehicles on NHS Fleet Solutions lease scheme • Install additional electric vehicle charging points (2 x public & 2 x staff/public) - Subject to funding • Develop new Active Travel Plan to reduce car use and increase staff walking and cycling to work • Review the potential to offer EV pool vehicles for staff to reduce the impact of business travel • Install engine switch off signage across our car parks. **Energy & Carbon Reduction** • Carry out a feasibility study to investigate the potential to install photovoltaic solar panels to generate clean renewable energy • Recruitment of self-funding energy and waste officer (subject to approval) • Final commissioning of low carbon technologies (decarbonisation scheme) • Installation of energy monitoring equipment • Carry out a review to with a view to switching from piped Nitrous Oxide to cylinders to minimise waste and reduce greenhouse gases • Loan equipment to staff to help reduce energy and carbon reduction at home. **Green Waste** • Support wider scale rollout of re-usable Personal Protective Equipment • Install external dual recycling bins • Remove products from general waste to recycling waste stream. **Procurement** • Identify single use equipment and switch to reusable alternatives • Where possible source products and services locally to support the regional economy. **Plans & Partnerships** • Develop an action plan setting out a key set of actions in-line with our Green Plan • Develop schemes to support the strategic direction as outlined as part of the new Decarbonisation Plan's roadmap to support the delivery of net-zero targets for future years • Work closely with other public and private sector bodies to contribute to the delivery of carbon reduction strategies and plans.	Jun 2023 Jun 2023 Mar 2024 Mar 2024 Jun 2023 Sep 2023 Sep 2023 Jun 2023 Sep 2023 Jun 2023 Jun 2023 Mar 2024 Jun 2023 Mar 2024 Mar 2024 Mar 2024 Sep 2023 Mar 2024 Mar 2024	Green	**Travel and Transport** • Proposal approved at the Sustainability Action Group and now set to go to ET for approval. • Proposal to be presented at the Sustainability Action Group on 14/10/23. • To be discussed at the Sustainability Action Group meeting in Nov. • This action will be discussed at the sustainability Action Group meeting in Nov. • Complete: engine switch off signage installed across car parks. **Energy & Carbon Reduction** • We have a proposal, but due to volatility in energy prices and the potential for grants, this work has been placed on hold. • We have tried to recruit on two occasions but have been unsuccessful. We will now try to recruit via an agency. • Complete: Scheme complete with final elements of commissioning taken place in Sep 2023. • Energy monitoring equipment is linked to the Energy Officer role. This will be completed when position is filled. • MS and Dr J Turnbull have met with another Trust to learn how they removed Nitrous. It is now with James to develop a proposal. Removal of the nitrous manifold is complex and there is a possibility that this may not happen as well • Devices have been purchased and guides written. This will be rolled out when external temperatures drop (around Nov). **Green Waste** • Complete: Re-usable PPE has been rolled-out • Complete: External recycling bins installed. • This is on-going with the latest phase in Endoscopy. Next update will provide further details. **Procurement** • Endoscopy are switching to re-usable baskets to replace single use plastic bags. They currently use 6,000 plastic bags. • New waste bins sourced from Barnsley based company **Plans & Partnerships** • This is nearly complete. • Phase 2 bid for decarbonisation to go in on 12th Oct 23 • MS working with BMBC to support joint working including heat and EV projects.

Appendix 2

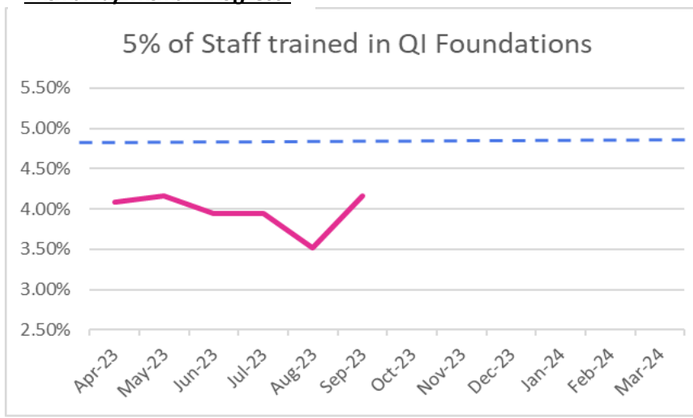
BARNSLEY HOSPITAL TRUST OBJECTIVES 2023–2024 – METRICS DASHBOARD Q2 REPORT

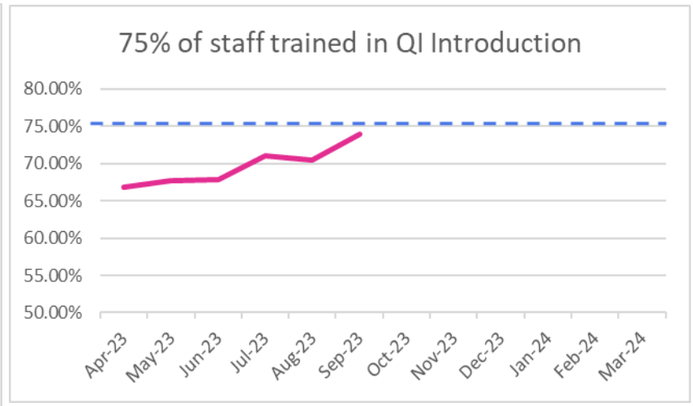
Mission: To provide the best possible care for the people of Barnsley and beyond at all stages of their life		
Strategic Goal Priorities	**Best for Patients & The Public** - We will provide the best possible care for our patients and service users	**Best for People** - We will make our Trust the best place to work
	Best for Performance - We will meet our performance targets and continuously strive to deliver sustainable services	**Best for Place** - We will fulfil our ambition to be at the heart of the Barnsley place partnership to improve patient services, support a reduction in health inequalities and improve population health
	Best Partner - We will work with partners within the South Yorkshire Integrated Care System to deliver improved and integrated patient pathways	**Best for Planet** - We will build on our sustainability work to date and reduce our impact on the environment

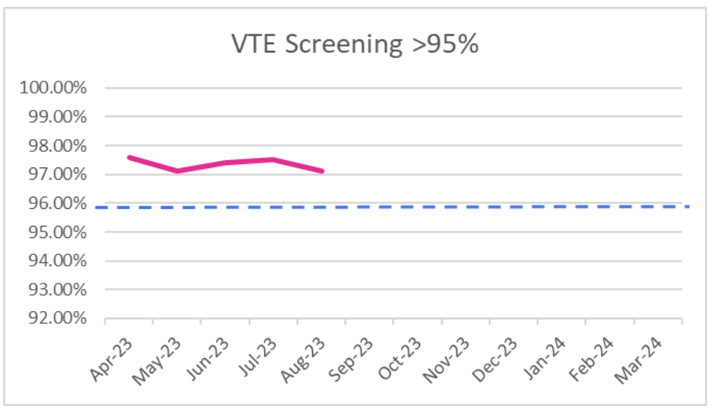
Best for Patients & The Public - We will provide the best possible care for our patients and service users

KPI	Measure	Target	RAG Status
Scrutiny of deaths by the medical examiner	100%	100%	
30% of unplanned ITU admissions from having a timely response to deterioration, with the NEWS2 score, escalation and response times recorded in clinical notes	62.5%	30%	
VTE Screening	97.11% (Aug-23)	95%	
Antibiotics given within an hour for Sepsis >90%.	91.61% (Q1)	90%	
75% of staff trained in QI Introduction by 2024.	71.84%	75%	
5% of staff trained in QI Foundations	3.87%	5%	

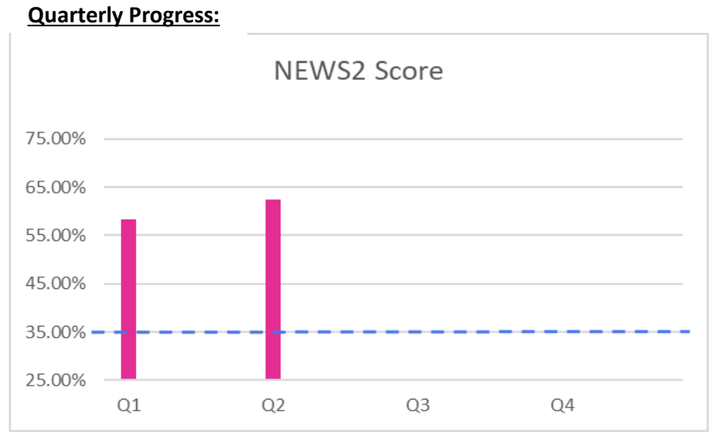
Month by Month Progress:







Quarterly Progress:



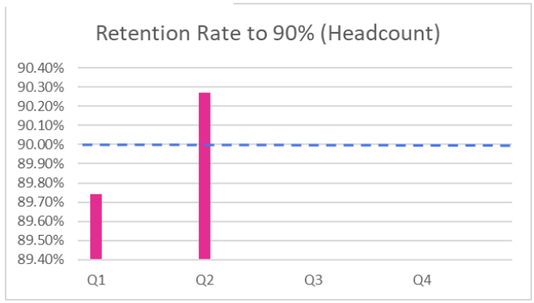
Appendix 2

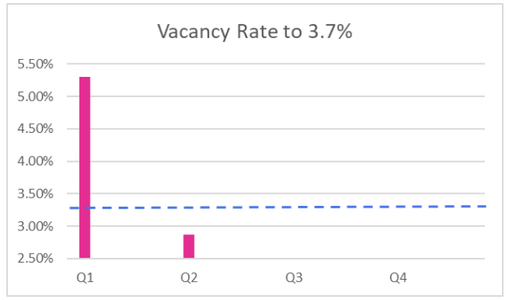
Barnsley Hospital NHS Foundation Trust

Best for People - We will make our Trust the best place to work

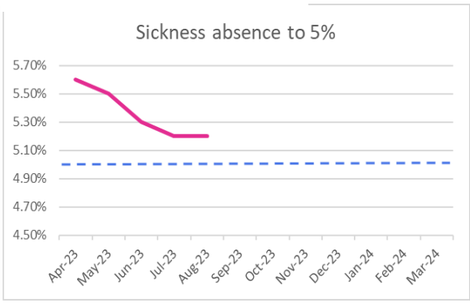
KPI	Measure	Target	RAG Status
Retention rate – Increase from 89% to 90% (Mar 2024) (Headcount)	90.27%	90%	
Retention rate – Increase from 89% to 90% (Mar 2024) (Assignment)	90.05%	90%	
Vacancy rate – Decrease from 4.7% to 3.7% (Mar 2024)	2.87%	<3.7%	
Overall Sickness absence reduction by 0.75% to 5%	5.2%	5%	

Quarterly Progress:





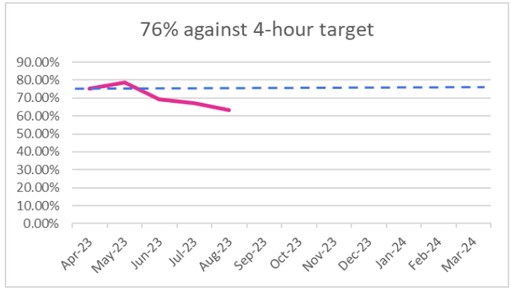
Month by Month Progress:

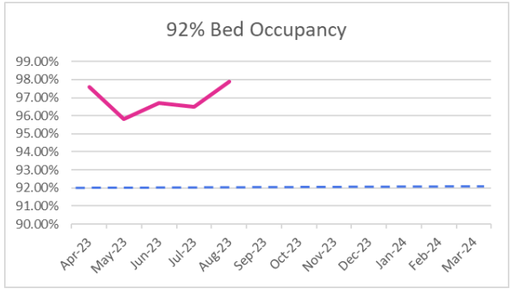


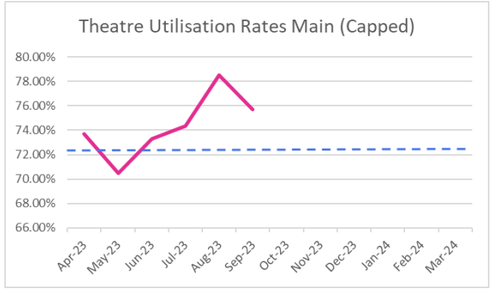
Best for Performance – We will meet our performance targets and continuously strive to deliver sustainable services

KPI	Measure	Target	RAG Status
Minimum of 76% against 4-hour target by October 2023	65.7%	76%	
Delivery of 92% bed occupancy as set out in the NHS England operational planning priorities	97.24%	92%	
Ambulance handovers to ED over 60 mins % (total ambulances Aug-23 – 1994)	3.6% (Aug-23)		
Theatre Utilisation Rates - Main (Capped)	75.33%	85%	
Cancer Performance - Faster Diagnostic Standard (2WW)	77% (Jul-23)	75%	
Cancer Performance - Faster Diagnostic Standard (Breast Symptomatic)	100% (Jul-23)	75%	
Cancer Performance - Faster Diagnostic Standard (Screening)	81% (Jul-23)	75%	

Month by Month Progress:







RAG Key

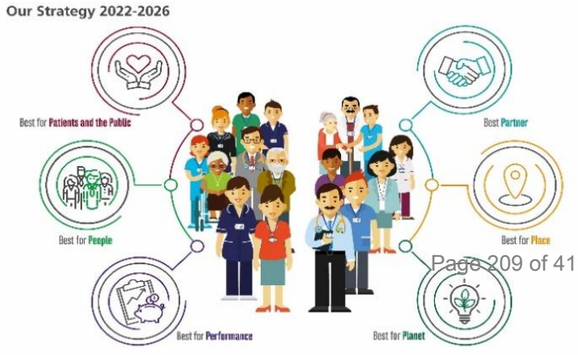
	On Track
	Issues but Mitigation in Place
	Significant Issues/Delays
	Complete

To note:

Each of the metrics have their individual RAG rating based on current performance however these contribute to the overall objective RAG status in Appendix 1.

Graph Key:

———	Performance figure monthly/quarterly
- - - - - - -	Target Metric



4.3. Maternity Services Board Measures Minimum Data Set: Sara Collier-Hield in attendance

For Assurance

Presented by Sarah Moppett

REPORT TO THE BOARD OF DIRECTORS	REF:	BoD: 23/12/07/4.3

SUBJECT:	**MATERNITY SERVICES BOARD MEASURES MINIMUM DATA SET**				
DATE:	7 December 2023				
PURPOSE:		*Tick as applicable*			*Tick as applicable*
	For decision/approval			*Assurance*	
	For review	✓		*Governance*	✓
	For information	✓		*Strategy*	
PREPARED BY:	Sara Collier-Hield, Associate Director of Midwifery Rebecca Bustani, Deputy Associate Director of Midwifery				
SPONSORED BY:	Sarah Moppett, Director of Nursing, Midwifery and AHP's				
PRESENTED BY:	Sarah Moppett, Director of Nursing, Midwifery and AHPs Sara Collier-Hield Associate Director of Midwifery				

STRATEGIC CONTEXT

This report contains the minimum data set for maternity services which must be submitted to the Board monthly.

EXECUTIVE SUMMARY

In the reporting period of October 2023:

- No new cases were notified to MBRRACE from BHNFT. There is one new assigned case.
- No new cases were referred to HSIB.
- There was 0 new SI declared and 0 new HLR's declared.
- There are 3 ongoing SI reviews
- 12 incidents were graded as moderate harm or above, duty of candour has been completed in all cases.

The perinatal Quad team have had their initial support meeting with the Board Safety Champions.

Compliance with CNST year 5 has to be submitted by 1/2/24. Currently, the standards where there are risks to achieving compliance are Safety Action (SA) 6, the implementation of Saving Babies Lives V3 and SA 8, multidisciplinary training compliance.

RECOMMENDATION(S)

The Board of Directors is asked to review and minute oversight of the following as required by NHS Resolution for CNST compliance (as documented in the technical guidance)

- SA3- The ATAIN action plan and the action plan for compliance with BAPM Transitional Care Standards.
- SA4- Compensatory rest action plan
- SA4 - Acknowledgement that the BAPM standards for medical staffing are met
- SA4 - Acknowledgment that the BAPM standards for neonatal nurse staffing are met
- SA8 - Training needs analysis and plan to be approved. Actions to achieve 90% training compliance to be acknowledged.

- SA9 - Evidence the Trust Board level Safety Champions have engaged with the NHS Futures workspace, which resources have been accessed and how these have been beneficial to the role.
- SA9 – The Board minutes to acknowledge that the Board Safety Champions have met the Perinatal Quad team and are supporting their work around culture.
- SA10- Evidence of compliance with statutory Duty of Candour, reported monthly in Board paper

1. Introduction and overview (Appendix A)

This report will provide monthly oversight of perinatal clinical quality as per the minimum required dataset, ensuring a transparent and proactive approach to maternity safety across Barnsley Hospital NHS Foundation Trust.

Information on midwifery and medical staffing, mandated training compliance, the national Perinatal Mortality Review Tool, Clinical Negligence Scheme for Trusts (MIS year 5), Saving Babies Lives V3 (SBLV3), CQC preparation and the three-year delivery plan for maternity and neonatal services are included as a minimum to provide assurances of the progress made with adherence and compliance to national maternity workstreams. In addition, service user and staff safety feedback are provided to assure the Trust that any identified issues, themes and trends are addressed in a culture of continuous improvement.

2.0 Listening to and working with women and families with compassion

2.1 Service User Feedback

In October maternity services received 2 complaints and no FFT responses. The main themes from the complaints have been lack of communication and not being offered a debrief.

2.2 MNVP feedback

The MNVP leads gave feedback from service users in October. There were many positive comments. The negative feedback had the following themes:

- Breast feeding support
- Lack of knowledge regarding induction of labour – the length of the process
- Information regarding aftercare for LSCS – wound care, exercises

The detail of the patient experience action plan is monitored in the Maternity and Neonatal Transformation Group.

2.3 Staff feedback from frontline Safety Champions

Date	Area	Feedback	Action taken
31 Oct 2023	BBC, ANPN, Neonatal unit	On 31st October, as Board Safety Champions Sarah Moppett, Director of Nursing, Midwifery and AHPs and Kevin Clifford, Non-Executive Director, joined Sara Collier-Hield, Associate Director of Midwifery to walk around several areas within the unit. Sarah and Kevin jointly visited the ANPN ward and the Birthing Centre, taking the opportunity to talk to staff present. On the birthing centre staff were keen to talk about plans to develop maternity triage and change the staffing model on there to have 2 midwives on duty at all times. Kevin also visited the Neonatal Unit. All areas were busy but the Neonatal Unit particularly. Despite this all the staff who spoke were very positive and no new safety concerns were raised with the Champions.	

		As always we thank all the staff who took time to speak to us.	

3.0 Growing, retaining and supporting our workforce

3.1 Maternity staffing

The midwifery vacancy rate has reduced as newly qualified midwives have been welcomed into the Trust in October with more to start in November. Long term sickness has increased, all staff are being monitored and supported appropriately.

Oct-23	WTE	% of clinical midwife posts including area leads (111.65)
Band 5/6 vacancy	5.23	4.68
Band 5/6 posts offered	4.95	
Band 5/6 forecast to leave	0.96	
Maternity leaves	6.44	5.77
Long term sickness	5.02	4.5
Total of vacancy and non-working staff	21.82	19.54

3.2 Medical Staffing

Issue	Mitigation	Assurance
1 consultant post vacancy	Long term Locum	Advert closes 12/11/23 (no applicants to date). An open day was offered for the 24th October to any interested candidates.
2.4 x Registrar level 3 Entrustibility	Locums used to cover the on-call gaps	Consultants will remain on site out of hours if a registrar is on the Entrustibility matrix and no locum is secured. However, this can impact the activity for the following day.
Tier 2: additional 1.0 wte vacancy due to covering for entrustibility Tier 1: 2.0 wte vacancy	Locums used	Rotation in December and February. A Dr on clinical attachment is being moved onto the tier 1 rota as from December.

4.0 Developing and sustaining a culture of safety, learning and support

4.1 Training Compliance (Appendix B)

Mandatory Training including Safeguarding level 3

Training compliance has increased for all staff groups again this month, maternity establishment compliance is on track for achieving ≥90% before the 31st December 2023. There is still on-going communication between the Practice Education team and the Lead midwives regarding training

non-compliance on at least a monthly basis. Any issues with accessing any e-learning programmes are reported to the Trust education team as part of the escalation process.

PROMPT

The training trajectory has been updated to reflect the two additional PROMPT training dates that are planned for November 2023 in response to the missed sessions due to the Doctors strike. Following the NHS resolution update that was published in October 2023, training compliance has been reduced to >80% and this should be met across all staffing groups. In the smaller staffing groups, achieving compliance of >80% may depend on the attendance of one staff member and therefore escalation continues if there are any concerns of compliance not being achieved.

From NHS Resolution, re Safety Action 8 - Training:
80% compliance at the end of the previously specified 12-month MIS reporting period (December 2022 to December 2023) will be accepted, provided there is an action plan approved by Trust Boards to recover this position to 90% within a maximum 12-week period from the end of the MIS compliance period.

There are two staff groups who will not meet the 90% compliance threshold on 30th November 2023, these are Obstetric Consultants and other Obstetric Anaesthetic doctors. Within the Obstetric Consultant group there is only one member of staff who will not be compliant with PROMPT training on 30th November 2023 but they are booked to attend in December 2023.

ACTION: For the Obstetric Anaesthetic Doctors staff group, there are three members of staff who will be non-compliant with PROMPT training on 30th November 2023, these are booked to attend in either December 2023 or January 2024.

Neonatal Life Support (NLS)

Current compliance for Midwives is 72.09% but the trajectory for 30th November is 99.3%. NLS is covered as part of PROMPT there have been some challenges this year due to GIC instructor availability as the session facilitator needs to be GIC trained.

All other staff groups requiring NLS training are > 90%.

Fetal monitoring training

The training figures overall continue to be impacted by the Doctors strikes in previous months which coincided with the face to face training dates and the clinical need to ensure rosters were covered during this time. Further dates have been added to ensure the adjusted target to achieve more than 80% compliance by the end of November is met. The fetal monitoring local learning themes continue to be shared with the staff in 10-minute teaching sessions, learning bulletins and service level meetings.

Planned compliance for Obstetric Consultants at the end of November 2023 is 88.89 %.

ACTION: The one outstanding Consultant to train is booked on 6th December 2023

4.2 Culture work- CNST Safety action 9 and NHS Elect

The perinatal quad met with the Board Safety Champions on 18th October to feedback to them about the Perinatal Cultural Leadership programme. Meetings are scheduled bi-monthly to keep

the Board champions abreast of the culture work being undertaken. All delegates fed back positively about the course and look forward to undertaking work on culture moving forward.

5.0 Standards and structures that underpin safer, personalised, and equitable care

5.1 Maternity Dashboard (Appendix C)

From April 2024 the local dashboard within Maternity will work towards the trust vision of visual data in the form of SPC charts.
SATOD in September was 8%, this is the second time in 2023 this has reached the amber threshold.

5.2 Perinatal Mortality REVIEW Tool (PMRT) and HSIB/SI/HLR Reports, Incidents graded moderate harm or above (Appendix D)

PMRT-There were no finalised reports from BHNFT in October 2023.There were two assigned cases where reports were finalised. There were no actions from these reports for this Trust.
HSIB- There are no ongoing or new cases.
SI's and HLR's- There are three on-going SI reviews

October 2023 is the last month where the LMNS criteria for moderate harm will be automatically applied. This paper will still detail where moderate harm is agreed but it is anticipated this number will lower moving forward. All PPH's > 1500 mls will be reviewed in the PPH review group. All ATAIN cases will still be reviewed and the parents will be made aware of the review and outcome regardless of the harm attributed.

5.3. The Maternity Incentive Scheme- CNST (Appendix E)

The greatest area of risk to achieving CNST is now Safety Action (SA) 6.
SA 6- SBLv3. Due to the vast number of interventions that are required across the six elements compliance may not be achieved as required for CNST by 1/2/24. Providers are required to demonstrate implementation of 70% of interventions across all 6 elements overall, and implementation of at least 50% of interventions in each individual element. Current compliance is self- assessed as 50% in 3/6 elements with overall compliance being 40% (see appendix E).
SA 8- Training compliance remains challenging (Appendix B). An additional date for fetal monitoring training is planned for the 23rd November to meet the 80% target required for Obstetric medical attendance. 80% compliance for PROMPT training is predicted but this will only be achieved if all staff allocated to go on the training attend.

The Trust CNST check and challenge meeting has been set for the 15TH November and the LMNS check and challenge for the 16th November.

The Trust Board are asked to note and minute receipt and approval of the following as per CNST requirements-

SA3 - The ATAIN action plan and the action plan for compliance with BAPM Transitional Care Standards.
SA4 - Compensatory rest action plan for Obstetricians
SA4 - Acknowledgement that the BAPM standards for medical staffing are met (with mitigation)
SA4 - Acknowledgment that the BAPM standards for neonatal nurse staffing are met (no mitigation required in Year 5)
SA8 - The Training plan, designed to meet the Core Competency Framework Version 2, to be approved by Trust Board

SA9 - Evidence the Trust Board level Safety Champions have engaged with the NHS Futures workspace, which resources have been accessed and how these have been beneficial to the role.
SA9 - Evidence that the Perinatal Quad have met with the Board Safety Champions at least twice during the reporting period

5.4 Saving Babies Lives Version three (SBLV3) (Appendix F)

Due to the vast number of interventions that are required across the element's compliance is proving challenging. Full implementation is required by the national deadline of March 2024. The risk of partial compliance only has been added to the risk register (risk number 2952).

Element's 2-5 have been fully reviewed this month and self-assessment re-calculated. Compliance will improve across several elements when guidelines have been reviewed and approved at governance in December. Work is ongoing across all elements but until full compliance is achieved with each intervention compliance percentages remain low.

5.5 CQC

Significant progress has been made with increasing compliance with mandatory training and with appraisals as identified in the Maternity CQC report as actions that must be taken to improve. Any appraisals not undertaken have clear narrative as to why this is the case.

6.0 Transformation

6.1. Feedback from Maternity & Neonatal Transformation Meeting

October meeting was cancelled due to unavailability of staff

6.2 Three Year Delivery plan for maternity and neonatal services.

SY LMNS has provided the Trust with an assurance tool for the Three Year Delivery Plan. The tool was agreed at the LMNS Board.
Progress will be reviewed throughout the year - with a self-assessment against the delivery plan, SBL/CNST deep dives and an assurance visit.
By self assessment the service has rated itself amber in all four domains.

- Listening to and working with women and families with compassion
- Growing, retaining and supporting our workforce
- Developing and sustaining a culture of safety, learning and support
- Standards and structures that underpin safer, personalise and equitable care

The teams feel confident that the plan is deliverable, acknowledging the many links to existing workstreams; for example, CNST and SBLV3 as well as the improvement plans already in the service. The maternity governance team will support local meetings led by the clinical leads, ADoM and ADoN to keep the plan on track.

Appendix A - Barnsley Hospital NHS Foundation Trust Data Measures Table

CQC Maternity Ratings Jan 2016 (full inspection)	Safe (last inspected 2023	Caring	Responsive	Effective	Well Led (last inspected 2023)
	Requires Improvement	Good	Good	Good	Good

	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct
Number of perinatal deaths completed using Perinatal Mortality Review Tool	0	0	1	2	2	1	3	2	1	1	0	2	0
Number of cases referred to HSIB	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of finalised reports received from HSIB	1	0	0	0	0	0	0	0	0	0	0	0	0
Number of finalised internal SI reports	0	0	0	0	0	1	0	0	0	1	0	0	0
Number of incidents graded as moderate harm or above	6	22	10	9	9	10	7	9	10	14	16	9	12
Number of Coroner's Regulation 28 Prevention of Future Death Reports in relation to maternity services	0	0	0	0	0	0	0	0	0	0	0	0	0
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly to the trust	0	0	0	0	0	0	0	0	0	0	0	0	0
Training compliance for all staff groups in maternity related to wider job essential training (%) (MAST)	86.50	86.24	84.40	85.35	82.6	82.89	80.80	80.75	81.43	82.14	81.74	85.24	87.48
Training compliance for all staff groups in maternity related to the core competency framework (%) (PROMPT) ***Reset to zero from January 2023***	94.9	98.9	98.9	8.09	16.44	26.34	34.38	43.75	43.75	52.25	58.55	58.55	74.20
Fetal monitoring training full day attendance (%)	16.5	22.2	28.5	36.48	35.29	42.2	50.95	52.09	52.09	52.09	55.4	55.4	90.3
BBC co-ordinator not supernumerary (Data from Birthrate plus®)	2	1	1	0	1	2	0	0	3	0	0	0	0
Midwifery Vacancy rate (WTE)	5.14	5.1	1.26	6.46*	4.34	5.6	8.6	8.6	8.97	9.12	12.76	13.26	5.23
Medical Vacancy rate (WTE)	3.2	3.4	3.4	2.8	4.8	3.4	5.8	2.4	4.4	4.6	5.8	5.8	6.4
Of those booked for CoC, Intrapartum CoC received %	64.15%			83.82	80.88	80.88	78.3	60	86	62.19	51.1	49.45	Not availabl e
Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Reported annually – 2022)	**Proportion of midwives who would recommend as a place to work: 60%**												
	Proportion of midwives who would recommend as a place to receive treatment: 75.3%												
Proportion of speciality trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how would they would rate the quality of clinical supervision out of hours (Reported annually)	**92.3% reported they received good clinical supervision out of hours**												

Appendix B - Training compliance

MAST training compliance (%) October 2023

Department	Business Security and Emergency Response	Conflict Resolution	Equality and Diversity	Fire Health and Safety	Infection Control Level 1	Infection Control Level 2	Information Governance and Data Security	Moving and Handling Back Care Awareness	Moving and Handling Practical Patient Handling Level 1	Moving and Handling Practical Patient Handling Level 2	Resuscitation Level 2 Adult Basic Life Support	Safeguarding Adults Level 2	Safeguarding Children Level 1	Safeguarding Children Level 2	Overall Percentage
163 CBU 3 Management Team	100 →	100 →	100 ↑	84.21 →	91.67 →	85.71 ↑	94.74 →	100 →	50.00 →	66.67 →	62.50 →	85.71 →	100 →	100 →	91.57↑
163 Maternity Establishment	93.33 ↓	91.57 ↑	97.78 ↓	82.78 ↑	100 ↑	82.56 ↑	85.00 ↑	98.33 ↑	50.00 ↑	73.81 ↓	82.56 ↑	66.67 →	100 ↑	60.00 ↓	87.48 ↑
163 Obstetrics & Gynaecology Medical Services	89.47↑	87.50↓	94.74 ↓	84.21 ↑	94.12 ↓	95.24 ↑	92.11 ↑	97.37 ↑	80.95 ↑	N/A	90.48 ↑	73.08 ↑	83.33 ↓	62.50 ↑	88.52 ↑

PROMPT Rolling annual compliance

Staff Group	PROMPT Rolling annual compliance (%)											
	Nov 22 (%)	Dec 22 (%)	Jan 23 (%)	Feb 23 (%)	March 23 (%)	April 23 (%)	May 23 (%)	June 23 (%)	July 23 (%)	Aug 23 (%)	Sept 23 (%)	Oct 23 (%)
Hospital Midwives	94.05	77↓	88.17↑	76.84↓	82.79↑	79.59↓	76↓	64.70↓	61.38↓	71.42↑	60.5↓	77.5↑
Community Midwives	100	91.42↓	97.22↑	82.05↓	89.47↑	89.74↑	84.61↓	62.85↓	62.85→	61.76↓	56.25↓	80.64↑
Support workers	90.9	84↓	85.18↑	80.64↓	73.33↓	67.64↓	81.48	60.60↓	58.06↓	60↑	63.33↑	73.33↑
Obstetric consultants	100	90↓	90→	100↑	87.50↓	75↓	77.77↑	75.00↓	55↓	55→	55→	62.5↑
All other obstetric doctors	42.85	33.33↓	38.09↑	36↓	36→	44.4↑	47.36↑	47.36→	47.36→	* 52.63↑	*19.04↓	47.62↑
Obstetric anaesthetic consultants	100	77.27↓	77.27	95.23↑	90.47↓	85.71↓	80.95↓	66.66↓	52.38↓	* 68.18↑	*66.66↑	85↑
All other obstetric anaesthetic doctors	100	91.6↓	90↓	90→	90→	90→	100↑	66.66↓	44↓	*44→	*21.05↓	47.05↑

*Dr's rotations in August and September will affect compliance figures.

Year 2 of the CNST core competency framework - PROMPT compliance and forecast for– commenced in January 2023

Staff Group	PROMPT in year compliance commencing January 2023 and the forecast (%) (reset to 0 in January 2023)										
	Jan	Feb	March	April	May	Jun	Jul	Aug Drs rotation	Sept Drs rotation	Oct	Nov
Midwives	**7.4**	**15.67↑**	**23.13↑**	**37.95↑**	**46.04↑**	**Drs Strikes**	**52.90↑**	**62.87↑**	**Drs Strikes**	79.84↑	*99.30*
Support workers	**12.5**	**18.75↑**	**25↑**	**33.33↑**	**51.85→**		**51.61↓**	**60↑**		76.66↑	*96.66*
Obstetric consultants	**22.2**	**22.2→**	**25↑**	**25→**	**33.33↑**		**44.44↑**	**44.44→**		62.5↑	*88.89*
All other obstetric doctors*	**4.76**	**9.5↑**	**14.28↑**	**22.22↑**	**33.33↑**		**35↑**	**36.36↑**		47.62↑	*95*
Obstetric anaesthetic consultants	**18.18**	**33.33↑**	**38.09↑**	**33.33**	**42.85↑**		**45.45↑**	**63.63↑**		85↑	*100*
All other obstetric anaesthetic doctors	**0**	**0→**	**0→**	**10↑**	**20→**		**33↑**	**37.5↑**		47.05↑	*88.23*

Community skills and drills compliance and forecast from January 2023

Staff Group	Community skills & drills in year compliance commencing March 2023 and the forecast (%) (reset to 0 in January 2023) Relaunched in July 2023											
	Jan	Feb	March	April	May	Jun	Jul	Aug	Sept	Oct	*Nov*	*Dec*
Community midwives	**0**	**0→**	**12.82↑**	**No training in place**			**27.59 ↑**	**27.59→**	**45.45↑**	**61.29 ↑**	*91.66*	*100*
Support workers	**0**	**0→**	**0→**				**16.67 ↑**	**16.67→**	**33.33↑**	**50 ↑**	*83.33*	*100*

Fetal Monitoring Training

Training compliance for fetal monitoring full day face to face training (%)															
Staff Group	**Sept 22**	**Oct**	**Nov**	**Dec**	**Jan 23**	**Feb**	**March**	**April**	**May**	**Jun**	**July**	**Aug**	**Sept**	***Oct***	***Nov***
Midwives	3.57	14.2↑	21.42↑	28.6↑	35.65↑	34.32↓	41.9↑	51.09↑	51.09→	Drs strike	Drs strike	55.9↑	Drs strike	*75.53*	*95%*
Obstetric consultants	10	30↑	30→	40↑	44↑	44→	50↑	55.5↑	55.5→			55.5→		*89*	*88%*
All other obstetric doctors	25	50↑	50→	50→	40↓	40→	40→	40→	33.3↓			33.3→		*25*	*100%*
Overall percentage	5.1	16.5↑	22.2↑	28.5↑	36.48↑	35.29↓	42.2↑	50.95↑	52.09↑			55.4↑		*72.5*	*90.3*

Competency assessment undertaken and passed for fetal monitoring within the last 12 months (combined K2 and/or app-based test) (%)										
Staff Group	**Dec 22**	**Jan 23**	**Feb 23**	**March 23**	**April 23**	**May 23**	**Jun 23**	**July 23**	**Aug 23**	**Sep 23**
Midwives' hospital	81.81	86.02 ↑	95.78 ↑	100 ↑	98.90 ↓	94.00 ↓	95.09 ↑	97.02 ↑	95.91 ↓	99 ↑
Midwives' community	66.66	88.88 ↑	92.30 ↑	92.30 →	94.80 ↑	97.40 ↑	97.14 ↓	97.14 →	94.11 ↓	96.80 ↑
Obstetric consultants	88.88	88.88 →	100 ↑	100 ↑	100 ↑	66.66 ↓	77.77 ↑	66.66 ↓	77.77 →	88.8 ↑
All other obstetric doctors	100	100 →	80 ↓	80 →	70 ↓	50 ↓	75 ↑	75→	83 ↑	100↑

Safeguarding Training Compliance

Children's level 3 safeguarding training	Number of staff requiring training	Percentage Compliant (%)							
		March	April	May	June	July	Aug	Sept	Oct
Maternity establishment	162	66.7	68.87 ↓	67.72 ↓	73.55 ↑	78.75 ↑	79.27 ↑	80.25 ↑	82.82 ↑
Neonatal unit	36	89.7	89.19 ↓	91.89 ↑	91.89→	91.89 →	91.67 ↓	91.67 →	86.84 ↓
Obstetrics and Gynaecology medical staff	19	29.2	28.57 ↓	28.57 →	28.57→	27.27 ↓	39.13 ↑	47.37 ↑	44.44 ↓
Paediatric medical staff	16	65	65 →	65 →	65 →	65 →	73.68 ↑	87.50 ↑	82.35 ↓
Adult level 3 safeguarding training	**Number of staff requiring training**	**Percentage Compliant (%)**							
		March	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**
Maternity establishment	160	60.5	67.53 ↑	65.05 ↓	71.00 ↑	76.00 ↑	69.75 ↓	72.50 ↑	74.85 ↑
Neonatal Unit	16	58.8	62.50 ↑	68.75 ↑	64.71 ↓	76.47 ↑	81.25 ↑	93.75 ↑	93.33 ↑

Appendix C - Maternity Dashboard

Local Maternity Dashboard 22-23	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Cumulative total
Clinical Activity													
Booked to Birth at BHNFT	299↑	256↓	265↑	294↑	234↓	226↓	218↓	261↑	243↑	229↓	276↑	223↓	3024
Number of BHNFT Bookings	251↑	225↓	221↓	262↑	202↓	202↑	203↑	258↑	216↓	191↓	227↑	201↓	2659
Booked elsewhere to Birth at BHNFT	48↓	31↓	44↑	46↑	38↓	39↑	28↓	14↓	38↑	38	57↑	30↓	451
Booked by BHNFT to Birth elsewhere	8↓	15↑	14↓	11↓	6↓	9↑	10↑	10	10	6↓	7↑	6↓	112
Booked onto Continuity of Carer pathway	109↑	91↓	93↑	107↑	86↓	80↓	76↓	111↑	67 ↓	63↓	92↑	76↓	1051
% of Continuity of Care	36.5↑	34.3↓	36.8↑	37.6↑	35.8↓	35.4↓	34.6↑	40.8↑	27.6↓	27.5↓	33.1 ↑	32.9↓	N/A
% of BAME booked onto Continuity of carer pathway	25.0↓	30↑	38.5↑	50.0↑	47.0↓	33.3↓	2.0↓	8.0↑	0↓	28.6↑	37.5↑	36.4↓	N/A
% of women booked onto Continuity of Carer pathway <10th centile according to the deprivation index	18.5↓	24.6↑	19.0↓	40.0↑	11.0↓	28.3↑	20.↓	36.0↑	16.0↓	22.7↑	42.2↑	32.0↓	N/A
Of those booked for CoC, Intrapartum CoC received %	**Not available**		64.15	83.82↑	80.88↓	80.88↓	78.3↓	60↓	86↑	62.19↓	51.1↓	49.45↓	N/A
Total Women birthed	261↓	266↑	265↓	243↓	222↓	214↓	253↑	248↓	250↑	238↓	260↑	252↓	2972
Sets of Twins	2↑	2↑	8↑	7↓	2↓	2↑	1↓	3↑	4↑	3↓	2↓	4↑	40
Total Births	263↓	268↑	273↓	250↓	224↓	216↓	254↑	251↓	254↑	241↓	262 ↑	256↓	3012
Live Births	263↓	268↑	271↑	249↓	224↓	216↓	254↑	251↓	251	241↓	261 ↑	255↓	3004
Live births at term	242↓	247↑	231↓	222↓	207↓	195↓	235↑	236↑	233↓	223↓	237 ↑	236↓	2744
Planned home births - Number **Threshold 2.4 %**	2↑	1↓	1↓	0→	1↑	1	0↓	3↑	1↓	1 ↑	12	2↓	12
Number of times a second emergency theatre required.	0→	2↑	0↓	0→	0	1↑	0↓	1↑	1	0↓	0	1↑	6
In-utero Transfers Out	4↑	3↓	3	1↓	5↑	3↓	0↓	8↑	2↓	2	7 ↑	3↓	41
Unit Closed For Admission	0→	0→	1↑	0↓	0→	1	2↑	0↓	2↓	1↓	0 ↓	0	7

Local Maternity Dashboard 22-23		Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Cumulative total
Clinical Outcomes														
Normal Birth Rate		48.3%	51.5%	47.6%	56.8%	53.2%	55.1%	53.4%	52.0%	53.6%	49.2%	52.7%	52.4%	N/A
Induction of labour Rate- Ratified	**≤34%**	35.7%	29.5%	28.7%	31.3%	32.0%	36.9%	30.0%	29.8%	30.8%	30.3%	30.0%	26.6%	N/A
Ventouse Rate		4.56%	4.9%	4.4%	3.3%	6.3%	2.8%	3.60%	4.40%	3.60%	4.6%	6.90%	3.2%	N/A
Forceps Rate		4.56%	5.2%	5.9%	7.0%	2.7%	5.6%	4.00%	7.30%	4.40%	8.8%	6.50%	5.2%	N/A
Total assisted vaginal births		8.74%	9.7%	9.9%	10.2%	9.0%	8.4%	12.30%	11.69%	8%	13.44%	13.46%	8.40%	N/A
Emergency LSCS Rate		28.73%	24.06%	26.79%	20.10%	13.51%	25.70%	27.66%	24.59%	22.40%	27.30%	20.77%	25.79%	N/A
Elective LSCS Rate		13.79%	15.03%	16.98%	12.75%	24.32%	12.14%	11.46%	11.69%	16.00%	10.08%	13.07%	13.49%	N/A
Robson Criteria														
Group 1	Nulliparous women with a single cephalic pregnancy, >37 weeks' gestation in spontaneous labour	10.10 ↑	3.03 ↓	7.07 ↑	7.50 ↑	2.5 ↓	3.75 ↑	7.07 ↑	5.56 ↓	4.44 ↓	11.11 ↑	11.11	14.44 ↑	N/A
Group 2a	Nulliparous women with a single cephalic pregnancy, >37 weeks' gestation who either had (a) labour induced or were (b) delivered by LSCS before Labour	16.16 ↓	12.12 ↓	18.18 ↑	6.25 ↓	18.75 ↑	23.75 ↑	22.22 ↓	18.89 ↓	18.89	24.44 ↑	18.89 ↓	14.44 ↓	N/A
Group 2b		15.15 ↑	9.09 ↓	15.15 ↑	10 ↓	16.25 ↑	13.75 ↓	15.15 ↑	5.56 ↓	20.00 ↑	15.56 ↓	5.56↓	14.44 ↑	N/A
Group 5	All multiparous women with at least one previous uterine scar, with single cephalic pregnancy >37 weeks' gestation	22.22 ↓	28.28 ↑	26.26 ↓	27.5 ↑	37.5 ↑	21.25 ↓	23.23 ↑	35.56 ↑	23.33 ↓	18.89 ↓	30.0 ↑	25.56 ↓	N/A
3rd / 4th Degree tears total		0.76%	1.82%	0.37%	2.17%	1.43%	2.33%	4.54%	2.53%	2.59%	0.67%	4.06%	0	N/A
3rd / 4th Degree tears - Normal Birth Total	**Crude average 2.8%**	1.57%	1.44%	0.765	0.88%	0.84%	1.69%	2.59%	1.55%	2.98%	0.85%	3.64%	0	N/A
		2	2	1	1	1	2	4	2	4	1	5	0	25

Local Maternity Dashboard 22-23		Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Cumulative total
3rd / 4th Degree tears - Assisted Birth Total	Crude average 2.8%	0%	3.84%	0.0%	8.00%	5.00%	16.60%	1.94%	6.89%	0.00%	0.00%	5.71%	0	N/A
	Percentage (%)	2.66↓	2.63↓	4.15↑	2.49↓	4.05↑	3.73↓	3.95↑	3.22↓	4.80↑	1.26↓	2.69 ↑	0	N/A
PPH ≥1500mls	Number	0	1	0	2	1	3	3	2	0	0	2	0	14
	Percentage (%)	0	0.37	0	0.82	**0.45**	1.4	1.18	0.80	0	0	0.76	0	N/A
Neonatal Indicators														
Admission to neonatal unit ≥ 37 weeks		3↓	12↑	7↓	6↓	6→	6→	5↓	4↓	5↑	12↑	12	7	85
Admission to the NNU ≤ 26+6 weeks		0→	0→	1↑	2↑	0↓	0→	0→	0→	0	0	2	0	5
Preterm birth rate <37 weeks	National target for less than 6% by 2025	7.22%↓	7.5%↑	14.8%↑	11.6%↓	7.6%↓	9.7%↑	7.5%↓	6.0%↓	7.9%↑	7.5%↓	9.5%	8.1%	N/A
Preterm birth rate <34 weeks		3.04%↑	1.9%↑	4.8%↑	6.4%↑	2.2%↓	2.8%↑	3.1%↑	2.0%↓	3.9%↑	1.7%↓	2.3%	3.9%	N/A
Preterm birth rate <28 weeks		0.00%↓	0.0%→	0.4%↑	1.6%↑	0.0%↓	0.0%→	0.0%→	0.4%↑	0.4%	0.0%↓	0.8%	0.4%	N/A
Low birthweight rate at term (2.2kg).		0.76%	0.0%	0.0%	0.0%	1.0%	0.5%	0.9%	0.4%	0.9%	0.4%	0.8%	0.0%	N/A
Right place of Birth	95%	100%→	100%→	99.60%↓	99.60%↓	100%↑	100%→	100%→	100%→	100%→	100%→	99.23%	99%	N/A
Mortality														
Neonatal deaths		0	1	0	0	0	0	0	0	0	1	0	0	2
Neonatal deaths excluding lethal abnormalities.		0	0	0	0	0	0	0	0	0	0	0	0	0
Stillbirths		0	0	2	1	0	0	0	0	3	0	1	1	8
Stillbirths - Antenatal		0	0	2	1	1	0	0	0	3	0	1	1	9
Stillbirths - Intrapartum		0	0	0	0	0	0	0	0	0	0	0	0	0
Stillbirths - excluding those with lethal abnormalities		0	0	2	1	0	0	0	0	0	0	0	0	3
Stillbirths at Term		0	0	0	0	0	0	0	0	0	0	0	0	0
Stillbirths at Term with a low birth weight		0	0	0	0	0	0	0	0	1	0	0	0	1
HSIB reportable births		0	0	0	0	0	0	0	0	0	0	0	0	0
KPI's														
Women Initiating Breast Feeding at Birth	≥75%	64.0% ↓	56.4% ↓	63.0% ↑	59.0% ↓	64.9% ↑	54.2% ↓	61.2% ↑	67.7% ↑	63.2% ↓	65.9% ↑	56.5% ↓	60.7% ↑	N/A
Breastfeeding rate at discharge		56.3% ↑	50.4% ↓	55.5% ↑	55.1% ↓	55.8% ↑	49.1% ↓	56.12% ↑	61.29% ↑	58.8% ↓	58.82%	55.0% ↓	60.70% ↑	N/A

Local Maternity Dashboard 22-23		Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Cumulative total
Bookings <10 weeks	**>90%**	73.9% ↑	71.9% ↓	76.55% ↑	79.8% ↑	69.8% ↓	77.2% ↑	73.0% ↓	76.0% ↑	80.6% ↑	73.8% ↓	77.53% ↑	74.1%	N/A
Smoking rates at Booking	**≤6% by the end of 2022**	15.8% ↑	11.3% ↓	12.7% ↑	14.1% ↑	16.8% ↑	16.3% ↑	18.23% ↑	11.2% ↓	8.3% ↓	14.7% ↑	13.7% ↓	12.4%	N/A
Smoking at 36 weeks' gestation	**≤6% by the end of 2022**	15.1% ↑	11.3% ↓	10.1% ↓	19.5% ↑	16.3% ↓	10.0% ↓	21% ↑	17.85% ↓	10.71% ↓	9.75% ↓	14.14% ↑	8.55%	N/A
Women who receive CO testing at booking	**≤6% by the end of 2022**	-	-	-	-	-	-	88.67%	92.6%	85.2% ↓	94.2% ↑	100% ↑	97%	N/A
Smoking Rates at Birth (SATOD)	**4-6%** / **6-8%** / **>8 %**	14.9% ↑	13.5% ↓	13.6% ↑	12.3% ↓	12.6% ↑	13.5% ↑	9.50% ↓	10.1% ↑	8.4% ↓	8.0%	13.5% ↑	8.0%	N/A
Carbon Monoxide monitoring at time of booking ≥ 4ppm	**≤6% by the end of 2022**	15.4% ↑	12.6% ↓	10.1% ↓	9.7% ↓	13.3% ↑	9.7% ↓	12.78% ↑	9.6% ↓	13.0% ↑	15.6% ↑	15.0% ↓	9.7%	N/A
Carbon Monoxide monitoring at 36 weeks ≥ 4 ppm	**≤6% by the end of 2022**	9.4% ↓	11.3% ↑	10.11% ↓	7.9% ↓	9.0% ↑	10.2% ↑	4.29% ↓	4.32% ↑	10.06% ↑	5.61% ↓	10.64% ↑	10.34%	N/A
Workforce														
Midwife / Woman Ratio		1:28	1:28	1:28	1:28	1:28	1:28	1:28	1:28	1:28	1:28	1:29	1:29	N/A
1:1 care in labour		100% -	99% ↓	99% -	98.80% ↓	99% ↑	100% ↑	99.6% ↓	100% ↑	99% ↓	99%	99.60% ↑	99.6%	N/A

Appendix D - Incidents graded moderate harm and above

Incidents graded moderate harm or above as per LMNS criteria	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct
Uterine rupture	0	0	0	0	0	0	0	0	0	0	0	0	0
Perineal tear (3^{rd}/4^{th} degree)	0	3	1	2	1	4	4	2	2	0	3	0	3
Unexpected hysterectomy	0	0	0	0	0	0	0	0	0	0	0	0	0
ICU Admission	0	0	1	0	1	1	0	0	0	0	0	0	0
Unexpected return to theatre	0	0	0	0	0	0	0	0	0	0	0	0	0
Enhanced maternal care >48 hours	0	0	0	0	0	0	0	0	0	0	0	0	0
Postnatal readmission	3	6	0	0	4	1	0	1	2	1	0	4	2
Never events	0	0	0	0	0	0	0	0	0	0	0	0	0
Term admission to neonatal Unit (number)	3	12	7	6	6	4	3	4	5	12	12	5	11
Term admission to neonatal Unit (%) (aim <5%)	1.23↓	4.85↑	3.00↓	2.70↓	2.9↑	2.1↓	2.0↓	1.6↓	2.0↑	5.0↑	5.06↑		4.8↓
Fracture to baby resulting in further care	0	1	0	0	0	0	0	0	0	0	0	0	0
Perinatal loss	0	2	0	1	1	0	0	1	1	0	1	1	0
Maternal death	0	0	0	0	0	0	0	0	0	0	0	0	0
PPH	0	0	0	1	0	0	0	0	0	0	0	0	2
Other	0	0	0	0	0	0	0	0	0	1	0	0	0

Ethnicity for ALL Barnsley Hospital births

Ethnicity	Any other ethnic group	Any other White background	Asian - other	Black African or Black British African	Indian or British Indian	Mixed White and Asian	Mixed White and Black African	Mixed White and Black Caribbean	Not Stated	Pakistani or British Pakistani	White British	White Irish
Oct-23	3	14	1	7	4	1	1	0	0	0	197	1

- Ethnicity not stated, this may be due to out of area women

Index of Multiple Deprivation (IMD) for ALL Barnsley Hospital births.

- Not all postcodes have an IMD allocated, this may be due to there being new housing estates

Month	IMD										
	1 (most deprived)	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10 (least deprived)**	**unknown**
Oct-23	48	36	28	27	15	10	4	27	12	8	14

Index of Deprivation (IMD) patients who have suffered moderate harm and above by Ethnicity & IMD for October 2023

- Not all postcodes have an IMD allocated, this may be due to being new housing estates

Ethnicity	IMD										
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**unknown**
White British	6	2	5	2			1				
Any other white background			1								
White & black African	1										

PMRT Notified cases

Case	Reason PMRT required	Final report due
	NO NEW BHNFT CASES IN OCTOBER 2023	

PMRT Ongoing cases- BHNFT

Case	Reason PMRT required	Final report due in the month of
87810	35+2 IUFD	SI investigation
88493	32+2 NND of one twin, transferred to Barnsley for palliative care	January 2024
89488/1	30+ IUFD, logged SI	March 2024
89172	24+off pathway twins, logged SI	March 2024

PMRT Ongoing cases- Assigned to BHNFT

Case	Reason PMRT required	Lead Trust	Final report due in the month of
90094	Assigned PMRT- 39+2 NND, undiagnosed Transposition of the Great Arteries	LGI	April 2024

Finalised PMRT report

ID Number	Incident summary	Findings and actions
80365	24+6 NND (assigned)	No action for BHNFT
87548	36+4 NND Twins fetal abnormality (assigned)	No action for BHNFT

Safety Action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?

Required standard	April 23	May	June	July	August	Sept	Oct
Percentage of eligible perinatal deaths reviewed via PMRT as an MDT (100%)	No cases	No cases	N/A	100%	100%	100%	100%
Percentage of eligible perinatal deaths notified to MBRRACE-UK within 7 working days (100%)			100%	100%	100%	100%	N/A
Surveillance information completed within one calendar month (100%)			100%	100%	100%	100%	N/A
Percentage of parents that have had their perspectives of care and any questions sought following their Baby's death (95%)			100%	100%	100%	100%	N/A
Percentage of PMRT reviewed started within two months (95%)			100%	100%	100%	100%	100%
Percentage of PMRT reports at draft stage within four months (60%)			N/A	N/A	N/A	100%	100%
Percentage of PMRT reports at published within six months (60%)			N/A	N/A	N/A	100%	100%

Appendix E – CNST year 5

Project aim: NHS Resolution is operating year 5 of the CNST MIS which incentivises 10 key maternity safety actions.	**Project Lead:** Deputy Head of Midwifery	**Trust Board declaration of completion:** February 2024	Blue – completed and embedded Red – significant risk/off track Amber – in progress Green – on track

Safety Action 1	**Safety Action 2**	**Safety Action 3**	**Safety Action 4**	**Safety Action 5**	**Safety Action 6**	**Safety Action 7**	**Safety Action 8**	**Safety Action 9**	**Safety Action 10**

CNST Safety Actions	
SA1 PMRT (Perinatal Mortality review tool)	No risks to achieving compliance identified. Time period up until 7th Dec
SA2 MSDS Dataset	July Scorecard all metrics passed.
SA3 Transitional Care services in place and ATAIN recommendations	Quarterly ATAIN reports continue and action plan re BAPM compliance for transitional care also presented at Mat neo transformation meeting in October. Trust Board required to approve both action plans.
SA4 Clinical Workforce Planning	Compensatory rest for Dr's approved by CBU3 governance in October
SA5 Midwifery Workforce planning	Six monthly midwifery workforce planning completed in October
SA6 Saving Babies Lives v 3	See appendix F. Implementation of 70% of interventions across all 6 elements overall and implementation of at least 50% of interventions in each element by 1/2/24. Currently 3/6 at 50%.
SA7 Working collaboratively with MNVP	No escalations or risks identified.
SA8 Training (incorporating Core Competency Framework v2)	The TNA was approved in Oct by CBU3 outlining the three-year MDT training programme. Will go through CBU2 governance processes for oversight. Training trajectories remain a risk. All training to be completed by November.
SA9 Safety Champions	No escalations or risks identified.
SA10 HSIB	No HSIB reportable births to date. Time period up until 7th Dec
Key risks: Training compliance, risk 2919 on risk register. This remains a significant risk for not achieving CNST compliance year 5 SBLV3 (safety action 6) Due to the vast scope of work required this also remains a significant risk for not achieving compliance for year 5.	**Escalations/support required with**: SA 8- Support required to ensure all disciplines prioritise training SA 3- Trust Board required to approve both the ATAIN action plan and BAPM compliance action plan SA 4- Compensatory rest action plan requires Trust Board approval and Trust Board Safety Level Champion oversight

Additional evidence required for oversight and approval for CNST year 5

Safety Action 3 ATAIN and Transitional Care Action Plan

ATAIN & Transitional Care Action Plan (to ensure BAPM compliance for transitional care standards for babies from 34 weeks)

Aims/ Targets/ Objectives	How this will be achieved	What expected outcome will be	What evidence will support this	Who will lead this	Where this will be reported/ monitored to - i.e. Committee/ Group	Timescale	Evidence	RAG rating
To undertake a review of the RAPPT tool via a qualitative research project	ATAIN lead is performing a qualitative research piece as part of Masters	Lower term admission to NNU Increase awareness and possible incidence of SUIC in the early postnatal period	Increased awareness of sudden infant collapse in the early postnatal period. Research in to how the RAPPT tool has increased awareness of SUIC in skin to skin from the view of the Midwives. Qualitative research involving Barnsley and Rotherham Midwives. Interviews and data collection to start in March 2021	Safeguarding lead for children's	MatNeo Safety Champions	June 2022 revised date of January 2023 **Requested to remove action.**	Further extension to Aug 2023.	GREEN
To recruit ward clerk for ANPN to enable photocopying of notes when a baby is admitted to NNU from ANPN and input	Liaising with Operational manager to advertise this role	Once the successful candidate is in post, this work will form part of their responsibilities	Notes will be readily available for timely review at ATAIN meetings	Service manager	MatNeo Safety Champions	September December 2022		GREEN

Aims/ Targets/ Objectives	How this will be achieved	What expected outcome will be	What evidence will support this	Who will lead this	Where this will be reported/ monitored to - i.e. Committee/ Group	Timescale	Evidence	RAG rating
into BadgerNet®. In the interim E rostering team to assist with this task								
To ensure ANPN have a band 4 available to be able to provide care to NTC babies	Inpatient Matron and Matron for children's services to work together to provide Business Case for workforce.	Combining number of babies and number of care days on ANPN and NNU will help to create Business Case.	ATAIN reports and NTC data will help support this	~~Matrons for maternity and Neonatal~~ Service manager to take over the lead for the business case	MatNeo Safety Champions	October 2022	Business case being written	AMBER
Review of TC BAPM Criteria	Working party of midwives and NNU staff	Review current practice Amend where possible to ensure compliance Link to business case	Business Case	Service manager to take over the lead for the business case	MatNeo Safety Champions	Dec 2023	Business case being written in line with CNST year 5 Safety action 3 compliance	AMBER
Draft a business plan	Working party of midwives and NNU staff	Review of need for TC Review of infrastructure Review of staff	Business case and potential to change practice	Service manager to take over the lead for the business case	MatNeo Transformation Meeting	Jan 2024	Business case being written	AMBER

3.0 Action plan for BAPM7 Preterm Early Intervention Optimisation Action Plan

Aims/ Targets/ Objectives	How this will be achieved	What expected outcome will be	What evidence will support this	Who will lead this	Where this will be reported/ monitored to - i.e. Committee/ Group	Timescale	Evidence	RAG rating
MgSO4 to be offered to women between 22+0 (where active management agreed) and 29+6 weeks and considered for women between 30+0 and 33+6 weeks of pregnancy who are in established labour or having a planned birth within 24hrs	All women will have the risks and benefits discussed with them Explore the possibility of MgSO4 grab boxes Identified roles within the preterm birth Education of staff to the BAPM7 requirements and data collection	All eligible preterm babies will have had MgSO4 prior to birth (compliance is 80-90%)	Data Collection from Care flow ODN BAPM 7 data Periprem Passport	Obstetric Team BBC Lead	Trust Mat/Neo Group Meeting SY&B LMNS Preterm Meeting Y&H Preterm Meetings	Jan 2024		AMBER
All women in preterm labour at less than 37 weeks should receive IV antibiotics to prevent early onset of Group B Strep irrespective of ruptured membranes (this	All women will have the risks and benefits discussed with them. Completion of Periprem passport All staff educated to the	All eligible preterm babies will have had IV antibiotics prior to birth (compliance to be set by LMNS)	Data Collection from Care flow ODN BAPM 7 data Periprem Passport	BBC Lead Obstetric Team	Trust Mat/Neo Group Meeting SY&B LMNS Preterm Meeting Y&H Preterm Meetings	Jan 2024		AMBER

Aims/ Targets/ Objectives	How this will be achieved	What expected outcome will be	What evidence will support this	Who will lead this	Where this will be reported/ monitored to - i.e. Committee/ Group	Timescale	Evidence	RAG rating
excludes planned LSCS)	requirements of the BAPM7 data collection.							
Babies born below 37 week gestation should receive their mother's own breastmilk, ideally within 6hrs, but aim always within 24hrs of birth	Mothers will be given breastmilk harvesting kits Mothers will be seen by the Midwifery Feeding Specialists if planned preterm birth to harvest breast milk 24hrs prior to birth Harvested breastmilk will be appropriately stored for use by staff Mothers educated that breast milk is not only nutritional but medicinal too	All eligible preterm babies will have their mother's breast milk within 24hrs of birth	Data Collection from Care flow ODN BAPM 7 data Periprem Passport	Neonatal preterm Nurse Neonatal preterm Consultant Digital Midwifery Lead Midwifery Feeding Specialist Midwifery preterm Lead	Trust Mat/Neo Group Meeting SY&B LMNS Preterm Meeting Y&H Preterm Meetings	Jan 2024	25/8/23 EH has emailed SA to provide evidence	AMBER
Babies born at less than 37 weeks should have a first temp which is between 36.5 - 37.5 oC	Babies will be kept warm with the use of 'thermaponchos'	All eligible preterm babies will have a recorded first temp at 36.5-37.5 oC (compliance 65%)	Data Collection from Care flow ODN BAPM 7 data	Neonatal preterm Nurse	Trust Mat/Neo Group Meeting SY&B LMNS Preterm Meeting	Jan 2024		AMBER

Aims/ Targets/ Objectives	How this will be achieved	What expected outcome will be	What evidence will support this	Who will lead this	Where this will be reported/ monitored to - i.e. Committee/ Group	Timescale	Evidence	RAG rating
and measured within 1 hour of birth	All midwives educated NOT to use knitted hats on these babies Babies temp will be correctly taken ad recorded within an hour of birth		Periprem Passport	Neonatal preterm Consultant BBC Lead	Y&H Preterm Meetings			
Babies born at less than 37 weeks gestation should have DCC at 60secs or more	All women will have the risks and benefits discussed with them. All staff educated to the benefits of DCC for the baby. All staff educated re the importance of a full 60secs of DCC for BAPM7 data collection	All eligible preterm babies will have had DCC for 60 secs or more (compliance 75%)	Data Collection from Care flow ODN BAPM 7 data Periprem Passport	Neonatal preterm Nurse Neonatal preterm Consultant BBC Lead	Trust Mat/Neo Group Meeting SY&B LMNS Preterm Meeting Y&H Preterm Meetings	Jan 2024	3/8/23 BBC Lead has sent a communication email to all staff to remind them of the importance of 60sec+ DCC	AMBER
Antenatal Corticosteroids should be offered between 22+0 (where active management agreed) and 33+6 weeks pregnancy,	All women who attend the unit with a suspect preterm birth, +ve Actim Partus, will have the risk and benefits of	All preterm babies will have had Corticosteroids prior to birth	Data Collection from Care flow ODN BAPM 7 data Periprem Passport	Digital Midwifery Lead BBC / ANPN Lead	Trust Mat/Neo Group Meeting SY&B LMNS Preterm Meeting Y&H Preterm Meetings	Jan 2024		AMBER

Aims/ Targets/ Objectives	How this will be achieved	What expected outcome will be	What evidence will support this	Who will lead this	Where this will be reported/ monitored to - i.e. Committee/ Group	Timescale	Evidence	RAG rating
ultimately 48hrs prior to birth	Corticosteroids explained to them Up to date information will be given to parents via leaflet, web link							

Safety Action 4- Compensatory Rest
Guidance and action plan to address current non-compliance

Compensatory Rest Procedure

Author/Owner	Service Manager	
Version	2	
Status	Approved	
Publication date	20th October 2023	
Review date	20th October 2026	
Approval recommended by	Women's Business and Governance Meeting	Date: 20th October 2023
Approved by	CBU 3 Overarching Governance Meeting	Date: 31st October 2023
Distribution	Barnsley Hospital NHS Foundation Trust – intranet Please note that the intranet version of this document is the only version that is maintained. Any printed copies must therefore be viewed as "uncontrolled" and as such, may not necessarily contain the latest updates and amendments	

Table of Contents

1.0 Introduction

The Working Time Directive (WTD) is EU legislation intended to support the health and safety of workers by setting minimum requirements for working hours, rest periods and annual leave. The Directive was enacted into UK law as the Working Time Regulations from 1 October 1998.

The main features are:

- An average of 48 hours working time each week, measured over a reference period of 26 weeks for doctors (unless an individual chooses to 'opt out' of this requirement)
- 11 hours continuous rest in 24 hours
- 24 hours continuous rest in 7 days (or 48 hours in 14 days)
- A 20-minute break in work periods over 6 hours

This policy is applicable to all Obstetricians in either Senior or Junior positions.

2.0 General Principles

Compensatory rest should be given when an employee is required to work during any time which is supposed to be rest time. An employee must be allowed to take an equivalent period of time as compensatory rest:

- If a doctor is unable to take 11 hours of consecutive rest per day, they should be entitled to take compensatory rest.
- Compensatory rest is to be taken as soon as possible in order for it to be effective.
- Those working on-call overnight are likely to have their rest period disturbed by a phone call. Where this happens, they should be able to take compensatory rest the following day.
- Compensatory rest should not be calculated on a minute for minute basis, based on the duration of the interruption – it should be for the full value of 11 hours' continuous rest with the clock starting when they get back to resting.
- Activity missed during compensatory rest should not be paid back
- It is not expected that Supported Programmed Activity (SPA) time is scheduled for the morning after a night on call. Compensatory rest should be taken proportionately during both Direct Clinical Care (DCC) and SPA time
- The entitlement to compensatory rest will be granted by the employer 'wherever possible' (Regulation 24, Working Time Regulations 1998).
  The Working Time Regulations 1998 (legislation.gov.uk)
- Doctors in training should raise an exception report in line with Terms and Conditions of Service for NHS Doctors and Dentists in training (England) 2016.

3.0 Additional Work for Other Organisations

Doctors must not take on additional employment (internal or external) that would mean that they do not get their rest requirements. If for exceptional reasons such work does occur that breaches a rest requirement then the doctor should calculate whether they need compensatory rest. If any of this rest would involve a reduction in planned duties for the Trust, then this rest would be negotiated but this time would not be paid for.

4.0 Agreeing and Arranging Compensatory rest

If a Senior doctor needs to take compensatory rest immediately after a period of duty becausecompensatory rest cannot be achieved in the next rest period and/or the doctor is not fit to work, alternative arrangements will have to be made to cover that doctor's duties.

If a Senior doctor does not believe they can safely work following a disturbance, they must speak to their Service Manager or Medical Staffing Team to make alternative arrangements and a record will be made.

Please refer to Appendix A, compensatory rest flow chart.

5.0 Monitoring and Audit

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Compensatory time off is provided where the 11 hours of rest has not been achieved	Via the Exception Reporting package for Junior Doctors	Rota Co-ordinators and Line Managers	Bi-monthly	Line Managers
	Via Compensatory monitoring tool for Consultants	Line Managers	Bi-monthly	Line Managers

Supporting References

The Working Time Regulations 1998 (legislation.gov.uk)

bma-compensatory-rest-guidance-25-march-2022.pdf

6.0 Equality and Diversity

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This SOP should be implemented with due regard to this commitment.

To ensure that the implementation of this procedure does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This procedure can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this procedure. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

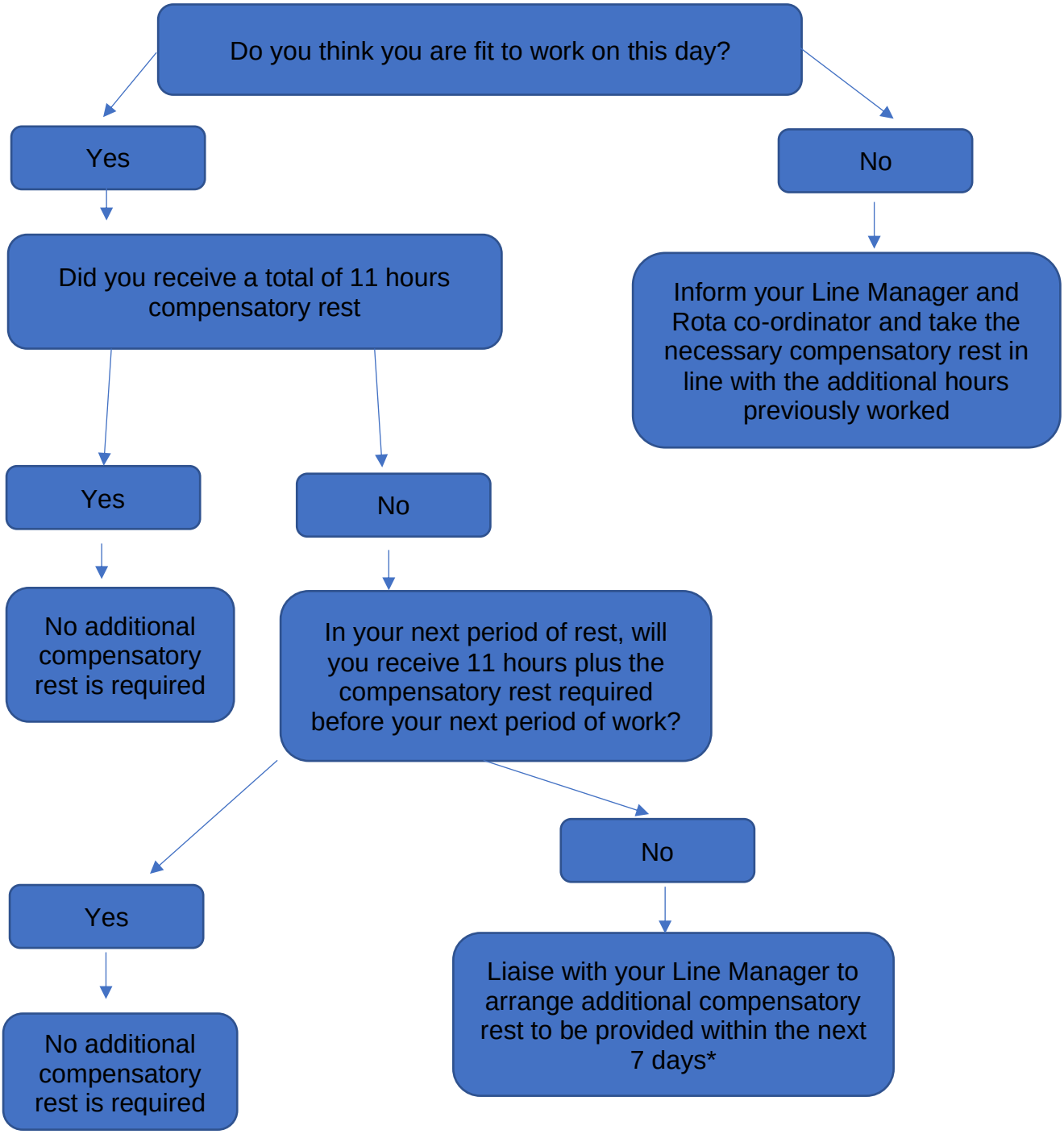
6.1 Recording and Monitoring of Equality & Diversity

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all procedures will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.

Appendix 1: Compensatory Rest Flow Chart

Use this flow chart to assess what actions needs to be taken if you have not received adequate rest to work on the following day and/or required compensatory rest



* If an additional 3 hours of work was completed, the rest period would be 11 hours plus the additional 3 hours

Trust Approved Documents (policies, clinical guidelines and procedures)

Approval Form

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

Document type (policy, clinical guideline or procedure)	Policy
Document title	Compensatory Rest
Document author (Job title and team)	Deena Goodhead, Service Manager
New or reviewed document	New
List staff groups/departments consulted with during document development	Obstetric and Gynaecology doctors
Approval recommended by (meeting and dates):	20th October 2023 Women's Business and Governance 31st October 2023 Overarching Business and Governance
Date of next review (maximum 3 years)	20th October 2023
Key words for search criteria on intranet (max 10 words)	Compensatory Rest
Key messages for staff (consider changes from previous versions and any impact on patient safety)	
I confirm that this is the FINAL version of this document	Name: Deena Goodhead Designation: Service Manager

FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

Approved by (group/committee): **Date approved:** **Date Clinical Governance Administrator informed of approval:** **Date uploaded to Trust Approved Documents page:**

Compensatory Rest Action Plan- CNST Safety Action 4

Obstetricians – compensatory rest Action	**Current situation**	**Compliant/Non compliant action plan**
Trusts/organisations should implement RCOG guidance on compensatory rest where consultants and senior Speciality and Specialist (SAS) doctors are working as non-resident on-call out of hours and do not have sufficient rest to undertake their normal working duties the following day. Services should provide assurance that they have evidence of compliance, or an action plan to address any shortfalls in compliance, to the Trust Board, Trust Board level safety champions and LMNS meetings.	**SAS doctors** These doctors form part of the Tier 2 rota and do not undertake non-resident on call out of hours **Consultants** Consultants who undertake Non-resident on call would potentially have activity planned for the following day	**SAS doctors** Compliant as these doctors do not undertake non-resident on call **Consultants** A senior Registrar and a second Registrar where possible are placed with the Consultant the day after the on call, therefore if the Consultant hasn't had adequate Compensatory rest the Senior Registrar is able to commence any clinic or Theatre to allow the Consultant to arrive later. Where a Consultant has had an insufficient amount of rest the activity would be cancelled.

Neonatal medical workforce	**Standards**	**Compliant/Non compliant action plan**
The neonatal unit meets the British Association of Perinatal Medicine (BAPM) national standards of junior medical staffing. If the requirements had not been met in both year 3 and year 4 of MIS, Trust Board should evidence progress against the action plan developed in year 3 of MIS as well include new relevant actions to address deficiencies. If the requirements had been met in year 3 without the need of developing an action plan to address 31 deficiencies, however they are not met in year 4, Trust Board should develop an action plan in year 4 of MIS to address deficiencies.	1. Units designated as LNUs should have immediately available at least one resident Tier 1 practitioner dedicated to providing emergency care for the neonatal service 24/7; the provision of newborn infant physical examination should not be the sole responsibility of this individual and midwives should be trained to deliver this aspect of care **Non-compliant**	1. There is an immediately available Tier 1 practitioner between the hours of 9am to 9pm, between the hours of 9pm to 9am there is only one Tier 1 practitioner however the mitigation for this is there are *two Tier 2 practitioners available one for Ward and Neonates and one for Children's Assessment Uunit Action – Currently two staff members undertaking ANNP training course which will alleviate some of the staffing issues Lack of funding currently for third ANNP needed to cover

	2. LNUs should provide an immediately available resident Tier 2 practitioner dedicated solely to the neonatal service at least during the periods which are usually the busiest in a co-located Paediatric Unit e.g. between 09.00-22.00, seven days a week Tier 2 provision is 0900-2130 – **standard achieved** 3. Units designated as LNUs providing either >2000 RCDs or >750 IC days annually should provide a separate Tier 3 Consultant rota for the neonatal unit Tier 3 provision – Monday to Friday dedicated Consultant cover for Neonates – **Standard achieved**	the service so current mitigation will remain. *Risk – There have been significant gaps within the Tier 2 rota meaning at some points there is only one Tier 2 doctor overnight alongside one Tier 1 doctor If required the Consultant would stay on site to support 2. Standard achieved no action plan required 3. Standard achieved no action plan required

Neonatal nursing workforce The neonatal unit meets the service specification for neonatal nursing standards. If the requirements had been met in year 3 without the need of developing an action plan to address deficiencies, however they are not met in year 4, Trust Board should develop an action plan in year 4 of MIS to address deficiencies and share this with the Royal College of Nursing, LMS and Neonatal Operational Delivery Network (ODN) Lead.	The Action plan for year 4 CNST was to send two staff members on the QIS training twice a year. BAPM target is to have 70% of Neonatal nursing workforce qualified in speciality (QIS) August 2023; 73.2% nursing workforce QIS Plan to continue to send two band 5 nurses on each cohort October & March to future proof the service,

Safety Action 8- Maternity training Needs Analysis

Maternity Training Needs Analysis 2024

Author/Owner	**Practice Educator Midwives/ Quality, Safety and Governance Matron/ Obstetric Education Lead, Lead Obstetric Anaesthetist/ MNVP/ Neonatal Practice Educator/ Neonatal doctors**	
Version	1	
Status		
Publication date		
Review date	September 2024	
Approved by	Women's Business and Governance Meeting	Date:
	CBU 3 Overarching Governance Meeting	Date:
Distribution	Barnsley Hospital NHS Foundation Trust – intranet Please note that the intranet version of this document is the only version that is maintained. Any printed copies must therefore be viewed as "uncontrolled" and as such, may not necessarily contain the latest updates and amendments	

Contents

Statement of Intent

This Training Needs Analysis (TNA) will ensure that there is a robust process in place to deliver the specific training requirements for the maternity establishment. The document will outline the subjects to be delivered and how the subjects will be taught. It has been designed to work in conjunction with the Trust Mandatory and Statutory Training Framework (version 2 2023) MAST Framework - 1 (pagetiger.com) which outlines the Trust Mandatory Training requirements.

This will enable:

- The maternity establishment to have a consistent approach to training
- The Practice Educator Midwives to monitor attendance for training
- The Practice Educator Midwives/ Lead Midwives to manage non-attendance in accordance with the maternity Training Policy (Appendix 2)
- Staff to receive the training required to manage emergency situations that could arise within the maternity unit and community settings
- Staff to have the opportunity to practice managing obstetric emergencies in a controlled environment as per the NHS England Core Competency Framework version 2 (CCFV2). The maternity unit currently uses Practical Obstetric Multi-Professional Training (PROMPT) to teach maternity emergencies.
- The maternity establishment to improve the service and care given to women and their babies, via training, in line with current national, local guidance and recommendations and learning from incidents, complaints and claims

Standards for attendance at maternity training

The minimum standard for attendance at maternity training is 90% for all staff groups, which is in line with the Trust mandatory training expectations. However, the aim and gold standard is for all staff to be trained. Staff on maternity leave or long-term sick are excluded from training compliance figures.

Implementation

The Practice Educator Midwives will co-ordinate with relevant specialists to provide the training required. Training will be delivered by a Multidisciplinary Team (MDT) who specialise in the respective training subjects.

The Trainers will consist of Obstetric doctors, Anaesthetists, Practice Educator Midwives and Specialist Midwives and Nurses. The Practice Educator Midwives will co-opt specialist trainers to deliver bespoke training as required. Substitute trainers will be requested to cover in the event of sickness or unavailability of the trainer to attend.

For the purpose of training the term “multi-disciplinary team” refers to any combination of the following:

- Consultant Obstetrician
- Obstetric doctors and trainees
- Midwife
- Maternity support worker
- Consultant Paediatrician
- Paediatric doctor and trainees
- Neonatal nurses
- Consultant Obstetric Anaesthetist
- Obstetric anaesthetic doctors contributing to the obstetric rota

- Theatre staff, including Operating Department Practitioners, anaesthetic nurse practitioners, scrub practitioners and recovery nurses/practitioners)
- Critical care staff

All staff will contribute to the effective implementation of the TNA through attendance.
The expectation is as detailed in the document for:

- All midwives to attend five days of training totalling- 37.5 hours
- Maternity Support Workers (MSW) are to attend four days of training totalling 30 hours
- Neonatal nurses are to attend one and a quarter days of plus will be attending the MAST training- 9 hours plus 4.5 hours MAST. Totalling 13.5 hours
- Neonatal doctors are to attend one and a quarter days of training as detailed within this document- 9 hours
- Anaesthetists are to attend one day of training totalling- 7.5 hours plus 1 hour of e-learning
- Theatre staff are invited to attend one full day of training totalling- 7.5 hours
- All consultant obstetricians and all other registrar level doctors are to attend two full days and 6.5 hours-totalling 21.5 hours
- All other junior doctors are to attend one full day and 6.5 hours- totalling 14 hours

Please see Appendix 3 for MDT training matrix table

All staff will be allocated time off from the clinical area to enable the completion of annual training as detailed within the TNA.

Attendance will be monitored by the Practice Educator Midwives through training allocation databases and escalated through the quarterly maternity practice education report to women's business and governance meeting and monthly within the board paper.. Any member of staff who cannot attend training on the dates allocated will be given an alternative date to attend. Persistent non-attendance within 3 months (2 Eroster cycles) will be managed as described in Appendix 1 non-attendance policy by line managers.

The agreed training will be delivered as outlined in the training tables below.

Standards for the Content of the Training

The TNA is reviewed annually in line with the MIS safety action 8, NHS England Core Competency Framework (CCF) and 'How to' guide and alterations to the subject list will be made based on service and Trust requirements. The subjects identified in the TNA are not exclusive. Service requirements are monitored at the Women's Services Business and Governance Meeting to identify themes/trends requiring additional training.

Recommendations from other external agencies will be considered e.g. UK National Screening Committee, National Institute for Health and Care Excellence (NICE), Mothers and Babies: Reducing Risk through Adults and Confidential Enquires across the UK (MBRRACE-UK), Royal College of Obstetricians and Gynaecologists (RCOG), Care Quality Commission (CQC).

Within the new CCFV2 there is a specific emphasis on co-production of training subjects and content. This document has been produced with members of the maternity emergencies faculty, neonatal practice educators, the local Maternity and Neonatal Voices Partnership (MNVP) specialist midwives and other specialities.

The CCFV2 reflects the ethos and priorities of the maternity transformation programme, focusing on ensuring maternity care is personal and safe and that the service user voice is fundamental to the training provided to staff. This ensures that the CCFV2 is an integral part of maternity improvement and illustrates how staff training is key to positive outcomes.
MISyear5-update-July-2023.pdf (resolution.nhs.uk)

The training will encompass the following principles:

- Service user involvement in developing and delivering training
- Training based on learning from local findings from incidents, audit, service user feedback and investigation reports. This should include reinforcing learning from what went well
- Promote learning as a multidisciplinary team
- Promote shared learning across the Local Maternity and Neonatal System (LMNS)

This document is an update to replace the previous Training Needs Analysis (TNA) 2023 version 2.

Alongside these training days for staff adhoc drills will run in the clinical area monthly. This will be logged on the maternity SharePoint site for ongoing oversight.

Six core modules from the CCFv2

The CCFv2 has six core modules, each of the six modules included in the CCFv2 cover priority areas identified through analysis of reports and recommendations into maternity services and outcomes.

The six core modules comprise:

Module No.	Module name	Frequency of training
1	Saving Babies Lives Care Bundle v3	Yearly
2	Fetal monitoring and surveillance (in the antenatal and intrapartum period)	Yearly
3	Maternity emergencies and multiprofessional training	Yearly with 3-year programme of scenarios
4	Equality, equity and personalised care	3-year programme
5	Care during labour and the immediate postnatal period	3- year programme
6	Neonatal life support	Yearly

Application of NHS improvement core competency framework

Module 1: Saving babies' lives care bundle (SBLCB)

Requirements for this module have been aligned to the third version of the Saving Babies Lives Care Bundle.

Minimum standard:

- **90% attendance – annually for each element with eLfH module every three years**
- Training must include learning from incidents, service user feedback and local learning.
- Training must include local guidelines and care pathways
- E-learning can be appropriate for some elements
- Learning must be responsive to local clinical incidents and service user feedback
- 1.1 - Individuals who deliver tobacco dependence treatment interventions should be fully trained to NCSCT standards

Stretch target:

- ≥ 95% attendance
- Shared learning from incidents across LMNS and Buddy LMNS relating to morbidity and mortality.
- Benchmarking against other organisations with a similar clinical profile, and national programmes.
- Service users share their experiences as part of training day.
- Use of positive case examples
- Training to be tailored to role and place of work for each element
- 1.1 - Smoke-free advisors should have evidence based behavioural training (i.e. CBT/Risk perception)

Staff evaluation- evidence of improvement if ≤95% feedback is evaluated as good or excellent

Element	Staff required to attend	Hours allocated	To include:	Stretch target	Linked to:
1.1 – Smoking in Pregnancy	Midwives Maternity Support Workers	2 Hours	• NCSCT e-learning – Very Brief Advice to women and their partners	• Use of service user case study • Every Contact Counts Training (eLfH)	Core Competency Framework V2

	Obstetricians		• Local opt out pathways/protocols, advice to give to women and actions to be taken • CO monitoring and discussion of result •	• Evidence of specialist smoke-free advisors sharing briefings and national publications i.e. Maternal and Neonatal Health Safety Collaborative, Action on Smoking and Health (ASH) briefings for Integrated Care Systems	
1.2 – Fetal growth restriction	Midwives Obstetricians	1 Hour	• Local referral pathways, identification of risk factors and actions to be taken. • Evidence of learning from local Trust detection rates and actions implemented • Symphysis fundal height measuring, plotting and interpreting results practical training and assessment, and case reviews from examples of missed cases locally	• Use of service user case study • Include review of Trust's detection rates, compared to other similar organisations and national data • Include audit of compliance against training action plan developed as a result of incidents related to fetal growth restriction	Core Competency Framework V2
1.3 – Reduced Fetal Movements **TO BE COVERED ON FETAL MONITORING DAY**	Midwives Obstetricians	30 mins Included on fetal monitoring training day	• Local pathways/protocols and advice to give to women and actions to be taken • Evidence of learning from case histories, service user feedback, complaints and local audits	• Use of service user case study • Audit of compliance against training action plan developed as a result of incidents related to fetal movements.	Core Competency Framework V2
1.4 – Fetal Monitoring in Labour	**See Module 2**				
1.5 – Preterm birth	Midwives Maternity Support Workers Obstetricians	1.5 Hours 1 hour on SBLCB training day	Identification of risk factors and local referral pathways All elements in alignment with the BAPM/ MatNeoSIP optimisation and stabilisation	• Evidence of impact using the improvement strategies to optimise preterm birth outcomes • Use of clinical simulations	Core Competency Framework V2

		Plus maternity emergencies scenario	of the preterm infant pathway of care A team based, shared approach to implementation as per local unit policy Risk assessment and management in multiple pregnancy	• Review of outcomes in relation to multiple births and identified improvements • Use of service user case study	
1.6 – Diabetes in Pregnancy	Midwives Maternity Support Workers Obstetricians	1 Hour	Identification of risk factors and actions to be taken Referral through local MDT pathways including Maternal Medicines Networks and escalation to endocrinology teams Intensified focus on glucose management including continuous glucose monitoring Care of diabetic women in labour	• Learning from local and national case reviews are disseminated • Use of service user case study with diabetes in pregnancy	Core Competency Framework V2 NHS Long Term Plan and NICE guidance

Module 2: Fetal monitoring and surveillance (in the antenatal and intrapartum period)

Minimum standard

- **90% attendance maintained throughout the year.**
- **Annual update, one days training in addition to local emergencies training.**
- All staff to pass an annual competency assessment that has been agreed by the local commissioner (ICB), based on the advice of the clinical network. **Pass mark 85%.**
- A procedure for failed assessments of less than 85% need a pathway which should be agreed by the ICB.
- Fetal monitoring leads must attended annual specialist training updates outside of their own unit.

Training must involve

- Local case studies, clinical incidents and local learning, and incorporate service user feedback into this.
- Risk assessment at onset of labour and throughout, complying with the fetal monitoring guideline.
- Include antenatal fetal monitoring, IA and Electronic Fetal Monitoring.
- Be tailored for specific staff groups: i.e.: homebirth scenario for community
- Be Multidisciplinary and scenario based.
- Include Fetal monitoring equipment
- Include the surveillance of twins
- Include the principles of psychological safety, civility and human factors in line with the LMNS.
- Include the process of escalation ensuring staff are enabled to facilitate this especially in relation to clinical concerns.

Stretch target:

- ≥ 95% attendance
- ≥95% pass mark on assessment.
- Shared learning across LMNS and Buddy LMNS
- Positive case examples to learn from.
- Benchmarking against other organisations with similar clinical profile and national programmes
- Evidence of MDT case scenario discussions and shared with the wider team to increase accessibility.
- Fetal monitoring leads in collaboration with the national fetal monitoring network to support own learning, practice development and evidenced based care.
- Wider training on HIE and nervous system physiology
- Intrapartum Midwives to attend additional high-level training to support fetal monitoring knowledge on the ABC programme when available.
- Independent external evaluation of local training.
- Staff evaluation- evidence of improvement if ≤95% feedback is evaluated as good or excellent.

Element:	Staff required to attend	Hours allocated	To include:	Linked to:
IA (Intermittent Auscultation)	Midwives only	1 hour	Recognition of when to change to EFM. IA risk assessment. Practical case study.	Element 4 SBL, 4.1, 4.2, 4.8
Risk assessment in labour	Midwives and Obstetricians	30mins	Risk assessment case study practical with scenario	Element 4 SBL, 4.2, 4.8
Escalation and Fresh eyes.	Midwives and Obstetricians	45 mins	RCOG video, Discuss A.I.D/ Teach and Treat. Fresh eyes local audit compliance.	Element 4 SBL, 4.3
Local Case studies, inc Twins	Midwives and Obstetricians	1 hour	Pitfalls and safety aspects of monitoring twins, examples of good and poor escalation and equipment issues	Element 4 SBL, 4.6,4.7,4.8
Reduced Fetal Movements	Midwives and obstetricians	30 mins	Local pathway, service user feedback , local case studies and audits, Dawes Redman equipment	Element 3 SBL
Fetal physiology and response to hypoxia, including meconium and chorioamnionitis	Midwives and Obstetricians	1 hour	Local case study including chorio and meconium, introduce Cytokines (video) and discuss homebirth setting.	MIS year 5.
Human Factors , Civility and Psychological safety	Midwives and Obstetricians	30 mins	RCOG team of the shift video, discussion re: psychological safety , civility, brainstorm and feedback.	MIS year 5. SBL element 4. 4.4
HIE (neonatal hypoxia ischemic encephalopathy)	Midwives and Obstetricians	30mins	HIE video patients journey. Peeps charity	RCOG each baby counts report and SBL.

Local outcomes	Midwives and Obstetricians	30mins	Yorkshire and Humber dashboard/ benchmarking	Element 4 SBL 4.7
Competency assessment	Midwives and Obstetricians	30mins	LMNS agreed competency assessment	Process indicator 4b
Evidence of Ongoing learning	Midwives and Obstetricians	1 hour	Bi -monthly case studies , 10 minute teaching and wardbook posts	MIS year 5

Module 3: Maternity emergencies training day (PROMPT)

1 scenario must be in the clinical area- ensuring full attendance from wider MDT including theatres & neonates

Minimum standard:

- 90% attendance
- Service user involvement in developing & delivering training
- Training based on learning from local findings from incidents, audit, service user feedback and investigation reports. Reinforcing learning from what went well
- Promote learning as a MDT
- Promote shared learning across the LMNS
- Identification of deteriorating mother & use of MOEWS/ NEWTT charts
- Communication, escalation of care and SBARD
- Be sensitive and responsive to local safety insights, near misses or HSIB cases; lessons from clinical incidents must inform delivery of the local multidisciplinary training plan
- Use service user comments or feedback from investigations
- Maternal and neonatal outcomes using exemplars from national programmes i.e., National Maternity Perinatal Audit (NMPA); Getting it Right First Time (GIRFT); Healthcare Safety Investigation Branch (HSIB)
- Include at least one scenario from a learning from excellence case study
- Be tailored for specific staff groups, e.g., homebirth or birth centre teams/maternity support worker (MSW)
- Include the principles of psychological safety and upholding civility in the workplace, ensuring staff are enabled to escalate clinical concerns
- Include human factors training

Stretch target:

- ≥ 95% attendance
- Shared learning across LMNS
- Positive case examples
- Programme of clinical simulations at point of care- live drills, evidence of learning, actions, feedback and debrief- need to do one in community
- Staff evaluation- evidence of improvement if ≤95% feedback is evaluated as good or excellent

Maternity emergency	Staff required to attend	Hours allocated	To include:	Linked to:
1. Pre-eclampsia/ eclampsia, severe hypertension	Midwives, maternity support workers, obstetricians, anaesthetists, theatre staff, neonatal nurses & doctors	2 hours	Preterm scenario and birth Families with babies on NICU	MIS year 5- safety action 8 Core competency framework V2 SBLCBV3
2. Care of the critically ill patient	Midwives, maternity support workers, obstetricians, anaesthetists, theatre staff, neonatal nurses & doctors	2 hours	Sepsis Use of critical care observation charts	Core competency framework V1 (year 3)
3. Maternal collapse, escalation & resuscitation	Midwives, maternity support workers, obstetricians, anaesthetists, theatre staff	2 hours	Reversible causes A-E assessment	Core competency framework V1 (year 3)
4. Impacted fetal head	Midwives, maternity support workers, obstetricians, anaesthetists, theatre staff	2 hours	Recovery care after general anaesthetic	Core competency framework V1 (year 3)

Module 3: Maternity emergencies & multiprofessional training (PROMPT)	
Year 2 (2025)	**Year 3 (2026)**
APH	PPH
Cord prolapse	Shoulder dystocia
Uterine rupture	Vaginal breech birth
PPH	TBC dependant on local identified themes

Module 4: Equality, equity, and personalised care

Minimum standard:

- **90% attendance – three yearly programme of all topics**
- Training should cover local pathways and key contacts when supporting women and families.
- Training must include:
  - Learning from incidents
  - Service user feedback
  - Local learning
  - Local guidance and referral procedures
  - 'red flags'
- One topic from each of the lists must be covered as a minimum, identified from unit priorities, audit report findings, and locally identified learning, involving aspects of care which require reinforcing and national guidance:

  LIST A –
  - Ongoing antenatal and intrapartum risk assessment and risk communication
  - Maternal mental health
  - Bereavement care

  LIST B –
  - Personalised care and support planning (including plans when in use locally)
  - Informed decision making, enabling choice, consent and human rights
  - Equality and diversity with cultural competence

Stretch target:

- **≥ 95% attendance**
- Involving MNVP's/ Service Users in coproducing and/or delivering training based on lived experiences
- Service user feedback gained from Personalised Care and Support Plans (PCSP) audits are embedded into training
- Use of positive case examples to learn from
- Benchmarking against other organisations with similar clinical profile and national programmes
- Training on learning disabilities and Autism, that is maternity specific, is embedded in personalised care training.
- Equality and diversity training includes unconscious bias, LGBTQ+
- Risk assessment and risk communication includes genetic risk
- Yearly training on any subject
- Stakeholder support i.e. SANDS involved in supporting delivery of training.
- Staff evaluation- evidence of improvement if ≤95% feedback is evaluated as good or excellent

Element	Staff required to attend	Hours allocated	To include:	Linked to:
Equality, equity and personalised care	All	2.5 hours 2 hours of these 2.5 hours are included on SBLCB training day	• MNVP- *included within Fetal monitoring training day and maternity emergencies day* • Personalised care plan- *included on SBLCBV3 training day* • Elfh – Cultural Competency Package- - *included on SBLCBV3 training day* Ongoing antenatal and intrapartum risk assessment and risk communication *Included within fetal monitoring training day* / *Included within maternity emergencies day* • Trust values and behaviours	Core Competency Framework V2

Module 4: Equality, equity, and personalised care	
Year 2 (2025)	**Year 3 (2026)**
Personalised care plan	Personalised care plan
LGBTQ+	Learning disabilities and Autism
Informed decision making, enabling choice and human rights	Bereavement care (2022 & 2023)
Maternal mental health (2022 & 2023)	Antenatal and intrapartum risk assessment and risk communication including genetic risk

Module 5: Care during labour and immediate postnatal period

Minimum standard:

- Service user involvement in developing & delivering training
- Training based on learning from local findings from incidents, audit, service user feedback and investigation reports. Reinforcing learning from what went well
- Promote learning as a MDT
- Promote shared learning across the LMNS
- Include learning from incidents, audit reviews and investigations, service user feedback and local learning
- Learning from themes identified in national investigations, e.g., HSIB – have a focus on deviation from the norm and escalating concerns
- Include national training resources within local training, e.g., OASI Care Bundle (obstetric anal sphincter injuries), RoBUST Operative Simulation Birth Course, prevention and optimisation of premature birth.
- Be tailored for specific staff groups depending on their work location and role, e.g., homebirth or birth centre teams/maternity support worker (MSW).

Stretch target:

- >95% attendance of relevant staff group.
- Shared learning across LMNS.
- Use of positive case examples to learn from.
- Benchmarking against other organisations with similar clinical profile and national programmes.
- Staff evaluation on quality of training in place, with evidence of improvement where ≤95% feedback is evaluated as good or excellent.
- Use of service user case studies and service users to share their experiences.

Element	**Staff required to attend**	**Hours allocated**	**To include:**	**Linked to:**
Multiple pregnancy	Midwives Maternity support workers Obstetricians Anaesthetists	1 hour- included in the maternity emergencies day	Local learning National guidance	MIS year 5- safety action 8 Core competency framework V2
Infant feeding	Midwives Maternity support workers	1 hour	Local learning National guidance Clinical skill Audit	MIS year 5- safety action 8 Core competency framework V2 SBLCBv3 - Elements included within Diabetes and Preterm Birth

Pelvic health and perineal trauma and pelvic floor muscle training	Midwives Maternity support workers Obstetricians	1.5 hours	Local learning National guidance	MIS year 5- safety action 8 Core competency framework V2
ATAIN	Midwives Maternity support workers	1.5 hours	Local learning National guidance	MIS year 5- safety action 8 Core competency framework V2

Module 5: Care during labour and immediate postnatal period	
Year 2 (2025)	**Year 3 (2026)**
Management of labour including latent phase	GBS
VBAC and uterine rupture	Management of epidural analgesia
Recovery care after general anaesthetic	Operative vaginal birth
Infant feeding	Infant feeding
ATAIN	ATAIN

Module 6: Neonatal basic life support

Minimum standard:

- 90% attendance at either an in-house neonatal basic life support training or newborn life support (NLS)
- Delivered by registered Resuscitation council NLS Instructor
- Be 'hands-on' and scenario based and tailored to learning from incidents
- Service user feedback and local learning priorities
- Include knowledge and understanding of NLS algorithm
- Include recognition of the deterioration of Black and Brown babies
- Include recognition of deteriorating newborn, action to be taken and local escalation procedures, and the use of SBARD tool for handovers (or local equivalent)
- Include the principles of psychological safety and upholding civility in the workplace, ensuring staff are enabled to escalate clinical concerns
- Include human factors
- Be tailored for specific staff groups depending on their work location and role, e.g., homebirth or birth centre teams/MSW
- Cover scenarios in different environments and must include training on use of the equipment available in those environments to ensure staff are familiar

Stretch target:

- ≥95% attendance
- Attendance on separate certified NLS training for maternity staff should be locally decided; but this would be the gold standard with updates every four years.
- Evidence of MDT point of care simulation programme, attendance records and learning from them with innovative practices to ensure wide attendance from all staff groups/unsocial shifts/community staff.
- Learning from national investigations and programmes, e.g., HSIB and ATAIN.
- Benchmarking against other organisations with similar clinical profile and national programmes
- Staff evaluation on quality of training in place with evidence of improvement plans where ≤95% feedback is evaluated as good or excellent.
- • Use of service user case studies and parents sharing their experiences including the use of positive case examples to learn from

Topic	Staff required to attend	Hours allocated	To include:	Linked to:
Newborn Life Support	Midwives	Total 3 hours:		MIS year 5- safety action 8

	Neonatal consultants or paediatric consultants covering NNU Neonatal junior doctors (who attend any births) Neonatal nurses (band 5 and above) Advanced neonatal nurse practitioner	10 mins	Knowledge & understanding of NLS algorithm	Core competency framework V2
		5 mins	Recognition of the deterioration of black & brown babies	
		30 mins	Recognition of deteriorating newborn, action to be taken & local escalation procedures Use of SBARD tool for handovers	
		15 mins	Principles of psychological safety & upholding civility in the workplace, ensuring staff can escalate clinical concerns	
		10 mins	Human factors	
		20 mins	Tailored for specific staff groups depending on their work location and role e.g. homebirth, MSW	
		1.5 hours NLS scenarios	Cover scenarios in different environments & include training on use of equipment available in those environments to ensure staff are familiar	

Trust MAST training for maternity establishment **Subjects which the Trust has a legal obligation to provide training for staff.** **Target:** • **90% compliance across all staff groups**						
Subject	**Staff required to attend**	**Hours allocated**	**Frequency**	**To include**	**Delivered**	**Linked to:**
Basic Life Support	Midwives Maternity support workers Neonatal nurses	90 mins	Annually	• Theory and practical • RESPECT	Face to face	Trust Mandatory and Statutory Training Framework V2 2023F
Neonatal Life Support	**Covered in Module 6 – CCFv2**					
Fire, Health and Safety	Midwives Maternity support workers Neonatal nurses	50 mins	Annually	• Fire safety • Health and safety • Table top fire drill	Face to face	Trust Mandatory and Statutory Training Framework V2 2023F
Infection Control (Level 2)	Midwives Maternity support workers Neonatal nurses	1 Hour	Annually	• Local learning	Face to face	Trust Mandatory and Statutory Training Framework V2 2023F
Safeguarding Supervision	Midwives Maternity support workers	1 Hour minimum	Variable dependent upon area of work (see Appendix 8)	• Case discussion and reflection	Face to face	Trust Mandatory and Statutory Training Framework V2 2023F
Aseptic Non-Touch Technique (ANTT)	Midwives Maternity support workers Neonatal nurses	30 mins	Annually	• Principles of ANTT • Local test	Clinical skills.net – theory and practical simulation	Trust Mandatory and Statutory Training Framework V2 2023F

						Procedure for Clinical Skills Training and Competence
Data Security	Midwives Maternity support workers Neonatal nurses	45 mins	Annually		E-learning or e-form	Trust Mandatory and Statutory Training Framework V2 2023F
Conflict Resolution	Midwives Maternity support workers Neonatal nurses	40 mins	Three yearly		E-learning	Trust Mandatory and Statutory Training Framework V2 2023F
Equality and Diversity	Midwives Maternity support workers Neonatal nurses	35 mins	Three yearly		E-learning	Trust Mandatory and Statutory Training Framework V2 2023F
Moving and Handling practical Outpatient clinical staff- Level 1 Inpatient clinical staff- Level 2	Midwives Maternity support workers	90 mins	Three yearly (2023 & 2026)	• Pool evacuation • Fire evacuation • Transferring a patient	Face to face	Trust Mandatory and Statutory Training Framework V2 2023F
Moving and Handling Back care awareness	Midwives Maternity support workers Neonatal nurses	30 mins	Once only (when joining Trust)		Face to face or e-learning	Trust Mandatory and Statutory Training Framework V2 2023F
Safeguarding Adults	Midwives Maternity support workers Neonatal nurses	30 mins Level 1	Once only (when joining Trust)		E-learning	Trust Mandatory and Statutory Training Framework V2 2023F
	Band 2's	3-4 hours Level 2	3 yearly		E-learning	Trust Mandatory and Statutory Training Framework V2 2023F

	Band 3 and above	8 hours	3 yearly (rolling compliance)		Face to face and e-learning	Trust Mandatory and Statutory Training Framework V2 2023F
Safeguarding Children	Midwives Maternity support workers Neonatal nurses	30 mins	Once only		E-learning	Trust Mandatory and Statutory Training Framework V2 2023F
	Band 2's	3-4 hours	3 yearly		E-learning	Trust Mandatory and Statutory Training Framework V2 2023F
	Band 3 and above	16 hours	3 yearly (rolling compliance)		Face to face and e-learning	Trust Mandatory and Statutory Training Framework V2 2023F
Business Security and Emergency Response	Midwives Maternity support workers Neonatal nurses	60 mins	Once only (when joining Trust)		Face to face or e-learning	Trust Mandatory and Statutory Training Framework V2 2023F

<u>Clinical Skills</u>

In line with Procedure for Clinical Skills Training and Competence.

To standardise the training available to staff according to their role.

To standardise competency and practice in respect of clinical procedures across the Trust by all non-medical staff.

Target:

- 90% compliance across all staff groups

Subject	Staff required to attend	Hours allocated	Frequency	To include	Delivered	Linked to:
Venepuncture	Midwives Maternity support workers	60 mins	Two yearly update and competency sign off	• clinicalskills.net theory package and local test • simulation session	E-learning and face to face	Procedure for clinical skills training and competence
Blood Glucose	Midwives Maternity support workers	60 mins	Two yearly update and competency sign off	• theory and practical simulation • competency sign off	Face to face	Procedure for clinical skills training and competence
Cannulation	Midwives Maternity support workers	60 mins	Two yearly update and competency sign off	• clinicalskills.net theory package and local test • simulation session	E-learning and face to face	Procedure for clinical skills training and competence
Female Catheterisation	Midwives	60 mins	Two yearly update and competency sign off	• clinicalskills.net theory package and local test • simulation session	E-learning and face to face	Procedure for clinical skills training and competence
IV additives and bolus medications	Midwives	60 mins	Two yearly update and competency sign off	• clinicalskills.net theory package and local test • simulation session	E-learning and face to face	Procedure for clinical skills training and competence
Perineal suturing	Midwives	120 mins	Two yearly update (2023 and 2025) and competency sign off (Annual peer review in clinical area)			Core competency framework Version 2

Year 1 (CNST year 5) training week 1 and 2 timetables including PROMPT timetable

<table>
<tr><th colspan="2">Maternity training week 2023-2024</th></tr>
<tr><th colspan="2">Week 1</th></tr>
<tr><th>Tuesday
Saving Babies Lives Care Bundle-version 3</th><th>Wednesday
Fetal monitoring</th></tr>
<tr><td rowspan="2">08:30-10:30
Smoking
2 hours
Facilitated by: Smoking team</td><td>08:30-09:30
IA (Midwives only)
1 hours</td></tr>
<tr><td>09:30-10:00
Risk assessment in labour
30 mins</td></tr>
<tr><td>Break 10:30-10:45
15 mins</td><td>10:00-10:45
Escalation, teach and treat, A.I.D
45 mins</td></tr>
<tr><td rowspan="2">10:45-11:45
Diabetes
1 hour
Facilitated by: Specialist Diabetes Midwife</td><td>11:00-12:00
Local case studies where escalation has not been timely
1 hour</td></tr>
<tr><td rowspan="2">12:00-12:30 Lunch
30 mins</td></tr>
<tr><td>11:45-12:45
Fetal Growth Restriction
1 hour
Facilitated by: NK/MF</td></tr>
<tr><td>Lunch 12:45-13:15
30 mins</td><td>12:30-13:00
Element three Raising awareness of reduced fetal movements
30 mins</td></tr>
<tr><td>13:15-14:15
Preterm birth
1 hour
Facilitated by: MF</td><td>13:00-14:00
Fetal physiology and response to hypoxia
1 hour</td></tr>
<tr><td>14:15-15:15
Personalised care plan
1 hour
Facilitated by: Public Health Specialist Midwife</td><td>14:00-14:30
Human factors/situational awareness
30 mins</td></tr>
<tr><td>Break 15:15-15:30
15 mins</td><td>14:30-15:00
Patient journey H.I.E
30 mins</td></tr>
<tr><td>15:30-16:30
Cultural competency e-learning
1 hour
Facilitated by: J Brindley</td><td>15:00-15:30
MBRACE reports
30 mins</td></tr>
<tr><td></td><td>15:30-16:30
(K2) and Inhouse competency assessment
1 hour</td></tr>
</table>

<table>
<tr><th colspan="3">Maternity training week 2023-2024</th></tr>
<tr><th colspan="3">Week 2</th></tr>
<tr><th>Tuesday
MAST & NLS</th><th>Wednesday
Maternity emergencies</th><th>Thursday
Care during labour & postnatal</th></tr>
<tr><td>08:30-09:20
Fire health & safety
50 mins
Facilitated by: FHS Team</td><td>Facilitated by PROMPT faculty
08:30-09:00
Welcome, introductions & overview of the day
Ice breaker</td><td>08:30-09:30
Blood transfusion- MSOFT collection training
1 hour
Facilitated by: Hospital Transfusion Practitioners</td></tr>
<tr><td>09:20-10:20
Infection control level 2
1 hour
Facilitated by: Infection control team</td><td>09:00-10:30
Pre-eclampsia/ eclampsia, severe hypertension drill and debrief
Preterm scenario and birth- linked to SBLV3
Multiple pregnancy
1 hour</td><td>09:30-11:15
Pelvic health and perineal trauma and pelvic floor muscle training
1.5 hours (plus 15 min break)
Facilitated by: Physio Michelle</td></tr>
<tr><td>Break 10:20-10:35
15 mins</td><td>Break 10:30-10:45</td><td>11:15-11:45
Governance update/ PSIRF
30 minutes
Facilitated by: Governance team</td></tr>
<tr><td rowspan="2">10:35-12:05
BLS
1.5 hours
Facilitated by: Jon Goodinson</td><td rowspan="2">10:45-11:15
Families with babies on NICU- CCFV1 (year 3)</td><td>11:45- 12:45
ATAIN
1 hour
Facilitated by: E Hey</td></tr>
<tr><td>12:45-13:15 Lunch
30 mins</td></tr>
<tr><td rowspan="2">12:05-12:35 Lunch
30 mins</td><td rowspan="2">11:15-12:45
Care of the critically ill patient drill & debrief
Sepsis- CCFV1 (year 3)
Use of critical care observation charts- CCFV1 (year 3)</td><td>13:15-14:30
Infant feeding
1 hour 15 mins (including 15 min break)
Facilitated by: Sarah Beardsall</td></tr>
<tr><td>14.30-15.30
Safeguarding supervision
1 hour
Facilitated by: Safeguarding Team</td></tr>
<tr><td>12:35-15:35
NLS
3 hours
Facilitated by: Jon Goodinson & Lottie</td><td>Lunch 12:45-13:15</td><td>15:30-16:30
Restorative supervision
Facilitated by: Pastoral Midwives</td></tr>
</table>

15:35-16:35 PS/PA update 1 hour *Facilitated by: student support team*	**13:15-14:45** Maternal collapse, escalation & resuscitation	
	14:45-15:00 Break	
	15:00-16:30 Impacted fetal head Recovery care after general anaesthetic-CCF1 (year 3)	

Please note, the training covered on Tuesday and Wednesday of training week 2 will be alternating monthly to help with staff attendance.

Community skills and drills training

The new community skills and drills training day was commenced in July 2023. From January 2024 the training will run bi-monthly and all core community and continuity midwives and support workers will be allocated to attend. The training day will include role specific training as per the MIS year 5 core competency framework version 2 including reviewing the homebirth guideline and statistics, national guidance, communication and teamwork, reflections on local homebirth learning, equipment needed for a homebirth and emergency scenarios. The aim will be to train all staff however we will achieve compliance when 90% of the staff are trained.

Community Skills & Drills training timetable		
Time	**Subject**	**Facilitator**
09.00 to 09.15	Registration and Housekeeping	Practice Educator Midwives
09.15 to 10.15	Introduction to the day Homebirth Guideline Homebirth Statistics	Lead midwife for community
10.15 to 10.30	Break	
10.30 to 11.00	Communication and Teamwork Include psychological safety and civility	Practice Educator Midwives
11.00 to 12.00	Reflections on a challenging homebirth	Lead midwife for community supported by Practice Educator Midwives
12.00 to 12.15	Setting up for a homebirth	Lead midwife for community
12.15 to 12.45	Lunch Break	
12.45 to 15.45	Drills – • Fetal Heart concerns • Cord Prolapse and safe transfer • Shoulder Dystocia • PPH (YAS/ HSIB) • Breech (including upright breech baby lifeline) • Management of Sepsis in Community	Lead midwife for community Practice Educator Midwives
15.45 to 16.00	Discussions and Evaluations	Practice Educator Midwives

NHS England Core Competency Framework TNA- 3 year plan

The NHS England TNA has been produced to formally document the training required for staff to complete their jobs safely and competently and to support planning. It is to be used in conjunction with the local TNA due to other mandatory and non-mandatory training requirements for Trusts. The TNA is based on the actual headcount of staff across maternity services therefore giving a practical representation of the number of hours required, and the estimated cost. It has been agreed that five days annually is required, as an average, to deliver the training outlined within the CCFV2. This will be used as a guide by the Trust to plan in training and assign funding.

Appendix 1- Maternity training non-attendance process (without prior notification)

The maternity training runs in line with the MIS time periods, this will be from 1st December 2023 to 30th November 2024. Staff are expected to attend training once during this period. The training is delivered face to face.
Attendance and follow up of staff who fail to attend is reviewed monthly by the Practice Educator Midwives and the maternity training non- attendance process will be followed.
Staff who cannot attend the training allocated are expected to contact the Practice Educator Midwives prior to the event or on the day they should be attending. Trust policies relating to sickness & absence, special leave etc must also be adhered to. The individual must also inform their line manager as per policy.

Stage 1
If an individual staff member fails to attend their booked maternity training the Practice Educator Midwives will inform the individual's Line Manager or the Lead Obstetrician for Education and CBU 3 service manager and their roster will be updated to reflect non-attendance (allocated as 'unauthorised leave' until the Manager has investigated and amended roster as appropriate). The Practice Educator Midwives will liaise with the staff member and line manager to rebook the staff member onto the next available training.

Stage 2
If an individual staff member fails to attend the re-booked training, the Practice Educator Midwives will inform the relevant Line Manager and Matron. The Line Manager will investigate the reason behind non-attendance and action appropriately.

Stage 3
In the event that an individual staff member fails to attend rebooked training twice the Practice Educator Midwives will notify the individual's Line Manager, Matron and Deputy Head of Midwifery or Clinical Director.
An action plan for completion of outstanding training will be agreed between the individual staff member, Line Manager and Practice educator midwives.
This action plan will be:

- Shared with the Head of Midwifery or Lead Obstetrician for Education
- The Line Manager will need to determine the level of risk associated with non-compliance and put measures in place to reduce any risk identified.
- Immediate action may include immediate on-the-job training to reduce the short-term risk.

- Where the risk is thought to be significant the Line Manager will need to consider whether a temporary change in duties is necessary until the training has been completed.

When the action plan is complete, the Line Manager will inform the Practice Educator Midwives and the Head of Midwifery or Clinical Director.
Failure to complete the action plan will result in escalation as per BHNFT Disciplinary Policy
Supporting Positive Staff Behaviours Conduct At Work

Appendix 2- Roles and Responsibilities

Roles & responsibilities of Midwives, Maternity support and admin staff (maternity establishment)

- Staff will be allocated to their training on an annual basis by the Practice Educator Midwives. This will be on a rolling programme for example: a staff member who completes training in December 2023 will be allocated to attend training in December 2024. Should this be unachievable due to sickness, maternity leave etc. then an earlier training month will be allocated to ensure ongoing compliance.
- Staff are given at least 2 month's notice of their allocated training where possible
- New staff will be incorporated into the maternity training programme upon commencement in post. The Pastoral midwives will liaise with the Practice Education Midwives once an agreed start date has been decided to ensure they are allocated to the next available training date (ideally within the supernumerary period)
- The Practice Education Midwives will monitor attendance against the training allocation and the daily attendance sheets. The team will notify midwifery leads of staff who have not attended as per Appendix 1.
- Repeated non-attendance for training is a breach of contract and may lead to further action being taken by their line manager in accordance with Trust policies e.g. Trust Personal Responsibility Framework / Disciplinary procedure (as per appendix 1)

Roles and responsibilities of Obstetricians

- The practice educator midwives will liaise with the service manager and team once training dates have been confirmed and schedule attendance for the year.
- The Practice Education Midwives will ensure attendance at each training session to ensure a MDT is present.
- Obstetricians who cannot attend the training allocated are expected to contact the Practice Education Midwives prior to the event or on the day they should be attending.For obstetricians, the Practice Educator Midwives will inform the Lead Obstetrician for Education of any staff who have not attended the training. The college tutor will be informed of any trainees who have not attended.
- A further training date will be arranged.
- If the obstetric staff fail to attend the training again, the college tutor will investigate and educational supervisor will be informed to formalise an action plan. If they still do not attend, the deanery will be informed. Failure to comply will be logged in their local assessment and will be in their portfolio for their annual review of competence progression (ARCP).

Roles and responsibilities of Anaesthetists

- All anaesthetists will be informed of the dates for the training sessions for the year to enable them to identify the most appropriate date. They will inform the Practice Educator Midwives directly and anaesthetic services rota manager when they will be attending.

- The practice educator midwives will ensure attendance at each training session to ensure a MDT is present.
- Anaesthetists who cannot attend the training allocated are expected to contact the Practice Educator midwives prior to the event or on the day they should be attending.
- For anaesthetists, the Practice Educator midwives will inform the Obstetric anaesthetic Lead of any staff who have not attended for training. The College Tutor will be informed of any trainees who have not attended. A further training date will be arranged. If the anaesthetic staff fail to attend the training again, the college tutor, obstetric anaesthetic lead and clinical lead will be informed to formalise an action plan.

Roles and responsibilities of Neonatal nurses

- Staff will be allocated to their training on an annual basis by the Practice Educator for Neonates who will inform the Practice Educator Midwives. This will be on a rolling programme for example: a staff member who completes training in December 2023 will be allocated to attend training in December 2024. Should this be unachievable due to sickness, maternity leave etc. then an earlier training month will be allocated to ensure ongoing compliance.
- Staff are given at least 2 months' notice of their allocated training where possible
- New staff will be incorporated into the training programme upon commencement in post. The Practice Educator for neonates will liaise with the Practice Education Midwives once an agreed start date has been decided to ensure they are allocated to the next available training date (ideally within the supernumerary period)
- The Practice Education Midwives will monitor attendance against the training allocation and the daily attendance sheets. The team will notify the Practice Educator for Neonates and Lead Nurse of any non-attendance which will then be managed as per their policy.
- Repeated non-attendance for training is a breach of contract and may lead to further action being taken by their line manager in accordance with Trust policies e.g. Trust Personal Responsibility Framework / Disciplinary procedure

Roles and responsibilities of Neonatal doctors

- The practice educator midwives will liaise with the service manager and team once training dates have been confirmed and schedule attendance for the year.
- The Practice Education Midwives will ensure attendance at each training session to ensure a MDT is present.
- Neonatal doctors who cannot attend the training allocated are expected to contact the Practice Education Midwives prior to the event or on the day they should be attending.
- For neonatal doctors, the Practice Educator Midwives will inform the Lead Neonatal Doctor for Education of any staff who have not attended the training. The college tutor will be informed of any trainees who have not attended.
- A further training date will be arranged.
- If the neonatal doctor fails to attend the training again, the college tutor will investigate and educational supervisor will be informed to formalise an action plan. If they still do not attend, the deanery will be informed. Failure to comply will be logged in their local assessment and will be in their portfolio for their annual review of competence progression (ARCP).

System for Coordinating and Archiving Records

Coordinating Records

The training logs are held by the Practice Educator midwives. They include:

- Evidence of Trust Mandatory Training for Midwives and maternity support Staff is logged and updated on the electronic ESR database.

- Maternity specific training for Midwives, maternity support workers, admin staff obstetricians, anaesthetists, theatres and neonates is logged, updated and stored on the local training databases

Archiving
All Trust mandatory training is logged on the electronic ESR database.
Paper records of maternity training attendance signature sheets will be scanned in and saved within the training drive for 5 years.

Review of Training
The TNA will be reviewed by the Practice Educator midwives annually and approved at the Women's Services Business and Governance Meeting. The TNA will be agreed with the quadrumvirate before sign-off by the Trust Board and the LMNS/ICB. If further escalation is required this will progress to the matneo transformation forum meeting. The TNA will be saved to the maternity SharePoint for all staff to access.

Monitoring Compliance
The Practice Educator midwives keeps training databases for all maternity training.
The Practice Educator midwives monitor attendance at Trust Mandatory training sessions in accordance with the Maternity training non-attendance process (without prior notification) within this document
The fetal monitoring lead midwife will monitor training logs for the CTG training day and competency assessment regularly, and action poor compliance as per the fail pathway. See fetal monitoring guideline Fail Pathway for Midwives and Doctors
Guideline For Fetal Auscultation (Including Electronic Fetal Monitoring).pdf (trent.nhs.uk)
The Practice Educator Midwives reports back a quarterly basis to the Women's Services Business and Governance Meeting on the following:

- Attendance compliance rates
- Problems encountered in delivering the training required in the TNA
- Outstanding training to be delivered from the Training action plan

The Women's Services Business and Governance Meeting will review reports in relation to training and ensure compliance with the Training Needs Analysis

Appendix 3- Learning Needs Analysis for maternity establishment

Topic	Included in	Frequency	Compliance	Admin staff	Support staff		Midwives
					Band 2	Band 3	
Antenatal and Newborn Screening including Newborn Bloodspot	MAST training day	2 yearly (2023, 2025)	90%	X	X	X	√
Aseptic Non-Touch Technique (ANTT) *Update and assessment*	MAST training day	Annual	90%	X	X	√	√
Blood transfusion *MSOFT Collection training Knowledge update and competency*	Clinical skills training day	Within 3 months of appointment and then 2 yearly (2023, 2025)	90%	X	√ MSOFT Collection training only	√ MSOFT Collection training only	√
Cannulation *Update and assessment*	Clinical skills training day	2 yearly (2024, 2026)	90%	X	X	√	√
Care during labour and the immediate postnatal period	Maternity training week CCFv2	Annual	90%	X	√ Minimum 6 hours	√ Minimum 6 hours	√ Minimum 6 hours
Dementia awareness *Tier 1*	Staff to complete on ESR	Once only	90%	√	√	√	√
Deprivation of Liberty Safeguards (DOLS) & mental capacity act	Staff to complete on ESR. Think family training day	Once only	90%	X	X	√	√
Diabetes and Insulin training *Maternity specific*	SBLCBv3 training day	Annual	90%	X	√	√	√
Duty of candour	Staff to complete on ESR	Once only	90%	X	√	√	√
Expectation bias	Fetal monitoring	Annual	90%	X	X	X	√

Topic	Included in	Frequency	Compliance	Admin staff	Support staff		Midwives
					Band 2	Band 3	
Topic	**Included in**	**Frequency**	**Compliance**	**Admin staff**	**Support staff**		**Midwives**
					Band 2	**Band 3**	
Female Catheterisation *Update and assessment*	Clinical skills training day	2 yearly (2024, 2026)	90%	X	X	X	√
Female Genital Mutilation	Staff to complete on e-LFH	Once only	90%	X	X	X	√
Food Hygiene and safety	Staff to complete on ESR	Once only	90%	X	√	√	√
Fraud prevention	Staff to complete on ESR	Once only	90%	√	√	√	√
Glucose meter (Blood Glucose) *Update and assessment*	Clinical skills training day	2 yearly (2024, 2026)	N/A	X	X	√	√
Growth Assessment Protocol (GAP)	SBLCBv3 training day	Annual	90%	X	X	X	√
Human factors	Maternity emergencies	Annual	90%	√	√	√	√
	ESR module	Once only					
IV additives and bolus medications *Update and assessment*	Clinical skills training day	2 yearly (2024, 2026)	90%	X	X	√	√
Improving quality together-bronze level	Staff to complete on ESR	Once only	90%	√	√	√	√

Topic	Included in	Frequency	Compliance	Admin staff	Support staff		Midwives
					Band 2	Band 3	
Infant Feeding *2 days – 1-day face to face and 1 day virtual* *3 x workbooks (to be completed as part of the virtual day)* *Annual update*	Care during labour and the immediate postnatal period training day Additional days to be booked by staff via BMBC Pod	Every 5 years or within 6 months of starting at the Trust Annual update	90%	X	√	√	√
Topic	**Included in**	**Frequency**	**Compliance**	**Admin staff**	**Support staff**		**Midwives**
					Band 2	**Band 3**	
Jehovah witness	On commencement in post during induction	Once only	90%	X	√	√	√
Learning disabilities	Maternity training & Think Family Day	Once only (2023)	90%	X	X	√	√
Major incident management	Staff to complete on ESR	3 yearly	90%	X	X	X	√ Only band 7s and above
Mask fit testing	Staff to book onto drop in sessions	Once only	90%	X	√	√	√
Maternal Enhanced and Critical Care (MEaCC) *AIMS* *PROMPT CiPP*	Work in progress			X	X	X	For all midwives to complete AIMS course & BBC Coordinators and BBC Core midwives to complete PROMPT CiPP

Topic	Included in	Frequency	Compliance	Admin staff	Support staff		Midwives
					Band 2	Band 3	
Medical devices	Staff to complete on ESR	Once only	90%	X	X	√	√
Medicines management	Staff to complete on ESR	Once only	90%	X	X	X	√
NIPE	e-Lfh NIPE programme 1 x peer review Local update on screening pathways & referrals	Annual	90%	X	X	X	√ NIPE trained midwives only
Topic	**Included in**	**Frequency**	**Compliance**	**Admin staff**	**Support staff**		**Midwives**
					Band 2	**Band 3**	
NLS	MAST training day- CCFv2	Annual	90%	X	√	√	√
Patient Group Directions (PGD)	Staff to complete on ESR	Once only	90%	X	X	X	√
Perineal repair OASI care bundle	Clinical skills training day	2 yearly (2024, 2026)	90%	X	X	X	√
Equality, Equity and Personalised Care	Maternity emergencies SBLCB & Maternity emergencies training day	Annual	90%	X	√	√	√

Topic	Included in	Frequency	Compliance	Admin staff	Support staff		Midwives
					Band 2	Band 3	
Practical Obstetric Multi-Professional Training (PROMPT) *Maternity emergencies*	Maternity Emergencies	Within 6 months of appointment and annually	90%	X	√	√	√
Prevent *Basic prevent awareness*	Staff to complete on ESR	3 yearly	90%	√	√	√	√
Prevent awareness	Think family training day	Once only	90%	X	X	√	√
Risk awareness/management	Staff to complete on ESR	Once only	90%	√	√	√	√
Saving Babies Lives							
1. Smoking in pregnancy	SBLCB day	Annual	90%	X	√	√	√
2. Fetal growth restriction	SBLCB day	Annual	90%	X	X	X	√
3. Reduced fetal movements	Fetal monitoring training day	Annual	90%	X	X	X	√
Topic	**Included in**	**Frequency**	**Compliance**	**Admin staff**	**Support staff**		**Midwives**
					Band 2	**Band 3**	
4. Fetal surveillance in labour Assessment with a pass mark of >85%	Fetal monitoring training day Ongoing learning via Safety forum or 10 minute teaching	Annual	90%	X	X	X	√ 9 hours total
5. Preterm birth	SBLCB day	Annual	90%	X	√ Minimum 1.5 hours	√ Minimum 1.5 hours	√ Minimum 1.5 hours
6. Diabetes in Pregnancy	SBLCB day	Annual	90%	X	√	√	√

Topic	Included in	Frequency	Compliance	Admin staff	Support staff		Midwives
					Band 2	Band 3	
					Minimum 1 hour	Minimum 1 hour	Minimum 1 hour
Sepsis	Maternity emergencies	3 yearly (2024)	90%	X	X	√	√
Waste training	Staff to complete on ESR	Once only 90%	90%	√	√	√	√
Practice Assessor & Practice Supervisor update	Clinical skills training day	Annual	90%	X	X	X	√
Venepuncture *Update and assessment*	Clinical skills training day	2 yearly	90%	X	X	√	√
Venous thromboembolism (VTE)	Maternity training week	3 yearly	90%	X	X	X	√

Key –

X **Training not required**
√ **Training required**

Appendix 4- Multidisciplinary training matrix table for CCFV2

Staff group	Module 1- SBLVCB 3	Module 2- Fetal monitoring	Module 3- Maternity emergencies	Module 4- Equality, equity & personalised care	Module 5- Care during labour and immediate postnatal period	Module 6- Neonatal basic life support	Trust MAST Training	Trust Clinical skills
All midwives	All day	All day	All day	2.5 hours	All day	3 hours	All day	All day
Support Staff- band 2	All day		All day	2.5 hours	All day	3 hours	All day	
Midwifery Support Worker (MSW)	All day		All day	2.5 hours	All day	3 hours	All day	All day
Admin staff							Specific sections only	
Neonatal consultants or paediatric consultants covering neonatal units			Half a day			3 hours		
Neonatal junior doctors (who attend any births)			Half a day			3 hours		
Neonatal nurses (Band 5 & above)			Half a day			3 hours	All day	

Staff group	Module 1- SBLVCB 3	Module 2- Fetal monitoring	Module 3- Maternity emergencies	Module 4- Equality, equity & personalised care	Module 5- Care during labour and immediate postnatal period	Module 6- Neonatal basic life support	Trust MAST Training	Trust Clinical skills
Advanced Neonatal Nurse Practitioner (ANNP)			Half a day			3 hours		
Obstetric consultants	5 hours	All day	All day	Covered in module 3 & SBLCB day	1.5 hours			
All other obstetric doctors (including staff grade doctors, obstetric trainees (ST1-7), sub speciality trainees, obstetric clinical fellows and foundation year doctors contributing to the obstetric rota.)	5 hours	All day Registrar level only	All day	Covered in module 3 & SBLCB day	1.5 hours			
Obstetric anaesthetic consultants			All day	Covered in module 3 & SBLCB day				
All other obstetric anaesthetic doctors (staff			All day	Covered in module 3 & SBLCB day				

Staff group	Module 1- SBLVCB 3	Module 2- Fetal monitoring	Module 3- Maternity emergencies	Module 4- Equality, equity & personalised care	Module 5- Care during labour and immediate postnatal period	Module 6- Neonatal basic life support	Trust MAST Training	Trust Clinical skills
grades and anaesthetic trainees) who contribute to the obstetric rota.								
Maternity theatre staff (are a vital part of the multidisciplinary team and are encouraged to attend the maternity emergencies and multiprofessional training, however they will not be required to attend to meet MIS year 5 compliance assessment)			All day	Covered in module 3				

Appendix 5- Overlap of CCFV1 year 3 and CCFV2 year 1

The table below details the overlap of the training requirements from the CCFV1 year 3 to the CCFV2 year 1. These topics are the remaining subjects that were planned to be delivered in the final year of CCFV1 year 3 (2024) which is now year 1 of CCFV2.

Year of training	Topics to cover in the case for core- based requirements	Trust Mandatory requirements
Year 3 of CCFV1 now year 1 of CCFV2 Ongoing antenatal and intrapartum risk assessment with a holistic view from a woman's personal perspective, offering her informed choice Trust Dashboard Learning from excellence NLS, BLS deteriorating baby	**Pregnancy** • Monitoring growth restriction- ***SBLV3 training day- annual***	Alcohol dependency- 10 minute teaching & learning bulletin
	Labour • Pre-eclampsia/eclampsia- ***PROMPT preterm scenario*** • Maternal critical care- Sepsis- ***PROMPT care of critically ill woman scenario*** • Sepsis – ***PROMPT Care of critically ill woman scenario***	Jehovah witness- ***clinical skills training day*** 1 hour
	Birth • Preterm birth – ***PROMPT scenario*** • Impacted fetal head – ***PROMPT scenario***	Diabetes- ***SBLV3 training day*** 1 hour
	Postnatal • Maternal resuscitation- ***PROMPT scenario*** • Families with babies on NICU- ***PROMPT- pre-eclampsia/ preterm drill*** • Use of critical care observations charts- ***PROMPT care of critically ill woman scenario*** • Recovery post GA- **PROMPT Impacted fetal head scenario**	Mental capacity act- Safeguarding think family training day
	Postnatal • ATAIN- ***care during labour & immediately postnatal training day***	Breast feeding update- ***Care during labour & immediate postnatal period training day***
		BLS- *MAST day* 90 mins
		NLS- MAST day 3 hours

Appendix 6- Nursing and midwifery council (NMC) revalidation

All nurses and midwives must revalidate every three years. Paperwork can be found on https://www.nmc.org.uk/revalidation/resources/
Examples of continued professional development can be found below; mandatory role specific training and yearly appraisal can count towards revalidation hours. External conferences and training are shared with staff to access regularly. If support is required with revalidation, please contact the PMAs. Email: bdg-tr.barnsleysupportmidwives@nhs.net
https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/examples-of-cpd-activities-guidance-sheet.pdf

Appendix 7- Appraisal

All staff within the maternity establishment who are employees of the Trust (for 12 months or longer) must have an annual appraisal. This must include the identification of learning needs of the appraisee/ training courses they wish to attend. The appraiser must inform the Practice Educator Midwives of any learning needs/ training courses identified and if no learning needs have been identified. The Practice Educator Midwives will maintain a database of this information and update annually.
Trust appraisal policy
Appraisals.pdf (trent.nhs.uk)

Appendix 8- Safeguarding Supervision Requirements

Staff Group	Safeguarding Supervision Requirements
Community Midwives	Minimum every three months
Safeguarding Supervisors	Minimum every three months
Hospital Midwives	Minimum every six months
Maternity Support Workers	Minimum every six months
Senior Management Team	Minimum every six months

Appendix F- Saving Babies Lives Version 3.1

Project Aim: To achieve full compliance with Saving Babies Lives Version 3.1 by March 2024	**Project Leads**: DHOM Lead Midwife for Digital Lead Midwife for Governance Obstetric Clinical Lead	Blue – completed and embedded Red – significant risk/off track Amber – in progress Green – Completed

Element 1	Element 2	Element 3	Element 4	Element 5	Element 6

Element	Percentage (%) compliance self-assessment	Percentage (%) compliance LMNS validated	Summary of Progress (Initial benchmarking will show compliance is low until the LMNS set the audit paraments)
1.Reducing smoking in pregnancy	20%	**Not yet assessed**	Work is ongoing. All elements partially implemented.
2.Fetal Growth	25%		Benchmarking of fetal growth guideline will be completed in November. This will improve compliance across all aspects of this element.
3.Raising awareness of reduced fetal movement	50%		Work is ongoing.
4.Effective fetal monitoring during labour	60%		Trust guidance has now been approved by CBU3. Full compliance will not be seen with this element until the fetal monitoring lead consultant has the required 1PA.
5.Reducing preterm birth	44%		An action plan is required for the elements the service does not meet the targets for. This is due at Women's Business and Governance in October.
6.Management of pre-existing diabetes in pregnancy	83%		The MDT element is not met. The service is engaging with CBU1 to address this.
Overall compliance in all areas	40%		A significant review of each element has occurred in November due to changes within the Lead team. This is a non-validated self-assessment as NHS futures platform is currently off line. Next upload of data is required by 16th November

Key risks: Lack of fetal monitoring consultant time, risk number 2150, still no new consultant appointed therefore more time cannot be allocated The ability to meet 50% of each element by the CNST submission (Feb 2024) and 100% by the end of march has been acknowledged on the risk register, risk number 2952.	**Escalations/support required with**: Data capture is still problematic as it is not captured within the EPR.

4.4. Midwifery Staffing Report: Six Month Update: Sara Collier-Hield in attendance

For Assurance

Presented by Sarah Moppett

REPORT TO THE BOARD OF DIRECTORS	REF:	BoD: 23/12/07/4.4

SUBJECT:	**MIDWIFERY STAFFING REPORT – SIX MONTHLY UPDATE**				
DATE:	7 December 2023				
PURPOSE:		*Tick as applicable*			*Tick as applicable*
	For decision/approval	✓		*Assurance*	✓
	For review			*Governance*	✓
	For information	✓		*Strategy*	
PREPARED BY:	Sara Collier-Hield, Associate Director of Midwifery				
SPONSORED BY:	Sarah Moppett, Director of Nursing, Midwifery & AHP's				
PRESENTED BY:	Sarah Moppett, Director of Nursing, Midwifery & AHP's Sara Collier-Hield, Associate Director of Midwifery				

STRATEGIC CONTEXT

- To meet the NHS Resolution CNST Maternity Incentive Scheme (MIS) standard that Board receive a midwifery staffing report every six months during the year 5 reporting period.
- To increase Board level understanding around midwifery staffing.
- To ensure midwifery staffing is based on a recognised workforce tool, Birthrate Plus, as this is a CNST requirement.

EXECUTIVE SUMMARY

- The Birthrate plus report has been received by the Trust.
- The recommended clinical wte to cover midwifery clinical work is in budget currently (126.73 wte).
- The clinical contribution and number of specialist midwives identified in the report is in line with national recommendations.
- There is some work to be undertaken to align the recommended totals in Birthrate plus back to the workforce plan, recognising that skill mixing some midwives to support workers does not take away the needs of all areas to require the skills of a support worker in addition to this.
- The service achieves 1-2-1 care in labour and co-ordinator supernumerary status to the requirements of the MIS standard, through Summer 2023 frequent escalation and redeployment of staff has been mobilised to achieve this.
- An incentive for midwives aligned to the rates of other providers in the LMNS was applied between 10th August and 24th September 2023.
- A further incentive has been applied, at a reduced rate, inline with the LMNS, from 4th October to 5th November.

RECOMMENDATION(S)

The Board of Directors is asked to receive and note that the midwifery staffing report has been received and discussed.

Subject:	MIDWIFERY STAFFING REPORT – SIX MONTHLY UPDATE	Ref:	BoD: 23/12/07/4.4

1. INTRODUCTION

The Safety of Maternity Services in England, published July 2021 by the House of Commons Health and Social Care Committee, highlights the importance of achieving the right staffing levels in maternity to ensure safe care. Suboptimal staffing levels have been an ongoing theme in CQC maternity services described as inadequate since the Morecambe Bay investigation in 2015. The Ockenden reports (2020 and 2022) and Safer Maternity Care Progress Report 2021 emphasise that strong MDT leadership is needed across maternity services to improve safety.

2. Birthrate plus report 2023 and current workforce

Birthrate Plus® (BR+) is a framework for workforce planning and strategic decision-making and has been in variable use in UK maternity units since 1988, with periodic revisions as national maternity policies and guidance are published. It is based upon an understanding of the total midwifery time required to care for women and on a minimum standard of providing one-to-one midwifery care throughout established labour. The principles underpinning the BR+ methodology are consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings and have been endorsed by the RCM and RCOG.

The Birthrate plus report in full is attached as Appendix A.

- The recommended clinical wte to cover midwifery clinical work is in budget currently (126.73 wte).
- The clinical contribution and number of specialist midwives identified in the report is in line with national recommendations.
- There is some work to be undertaken to align the recommended totals in Birthrate plus back to the workforce plan, recognising that skill mixing some midwives to support workers does not take away the needs of all areas to require the skills of a support worker in addition to this.

3. Vacancy and forecasted maternity leaves.

In Autumn 2022 Board approved the uplift for midwives to be raised to 25% to account for training, annual leave and sick leave.
In Spring 2023 Board agreed an uplift of 3 wte could be recruited to offset 50% of the maternity leaves.

At the start of October 7.67 wte midwives who have been offered midwifery posts via the LMNS centralised recruitment process for newly qualified midwives and will start in the next few months. The remaining vacancy at Band 5 or 6, which is 5.59 wte will be recruited via NHS jobs.

An action in the final Ockenden report (2022) is that: “Minimum staffing levels must include a locally calculated uplift, representative of the three previous years’ data, for all absences including sickness, mandatory training, annual leave and maternity leave”.

The table below shows how many midwives have been on maternity leave each month over the last three years and the forecast for the rest of 2023.

Number of wte midwives on maternity leave each month												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2020	5.12	5.12	5.12	5.12	5.12	5.12	6.08	5.76	4.8	4.8	4	3.36
2021	1.96	2.76	3.72	3.72	9	9	9	9	9	9	9	9
2022	10.44	10.44	10.44	10.4	11.4	9.8	8.04	5.36	6.32	6.28	5.64	5.6
2023	5.64	5.64	3.88	3.84	5.84	7.76	6.76	5.62	5.8	5.8	5.8	5.8
2024	6.44	6.44	7.4									

4. Operational detail

The MIS scheme requires that planned versus actual staffing is reviewed, alongside the midwife to birth ratio, the provision of 1-2-1 care in labour and the supernumerary status of the labour ward coordinator.

Month	Ward name	Average fill rate - Registered Midwives (%)	Average fill rate - Registered Midwives (%)
Mar 23	AN/PN	97.98%	90.43%
Mar 23	Birthing Centre	85.51%	93.23%
Apr-23	AN/PN	91.78%	89.38%
Apr-23	Birthing Centre	88.73%	93.18%
May-23	AN/PN	93.57%	100.74%
May-23	Birthing Centre	83.04%	93.66%
Jun-23	AN/PN	91.13%	98.54%
Jun-23	Birthing Centre	82.87%	90.59%
Jul-23	AN/PN	76.40%	90.00%
Jul-23	Birthing Centre	93.25%	94.16%
Aug 23	AN/PN	80.71%	94.14%
Aug 23	Birthing Centre	92.4%	91.32%
Sept 23	AN/PN	95.86%	95.92%
Sept 23	Birthing Centre	98.57%	99.1%

Whilst staffing challenges continue, and are felt by staff, as a team the leaders work together to continue to prioritise the safe staffing of the birthing centre for women in labour, as shown in the table below.

Applying an incentive led to a huge increase in the uptake of unfilled shifts so the shift fill rate in September was the best it has been in the last six month period.

Workforce Data March 2023- August 2023							
	March	April	May	June	July	August	Sept
Midwife/Woman Ratio	1:28	1:28	1:28	1:28	1:28	1.29	
1:1 care in labour	100%	99.6%	100%	99%	98.7%	99%	
Co-ordinator Supernumerary %	98.9%	100%	100%	98%	100%	100%	100%
Co-ordinator not supernumerary (Number of occasions)	2	0	0	3	0	0	0

The occasions where 1-2-1 care in labour has not been provided relate to births that have occurred without a midwife in attendance and not on the birthing centre.

Whilst there are odd occasions where the supernumerary status of the coordinator is not maintained. As per the MIS guidance an action plan to achieve 100% is not currently required as this does not occur on a regular basis, or more than once a week.

Approximating that women receive care for about a nine month period of time, the table below shows that the caseloads numbers in both core and continuity midwife teams are slightly above recommendations.

Community and continuity midwives are part of our escalation process and support the birthing centre when needed to maintain the 1-2-1 care standard.

Team	Annual recommended caseload	Live caseload recommendations	Average current caseload July 2023
Core community	1:96	1:72	1:86
Amethyst team	1:36	1:27	1:31
Emerald team	1:36	1:27	1:36
Sapphire team	1:36	1:27	1:32

Once full recruitment to vacant midwifery posts is achieved more staff will be deployed into the community setting enabling the caseloads to lower.

5. Red flags data

The red flags in maternity are shared monthly at Women's Business and Governance, where actions undertaken are discussed in more detail. It is suggested by the MIS team red flags are shared in this paper as well to give a six month view. There were 71 red flags in the six month period September 2022 – February 2023, compared to 60 in the previous six months and 129 for the previous year. Delays to either planned activity or to time critical activity remain the most common incidents.

Activities may be delayed where it is deemed safer to delay an induction or augmentation process than it is to compromise 1-2-1 care in labour or the supernumerary status of the co-ordinator. Delaying activity will be discussed and agreed by the multi-disciplinary team, communicating to service users and their families the rationale. As an Local Maternity and Neonatal System we continue to work on escalating as a system and sometimes care may be offered at another unit if this is seen as the safest option.

Red Flags March 2023- August 2023							
	March	April	May	June	July	August	Sept
Delayed or cancelled time critical activity	5 BBC	1 BBC	13 BBC	5 BBC	14 BBC	19 BBC	3 BBC
Missed or delayed care			1 BBC				
Missed medication during an admission to hospital or MLC unit							
Delay of more than 30 minutes in providing pain relief.	1 BBC						
Delay of 30 minutes or more between presentation & triage			3 BBC		1 BBC		

Full clinical examination not carried out when presenting in labour							
Delay of 3 hours or more between admission for induction and beginning of process	1 BBC	1 BBC					
Delayed recognition of an action on abnormal vital signs							
Any occasion when 1 midwife is not able to provide continuous one to one care and support to a woman during established labour.						1 BBC	
Shift leader not supernumerary	2 BBC			3 BBC			
Paediatric safety huddle did not take place							

6. Leadership and specialist midwives

The current leadership and specialist structure is shared for information as per the MIS standard requirement.

Specialist and leadership roles continue to develop and the service pro-actively bids for funding opportunities to support these roles. Some specialists are temporarily funded.

There are five Band 7 lead midwives for each clinical area.

The lead midwives and specialist midwives will provide backfill during office hours in the clinical areas as and when required. This is increasingly needed to cover the elective Caesarean work when the ward is busy and/or short staffed.

Current leadership and specialist roles	Band	WTE	Notes
Head of Midwifery	8d	1	
Deputy Head of Midwifery	8b	1	
Maternity Matron - inpatients	8a	1	
Maternity Matron – outpatients & community	8a	1	
Maternity Safety, Quality & Governance Manager	8a	1	
Governance Midwife	7	1	
Bereavement Midwife	7	0.8	
Digital Midwife	7	0.96	
Deputy digital Midwife	6	0.64	NHS X funding
Fetal monitoring lead Midwife	7	0.8	
Infant feeding Midwife	7	0.8	
Public Health Specialist Midwife	7	1	
Lead Midwife for Diabetes	7	0.8	
Stop Smoking Midwife	6	0.8	
Screening Midwife	7	1	
Deputy screening Midwife	6	0.4	
Perinatal Mental Health Midwife	7	0.96	

Maternal Mental Health Service Midwife	7	0.56	LMNS funding
Practice educator Midwives	7	1.8	
Pastoral Midwives	7	1	Funded until Dec 23
Professional Midwifery Advocates	6		Paid via NHS P, NHS I workforce monies
Midwife sonographers	7	1.27	

Additional time is included in the Birthrate Plus® report to accommodate managerial and specialist roles and responsibilities.

The clinical total excludes the senior management and the non-clinical element of the specialist midwifery roles needed to provide maternity services, as summarised below.

- Head of Midwifery, Deputy Head of Midwifery and Matrons (Inpatient, Community and Quality & Governance)
- Specialist Midwives with responsibility for:
  - Perinatal mental Health
  - Infant feeding
  - Screening Lead
  - Digital
  - Governance
  - Public health
  - Diabetes
  - Bereavement
  - Fetal Monitoring
  - Smoking Cessation
  - Practice Educators
  - Pastoral Midwives
  - Maternal mental health

In addition to these posts, consideration should also be given to recommendations from national reports such as Ockenden 2022 with regards to new roles. **Applying 11% to the Birthrate Plus clinical wte provides additional staff of 13.94wte** for the above roles with it being a local decision as to which posts are required and appropriate hours allocated.

In the team at Barnsley there are 16.12 permanent specialists and managers, excluding midwife sonographers whose role replaces that of a sonographer so is not counted in the calculation. Taking out the minimum clinical element of the specialist roles at 3.9 wte gives 12.22 wte midwives in against an expected requirement of 13.94 wte in the Birthrate plus report.

However, if the pastoral midwife, maternal mental health midwife and deputy digital midwife were substantive posts this would roughly equate.

7. Workforce developments

The LMNS have funded each Trust to have a Midwife Apprentice. The successful applicant commenced in role on 6th March 2023.

Health Education England (HEE) monies have enabled two nurses from within the Trust to commence a funded MSc at Sheffield Hallam University. This is a two-year course that commenced on 6th March 2023.

A funded role to support a midwife to develop the opportunities for student midwives in Barnsley has been seconded to. This role sits in the workforce development team. Funding is secured to

develop bereavement champions. This will enable a midwife to be available seven days a work to provide specialist knowledge to families in need of this.

8. CONCLUSION

The Associate Director of Midwifery will continue to work with finance to deepen understanding of the maternity workforce and calculate collectively required and desired additions to meet the workforce model.

Sara Collier-Hield
Associate Director of Midwifery
October 2023

BIRTHRATE PLUS® ASSOCIATES LIMITED

MIDWIFERY WORKFORCE REPORT

July 2023

BARNSLEY NHS FOUNDATION TRUST

Contents

Birthrate Plus®: THE SYSTEM

Birthrate Plus® (BR+) is a framework for workforce planning and strategic decision-making and has been in variable use in UK maternity units since 1988, with periodic revisions as national maternity policies and guidance are published.

It is based upon an understanding of the total midwifery time required to care for women and on a minimum standard of providing one-to-one midwifery care throughout established labour. The principles underpinning the BR+ methodology are consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings and have been endorsed by the RCM and RCOG.

The RCM recommends using Birthrate Plus® (BR+) to undertake a systematic assessment of workforce requirements, since BR+ is the only recognised national tool for calculating midwifery staffing levels. Whilst birth outcomes are not influenced by staff numbers alone, applying a recognised and well-used tool is crucial for determining the number of midwives and support staff required to ensure each woman receives one-to-one care in labour (as per recommendation 1.1.3).

Birthrate Plus® has been used in maternity units ranging from stand-alone community/midwife units through to regional referral centres, and from units that undertake 10 births p.a. through to those that have in excess of 8000 births. In addition, it caters for the various models of providing care, such as traditional, community-based teams and continuity caseload teams. It is responsive to local factors such as demographics of the population; socio-economic needs; rurality issues; complexity of associated neo-natal services, etc. The methodology remains responsive to changes in government policies on maternity services and clinical practices. Birthrate Plus® is the most widely used system for classifying women and babies according to their needs and using clinical outcome data to calculate the numbers of midwives required to provide intrapartum and postpartum care.

An individual service will produce a casemix based on clinical indicators of the wellbeing of the mother and infant throughout labour and delivery. Each of the indicators has a weighted score designed to reflect the different processes of labour and delivery and the degree to deviations from obstetric normality. Five different categories are created - the lower the score the more normal are the processes of labour and delivery (Appendix 1).

Other categories classify women admitted to the delivery suite for other reasons than for labour and delivery.

Together with the casemix, the number of midwife hours per patient/client category based upon the well-established standard of one midwife to one woman throughout labour, plus extra midwife time needed for complicated Categories III, IV & V, calculates the clinical staffing for the annual number of women delivered.

Included in the workforce assessment is the staffing required for antenatal inpatient and outpatient services, ante and postnatal care of women and babies in community birthing in either the local hospital or neighbouring ones.

The method works out the clinical establishment based on agreed standards of care and specialist needs and then includes the midwifery management and specialist roles required to manage maternity services. Adjustment of clinical staffing between midwives and competent & qualified support staff is included.

The recommendation is to provide total care to women and their babies throughout the 24 hours 7 days a week inclusive of the local % for annual, sick & study leave allowance and for travel in community**.**

Factors affecting Maternity Services

The Governance agenda, which includes evidence-based guidelines, on-going monitoring, audit of clinical practices and clinical training programmes, will have an impact upon the required midwifery input; plus, other key health policies. Birthrate Plus® allows for inclusion of the requisite resources to undertake such activities.

Increasingly, with having alongside midwife units where women remain for a short postnatal stay before being transferred home, the maternity wards provide care to postnatal women and/or babies who are more complex cases. Transitional care is often given on the ward rather than in neonatal units, safeguarding needs require significant input which put higher demand on the workload.

Shorter postnatal stays before transfer home requires sufficient midwifery input in order to ensure that the mothers are prepared for coping at home. It is well known that if adequate skilled resources are provided during this postnatal period, then such problems as postnatal depression or inability to breast-feed can be reduced or avoided.

Community based care is expanding with the emphasis being placed on ‘normal/low risk/need care being provided in community by midwives and midwifery support roles. Women and babies are often being seen more in a clinic environment with less contacts at home. However, reduced antenatal admissions and shorter postnatal stays result in an increase in community

care. Midwives undertake the Newborn and Physical Examination (NIPE) instead of paediatricians, either in hospital or at home.

Cross border activity can have an impact on community resources in two ways. Some women may receive antenatal and/or postnatal care from community staff in the local area but give birth in another Trust. This activity counts as extra to the workload as not in the birth numbers. They have been termed as "imported" cross border cases. Equally, there ae women who birth in a particular hospital but from out of area so are ‘exported’ to their local community service. Adjustments are made to midwifery establishments to accommodate the community flows. Should more local women choose to birth at the local hospital in the future adjustments will need to be made to workforce to provide the ante natal and intrapartum care.

The NICE guideline on Antenatal Care recommends that all women be ‘booked’ by 10 weeks’ gestation, consequently more women are meeting their midwife earlier than previously happened. This early visit requires midwifery assessment/advice, but the pregnancy may end as a fetal loss, so the total number of postnatal women is less than antenatal women.

Discussion of Results

1. This is a final report of the midwifery workforce requirement for maternity services in Barnsley Hospitals and local community.

2. The decision was made to collect new casemix rather than use the 2017 data which would not reflect the current acuity of mothers and babies. The casemix has the major impact on the midwifery establishment especially for intrapartum care as the additional time applied to Categories III to V results in an increase from the one midwife to one woman. A 3 months' sample of hospital births from August to October 2022 was obtained by the midwifery team and additional scrutiny provided by the Birthrate Plus consultant.

Casemix	%Cat I	%Cat II	%Cat III	%Cat IV	%Cat V
2022	4.8	8.5	19.8	23.3	43.6
	33.1%			*66.9%*	

Table 1: Casemix

3. Table 1 shows the current casemix.

4. Annual birth activity is shown in table 2. Total births of 2931 are allocated as below.

	Annual Total
Barnsley Birthing Centre	2906
Home Births	25
Total Births	**2931**

Table 2: Annual Activity

5. Table 3 shows the additional intrapartum activity in the delivery suite.

	Annual Total
Antenatal cases needing 1 to 1 care	324
Postnatal readmissions	62
Medical Inductions of labour (50%)	466
Escorted transfers OUT	25
Non-viable pregnancies	8

Table 3: Additional Intrapartum Activity

6. All delivery suites have antenatal cases where women require monitoring and often treatment for obstetric or medical problems such as antepartum haemorrhage, preterm labour, reduced fetal movements, etc. Often the women are transferred to

the maternity ward or to another unit if need a higher level of neonatal services. Postnatal readmissions may require a theatre procedure or enhanced midwifery care for conditions such as sepsis.

7. Table 4 shows the annual activity on the maternity ward.

	Annual Total
Antenatal admissions *(exc. Elective cases)*	480
Medical Inductions of labour (50%)	466
Postnatal women	2906
P/N readmissions	62
P/N ward attenders	0
Extra care babies	298
NIPEs by midwives	1418

Table 4: Antenatal and Postnatal Ward Activity

8. Often the antenatal activity taking place in hospital is reflective of the higher % in Categories IV & V, as women with medical/obstetric problems, low birth weight &/or preterm infants require more frequent hospital based care. The annual activity indicates 480 admission episodes to the ward excluding inductions and elective sections.

9. Medical inductions of labour are distributed across the service and the annual total of 932 are actual insertions but may be less women as some may have multiple insertions.

10. The 'extra care babies' of 298 are those that have a postnatal stay longer than 72hrs for clinical or safeguarding reasons. The increase in babies that require frequent monitoring is also covered in the casemix as more hours are allocated to women in the higher categories IV and V.

11. There is some readmission activity to the ward accounting for 62 cases.

12. Staffing is included for NIPE with ward midwives completing approximately 1418 examinations. A total of 473 are undertaken in the community setting. NIPE for home births is routinely included.

13. The staffing for Triage covers a 24 hour period, seven [7] days per week, with 2 midwives throughout the 24 hour period. This is in line with the BSOTS model (Birmingham Symptom-specific Obstetric Triage System). This stipulates 2 midwives as a minimum throughout the 24 hours and 7 days a week with one carrying out the immediate triage assessment and one to undertake the detailed review.

14. The Day Assessment Unit (DAU) at Barnsley sees scheduled cases and is staffed 5 days a week for 11 hours with 2 midwives and 2 at the weekend with shorter hours.

15. Outpatient Clinic services at Barnsley are based on the average hours of each session time and numbers of staff to cover these, rather than on the number of women attending and a dependency classification. Professional judgement is used to assess the numbers of midwives and support staff required to 'staff' the clinics/sessions. The outpatients' profile is unique to each maternity service.

16. Table 5 provides a summary of the community population receiving maternity care.

	Annual Total
Home Births	25
Community Exports (Out of Area births)	591
Imports – AN and PN care	122
Imports – AN care only	N/A
Imports – PN care only	108
Total Community Cases (AN &/or PN care excluding home birth)	2545
Attrition Cases *(pregnancy loss or move out of area)*	586
Significant Safeguarding cases	117
NIPE	473

Table 5: Community Activity

17. The community annual total includes 122 women who birth in neighbouring units and receive ante and postnatal care from the Trust midwives (community imports). The birth episodes are provided by neighbouring units.

18. There are 108 women receiving postnatal care only – antenatal care and birth care is provided by a neighbouring Trust. **0.48wte** is included for this element of care.

19. Approximately 4.5% of community cases have safeguarding needs that may not reach the threshold for formal intervention but require a significant input from the community midwives such as increased surveillance, support and signposting to other services. An additional **0.57wte** has been included for this additional care.

20. The total community cases of 2545 include all imports and excludes home births, exports and attrition cases.

21. The annual community cases of 2545 (excluding home births and attrition cases) are less than the annual hospital births by 361 cases. Community cases are often different to the total birth numbers and this should be considered when understanding the wte required for each area.

22. The community exports of 591 are 'out of area' births (women who birth with Barnsley but live outside of the geographical area) and therefore and receive their community care in their local trust.

23. The 586 attrition cases are women who may book and/or see a midwife in early pregnancy but either moves out of area or has a pregnancy loss with **0.8wte** allocated for this care.

24. The staffing figures (Table 6) include allowances of 25% uplift for annual, sick and study leave which is the current uplift. A 12.5% travel allowance is included for community midwives.

25. The Birthrate Plus staffing is primarily based on the activity and methodology rather than on where women may be seen and/or which midwives provide the care.

26. The results included in Table 6 consider the provision of midwifery continuity of carer at 35%.

27. Day to day management by ward and department managers, community team leaders and coordination of intrapartum services are included in the clinical establishments.

28. The total clinical wte will contain the contribution from appropriately trained Band 3 MSWs in hospital and community postnatal services.

29. Most maternity units apply a skill mix of 90/10 so that 10% of the clinical wte are suitably qualified MSWs (Band 3s), possibly Band 4 Nursery Nurses and sometimes Band 5 RNs working in postnatal services in the ward and on community. It is a local decision by the senior midwifery management team as to an appropriate skill mix, using professional judgement along with their local knowledge and expertise of the service.

Breakdown of Birthrate Plus® Staffing

	WTE
Delivery Suite • Births • Antenatal Cases • P/N Readmissions • IOLs • In-utero transfers out • Non-viable cases	28.00wte RMs *(based on 5 midwives per shift)*
Triage	11.20wte RMs
Maternity Ward • Antenatal admissions • IOLs • Postnatal women • Postnatal Re-admissions • Postnatal ward attenders • NIPE sessions • Extra Care Babies	36.38wte RMs & Band 3 or 4 MSWs / RNs
Outpatient Services • Obstetric Clinics • Specialist Midwife Clinics • Midwife Clinics	5.00wte RMs
Day Assessment Unit	4.67wte RMs
Community Services: • Home Births • Community Cases • NIPE (hospital births) • Attrition Cases • Additional Safeguarding	18.73wte RMs & Band 3 or 4 MSWs
Continuity Teams (35% of eligible women)	22.75 RMs
Total Clinical WTE	**126.73wte RMs & Band 3 or 4 MSWs**

Table 6: Birthrate Plus® Staffing 25%

30. Comparing the Birthrate Plus wte to current funded establishment will include the contribution from 5.34wte Band 3s working in the maternity ward, and 4.05wte MSWs in the community.

31. The remaining Band 3s and Band 2s are excluded as they do not replace midwifery posts but provide additional support to women and babies.

Clinical Specialist Midwives

32. The clinical specialist midwives have both a clinical and non-clinical role. It is a local decision of senior midwifery management as to the % contribution to the clinical staffing. The remaining % is included in the non-clinical roles. Currently there are 12.92wte Specialist Midwives in substantive funded posts of which 3.90wte (30.2%) are allocated to the clinical total. The remaining 9.02wte (69.8%) are included in the additional wte.

33. In addition, 1.68wte RMs provide a sonography services. These are excluded from the results as their role is sonography only and they do not contribute to routine clinical midwifery care.

Current Clinical Funded Bands 3 – 7

34. Comparisons are made with the current funded establishment as per table 7 below.

RMs Bands 5 – 7	Specialist Midwives contribution	MSWs bands 3/4	Current Total Clinical wte
111.06	3.90	9.39	124.35

Table 7: Current Funded Establishment

Comparison of Clinical Staffing

Current Funded Establishment bands 3 – 7	Birthrate Plus establishment bands 3 – 7	Variance Bands 3 – 7
124.35	126.73	-2.38

Table 8: Comparison of Clinical Staffing

35. Table 8 indicates a deficit of 2.38wte.

36. Table 9 shows the skill mix using the current skill mix ratio of 92.4 / 7.6 with the clinical deficit being midwives at 2.20wte. A ratio a ratio of 90/10 would mean that the deficit may be corrected with the recruitment of MSWs.

Skill mix %	RMs	MSWs	Variance
92.4/7.6	117.16	9.57	-2.38
	-2.20	-0.18	
90/10	114.06	12.67	-2.38
	-0.90	-3.28	

Table 9: Clinical Variance by skill mix

Non-Clinical Midwifery Roles

37. The total clinical establishment as produced from Birthrate Plus® is 126.73wte and this includes the band 7 managers (Antenatal services lead, Continuity team lead, Community team lead, Delivery Suite and Antenatal / Postnatal ward sister) Additional time is included to accommodate these managerial roles and responsibilities.
38. The clinical total excludes the senior management and the non-clinical element of the specialist midwifery roles needed to provide maternity services, as summarised below.
    - Head of Midwifery, Deputy Head of Midwifery and Matrons (Inpatient, Community and Quality & Governance)
    - Specialist Midwives with responsibility for:
        - Perinatal mental Health
        - Infant feeding
        - Screening Lead
        - Digital
        - Governance
        - Public health
        - Diabetes
        - Bereavement
        - Fetal Monitoring
        - Smoking Cessation
        - Practice Educators
        - Pastoral / Retention

- Maternal mental health

In addition to these posts, consideration should also be given to recommendations from national reports such as Ockendon 2022 with regards to new roles

Applying 11% to the Birthrate Plus clinical wte provides additional staff of 13.94wte for the above roles with it being a local decision as to which posts are required and appropriate hours allocated (Table 10).

Note: To apply a % to the clinical total ensures there is no duplication of midwifery roles. The % can be set locally, although the RCM Staffing Guidance support 9-11% and Birthrate Plus is NICE endorsed hence being generally applied in maternity services.

Current funded wte	Birthrate Plus wte	Variance wte
14.02	13.94	0.08

Table 10: Comparison of additional specialist and management wte

39. Table 10 shows the current funded establishment has a positive variance of 0.08wte allocated for the non-clinical roles as usually required in all maternity services.

Summary of Results

Current Funded Clinical, Specialist, Management wte	Birthrate Plus wte	Variance wte
138.37	140.67	-2.30

Table 11: Total Clinical, Specialist and Management wte

40. The results indicate a deficit overall of 2.30wte from the current funded establishment with 25% uplift.

41. In addition to the midwifery staffing, there is a need to have support staff usually at Bands 2 and 3 working on the birthing unit, maternity ward and in outpatient clinics. To calculate the requirement for these support staff, professional judgement of the numbers per shift is used rather than a clinical dependency method.

Using ratios of births/cases to midwife wte for projecting establishments

42. To calculate for staffing based on increase in activity, it is advisable to apply ratios of births/cases to midwife wte, as this will consider an increase or decrease in all areas and not just the intrapartum care of women. There will be changes in community, hospital outpatient and inpatient services if the annual number of women giving birth alters. Once the clinical 'midwifery' establishment has been calculated using the ratios, a skill mix % can be applied to the total clinical wte to work out what of the total clinical 'midwifery' wte can be suitably qualified support staff, namely MSWs Band 3. Nursery Nurses and RGNs working in postnatal services only.

43. In addition, a % is added (11%) to include the non-clinical roles as these are outside of the skill mix adjustment as above. However, the addition of other support staff (usually Band 2s MCAs) that do not contribute to the clinical establishment will be necessary.

44. Calculating staffing changes using a ratio to meet increase in births assumes that there will be an increase in activity across ALL models of care and areas including homebirths. If there is an increase or decrease in activity, then the appropriate ratio can be applied depending on the level of care provided to the women.

45. For example, if the women just have all community care as birth in a neighbouring unit, it is only necessary to estimate the increase in community staffing so the ratio of 93.5 cases to 1wte is the correct ratio to apply. To use the ratio of 23.1 births to 1wte will overestimate the staffing as this covers all ante, intra and postnatal care. As some women only have ante or postnatal care, the correct ratio can be used should this activity change.

46. A woman who births in hospital but is 'exported' to another community, then the ratio of 24.8 births to 1wte should be applied, as this will account for an increase in activity in all hospital services. The main factor in using ratios is to know if having total care from the 'Trust' midwives or only hospital or community.

Midwife Ratios based on above data and results

47. The ratios below are based on the Birthrate Plus® dataset, national standards with the methodology and local factors, such as % uplift for annual, sick and study leave, case mix of women birthing in hospital, provision of outpatient/day unit services, total number of women having community care irrespective of place of birth and primarily

the configuration of maternity services. Decisions on staffing numbers per shift rather than on the activity alone affect ratios.

Non-caseload births (all hospital care)	24.8 births to 1 wte
Ante **and** postnatal community care (non-caseload women) *including attrition cases and safeguarding*	93.5 women to 1wte
Home and Caseload births	35 births to 1wte
Overall ratio for all births	**23.1 births to 1 wte**

Table 12: Ratios

48. The 23 births to 1 wte ratio equates to the often-cited ratio of 28 births to 1 wte, but they are not directly comparable for the above local factors. The latter ratios were based on extensive data from Birthrate Plus studies and whilst published so seen as 'up to date', more recent studies in the past 4 years are indicating that these ratios may not be appropriate to use for comparison, mainly due to increase in acuity of mothers and babies and subsequent care required. These factors have changed the overall and, indeed, individual ratios. Therefore, it is advisable to use own ratios calculated from a detailed assessment for workforce planning purposes.

Appendix 1

Method for Classifying Birthrate Plus® Categories by Scoring Clinical Factors in the Process and Outcome of Labour and Delivery

There are five [5] categories for mothers who have given birth during their time in the delivery suite [Categories I – V)

CATEGORY I **Score = 6**

This is the most normal and healthy outcome possible. A woman is defined as Category I [*lowest level of dependency*] if:
The woman's pregnancy is of 37 weeks' gestation or more, she is in labour for 8 hours or less; she achieves a normal delivery with an intact perineum; her baby has an Apgar score of 8+; and weighs more than 2.5kg; and she does not require or receive any further treatment and/or monitoring.

CATEGORY II **Score = 7 – 9**

This is also a normal outcome, very similar to Category I, but usually with the perineal tear [score 2], or a length of labour of more than 8 hours [score 2]. IV Infusion [score 2] may also fall into this category if no other intervention. However, if more than one of these events happens, then the mother and baby outcome would be in Category III.

CATEGORY III **Score = 10 – 13**

Moderate risk/need such as Induction of Labour with syntocinon, instrumental deliveries will fall into this category, as may continuous fetal monitoring. Women having an instrumental delivery with an epidural, and/or syntocinon may become a Category IV.

CATEGORY IV **Score = 14 –18**

More complicated cases affecting mother and/or baby will be in this category, such as elective caesarean section; pre-term births; low Apgar and birth weight. Women having epidural for pain relief and a normal delivery will also be Category IV, as will those having a straightforward instrumental delivery.

CATEGORY V **Score = 19 *or more***

This score is reached when the mother and/or baby require a very high degree of support or intervention, such as, emergency section, associated medical problem such as diabetes, stillbirth, or multiple pregnancy, as well as unexpected intensive care needs post-delivery. Some women who require emergency anaesthetic for retained placenta or suture of third-degree tear may be in this category.

Break

5. Governance

5.1. Board Assurance Framework/Corporate Risk Register

For Approval

Presented by Angela Wendzicha

REPORT TO THE BOARD OF DIRECTORS - Public	REF:	BoD: 23/12/07/5.1

SUBJECT:	**BOARD ASSURANCE FRAMEWORK/ CORPORATE RISK REGISTER**				
DATE:	7 December 2023				
PURPOSE:		*Tick as applicable*			*Tick as applicable*
	For decision/ approval	✓		*Assurance*	✓
	For review	✓		*Governance*	✓
	For information			*Strategy*	
PREPARED BY:	Jill Jaratina, Interim Deputy Director of Corporate Affairs				
SPONSORED BY:	Bob Kirton, Managing Director				
PRESENTED BY:	Angela Wendzicha, Director of Corporate Affairs				

STRATEGIC CONTEXT

The Board is required to ensure there is in place a sound system of internal control and risk management, including the oversight and approval of the Board Assurance Framework (BAF) and Corporate Risk Register (CRR).

The report aligns with all Strategic Goals:

- Best for People: We will make our Trust the best place to work
- Best for Patients and the Public: We will provide the best possible care for our patients and service users.
- Best for Performance: We will meet our performance targets and continuously strive to deliver sustainable services.
- Best for Partners: We will work with partners within the South Yorkshire Integrated Care System to deliver improved and integrated patient pathways.
- Best for Place: We will fulfil our ambition to be the heart of the Barnsley Place partnership to improve inpatient services, support a reduction in health inequalities and improve population health.
- Best for Planet: We will build on our sustainability work to date and reduce our impact on the environment.

EXECUTIVE SUMMARY

The following report provides an update as a result of the reviews on the BAF and CRR during November 2023.

The risks have been reviewed in a series of meetings with the Executive Director leads, aiming to ensure that they accurately reflect the current position. In addition, the BAF and the CRR have been discussed at the Executive Team Meeting, People Committee, Quality and Governance Committee and Finance and Performance Committee during November 2023.

For ease of reference, all changes made to the documents since the last presentation are shown in red text.

Board Assurance Framework (BAF)

Following review of all the BAF risks, the Board will note there are no changes recommended to the risk scores for November 2023.

Following review, the BAF descriptor for BAF Risk 2598 is recommended to change from:

"There is a risk that the Trust may not have a robust health and wellbeing offer because we have not maintained a coherent and coordinated structure and approach leading to reduced staff morale, negative impact on health and wellbeing with an adverse impact on staff retention and recruitment **to;**

"There is a risk that the Trust may not have a robust health and wellbeing offer due to lack of investment, leading to reduced staff morale, negative impact on health and wellbeing with an adverse impact on staff retention and recruitment".

The Board will note that additional controls were introduced for BAF Risk 2596 relating to the commencement of a joint leadership development programme with The Rotherham NHS Foundation Trust specifically aimed at the senior leadership teams within the Clinical Business Units and Divisions in addition to the commencement of externally facilitated Board development. Following consideration, the addition of the aforementioned controls have not impacted on the risk score which is recommended to remain the same at a score of 8.

Corporate Risk Register (CRR)

It was agreed at the Board meeting in October 2023 to amalgamate risks 2897: Risk of operational disruption due to digital system infrastructure failures and 2868: Risk of interruption to the delivery of clinical services due to ICT system failures due to air conditioning failures. The new risk is - 2976: Risk of major operational/service disruption due to digital system infrastructure and air conditioning.

Two risks on the corporate risk register have been reduced for 2803: Risk to the delivery of effective haematology services due to a reduction in haematology consultants from 16 to 12 and 2773: Impact of industrial action on operational delivery, finance and staff morale & well-being from 15 to 12.

During the November reviews, no significant changes were identified by the Board Committees to draw to the attention of the Board.

RECOMMENDATION

The Board of Directors is invited to:

- Note the review of risk carried out since the last Board meeting and the detailed changes made to risks in the BAF and CRR;
- Approve the amendment to the descriptor of BAF Risk 2598; and
- Note the two corporate risk scores that have been reduced (CRR 2808 and 2773) with the risks now being managed on the risk register

1. Introduction

The following report illustrates the position in relation to the BAF and CRR for November 2023 both of which have been reviewed in conjunction with the relevant Executive and risk leads. In addition the BAF and CRR have been reviewed at the Executive Team meeting, People Committee, Quality and Governance Committee and the Finance and Performance Committee.

2. Board Assurance Framework

2.1 Details of the current BAF Risks can be found at Appendix 1 with updates provided in red text for ease of reference. There are a total of 13 BAF Risks and the Board will note that there are two BAF Risks scored as Extreme (one at 15 and one at 16) and six scored as High (12). The Board will note that the remaining BAF risks are scored at 4, 6 and 8.

2.2 The scores for all BAF Risks have been reviewed with the relevant Executive lead, and following discussion at the Executive Team meeting and relevant Board Committees, all scores have been deemed to reflect the current level of strategic risk.

2.3 Following review, the descriptor for BAF Risk 2598 is recommended to be changed from:

"There is a risk that the Trust may not have a robust health and wellbeing offer because we have not maintained a coherent and coordinated structure and approach leading to reduced staff morale, negative impact on health and wellbeing with an adverse impact on staff retention and recruitment" to

"There is a risk that the Trust may not have a robust health and wellbeing offer, due to lack of investment, leading to reduced staff morale, negative impact on health and wellbeing with an adverse impact on staff retention and recruitment."

The aforementioned change was discussed at the People Committee in November with a recommendation that the Board adopts the change.

2.4 The table below illustrates the high-level summary of the BAF Risks scoring 12 and above.

Risk	Previous Score (Oct 23)	Current Score (Nov 23)	-/+	Update
2592 – Inability to deliver constitutional and other regulatory	15	15	→	No change since October 2023 BAF
2845 – Inability to improve the financial stability of the Trust over the next 2 to 5 years	16	16	→	No change since October 2023 BAF

Risk	Previous Score (Oct 23)	Current Score (Nov 23)	-/+	Update
2527 – Risk of failure to develop effective partnerships	12	12	→	No change since October 2023 BAF
1201 – Risk of non-recruitment to vacancies and retention of staff	12	12	→	No change since October 2023 BAF
2557 – Risk of lack of space and adequate facilities on site	12	12	→	No change since October 2023 BAF
2122 – Risk of computer systems failing due to a cyber security incident	12	12	→	No change since October 2023 BAF
2605 – Risk regarding the Trust's inability to anticipate evolving needs of the local population to reduce health inequalities	12	12	→	No change since October 2023 BAF
Risk 2827 – Risk regarding the inability to achieve net zero	12	12	→	No change since October 2023 BAF

3. Corporate Risk Register

3.1 The Trust currently has a total of 6 risks on the CRR, details of which can be found at Appendix 2. All of the scores for continuing risks have been reviewed by the risk owner and by the Executive Team, with no changes recommended to the scores. No risks have been closed on the CRR following the last reviews. Updates from the risk reviews are shown in red text for ease of reference.

3.2 Following the recommendation at the October 2023 Board meeting to amalgamate risks 2868 and 2897, the new risk is - 2976: Risk of major operational/service disruption due to digital system infrastructure and air conditioning graded at 16.

3.3 The Board will note that Risk 2803 relating to the risk of effective haematology services due to a reduction in haematology consultants has been removed from the CRR as the risk score has been reduced from 16 to 12. This is due to the fact that locum cover is now agreed and in place until 31 March 2024 in addition to an increase in a Consultant's PAs from 4 to 6. In addition, the risk relating to industrial action has been reduced and removed from the CRR.

3.4 The table below illustrates the high-level summary of the CRR.

	Corporate Risk (Risk scoring 15+)	Previous Score (Oct 23)	Current Score (Nov 23)	-/+	Update
1	2592 – Inability to deliver constitutional and other regulatory performance or waiting time targets	15	15	→	No change since October 2023 CRR

	Corporate Risk (Risk scoring 15+)	Previous Score (Oct 23)	Current Score (Nov 23)	-/+	Update
2	2243 – Risk regarding the aging fire alarm system	15	15	→	No change since October 2023 CRR
3	2877 - Risk to the provision of breast non-surgical oncology services due to the lack of substantive oncologists	16	16	→	No change since October 2023 CRR
4	1199 – Risk regarding inability to control workforce costs	16	16	→	No change since October 2023 CRR
5	2845 – Inability to improve the financial stability of the Trust over the next two to five years	16	16	→	No change since October 2023 CRR
6	2976- Risk of major operational/service disruption due to digital system infrastructure and air conditioning failures		16		New risk

4. Recommendations

The Board of Directors is invited to:

- Note the review of risk carried out since the last Board meeting, and the detailed changes made to risks in the BAF and CRR;
- Approve the amendment to the descriptor of BAF Risk 2598; and
- Note the two corporate risk scores that have been reduced (CRR 2808 and 2773) with the risks now being managed on the risk register

Barnsley Hospital
NHS Foundation Trust

BOARD ASSURANCE FRAMEWORK (BAF)
NOVEMBER 2023

Appendix 1

Strategic Objectives 2022/23	Risk ID	High-Level Risk Detail	Sub-objective	Score	Risk Category (suggested)	Executive Owner	Status
Best for People	1201	Risk of non-recruitment to vacancies, retention of staff and inadequate provision for staff development.	We will make our Trust the best place to work	12	Workforce / Staff Engagement	Director ofWorkforce	Current
Best for People	2596	Risk of inadequate support for culture, leadership and organisational development	We will make our Trust the best place to work	8	Workforce / Staff Engagement	Director ofWorkforce	Current
Best for People	2598	Risk of inadequate health and wellbeing support for staff	We will make our Trust the best place to work	8	Workforce / Staff Engagement	Director ofWorkforce	Current
Best for Patients and The Public	2592	Risk of patient harm due to inability to deliver constitutional and other regulatory performance or waiting time	We will provide the best possible care for our patients and service users	15	Clinical Safety /Patient Experience	Chief Operating Officer	Current
Best for Performance	2595	Risk regarding the potential disruption of digital transformation	We will meet our performance targets and continuously strive to deliver sustainable services	8	Clinical Safety	Director of ICT	Current
Best for Performance	2122	Risk of computer systems failing due to a cyber securityincident	We will meet our performance targets and continuously strive to deliver sustainable services	12	Clinical Safety	Director of ICT	Current
Best for Performance	1713	Risk regarding inability to deliver the in-year financial plan	We will meet our performance targets and continuously strive to deliver sustainable services	4	Finance / Valuefor Money	Director ofFinance	Current
Best for Performance	2845	Inability to improve the financial stability of the Trust over the next 2 to 5 years	We will meet our performance targets and continuously strive to deliver sustainable services	16	Finance / Valuefor Money	Director of Finance	Current
Best for Performance	2557	Risk of lack of space and adequate facilities on-site tosupport the future configuration and safe delivery of services	We will meet our performance targets and continuously strive to deliver sustainable services	12	Clinical Safety /Patient Experience	Chief Operating Officer	Current
Best for Partner	2527	Risk of failure to develop effective partnerships	We will work with partners within the South Yorkshire integrated Care System to deliver improved and integrated patient pathways	12	Partnerships	Managing Director of BHNFT	Current
Best for Place	2605	Risk regarding failure by the Trust to take action to address health inequalities in line with local public health strategy, and/or effectively work with partners (PLACE and ICS)to reduce health inequalities to improve patient and population health outcomes	We will fulfil our ambition to be the heart of the Barnsley place partnership to improve patient services, support a reduction in health inequalities and improve population health	12	Clinical Safety /Patient Experience / Partnerships	Managing Director of BHNFT	Current
Best for Place	1693	Risk of inability to maintain apositive reputation for the Trust	We will fulfil our ambition to be the heart of the Barnsley place partnership to improve patient services, support a reduction in health inequalities and improve population health	6	Reputation	Director of Communicationsand Marketing	Current
Best for Planet	2827	Risk of the Trust impact on the environment	We will build on our sustainability work to date and reduce our impact on the environment.	12	Environmental	Managing Director of BHNFT	Current

Highlighted above are risks scoring 12+
Highlighted above are risks scoring 15+
Proposed for Closure
NEW Proposed

BAF Risk Profile

Risk profile					
Consequence → Likelihood ↓	**1 Negligible**	**2 Minor**	**3 Moderate**	**4 Major**	**5 Catastrophic**
5 Almost certain			**2592** - performance & targets		
4 Likely			**2557** - lack of space **1201** - recruitment and retention	2845 – long-term financial stability	
3 Possible				**2527** - effective partnerships **2122** - cyber security **2605** - health inequalities **2827 –** Environmental riak	
2 Unlikely		**1713** – in year financial plan	**1693** - Trust Reputation	**2596** - staff development **2598** – staff health and wellbeing **2595** - digital transformation	
1 Rare					

1 - 3	Low Risk
4 - 6	Moderate Risk
8 - 12	High Risk
15 - 25	Extreme Risk

Risk Register Scoring

Initial Score	The score before any controls (mitigating actions) are put in place.
Current Score	The score after the risk has been mitigated (by controls) but with gaps in controls (things we are not able to do) identified.
Target Score	The score at which the Risk Management Group recommends the removal of the risk from the corporate risk register.

Summary overview of Trust Risk Appetite Level 2023/24

	Relative Willingness to Accept Risk					
Category	**Avoid**	**Minimal**	**Cautious**	**Open**	**Seek**	**Mature**
	1	2	3	3	4	5
Commercial						
Clinical safety						
Patient experience						
Clinical effectiveness						
Workforce/staff engagement						
Reputation						
Finance/value for money						
Regulatory/compliance						
Partnerships						
Innovation						
Environmental						

Assessment	Description of Potential Effect
LOWEST THRESHOLD	
Zero Risk Appetite Score – 1 **AVOID**	The Trust Board seeks to **avoid risks under any circumstances** that may result in compromised quality and safety of staff and patients, reputational damage, financial loss or exposure, disruption in services, information systems of integrity or significant incidents of regulatory and/or legislative compliance.
Low Risk Appetite Score – 2 **MINIMAL**	The Trust Board seeks to **avoid risks (expect in very exceptional circumstances)** that may result in compromised quality and safety of staff and patients, reputational damage, financial loss or exposure, disruption in services, information systems of integrity or significant incidents of regulatory and/or legislative compliance.
Moderate Risk Appetite Score – 3 **CAUTIOUS / OPEN**	The Trust Board is willing to **accept some risks in certain circumstances** that may result in compromised quality and safety of staff and patients, reputational damage, financial loss or exposure, disruption in services, information systems of integrity or significant incidents of regulatory and/or legislative compliance.
High Risk Appetite Score – 4 **SEEK**	The Trust Board is willing to **accept risks** that may result in compromised quality and safety of staff and patients, reputational damage, financial loss or exposure, disruption in services, information systems of integrity or significant incidents of regulatory and/or legislative compliance.
UPPER THRESHOLD	
Very High-Risk Appetite Score – 5 **MATURE**	The Trust Board **accepts risks** that are likely to result in compromised quality and safety of staff and patients, reputational damage, financial loss or exposure, disruption in services, information systems of integrity or significant incidents of regulatory and/or legislative compliance.

Appendix 1

Risk Appetite and Tolerance Key

Risk Appetite Scale

Avoid = Avoidance of risk and uncertainty
Minimal – Prefer ultra-safe delivery options with a low degree of inherent risk, which may only have a limited potential for reward
Cautious – Prefer ultra-safe delivery options with a low degree of residual risk, which may only have a limited potential for reward
Open – Will consider all potential delivery options and choose while also providing an acceptable level of reward
Seek – Innovative and choose options offering higher rewards despite greater inherent risk
Mature – Set high levels of risk appetite because controls, forward planning and horizon scanning and responsiveness of systems are effective

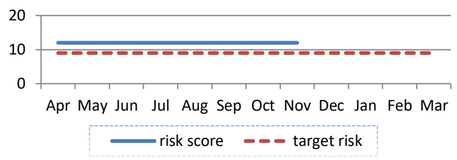
Risk tolerance

Tolerate – the likelihood and consequence of a particular risk happening is accepted;
Treat – work is carried out to reduce the likelihood or consequence of the risk (this is the most common action);
Transfer – shifting the responsibility or burden for loss to another party, e.g. the risk is insured against or subcontracted to another party;
Terminate – an informed decision not to become involved in a risk situation, e.g. terminate the activity
Take the opportunity - actively taking advantage, regarding the uncertainty as an opportunity to benefit

Risk Appetite statements and levels pertaining to each strategic risk domain (full definitions in Appendix 1)

Risk domain	Risk Appetite level
Commercial	OPEN
Clinical Safety	MINIMAL
Patient Experience	CAUTIOUS
Clinical Effectiveness	MINIMAL
Workforce / Staff Engagement	OPEN
Reputation	CAUTIOUS
Finance / Value for Money	OPEN
Regulatory / Compliance	MINIMAL
Partnerships	SEEK
Innovation	SEEK
Environment	OPEN

CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24							
Strategic Objective 2023/24: Best for People	**Risk Ref:**	**Oversight Committee**	**Risk Owner**	***Initial Risk Score***	***Current Risk Score***	***Target Risk Score***	**Linked Risks**
				The risk score is consequence x likelihood			
We will make our Trust the best place to work	1201	People Committee	Director of People	3x4 (12)	3x4 (12)	3x3 (9)	1769 - histopathologist shortages 2334 - nursing staff shortages 2572 - availability of consultant anaesthetist hours

Risk Description	**Risk Score Movement**	**Interdependencies**
Risk of non-recruitment to vacancies, retention of staff and inadequate provision for staff development. There is a risk that if the Trust does not maintain a coherent and coordinated strategy and approach to recruitment, retention, succession planning, organisational and talent management due to lack of financial and human resources this will result in an inability to recruit, retain and motivate staff		Population health needs, service requirements (e.g. see histopathologist risk 1769), competing organisations, financial pressures, nurse staffing (see risk nursing ~~staff~~ shortages CRR risk 2334), dealing with national and local recruitment challenges and the impact on pressure on staff numbers, work-related stress, spend with agencies and quality of care provided. ***Risk Update/Progress Notes*** ***November 2023: Risk score remains the same. Work is in progress to address control 4; Lack of a recruitment and retention strategy and action plan for hard to fill medics posts – An Associate Medical Director has been appointed for a 12 months fixed term, and will be responsible for the development of the strategy.*** ***Associated risks (1769, 2334, 2572, 2592 & 2598) to be reviewed by JJ.*** ***360 Internal Audit Report on sickness absence management has been completed and will be presented to the People Committee on 28 November 2023.***

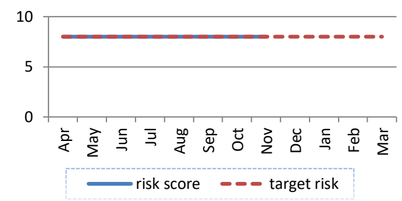
Risk Appetite	**Risk Tolerance**
Open (Workforce / Staff Engagement)	Treat

Controls	**Last Review Date**	**Next Review Date**	**Reviewed by**	**Control Gaps in**
1. Support the 5-year Trust Strategy Plan and the Annual Business Plan - contribute to the integrated workforce, financial and activity plan, from which the data is used to predict capacity, supply issues, etc. Bi-annual Ward establishment reviews in place in February and September by the Deputy Director of Nursing's office	***Nov-23***	***Jan-24***	E Lavery	None identified
2.Workforce Planning Steering Group with representation from operational areas of the Trust (ADOs, apprenticeships, nursing, medical, etc.) has the CBU workforce planning packs to provide data for decision-making. The group monitors workforce KPIs including recruitment, supply, capacity and demand, etc.	***Nov-23***	***Jan-24***	E Lavery	None identified
3. Staff Redeployment, Staff Recruitment & Retention, Flexible Retirement, Staff Internal Transfer Scheme, Health & Wellbeing, Flexible Working, Rostering, Family Friendly Policies and Procedures	***Nov-23***	***Jan-24***	E Lavery	Talent Management & Succession planning - this is an area of improvement that is under review. SMART action planning underway. New Culture and Organisational Development Strategy to include the Trust's talent management and succession planning framework is currently under consultation with a view to present at People Committee and Board in Nov/ December 2023 for approval.
4. Alternative recruitment and selection search options in place to source candidates for hard to fill specialist posts.	***Nov-23***	***Jan-24***	E Lavery	Lack of a recruitment and retention strategy and action plan for hard to fill medics posts – An Associate Medical Director has been appointed for a 12 months fixed term, and will be responsible for the development of the strategy.
5. Staff nurse recruitment action plan, including recruitment to Trainee Nurse Associate posts and careers pipeline for Nursing Associates to undertake Registered Nurse training through apprenticeship programmes. This action plan is overseen by the Nursing Workforce Group, which oversees nursing workforce numbers, student nurses, nursing vacancy gaps, international recruitment, and standardised newly qualified staff nurse recruitment process across the ICS.	***Nov-23***	***Jan-24***	E Lavery	Continuance of international recruitment reliant on successful pipeline.
6. People Strategy - a review of the strategy and development of a People Plan has been completed and launched. This aligns with the national NHS People Plan and supports delivery of the Trust 5 Year Strategy and Best for People strategic goals. This focuses on staff retention, wellbeing and development.	***Nov-23***	***Jan-24***	E Lavery	None identified

Assurances Received **L1 Operational, L2 Board Oversight, L3 Independent**	**Received By**		**Assurance Rating**	**Gaps in Assurance**
1. L1 - Nurse Staffing Report	Sep–23	Q&G	Full	None identified
3. L1- 360 Assurance Rostering Audit Report	Jan-22	Audit Committee	Full	None identified
4. L1 - Recruitment and Retention metrics Report	Sept 23	PEG	Full	None identified
5. L1 - Workforce Insights Report	Sept 23	PC	Full	None identified
6. L1 - CBU Workforce Plans	Jan-23	CBU Performance Review Meetings	Full	None identified

Corrective Actions Required (include start date)	**Action Due Date**	**Action Status**	**Action Owner**	**Forecast Completion Date**
1. Collaboration with other local NHS Trusts to understand the overall employment marketplace and take joint pre-emptive action where possible e.g. The Trust is part of the ICS approach to international recruitment	N/A	In progress	S Ned	On-going
2. Talent Management and Succession planning framework - see BAF Risk 2596 relating to workforce development.	N/A	In progress	T Spackman	Nov 23

CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24							
Strategic Objective 2023/24: Best for People	**Risk Ref:**	**Oversight Committee**		***Initial Risk Score***	***Current Risk Score***	***Target Risk Score***	**Linked Risks**
				The risk score is consequence x likelihood			
We will make our Trust the best place to work	2596	People Committee	Director of People	4x3 (12)	4x2 (8)	4x2 (8)	1201 - staff recruitment and retention 2598 - staff wellbeing

Risk Description	**Risk Score Movement**	**Interdependencies**
Risk of inadequate support for culture, leadership and organisational development. There is a risk that the Trust may fail to maintain a coherent and co-ordinated structure and approach to succession planning, staff development and leadership development		Dealing with national and local recruitment challenges and the impact on pressure on staff numbers, work-related stress,spend with agencies and quality of care provided. Also linked to the Trust's ability to retain staff. Use of agency staff reduces the development opportunities for substantive staff. ***Risk Update/Progress Notes*** ***November 2023: BAF risk reviewed. Two new controls were added (6 and 7) . RCN Clinical Leadership programme for Lead Nurses, Midwives and AHPs - Existing programme will conclude end of 2024*** ***Florence Nightingale Foundation Matron Development programme will conclude April 2024*** ***RCN developing leadership programme for registered Nurses – Existing programme concludes May 2024.***

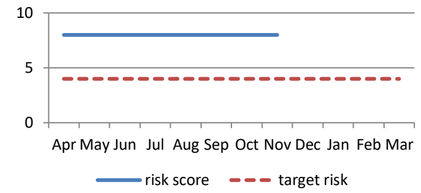
Risk Appetite	**Risk Tolerance**
Open (Workforce/Staff Engagement)	Treat

Controls	**Last Review Date**	**Next Review Date**	**Reviewed by**	**Gaps in Control**
1. Appropriate staff development programmes in place e.g. Apprenticeship Schemes, Advanced Clinical Practitioner Training Programmes, Trainee Nurse Associate Training Programme. This willsupport development and upskilling.	***Nov-23***	***Jan-24***	E Lavery	None identified
2. Nursing Workforce Development Programme. Current key actions on the plan include increased clinical placements and increased numbers of nurses and non-registered clinical support staff accessing apprenticeships and training through Universities and the Open University.	***Nov-23***	***Jan-24***	E Lavery	Local opportunities for non-registered staff continue to be developed through open university/university of Sheffield – degree apprenticeships
3. People Strategy - a review of the strategy and development of a People Plan has been completed and launched. This aligns with the national NHS People Plan and supports the delivery of the Trust 5-Year Strategy and Best for People strategic goals. This focuses on staff retention, wellbeing leadership and development. The aim is to maximise effectiveness of staff at every level of the Trust by coordinating a range of activities which will promote their ability to deliver high quality services and patient care and by ensuring that structures are in place to enable their effectivedelivery.	***Nov-23***	***Jan-24***	E Lavery	Talent Management & Succession planning and leadership development - this is an area of improvement that is under review. SMART action planning underway. New Culture and Organisational Development Strategy to include the Trust's talent management, succession planning and leadership development framework is currently under consultation with a view to present at People Committee and Board in Nov/ Dec 2023 for approval. Coherent Trust-wide learning from existing leadership development projects. Localised good performance and good practice may not be picked up across the Trust. Although it may not always be necessary or appropriatefor all Trust-wide learning in this area to be consistent, as opposed to tailored to meet specific leadership development requirements, it should be more coherent and delivered with more purpose. Unwarranted variation without justification may be a gap rather than variation itself.
4. Training needs analysis model - annual programme focused on mandatory and statutory essential training, which supports staff development and capability.	***Nov-23***	***Jan-24***	E Lavery	None identified
5. Appraisal and PDPs schedule - there is a clear process to meet Trust appraisal and PDP targets. Guidance and supporting documentation to improve the quality of appraisal conversation has been updated and rolled out.	***Nov-23***	***Jan-24***	E Lavery	None identified
6. Commissioning and commencement of a joint Leadership development programme with The Rotherham NHS Foundation Trust aimed at the senior leadership teams in the CBU's/Divisions.	***Nov-23***	***Jan-24***	***S Ned***	***None identified***
7. Commissioning and commencement of externally facilitated Board development programme.	***Nov-23***	***Jan-24***	***S Ned***	***None identified***

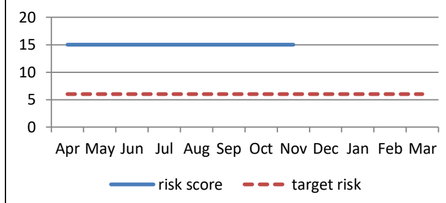
Assurances Received **L1 Operational, L2 Board Oversight, L3 Independent**	**Last Received**	**Received By**	**Assurance Rating**	**Gaps in Assurance**
1. L1 - Workforce Insights Report	Sept 23	P Committees	Full	None identified
3. L2 - Staff Survey	Mar-23	Trust Board Assurance Committees	Full	None identified
4. L1 - Pulse checks	July 23	PEG	Full	None identified
4. HHE Training Doctors Quality Assurance Report	TBC	Trust Board Assurance Committees	TBC	TBC

Corrective Actions Required (include start date)	**Action Due Date**	**Action Status**	**Action Owner**	**Forecast Completion Date**
1. Delivery of the Nursing Workforce Development Programme.	N/A	In progress	B Hoskins	Dec 24
2. Talent Management & Succession planning & leadership development framework	N/A	In progress	T Spackman	Nov 23

Appendix 1

CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24							
Strategic Objective 2023/24: Best for People	**Risk Ref:**	**Oversight Committee**		**Risk Owner**	***Initial Risk Score***	***Current Risk Score***	***Target Risk Score***	**Linked Risks**
					The risk score is consequence x likelihood			
We will make our Trust the best place to work	2598	People Committee		Director of People	4x3 (12)	4x2 (8)	4x1 (4)	1201 - staff recruitment and retention
Risk Description	**Risk Score Movement**			**Interdependencies**				
Risk of inadequate health and wellbeing support for staff ***There is a risk that the Trust may not have a robust health and wellbeing offer, due to lack of investment, leading to reduced staff morale, negative impact on health and wellbeing with an adverse impact on staff retention and recruitment.***				The pandemic has placed unprecedented demand on health and care staff across all settings and disciplines, leading to significant levels of stress and anxiety. There is a concern that there may not be enough staff to ensure staff well-being or patient safety; this is a national concern and challenge. ***Risk Update/Progress Notes*** ***November 2023: risk reviewed. The descriptor was changed from: There is a risk that the Trust may not have a robust health and wellbeing offer because we have not maintained a coherent and coordinated structure and approach leading to reduced staff morale, negative impact on health and wellbeing with an adverse impact on staff retention and recruitment.***				
Risk Appetite				**Risk Tolerance**				
Open (Workforce/Staff Engagement)				Treat				
Controls	**Last Review Date**	**Next Review Date**	**Reviewed by**	**Gaps in Control**				
1. The Occupational Health and EDI services have been re-organised to provide two distinct services(1. Occupational Health and 2. Wellbeing and Inclusion). This will enable a greater focus on the health and wellbeing offer to staff. Staff can access counselling and/or psychological support services, and can self-refer to occupational health where needed. The Trust has also introduced 'Wagestream' - a financial support product for staff to address any financial concerns. Quarterly People Pulse checks have commenced to better measure progress against key metrics from the staff survey, which includes the impact on staff wellness. New Culture metrics dashboard to measure staff experience and wellbeing and organisational culture has been approved at the People Committee in September 2022. A quarterly H&WB activity dashboard is also presented to the People & Engagement Group.	***Nov-23***	**Jan-24**	E Lavery	None identified.				
2. People Strategy - a review of the strategy and development of a People Plan has been completed and launched. This aligns with the national NHS People Plan and supports delivery of the Trust 5-Year Strategy and Best for People strategic goals. This focuses on staff retention, wellbeing and development. The aim is to maximise the effectiveness of staff at every level of the Trust by coordinating a range of activities that will promote their ability to deliver high quality services and patient care and by ensuring that structures are in place to enable their effectivedelivery.	***Nov-23***	**Jan-24**	E Lavery	None identified				
3.The Trust is also working with the ICS to access wider sources of health and wellbeing support. the successful appointment of a Band 5 Specialist Staff Counsellor, EDI Lead for Health & Wellbeing Band 7 1.0wte, Healthy Lifestyles Checks Officer Band 4 1.0wte, and VIVUP on-site Staff Counsellor 0.2wte which has been funded through the ICS. The SYB ICS Mental Health & Wellbeing hub of online resources, materialsand training courses has been made available to all staff. The Trust has also appointed an Occupational Psychologist post shared with Rotherham Trust in February 2023 for a period of 2 years funded by NHS national charities funds	***Nov-23***	**Jan-24**	E Lavery	None identified				
4. The Trust has approved the adoption of the Standards Framework for Counsellors & CounsellingServices for BHNFT and partners to strengthen the wellbeing support offered. An agreement has also been reached to extend the Schwartz Rounds contract for an additional 3 years. The Schwartz Rounds steering group has been re-instated and the programme of Schwartz Rounds sessions agreed and commenced.	***Nov-23***	**Jan-24**	E Lavery	None identified				
5. Appointment of a Health and Wellbeing Guardian as approved by the Board to ensure dedicatedoversight and assurance that the staff health and wellbeing agenda has a Board level champion. Anon-executive director has commenced in the role on 01/10/21.	***Nov-23***	**Jan-24**	E Lavery	None identified				
Assurances Received **L1 Operational, L2 Board Oversight, L3 Independent**	**Last Received**	**ReceivedBy**	**Assurance Rating**	**Gaps in Assurance**				
1. L1 - Workforce Insights Report	Sept-23	P Committee	Full	None identified				
2. L1 - CBU Workforce Plans	Jan-23	CBU Performance Review Meetings	Full	None identified				
3. L2 – Staff Survey	Mar-23	Trust Board Assurance Committees	Full	None identified				
4. L1 – Pulse checks	July-23	PEG	Full	None identified				
2. 360 Assurance Health & Wellbeing Audit Report	Jan-23	Audit Committee	Full	None identified – significant assurance received				
Corrective Actions Required (include start date)					**Action Due Date**	**Action Status**	**Action Owner**	**Forecast Completion Date**

CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24						
Strategic Objective 2023/24: Best for Patients and The Public	**Risk Ref:**	**Oversight Committee**	**Risk Owner**	***Initial Risk Score***	***Current Risk Score***	***Target Risk Score***	**Linked Risks**
				The risk score is consequence x likelihood			
We will provide the best possible care for our patients and service users	2592	Finance and Performance Committee	Chief Operating Officer	3x5 (15)	3x5 (15)	2x3 (6)	1201 - staff recruitment and retention 2557 - lack of space and facilities 2600 - failure to deliver capital investment and equipment replacement

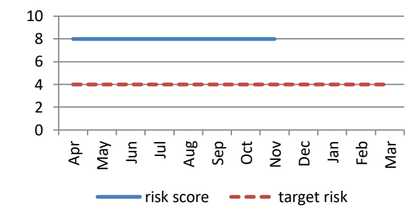
Risk Description	**Risk Score Movement**	**Interdependencies**
Risk of patient harm due to inability to deliver constitutional and other regulatory performance or waiting time targets There is a risk of failure or delay in patient diagnoses and/or treatment due to the inability of the Trust to deliver constitutional and other regulatory performance, ~~or~~ waiting time standards / targets		Uncertainties surrounding the continuing pandemic impact on service capacity and demand; system partners and their ability to meet the needs of their service users; safe staffing levels and challenges with recruitment in various services across the Trust; well and supported staff to be able to deliver the services; space and equipment to meet the needs of the services. Revised operational priorities for 2022/23 are aligned to but not reflective of constitutional target delivery. The digital agenda impacts on administrative processes and data collection, robust review and updates are required to ensure the trust continues to capture the correct information and reports correctly. There is an inter-dependency regarding the interrelationship between organisational and system-level management ***Risk Update/Progress Notes*** ***November 2023: Risk reviewed with the Chief Operating Officer, no change to the current risk score as the Trust is not achieving the constitutional standards. It is likely that it will take 2-5 years to deliver constitutional standards, dependent on the political position, funding settlements, workforce, national delivery & operational plans. The trust focus is on the yearly operational priorities as a pathway to recovery***
Risk Appetite		**Risk Tolerance**
Minimal		Treat

Controls	**Last Review Date**	**Next Review Date**	**Reviewed by**	**Gaps in Control**
1. The Trust has a rigorous Performance Management Framework which has been externally assured including weekly review of performance at the ET meeting. Monthly review of performance at the CBU performance meetings, and oversight from both assurance committees on a monthly basis.	***Nov-23***	**Jan-24**	B Kirton/ L Burnett	None identified
2. Annual business plans that are aligned to service delivery are produced and signed off by the Executive. If there is a delivery failure, plans are produced by the CBU to address the matters and escalated to the ET	***Nov-23***	**Jan-24**	B Kirton/ L Burnett	Unknown future demand for services may lead to surge in referrals above available capacity. Staff absence and vacancies are the biggest risk. Future risk of industrial action by BMA and RCN which will reduce capacity
3. Monitoring of activity of performance of NHSE/I (regulator) via systems meetings.	***Nov-23***	**Jan-24**	B Kirton/ L Burnett	None identified
4. Renewed quality monitoring of the waiting list including clinically prioritisation of the patients who are waiting.	***Nov-23***	**Jan-24**	B Kirton/ L Burnett	Impact on Health inequalities
5. Internally, the Trust report clinical incidents where there has been an impact to quality due to performance. There are thresholds set by NHSE that require immediately reporting when breach i.e. 12-hour trolley breach. These incidents feeding into governance meetings and the patient safety panel.	***Nov-23***	**Jan-24**	B Kirton/ L Burnett	None identified
6. Attendance at ICS meetings and contributions to the development of the system position.	***Nov-23***	**Jan-24**	B Kirton/ L Burnett	None identified

Assurances Received **L1 Operational, L2 Board Oversight, L3 Independent**	**Last Received**	**Received By**	**Assurance Rating**	**Gaps in Assurance**
1. L2: - IPR report	Sept 23	F&P Committee	Full	None identified
2. L2: - Progress reports - annual business plan	Apr-22	F&P Committee	Partial	Developing performance reporting at system level. Unknown future demand for services may lead to surge in referrals above available capacity. Staff absence and vacancies are the biggest risk.
3. L3: - NHSI/E reports	Feb-23	Trust Board	Full	None identified
4. L3: - Benchmarking reports through ICS	Feb-23	Trust Board	Full	None identified
5. L1: - Reports against trajectories	Feb-23	F&P Committee	Partial	A number of actions to enable recovery require involvement of place & system and are not under the direct control of the Trust
6. L2: - Quality Metric Reports	Feb-23	F&P Committee	Full	None identified
7: L2: - Report to Trust Board - Activity Recovery Plans 2021/22 and further updates to assurance committees	Feb-23	Trust Board	Full	None identified

Corrective Actions Required (include start date)	**Action Due Date**	**Action Status**	**Action Owner**	**Forecast Completion Date**
Control 4: Clinical exec leads to ensure appropriate process for monitoring risk of harm to patients on waiting lists (see risk 2605 for further detail). Started June 21.	Feb-21	ongoing	Dr S Enright	ongoing
Control 2 and Assurance 5: Adapt performance reporting so they provide the right assurances on what the Trust has committed to deliver. Started January 21. Incorporate system and place reporting when available	May-23	ongoing	L Burnett/ T Davidson	Oct-23
Control 2: Continue to increase endoscopy activity to enable recovery. Capacity gap identified in business planning & additional activity requirements discussed with finance director. Report bi-monthly to Executive team against recover trajectory and any mitigation	May-23	ongoing	S Garside	ongoing
Control 2 and Assurance 5 & 7: operational exec to ensure robust plans during periods of industrial action to ensure essential staff cover and report on impact to recovery trajectories	Apr 23	ongoing	L Burnett/ Dr S Enright	ongoing

CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24						
Strategic Objective 2023/24: Best for Performance	**Risk Ref:**	**Oversight Committee**	**Risk Owner**	***Initial Risk Score***	***Current Risk Score***	***Target Risk Score***	**Linked Risks**
				The risk score is consequence x likelihood			
We will meet our performance targets and continuously strive to deliver sustainable services	2595	Finance and Performance Committee	Director of ICT	4x2 (8)	4x2 (8)	4x1 (4)	1693 - adverse reputational damage to the Trust1 713 - maintaining financial stability 2404 - compromised care for non Covid-19 patients 2098 - Transformation digital programme

Risk Description	**Risk Score Movement**	**Interdependencies**
Risk regarding the potential disruption of digital transformation. The trust is committed to large digital transformation projects (Including Clinical Workspace, Clinical Narrative, Clinical Messaging and Paper to Digital Records replacing current paper notes), unless this programme of work is delivered safety and effectively there is a significant risk to clinical operational delivery. The materialisation of this risk could result in: - Poor understanding and misalignment of the changes to clinical processesresulting in harm to patients. - Poor Communication and engagement resulting in poor adoption of the changeand escalating costs. -Potential implications to the overall management and board due to not understanding the full-term risks and impacts of the digital transformations. Lack of Governance resulting in disruption in supporting clinical, administration and operational services and unsafe processes.		BAF Risk 1693 - Trust Reputation, BAF Risks 1713 Financial Stability. BAF Risk 2404 Patient Care. NHS Long Term Plan Deliverables. ICT Strategy Delivery and SY+B Delivery. ***Risk Update/Progress Notes*** ***November 2023: BAF risk reviewed, no changes to the risk. A paper has been presented and agreed by the Executive Team to support additional resources to link with investment. Terms of reference for the digital steering group are being presented to the Finance and Performance Committee in November 2023 for approval.***

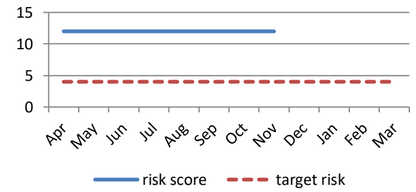
Risk Appetite	**Risk Tolerance**
Seek	Treat

Controls	**Last Review Date**	**Next Review Date**	**Reviewed by**	**Gaps in Control**
1. Effective governance via the Careflow Steering group involving strong executive leadership. Project Senior Responsible Owner (SRO) and Clinical Lead.	***Nov-23***	***Jan-24***	Director of ICT	Clinical Risks associated with a fragmented record split across multiple digital health care record systems.
2. Effective training, project delivery, communications, engagement with all staff in line with an approved project initiation document.	***Nov-23***	***Jan-24***	Director of ICT	Potential impacts of external factors such as COVID-19 on workforce and therefore delivery (outside of the Trust's control)
3. External review of processes and implementations via the Trust System Support Model (TSSM)	***Nov-23***	***Jan-24***	Director of ICT	None identified
4. Digital Transformation Strategy	***Nov-23***	***Jan-24***	Director of ICT	It is not possible for the Strategy to manage unforeseen disruption and clinical risks.
5. Business Cases for E-prescribing, Electronic Health Care Records and Careflow (Medway) Lorenzo replacement	***Nov-23***	***Jan-24***	Director of ICT	None identified
6. Clinical Safety Officer Role in Place and Clear up to date Clinical safety assessments and hazard logs.	***Nov-23***	***Jan-24***	Clinical Reference Group/Director ICT	None identified
7. Board and Senior Leaders Digital Strategic Sessions to understand what good digital implementations look like.	***Nov-23***	***Jan-24***	Board/Senior leaders Group	None identified

Assurances Received **L1 Operational, L2 Board Oversight, L3 Independent**	**Last Received**	**Received By**	**Assurance Rating**	**Gaps in Assurance**
1. L1 Digital Steering Group Chairs Log	Jul-23	F&P	Full	None identified
2. L3 Significant Assurance 360Assurance Report Transformation (New EPR) Rollout	Sep-21	Board	Full	None identified
3. L1 F&P ICT Strategic Update - Digital Transformations in Delivery	Jul-23	F&P	Full	None identified
4 . Monthly F&P ICT Strategic Update – Digital Transformations in Delivery	Jul--23	F&P	Full	None identified
5. Digital Maturity Assessment – To understand potential gaps in our capability	Jun-23	F&P	Full	None identified

Corrective Actions Required (include start date)	**Action Due Date**	**Action Status**	**Action Owner**	**Forecast Completion Date**
Careful monitoring of the programme of digital transformation via all trust board committees.	On-going	N/A	Director of ICT	N/A

CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24						
Strategic Objective 2023/24: Best for Performance	**Risk Ref:**	**Oversight Committee**	**Risk Owner**	**Initial Risk Score**	**Current Risk Score**	**Target Risk Score**	**Linked Risks**
				The risk score is consequence x likelihood			
We will meet our performance targets and continuously strive to deliver sustainable services	2122	Finance and Performance Committee	Director of ICT	4x2 (8)	4x3 (12)	4x1 (4)	2416 – cyber-security during the pandemic 1693 - adverse reputational damage to the Trust 1713 - maintaining financial stability 2404 - compromised care for non Covid-19 patients 2098 - Transformation digital programme

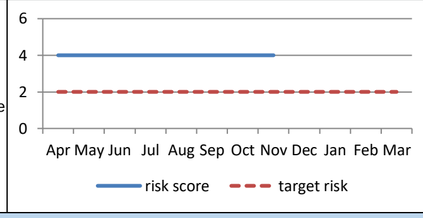
Risk Description	**Risk Score Movement**	**Interdependencies**
Risk regarding Cybersecurity and IT systems resilience If we do not protect the information we hold as a result of ineffective information governance and/or cyber security due to lack of resources there is a risk of the Trust's infrastructure being compromised resulting in the inability to deliver services and patient care resulting in poor outcomes and patient experience.		BAF Risk 1693 - Trust Reputation, BAF Risks 1713 Financial Stability. BAF Risk 2404 Patient Care. NHS Long Term Plan Deliverables. ICT Strategy Delivery and SY+B Delivery. ***Risk Update/Progress Notes*** ***November 2023: No change to risk score. There is no sufficient mitigation for this risk as cybersecurity is always prevalent and high. Digital tools for scanning our cybersecurity defence and education of our staff is in place, however there are teams of highly skilled individuals looking for new mechanisms for financial gain. We have the best protections in place, but these can be compromised when a new vulnerability is discovered by malicious third parties. Many NHS trusts and solutions have already been compromised and there is always a high risk.***

Risk Appetite	**Risk Tolerance**
Minimal (Clinical Safety)	Treat

Controls	**Last Review Date**	**Next Review Date**	**Reviewed by**	**Gaps in Control**
1. Currently all clinical and business critical systems have external support. Minor non-critical systems are supported internally.	***Nov-23***	***Jan-24***	Director of ICT	IT systems and business as usual support continually gets more complex and there are limited resources to ensure mitigation of all risks.
2. A regular review of assessment is carried out to ensure that business critical computer solutions are supported externally and a risk assessment is completed on minor unsupported solutions. A paper was received at ET to approve this approach.	***Nov-23***	***Jan-24***	Director of ICT	None identified
3. Intrusion Detection, Firewalls, URL Filtering, Vulnerability Scanning, Penetration Testing, Anti-Virus, Anti-Malware and Patching strategies in place.	***Nov-23***	***Jan-24***	Director of ICT	There is no protections against a zero-day virus. A brand-new virus that cannot be detected by the various scanning techniques. Careful and consistent monitoring of systems need to be in place through start of the day checks
4. CARECert – Cybersecurity Alerts – for example recent LOG4J alert and remedial actions report to F+P	***Nov-23***	***Jan-24***	Director of ICT	Full assurance from all suppliers has been sought. Some suppliers have provided workarounds but not supplied full patches.
5. Annual Cybersecurity assessment completed by Certified 3rd party to ensure all up to date measures are in place	***Nov-23***	***Jan-24***	Director of ICT	Not all recommendations in the report can be completed; it is a balance of funding/practicality/risk to ensure the most effective cybersecurity controls are implemented.

Assurances Received **L1 Operational, L2 Board Oversight, L3 Independent**	**Last Received**	**Received By**	**Assurance Rating**	**Gaps in Assurance**
1. L3 Covid-19 risk assessment of all cybersecurity and IT risks. Significant Assurance provided from 360 Assurance on out Data Protection Toolkit compliance position – Board approved position.	July 23	ET and F&P	Full	No dedicated cybersecurity personnel as recommended by NHS Digital 360 assurance report.
2. Annual Board cybersecurity report including Penetration Testing Results	May-23	ET, F&P and Board	Full	None identified
3. Data Protection and Security Toolkit	July 23	ET, F&P and Board	Partial	Only covers specific areas of cybersecurity.
4. National Cybersecurity active monitoring and reporting frameworks	Mar-23	ICT Directorate	Partial	The highly technical reports are not shared with the Board and Sub-committees.

Corrective Actions Required (include start date)	**Action Due Date**	**Action Status**	**Action Owner**	**Forecast Completion Date**
Bolster online defences and complete new penetration test.	01/05/2023	Complete.	ICT Director	Complete
Control 5. Complete full firewall installation and expert assessment from CAE Network Solutions	31/07/2022	Complete.	ICT Director	Complete
Control 1 and 4. Strategic update report to the finance and performance committee monthly to manage resources against priorities	Ongoing			
Control 3. Careful and consistent monitoring of systems need to be in place through start of the day checks and CareCert National Cybersecurity Monitoring	Ongoing			
Control 5. Ensure fully risk assessed gaps in cybersecurity action plan delivery.	Ongoing			

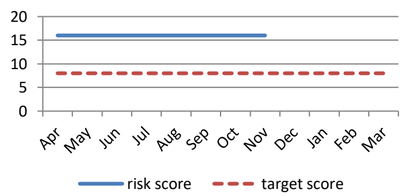
CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24							
Strategic Objective 2023/24: Best for Performance	**Risk Ref:**	**Oversight Committee**	**Risk Owner**	***Initial Risk Score***	***Current Risk Score***	***Target Risk Score***		**Linked Risks**
				The risk score is consequence x likelihood				
We will meet our performance targets and continuously strive to deliver sustainable services	1713	Finance and Performance Committee	Director of Finance	4x5 (20)	2x2 (4)	2x1 (2)		1943 - failing to deliver adequate CIP scheme 1791 - inefficient cash funds
Risk Description	**Risk Score Movement**			**Interdependencies**				
Risk regarding inability to deliver the in-year financial plan There is a risk of failing to deliver the in-year financial plan, including any required efficiency and clinical activity, in accordance with national and system arrangements, leading to financial instability, greater efficiency requirements in future years, and possible regulatory action. Including additional pressures posed by high levels of inflation and a weakening currency, with lower exchange rates, potentially higher interest rates and funding reductions.				The activity and demand within the system. The SY ICS financial position.The current financial framework in operation. Covid-19 and recovery pressures.				
				Risk Update/Progress Notes				
				November 2023: risk remains the same however the Trust is on track to deliver the in-year plan. Risk likely to be reduced following delivery at the end of 23/24				
Risk Appetite				**Risk Tolerance**				
Open (Finance / Value for Money)				Treat				

Controls	**Last Review Date**	**Next Review Date**	**Reviewed by**	**Gaps in Control**
1. Board owned financial plans	***Nov-23***	***Jan-24***	R Paskell	None identified, Board approved final 2022/23 plan in June
2. Requirements identified through business planning and budget setting processes and prioritised based on current information	***Nov-23***	***Jan-24***	R Paskell	Allocation of system resources and inflationary pressures due to shortfalls in national uplifts are outside of the Trust's control
3. Additional requirements must follow business case process	***Nov-23***	***Jan-24***	R Paskell	None identified - well established business case process
4. Financial performance is reviewed and monitored at monthly CBU performance and Finance &Performance Committee meetings	***Nov-23***	***Jan-24***	R Paskell	None identified
5. Efficiency and Productivity Group (EPG) established to identify, monitor and support delivery of E&P plans	***Nov-23***	***Jan-24***	R Paskell	Group is now meeting; however recovery pressures continue to impact upon management time and ability to focus on cost management
6. Barnsley place efficiency group established to identify, monitor and support delivery of system opportunities	***Nov-23***	***Jan-24***	R Paskell	Lack of Trust control over financial performance of external partners. The system has not currently given clarity about any additional requirements to achieve system balance
7. Identification of additional efficiency / spend reduction.	***Nov-23***	***Jan-24***	R Paskell	Recovery pressures impacting upon management time and ability to focus on cost management
8. Continued work on opportunities arising from PLICS / Benchmarking and RightCare	***Nov-23***	***Jan-24***	R Paskell	Recovery pressures impacting upon management time and ability to focus on cost management
9. Tight management of costs, with delegated authority limits, including review of agency usage	***Nov-23***	***Jan-24***	R Paskell	Recovery pressures impacting upon management time and ability to focus on cost management Industrial action may impact on both costs and income; decisions on central funding support being made in respect of each case of industrial action and are not guaranteed for the future.
10. Continued discussions with SY ICB.	***Nov-23***	***Jan-24***	R Paskell	Lack of Trust control over financial performance of external partners. Allocation of system resources and inflationary pressures due to shortfalls in national uplifts are outside of the Trust's control

Assurances Received **L1 Operational, L2 Board Oversight, L3 Independent**	**Last Received**	**ReceivedBy**	**Assurance Rating**	**Gaps in Assurance**
L2 - Monitoring Progress Reports e.g. Finance paper to F&P, ICS performance papers to F&P	Aug 23	F&P	Partial	Pressures arising from recovery and the uncertainties surrounding the future financial framework present the greatest challenge to the Trust. Full assurance will not be able to be given until there is a resolution to these issues. Greater reassurance around the financial performance of partner organisations, and any increased requirements for the system to break-even in the year.

Corrective Actions Required (include start date)	**Action Due Date**	**Action Status**	**Action Owner**	**Forecast Completion Date**
Gaps in control in relation to controls 2, 6 & 10, which are outside the Trust's control	N/A	N/A	N/A	N/A

CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24							
Strategic Objective 2023/24: Best for Performance	**Risk Ref:**	**Oversight Committee**	**Risk Owner**	***Initial Risk Score***	***Current Risk Score***	***Target Risk Score***	**Linked Risks**
				The risk score is consequence x likelihood			
We will meet our performance targets and continuously strive to deliver sustainable services	2845	Finance and Performance Committee	Director of Finance	4x4 (16)	4x4 (16)	4x2 (8)	1943 - failing to deliver adequate CIP scheme 1713 - maintaining financial stability 1791 - Risk regarding insufficient cash funds to meet the operational requirements of the Trust

Risk Description	**Risk Score Movement**	**Interdependencies**
Inability to improve the financial stability of the Trust over the next two to five years There is a risk that we will not be able to sustain services and deliver the Long-Term Plan due to the underlying financial deficit in 2023/24 leading to financial instability.		This risk is interdependent with the plans and requirements of the Integrated Care System to achieve balance within each year and long-term financial stability; It is also inter-dependent with national funding priorities and decisions. ***Risk Update/Progress Notes*** ***November 2023: Risk remains at current score of 16 until the medium term financial plan is delivered. The draft plan will be presented to the Finance and Performance Committee at the meeting in November and work on the plan will be ongoing with the ICB and Places.***

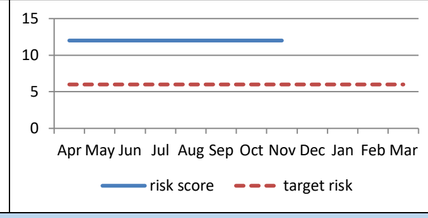
Risk Appetite	**Risk Tolerance**
Open (Finance / Value for Money)	Treat

Controls	**Last Review Date**	**Next Review Date**	**Reviewed by**	**Gaps in Control**
1. Board-owned financial plans	***Nov-23***	***Jan-23***	R Paskell	None identified, Board approved final 2022/23 plan in June 2022; 2023/24 draft plan approved in February 2023
2. Achievement of the Trust's in-year financial plan and any control total (see risk 1713)	***Nov-23***	***Jan-23***	R Paskell	None identified, 2022/23 in-year financial plan and agreed system control total will be delivered
3. Underlying financial performance is reviewed and monitored at Finance & Performance Committee meetings	***Nov-23***	***Jan-23***	R Paskell	None identified
4. Delivery of the EPP programme recurrently	***Nov-23***	***Jan-23***	R Paskell	Recovery pressures, including industrial action, impacting upon management time and ability to focus on cost management
5. Continued work on opportunities arising from PLICS / Benchmarking and RightCare.	***Nov-23***	***Jan-23***	R Paskell	Recovery pressures, including industrial action, impacting upon management time and ability to focus on cost management
6. Continued discussions with SY ICB.	***Nov-23***	***Jan-23***	R Paskell	Lack of Trust control over financial performance of external partners. Allocation of system resources and inflationary pressures due to shortfalls in national uplifts are outside of the Trust's control
7. Potential additional national and/or system resources become available	***Nov-23***	***Jan-23***	R Paskell	Long term revenue funding available remains unclear. Allocations now received and controlled via the ICB with some national funding available through a bidding process. Lack of Trust control over financial performance of external partners. Allocation of system resources and inflationary pressures due to shortfalls in national uplifts are outside of the Trust's control

Assurances Received **L1 Operational, L2 Board Oversight, L3 Independent**	**Last Received**	**Received By**	**Assurance Rating**	**Gaps in Assurance**
L2 - Monitoring Progress Reports e.g. Finance paper to F&P, ICS performance papers to F&P	Apr-23	F&P	Partial	Pressures arising from recovery and the uncertainties surrounding the future financial framework present the greatest challenge to the Trust. Full assurance will not be able to be given until there is a resolution to these issues. Greater reassurance around the financial performance of partner organisations and potential impact on the Trust.

Corrective Actions Required (include start date)	**Action Due Date**	**Action Status**	**Action Owner**	**Forecast Completion Date**
Gaps in control in relation to controls 6 & 7, which are outside the Trust's control	N/A	N/A	N/A	N/A

CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24						
Strategic Objective 2023/24: Best for Performance	**Risk Ref:**	**Oversight Committee**	**Risk Owner**	***Initial Risk Score***	***Current Risk Score***	***Target Risk Score***	**Linked Risks**
				The risk score is consequence x likelihood			
We will meet our performance targets and continuously strive to deliver sustainable services	2557	Finance and Performance Committee	Chief Operating Officer	4x4 (16)	4x3 (12)	1x2 (2)	2527 - ineffective partnership working 2404 - compromised care for non Covid-19 patients 1713 - maintaining financial stability against the financial plan 2598 - digital transformation programme

Risk Description	**Risk Score Movement**	**Interdependencies**
Risk of lack of space and adequate facilities on site to support the future configuration and safe delivery of services There is a risk that future configuration of services will not be achieved due to the level of estates work and service developments requiring space resulting in displaced staff, compromised capital projects and unplanned expenses leading to potential adverse impact on clinical care and patient experience.		There are interdependencies with partnership working and the wider service demand for the region, as well as the ongoing Covid 19 pandemic and recovery plans. Thisrisk is also interdependent on capital finance, digital transformation, and may impact on the trusts ability to deliver the services within the trust 5-year strategy. There is an inter-dependency related to estates work with Barnsley 'place ***Risk Update/Progress Notes*** ***November 2023: Risk reviewed with the Chief Operating Officer, no change to the current score (12). There continues to be multiple requests for space that cannot be met.***

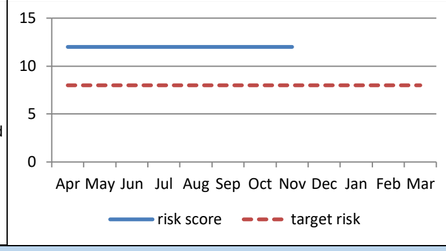
Risk Appetite	**Risk Tolerance**
Cautious (Patient Experience)	Treat

Controls	**Last Review Date**	**Next Review Date**	**Reviewed by**	**Gaps in Control**
1. The sharing of plans with all staff groups alongside messages regarding improving services for patients to ensure staff understand the ongoing changes	***Nov-23***	***Jan-24***	L Burnett	None identified
2. Offsite office accommodation has been procured to increase the ability to relocate non-clinical staff	***Nov-23***	***Jan-24***	L Burnett	None identified
3. Home working is being promoted at all levels via departmental managers to enable shared desksand the release of space	***Nov-23***	***Jan-24***	L Burnett	None identified
4. Space Utilisation Group	***Nov-23***	***Jan-24***	L Burnett	None identified
5. Contracts and SLAs between the Trust and BFS	***Nov-23***	***Jan-24***	L Burnett	Review of outpatient pharmacy SLA
6. EDMS Project (reduce paper in the Trust and in turn, release space)	***Nov-23***	***Jan-24***	T Davidson	Awaiting completion of project & space release
7. Trust 5-year strategy	***Nov-23***	***Jan-24***	B Kirton	None identified
8. Urgent care improvement plan, to increase same day emergency care, to provide navigator role and separate GP stream. All will reduce need for inpatient beds	***Nov-23***	***Jan-24***	L Burnett	None identified
9. Planned care recovery plans to include expansion of day case surgery, ward enhanced recovery	***Nov-23***	***Jan-24***	L Burnett	Dependent on capital plans
10. Trust Ops group (weekly operational team meeting, where space issues will be managed)	***Nov-23***	***Jan-24***	L Burnett	None identified
11. Bed reconfiguration programme to increase medical bed capacity	***Nov-23***	***Jan-24***	L Burnett	Dependent on adjacent projects and capital plan delivery

Assurances Received **L1 Operational, L2 Board Oversight, L3 Independent**	**Last Received**	**ReceivedBy**	**Assurance Rating**	**Gaps in Assurance**
L1 - Trust Ops regular agenda item	Jul-23	CBU Performance Meetings	Full	None identified
L1 - Regular agenda item on ET	Jul-23	ET	Partial	There are services that will require additional space in year to deliver operational plans with no current space allocated
L2 - BFS performance chairs log	Jul-23	F&P Committee	Partial	There are services that will require additional space in year to deliver operational plans with no current space allocated
L3 - Item on agendas at Barnsley Place meetings, UECB, planned care & ICP	Jul-23	PPDG	Full	None identified at PLACE

Corrective Actions Required (include start date)	**Action Due Date**	Action Status	**Action Owner**	**Forecast Completion Date**
Control 2. Final services to move offsite	May-21	In Progress	R McCubbin/ E Lavery	Ongoing
Control 2: Development of the community diagnostic centre	Apr-22	Move to phase 2	L Burnett/ R McCubbin	Sep-23
Control 8. Increase agreed to medical bed base utilizing available ward areas following CCU move	Sep-23	In Progress	L Burnett	Dec-23
Assurance L3: member of SY estates group and Barnsley capital group to explore longer term solutions through developing plan	Jun 23	ongoing	R McCubbin	Sep-23

CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24						
Strategic Objective 2023/24: Best for Partners	**Risk Ref:**	**Oversight Committee**	**Risk Owner**	***Initial Risk Score***	***Current Risk Score***	***Target Risk Score***	**Linked Risks**
				The risk score is consequence x likelihood			
We will work with partners within the South Yorkshire integrated Care System to deliver improved and integrated patient pathways	2527	Finance and Performance Committee	Managing Director of BHNFT	4x3 (12)	4x3 (12)	4x2 (8)	1693 - adverse reputational damage to the Trust

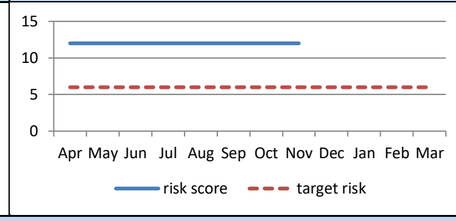
Risk Description	**Risk Score Movement**	**Interdependencies**
Risk regarding ineffective partnership working and failure to deliver integrated care There is a risk that the Trust will not engage in shared decision-making at System and Place level and/or work collaboratively with partners to deliver and transform services at System and Place level due to lack of appetite and resources for developing strong working relationships leading to a negative impact on sustainability and quality of healthcare provision in the Trust and wider System.		Wider system pressures, partner organisations' capacity and ability to collaborate, Trust capacity and ability to collaborate, etc. This risk will also be impacted by national constitutional changes due by March 2022. ***Risk Update/Progress Notes*** ***November 2023 - risk reviewed; description to be rearticulated. BK confirmed that the risk is regarding other partners and the Trust not engaging in shared decision making.*** ***There had been recent place level issues identified regarding system flow. The Trust has taken the actions of writing to partners to capture the actions required. A letter to the place director had been sent in June 2023 and a letter to the CEO of SYWFT has been sent in October 2023.***

Risk Appetite	**Risk Tolerance**
Seek (Partnerships)	Treat

Controls	**Last Review Date**	**Next Review Date**	**Reviewed by**	**Gaps in Control**
1. Trust vision, aims and objectives	***Nov-23***	***Jan-24***	B Kirton	None identified
2. Communications and Engagement strategy (Trust approach for collaboration withpartners, public, etc.)	***Nov-23***	***Jan-24***	B Kirton	none identified
3. Membership of partnership forums in Barnsley Place and SYB ICS.	***Nov-23***	***Jan-24***	B Kirton	Ongoing understanding of the implications of the agreed legislative changes as ICB's took legal form from July 2022. There is an emerging governance structure that links through to ICB place teams that the Trust needs to input into and understand in terms of engagement and accountability
4. Regular meetings with partners, Chair meetings and exec to exec working.	***Nov-23***	***Jan-24***	B Kirton	None identified
5. Membership of networks and service level agreements	***Nov-23***	***Jan-24***	B Kirton	Some service level agreements remain unsigned, which will be addressed through the CBU's and finance

Assurances Received **L1 Operational, L2 Board Oversight, L3 Independent**	**Last Received**	**ReceivedBy**	**Assurance Rating**	**Gaps in Assurance**
1. L1 - regular ET agenda item regarding Barnsley and ICS meetings	Sep-23	ET	Partial	Concerns regarding intermediate care services
2. L2 - Monthly Board updates regarding Barnsley Integrated Care Partnership and South Yorkshire and Bassetlaw ICS	Sept 23	Board	Full	None identified

Corrective Actions Required (include start date)	**Action Due Date**	**Action Status**	**Action Owner**	**Forecast Completion Date**
Review of governance relating to services providing intermediate care via Rightcare Barnsley (Assurance 2). We are dependent on the ICB Place team as they are leading on the review of the service. Paper to come to the Board for consideration in due course, dependent on progress at Rightcare Barnsley.	Dec 23	In Progress	L Burnett	Dec 23
Review of unsigned service level agreements and take any necessary actions to address the gap (Control 5). There are no material concerns at the present time	Apr-21	Overdue	C Thickett	Jun-23

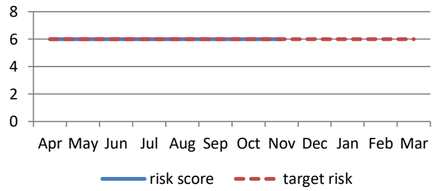
CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24							
Strategic Objective 2023/24: Best for Place	**Risk Ref:**	**Oversight Committee**		**Risk Owner**	***Initial Risk Score***	***Current Risk Score***	***Target Risk Score***	**Linked Risks**
					The risk score is consequence x likelihood			
We will fulfil our ambition to be the heart of the Barnsley place partnership to improve patient services, support a reduction in health inequalities and improve population health	2605	Quality and Governance Committee		Managing Director of BHNFT	4x4 (16)	4x3 (12)	4x2 (8)	2527 - ineffective partnership working 2592 - failure to deliver performance/targets
Risk Description	Risk Score Movement				**Interdependencies**			
Risk regarding failure by the Trust to take action to address health inequalities in line with local public health strategy, and/or effectively work with partners (PLACE and ICS)to reduce health inequalities to improve patient and population health outcomes There is a risk that we will not take appropriate action to address health inequalities in line with local public health strategy, which has six priorities: tobacco control, physical activity, oralhealth, food, alcohol and emotional resilience. There is also a risk that we may fail to work effectively with our PLACE and ICS partners to meaningfully reduce health inequalities, and improve patient and population health outcomes.					Wider system pressures, partner organisations' capacity and ability to collaborate, and partner's recognition of the importance of delivering on this agenda and making it a priority. Trust capacity and ability to collaborate. Alignment of partners priorities and strategies to improve population health. Developing role of ICS (future ICB) in management of population health and emergent strategy for health inequalities.			
					Risk Update/Progress Notes			
					November 2023: Risk reviewed; further meeting with the Consultant in Public Health to be arranged to review the controls and risk score.			
Risk Appetite					**Risk Tolerance**			
Minimal (Clinical Safety)					Treat			

Controls	**Last Review Rate**	**Next Review Date**	**Reviewed by**	**Gaps in Control**
1. Continued engagement with commissioners and ICS developments in clinical servicestrategies to prioritise, resource and facilitate more action on prevention and health inequalities.	***Nov-23***	***Jan-24***	B Kirton Dr S Enright ~~J Murphy~~ A Snell	Inability to measure equity of access, experience and outcomes for all groups in our community down to an individual level. There is a need for consistency and equity across the ICS so there is an ask for an equitable approach which is in development.
2. Partnership working at a more local level, including active participation in the Health Inequalities workstream, which will feed through the Integrated Care Governance (ICDG andup to the ICPG).	***Nov-23***	***Jan-24***	B Kirton Dr S Enright ~~J Murphy~~ A Snell	Insufficient granularity of plans to meet the needs of the population and the statutory obligations of each individual organisation. There is a need for a joined-up approach to be agreed across PLACE to ensure those people at the greatest risk of inequalities are able to access services to the same level of those that do not face barriers to accessing care. This requires close engagement with those living and working in these areas alongside the data analysis that is being undertaken.
3. All patients on the existing planned care waiting lists and those being booked for new procedures, are regularly assessed against the national clinical prioritisation standards (FSSA) as a minimum, taking into consideration individual patient factors pertaining to healthinequalities where possible.	***Nov-23***	***Jan-24***	B Kirton Dr S Enright ~~J Murphy~~ A Snell Dr J Bannister	Clinical Effectiveness Group re Clinical Prioritisation Process – FSSA Standards – was presented to CEG and approved ADoO (CBU 2) joined the meeting to assure the Group that there is a clinical prioritisation process in place. Defined priority levels are written by the Royal College of Surgeons and the FSSA to help define what priority patients are on the waiting list. The Group was assured with the pathway after the discussion and after seeing the report that was included in the papers.
4. Established population health management team that supports both the Trust, PLACE and is also linked to the ICS lead by a public health consultant.	***Nov-23***	***Jan-24***	B Kirton A Snell	None Identified
5. Dedicated population health management team delivering Healthy Lives Programme covering tobacco and alcohol control.	***Nov-23***	***Jan-24***	B Kirton A Snell	None Identified
6. 35 key actions to influence health inequalities around 3 key factors: establish new services, enhance existing services & develop as Anchor institution. All within the health Inequalitiesaction plan, including using the vulnerability index to monitor access to care and an information sharing agreement with BMBC	***Nov-23***	***Jan-24***	B Kirton A Snell	Ongoing development and engagement regarding the vulnerability index to ensure fuller understanding of information and impact on trust processes across all business units, directors and Board Leadership fellow is ending at end of August 2023 returning us back to low capacity for the second key factor

Assurances Received **L1 Operational, L2 Board Oversight, L3 Independent**	**Last Received**	**Received By**	**Assurance Rating**	**Gaps in Assurance**
1. L1: Control 3 re clinical prioritisation reporting via IPR	Ongoing	Executive Team	Partial	Clinical prioritisation process needs to be re-reviewed at the Clinical Effectiveness Group to ensure ongoing evaluation of effectiveness. Progress made across all CBUs but still with specific services and pathways and yet to be Trust-wide. Pop health analyst and new corporate analyst to support this roll out.
2. L2: Presentation on Health Inequalities and the issues facing Barnsley, inc work to date and forward actions	Sep 22	Q&G Committee	Full	Quarterly updates on progress against the Improving Public Health and Reducing Health Inequalities Action Plan are provided to Q&G Committee, and this now includes action on the Cost of Living Crisis, including the establishment of a Trust CoLC working group.
3. L2: Presentation on Health Inequalities and the issues facing Barnsley, inc work to dateand forward actions	Jul 22	Board Strategic Focus Group	Full	Concerns given the economic downturn and its impact on to household income and the ability to live healthy lives consequently further increasing inequality. Workshop to explore with Trusts role in this in July 2022. The workshop went ahead and was aligned with a B2030 Board development session.
4. L3: PLACE Plan - system updates presented at PLACE Plan Care Board	Apr 22	PLACE Plan Care Board	Full	Operational plan 2022/23 - work to the national direction around health inequalities, particularly elective recovery.

Corrective Actions Required (include start date)	**Action Due Date**	**Action Status**	**Action Owner**	**Forecast Completion Date**
Control 6. BMBC and BHNFT to lead the development of a Place Anchor Network, including health and care partners and organisations from other key sectors such as education.	Nov-21	In progress	A Snell	Dec-23
Control 6: The Trust is looking for funding for a place-based post to fill this gap funded by SYICS inequalities monies.	Dec 23	Ongoing	A Snell	TBC

CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24							
Strategic Objective 2023/24: Best for Place	**Risk Ref:**	**Oversight Committee**	**Risk Owner**	***Initial Risk Score***	***Current Risk Score***	***Target Risk Score***	**Linked Risks**
				The risk score is consequence x likelihood			
We will fulfil our ambition to be the heart of the Barnsley place partnership to improve patient services, support a reduction in health inequalities and improve population health	1693	Finance and Performance Committee	Director of Communications and Marketing	1x3 (3)	3x2 (6)	3x2 (6)	2527 - ineffective partnership working 1865 – zero-day vulnerability

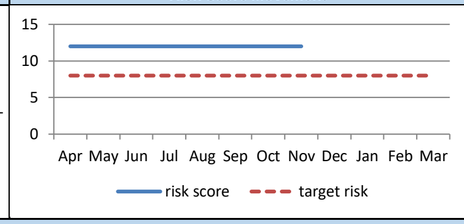
Risk Description	**Consequence of Risk Occurring**	**Interdependencies**
Risk regarding adverse reputational damage to the Trust There is a risk of reputational damage through different routes of exposure to the Trust.		Wider system issues resulting in adverse publicity to other NHS service providers may result in increased media scrutiny of this Trust and / or its staff / services. ***Risk Update/Progress Notes*** ***November 2023: Risk score remains the same. There have not been any high profile issues to proactively manage. Current controls are working well. Social media continues to be monitored and negative coverage has been managed proactively.***

Risk Appetite	**Risk Tolerance**
Cautious (reputation)	Treat

Controls	**Last Review Date**	**Next Review Date**	**Reviewed by**	**Gaps in Control**
Comprehensive communications planner to track and plan for positive and potential adverse publicity	***Nov-23***	***Jan-24***	E Parkes	None identified
Monthly communications planner presented to the Executive Team	***Nov-23***	***Jan-24***	E Parkes	None identified
The Trust has a number of processes in place for the effective management of its overall reputation	***Nov-23***	***Jan-24***	E Parkes	None identified
Reactive statements prepared in advance for high risk matters	***Nov-23***	***Jan-24***	E Parkes	None identified
Proactive positive stories placed to counter negative publicity. Stakeholder briefings produced to inform of negative publicity (internal and external)	***Nov-23***	***Jan-24***	E Parkes	None identified

Assurances Received **L1 Operational, L2 Board Oversight, L3 Independent**	**Last Received**	**Received By**	**Assurance Rating**	**Gaps in Assurance**
None identified				

Corrective Actions Required (include start date)	**Action Due Date**	**Action Status**	**Action Owner**	**Forecast Completion Date**
N/A	N/A	N/A	N/A	N/A

CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24							
Strategic Objective 2023/24: Best for Planet	**Risk Ref:**	**Oversight Committee**		**Risk Owner**	***Initial Risk Score***	***Current Risk Score***	***Target Risk Score***	**Linked Risks**
					The risk score is consequence x likelihood			
We will build on our sustainability work to date and reduce our impact on the environment.	2827	Finance and Performance Committee		Managing Director of BHNFT	4x4 (16)	4x3 (12)	4x2 (8)	
Risk Description	**Risk Score Movement**			**Interdependencies**				
Risk regarding the inability to achieve net zero There is risk that the Trust will not achieve the net zero target set by the interim date of 2028-2032 resulting in non-compliance with national targets, adverse reputational damage and possible environmental damage.				Grant Funding Govt directives / legislation				
				Risk Update/Progress Notes				
				November 2023 - risk reviewed and remains the same. New action added for the Sustainability Group to review the risk at every meeting. A decision was taken to not submit a bid for the decarbonisation project due to the significant revenue impact.				
Risk Appetite				**Risk Tolerance**				
Open				Treat				

Controls	**Last Review Date**	**Next Review Date**	**Reviewed by**	**Gaps in Control**
Green Plan	***Nov-23***	***Jan-24***	Sustainability Action Group, BFS Board, F&P, Trust Board/ M Sajard	Scope 3 emissions are not currently incorporated. As new methodologies are developed for carbon accounting the Net Zero Targets will be reset. The Trust will need to obtain commitment and support from staff and partners for successful delivery of the Plan.
Sustainability (Green Delivery) Plan	***Nov-23***	***Jan-24***	F&P	To be presented to the Committee in October 2023 The Trust will need to obtain commitment and support from staff and partners for successful delivery of the Plan.
Heat Decarbonisation Plan	***Nov-23***	***Jan-24***	Sustainability Action Group, BFS Board, F&P/ M Sajard	Delivery is linked to grant and capital funding
The Trust meets local stakeholders through the Barnsley 2030 Group	***Nov-23***	***Jan-24***	Sustainability Group, Chairs Log, ET/ M Sajard	None identified
Trust Sustainability Action Group and ICB Sustainability meetings take place every 6 weeks to co-ordinate the delivery of the Trust's strategic plans, monitor progress, address new and emerging changes.	***Nov-23***	***Jan-24***	Sustainability Action Group, Chairs Log, F&P/ M Sajard	None identified
Effective engagement with staff and the public	***Nov-23***	***Jan-24***	Sustainability Action Group/ M Sajard	None identified
Trust has secured funding and continues to seek funding to meet Net Zero targets.	***Nov-23***	***Jan-24***	Sustainability Action Group, Chair Log, F&P/ M Sajard	Funding of £3.72m was secured for phase 1 of our decarbonisation project. We were unsuccessful in the current round for engineering funding consultancy. We will continue to submit bids for further funding as and when they are announced.

Assurances Received **L1 Operational, L2 Board Oversight, L3 Independent**	**Last Received**	**Received By**	**Assurance Rating**
Independent sustainability audit gave an opinion of Significant Assurance.	15/12/22	ET	Significant rating

Corrective Actions Required (include start date)	**Action Due Date**	**Action Status**	**Action Owner**	**Forecast Completion Date**

Risk domain	Risk appetite	Risk level
Commercial	We will consider commercial opportunities as they arise noting that the Board's tolerance for risks relating to its commercial factors is limited to those events where there is little or no chance of impacting on the Trust's core purpose.	OPEN
Clinical Safety	The Trust has a risk averse appetite for risk which compromises the delivery of safe services and jeopardises compliance with our statutory duties for safety.	MINIMAL
Patient Experience	We will accept risks to patient and service user experience if they are consistent with the achievement of patient safety and quality improvements. We will only accept service redesign and divestment risks in the services we are commissioned to deliver if patient safety, quality care and service improvements are maintained.	CAUTIOUS
Clinical Effectiveness	The Trust has a risk averse appetite for risk which compromises the delivery of high-quality services and jeopardises compliance with our statutory duties for quality.	MINIMAL
Workforce / Staff Engagement	To address workforce and skill-mix shortfalls the Trust is prepared to work in new ways to recruit the right staff and to introduce new roles to meet recognised needs. We will not accept risks, nor any incidents or circumstances, which may compromise the safety of any staff members and patients or contradict our Trust values.	OPEN
Reputation	Tolerance for risk taking is limited to those events where there is little chance of any significant repercussions for the Trust's reputation should there be failure, with mitigation in place for any undue interest. The Board of Directors accept that some decisions made in the interest of change may have the potential to expose the organisation to additional public scrutiny or media interest. Proactive management of Trust communications may be considered to protect the organisation's reputation and maintain public confidence.	CAUTIOUS
Finance / Value for Money	We strive to deliver our services within the budgets set out in our financial plans and will only consider accepting or taking financial risks where this is required to mitigate risks to patient safety or quality of care. Where appropriate the Board will allocate resources to capitalise on potential opportunities and will seek to deliver best value for money.	OPEN
Regulatory / Compliance	The Trust has a risk-averse appetite for risks relating to compliance and regulatory requirements. Where the laws, regulations and standards are about the delivery of safe, high quality care, or the health and safety of the staff and public, we will make every effort to meet regulator expectations and comply with laws, regulations and standards that those regulators have set. The Board will seek assurance that the organisation has high levels of compliance in all areas other than where it has been specifically determined that the efforts required to achieve compliance would outweigh the potential adverse consequences.	MINIMAL
Partnerships	The Trust is committed to working with its stakeholder organisations to bring value and opportunity across current and future services though system-wide partnership. We are open to developing partnerships with organisations that are responsible and have the right set of values, maintaining the required level of compliance with our statutory duties.	SEEK
Innovation	The Trust has a risk tolerant appetite to risk where benefits, improvement and value for money are demonstrated. Innovation is encouraged at all levels within the organisation, where a commensurate level of improvement can be evidenced, and an acceptable level of management control is demonstrated. The Trust will never compromise patient safety while innovating service delivery.	SEEK
Environment	The Trust aims to make a significant sustainable and socially responsible contribution to society through its operational activities. It is prepared to take risks to develop the estate and enhance environmental sustainability supported by rigorous due diligence and risk mitigation.	OPEN

Barnsley Hospital
NHS Foundation Trust

CORPORATE RISK REGISTER
NOVEMBER 2023

Appendix 2

Mission: To provide the best possible care for the people of Barnsley and beyond at all stages of their life

Summary Corporate Risk Register – November 2023

CRR Risk ID	Risk Description	Date added to CRR	Executive Lead	Current Score	Last Reviewed	Strategic Objectives 2022/23	Strategic Goals and Aims	CRR Page No.
Risk domain: Regulation / Compliance								
Performance								
2592	Risk of patient harm due to inability to deliver constitutional and other regulatory performance or waiting time targets	May-21	Managing Director of BHNFT	15	Sep-23	Best for Patients and the Public - we will provide the best possible care for our patients and service users	Patients and the Public/ Performance	Page 4
Health and Safety								
2243	Risk regarding the aging fire alarm system	Mar-22	Managing Director of BFS	15	Aug-23	Operational risk	Patients and the Public	Page 5
Risk domain: Clinical Safety / Patient Experience								
Service Delivery								
2877	Risk to the provision of breast non-surgical oncology services	May-23	Chief Operating Officer	16	Sep-23	Operational risk	Patients and the Public / People	Page 6
Risk domain: Finance / Value for Money/ Workforce								
Workforce Costs								
1199	Inability to control workforce costs leading to financial over-spend (Human Resources and Finance)	Nov-21	Director of People/Director of Finance	16	Sep-23	Operational risk	Performance / People	Page 7
Risk domain: Finance / Value for Money								
Financial Stability								
2845	Inability to improve the financial stability of the Trust over the next two to five years	Jan-23	Director of Finance	16	Sep-23	Best for performance – we will meet our performance targets and continuously strive to deliver sustainable services	Patients and the Public / Performance/ Partner/ Place	Page 8
Risk domain: Clinical Safety / Clinical Effectiveness								
Service Delivery								
2976	**Risk of major operational/service disruption due to digital system infrastructure and air conditioning failures**	**Nov-23**	**Director of ICT**	**16**	**New Risk**	**Operational Risk**	**Performance/ Patients and the Public**	**Page 9**

Appendix 2

Strategic Objectives:

- Best for Patients and the Public – we will provide the best possible care for our patients and service users.
- Best for People – we will make out Trust the best place to work
- Best for Performance – we will meet our performance targets and continuously strive to deliver sustainable services
- Best for Partner – we will work with our partners within the South Yorkshire Integrated Care System to deliver improved and integrated patient pathways
- Best for Place – we will fulfil our ambition to be at the heart of the Barnsley place partnership to improve patient services, support a reduction in health inequalities and improve population health
- Best for Planet – we will build on our sustainability work to date and reduce our impact on the environment.

Key

Risk Appetite Scale

Avoid = Avoidance of risk and uncertainty
Minimal – Prefer ultra-safe delivery options with a low degree of inherent risk, which may only have a limited potential for reward
Cautious – Prefer ultra-safe delivery options with a low degree of residual risk, which may only have a limited potential for reward
Open – Will consider all potential delivery options and choose while also providing an acceptable level of reward
Seek – Innovative and choose options offering higher rewards despite greater inherent risk
Mature – Set high levels of risk appetite because controls, forward planning and horizon scanning and responsiveness of systems are effective

Risk tolerance

Tolerate – the likelihood and consequence of a particular risk happening is accepted;
Treat – work is carried out to reduce the likelihood or consequence of the risk (this is the most common action);
Transfer – shifting the responsibility or burden for loss to another party, e.g. the risk is insured against or subcontracted to another party;
Terminate – an informed decision not to become involved in a risk situation, e.g. terminate the activity
Take the opportunity - actively taking advantage, regarding the uncertainty as an opportunity to benefit

Risk Appetite statements and levels pertaining to each strategic risk domain (full definitions in Appendix 1)

Risk domain	Risk Appetite level
Commercial	OPEN
Clinical Safety	MINIMAL
Patient Experience	CAUTIOUS
Clinical Effectiveness	MINIMAL
Workforce / Staff Engagement	OPEN
Reputation	CAUTIOUS
Finance / Value for Money	OPEN
Regulatory / Compliance	CAUTIOUS
Partnerships	SEEK
Innovation	SEEK

Risk 2592: Risk of patient harm due to inability to deliver constitutional and other regulatory performance or waiting time targets	C = 3 L = 5	**15**	**Low risk**			**Moderate risk**			**High risk**				**Extreme risk**			
			1	2	3	4	5	6	8	9	10	12	15	16	20	25
								Target score					*Initial score* *Current score*			

Risk description:	
There is a risk of failure or delay in patient diagnoses and/or treatment due to the inability of the Trust to deliver constitutional and other regulatory performance or waiting time standards / targets.	**Executive lead:** Managing Director of BHNFT
	Date added to CRR: May 2021
	Last reviewed date: ***November 2023***
	Committee reviewed at: Finance and Performance Committee

Consequence of risk occurring
The materialisation of this risk will impact patient care potentially resulting in poor outcomes and adverse harm, poor patient experience and breach of standards with associated financial penalties and reputational damage.

Risk Appetite	**Risk Tolerance**
Cautious	Treat

Controls	**Gaps in controls**	**Further mitigating actions**
The Trust has a rigorous Performance Management Framework which has been externally assured including weekly review of performance at the ET meeting. Monthly review of performance at the CBU performance meetings, and oversight from both assurance committees on a monthly basis.	None identified.	
Annual business plans that are aligned to service delivery are produced and signed off by the Executive. If there is a delivery failure, plans are produced by the CBU to address the matters and escalated to the ET.	Developing performance reporting at system level. Unknown future demand for services may lead to surge in referrals above available capacity. Staff absence and vacancies are the biggest risk.	capacity gap identified in business planning & additional activity requirements discussed with finance director. Operational planning to maintain safety during periods of industrial action.
Monitoring of activity of performance of NHSE/I (regulator) via systems meetings.	None identified.	Development of Acute Federation & Integrated Care Board.
Renewed quality monitoring of the waiting list including clinically prioritisation of the patients who are waiting.	Impact on Health inequalities.	Working to include health inequality data alongside waiting list management as per health inequalities action plan.
Internally, the Trust report clinical incidents where there has been an impact to quality due to performance. There are thresholds set by NHSE that require immediately reporting when breach i.e. 12-hour trolley breach. These incidents feeding into governance meetings and the patient safety panel.	None identified.	Internal reporting has begun and patients waiting above 8 hours are reviewed by the CBU with appropriate escalation via patient safety processes.
Attendance at ICS meetings and contributions to the development of the system position.	**None identified**	

Risk Update/Progress Notes
November 2023: Risk reviewed with the Chief Operating Officer, no change to the current risk score as the Trust is not achieving the constitutional standards. One target was achieved in the month. Going forward, the COO will update the standards met/not met each month when reviewing the risk score. The Trust is working towards reducing long waits in ED

Appendix 2

Risk 2243: Risk regarding the aging fire alarm system	C = 5 L = 3	**15**	**Low risk**			**Moderate risk**			**High risk**				**Extreme risk**			
			1	2	3	4	5	6	8	9	10	12	15	16	20	25
						Target score			*Initial score*				*Current score*			

Risk description:	
Joint Trust, H&S, BFS Risk. ***Failure of fire alarm system (removing alarm protection from associated areas) causing temporary lack of early warning of fire in accordance with fire regulations.***	**Executive lead:** Managing Director of BFS
	Date added to CRR: March 2022
	Last reviewed date: ***November 2023***
	Committee reviewed at: Health and Safety Group and Capital Monitoring Group

Consequence of risk occurring
The materialisation of this risk could result in harm or death in the subsequent event of a fire.

Risk Appetite	**Risk Tolerance**
Cautious	Treat

Controls	**Gaps in controls**	**Further mitigating actions**
System is maintained by the original installer and serviced regularly in accordance with current standards. As of 13/9/2022 all of the system is fully operational.	Availability of obsolete equipment – however, obsolete equipment is starting to become available as part of the replacement.	Maintenance in place, providing spare obsolete parts as appropriate. As project continues, more spares become available for older sections of system.
Site engineers are available with further on call/specialist contract available 24/7.	None identified.	On-call Estates Engineers and contract with the fire alarm maintainer.
Temporary alternative arrangements for raising the alarm in place with associated SOP's and training given as appropriate should an area go off the system.	None identified.	
Extra Security Patrols are available as required. Trained Fire Warden's in place across the site.	None identified.	
Firefighting equipment in place.	None identified.	
Fire Evacuation procedures in place across the Trust.	***None identified.***	
Authorising Engineer (fire) aware of the strategy and fire risks for assurance and guidance purposes.	None identified.	Regular review through the Fire Safety Group including the Fire Authorising Engineer.
South Yorkshire Fire Service are aware of the position.	None identified.	Contact details to be established for the fire service.
Project to replace full alarm system commenced in April 2022. A programme has been fully prepared for the primary network, with detailed programme for individual zones being finalised as the project reaches the area due to the size of the project. Project anticipated to take circa 18 months.	None identified.	Rolling programme of replacement in progress. Reports on progress received through Trust Capital Monitoring Group. Regular meetings held between Projects Team and Contractors as appropriate.
Over 60% of the site has now been changed over to the new more reliable hardware. Ground and first floor being completed. Only O-Block remaining to be updated. Fewer change over panels in place to cause rogue signals to the 2 systems working in tandem.	***None identified.***	

Risk Update/Progress Notes
November 2023: risk reviewed, consequence updated, controls updated and action added. As of November 2023 new system is in place and fully operational working alongside the old system. It is foreseen that the full replacement project will be completed by 31st March 2023

Appendix 2

Risk 2877: Risk to the provision of non-surgical oncology services	C = 4 L = 4	**16**	**Low risk**			**Moderate risk**			**High risk**				**Extreme risk**			
			1	2	3	4	5	6	8	9	10	12	15	16	20	25
								Target score						*Initial score Current score*		

Risk description:	
There is a risk to the provision of non-surgical oncology services due to lack of substantive oncologists. The service is proved by Sheffield Teaching Hospitals NHS Foundation Trust at Weston Park Cancer Centre and regional partner district hospitals. STH oncology substantive consultant workforce has reduced over the last 2 years from 13 consultants to 8 consultants (5.7 WTE substantive plus 1 WTE acting) by December 2022. Following the loss of the two WTE locums and the 1 WTE acting consultants the service will be operating on 3.7 WTE from 1st April 2023.	**Executive lead:** Chief Operating Officer **Date added to CRR:** May 2023 **Last reviewed date:** ***November 2023*** **Committee reviewed at:** Quality and Governance Committee
Consequence of risk occurring	
The impact is to patient care and experience; potentially resulting in poor outcomes and reducing life expectancy. There are associated financial and reputational implications should this risk occur.	

Risk Appetite	**Risk Tolerance**
Minimal	Treat

Controls	**Gaps in controls**	**Further mitigating actions**
STH in conversations nationally for mutual aid and oncology support	The service is provided by other organisations, on whom the Trust is dependent for clinical colleagues.	
Regular STH weekly operational meetings to discuss activity and impact	The service is provided by other organisations, on whom the Trust is dependent for clinical colleagues.	
Review of DGH work load to potentially offer support to WPH with local action plans being developed.	The service is provided by other organisations, on whom the Trust is dependent for clinical colleagues.	

Risk Update/Progress Notes
November 2023: Risk reviewed with the Chief Operating Officer, no change to the risk score as 1) STH are the providers of NSO but have declared a serious incident and are being supported by NHSE. There is an interim model in place that has removed local oncology support for Breast & LGI with a future risk to lung. The provider is implementing a stabilisation model prior to a revised service model that may further increase the travel for Barnsley residents. The reduced number of oncologists is also increasing the time to treatment. BHNFT cannot provide this service, we are aware of the risk to our residents of declining access and the need to ensure full public consultation to any major service change. As the local provider this risk is about supporting the needs of our local population. ***2) sustainability model to be in place in 2024 with future long term model to be decided***

Appendix 2

Risk 1199: Risk regarding inability to control workforce costs	C = 4 L = 4	**16**	**Low risk**			**Moderate risk**			**High risk**				**Extreme risk**			
			1	2	3	4	5	6	8	9 *Target score*	10	12 *Initial score*	15	16 *Current score*	20	25

Risk description:	
There is a risk of excessive workforce cost beyond budgeted establishments which is caused by high sickness absence rate, high additional discretionary payments, poor job planning/rostering and high agency usage due to various factors including shortages of specialist medical staff.	**Executive lead:** Director of People
	Date added to CRR: November 2021
	Last reviewed date: ***November 2023***
	Committee reviewed at: People Committee and Finance & Performance Committee
Consequence of risk occurring	
The materialisation of this risk could result in financial over-spend impacting on quality of services and compromising patient care.	

Risk Appetite	**Risk Tolerance**
Open	Treat

Controls	**Gaps in controls**	**Further mitigating actions**
Sickness absence reduction plan ***(sickness absence target 4.5%)***, including occupational health referrals and counselling, health & wellbeing activity dashboards, monitored by the People and Engagement Group.	None identified.	
Job planning and rostering (AHPs, nursing and medical staff) – better job planning and rostering will mean a reduction in agency spend.	£200k has been provided to implement an Electronic Rostering System for doctors, and funding commitments meant a percentage of junior doctors' rosters needed to bedelivered by March 2022 and this has been completed.	Roll out to juniors in General Medicine, Lower Surgery, Women's & Children's complete. Currently working on the build for Anaesthetics, then Emergency Medicine and higher surgery. Once all juniors complete will roll out leave management to SAS and Consultant levels.
National Procurement Framework and associated policies – compliance with these means we do not go over the agency caps. Supported by the Executive Vacancy / Agency Control Panel.	None identified.	***ICB provide oversight and approves agency usage***
Reporting of Workforce Dashboard within Performance Framework – monitoring tool which provides an overview of workforce KPIs, including sickness absence information.	None identified.	
Nursing establishment reviews in conjunction with Finance, Workforce and E-Rostering Leads.	None identified.	
Weekly medical establishment reviews in conjunction with Finance and Workforce.	None identified.	
Risks relating to shortages of specialist medical staff (Dermatologists, Histopathologists and Breast radiologists) are managed through CBU governance arrangements.	None identified.	

Risk Update/Progress Notes
November 2023 - risk reviewed with Director and Deputy Director of People. Timescale of rosters for doctors is to be discussed with medical staffing. It was noted that there is national oversight of agency spends and that the ICB approve agency usage.

Risk 2845: Inability to improve the financial stability of the Trust over the next two to five years	C = 4 L = 4	**16**	**Low risk**			**Moderate risk**			**High risk**				**Extreme risk**			
			1	2	3	4	5	6	8	9	10	12	15	16	20	25
									Target score					*Initial score Current score*		

Risk description:	
There is a risk that the underlying financial deficit is not addressed resulting in the Trust being unable to improve its financial sustainability and return to a breakeven position.	**Executive lead:** Director of Finance
	Date added to CRR: January 2023
	Last reviewed date: ***November 2023***
	Committee reviewed at: Finance & Performance Committee

Consequence of risk occurring
The materialisation of this risk would adversely impact on the financial aspirations of the Trust, resulting in the need for further borrowing to support the continuity of services and possible reputational damage; whilst hampering the delivery of Long Term Plan (LTP) ambitions. It would also mean the Trust being unable to realise a back-to-balance position, without external funding.

Risk Appetite	**Risk Tolerance**
Open	Treat

Controls	**Gaps in controls**	**Further mitigating actions**
Board-owned financial plans.	None identified, Board approved final 2022/23 plan in June 2022; 2023/24 draft plan approved in February 2023.	
Achievement of the Trust's in-year financial plan and any control total (see risk 1713).	None identified, 2022/23 in-year financial plan and agreed system control total will be delivered.	
Underlying financial performance is reviewed and monitored at Finance & Performance Committee meetings.	None identified.	
Delivery of the EPP programme recurrently.	Recovery pressures, including industrial action, impacting upon management time and ability to focus on cost management.	Efficiency and productivity paper, including reporting and governance arrangements to F&P
Continued work on opportunities arising from PLICS / Benchmarking and RightCare.	Recovery pressures, including industrial action, impacting upon management time and ability to focus on cost management.	
Continued discussions with SY ICB.	Lack of Trust control over financial performance of external partners. Allocation of system resources and inflationary pressures due to shortfalls in national uplifts are outside of the Trust's control.	
Potential additional national and/or system resources become available.	Long term revenue funding available remains unclear. Allocations now received and controlled via the ICB with some national funding available through a bidding process.	

Risk Update/Progress Notes
November 2023 - Risk remains at current score of 16 until the medium term financial plan is delivered. The draft plan will be presented to the Finance and Performance Committee at the meeting in November and work on the plan will be ongoing with the ICB and Places.

Appendix 2

Risk 2976: Risk of major operational/service disruption due to digital system infrastructure and air conditioning failures	C = 4 L = 4	**16**	**Low risk**			**Moderate risk**			**High risk**				**Extreme risk**			
			1	2	3	4	5	6	8	9	10	12	15	16	20	25
						Target score			*Initial Score*							

Risk description:	
There is a risk that computer systems will fail due to the increase in heat load in the computer room/data centre and this can result in unknown harm to patients. This room hosts all Trust's primary servers, VMware environment and Core network where all the Clinical and Corporate Systems run i.e. Careflow EPR, Careflow Vitals, ICE, PACS, Winpath etc. The heat load has recently been increased due to the new critical care unit build. The two existing air conditioning units repeatedly fail as they are approximately 20 years old. Should this risk occur there would be a failure of major clinical digital solutions impacting on patient care and experience, Trust activity including service disruption and potential for adverse media attention.	**Executive lead:** Director of ICT **Date added to CRR:** November 2023 **Last reviewed date:** *New risk* **Committee reviewed at:** Finance & Performance Committee

Consequence of risk occurring
The materialisation of this risk could impact on all of the trust Major Clinical Digital Solutions failing to work and will be off line whilst the Disaster recovery room is initiated.

Risk Appetite	**Risk Tolerance**
Avoid	Treat

Controls	**Gaps in controls**	**Further mitigating actions**
Two additional small wall mounted units were installed approximately 5 years ago to run if one of the main units failed but these are now unable to cope with the extra heat demands placed upon them.	None identified.	
Significant repairs have been undergone to overhaul the main aircon units to extend their operational lives and they are now operational.	None identified.	
Two brand new temporary air conditioning units have been purchased. BFS are responsible for all mitigation controls as well as the air conditioning units.	None identified.	
New report has been commissioned from SUDLOWS Data Centre specialists to understand the risks and requirements for reduced risk.	The existing Main Aircon units are over 20 years old, so this will remain a significant risk until the SudLows report and recommendations have been implemented.	
There is a secondary data centre for restoring services.	This will result in up to 24 hours of down time to bring it up.	

Risk Update/Progress Notes
November 2023: New risk added 8 November 2023.

Appendix 2

Appendix 1		
Risk domain	**Risk appetite**	**Risk level**
Commercial	We will consider commercial opportunities as they arise noting that the Board's tolerance for risks relating to its commercial factors is limited to those events where there is little or no chance of impacting on the Trust's core purpose.	OPEN
Clinical Safety	The Trust has a risk averse appetite for risk which compromises the delivery of safe services and jeopardises compliance with our statutory duties for safety.	MINIMAL
Patient Experience	We will accept risks to patient and service user experience if they are consistent with the achievement of patient safety and quality improvements. We will only accept service redesign and divestment risks in the services we are commissioned to deliver if patient safety, quality care and service improvements are maintained.	CAUTIOUS
Clinical Effectiveness	The Trust has a risk averse appetite for risk which compromises the delivery of high-quality services and jeopardises compliance with our statutory duties for quality.	MINIMAL
Workforce / Staff Engagement	To address workforce and skill-mix shortfalls the Trust is prepared to work in new ways to recruit the right staff and to introduce new roles to meet recognised needs. We will not accept risks, nor any incidents or circumstances, which may compromise the safety of any staff members and patients or contradict our Trust values.	OPEN
Reputation	Tolerance for risk taking is limited to those events where there is little chance of any significant repercussions for the Trust's reputation should there be failure, with mitigation in place for any undue interest. The Board of Directors accept that some decisions made in the interest of change may have the potential to expose the organisation to additional public scrutiny or media interest. Proactive management of Trust communications may be considered to protect the organisation's reputation and maintain public confidence.	CAUTIOUS
Finance / Value for Money	We strive to deliver our services within the budgets set out in our financial plans and will only consider accepting or taking financial risks where this is required to mitigate risks to patient safety or quality of care. Where appropriate the Board will allocate resources to capitalise on potential opportunities and will seek to deliver best value for money.	OPEN
Regulatory / Compliance	We are cautious when it comes to compliance and regulatory requirements. Where the laws, regulations and standards are about the delivery of safe, high quality care, or the health and safety of the staff and public, we will make every effort to meet regulator expectations and comply with laws, regulations and	CAUTIOUS

Appendix 2

Appendix 1		
Risk domain	**Risk appetite**	**Risk level**
	standards that those regulators have set. The Board will seek assurance that the organisation has high levels of compliance in all areas other than where it has been specifically determined that the efforts required to achieve compliance would outweigh the potential adverse consequences.	
Partnerships	The Trust is committed to working with its stakeholder organisations to bring value and opportunity across current and future services though system-wide partnership. We are open to developing partnerships with organisations that are responsible and have the right set of values, maintaining the required level of compliance with our statutory duties.	SEEK
Innovation	The Trust has a risk tolerant appetite to risk where benefits, improvement and value for money are demonstrated. Innovation is encouraged at all levels within the organisation, where a commensurate level of improvement can be evidenced, and an acceptable level of management control is demonstrated. The Trust will never compromise patient safety while innovating service delivery.	SEEK

6. System Working

6.1. Barnsley Place Board

To Note

Presented by Bob Kirton

REPORT TO THE BOARD OF DIRECTORS	REF:	BoD: 23/12/07/6.1

SUBJECT:	**BARNSLEY PLACE PARTNERSHIP UPDATE**				
DATE:	7 December 2023				
PURPOSE:		*Tick as applicable*			*Tick as applicable*
	For decision/approval			*Assurance*	✓
	For review	✓		*Governance*	
	For information	✓		*Strategy*	✓
PREPARED BY:	Bob Kirton, Managing Director				
SPONSORED BY:	Richard Jenkins, Chief Executive				
PRESENTED BY:	Bob Kirton, Managing Director				

STRATEGIC CONTEXT

We will fulfil our ambition to be at the heart of the Barnsley Place Partnership to improve patient services, support a reduction in health inequalities and improve population health**.**

EXECUTIVE SUMMARY

This paper provides a summary of key activities happening within the place partnership including how this links to our strategy, progress to date, governance and events that have taken place in the reporting period.

Updates cover: Barnsley Place partnership, Barnsley 2030 including the pathways to work commission and the latest Health and Wellbeing Board.

RECOMMENDATION(S)

The Board of Directors to be updated on the latest developments at place, seek and further information to gain insight/assurance. Consider the format of this new report and advise on any format or content changes.

Subject:	BARNSLEY PLACE PARTNERSHIP UPDATE	Ref:	BoD 23/12/07/6.1

1. INTRODUCTION

1.1 As stated as one of the hospital's key strategic aims re place is: "We will fulfil our ambition to be at the heart of the Barnsley Place Partnership to improve patient services, support a reduction in health inequalities and improve population health".

1.2 This paper provides a summary of key activities happening within the place partnership including how this links to our strategy, progress to date, governance and events that have taken place in the reporting period.

2. Barnsley Place Partnership

2.1 The Barnsley place governance is now fully established as described in the paper that came to Board in February. There is hospital representation on all groups, these meetings occur on a monthly basis.

2.2 A summary of key activities over the latest period is included in appendix A.

2.3 The Barnsley Health and Care plan 2023-25 presented for discussion and feedback at the Hospital Board in August is now published, updates on progress are reported quarterly to Board through the strategic delivery report.

2.4 The Barnsley Winter plan was presented to the BHNFT finance and performance committee in November.

3. Barnsley 2030

3.1 The Board meets quarterly, and covers 4 key areas: Healthy Barnsley, Growing Barnsley, Learning Barnsley and Sustainable Barnsley in line with the future vision of the borough. The next meeting is in December.

3.2 The main focus of the work is currently on the pathways to work commission as described to Board in July (see Appendix B). In terms of progress: the third Pathways to Work Commission session took place on Thursday 21st September. Our focus was on Employment Support, learning from best practice internationally and nationally.

3.3 This work and the overall improvements in the town centre have led to a lot of national interest with many other place teams visiting the Glassworks including the CDC and a number of national figures inc Amanda Pritchard, Jonathan Marron, and Steve Russell. Some of the discussion in these sessions has been linked to the Council purchase of the Alhambra and ideas around an HWB hub known as "Health on the High St".

4. Barnsley Health and Well Being Board

4.1 Health and Wellbeing Boards (HWB) are a statutory forum where political, clinical, professional and community leaders from across the care and health system come together to improve the health and wellbeing of their local population and reduce health inequalities. The HWB signed off nominees for Barnsley Place for the South Yorkshire Integrated Care Partnership. The Managing Director is the BHNFT representative on the Board.

4.2 The Barnsley HWB has seen some changes in leadership following local elections. The new chair is Councillor Wendy Cain, Cabinet Spokesperson – Public Health and Communities. The HWB meets quarterly and the latest meeting was held on the 9th

November. Key topics discussed were: the Barnsley place update, the cold weather plan, a homelessness update and the draft housing strategy consultation for Barnsley.

5. CONCLUSION

5.1 For Board to be updated on the latest developments at place, seek and further information to gain insight/assurance. Consider the format of this new report and advise on any format or content changes.

Bob Kirton
Managing Director
December 2023

NHS Chief Executive Officer visits Barnsley Community Diagnostics Centre (CDC)

We were delighted to welcome NHS Chief Executive Amanda Pritchard to our Community Diagnostic Centre (CDC) in The Glass Works Barnsley, last week. Developed in partnership with between the NHS and Barnsley Council, the unit was the first of its kind in the UK. The CDC has had a successful first year delivering thousands of tests, checks and scans for the people of Barnsley.

“It was amazing to visit Barnsley and see first-hand the huge difference that the community diagnostic centre is having on the lives of local people.”

Behavioural Science project launch at The Recovery and Wellbeing College in Barnsley

Barnsley Recovery and Wellbeing College

They Recovery and Wellbeing College offers a wide range of courses and workshops with the aim of improving wellbeing through learning. The Behavioural Science project, which was launched recently, aims to increase awareness and active attendance so that it impacts on more people across Barnsley.”

Make Smoking Invisible

Smoking in Barnsley

Reducing smoking is one of the top priorities of the Place Partnership in 2023-25. The Barnsley Place Partnership Delivery Group had a discussion about smoking in Barnsley at their meeting in October. This includes updates on the progress and positive impacts of the South Yorkshire QUIT programme in Barnsley.

- Whilst smoking prevalence remains higher in Barnsley than the wider region the gap has been closed significantly over recent years.
- Overall, GP practices consistently exceed the national average on the QOF metrics relating to smoking
- Barnsley Hospital and South West Yorkshire Partnership screened more than 80% of patients for smoking and are seeing improving referral and quit rates
- Barnsley stop smoking services achieved almost double the rate of quitters per 100,000 smokers compared with the national average
- For the first time the percentage of mothers who are smokers at the time of delivery was below 10% in Q1 2023/24

Stroke

The Barnsley Heart Health Alliance (a cross-partnership group strengthening CVD prevention and control which reports to the Health and Wellbeing Board) has established a working group looking at stroke prevention and early detection. late presentation of stroke.

A new localised health promotion campaign is in development, featuring images and stories of real Barnsley residents and is due to launch in November. The campaign will be seen across the borough, using a variety of methods including online and physical assets such as sides of bin wagons and backs of buses. It will be particularly targeted at communities that are at higher risk of early onset, late presentation, or mortality from stroke.

More general CVD prevention and control work is being continued and strengthened, including the successful How's Thi Ticker campaign, improving the identification and control of risk factors such as hypertension; and a CVD pathways equity analysis to identify inequalities in access to the CVD pathway across the partnership and how it can be made fairer.

Event for Barnsley dementia champions

Working towards a Dementia Friendly Barnsley is a priority for partners . Ares of work this year include dementia awareness training for health and care staff, delivered by the Barnsley Project Echo hub, piloting GPS trackers for people with dementia and identifying and support carers of people with dementia.

In September we ran the first of three events in 2023/24 for our network of dementia champions in General Practice. The event was an opportunity for dementia champions to meet colleagues and counterparts from across Barnsley, hear about work going on across the borough share their experiences and ideas. Colleagues shared lots of examples of proactive initiatives to improve the experience or people with dementia and their carers.

Our People: Proud to Care

In October we had the second place partnership development session, this time at BHF Priory Campus, with the theme of how we work as a partnership to support and develop our people.

The event included exploring our vision of "one workforce", reflecting on the progress we have made against our 2019 workforce strategy ,acknowledging the scale of future challenges and opportunities. and developing agreeing shared priorities to recruit, retain and reform.

Barnsley Housing Strategy

Barnsley Council has launched a public consultation a draft Housing Strategy. Providing quality, affordable, inclusive and sustainable housing that suits resident needs and lifestyles is a critical part of the 2030 vision for 'Barnsley - the place of possibilities.'

Living in a warm, safe home is essential for staying healthy and well and there is strong evidence that living in cold, damp and unsafe homes can affect people's physical and mental health and can increase the risk of ill health, injury or dying. Living in good quality, affordable housing supports our health and wellbeing, and is something every resident in Barnsley should have access to. Having this foundation helps people support their family, be part of their community and contribute to our economy.

The revised housing strategy (2024-2028) sets out four pillars of success – maximising existing housing stock, support strong and resilient communities, supporting people to live healthy, independent lives and enabling sustainable housing growth to meet need.

Culture, Health, and Wellbeing Conference held in Barnsley

The Culture, Health, and Wellbeing Alliance (CHWA) held its annual conference, “Making Change”, in venues across Barnsley in October. The three-day conference was designed to be a place where everyone involved in creative health can come together and discuss how we can best support health and wellbeing through creativity and culture. Speakers included freelance practitioners, museums and arts organisations, health and social care partners, funders and policymakers.

A wide range of Barnsley-based organisations presented at the conference, including young people from Horizon College Councillor Sir Stephen Houghton CBE, Leader of Barnsley Council as well as Darren Henley, Chief Executive of Arts Council England.

PATHWAYS TO WORK COMMISSION

Getting everyone economically active – Pathways into work
Creating an inclusive place where everyone can benefit from employment

Glass Works Square, Barnsley

An independent Commission for Barnsley with one key line of enquiry:

How does Barnsley enable all of our working age population,
particularly those currently outside the labour market,
achieve pathways to employment?

1. Context: A changing society and changing economy

We live in unprecedented times, with enormous technological and social change. Never before have people lived such long lives, worked for so many years and been part of rapid changes in society. Our economy is also changing with a shift away from the 'job for life' to an increasing number of jobs and multiple career changes in a person's lifetime, and a move towards more freelance and portfolio careers and the 'gig economy'. Technology is changing patterns of work and how we work, with AI, robotics and hybrid working increasingly replacing functions delivered by people, with creativity, innovation and collaboration becoming increasingly more important in the workplace and in solving our multiple challenges including our environmental, social and economic challenges.

The sectors which influence and shape our lives and our economies are also changing. While advanced manufacturing and industry is still very important in places like Barnsley, we have also seen logistics, social care, creative and digital industries, the visitor and experience economy replacing the industries which shaped livelihoods before. Significant new investment is taking place in this part of South Yorkshire and this will offer different and new job opportunities for the people of the borough. In this new economy, creating ideas and generating enterprise is becoming increasingly important. But there is also an ambition to ensure that this economy is fairer than what has gone before – more diverse, more inclusive and fairer. For this to happen, we need to ensure everyone acquires the skills they need to participate in our economy and our society and that no one is left behind

We have relatively low levels of unemployment in Barnsley (currently standing at 4%) but high levels of economic inactivity. This Nomis table shows that, currently in Barnsley, 27% of our population are economically inactive, due to ill health in some instances, mental health issues and other factors. Almost 20% of this group (8,100) people are interested in getting into work but lack the resources, skills and pathways to do so. Poverty in the borough is increasing and work can offer people a 'ladder' out of poverty. Education and learning can also support people to have sustained employment and progress in work, accessing. The Commission ……..participate in the labour market co-designing new pathways to work that will enable less reliance upon Universal Credit

Economic inactivity (Jul 2021-Jun 2022)

	Barnsley (Level)	Barnsley (%)	Yorkshire And The Humber (%)	Great Britain (%)
All People				
Total	43,000	28.1	22.2	21.4
Student	6,500	15.2	26.6	27.1
Looking After Family/Home	9,400	21.8	19.6	19.7
Temporary Sick	!	!	2.1	2.2
Long-Term Sick	14,000	32.5	25.4	25.4
Discouraged	!	!	0.4	0.2
Retired	6,500	15.1	15.0	13.7
Other	5,100	11.7	10.8	11.6
Wants A Job	8,100	18.8	16.5	18.5
Does Not Want A Job	34,900	81.2	83.5	81.5

Source: ONS annual population survey
! Estimate is not available since sample size is disclosive
Notes: numbers are for those aged 16-64.
% is a proportion of those economically inactive, except total, which is a proportion of those aged 16-64

Barnsley also has a lower level of skills than the region or nation - only 31.1% of working-age people in Barnsley have qualifications at level 4 + and over 25% of the population do not have a Level 2 qualification (NOMIS May 2022 - as at Jan to Dec 2021). Over a quarter of our children live in low-income households. This snapshot illustrates some of the wicked challenges we face in developing an economy that builds prosperity for all.

The Commission

Getting everyone economically active – pathways into work
Creating an inclusive place where everyone can benefit from employment.

An independent Commission for Barnsley with one key line of enquiry:
How does Barnsley enable all of our working age population, particularly those currently outside the labour market, achieve pathways to employment?

The Commission's role is to determine how Barnsley's post-19 residents of all ages can best be prepared to benefit from the significant social, technological and environmental changes within our economy. Barnsley Council and its business and community partners have decided to invite a small group of independent national experts to assess what can be done to ensure the whole education and employment system – schools, colleges, independent private training providers, charities, social enterprises, universities as well as the landscape of informal learning opportunities across the community - can best equip our residents and businesses for changing times. The Commission will assess the existing system and its fitness for purpose, identify barriers to growth, outline how existing local assets can be built on and make recommendations for actions to be taken by a range of stakeholders.

The purpose and aims of the Commission are to:

- Hear and gather evidence from a range of sources – businesses, education (formal and informal), anchor institutions, third sector, residents of all ages - and through a range of formats (written evidence, opinions and ideas collected via digital surveys, 'open space' events, cultural and creative enquiry projects and conversations with residents of all ages) in response to the core question. Lived experience would form a key part of the responses from people and be delivered through special engagement processes.
- Review previous investments made over the last ten year period and recommend new pilots/ trials to get people (particularly those who are economically inactive and underrepresented in the labour market and business) to reach their full potential, entering sustainable employment and / or move into entrepreneurship
- To establish a model for all our businesses to support in work progression and create opportunities for people currently out of work to address disparities in the labour market at a local level, including male vs female wages, the rights of young people in employment, enabling initiatives for disabled people, incentives for older people to remain in employment, etc
- Identify specific areas of focus reflecting the interconnectedness between skills / learning and health, communities, social cohesion, suggesting new interventions for historic systemic issues and challenges
- To gather evidence from other places and models nationally and internationally of best practice and next practice in progressive life-long skills acquisition, linked to the Sustainable Development Goals.
- Recommend the actions through the IEB as reference group that that local partners should take over the next seven years to Barnsley 2030 in order to maximise the learning potential of residents and communities, enable people to thrive through life-long learning and meet the skills needs of employers, businesses and organisations (recommendations should be realistic actions rather than aspirational statements, bound by fact and ability to implement).

- Improve the evidence base and arguments that will enable local partners to successfully make the case for increased government & Mayoral support to develop learning initiatives for the future
- **Be action focussed with clear practicable output – not a theoretical study leading to more studies**

The Commission will draw upon research and learning from many different sources – local, regional, national and international. Some examples include:

Doncaster Skills Commission - https://www.doncaster.gov.uk/services/schools/education-and-skills-commission#:~:text=The%20Doncaster%20Education%20and%20Skills,align%20education%2C%20skills%20and%20employment.

West Midlands Combined Authority Productivity & Skills Commission - https://www.wmca.org.uk/what-we-do/productivity-skills-commission/

International practice - https://www.britishcouncil.ph/teach/courses/core-skills, https://www.britishcouncil.org.np/british-council-core-skills-and-competencies and https://sdgs.un.org/goals#goals

Value of a Commission model:

The single greatest benefit is the independent view from commissioners, as well as the breadth of activity covered. This would attract a really strong response from Government.

It also draws on and benchmarks Barnsley against approaches and models from elsewhere introducing new ways of thinking and working into the Skills Ecosystem both regionally at SYMCA level and nationally.

A Commission model would be non-hierarchical, offers significant opportunities for engagement (aligning to Mayoral priorities) and would be 'owned' by the people of Barnsley and our partners.

2. **Governance**

The Commissioner: Dan Jarvis, MP Barnsley Central.

Commission Chair: Alan Milburn (Chair) - https://en.wikipedia.org/wiki/Alan_Milburn

Recipient of the Commission Findings: Oliver Coppard, Mayor of South Yorkshire (Mayoral Combined Authority)

Members: Four additional Commissioners alongside the Chair with a diverse range of skills and experience relevant to the themes of the Commission, as follows:

- Torsten Bell- Resolution Foundation - & Policy lead: https://www.resolutionfoundation.org/about-us/team/torsten-bell/
- Dr Sue Pember CBE- Director Holex: https://holex.org.uk/the-national-office-and-team/
- Jyldz Djumalieva, NESTA Data Science Technical Lead, Data Analytics Practice: https://www.nesta.org.uk/team/jyldyz-djumalieva/
- Michael Stevenson: https://www.rewired2021.com/speaker2/michael-stevenson/

The owner of the Commission will be the Inclusive Economy Board, but it will also report into and draw upon the skills, knowledge and experience of the Health and Wellbeing Board and the Adult Skills and Community Learning Board. Other key B2030 Boards will also be used as reference points and consultees.

The Commission's work would be strategically aligned to B2030 strategy and SYMCA's Strategic Economic Plan and Skills Strategy. The Terms of Reference of the Commission will be reviewed by the four thematic Boards linked to B2030 and will be signed off by the B2030 Board, with input from the Mayor and the Employability and Skills team at SYMCA

Reference Group: A key group of local stakeholders working across FE, HE and adult education settings as well as cultural organisations, health and social care organisations and those supporting informal and community learning through voluntary and community organisations and social enterprises. We would also see online learning platforms being part of this, eg Open University. By example, this reference group will include:

- Andy Snell, Public Health Consultant, Barnsley Hospital
- Jan Eldred, Adult Education specialist, ASCL Board
- Yiannis Koursis, Principal Barnsley College
- Yultan Mellor, Principal Northern College
- Prince's Trust rep
- Affiliated University reps
- Asos CEO / rep
- Evri rep
- Creative and digital industries rep
- Andrew Denniff CEO Chamber of Commerce
- Creativity and learning in older years specialist

We would also add to this Reference Group list with Commissioners' recommendations of attendees.

It is anticipated that, out of the Commission, a Learning Barnsley Board will be established overseeing the Learning Barnsley outcomes, comprising some of the members of the Reference Group and other individuals identified as adding value through the process.

Youth Skills Focussed Research

It is also proposed that there be a complementary Youth Skills Research Group which would follow the same line of enquiry and use creative means to respond to the question. This group would act as a sort of check and challenge to the wider Commission and participate in key sessions to offer provocations, future-facing insights, lived experience and innovative solutions. The Youth Commission could be convened by YMCA and Chilypep and build on the work done with them around barriers to employment for young people which they delivered successfully through a peer to peer research methodology via the Barnsley Community Boost 'good growth' pilot

3. Structure and organisation

Secretariat would be provided by BMBC. This would provide the strategic leadership, administrative and policy support required by the Commission including arranging the meetings, producing and circulating an evidence briefing pack in advance of each meeting, suggesting key lines of enquiry which the Commission might wish to pursue, circulating copies of presentations from all presenters, providing summaries of key points from the discussions, drafting the interim and final reports.

Other aspects of delivery include:

- Eight monthly meetings across the period January to December 2023.
- Call for evidence issued through a range of creative media resources and partner channels.
- Opportunities for the Commission to meet with and hear from people living and working in various parts of the Borough through a series of formal evidence-hearing sessions and informal conversations.

- Evidence sessions focussed on agreed themes (for example A great start in life, culture and heritage, schools as learning environments, learning at home, digital futures, getting ready for and into work, 21st century careers, never stop learning, learning and health. These would include Q&A sessions, audience panels, workshops, Citizen Juries.
- Organisations and individuals could also submit letters, emails, videos, artwork, to inform and bring the Commission to life. Scope to convene and record focus groups and convene conversations using a toolkit. Youth Council could hold a session plus time for discussions amongst Commission members.
- Option to commission additional academic research – supported by our HE partners
- Option to commission peer researchers – young people, older people, etc
- Use of the Council's recently-developed Financial Vulnerability Index to identify potential participants to engage with pilot and future programmes
- The Commission will need to balance the need for transparency about the evidence presented in meetings with the need to consider and debate the issues freely. The final report from the Commission will be published, along with all of the evidence presented to the Commission, but the meetings of the Commission will not be open to the public and the working papers will not be published.

4. Timeline and Commission Support

Timeline
The Commission will run from January to December 2023, with a run-in period from October to December 2022 and a dissemination period from January to March 2024.

Support

The Commission has the full support of the Leader of the Council and the Chief Executive. It will be led by the Executive Director Growth and Sustainability, working closely with the Director Regeneration and Culture (who leads on Barnsley's inclusive economy work) and the Head of Employment and Skills.

Through our partnership boards, Barnsley also has a widely connected network of organisations, businesses and partners who will be keen to contribute to this work.

We also have a strong working relationship with the Chief Executive at SYMCA and the Head of business Growth and Skills at SYMCA. The Mayor and the Chief Executive there are very supportive of this work.

The Commission will also be supported by:

- 1 FTE Project Manager
- 1 FTE Project Officer
- 1 Admin Officer
- Events team

There is a budget available to match the talent and expertise of commissioners

The budget would also cover:

- Marketing and Engagement resources
- Media to capture discussions and promote findings from the Commission; as well as trailers for our engagement campaign
- Our Events team – room hire and catering
- Final report print and design; development of E-book version; website to capture findings

APPENDIX

Alignment to Barnsley 2030 ambitions

The work of the 'Skills for Life and Work' Commission will be overseen by the Inclusive Economy Board and will feed into and inform the delivery of our More and Better Jobs strategy and our Health and Wellbeing strategy.

Learning for life is a 'golden thread' which links together our four B2030 themes – Health, Learning, Growing and Sustainable. The Commission will aim to make recommendations for change that align with the key outcomes below:

Healthy Barnsley:

- Everyone is able to enjoy a life in **good physical and mental health**.
- Fewer people live in poverty, and **everyone has the resources they need to look after themselves and their families**.

Learning Barnsley:

- Children and young people aim high and achieve their full potential with **improved educational achievement and attainment**.
- Everyone has the opportunity to **create wider social connections** and enjoy cultural experiences
- **Lifelong learning is promoted and encouraged**, with an increase in opportunities that will enable people get into, progress at and stay in work.
- **Everyone fulfils their learning potential**, with more people completing higher-level skills studies than ever before

Growing Barnsley ambitions:

- Local businesses are thriving through **early-stage support and opportunities to grow**.
- Barnsley is known as a **great place to invest**, where businesses and organisations provide diverse and secure employment opportunities, contributing to an economy that benefits everyone
- People, businesses and organisations are able to **access and use digital resources**, benefiting all aspects of daily life.

Sustainable Barnsley:

- People can get around in Barnsley easier than ever, with an **increase in cycle routes and better connections across the borough**.

Additional Alignment to:

- SYMCA Skills strategy (currently in development)
- SY Skills Accelerator work - https://sy-skillsaccelerator.co.uk/resources/
- SY Chambers Skills manifesto - https://www.scci.org.uk/data/Partnership_Downloads/SYChambersSkillsManifesto-Summary[digital].pdf

6.2. Acute Federation: verbal

To Note

Presented by Richard Jenkins

6.3. Integrated Care Board Update including:

• ICB Chief Executive Report (Richard Jenkins)

To Note

Presented by Richard Jenkins and Bob Kirton

Chief Executive Report

Integrated Care Board Meeting

1 November 2023

Author(s)	Gavin Boyle, SY ICB Chief Executive
Sponsor Director	Gavin Boyle, SY ICB Chief Executive
Purpose of Paper	
The purpose of the report is to provide an update from the Chief Executive on key matters to members of the Integrated Care Board.	
Key Issues / Points to Note	
Key issues to note are contained within the attached report from the Chief Executive.	
Is your report for Approval / Consideration / Noting	
To note.	
Recommendations / Action Required by the Board	
The Board is asked to note the content of the report.	
Board Assurance Framework	
The Board Assurance Framework is in development.	
Are there any Resource Implications (including Financial, Staffing etc)?	
No	
Have you carried out an Equality Impact Assessment and is it attached?	
No	
Have *you involved patients, carers and the public in the preparation of the report?*	
No	

Chief Executive Report

Integrated Care Board Meeting

1 November 2023

1. Purpose

This paper provides an update from the Chief Executive of NHS South Yorkshire on the work of the ICB and system partners for September and October 2023.

2. Integrated Care System Update

2.1 Integrated Care Partnership Board meeting.

The focus of the Integrated Care Partnership Board in October was the relationship between employment and improving population health. Barnsley Council, supported by local, national, and international experts, are leading a commission on the relationship between work and health. The focus is particularly on how to support people with health challenges or perhaps with caring responsibilities back into the labour market.

The South Yorkshire Mayoral Combined Authority gave an update regarding an established programme, the Working Win, which seeks to support people with health challenges into paid roles in primary care. The ICP also focussed on its priority of supporting and developing the whole health and care workforce in South Yorkshire recognising the contribution of voluntary and unpaid carers as well as those in paid roles.

2.2 NHS South Yorkshire Integrated Care Board Annual General Meeting.

NHS South Yorkshire held its first Annual General Meeting in October, with more than 60 people attending the event. This included the opportunity to hear from Nicola Ennis, South Yorkshire Children's and Young People's Alliance Programme Lead, and Ruth Brown, Chief Executive of Sheffield Children's NHS Foundation Trust, as they provided an update on the on-going work for Children and Young People across South Yorkshire. In addition, Partner board member Ben Anderson, Director of Public Health, Rotherham Metropolitan Borough Council, and Barbara Coyle, Associate Director Public Health Analysis at NHS South Yorkshire ICB, presented an overview of the health challenges faced by the local population.

2.3 Independent Investigation Report into the Care and Treatment of Yusuf published

NHS South Yorkshire commissioned an independent investigation into the death of Yusuf and the care and treatment he received from his first contact with health services on 15 November 2022. The report makes a number of recommendations for

organisations involved in his care and treatment which, while they would not have changed the course of events for Yusuf, should be implemented to ensure there is learning from this case.

All of the organisations involved have published assurance statements in response to the recommendations. The Rotherham NHS Foundation Trust will continue to review the action plan related to the recommendations with oversight via the Quality Committee and Trust Board. All the organisations involved in Yusuf's care have offered their sincere condolences to Yusuf's family. A copy of the report and assurance statements from The Rotherham NHS Foundation Trust, Sheffield Children's NHS Foundation Trust and Yorkshire Ambulance Service are available on the ICB website here.

2.4 Doncaster Royal Infirmary redevelopment.

Earlier this year the Government announced major capital for a new hospital programme supporting the NHS to improve access to services. Given its aging infrastructure we had hoped that Doncaster Royal Infirmary was to be included. A bid had been developed by the Trust, supported by local MPs, the ICB and Doncaster Council, to build a new hospital on the Canal Basin site in Doncaster. Priority was given to buildings affected by RAAC and consequently the DRI bid was not approved despite its ageing infrastructure. Following this Lord Markham, the Health Minister with the lead for NHS capital development, visited DRI and met with the Trust and local partners, including MPs, the South Yorkshire Mayor, Council leaders and the ICB, to understand the challenges.

From this discussion three specific areas of work emerged. Firstly, to identify and seek funding to address the most pressing issues, building on the recent capital improvement projects the Trust has already successfully delivered. Secondly, an Estates Partnership has been established through the Doncaster Place to explore opportunities to deliver services currently provided at DRI in settings closer to our communities, working with community and social care partners. The aim is to provide more local and convenient access to services, such as investigations and consultations away from the main site. This would enable the third area of work, which is to develop longer term proposals for the redevelopment of the existing DRI site to deliver clinical services that require the facilities of a major hospital.

In addition, the Trust is refreshing it's the emergency planning work to mitigate the safety risk of any estates failure that might occur. This builds on the learning and improvements made following previous incidents. The Trust is working with both Doncaster Place partners, partners across South Yorkshire and NHS England as part of Northeast and Yorkshire Region to develop a whole system response plan under the NHS Emergency Preparedness, Resilience Response framework.

2.4 Industrial action

Further industrial action took place by consultants, doctors in training and radiographers at the beginning of October 2023, the first time three days of joint action by junior doctors and consultants had taken place. This followed action in mid-

September where both consultants and doctors in training took action, albeit with only 24 hours of overlapping joint action.

The NHS in South Yorkshire rescheduled elective care and diagnostic appointments, although urgent and emergency care was largely unaffected. Ahead of this extensive action the NHS reminded the public that they should continue to use health services as they usually would – using 999 and A&E in life threatening situations and using 111 online for other health concerns, and we are grateful to communities in South Yorkshire for following this advice.

NHS South Yorkshire has been continuing to provide support through its Incident Control Centre, which has operated at all times while action is taken in line with our Category 1 response status.

There are no future announced industrial action dates yet announced. However, it has been indicated new dates will be announced early in November if talks between unions and Government have not been scheduled by then.

2.5 Covid-19 and vaccinations

South Yorkshire residents who are eligible have started to have their Covid and flu vaccines. The programme opened on 18 September 2023 as the NHS stepped up its winter vaccination programmes early in response to the risk of the new Covid variant.

Anyone who was eligible could book their Covid vaccinations via the NHS website, by downloading the NHS App, or by calling 119 for free if they can't get online. GP practices and other local NHS services have also been contacting people to offer both flu and Covid vaccines, and people can book the flu vaccine by searching online for a local pharmacy.

In South Yorkshire more than 550,000 people were eligible for the Covid booster. At the time of writing 175,000 doses had been administered, which is more than 31% of those eligible. Communities in Doncaster and Rotherham have had the highest uptake, with both over 35%. However, uptake in Barnsley is currently at 26%, and actions are being taken to increase uptake in the town.

The flu vaccine is also progressing, with nearly two thirds of care homes residents already having the jab at the time of writing. In addition, South Yorkshire has the highest uptake of the flu vaccination across North East and Yorkshire for school age children and for over 65-year-olds. The system is not the lowest performer in any of the age groups or cohorts eligible for the vaccine.

Elsewhere, the second round of public hearings for the UK Covid inquiry is now under way. The sessions will hear evidence about key decision-making in Westminster between early January and February 2022. The inquiry is chaired by crossbench peer Baroness Hallett and the second round of hearings will last until the end of 2023. The round follows the first public hearings, which were linked to the UK's resilience and preparedness.

2.6 Winter planning

NHS South Yorkshire has made significant progress on its winter planning in line with the guidance set out by NHS England. The main priorities for Winter are supporting alternatives to emergency departments, flow within hospitals and discharge of patients who are deemed medically fit.

Each of South Yorkshire's four places have identified four High Impact Changes to prioritise into and over Winter. These are:

- Sheffield: Community Beds, Intermediate Care, Single Point of Contact, Virtual Wards
- Barnsley: Frailty, Inpatient Flow, Community Beds, Intermediate Care
- Doncaster: Same Day Emergency Care (SDEC), Frailty, Inpatient Flow, Care Transfer Hub
- Rotherham: Same Day Emergency Care (SDEC), Frailty, Community beds, Care Transfer Hub

In addition, Place Urgent and Emergency Care Delivery Boards have signed off plans, with an ICB submission to NHSE region. The plans include continuing to build the System Coordination Centre and operating model for oversight of the system; a focus on workforce health and wellbeing; scrutiny of demand and capacity, fully utilising the Better Care Fund; a focus on timely discharge and collaboration with social care; and maximising role of Voluntary Sector.

2.7 Phase 3 of Right Care, Right Person launched in South Yorkshire

The final phase of Right Care, Right Person (RCRP) launched on Monday 23 October in South Yorkshire. The programme aims to protect vulnerable people who need support for mental health related incidents. This phase focuses specifically on mental health patients requiring specialist support and assessment by trained mental health professionals, as well as patients who voluntarily agree to attend treatment facilities. In these instances, the principles of RCRP will be used to ensure vulnerable members of our community are receiving the correct support from the correct organisation, and can access the help they need.

RCRP is a national initiative and we have been implementing this in a phased way in South Yorkshire. Phases 1 and 2, which focused on concern for welfare incidents and reports of people walking out from healthcare facilities prior to receiving treatment, went live earlier this year and continue to be embedded into our working practices.

3. NHS South Yorkshire

3.1 NHS England ICB Running Costs Allowance (RCA)

NHS England has mandated a 30% reduction in the Running Cost Allowance (RCA) for all ICBs. NHS South Yorkshire's formal staff consultation on the new team structures required to comply with this reduction has now completed. The ICB has also received national approval to offer voluntary redundancy for colleagues whose posts are at risk. Feedback from the consultation will inform the Final Consultation Outcome Report, which will be shared with all staff.

3.2 Delegation of Specialised Commissioning

Discussions are continuing between NHS England and the ICBs in the North East and Yorkshire regarding the delegation of responsibility for commissioning Specialised Services from April 2024. It has now been agreed by all parties that the transfer of responsibility will be deferred until April 2025. This will allow for further due diligence to be undertaken and ensure a safe transfer of this responsibility. ICB's and NHSE are committed to our continued approach of joint work during this transition period.

4. NHS South Yorkshire Place Updates

4.1 Sheffield

Following the public consultation to relocate Sheffield city centre GP practices into a three new GP health centres, further public meetings are taking place to share views on the detailed plans. Two practices, PCS City and PCS Mulberry, are proposing to move to a new site in the former Royal Bank of Scotland building on Church Street. These are part of the £37m investment to transform general practice in Sheffield, which is part of the wider investment of £57m across South Yorkshire, which will also primary care developments in Doncaster and Rotherham.

Elsewhere, Sheffield brought together 30 local organisations that support unpaid carers for its first Carers Roadshow. The Roadshow was organised by Sheffield City Council, Sheffield Carers Centre, Sheffield Young Carers, and NHS South Yorkshire and is also supported by NHS England, Sheffield Teaching Hospitals NHSFT and Sheffield Health and Social Care NHSFT, as well as two national Carers charities Carers UK and Carers Trust. There are over 60,000 unpaid carers in Sheffield with only approximately 10,000 having contact with the Sheffield Carers Centre, Sheffield Young Carers and Sheffield Parent Carer Forum so awareness needs to be raised and carers encouraged to reach out.

In addition, Sheffield Health and Social Care FT won a major national award for their work in supporting people with mental health illness in the community. SHSC beat eight other finalists to win Community Care Initiative of the Year at this week's HSJ Patient Safety Awards.

4.2 Doncaster

The £15m Mexborough Elective Orthopaedic Centre (MEOC) has made further progress with a large part of the facility installed in late September. The project, which is a collaborative between Doncaster and Bassetlaw Teaching Hospitals, Rotherham NHS Foundation Trust and Barnsley Hospital NHS Foundation Trust, will see communities from across South Yorkshire who are awaiting orthopaedic treatment will have the choice of receiving care and treatment at the centre, in addition to their local hospital, once it opens in the New Year.

Colleagues In Doncaster supported a GP Improvement Week, which is a collaborative effort involving a multitude of healthcare organisations to bolster GP capacity. The aim is to ultimately lead to improved patient access and more consistent care. This

initiative, taking place at The Burns Practice in Doncaster, will help us have a clear picture of where pressure points are and identify paths for improvement when meeting patient demands. This initiative is an opportunity to build upon the lessons learned and the collaborative spirit that emerged during the pandemic.

4.3 Rotherham

South Yorkshire and Bassetlaw Cancer Alliance are working with Cancer Research UK to deliver Talk Cancer Workshops across South Yorkshire, including in Rotherham. The first of these took place at The Unity Centre in Rotherham. Cancer Research UK's cancer awareness training programme, Talk Cancer, equips everyday people with the skills and confidence to have conversations about cancer and health with people in their community.

4.4 Barnsley

Amanda Pritchard, NHS England Chief Executive, visited the Community Diagnostic Centre (CDC) at Barnsley Glass Works and the How's Thi Ticker initiative at the nearby market. At both Amanda was able to see the ground-breaking work that is being done in the town, which is expected to be used as an exemplar for how the wider NHS can provide services in town centres and other community spaces. The CDC itself has been awarded the prestigious title of "Project of the Year" at the annual Healthcare Estates and Facilities Management Awards (HEFMA).

5. General Updates

5.1 CYP Alliance obesity event

The South Yorkshire Children and Young People's Alliance held a collaborative networking event with partner organisations to look at services across South Yorkshire to manage obesity for children and young people. The South Yorkshire Children and Young People's Alliance programme of work aims to reduce health inequalities and improve outcomes for children and young people in South Yorkshire with a strong focus on ensuring early intervention and prevention.

One of the programme's priorities is to work in partnership to reduce childhood obesity and promote healthy lifestyles that will be maintained into adulthood. We know children and young people who experience inequalities and live in poverty are more likely to be obese. It is vital they have access to services and social prescribing offers that best support their needs locally. The event was in line with the Integrated Care Partnership strategy to give children in South Yorkshire the best start in life.

5.2 Black History Month

Black History Month is held each year in October. It is a national celebration aiming to promote and celebrate the contributions of Black communities to society and to foster a better understanding of Black history in general. It provides an opportunity to celebrate the here and now and to look forward to future possibilities.

One of the ways we can do this is by highlighting role models and the Health Service Journal published a list of the most influential Black, Asian and minority ethnic people in health during October 2023. In the list is Professor Laura Serrant, who back in 1986 was one of the first nursing students to graduate from Sheffield City Polytechnic and the only Black nurse in the class. Prof Serrant's poem about the Windrush Generation's contribution to the NHS is incorporated as part of the monument near Waterloo Station celebrating this.

5.3 National Awards

5.3.1 Allied Health Professionals

Allied Health Professionals celebrated AHP awareness day in October to share the important role they play. AHPs are the third-largest clinical workforce within health and care, and they play a pivotal role in providing excellent care to patients. The theme for this year builds on the NHS Long Term Workforce Plan about being in the right place at the right time and with the right skills, and this is key given the role AHPs can play in both the prevention of ill health and supporting people back to health after an inpatient stay, amongst many other important roles. In South Yorkshire AHPs won four of the eight awards they were nominated for at the Chief AHP Officer awards. These were:

- AHP Public Health Champion award 2023. This went to the Sport for Confidence Team after they conducted a pilot embedding physical activity into a whole system approach to adult health & social care.
- AHP Digital practice award 2023. This was awarded to Rachel Radford, a Speech and Language Therapist from The Rotherham Foundation Trust, for embedding video appointments for Voice Therapy, which was subsequently adopted across the ICS.
- AHP Workforce transformation award 2023. This was awarded to Fiona Leahy, a Physiotherapist from Doncaster and Bassetlaw Teaching Hospital Trust, for her system wide work on Support Workforce education and career advancement, and inception of T Level industry placements.
- AHP Research impact award 2023. This was awarded to Natalie Jones, Clinical Academic Occupational Therapist, Research Associate and NIHR Clinical Doctorate Fellow at University of Sheffield and Sheffield Teaching Hospitals Foundation Trust.

5.3.2 Medicines Management

The Medicines Optimisation Teams in Sheffield and Rotherham have received national recognition at the 2023 PrescQIPP Awards. The Rotherham team won the Patient Safety and Addressing Overprescribing Award for the launch of Antidepressant Review Clinics, which also won the overall PrescQIPP Silver award. Antidepressant Review Clinics in Rotherham have helped to significantly reduce long term use of antidepressants in the area. The new virtual clinics allow patients that wish to stop their antidepressants to receive quick support and counselling.

The Sheffield team, in collaboration with Sheffield's Childrens Hospital, won the Sustainability Award for their Collaborative Inhaler Returns initiative. The Collaborative

Inhaler Returns initiative has seen a programme of education for patients about safe disposal of inhalers and new ways to do so. All used inhalers, minus the spacer, can be returned to local pharmacies or Sheffield Children's Hospital for safer disposal.

Gavin Boyle
Chief Executive NHS South Yorkshire Integrated Care Board
Date: 1 November 2023

7. For Information

7.1. Chair Report

For Information

Presented by Sheena McDonnell

REPORT TO THE BOARD OF DIRECTORS		REF:	BoD: 23/12/07/7.1

SUBJECT:	**CHAIR'S REPORT**				
DATE:	7 December 2023				
PURPOSE:		*Tick as applicable*			*Tick as applicable*
	For decision/approval			*Assurance*	✓
	For review	✓		*Governance*	
	For information	✓		*Strategy*	
PREPARED BY:	Sheena McDonnell, Chair				
SPONSORED BY:	Sheena McDonnell, Chair				
PRESENTED BY:	Sheena McDonnell, Chair				

STRATEGIC CONTEXT

To report events, meetings publications and decisions that the Chair would like to bring to the Board's attention.

EXECUTIVE SUMMARY

This report is intended to give a brief outline of some of the key activities undertaken as Chair since the last meeting and highlight several items of interest. The items are not reported in any order of priority.

RECOMMENDATIONS

The Board of Directors is asked to receive and note this report.

1.1 Festival of Lights

I was delighted to attend celebrations to mark the Hindu festivals of Diwali and Onam at the hospital where many of our internationally educated nurses were sharing with us their culture and customs from the festivals. There was lots of music, dancing and some traditional foods eaten at the festivals too.

1.2 NHS Director for People

In November, we also had a visit from Professor Em Wilkinson-Brice, NHS National Director for People. She visited teams across the hospital and followed it up with some complimentary social media. One post said: “Speaking to nurses just arrived from India and how welcomed they are, to Intensive Care Unit and Emergency Department colleagues who talk with such positivity about the people focus here.” She also described our Estates and Facilities team as ’impressive’. We know our hospital is a friendly, hard-working place – but it’s nice to have it publicly recognised by such a high-profile visitor.

1.3 Brilliant Awards

This month saw two presentations one to Tracey Fletcher for her work going above and beyond to support patients, this was an award nominated by a member of the public. The second award went to Tony Whitelam for his brilliant work in supporting our foundation doctors making them feel welcome and helping them to navigate the transition from medical student to clinician. Well done and well deserved Tony and Tracey.

Best for Performance

2.1 NHS Chief Executive

Amanda Pritchard the Chief Executive of the NHS visited us in Barnsley to see some of the brilliant work that is taking place at the Trust and with our partners. She visited the Community Diagnostic Centre (CDC) and spent a lot of time talking to colleagues and members of the public who were using the services. Amanda had an opportunity to hear about the impact of the CDC on clearing backlogs of diagnostic testing and increasing the uptake of breast screening and reducing the numbers of people who do not attend their appointments as the centre is so accessible in the heart of the town.

2.2 Health Inequalities

With our partners at the Council, we also hosted the Director Generals from the Department of Health and Social Care and Disability and Health as well as the Department of Work and Pensions. This was an opportunity to showcase some of the work we have been doing to address health inequalities through our approach to health on the high street. It was also an opportunity to demonstrate the role of anchor institutions and their contribution to Place making and economic regeneration as well as addressing health outcomes.

Best for Patients and the Public

3.1 Annual General Meeting

We held our annual general meeting in October at the Barnsley College Business Centre which was an opportunity for us to look back at all the Trust's achievements over the last twelve months and to look ahead at the opportunities in the coming year.

3.2 Governors

A warm welcome and congratulations to Tom Wood, new Lead Governor , who is filling the role previously held by Graham Worsdale who has now stepped down as lead although remains a Governor. I would like to personally thank Graham for his dedicated service. Among Tom's ambitions in his new role, is to promote Trust membership and governor roles to younger age groups. For the first time, we will also be having a deputy Lead Governor role and that will be filled by Adriana Rustemi. We will be also welcoming three new public governors in January following our governor elections.

Best for Place

4.1 Place Board

This group continues to meet with partners from across health and care systems including primary care, the Voluntary and Community sectors, and the Local Authority. The meetings are held in public and questions are invited from members of the public. The most recent meeting in November focussed on a community story focused on supporting young people in health and social care as well as the primary care access recovery plan and the plans for winter.

4.2 Integrated Care Partnership (ICP)

The Integrated Care Partnership held its last meeting in November with its key theme focussing on smoking cessation, including actions to address smoking, and vaping particularly among young people, research and innovation and update son the integrated care strategy.

4.3 Rotherham Strategic Partnership programme

The strategic partnership we have with Rotherham is working well and is a key part of our strategic goals at both trusts. We have a joint work programme for delivery which includes

joint strategic leaders' events exploring opportunities for collaboration and learning as well as a review of our clinical service areas.

5.1 Proud of Barnsley Awards

The hospital was featured in many of the awards and nominations at the glittering night of celebrations at the Proud of Barnsley awards. Three of our teams were well deserved nominees including the Diabetes and Endoscopy Teams, sadly there could only be one winner our Lead Colorectal/Stoma Care Clinical Nurse Jane Parker and her team won the 'Hospital Hero' category. A long-term supporter of Barnsley Hospital Charity was also a winner in the Charity Fundraiser category, Robert Blackburn raises money for Barnsley Hospital Charity's Neonatal Unit fund for tiny babies who are born prematurely. Hospital Volunteer Margaret Broadhead was also nominated for an award as well as another charity supporter Tony Batty who won the 'Community Hero' category. It was a fantastic night at the Metrodome.

5.2 Governor role across South Yorkshire

We recently participated in an event for all Governors hosted by the Acute Federation, which is an alliance of all the acute hospitals across South Yorkshire. The purpose of the event was to keep Governors informed about the work taking place across the system and their role within it beyond the boundaries of Barnsley. It was also an opportunity to meet with and discuss with other governors from trusts at hospitals in the region.

Sheena McDonnell
Chair
December 2023

7.2. Chief Executive Report

For Information

Presented by Richard Jenkins

REPORT TO THE BOARD OF DIRECTORS	REF:	BoD: 23/10/05/7.2

SUBJECT:	**CHIEF EXECUTIVE'S REPORT**				
DATE:	7 December 2023				
PURPOSE:		*Tick as applicable*			*Tick as applicable*
	For decision/approval			*Assurance*	✓
	For review	✓		*Governance*	
	For information	✓		*Strategy*	
PREPARED BY:	Emma Parkes, Director of Marketing & Communications				
SPONSORED BY:	Richard Jenkins, Chief Executive				
PRESENTED BY:	Richard Jenkins, Chief Executive				

STRATEGIC CONTEXT

To report particular events, meetings publications and decisions that the Chief Executive would like to bring to the Board's attention.

EXECUTIVE SUMMARY

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

RECOMMENDATIONS

The Board of Directors is asked to receive and note this report.

1 Operational Update

Winter is traditionally the busiest time in an acute hospital and that remains true at Barnsley. Operational pressures have remained high during recent weeks and I would like to thank colleagues for their continued hard work during times of pressure. Industrial action has for now subsided with no new confirmed action on the immediate horizon. The Trust continues to work proactively and in collaboration with health and social care partners to minimise discharge delays and reduce pressures. Although November has been a less difficult month than the corresponding period last year, this has more to do with the high prevalence of influenza and other winter viruses last year. Our winter plans are in place alongside those of our partners in Barnsley.

1.1 Elective Recovery Update

The Trust continues to perform well against the national ambition in terms of no patients waiting over 78 weeks for their definitive treatment and remains confident in achieving the next milestone of no patients waiting over 65 weeks by April 2024. From a diagnostic perspective, the national ambition is to have 5% or fewer patients waiting over six weeks by April 2025. The Trust remains on track to deliver this target. Cancer performance against key national indicators continues to perform well against the new Diagnosis Standard.

1.2 Amanda Pritchard CEO Visit to the Community Diagnostics Centre (CDC)

The Trust was delighted to welcome the Chief Executive of the NHS, Amanda Pritchard, to our Community Diagnostic Centre (CDC) in November 2023.

Amanda was given a tour of the CDC by myself, our Chair Sheena McDonnell and Gavin Boyle, Chief Executive of the South Yorkshire Integrated Care Board. She went on to meet radiographers, sonographers, speciality nurses in the Capsule Endoscopy Service and NHS apprentices and trainees.

Amanda said of her visit: “It was amazing to visit Barnsley and see first-hand the huge difference that the Community Diagnostic Centre is having on the lives of local people. By bringing health checks to the high street, staff there working with their local partners, are ensuring services are as convenient as possible for patients as well as successfully driving down waiting times. The staff working at the Glassworks CDC and at local blood pressure checks in the market were incredible – from student radiographers to specialist nurses, they should all be immensely proud of their work - it is absolutely first class and exactly what we want to see

happening for patients right across the country.

1.3 Financial recovery

The Trust has been working with partners in the South Yorkshire (SY) Integrated Care Board (ICB) to address the aggregate financial challenge for the 2023-24 financial year. Most SY Trusts have improved their financial forecasts but there remains a significant financial challenge and further work is underway to address this.

Best for Patients and the Public

2 Winter Vaccination Programme

The flu and Covid-19 vaccination programme began for healthcare workers on Monday 18 September 2023. As NHS workers, our staff have a higher risk of exposure to the flu and Covid-19 viruses. Both flu and Covid-19 can be life-threatening and being infected by either increases the risk of serious illness. The vaccination programme will support our staff to protect themselves and our patients during the winter period

Best for People

3.1 National NHS Director of People Visit

In November 2023 I had the pleasure of welcoming Em Wilkinson-Brice, NHS England Director of People to Barnsley Hospital. Em spent time with our Senior Leaders and also visited several areas within the hospital to talk to our colleagues about their work and their experience of working at the Trust. Following the visit, Em posted a series of tweets that commended our colleagues in Barnsley Facilities Services for their 'top performing' Staff Survey responses rate and their impressively low sickness rates. Em also commented on our colleagues 'who talk with such positivity about the people focus here' at Barnsley.

3.2 Proud of Barnsley 2023

The annual Proud of Barnsley Awards took place on 17 November 2023 with the Trust leadership represented by Bob Kirton, Managing Director, and Sheena McDonnell, Chair.

Nominees for the Barnsley Hospital award, Hospital Hero are submitted by the people of Barnsley and I was delighted that Lead Colorectal/Stoma Care Clinical Nurse Jane Parker and her team won the award this year.

A grateful daughter nominated Jane and her team following the care and support that her mum received as she adapted to living life with a stoma. Friendly and compassionate, the team were praised for their humour as well as their outstanding emotional support.

A long-term supporter of Barnsley Hospital Charity was also a winner in the Charity Fundraiser category. Robert Blackburn took on the challenge of swimming in the Great North Swim in Windermere, covering a total of two miles. Robert raises money for Barnsley Hospital Charity's Neonatal Unit fund for tiny babies who are born prematurely. Congratulations to the winners and to everyone who received a nomination. I am extremely proud of the excellent work our colleagues and volunteers do every day at the hospital.

3.3 NHS Staff Survey

The annual NHS National Staff Survey has now closed. The hospital achieved a response rate of circa 60% against an average response rate of just over 44% which is an increase from last year. The survey is the single most important assessment of how people feel about working here, so getting feedback from as many colleagues as possible is really important. The Trust's report is expected in quarter four of this financial year.

3.4 Diwali and Onam Festivals

I was delighted to join colleagues at the hospital in celebrating the Hindu festivals of Diwali and Onam this month.

The hospital's international nurses and the Race Equality Staff Network met in Collier's, the hospital restaurant, and invited others to learn about their culture and customs including traditional dancing and food tasting.

I would like to thank colleagues from the Inclusion and Wellbeing team and the Race Equality Staff Network for the collective effort into the event and into educating everyone about different cultures and customs, and the diversity our international colleagues bring. The majority of our international nurses are from India and Pakistan and we are proud to celebrate them.

Best Partner

The Trust continues to work with partners locally, regionally and at a national level to deliver a co-ordinated and consistent approach to the effective management of services.

4 Barnsley Hospital NHS Foundation Trust and The Rotherham NHS Foundation Trust partnership

On 10 November 2023 the Executive Teams and Senior Leaders from both Trusts attended a joint development session to share best practice and to further strengthen existing peer to peer colleague relationships. We were fortunate to have Sir Jim Mackey as guest speaker; Jim shared his leadership journey and the work Northumbria Healthcare NHS FT has done as an outstanding-rated integrated provider in the North East.

The triumvirate leadership teams of the Barnsley Clinical Business Units and their counterparts from the Divisions at Rotherham took part in the start up event for the joint leadership development programme that will take place over the next 12 months.

Dr Richard Jenkins
Chief Executive
December 2023

7.3. NHS Horizon Report

For Information

Presented by Emma Parkes

REPORT TO THE BOARD OF DIRECTORS	REF:	BoD: 23/12/07/7.3

SUBJECT:	**NHS HORIZON REPORT**				
DATE:	7 December 2023				
PURPOSE:		*Tick as applicable*			*Tick as applicable*
	For decision/approval			*Assurance*	
	For review	✓		*Governance*	
	For information	✓		*Strategy*	✓
PREPARED BY:	Emma Parkes, Director of Communications & Marketing				
SPONSORED BY:	Richard Jenkins, Chief Executive				
PRESENTED BY:	Emma Parkes, Director of Communications & Marketing				

STRATEGIC CONTEXT

To provide a brief overview of NHS Choices reviews and ratings together with information on relative key developments, news and initiatives across the national and regional healthcare landscape which may impact or influence the Trust's strategic direction.

EXECUTIVE SUMMARY

Summary of content:

- NHS Feedback Ratings for Barnsley Hospital
- National Data Platform Update
- New National NHS Accounting System Update
- New Guidance for stroke Patients in the NHS

RECOMMENDATIONS

The Board of Directors is asked to receive the contents of this report for information.

Subject:	INTELLIGENCE REPORT	Ref:	BoD: 23/12/07/7.3

*please note that this is not an exhaustive report, submissions welcome to emmaparkes1@nhs.net

SUBJECT

NHS Feedback for Barnsley Hospital

All feedback received via NHS Choices is reviewed and circulated to the relevant Clinical Business Unit Leadership Team. Although posts are anonymous, all posts are acknowledged on NHS Choices by the Communications Team. Where appropriate, people are encouraged to contact PALS to discuss their concerns.

Excellent service ★★★★★ November 2023

I visited the breast clinic and was seen promptly and given my results that morning. Fortunately I had good news. The nurse practitioner and mammographer were extremely kind and professional and I could not fault them. Thank you.

First Class Service ★★★★★ November 2023

Transferred to Barnsley from Sheffield, following fracture to right humerus; in short, broken arm. From my first visit to the most recent appointment faultless service from all staff members in the Orthopaedic and X Ray departments, including reception, all nurses, doctors and consultant. Can't thank them enough for their patience, courtesy and high standard of care. The overall service was exemplary, communication was efficient, and delivery by everyone demonstrated a warmth and caring attitude that made my situation a pleasure rather than a trauma. Due to satisfactory progress, I was referred for physiotherapy and later the same day had my first session booked for the following week. I cannot stress enough the patient care I received from the Orthopaedic department was 'first class'. No long waits, no wondering who does what, how and when. Every concern dealt with promptly by a team of individuals who's commitment, attitude and application made this patients situation easier to bear. Sincere thanks and appreciation for everyone's efforts.

Fantastic service ★★★★★ November 2023

I went to Barnsley hospital with blood pressure of 205/103, I was brought in by ambulance staff were brilliant, On arrival I expected a long wait but I was shown straight away to the triage area my blood pressure was taken canular put in bloods taken and abdominal scan done all within first half hour then I was taken to a cubicle in there I was seen by another doctor who examined me it was then a longish wait for blood results and seen by third doctor who gave me another thorough examination. The service was exceptional thank you so much.

Amazing service ★★★★★ November 2023

I had an accident and broke my ankle. My ankle then needed to be operated on so it could be pinned & platted. On the Tuesday afternoon seeing a consultant I was put on the trauma list. Wednesday morning at 8.00am I was phoned & asked to be at Theatre Arrivals at 11.00am. I was met by the Sister who introduced me to the nurse who was to oversee my care on the ward . 1.00pm I went down for surgery everyone I met were friendly, supportive & very kind. I returned from surgery with such kindness & care from all the staff on the ward. The ward was immaculately clean a credit to everyone involved with it !! I left the ward at 6.00pm for home what a fabulous service Barnsley Hospital. Thank you.

SUBJECT

Excellent care, communication and treatment ★★★★★ October 2023
I was subjected to diagnostic endoscopy and gastroscopy on the Day Surgery / Endoscopy Unit. I would like to praise all the staff on the unit and the nurse who offered me a telephone consultation before my visit. I was treated with kindness, care and understanding and given ample opportunities to ask questions. The procedure was carried out very efficiently and with a high degree of professionalism, the results were given to me shortly afterwards along with information regarding changes I need to make as a result of the investigations. The NHS and staff within are subjected to a high level of stress and pressure, none of this was evident in any of my dealings with everyone I met. If there were a star rating I would be awarding the team, and the hospital 5 stars. Keep up the excellent work.

Amazing Service ★★★★★ October 2023
My mum was taken by ambulance to BDGH A&E. She was treated with nothing but respect. The staff were all helpful and put her at ease. From the ambulance staff, staff in A&E, resus and all the Doctors - Everyone we met in A&E were simply the best. She had had a fall and broke her hip and wrist. Now on Trauma unit awaiting hip replacement. Thankyou

Great practice! ★★★★★ October 2023
I could not fault the care I received at Barnsley hospital. After a quick turn of events during my labour the doctors, nurses and midwife's were amazing! They explained everything and made sure myself and my baby boy were both safe. They delivered him and proved the best care for both of us! They reassured my partner and supported him also. The midwife came to check I understood why decisions were made at the time of my labour and made sure I was happy with the care. The care I have received after has been amazing also! I would highly recommend Barnsley hospital. A huge thank you to them all and the sapphire team that have looked after us right from pregnancy to the day we've been discharged. We will be forever grateful.

Very good experience ★★★★★ October 2023
Appointment at coloscopy dept. Excellent service. All female staff, treated with respect and dignity, very good experience. Welcomed by named staff, private facilities to undress, small, treatment room with only 3 staff present.. This is a first class way to run a service in what is an intimate and sometimes scary procedure.

US firm Palantir has been awarded £330m contract to provide the national federated data platform to the NHS for up to seven years.

The US-based firm, which bid in partnership with Accenture, beat other bidders including IBM and Oracle Cerner. The contract represents one of the biggest NHS data projects in recent years and has been mired in controversy since its inception.

NHS England said the platform would be available from spring, after a six-month implementation period. Every hospital and integrated care board will have their own version of the platform which can connect and collaborate with other data platforms as a 'federation'.

Additional funding has been set aside for other organisations to bid in separate, future procurements to build new products onto the platform that are interoperable and provide the opportunity for the NHS to benefit from new innovations from a range of suppliers.

The safety and security of patient data is front and centre of this new system. No new data will be collected, and GP data will not be part of the national platform. The contract includes the creation by the supplier of a hub in the North West of England. Data will not leave the UK.

SUBJECT
NHSE's plan is for the FDP to be used at local, regional and national level — with the software enabling data from different systems to be connected to help clinicians and managers plan and deliver care more effectively. It is hoped this will support national elective recovery targets, care coordination efforts, vaccine and immunisation projects, population health management, and supply chain management.
New National Accounting System Delay The delivery of a new national accounting system expected to go live in April 2024 is expected to be delayed by up to six months because the joint NHSE and NHS Shared Business services programme team had decided to invest more time to ensure the service, system and all NHS organisations are in a strong operationally ready position prior to transition. NHS Shared Business Services, the joint venture between the Department of Health and Social Care and French technology firm Sopra Steria which runs the existing Integrated Single Financial Environment, will be delivering deliver the next iteration of the enterprise resource planning system. In April 2023, NHS SBS announced it had picked Oracle Fusion Cloud Enterprise Resource Planning to build the new system, a business-critical contract that supports financial processes relating to the NHS England Group's annual spend of approximately £150bn.
New guidance for stroke patients announced. New guidance has been issued by the National Institute for Health and Care Excellence which says recovering stroke patients should receive therapy for at least three hours a day, five days each week. The recommendations are made NICE's updated guideline on stroke rehabilitation in adults. The guideline says that people who have had a stroke should be offered, needs-based rehabilitation for at least 3 hours a day on at least 5 days of the week covering a range of multidisciplinary therapy including physiotherapy, occupational therapy and speech and language therapy. This is an increase in rehabilitation compared with NICE's original guideline published in 2013. The evidence reviewed by the independent committee for the update showed more intensive rehabilitation improved quality of life and activities of daily living. They also heard from people recovering from stroke, and their families and carers, who felt strongly that more intensive rehabilitation would be useful in helping them to recover faster.

7.4. 2023/24 Work Plan

To Note

Presented by Sheena McDonnell

REPORT TO THE BOARD OF DIRECTORS			REF:		BoD: 23/12/07/7.4
SUBJECT:	**2023/24 BOARD WORK PLAN**				
DATE:	7 December 2023				
PURPOSE:		*Tick as applicable*			*Tick as applicable*
	For decision/approval			*Assurance*	
	For review	✓		*Governance*	✓
	For information			*Strategy*	
PREPARED BY:	Lindsay Watson, Corporate Governance Manager				
SPONSORED BY:	Sheena McDonnell, Chair				
PRESENTED BY:	Sheena McDonnell, Chair				

STRATEGIC CONTEXT

This report is presented to the Board of Directors to support the Trust Objectives and to ensure that the Board received the right reports at the designated time.

EXECUTIVE SUMMARY

The forward planner sets out the information to be presented to the Board for the current financial year. The forward is an evolving document and will be reviewed and updated on a regular basis and presented at each Board meeting.

RECOMMENDATIONS

The Board is requested note the Public Board Work Plan for the period April 2023 – March 2024 for information.

Board of Directors Public Work Plan: April 2023 - March 2024

Standing Agenda Item	Executive Lead	Presenter of the report	Action	06.04.23	01.06.23 (Nick Mapstone)	03.08.23	05.10.23	07.12.23	01.02.24
Introduction									
Apologies & Welcome	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Declarations of Interest	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Quoracy	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Minutes of the previous meeting	Sheena McDonnell Chair	Sheena McDonnell Chair	Approve	✓	✓	✓	✓	✓	✓
Action log	Sheena McDonnell Chair	Sheena McDonnell Chair	Review	✓	✓	✓	✓	✓	✓
Patient/Staff Story	Sarah Moppett Director of Nursing, Midwifery & AHPs	Sarah Moppett Director of Nursing, Midwifery & AHPs	Note	✓	✓	✓	✓	✓ - Staff Story	✓
Culture									
Freedom to Speak Up Reflection and Planning Tool	Steve Ned Director of People	Theresa Rastall Freedom to Speak up Guardian	Assurance		✓				✓
Freedom to Speak Up Update	Steve Ned Director of People	Theresa Rastall Freedom to Speak Up Guardian	Assurance				✓		
Freedom to Speak up Strategy 2022 - 2027 (approved by People Committee in April 2023)	Steve Ned Director of People	Theresa Rastall Freedom to Speak up Guardian	Assurance		✓				
NHS Staff Survey 2022	Steve Ned Director of People	Steve Ned Director of People	Assurance	✓					
Annual Guardian of Safe Working	Simon Enright Medical Director	Simon Enright Medical Director	Assurance				Deferred		✓
Assurance									
Chairs log: Quality and Governance Committee(Q&G)	Sarah Moppett Director of Nursing, Midwifery & AHPs	Kevin Clifford Chair of Q&G/ Non-Executive Director	Assurance/ Approval	✓ (22/2 & 29/3)	✓ (26/4 & 24/5)	✓ (28/6 & 26/7)	✓ (30/8 & 27/9) Annual Effectiven	✓ (25/10 & 29/11)	✓ (20/12 & 24/1/24)

Standing Agenda Item	Executive Lead	Presenter of the report	Action	06.04.23	01.06.23 (Nick Mapstone)	03.08.23	05.10.23	07.12.23	01.02.24
Safeguarding Annual Report (following presentation at Q&G in March 2023) Analysis/debrief capturing the lessons learned from the recent industrial action (discussed at the BoD on 6/4/23, date tbc) Infection Prevention and Control Annual Report & Annual Programme Annual End-of-Life Report Care Partner Policy Policy for approval: Patient Safety Incident Response Policy/Patient Safety Incident Response Plan (approved in Q&G in August 2023)							ess Review		
	Sarah Moppett Director of Nursing, Midwifery & AHPs	Sarah Moppett Director of Nursing, Midwifery & AHPs/ Kevin Clifford Chair of Q&G/ Non-Executive Director			✓				
	Simon Enright Medical Director/ Sarah Moppett Director of Nursing, Midwifery & AHPs	Simon Enright Medical Director/ Sarah Moppett Director of Nursing, Midwifery & AHPs	Assurance						
	Sarah Moppett Director of Nursing, Midwifery & AHPs	Sarah Moppett Director of Nursing, Midwifery & AHPs	Assurance/ Approval		✓				
	Sarah Moppett Director of Nursing, Midwifery & AHPs	Sarah Moppett Director of Nursing, Midwifery & AHPs	Assurance				✓		
	Sarah Moppett Director of Nursing, Midwifery & AHPs	Sarah Moppett Director of Nursing, Midwifery & AHPs	Assurance		✓				
	Sarah Moppett Director of Nursing, Midwifery & AHPs	Sarah Moppett Director of Nursing, Midwifery & AHPs	Approval				✓		
Health and Safety Management Policy (presented to Q&G in June 2023)	Bob Kirton Chief Delivery Officer/Deputy CEO	Bob Kirton Chief Delivery Officer/Deputy CEO	Assurance/ Approval			✓			
FireCode Statement (presented to Q&G in June 2023)	Bob Kirton Chief Delivery Officer/Deputy CEO	Bob Kirton Chief Delivery Officer/Deputy CEO	Assurance/ Approval			✓			

Standing Agenda Item	Executive Lead	Presenter of the report	Action	06.04.23	01.06.23 (Nick Mapstone)	03.08.23	05.10.23	07.12.23	01.02.24
Chairs Log: Finance & Performance (F&P)	Chris Thickett Director of Finance	Stephen Radford Chair of F&P/ Non-Executive Director	Assurance	✓ (23/2 & 30/3)	✓ (27/8 & 25/5)	✓ (29/6 & 27/7)	✓ (31/8 & 28/9) Annual Effectiveness Review	✓ (26/10 & 30/11)	✓ (21/12 & 25/1/24)
Cyber Security Annual Report	Tom Davidson Director of ICT	Tom Davidson Director of ICT	Assurance		✓				
Cyber Security Update (June 2023)	Tom Davidson Director of ICT	Tom Davidson Director of ICT	Assurance		✓				
Information Governance Annual Report	Tom Davidson Director of ICT	Tom Davidson Director of ICT	Assurance		✓				
Data Protection Toolkit (F&P June 2023)	Tom Davidson Director of ICT	Tom Davidson Director of ICT	Approval			✓			
Chairs Log: People Committee	Steve Ned Director of Workforce	Sue Ellis Chair of People/ Non-Executive Director	Assurance	✓ (28/3)	✓ (25/4)	✓ (27/6)	✓ (26/9) Annual Effectiveness Review	✓ (28/11)	✓ (23/1/24)
Equality Delivery System (EDS) Report	Steve Ned Director of Workforce	Steve Ned Director of Workforce	Assurance /Approval		✓				
Culture and Occupational Development Strategy	Steve Ned Director of Workforce	Steve Ned Director of Workforce	Information/ Note					✓	
Sexual Safety Charter	Steve Ned Director of Workforce	Steve Ned Director of Workforce	Information/ Note					✓	
Chairs Log: Audit Committee	Chris Thickett Director of Finance	Nick Mapstone Chair of Audit Committee Non-Executive Director	Assurance		✓ (25/4)	✓ (12/6 & 12/7) Annual Effectiveness Review – circulated to		✓ (11/10)	✓ (17/1/24)

Standing Agenda Item	Executive Lead	Presenter of the report	Action	06.04.23	01.06.23 (Nick Mapstone)	03.08.23	05.10.23	07.12.23	01.02.24
						BoD after the meeting)			
Chairs Log: Barnsley Facilities Services (BFS)	Rob McCubbin Managing Director of BFS	David Plotts Director of BFS Non-Executive Director	Assurance	✓	✓	✓	✓	✓	✓
Executive Team Report and Chair's Log	Richard Jenkins Chief Executive	Richard Jenkins Chief Executive	Assurance	✓	✓	✓	✓	✓	✓
Complaints Annual Report	Sarah Moppett Director of Nursing, Midwifery & AHPs	Sarah Moppett Director of Nursing, Midwifery & AHPs	Assurance/ Approval			✓			
Performance									
Integrated Performance Report (IPR)	Bob Kirton Chief Delivery Officer/Deputy CEO	Lorraine Burnett Director of Operations	Assurance	✓	✓	✓	✓	✓	✓
Trust Objectives 2023/24 Sign-Off	Bob Kirton Chief Delivery Officer/ Deputy CEO	Bob Kirton Chief Delivery Officer/ Deputy CEO	Review /Endorse	✓					
Trust Objectives 2022/23 End of Year Report	Bob Kirton Chief Delivery Officer/ Deputy CEO	Bob Kirton Chief Delivery Officer/ Deputy CEO Gavin Brownett Associate Director of Strategy and Planning	Assurance		✓				
Trust Objectives 2023/24	Bob Kirton Chief Delivery Officer/ Deputy CEO	Bob Kirton Chief Delivery Officer/ Deputy CEO Gavin Brownett Associate Director of Strategy and Planning	Assurance			✓ Q1		✓ Q2	✓ Q3
Winter Plans	Bob Kirton Chief Delivery Officer/Deputy CEO/ Lorraine Burnett Director of Operations	Bob Kirton Chief Delivery Officer/Deputy CEO/ Lorraine Burnett Director of Operations	Assurance				✓		

Standing Agenda Item	Executive Lead	Presenter of the report	Action	06.04.23	01.06.23 (Nick Mapstone)	03.08.23	05.10.23	07.12.23	01.02.24
Quarterly Mortality Report (6/12 effective from February 2024)	Simon Enright Medical Director	Simon Enright Medical Director	Assurance			✓			✓
Maternity Services Board Measures Minimum Data Set (Ockenden Report)	Sarah Moppett Director of Nursing, Midwifery & AHPs	Sarah Moppett Director of Nursing, Midwifery & AHPs/ Sara Collier-Hield Head of Midwifery	Assurance	✓	✓	✓	✓	✓	✓
Midwifery Staffing Report: six monthly update (moved from November to Public Board in December)	Sarah Moppett Director of Nursing, Midwifery & AHPs	Sarah Moppett Director of Nursing, Midwifery & AHPs/ Sara Collier-Hield Head of Midwifery	Assurance					✓	
Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme(MIS)	Sarah Moppett Director of Nursing, Midwifery & AHPs	Sarah Moppett Director of Nursing, Midwifery & AHPs	Assurance						✓
Annual Report of Workforce, Race and Equality Standard	Steve Ned Director of Workforce	Steve Ned Director of Workforce	Assurance/ Approval				✓		
Annual Workforce Disability Equality Standard	Steve Ned Director of Workforce	Steve Ned Director of Workforce	Assurance/ approval				✓		
Annual Fit and Proper Person Test 2022/23	Sheena McDonnell Chair	Steve Ned Director of Workforce	Assurance				✓		
Annual Health and Safety Report	Bob Kirton Chief Delivery Officer/Deputy CEO	Bob Kirton Chief Delivery Officer/Deputy CEO	Assurance					✓	
Annual NHSE Emergency Core Prep Standards	Bob Kirton Chief Delivery Officer/Deputy CEO	Mike Lees Head of Resilience & Security	Assurance					✓	
Annual Doctors Appraisal & Revalidation Report	Simon Enright Medical Director	Simon Enright Medical Director	Assurance				✓		
Annual Safe Guarding Children and Adults Report 2021/22	Sarah Moppett Director of Nursing, Midwifery & AHPs	Sarah Moppett Director of Nursing, Midwifery & AHPs	Assurance						✓
Governance									

Standing Agenda Item	Executive Lead	Presenter of the report	Action	06.04.23	01.06.23 (Nick Mapstone)	03.08.23	05.10.23	07.12.23	01.02.24
Constitution Review (January Strategic Session)	Angela Wendzicha Interim Director of Corporate Governance	Angela Wendzicha Interim Director of Corporate Governance	Approve						
Board Assurance Framework (BAF)/Corporate Risk Register	Angela Wendzicha Interim Director of Corporate Governance	Angela Wendzicha Interim Director of Corporate Governance	Review/ Approval	✓	✓	✓		✓	✓
Board Code of Conduct	Angela Wendzicha Interim Director of Corporate Governance	Angela Wendzicha Interim Director of Corporate Governance	Review/ Approval						✓
Bi-annual report of the use of the Trust seal (bi-annual)	Angela Wendzicha Interim Director of Corporate Governance	Angela Wendzicha Interim Director of Corporate Governance	Assurance				✓		
Annual Submission of the Board of Directors Register of Interest	Angela Wendzicha Interim Director of Corporate Governance	Angela Wendzicha Interim Director of Corporate Governance	Assurance	✓					
Annual review of: • Standing orders (SOs) • Standing Financial Instructions (SFIs) • Scheme of Delegation	Chris Thickett Director of Finance / Angela Wendzicha Interim Director of Corporate Governance	Chris Thickett Director of Finance/ Angela Wendzicha Interim Director of Corporate Governance	Assurance						✓ ✓
Terms of Reference for: • Audit • Q&G • F&P • People Committee	Angela Wendzicha Interim Director of Corporate Governance	Angela Wendzicha Interim Director of Corporate Governance	Assurance						✓
Quality Accounts 2022/23	Sarah Moppett Director of Nursing, Midwifery & AHPs	Sarah Moppett Director of Nursing, Midwifery & AHPs	Assurance		✓				
Benefits Realisation Papers Schedule of Return									
Community Diagnostics Centre (Phase 1)	Bob Kirton Chief Delivery Officer/ Deputy Chief Executive	Bob Kirton Chief Delivery Officer/ Deputy Chief Executive / Loraine Burnett Director of Operations	Review/ Approve	✓					
O Block Phase 2 (Gynaecology Specialist	Bob Kirton	Bob Kirton	Review/ Approve		✓				

Standing Agenda Item	Executive Lead	Presenter of the report	Action	06.04.23	01.06.23 (Nick Mapstone)	03.08.23	05.10.23	07.12.23	01.02.24
Services Antenatal/Postnatal Ward)	Chief Delivery Officer/ Deputy Chief Executive	Chief Delivery Officer/ Deputy Chief Executive / Loraine Burnett Director of Operations							
EPR Replacement Medway	Tom Davidson Director of ICT/ Chris Thickett Director of Finance	Tom Davidson Director of ICT/ Chris Thickett Director of Finance	Review/ Approve	✓					
System Working									
Barnsley Place Board (Verbal) including:	Sheena McDonnell Chair	Sheena McDonnell Chair Bob Kirton Chief Delivery Officer/ Deputy Chief Executive	Note	✓	✓	✓	✓	✓	✓
Barnsley Place Based Partnership: • Health and Care Plan 2023/25 • Tackling Health Inequalities in Barnsley • Barnsley Place Plan 2023/25 Summary	Bob Kirton Chief Delivery Officer/ Deputy Chief Executive	Bob Kirton Chief Delivery Officer/ Deputy Chief Executive Jo Minton Associate Director, Strategy PHM and Partnerships				✓			
Acute Federation (Verbal) including South Yorkshire & Bassetlaw (SY&B) Highlight Report	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Integrated Care Board Update (Verbal) including Integrated Care Board Chief Executive Report	Richard Jenkins Chief Executive/ Bob Kirton Chief Delivery Officer/ Deputy Chief Executive	Richard Jenkins Chief Executive/ Bob Kirton Chief Delivery Officer/ Deputy Chief Executive	Note	✓	✓	✓ (ICB 5 year plan)	✓	✓	✓

Standing Agenda Item	Executive Lead	Presenter of the report	Action	06.04.23	01.06.23 (Nick Mapstone)	03.08.23	05.10.23	07.12.23	01.02.24
Joint Strategy Partnership Update	Bob Kirton Chief Delivery Officer/ Deputy Chief Executive	Bob Kirton Chief Delivery Officer/Deputy Chief Executive	Assurance			✓			
For Information									
Chair Report	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
CEO Report	Richard Jenkins Chief Executive	Richard Jenkins Chief Executive	Note	✓	✓	✓	✓	✓	✓
NHS Horizon Report (formally Intelligence Report)	Emma Parkes Director of Communications & Marketing	Emma Parkes Director of Communications & Marketing	Assurance	✓	✓	✓	✓	✓	✓
Work Plan 2023 - 2024	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Any other Business									
Questions from the Governors regarding the Business of the Meeting	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Questions from the Public regarding the Business of the Meeting	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Board Observation Feedback	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	Jackie Murphy	Nick Mapstone	Tom Davidson	Hadar Zaman	Chris Thickett	Sue Ellis

Strategic Objectives:

Best for Patients and the Public	We will provide the best possible care for our patients and service users. We will treat people with compassion, dignity and respect, listen and engage, focus on quality, invest, support and innovate.
Best for People	We will make our Trust the best place to work by ensuring a caring, supportive, fair and equitable culture for all.
Best for Performance	We will meet our performance targets, and continuously strive to deliver sustainable services.
Best Partner	We will work with partners within South Yorkshire Integrated Care System to deliver improved and integrated patient pathways.
Best for Place	We will fulfil our ambition to be at the heart of the Barnsley place partnership to improve patient services, support a reduction in health inequalities and improve population health.
Best for Planet	We will build on our sustainability work to date and reduce our impact on the environment.

Jackie Murphy: Director of Nursing & Quality – up to 31.07.23

Becky Hoskins: Acting Director of Nursing & Quality – 01.08.23 – 29 September 2023
Sarah Moppett: Director of Nursing, Midwifery and AHP's – 2 October 2023 –

8. Any Other Business

8.1. Questions from the Governors regarding the Business of the Meeting

To Note

Presented by Sheena McDonnell

8.2. Questions from the Public regarding the Business of the Meeting

To Note

Presented by Sheena McDonnell

Members of the public may request that they address a question to the Board of Directors. Any member of the public wishing to do so must advise the Corporate Governance Manager at least 24 hours before commencement of the meeting, stating their name and the nature of the question. These questions shall be brought to the attention of the Chair before the commencement of the meeting and the decision as to whether any question will or will not be allowed to be put to the Board of Directors by any member of the public will lie with the Chair whose decision will be final.

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 this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

Date of next meeting: Thursday 1 February 2023 at 9.30 am