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

5.30-7.30PM, WEDNESDAY 12TH DECEMBER 2012
IN THE EDUCATION CENTRE, BARNESLEY HOSPITAL

AGENDA

1. Apologies & Welcome
2. To invite comments from members of the public
3. To receive any declaration of interests
4. To approve the Minutes of the Meeting held on 10th October 2012
5. To consider any matters arising from the Minutes of the last meeting
6. To consider preparatory work for the 2013/14 business plan
7. To review progress on the 2013/14 Quality Account
8. To receive a report from the Trust’s Chairman, Mr S Wragg
9. To receive a report from the Lead Governor, Mr J Unsworth
10. To receive a report from the Chief Executive, Mr P O’Connor
11. To receive feedback from national staff governor training day, Mrs V Mills
12. To review and endorse the report of the Council of Governors’ sub-groups
    – Mr D Brannan (Strategy & Performance), Mr T Alcock
    (Patients & Access) and Mrs V Mills (Staff & Environment)
13. To receive and note the following reports from the Board of Directors:
    – latest Board Agenda and approved Minutes
    – latest integrated monthly performance report
14. To receive and endorse the report from the Nominations Committee
    (to be tabled)
15. Any other business, including:
    – matters raised by the public
    – date of next meeting: 13th February 2013, 5.30-7.30pm

Signed: ........................................
Chairman
MINUTES OF A GENERAL MEETING OF THE COUNCIL OF GOVERNORS
HELD ON 10TH OCTOBER 2012, 5.30PM
IN THE EDUCATION CENTRE, BARNSLEY HOSPITAL

Present:
- Mr A Alcock, Public Governor, Constituency B
- Mr D Brannan, Partner Governor, Voluntary Action Barnsley
- Mrs P Buttling, Public Governor, Constituency B
- Mrs S Hodgson, Public Governor, Constituency C
- Mr W Kerr, Public Governor, Constituency E
- Mr B Leabeater, Public Governor, Constituency A
- Mrs J Marshall, Staff Governor, Non Clinical Support Constituency
- Mrs V Mills, Staff Governor, Clinical Support Constituency
- Mrs K Phillips, Partner Governor, Sheffield Hallam University
- Councillor J Platts, Partner Governor, Barnsley MBC
- Mr R Ramsay, Public Governor, Constituency C
- Mr R Raychaudhuri, Staff Governor, Medical & Dental Constituency
- Mrs M Richardson, Public Governor, Constituency B
- Mrs C Robb, Public Governor, Constituency A
- Mr T Smith, Public Governor, Constituency E
- Ms C Stacey, Partner Governor, Barnsley College
- Mr D Sykes, Public Governor, Constituency D *
- Mr D Thomas, Public Governor, Constituency D
- Mr J Unsworth, Lead Governor & Public Governor, Constituency A
- Mr S Wragg, Trust Chairman (Chair)

(*arrived 6.30pm)

In Attendance:
- Mrs J Ashby, Director of Finance & Information
- Ms H Brearley, Director of HR & OD
- Ms C Dudley, Secretary to the Board
- Mr P O’Connor, Chief Executive

Apologies:
- Mrs P Acklam MBE, Partner Governor, NHS Barnsley
- Professor N Bax, Partner Governor, University of Sheffield
- Mr D Carpenter, Public Governor, Constituency D
- Mr M Dunlavey, Public Governor, Constituency D
- Mr D Gent, Public Governor, Constituency E
- Mr K Hinchcliffe, Public Governor, Constituency A
- Mrs D Horbury, Staff Governor, Nursing & Midwifery Constituency
- Mr M Jackson, Partner Governor, Joint Trade Unions Council

Governors, the Chief Executive and Directors in attendance were welcomed to the meeting. Particular welcomes were extended to Ms Stacey, attending her first meeting since being appointed as partner Governor for Barnsley College, and Mrs Ashby, attending for the first time since being appointed as Director of Finance & Information. Apologies from Governors unable to attend were noted, as listed above. Members of the public were also welcomed.
GC 12/60 COMMENTS FROM MEMBERS OF THE PUBLIC
None received at this point.

GC 12/61 DECLARATIONS OF INTEREST
None received.

GC 12/62 MINUTES OF LAST MEETING  
*Enc 4*
The Minutes of the General Meeting held on 8th August 2012 were received and accepted as a true record.

GC 12/63 MATTERS ARISING
- **Minute 12/51 – Monitor Review**
  In response to Mr Leabeater’s enquiry, the Chief Executive provided an update on the reported review by Monitor and a brief overview of the process. It was explained that the review, which was a further stage to the regular review of the Trust’s annual plan, included several other Foundation Trusts similarly placed, ie small acute district general hospitals. It had not been triggered by any specific concerns about the Trust’s Plan. Feedback from Monitor in fact showed the Trust as performing efficiently and effectively when considered against other hospitals of the same type and the Trust’s annual plan had been approved by Monitor in July.

- **Minutes 12/56 – Relatives Room**
  It was noted that the Trustees for the Charitable Funds had not yet received a bid for improvements to the room identified by Mr Brannan previously. The Chairman reminded the meeting that Trustees had been very supportive of such requests previously and a further bid might be submitted shortly.

  Mr Brannan also enquired about another room available to relatives who needed to stay overnight. He had been advised that the room had been out of use since October 2011. Ms Morritt believed Ms Horbury would be leading any work relating to this room and undertook to make further enquiries; any response would be shared with Governors as soon as possible outside the meeting (by email).

- **Minute 12/56 – Meetings with Public Governors, by Constituencies**
  Dates for these meetings had been circulated: 6th November (for Constituencies A and B) and 27th November (for Constituencies C, D and E), although Public Governors were welcome to attend either meeting if it suited their diaries better.

- **Minute 12/55 – Women’s & Children’s Unit**
  The Chairman was pleased to confirm the Board had recently approved capital plans that would include improvement works in the block currently housing the Women’s & Children’s Unit (O Block). The overall expenditure would be £7 million - £1.5 million per floor - and would be undertaken on a phased programme, with some work on the windows and lifts to start this year if practicable.

GC 12/64 CONSTITUTION REVIEW  
*Enc 6*
The Chairman expanded on the submitted report and highlighted the phased approach to the Constitution review. The review was being led by a working group consisting mainly of Governors, headed up by the Lead Governor.
With the single exception of the proposal to invite “Barnsley Together” to join the Council of Governors (replacing the defunct Barnsley Black & Ethnic Minority Initiative), the changes for the initial phase of the review were intended to ensure compliance with the first Commencement Orders issued for the Health & Social Care Act 2012. Wherever possible the working group had adopted wording from Monitor’s Model Constitution. This approach would also be largely adopted for the second phase of the review, which would address further changes required under the Act, together with any additional changes requested for consideration by the Governors or Board of Directors.

As Chair of the working group, the Lead Governor confirmed his support for the changes presented under phase 1. As an indication of the work ahead, he briefly outlined some of the additional changes that the working group had already discussed and would develop further in the next phase. These would ensure closer alignment with Monitor’s guidance and continued balanced representation from partner organisations across the community.

It was confirmed that the identical draft Constitution, with tracked changes, had been reviewed and approved by the Board of Directors at its meeting in September.

The Council of Governors unanimously approved the proposed changes. As stated in the report, the proposed changes would shortly be submitted to Monitor for final approval.

**GC 12/65 VAT MITIGATION PILOT** *(Enc 7)*

Mrs Ashby reminded members of the initial proposal presented in November 2011, seeking Governors’ permission to explore options regarding a scheme to recover VAT on non contracted out services, such as locum costs. At the time the only potential providers had been Pricewaterhouse Coopers, who also served as the Trust’s external auditors, hence the need to seek confirmation and Governors’ agreement that the work would not create a conflict of interest with the external audit work if progressed. Since then, however, the market had expanded and the Trust was now looking at a wider scheme, with a different provider.

Mrs Ashby outlined the current proposal involving a nine months pilot scheme, starting shortly. The pilot programme would allow the Trust to secure savings before the year end and to evaluate benefits more closely before going to tender or entering a longer term contract in 2013. Mrs Ashby confirmed that the potential savings reported were net of commission and, on current projections, could provide a saving of up to £800,000 in a full year (£100,000 in 2012/13).

As the proposal no longer involved the external auditors’ organisation, it was now outside of the Governors’ remit and had been considered and approved by the Board of Directors in September. Nevertheless the Council of Governors appreciated the update and affirmed their support for the pilot.

**GC 12/66 CHAIRMAN’S REPORT** *(Enc 8)*

The Chairman’s report was received and noted. It provided commentary and updates on a range of activities, items of interest and Board discussions since the last General Meeting. Several points were highlighted, including:
The sad loss of Joyce Rhodes, for whom many tributes had been received and passed on to her family. The Governors recorded a formal Minute of their sincere appreciation for Joyce and her work and contribution as both a governor and a volunteer.

Governors welcomed and ratified the Chairman’s recommendation to appoint Mr Alcock as Chair of the Patients & Access sub-group. As a consequence of his appointment, it was noted that the role of Deputy Chair for the sub-group would become vacant. Expressions of interest were invited, to be directed to the Chairman outside the meeting.

It was appreciated that the Board of Directors’ meetings were now held in public each month, following the Board’s earlier decision to move to more public meetings ahead of the requirements of the Health & Social Care Act 2012. The Board had introduced a system of distribution for its agenda and minutes (public and private sessions) to Governors at the same time, also ahead of the requirements of the Act.

With Governors and members of the public thus able to access Board reports and Minutes more regularly and easily outside of the Governors’ bi-monthly General Meetings, it was agreed that:

- to reduce duplication or unnecessary distribution of papers, Governors would access the Board’s reports from the Trust’s website directly. It was acknowledged that some Governors would still prefer to work with printed copies and these would be available from the Secretary to the Board on request;

- reports from the Board of Directors (specifically the Board’s public meeting agendas, Minutes and Performance reports) would remain as a regular item on the agenda for General Meetings in order to support the Governors’ responsibility to hold the Non Executive Directors - and Board - to account.

The annual elections for the Council of Governors would commence shortly, with the Notice of Election and nomination papers being issued on 15th October. There would be vacancies in all of the public and three of the staff constituencies.

The election results would be known in early December. As this would be the last meeting of the Council of Governors before the election, the Chairman took the opportunity to record sincere thanks to those Governors whose current term of office would expire at the end of December. He hoped they would consider standing for re-appointment and asked all Governors to encourage other members to put themselves forward for election too; Governors agreed it was important that the Council continued to be supported by and representative of the membership of the Trust.

The Chairman highlighted a further change under the Health & Social Care Act 2012, which required Boards to certify that all Directors and Governors were “fit and proper persons” (most of the requirements for which were encompassed within the existing criteria for eligibility and disqualification, as set out in the Trust’s Constitution). It was agreed that the Board should be able to rely on candidates’ signed declarations at the time of nomination. Whilst not expected to be an issue for any current Governors, it was recommended that anyone
Standing for re-appointment should obtain a copy of the information pack issued for potential candidates to remind themselves of the eligibility and disqualification criteria. The Chairman also highlighted the need for Governors standing for re-appointment, like all candidates, to make best use of the limited words available within their nomination statements (strictly monitored by the independent scrutineers) and reminded Governors that published election statements would include a brief statement on the number of General Meetings attended during a prescribed period, as required under the Model Election Rules.

- Mr Alcock drew attention to and fully endorsed the Chairman’s feedback on the Penistone Show. It had been a very successful event and Mr Alcock added his thanks to the staff and fellow Governors who had helped to make it so successful, both in the advance planning and on the day. The meeting fully supported Mr Alcock’s comments.

In closing his report, the Chairman referred to the Governors’ development session held prior to the General Meeting. It had been an interesting session at which a number of current issues and ideas for the future had been explored, including a proposal to develop a more robust assessment process for the Council of Governors’ performance. A report on the session would be provided at the next General Meeting for further consideration.

GC 12/67 LEAD GOVERNOR’S REPORT

(Enc 9)

The Lead Governor’s report on activities since the last meeting and items of interest for the Council was received and noted. The Lead Governor expanded on a number of points including:

- the meetings of the Board of Directors, now held in public on the last Thursday of each month (except December – held earlier). In his capacity as Lead Governor, Mr Unsworth tried to attend as many of the meetings as possible. He believed they were a valuable opportunity to observe the Board at work and the effective challenge and interaction between the Directors. He encouraged all Governors to attend at least one or two each year.

- The outcomes of the elections to the Board of the Foundation Trust Governors’ Association (FTGA) were available on the FTGA’s website. It was noted that the results closely reflected the voting submitted on behalf of the Council of Governors.

- The aims of the national pilot research programme being led by the Care Quality Commission (CQC) and Foundation Trust Network (FTN), with a number of FTs across the country were noted. Whilst Barnsley was not involved in the first round of this work, the Lead Governor and Chairman had registered the Council of Governors’ interest in the programme and it was hoped there would be opportunity to become more involved as the work progressed.

One of the sub-groups had recently suggested it would be useful for Governors to use 10-15 minutes in each General Meeting to share feedback and learning from regional events and learning from Governors’ internal visits (with the CQC and/or PEAT programmes). The Council agreed that this would be a good idea. To start the programme, Mr Unsworth provided a verbal report on the latest FTGA regional
development event held on 2\textsuperscript{nd} October, which he, Mr Brannan and Mrs Robb had attended. He outlined the issues covered in the main plenary sessions in the morning and the workshops held in the afternoon. In the introduction to the event the FTGA Chair had reported on the developing national training programme awarded to the FTN (with the FTGA represented on a steering group) and the research with the CQC and the FTN. The two plenary speakers were Tim Kelsey (who had set up Doctor Foster some years ago), Director for Patients and Information with the National Commissioning Board, and John Wilderspin, the National Director of Health and Wellbeing Implementation with the Department of Health. The four breakout sessions were “Monitor’s new role and the provider licence”, “Time to Care? Responding to concerns about poor nursing care”, “Accountability and Governance” and “Understanding governors’ new powers in relation to transactions and non-NHS income”. In the Monitor session it was reported that as a result of late changes to the Health & Social Care Act, Monitor would continue to have oversight of the governance and financial stability of FTs, and would have continued power to change FT directors and governors.

Notes from the event and copies of the presentations would be available on the FTGA’s website, which was accessible to all Governors. Mr Brannan also had spare copies of the presentations available from the sessions he had attended. Mr Brannan and Mrs Robb agreed it had been an interesting and informative event and well worthwhile making the time to attend.

The Chairman recorded his thanks to the Lead Governor for acting as Chair of a consultant appointment panel recently, as reported in section 2.5 of the Lead Governor’s report. Thanks were also recorded to the Lead Governor and Mr Ramsay for their involvement with the Trust’s Clinical Excellence Awards panel, which would be meeting on 19\textsuperscript{th} October to consider over 40 applications.

**GC 12/68 CHIEF EXECUTIVE’S REPORT**

In addition to the update on Monitor’s review reported under Matters Arising, the Chief Executive provided an overview of the roles and responsibilities of the Executive Directors on the Board of Directors (himself, the Chief Operating Officer, the Chief Nurse, Medical Director and Director of Finance & Information) and the wider executive team. The latter included the Director of Quality & Performance, Director of Human Resources & Organisational Development (HR&OD), Director of Transformation and Associate Director of Communications & Marketing. Whilst the five Executive Directors held and fulfilled a range of specific statutory duties and responsibilities as Board members, as an executive team the nine directors collectively worked across all areas of the Trust to ensure delivery of the Trust’s strategy, as determined by the Board, and the operational management underpinning same. Two of these posts were fairly new – Director of Quality & Performance and Director of Transformation – reflecting the direction and focus of the Trust as an organisation in response to the changing environment.

The Chief Executive presented a chart (copies to be distributed outside the meeting) showing the core functions and areas of responsibility of each director and highlighted the many interdependencies within those
areas, which emphasised the need and value of a collective approach. Each of the directors had a lead role within the Transformation Board established earlier this year, which reinforced the changing direction and focus of management as it worked to maintain good and improving, high quality services for patients and to ensure the Trust was prepared and well placed to continue as a viable and valuable hospital in the changing environment, with new challenges, increasing demands on services and tighter finances.

It was queried if and how the Board – and executive team – took time to review key issues throughout the year, and the Chief Executive confirmed that the Board was very aware of the need for this, as demonstrated by its regular programme of workshops and development sessions. Equally the executive team had introduced regular development sessions with the Clinical Directors and their business support teams, to ensure that the learning was also available to them and shared across staff within each of the Clinical Service Units established earlier in the year. The Board and executive team collectively and individually also continued to work with partners across the community as the Trust could not work to its maximum benefit for patients in isolation.

The Chief Executive briefly outlined some of the opportunities for joint working already in place across the community, including the Trust’s involvement with the local Health & Wellbeing Board (currently in shadow form) and engagement with the local primary care cluster. He also updated the meeting on the development of a single Clinical Commissioning Group in Barnsley, the GP leads for which would be putting forward a proposal shortly for formal authorisation.

The Governors thanked the Chief Executive for the comprehensive briefings provided.

GC 12/69 SUB-GROUPS REPORT (Enc 11)

The three sub-group Chairs - Mr Brannan, Mr Alcock (who had chaired the latest meeting in his capacity as sub-group Vice Chair) and Mr Ramsay – referred to the submitted report and the latest (draft) Minutes provided for the wider Council’s information. It was noted that, as agreed at the last General Meeting, each of the groups had focussed on the Trust’s Quality Account, working with the Director of Quality & Performance and Head of Corporate Governance to consider what issues should be progressed as local indicators and priorities for future reporting. This was an important issue for the Trust and a report would be presented at the next General Meeting for further consideration, based on the sub-groups’ discussions. Each of the sub-group chairs also briefly highlighted the other areas of work progressed in their latest meetings, including:

• continuing scrutiny of the Board’s reports on HSMR (hospital standardised mortality ratio) and performance through the Strategy & Performance sub-group
• particular focus on discharge planning and the Trust’s response and learning from complaints, through the Patients & Access sub-group
• the need for improvements to signage, the continued focus on estates management and the valued work of the equality & diversity champions through the Staff & Environment sub-group.
The groups remained open to all Governors, often providing opportunity for closer scrutiny of key issues that was sometimes difficult to do within the time constraints of a General Meeting. In addition to encouraging Governors to attend sub-group meetings either regularly or on an ad hoc basis, Mr Brannan supported the Lead Governor’s earlier statement regarding the value of Governors’ attendance at public Board meetings.

**GC 12/70  BOARD OF DIRECTORS**  

The agenda, approved Minutes (August) and latest integrated performance report as presented to the Board of Directors meeting held in public in September 2012 were received and noted.

Mr Brannan said that he had found the public Board meetings to be a very useful forum to observe the Non Executives and wider Board. From his attendance, he believed he could take assurance and share it with other Governors regarding the Board’s conduct, having seen the Directors more than ably discharging their responsibilities on all aspects of the Trust’s business and their clear determination to make sure that it continued to go forward as a successful organisation.

Mr Leabeater referred to Board Minute 12/203, regarding breast symptomatic clinics; it was noted that the Trust continued to provide weekly clinics and was working with a neighbouring hospital to appoint a further consultant radiologist to enable an additional clinic to be established. The Chief Executive reminded Governors of the recent adverse media reporting on the Kings Mill Hospital, an element of which had included the interpretation of breast screening results. The Medical Director of the NHS had written to all hospitals offering this service, seeking assurance that no such incident could recur elsewhere. The Chief Executive had requested an internal review at Barnsley, the outcomes of which he would be reporting to the Board at the next meeting to be held in public.

**GC 12/71  ANY OTHER BUSINESS AND DATE OF NEXT MEETING**

- Governors were pleased to receive an update report regarding Mr Gent and to hear that he had recently been discharged from Mount Vernon, following over three months of treatment at both Barnsley Hospital and Mount Vernon. They asked that their best wishes for his continuing recovery be passed on to him as soon as possible.

- Mr Brannan reported on the impending retirement of Mrs Acklam from NHS Barnsley at the end of October. This information had only recently been received and Governors wished to express their formal appreciation to Mrs Acklam for her work with and support for the hospital. The Chairman advised that he would be pleased to share this with Mrs Acklam when he responded to the email recently received regarding news of her retirement. He would be liaising with NHS Barnsley shortly regarding its continuing involvement as a partner organisation on the Council of Governors before their dissolution in 2013. The Chief Executive also reported on a meeting held by the Primary Care Cluster last week, at which the Cluster had recognised the authority of the CCG ahead of its formal authorisation. In effect this would allow the CCG to start taking responsibility for local commissioning.
• The date of the next General Meeting was confirmed for 12th December 2012. Governors were reminded of the joint annual meeting of the Council of Governors with the Board of Directors, to be held at 2pm on 29th November, at which the Board would welcome Governors’ attendance for both public and private discussions.

• There being no further business the meeting closed at 7.15pm.
QUALITY ACCOUNT
- PRIORITIES DEVELOPMENT FOR 2013/14

1. INTRODUCTION

The Quality Account Priorities for 2012/13 are included at Appendix 1. In view of the low response from consultation with public, members and patients, these priorities were rolled over from 2011/12. Governing Council (as it was then) agreed that the option of carrying the existing priorities forward for another year gave a useful opportunity to ensure continued development and benefit from the work progressed around these areas and to further develop monitoring systems for the future.

However, in recognition of the response to the previous consultation, a different approach to develop the Trust Quality Account priorities was proposed. This report outlines the Quality Account requirements and the proposal to develop the 2013/14 priorities, which was agreed at the Council of Governors’ General Meeting in August.

The final part of the report identifies the proposed priorities and the next steps in progressing these to approval and inclusion in the 2012/13 Quality Report.

2. REQUIREMENTS

The Quality Account requirements are outlined in Monitor’s Annual Reporting Manual (ARM). This document requires the Trust to identify three or four local “Priorities” for quality across the following three domains:

- Patient Experience
- Patient Safety
- Effectiveness

Trusts are then required to identify three “Indicators” (or measures) against each “Priority” to assess performance.

In addition to local Quality Priorities, the Department of Health and Monitor have jointly proposed the introduction of eight national indicators that should also be included in Quality Accounts from next year as part of the consultation for the 2013 ARM. These national indicators include: Summary Hospital-Level Mortality Indicator (SHMI); Patient Reported Outcome Measures (PROMS); Emergency Re-admissions within 28 Days; Responsive to Inpatient personal needs; Percentage of Staff who would recommend the Hospital to friends or family; Percentage of admitted Patients risk assessed for Venous Thromboembolism (VTE); Rate of Clostridium Difficile; Rate of Patient safety incidents and the percentage resulting in severe harm.

The Department of Health’s consultation (final outcomes not yet published) outlined that Trusts would be expected to include the following information in relation to these indicators in their Quality Account Reports:
their performance against the indicators
• how their performance compares to the national average for the indicators
• a commentary explaining the Trust’s relative performance and steps being taken to improve performance variances.

The rationale of this approach was that all Trusts have adopted unique styles in developing their Quality Accounts, some of which have included benchmarking, others have not. This approach is intended to provide the public with a range of clear national benchmarking information against a number of quality indicators to supplement the local reporting that Trusts currently provide.

3. PROPOSAL

It was proposed to the Council of Governors’ General Meeting in August 2012, that the Governance Department would provide a list of national and local quality issues to Governors and work with the sub-groups to support the Board in selecting the 2013/14 Quality Priorities. It was agreed that this approach would allow Governors to provide local intelligence, experience and members’ feedback as part of the quality priorities selection process.

It was further proposed that three of the current Council of Governor’s sub groups would be aligned to the three domains as follows:

• Patient and Access - Patient Experience
• Staff and Environment – Safety
• Strategy and Performance – Effectiveness

4. PROGRESS AND NEXT STEPS

The Director of Quality and Performance and/ or Head of Corporate Governance attended all three sub group meetings held in September and early October 2012, with detailed discussions around the domains. Key national and local priorities were explored and a number of suggestions and discussions were considered.

This intelligence was used by the Director of Quality and Performance and Head of Corporate Governance to test priorities with other Trust Directors specifically accountable for Patient Quality and Safety. This included working with the Medical Director, the Associate Medical Director for Patient Safety, the Deputy Chief Nurse and Trust’s Risk Manager.

5. PRIORITIES

Taking account of all input and discussions, it was proposed to keep the Priorities broad and provide the detailed improvements through the Indicators.

The draft Priorities and outline Indicators are included in the table below for further discussion at the Council of Governors meeting on 12th December 2012:
<table>
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<tr>
<th>DOMAIN</th>
<th>PRIORITY</th>
<th>POSSIBLE INDICATORS</th>
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<tbody>
<tr>
<td>Patient Experience</td>
<td>To improve Patient Experience Across a Number of Targeted Pathways’</td>
<td>• End of Life Care</td>
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<td>• Learning Disabilities</td>
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<td>• Dementia</td>
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<td>Patient Safety</td>
<td>To Increase “Harm Free” Care</td>
<td>• Cardiac Arrests in Hospital</td>
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<td>• Medication Errors</td>
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<td>• Critical Care Discharges at Night</td>
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<tr>
<td>Effectiveness</td>
<td>To Improve Outcomes for Patients by improving effectiveness</td>
<td>• Length of Stay over 65 year olds</td>
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<td></td>
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<td>• Waiting Times Assessments for Emergency Patients</td>
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<td>• Re-admission Rates</td>
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6. **NEXT STEPS**

1. Discuss this paper at the December 2012 Council of Governors’ General Meeting, to describe the rationale for the targeted improvements (Priorities) and seek the Council’s endorsement of the Priorities.

2. Present a paper to Board of Directors in December to approve the endorsed Priorities.

7. **RECOMMENDATIONS**

The Council of Governors is asked to consider and approve the proposed Priorities and Indicators identified in this report (section 5).

Vicky Peverelle
HEAD OF CORPORATE GOVERNANCE
December 2012
2012/13 Quality Account Priorities

Priority 1:
To improve our knowledge of individual patient’s nutritional status

• Refine criteria for weighing patients
• Weigh 90% of patients on admission
• Nutritional assess 100% of patients on admission

Priority 2:
Reduce the incidence of hospital acquired pressure ulcers

• A 10% reduction on Q4 outturn of people who develop one or more new pressure ulcers after 24 hours of admission
• Complete an Incident report for all 100% of patients who develop a pressure ulcer in hospital
• Complete an RCA on 100% of patients who have grade 3 and above pressure ulcer

Priority 3:
Ready to go - no delays

• A 1% improvement against the two discharge questions
• A further 1% reduction in discharge focussed complaints
• A 10% reduction in complaints that refer to discharge

The delivery of a detailed discharge planning action plan in response to internal audit recommendations
CHAIRMAN’S REPORT

1. INTRODUCTION

1.1 The following notes are intended to provide brief information on a range of activities and items of interest progressed since the last meeting of the Governing Council, and some upcoming issues. I would be pleased to take questions and comments on any points and to provide further information if required.

1.2 The items within this report are not given in any order of priority: every issue is equally relevant and equally important – whether it’s about governors, patients, staff or national news. If there are more items Governors would like to raise that are not covered in this report, I would be pleased to try to respond at the meeting.

1.3 I am conscious that since the advent of monthly Board meetings held in public earlier in the year, much of the content in my report is a reiteration of information previously presented to the Board and as such already available to Governors and Trust members. We discussed this briefly at our last General Meeting and I believe the changes will give me an opportunity to revisit the aim of my reports in the coming year. Any comments on what you, as Governors, would like to see included, would be welcomed.

2. COUNCIL OF GOVERNORS UPDATES

2.1 Denis Gent
On a sad note, it is with regret that I report on the death of Denis Gent in November, news of which was shared last month. The Lead Governor, I and a number of Governors attended Denis’s funeral on 22nd November in his home village. As I am sure you would expect, the funeral was extremely well attended, reflecting the high regard Denis had been held in by his many friends and colleagues across the community.

2.2 On behalf of the Board and Governors, sincere condolences have been extended to Denis’s family on their sad loss.

2.3 Joint meeting
It was a pleasure to welcome Governors to the joint annual meeting with the Board of Directors on 29th November (public and private sessions). Governors were invited to participate in the Board’s discussions and your input was much appreciated.

2.4 The joint meeting is not a “tick box” exercise by any means but gives both boards a real opportunity to engage, to exchange views and consider each other’s opinions on a range of issues and, I trust, gives Governors further assurance on the effectiveness of the Board.

2.5 Minutes from both the public and private sessions will be posted on the Governors’ web page within the month, as usual.

2.6 Council of Governors Elections
As reported at the last General Meeting, the annual election process for up to one-third of the public and staff seats on the Council of Governors started in mid October. Towards the end of November, the independent scrutineers – ERS (Electoral Reform Services) – were able to report on nominations and identify
seats to whom candidates would be appointed uncontested. Only one seat has
gone to ballot (Public Constituency B) and six seats will be carried forward as
vacancies for 2013.

2.7 The uncontested report is available on the Trust’s website:
(www.barnsleyhospital.nhs.uk).

2.8 The number of vacancies is unusually large for this Trust but I believe they also
give us an opportunity to think about what we want for the future. Is it time, now,
to review the composition of the Council. Is it too large? Just right? Is the mix of
public / partner / staff governors correct? This will be considered further by the
Constitutional review working group but if you have any thoughts on this or
anything else relating to the elections or role of the Governors, please let me have
them. I can be easily reached by email or via the Trust Secretary.

2.9 On behalf of the Board of Directors and Council of Governors, I would like to take
this opportunity to formally record thanks to:
- Governors stepping down at the end of this month when their current term of
  office expires – including Michael Dunlavey, Keith Hinchliffe, Sharon Hodgson
  and Jill Marshall. Their input throughout their respective terms of office has
  been appreciated, despite the many other demands on their time. Each of
  them has made a valued contribution to the Council of Governors and
demonstrated their support for the hospital. I hope everyone will keep in touch;
- Governors re-elected for a further term of office – Wayne Kerr, Ray
  Raychaudhuri and Trevor Smith, whose continuing support is greatly valued, and
- to Pauline Buttling, seeking a second term of office in the single contested
  constituency alongside Eric Livesey, a former Governor seeking to rejoin the
  Council. It is a pity there is not opportunity for these candidates to be re-
elected together as their support and contribution to the Council of Governors
and to the future of the hospital is unquestionable but I wish them both the best
of luck in the election.

2.10 I have also written on behalf of the Trust to the new Governors who will be joining
us from 1st January 2013, including Tony Conway (Volunteers Constituency), Tony
Grierson (Public Constituency C), Jordan Ramsay (Non Clinical Support Staff
Constituency) and Nathan Woodcock (Public Constituency D). I have
congratulated them on their appointments and thanked them for their commitment
to the Trust. I am sure we all look forward to meeting both the new and familiar
faces amongst these Governors and to working with them in the future.

2.11 As is our tradition, the Lead Governor, sub-group Chairs and I will be meeting with
the new Governors in early January to welcome them to the Council and help
them start to take up the reins of their new role.

2.12 Constituency meetings
I met with several public Governors on 6th and 27th November during the annual
constituency meetings. These are intended to give public governors a forum in
which to swop ideas and experiences about what works well and not so well in
their constituencies, exchange learning with each other and start to think about
ideas for the coming year. This year’s discussion perhaps inevitably turned more
towards the wider picture and the impact of the national changes with the
implementation of the Health & Social Care Act 2012. I also used the discussions
to invite comments about our General Meetings: what do you, as governors, want
from these meetings? Again, what works well and not so well? As indicated in my
introduction to this report and in reference to the Constitutional review (above), it is
timely to look at what we do and what we could do differently.

3. BOARD OF DIRECTORS

3.1 As usual this report highlights items from the most recent meetings of the Board of Directors. The Board's papers from both October and November meetings are available on the Trust's website and I would also refer Governors to agenda item 13 of this meeting, which includes the October minutes and latest information on our financial position, performance (activity, quality and workforce) and continuing progress on the Transformation Programmes. The meeting in November was, of course, the annual meeting of the Board and Governors jointly, so you will already have those reports to hand.

3.2 In October the Board was pleased to self-certify “green” and “3” for governance and finance risk ratings reported to Monitor, for quarter 2, having met all governance indicators and maintained good delivery against our financial plans. These are significant achievements in the challenging times facing the NHS but not something we can afford to become complacent about.

3.3 I am pleased that Liz Libiszewski, Director of Quality and Performance, and Vicky Peverelle, Head of Corporate Governance, will be joining the meeting this month to update governors further on preparatory work for the 2013/14 business plan and progress on the quality priorities identified for 2013/14 with your input.

3.4 The Board was mindful of recent national reporting on issues such as the Jimmy Saville allegations and welcomed assurance from the Chief Executive in his November report around the systems in place at the Trust to guard against such incidences.

3.5 In November the Board also received reports from the latest meeting of the Audit Committee and noted the Committee’s approval of the updated Private Patient Policy. The Board also reviewed the latest report on the Board Assurance Framework, which highlighted one red risk issue. The assurance reports from the latest meetings of the Trust’s Clinical and Non Clinical Governance and Risk Committees were received and reviewed in October. These committees continue to bring key issues and assurances to the Board’s attention and to highlight a range of new or updated policies for approval by the Committees or the Board. Further information on their latest reports (and approved policies from October) is outlined in the Minutes from the October Board meeting enclosed under agenda item 13.

3.6 At the meeting in November, Directors and Governors also received advance information from the Medical Director regarding publication (then imminent) of the Dr Foster Good Hospital Guide. It was good to note that the Guide reflected some of the improvements beginning to show through from the Trust’s hard work around issues such as its Hospitality Standardised Mortality Ratio (HSMR) but the meeting was also mindful of further improvements still needed in this area and noted a number of points listed under the new efficiency ratings in which we were not as successful as we would like to be. The Chief Executive has sent a message to all staff recommending the Guide as an important read – and I would say the same to the Governors. The Guide is available on the internet at www.drfosterhealth.co.uk. The Board has asked for the report to be reviewed further through the Trust’s Clinical Governance Committee.

3.7 In October, the Medical Director reported progress on the national initiative for Doctors’ Appraisal and Revalidation, due to “go live” before the end of this year.
The Board was assured that work across the Trust is proceeding well and will ensure our compliance with the requirements of this important new system.

3.8 The Good Hospital Guide illustrates the importance of providing our patients with a good patient experience. The Board and Governors welcomed information about the new Family & Friends Test that will come into effect from April 2013 and will also focus on patient experiences. It will be based on one central question, “How likely are you to recommend our ward (our A&E) to friends and family if they needed similar care or treatment?” Trusts are able to add supporting questions to drill down further into patients’ responses. A pilot will be launched in the Trust in January, to make sure we are well placed to run the wider system from April. Outcomes from the Test will be incorporated into the monthly integrated performance report in due course.

3.9 The Test was discussed earlier in the month at the Governors’ Patients & Access sub-group meeting. The group had been interested to learn more about it and received assurances about how the Trust planned to triangulate the outcomes with other patient feedback (eg from complaints and compliments, the A&E Annual Survey reported to the Board in October) and review existing data capture mechanisms to ensure our systems become more comprehensive and help us to develop our learning and improvements in services, responding to what our patients are telling us.

3.10 The Board reviewed the new Patients Experience Strategy too. There will be strong links with the Family and Friends Test (and other patient feedback mechanisms) but the Strategy makes a clear statement of our commitment to patients and our intent to learn from their experiences. The Board was pleased to approve the Strategy. It also referred to more opportunities for collaborative working with a range of key stakeholders, including Governors, which was welcomed.

3.11 As usual the Board’s latest meeting opened with a patient’s story, which this time involved a letter of appreciation from a patient’s family. Sadly the patient had died in hospital in November, shortly after their 80th birthday but the family wanted to thank the Trust for the care, treatment and support provided to both the patient and his family during what was undoubtedly a difficult and sad time. The Board uses these stories to emphasise what remains critical to all our decisions –keeping patients at the centre of everything we do.

3.12 The patient’s story referred to the impact of just a few of our fabulous staff and this was not the only time our great staff were mentioned at the meeting. The Board was also pleased to confirm the winners of the BRILLIANT Awards for November - Judith Atkinson, breast clinic sister, as the individual Award winner and the Pharmacy led IBD (irritable bowel disorder) team as team winners. I must use this report to mention and congratulate October’s winners too: Lynn Clay, healthcare assistant from community midwifery and the HR Project Team. All of our winners continue to be delighted to receive the Awards and really appreciate the recognition, not just by the Board but also by the colleagues who nominate them.

3.13 In addition sincere thanks were formally recorded to Matron Gwyn Morritt and the estates and domestic teams for their splendid work getting the new Acute Medical Unit (AMU) ready to receive patients by the end of November. This will be opened officially during December but the Lead Governor and I had an early invitation from Gwyn to look around the unit on 27th November and we were both very impressed with the much improved facilities now available for patients. Gwyn
has kindly extended an open invitation to all Governors to visit the unit and anyone wishing to do so is asked to liaise with the Trust Secretary, Carol Dudley, to arrange suitable dates.

3.14 In his report, the Lead Governor refers to the discussions on “significant transactions”, as presented to the Board in November. This is an important issue for the Board and Governors alike and the Board’s support for the definition of a significant transaction, in line with that currently applied by Monitor, will go forward to the Governor-led working group for further consideration and subsequently to the wider Council of Governors as part of the discussions on the next phase of the Constitutional review.

4. OTHER NEWS AND EVENTS

4.1 Long Staff Awards
The day after our last General Meeting, the Chief Executive and I attended the annual presentation of Long Service Awards. This year, the Awards were given to 80 members of staff, not all of whom were able to attend the presentation event, but who between them had worked with the hospital for over 1,985 years - including two staff with awards for 40 years service.

4.2 It was an honour to be able to meet the staff receiving their Awards at the ceremony and to have the opportunity to say “thank you” to them in person.

4.3 Licensing Service for Hospital Chaplain
The Chief Executive, Chief Nurse and I attended a Thanksgiving Service held in the hospital’s chapel on 19th October. The service was conducted by The Right Reverend Anthony Robinson, Bishop of Pontefract, and included the Licensing of Father Peter Needham, our new hospital chaplain, into the NHS. The service was well attended by staff, volunteers, local clergy and members of Father Peter’s previous congregation at Grimethorpe.

4.4 Carol Service
Father Needham will be leading the Trust’s Carol Service in the Hospital Chapel on 19th December 2012, starting at 2pm. As always Governors are very welcome to attend.

4.5 Visitor to the Children’s Ward
I was delighted to welcome “Mike the Knight” to the Children’s ward on 21st November. Mike is a character from children’s national TV and his visit helped to cheer up a lot of the children on the ward at the time.

4.6 Community events
Over the past two months, I have been honoured to represent the Trust at a number of local events, including:

• the town’s Remembrance Service on 11th November, which I attended alongside the Lead Governor and Matron Jane Smith.

• the annual graduation ceremony at Barnsley College

• a tree planting ceremony as part of the West Road Park project

• the town’s Diwali celebrations.

4.7 As I have said before, I value the opportunity to participate in these celebrations – of remembrance, young people’s success, the growing diversity of cultures in our region, and protection of public green spaces across our neighbourhoods – as a means of engaging with the people we provide services for and showing that the hospital is part of the community, working alongside them to help Barnsley grow and move forward.
4.8 Donations
Donations in October alone (reported to the Board in November) totalled nearly £5000, from a wide range of donors. These generous gifts continue to be very welcome and all go towards the Charitable Funds used for enhancing our patients' services.

4.9 Contributions to the hospital’s charitable funds are invaluable and I am sure that the profile of the charity will continue to grow as the work of our newly appointed Fundraiser, Katie Cartwright, begins to bear fruit. Katie already has a huge amount of ideas and I am sure she will be a great asset to the charity.

5. RECOMMENDATIONS
Governors are asked to receive and note this report and raise any comments or questions.

Stephen Wragg
CHAIRMAN
December 2012
LEAD GOVERNOR’S REPORT

1. INTRODUCTION

As before this is a report of my activities since the last Council of governors’ meeting and my opportunity to highlight some issues and events for governors.

2. EVENTS AND ACTIVITIES

2.1 Denis Gent

Sadly Denis Gent, a public governor since we became a Foundation Trust in 2005, died last month, and we all join the Chairman in sending our condolences to his family and friends. I attended the funeral service in Darfield on 22 November, along with the Chairman, Trust Secretary and several other governors.

2.2 Elections

In his report, the Chairman has provided an update on the results of the governor elections and I am sure we all welcome the return of Trevor Smith, Wayne Kerr, and Ray Raychaudhuri, and thank the retiring governors Michael Dunlavey, Keith Hinchcliffe, Sharon Hodgson, and Jill Marshall. In the New Year we will welcome new governors Tony Grierson, Nathan Woodcock, Tony Conway, and Jordan Ramsay. We await the result in constituency B where the contest is between existing governor Pauline Buttling and former governor Eric Livesey.

It is a matter of concern that the elections have resulted in five vacancies, one each in constituencies A, C, D, E, and O. To this, of course, we must add a further vacancy due to the death of Denis Gent.

2.3 Annual development session

Our annual development session on 10 October was well attended, with 13 governors present. Topics discussed were the new powers of governors, membership engagement, training, and the evaluation of the Council of Governors. The notes of this session are circulated with the agenda pack. The revision of the Governors’ Strategy and the appraisal of the Council of Governors (which has been supported by the Board of Directors) are to be taken forward in the New Year.

2.4 Sub-groups and committees

I have attended all the sub-group meetings since the last Council of governors’ general meeting. As a lay member of the local Clinical Excellence Awards (CEA) panel (along with Bob Ramsay) I attended a CEA panel meeting on 19 October.

On 6 December the Nominations Committee meets to receive reports on the Non Executive Directors appraisals, and to carry out the mid-year appraisal of the Chairman. The outcomes are presented to the Council in a separate agenda item, as a report from the Nominations Committee.
2.5 Festival of Remembrance and Remembrance Day
Barnsley’s Festival of Remembrance was held in St Mary’s Church on Friday 2 November. The Chairman was unable to attend, and I attended this event, along with my wife Margaret, to represent Barnsley Hospital FT. I also accompanied the Chairman and Jane Smith (Matron) at the wreath-laying service in Barnsley on Remembrance Day on Sunday 11 November.

2.6 Gujarat Association of Barnsley
I was pleased to accept the invitation by Harshad Patel, former partner governor, to attend the Gujarat Association of Barnsley’s Dussehra/Diwali celebrations on 17 November. I know Harshad both through the magistrates’ court and through the hospital governors, so I attended this celebration in both capacities. The Chairman also attended this enjoyable event.

2.7 Acute Medical Unit (AMU)
I joined the Chairman in a tour of the new AMU given by Gwyn Morritt on 27 November. The Chairman and I were impressed with the quality of the newly built unit and Gwyn is clearly delighted with the new facility.

2.8 Joint meeting with the Board of Directors 29 November
The joint meetings are an important opportunity for governors to be involved in discussions on Board business. This year’s meeting was attended by nine governors and the governors present took a full part in the discussions.

I presented a short report at this meeting seeking Board agreement to the proposed appraisal of the effectiveness of the Council of Governors by simple questionnaires. (we agreed this in principal at our August Council of Governors meeting and explored it further at the Development Session in October). As indicated above, the Board agreed the proposal.

2.9 Constitution review
The next constitution review meeting, scheduled for Thursday 6 December, will bring forward further proposals for constitutional amendments for consideration by the Council of governors and the Board of Directors. As previously reported many of the proposals are a consequence of the Health and Social Care Act 2012. One item for discussion is a report from the Director of Finance & Information on “significant transactions”, which was presented at the joint meeting with the Board.

The constitution review group meetings are open to all governors who wish to attend.

3. FOUNDATION TRUST GOVERNORS ASSOCIATION (FTGA)

3.1 Essential Brief
The FTGA’s latest Essential Brief, Jargon Buster, has now been published, and the Trust Secretary has circulated a copy to all governors. I know many governors have difficulties with the numerous acronyms and jargon used in the NHS, and this document should prove useful.

3.2 FTGA Newsletter
The FTGA November newsletter has been emailed to governors signed up on the FTGA website (ftga.org.uk). The newsletter requests you to take part in the FTGA annual survey of members. This is a simple survey and I would encourage all governors to take part. You can now follow the FTGA on Twitter.
3.3 **Staff governor network**

The November newsletter states that the write-up of the recent staff governor network meeting can be downloaded from the FTGA website. Viv Mills attended this event from our Trust, and a copy of her excellent notes of the meeting will be available for collection at the meeting or on request from the Trust Secretary. Viv has agreed to give a verbal report on the staff governor network meeting to the Council of Governors.

3.4 **Significant transactions**

The Health & Social Care Act 2012 requires Foundation Trusts to have governor approval for all “significant transactions”, but there is no national definition of significant transactions (as indicated above this is an issue for discussion by our constitution review group). The FTGA wishes to develop some national guidance on significant transactions and the FTGA November newsletter seeks information from governors on decisions in their Trust. There is a discussion forum on the FTGA website.

3.5 **FTGA meetings**

The FTGA website lists the Spring Development Day and AGM as on 14 March 2013. As Lead Governor I normally attend the AGM. Other governors interested in attending can record their interest with Carol Dudley, although our February meeting will be in good time to register an interest in attendance. The next experienced governor network meeting is on 10 April 2013; unfortunately this clashes with the date for our April Council of Governors meeting.

4. **REGIONAL GOVERNORS’ MEETINGS**

The regional governor meetings began in November 2007 with an initiative from Harrogate, and there have been two meetings a year since then. The last meeting was also held in Harrogate, in April this year. In my October report I wrote that I had taken over the role of governor co-ordinator for regional meetings from John Forster from Harrogate Hospital FT, and that no Foundation Trust in the region had volunteered to host an autumn meeting.

The regional meetings have been valuable in enabling more governors to meet and network with governors from other FTs, and it would be a loss if they ceased. The problem I have in trying to generate some interest is that I have no database of Lead Governors in our region.

The Trust Secretary, Carol Dudley, has kindly offered to contact her opposite numbers in the other Foundation Trusts in our region, requesting contact details for their Lead Governors, either for use by me or, if they wish, just for use by our Trust Secretary, with a view to arranging a meeting of Lead Governors in the New Year.

5. **RECOMMENDATIONS**

The Council of Governors is recommended to receive and note this report.

Joe Unsworth
Lead Governor
December 2012
STRATEGIC SUB-GROUPS

1 INTRODUCTION

1.1 The sub-groups continue to meet regularly:

- Patients & Access  
  **Chair:** Tony Alcock

- Staff & the Environment  
  **Chair:** Bob Ramsay  
  **Vice Chair:** Viv Mills

- Strategy & Performance  
  **Chair:** David Brannan  
  **Vice Chair:** Pauline Buttling

The latest minutes from each of the sub-groups are attached. These are presented prior to approval by the groups but have been reviewed and agreed by the sub-group Chair and/or Vice Chair.

1.2 The sub-groups' next meeting dates are:

- Staff & Environment  
  **18th December 2012**  
  **4-5.30pm**

- Strategy & Performance  
  **8th January 2013**  
  **5.30-7pm**

- Patients & Access  
  **29th January 2013**  
  **5.30-7pm**

1.3 Sub-group meetings continue to be open to all Governors and are intended to supplement the work of the wider Council of Governors. If there is an issue you would like any of the sub-groups to address, please liaise with the relevant sub-group Chair direct or come along and raise it at the next sub-group meeting.

2 HOLDING THE BOARD TO ACCOUNT AND ONGOING WORK

2.1 As part of the Governors’ role of holding the Board to account, the sub-groups continue to review progress against the strategic aims and underpinning objectives of the Trust’s business plan. With the introduction of the Transformation Programme this year, the previous system enabling Governors to monitor progress of the business plan through the sub-groups has been adjusted to align with the new structure, with each sub-group monitoring between 2-4 of the eight underlying programmes.

2.2 The reporting system for the Transformation Programme has been progressed and each sub-group is now receiving and reviewing the relevant section of the detailed report presented to the Board in the monthly Integrated Performance report. As always, the Chairman or another member of the Board attends every sub-group meeting to share further information for Board discussions and respond to any questions from Governors.

2.3 Governors are reminded that whilst such monitoring is a useful tool, it is not the only mechanism available as part of the process of holding the Non Executive Directors - and the Board - to account. Governors have access to a lot of information via Board meetings and reports; reports at Council of Governors’ general and sub-group meetings; training sessions and briefings from management and staff on a range of issues throughout the year, and involvement in ad hoc working groups across the Trust. Governors can ask questions of the Board at any time via the Chairman as well as at meetings with Directors, at the Annual Public Meeting of Governors and Members, or the annual joint meeting of Board and Governors.
2.4 The sub-groups continue to progress a range of issues and frequently invite management to attend to provide briefings/training on subjects of issue.

2.5 Key topics discussed in the most recent meetings are highlighted below, with fuller information provided in the draft minutes attached:

- The Associate Director of Estates & Facilities attended the Staff & Environment sub-group to provide a comprehensive overview of the revised Estates Strategy. She also highlighted the new PLACE – Patient-led Assessments of the Care Environment – system, which will supersede the PEAT (Patient Environment Action Team) inspections that Governors will be more familiar with. PLACE will retain the same focus on cleanliness and privacy and dignity but be reinforced with greater patient involvement. Governors affirmed their wish to be involved with the scheme; it was also confirmed that the Trust’s internal programme of fortnightly inspections would continue, with some adjustments to ensure alignment with the PLACE system. Any Governor wishing to participate in the internal inspection programme should contact the Trust Secretary for dates.

- Key issues for the Strategy & Performance sub-group included the outcomes from the Governors’ annual development session (notes from which have been circulated separately to all governors at the group’s request) and its regular review of the HSMR, Performance Report and quarterly report to Monitor, as presented to the Board in October. The group agreed that Council’s strategy documents for membership and governors should be reviewed in light of discussions at the development session and presented to the Council of Governors early in the new year. As stated in the notes from the development session, it was also agreed that training for governors will be increasingly important in the year ahead, for both new and existing governors.

- The Patients & Access sub-group discussed the patient feedback provided in the regular Matrons’ report and the latest complaints report. They were very interested to learn more from the Chief Nurse about the new Family & Friends Test. The group also welcomed the invitation for governor representation on the Trust’s organ donation committee, which Mrs Robb kindly offered to take on.

- Two sub-groups enquired about the Trust’s approach to the Liverpool Care Pathway. The Chairman confirmed that a report was due to be presented to the Board of Directors in December; he would ensure it was shared with Governors.

3 RECOMMENDATIONS
Governors are asked to consider this report and the attached Minutes, and receive further updates from the sub-group meeting Chairs at the General Meeting

Tony Alcock, David Brannan & Viv Mills
SUB-GROUP CHAIRS/VICE CHAIRS
November 2012

Appendices:
• A: (draft) Minutes of Staff & Environment sub-group meeting, 30th October 2012
• B: (draft) Minutes of Strategy & Performance sub-group, 6th November 2012
• C: (draft) Minutes of Patient & Access sub-group meeting, 27th November 2012
COUNCIL OF GOVERNORS
STAFF & ENVIRONMENT SUB-GROUP MEETING

Brief notes from meeting held 30th October 2012

PRESENT:  
Tony Alcock (TA) Public Governor  
Jill Marshall (JM) Staff Governor  
Viv Mills (VM) Staff Governor, Sub-group Vice Chair (Chair)  
Gwyn Morritt (GM) Staff Governor  
Bob Ramsay (BR) Public Governor, Sub-group Chair  
Margaret Richardson (MR) Public Governor  
Carol Robb (CR) Public Governor  
Trevor Smith (TS) Public Governor  
Joe Unsworth (JU) Public & Lead Governor  
Steve Wragg (SW) Trust Chairman

IN ATTENDANCE:  
Lorraine Christopher (LC) Assoc Director of Estates & Facilities  
Carol Dudley (CED) Secretary to the Board

APOLOGIES:  
David Brannan Partner Governor  
Debbie Horbury Staff Governor  
Bruce Leabeater Public Governor  
Mr Ray Raychaudhuri Staff Governors

SE 12/38  APOLOGIES & WELCOME
BR welcomed governors and attendees to the meeting. Apologies were noted as above.

BR explained that, due to other pressures on him at the moment, he had asked VM to cover his role as Chair of the sub-group temporarily. This was supported by the group and VM assumed the role as Chair until further notice.

SE 12/39  MINUTES OF LAST MEETING
The notes of the meeting held on 21st August 2012 were reviewed and accepted as an accurate record.

SE 12/40  MATTERS ARISING
a) Café Signage
Governors reiterated the suggestion that it would be useful to put larger signs on the cafes to let customers know that they were staffed by volunteers.

It was also noted that neither of the cafes had a “name” yet. Although this was not crucial to their continuing success, it had been mooted previously by the volunteers’ team as a welcome idea. Earlier proposals had not been progressed to a conclusion, partly due to cost implications and partly because there had been no agreement on the names proposed at the time. LC stated that her team would be pleased to help install suitable signs if/when requested.

It was agreed that the above points should be referred to Jill Pell, Head of Patient Experience, who managed the volunteers team.

➢ Action: CED to feedback to Jill Pell for comment/action.
b) PEAT (Patient Environment Action Team) inspections
Governors were reminded that they were welcome to join the fortnightly internal PEAT inspections. Places were limited but could be booked via BR or CED.

LC reminded governors of the changes to the national scheme, as she had reported earlier in the year. It would be replaced by PLACE – Patient-Led Assessments of Care Environment. The scheme, which included an annual inspection, would be similar to PEAT and would still assess Trusts’ environment in terms of privacy and dignity and cleanliness but would be more patient led and with even greater focus on patient requirements and expectations. Public/patient attendees would be co-ordinated through Jill Pell and it was noted Healthwatch were seeking a role in the new system (nationally). The group hoped that there would still be opportunity for governor involvement as there had been with the PEAT inspections. LC advised that the new scheme was currently being trialled and was expected to be rolled out nationally in the new year; she would keep the group updated. LC also confirmed that the Trust’s own fortnightly inspection programme would continue, albeit possibly with some adaptations to align with the new requirements under PLACE.

It was agreed that (i) Jill Pell should be advised of governors’ interest to be involved in the PLACE inspection and (ii) a briefing on PLACE should made be available for the Board of Directors, to ensure they were aware of the changes.

Action: Governors’ interest to be reported to Jill Pell (CED)
LC to provide a briefing for the Board of Directors (via SW)

SE 12/41 ESTATES – UPDATE

LC advised that the updated Estates Strategy had been completed in June: looking at the Trust’s current position, the size and condition of the estate, what it needed to be able to deliver in the future and how it could move to that position. The extensive review undertaken to support the strategy update had also taken account of potential commercial options, value for money (VFM), partnership opportunities and current and future uses – on all aspects, from services to car parking. Following the review, plans for the Women’s & Children’s block and the Orthopaedic Village had been extensively revised and it had been acknowledged that space utilisation would be critical in the future. Whilst the strategy outlined long term plans, it would be supported by a staged approach and some early steps had already commenced or would be started shortly, such as the revised plans for O Block (formerly known as the Women’s & Children’s block), the Acute Medical Unit (to be open by December), the new pharmacy in outpatients (to be managed by the Trust’s wholly-owned subsidiary – Barnsley Hospital Support Services) and improvements in the Emergency Department (supported by a 10 bedded observation ward and an expanded reassessment unit). The Strategy was not just about buildings but also continued to build on the Trust’s good work around carbon reduction and energy efficiencies (combined heat and power unit still planned, which would provide reductions in energy costs of c22%). It needed to be organic; it could not be developed in isolation but had been and would continue to be shaped by consultation with stakeholders, changing national priorities and policies, and local drivers such as the ongoing Local Authority consultation. It would also feed into – and be affected by – the Trust’s strategic services review. Additionally it had taken account of feedback and support from staff and site services such as Initial Cleaning.

Governors appreciated the briefing and the revised Strategy as outlined.
Governors questions on a number of specific or related issues were answered by LC, regarding:

- future plans for the Social Club, which had recently closed. This space would provide useful decanting facilities, helping to enable refurbishment works in O Block etc (for non clinical support services) but would be demolished if/when no longer required
- the temporary accommodation recently sited outside A&E. This provided office space for consultants and support staff, enabling work on developments in the Emergency Department to progress;
- new flooring would laid in the main reception area (one of the last public areas currently carpeted, with plans for the others to be changed in due course too);
- plans to reduce residential accommodation;
- potential the desks in the main reception area (reception and PALS) to be changed, the decisions for which rested with the departmental management but the estates team would be happy to fulfil any instructions for changes;
- the changed cleaning arrangements continued to be closely monitored to ensure that the Trust's required standards were maintained and improved where possible. No lessening in standards would be accepted by the Trust and none had been identified to date. The Trust was proud of its reputation for cleanliness and continued to receive numerous compliments on this;
- signage across the whole site was being reviewed under the “Wayfinding project”, led by the project management office. The project had undertaken a survey across the whole site to identify full requirements; the outcomes were not yet known but its implementation would be supported by the Estates team. In the meantime, the team would give its full support to any departmental requests that could help to improve signage for patients and visitors;
- extensive work continued to improve the Trust's energy management and carbon reduction further. LC advised that the planned combined heat and power (CHP) plan would have a significant and beneficial impact on the Trust (8 year pay back scheme). A new post had recently been established to help the Trust continue its drive for more energy efficiency practices across the Trust and LC would share the governors’ suggestions and comments with the postholder (eg use of indoors sensor lighting in some buildings and better heating in the education centre).

LC also welcomed Governors' reports on poor lighting and the need to refresh markings on the edges of pavements and steps in some parts of the site. Whilst lighting and safety markings across the site were regularly inspected, the estates team would always welcome and respond to reports on areas needing remedial work between routine inspections.

**SE 12/42 STAFF ISSUES**

- **Uniforms**
  VM reported that a number of staff had mentioned recent difficulties obtaining new or replacement uniforms. GM and LC advised that the Trust had recently changed its contract for uniforms, which may have created some delays during the changeover to the new supplier but staff should now be able to request and obtain new/replacement uniforms easily in accordance with the Trust's uniform policy.
• Nursing Care
JU reminded governors of the presentation he had reported from the last FTGA network meeting around nursing care, one aspect of which had highlighted stresses on nursing staff. He asked what support the Trust provided. GM advised that stress was regularly monitored by managers and through the annual staff survey (latest one only recently completed). Additionally the Health & Safety (H&S) manager had included a stress survey at the end of the annual H&S training programme for all staff. Support and counselling were readily available to all staff through the Trust’s Occupational Health services and action plans were developed for any areas identified as being under stress to ensure further support for staff.

• New structure
Staff feedback to the Chairman had identified a need for further clarification within some of the new Clinical Service Units to ensure a better understanding of the new structure. SW had raised this with the Chief Executive, who would be working with the Clinical Directors to progress this.

SE 12/43 WORK PROGRAMME
It was agreed that the group’s work programme for 2012 had worked well. The programme for 2013 would be developed for review at the next meeting; suggestions were welcomed.

➢ Action: Governors to forward proposals for 2013 work programme to VM/CED
   Draft 2013 programme to be presented at next meeting

SE 12/44 REVIEW OF KEY OBJECTIVES
SW referred to the detailed report (as presented to the Board at its latest meeting) on the three transformation programmes being monitored by the subgroup: Non Clinical Support, IT & Estates and Workforce. At the Governors and Board’s request, the report on the transformation programme had been expanded to provide more detail on progress, status and plans. The Board had acknowledged that the initial aim of the transformation programme must be to ensure that the preliminary work carried on throughout this first year of the three year programme would enable the programme to be at the right “run rate” by the end of March 2013 to ensure the promised efficiencies were delivered in years 2 and 3. Whilst this would impact on savings, external funding had been received to support this work (reflecting wider support for the transformation programme) and the latest financial forecast showed a year end above plan. The Board had also acknowledged that not all efficiencies would directly relate to finance but must focus on improved services and quality, which in turn would lead to efficiencies in costs. The progress and aims of the transformation programme would be reported in further detail at the next Board meeting, which Governors had been invited to attend as the annual joint meeting.

JM queried the “green” status of the IT& Estates programme, despite a “red” exception raised in the report. SW explained that the “green” related to the overall programme progress, which was on plan. That did not, however, negate the identified risk around the patient administration system (PAS), the current contract for which would expire in 2014. This was the focus of significant work looking at a range of options for the Trust.

SE 12/45 ANY OTHER BUSINESS
• BR enquired if there had been any further feedback on the recent tender that the Sterile Services Department had lost. SW advised that this was still being evaluated to identify learning for future bids.
• During the meeting LC received an update on the Wayfinder project mentioned earlier, which she shared with the group. The site survey had been completed and report due at the end of November; this would enable the programme team to introduce some minor improvements across the site fairly quickly and progress to developing tender options for bigger works to revise signage across the site. The next stages would involve more engagement with patients, staff and other stakeholders – including governors.

• The next meeting date (18th December 2012) and dates for 2013 were confirmed and noted. The group would continue with 4pm start time.
COUNCIL OF GOVERNORS
STRATEGY & PERFORMANCE SUB-GROUP MEETING

Brief notes from meeting held 6th November 2012

PRESENT:
Tony Alcock (TA) Public Governor
David Brannan (DB) Partner Governor, sub-group Chair
Margaret Richardson (MR) Public Governor
Dave Thomas (DT) Public Governor
Joe Unsworth (JU) Public & Lead Governor
Steve Wragg (SW) Trust Chairman

IN ATTENDANCE: Carol Dudley (CED) Secretary to the Board

APOLOGIES:
Pauline Buttling Public Governor, sub-group Vice Chair
Denis Gent Public Governor
Debby Horbury Staff Governor
Bob Ramsay Public Governor
Carol Robb Public Governor

SP 12/49 APOLOGIES & WELCOME
DB welcomed governors and attendees to the meeting. Apologies were noted as above.

SE 12/50 MINUTES OF LAST MEETING
The notes of the meeting held on 4th September 2012 were reviewed and accepted as an accurate record.

SE 12/51 MATTERS ARISING
• Quality Account
  Further progress on the priorities and indicators for the 2013/14 quality account would be reported to the Council of Governors at the General Meeting in December.
  SW confirmed that data on DNA (did not attend) was already being closely monitored (monthly integrated performance report to the Board refers) and might not necessarily be an issue for the quality account.

SE 12/52 JOINT MEETING WITH BOARD OF DIRECTORS
Governors were reminded of the annual joint meeting, at which the Board invited Council of Governors to attend and participate in one of their regular meetings (public and private sessions). DB asked if anyone had any issues they might wish to propose for the agenda.

JU highlighted the proposed self-evaluation of the Council of Governors. This had been supported by the Council of Governors at the latest General Meeting and he would be presenting a short paper to the Board of Directors at the joint meeting in November, outlining the aims of the evaluation process and seeking the Board’s support before implementing the evaluation programme in the new year.

JU suggested it might also be useful to ask the Board to consider options for a membership engagement office. This was established in several FTs and might be useful for BHNFT too. Latest reports on the elections pointed to an unusually high number of governor vacancies and a membership engagement office might help to support more awareness of the role of governors and opportunities for election in the future. The Chairman would report on the elections in his regular update paper to the Board and this could be raised in discussions at that point. It might also be
something the Constitution review working group should consider and raise through their work.

SE 12/52  REVIEW OF DEVELOPMENT SESSION
CED circulated the draft notes from the governors’ annual development session held on 10th October.

It was agreed that it had been a good session overall. The notes highlighted a number of points and recommendations that should be explored further with the wider Council of Governors – either at the December meeting or in February, with new governors in place following the elections. Expanding on the notes it was suggested:

• The recommendation that all governors should be encouraged to attend 1-2 Board meeting each year could be expanded; feedback from the meetings could be introduced as a regular item on the General Meeting agendas and governors who had attended the latest Board meeting could be invited to report back to the wider Council, sharing their observations

• As noted, it would be useful to gain more engagement with the NEDs; this should include more awareness of their work, not just at Board meetings

• JU mentioned Monitor’s comments reported at recent FTGA/FTN meetings regarding the benefits of medical experience among the NEDs and asked if this was still being pursued by Monitor. SW confirmed that this seemed to be the case but also highlighted the NEDs’ focus on issues such as HSMR, which illustrated (at BHNFT) NEDs’ ability to understand, monitor and challenge medical issues at any rate. This in turn reflected on the strength of the appointment process at the Trust, led by the Council of Governors.

• As mentioned above, the self-evaluation questionnaire would be launched in January 2013. It was suggested and agreed that it would be useful to seek input from outgoing and retired governors too.

• Induction and mandatory training should be incorporated into the revised Governors’ Strategy (to be developed by JU/SW/CED)

• It was confirmed that IT training was available on request for Governors, which could be useful for governors less familiar with IT and wishing to access the Trust’s or national training programme(s) being developed for governors.

• The notes should be distributed to all governors (not necessarily at a formal General Meeting) and referred to at December’s General Meeting, in readiness for the revised strategy to be presented in 2013.

➢ Action: CED to distribute notes; JU to report on same at next meeting
   JU/SW/CED to draft revised strategy for February general meeting

SE 12/53  REVIEW OF BOARD REPORTS

• Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Mortality Indicator (SHMI)
The latest HSMR and SHMI reports, as presented to the Board in October, were reviewed. It was noted that the HSMR position had improved but considerable work was continuing to ensure further improvement for both HSMR and SHMI, as outlined in the action plans. SW highlighted key points from the report and reiterated the opinion of the external consultant, who had recently completed an independent review of the Trust’s HSMR position, he had reported that BHNFT was a safe Trust and had found no evidence of poor practice.

• Quarter 2 (Q2) report to Monitor
The Board had approved a self-evaluation of “green” for governance and quality
and 3 (good) for finance. One risk indicator had been triggered for finance, around capital expenditure, which was currently before 75% against plan. This had been due to unavoidable delays in some programmes and would be redressed by the year end through other plans being brought forward into 2012/13.

- **Integrated Performance report**
  The latest monthly report was reviewed and noted. SW drew attention to the “red” exception items and the detailed explanations provided within the report. Items highlighted in discussion included:
  
  - A&E “under 4 hours” - the national target had been met but not the local stretch target, resulting in the loss of a CQUIN payment. Whilst this was not a penalty payment per se, it was an important issue and the Board had requested fuller reporting on CQUINs (Commissioning for quality and innovation) in future, on a quarterly basis.
  
  - Mandatory training and appraisals – showed a slight downward trend, which was disappointing. The Board would continue to keep focus and pressure on these issues, which were important for both the Trust as a whole and for staff individually.
  
  - Transformation programme – the fuller reporting on which was welcomed.

**SP 12/54 REVIEW OF KEY OBJECTIVES**

The sub-group continued to monitor progress on the transformation programme and a number of supporting programmes: strategic services review, urgent care and elective care pathways. Discussed under “integrated performance” above.

**SP 12/55 WORK PROGRAMME**

Drafting of the 2013 work programme for the sub-group would begin shortly, for review at the next meeting. Initial suggestions from the meeting included an overview on training, membership strategy and governor recruitment. Any further items would be welcomed and could be sent to DB or CED outside the meeting.

- Action: DB to develop 2013 work programme for next meeting

**SP 12/56 ANY OTHER BUSINESS**

- CED advised that Bob Ramsay had requested two issues to be raised in his absence, one of which included use of tourniquets (re infection control). Both would be pursued and reported at the next meeting.
  
  *Post meeting note: the second issue related to systems for assessing patients’ medication dosage (based on individual data)*
  
  - Action: CED to pursue issues for next meeting

- **Liverpool Care Pathway (LCP)**
  The Trust’s policy and practice for end of life care pathways was discussed at some length. It was acknowledged that this was an important, sensitive and complex issue. SW undertook to obtain a full briefing for the group – and wider Council – to set out the Trust’s approach.
  
  - Action: SW to obtain full briefing

**SP 12/57 DATE OF NEXT MEETING:**

The group’s next meeting date (8th January 2013) and full schedule of dates for 2013 were confirmed and noted.
COUNCIL OF GOVERNORS
PATIENTS & ACCESS SUB-GROUP MEETING

Brief notes from meeting held 27th November 2012

PRESENT:
Tony Alcock (TA) Public Governor, sub-group Chair
David Brannan (DB) Partner Governor
Wayne Kerr (WK) Public Governor
Bruce Leabeater (BFL) Public Governor
Bob Ramsay (BR) Public Governor
Mr Ray Raychaudhuri (RR) Staff Governor
Margaret Richardson (MR) Public Governor
Carol Robb (CR) Public Governor
Dave Thomas (DT) Public Governor
Joe Unsworth (JU) Public & Lead Governor
Steve Wragg (SW) Trust Chairman

IN ATTENDANCE:
Carol Dudley (CED) Secretary to the Board
Heather Mcnair (HM) Chief Nurse

APOLOGIES:
Debby Horbury Staff Governor
Gwyn Morritt Staff Governor

PA 12/46  APOLOGIES & WELCOME

TA welcomed governors and attendees to the meeting. Apologies were noted as above.

Before moving to the agenda, the meeting observed a minute's silence as a mark of respect for Denis Gent, who had sadly died earlier in the month. His funeral had been held on 22nd November and had been well attended, including a number of Governors, reflecting the high regard he had been held in.

PA 12/47  MINUTES OF LAST MEETING

The notes of the meeting held on 25th September 2012 were reviewed. Two amendments were noted under PA 12/40 (re patient experience group):

• BR had not been at the last meeting and a comment thus wrong ascribed to him. The comment on line 4 of page 4 was amended to read, “Another governor had experienced similar patient information too and found it helpful and reassuring”.

• The second line of the second paragraph on page 4 was amended to read “JU enquired how Trusts managed medication of non–elective patients, if they were unable to track patients’ histories from central records”.

Subject to these corrections, the notes were accepted as an accurate record.

PA 12/48  MATTERS ARISING

c) Patient Experience Group (PA 12/40)

As requested, TA had reported the group’s comments re statistics to the Patient Experience Group. It was confirmed that the statistics were not directly comparable as they related to two different surveys (in- and out-patients) but the group’s point about the potential conflicting data was accepted and would be borne in mind as the new reporting systems were developed with the introduction of the Family & Friends Test (FFT). HM advised that two reports were due to be
presented to the Board on FFT: one in November, reporting on the requirements of the FFT and one in December to outline the Trust’s implementation plans.

d) Work Programme (PA 12/43)

Jill Pell, Head of Patient Experience, had been pleased to accept the group’s invitation to the February meeting, to give a briefing/presentation on the Trust’s complaints procedures. MR advised she would be meeting Jill shortly on the same subject.

PA 12/49 REGULAR REPORTS

a) Matrons’ report

HM explained the two data collection systems reflected in the report: from the “stand alone” units (CRT units) used in outpatients (which were accessible to anyone passing through the site, not only patients) and from one-to-one discussions with inpatients. As mentioned earlier, a new data system would be introduced with the FFT, which would help the Trust triangulate all patient feedback better, including comments from complaints and compliments.

SW reminded the meeting that the matrons’ reports now went to the Trust’s Clinical Governance Committee (CGC) rather than direct to the Board. Whilst the previous, more direct link had been appreciated by both the Board and Matrons, HM advised that the new route enabled greater scrutiny of the reports and also gave the matrons more opportunity to expand on their reports in discussion at the CGC and the Quality and Safety Board (which also reviewed the reports before feeding into the CGC) with management and colleagues from other wards and departments, making any learning more easily shared across the Trust. Any issues of concern would continue to be shared with the Board via the CGC’s assurance report.

The report was reviewed and discussed; Governors appreciated HM’s expansion on a number of points throughout the report. Some specific issues included:

• governors’ congratulations to the labour suite on the reported results

• information on the Community Safety Award recently won by the Community Midwives for their work with the South Yorkshire Fire & Rescue Service. It was hoped this could be extended to other patient groups too. Governors were also pleased to learn that the maternity team was among a group of three units shortlisted for a national award from the Royal College of Midwives, the outcome of which would be known in January

• the limitations of the current reporting systems, which HM assured the meeting would be improved by the new system mentioned above. The existing reports were useful as they picked up issues and trends to enable actions to be taken quickly although they did not take account of context or give specific information that could be more useful. Equally some of the questions on the CRT system were phrased as “negatives”, which made them prone to being easily misunderstood.

The report triggered considerable discussion around the Liverpool Care Pathway, which had been highlighted in the national media recently. HM advised that a report on the Trust’s policies and practice regarding end of life care pathways would be presented to the CGC at its next meeting, before being presented to the Board in December. As well as looking at current practice, the report was intended to identify potential for improvement. HM also offered to ask the Trust’s End of Life Care Pathway Facilitator to talk to the governors at one of the sub-groups shortly. This was appreciated, ideally to be arranged with one of the other sub-groups rather than wait until this group’s next meeting in February. BFL
highlighted a related aspect at the other end of life’s path – stillbirths. Information on the Trust’s approach on this would also be appreciated.

Action: HM to arrange the end of life care pathway facilitator’s attendance at a January sub-group meeting and a briefing regarding stillbirths

b) Patient Experience Group

TA reported on the latest meeting of the Patient Experience Group (PEG) on 5th November. Discussion topics had included:

- the ‘real time’ patient monitoring units, the contract for which had been extended to March to enable further review of reporting systems as part of the FFT implementation
- a report from the Safeguarding Adults nurse, who had confirmed that there had been no breaches of single sex accommodation in the last quarter and plans for further privacy & dignity awareness training for staff
- plans to expand the “music in hospitals” programme, with a further bid to the hospital charitable funds
- progress on the review of protocols and procedures re volunteers. The subgroup noted that this would also include exploration of opportunities for young people – as volunteers or perhaps work experience in the hospital.

SW also reported on the community-wide Volunteer Strategy being developed with partners on the One Barnsley Board

- The letter sent to all Trusts by the Chief Executive of the NHS regarding safety of patients in light of the Jimmy Saville allegations, assurance on which would be reported to the Board at its next meeting. The concerns had also prompted consideration of the CRB checks and the system’s limitations.

Action: HM to ensure inclusion of this further data for future reporting

Whilst he was pleased to note that there had been no complaints around car parking since the opening of the additional spaces on Summer Lane, TA asked if the loss of disabled parking at the front of the hospital during the building works in the emergency department might be problematic. HM affirmed that this would have been considered by the estates team when assessing where to site the temporary offices. It was also confirmed that the Trust would still be providing disabled parking spaces above the legal minimum requirement.

With reference to A&E, WK referred to the recent adverse media reporting regarding a young girl who had sadly died with a DVT; he asked if there would be an investigation. It was clarified that the reporting had arisen from the Coroner’s Inquest currently ongoing and that the patient had not attended the hospital but an independent GP service situated on the hospital site.

JU queried whether the PALS team was being fully utilised as he was surprised to note only 114 enquiries. HM agreed that the full range of informal enquiries and matters resolved without going to formal complaint were probably under reported as many would be addressed at ward/clinic level as well as through PALS, to ensure immediate responses for patients. This would be part of the wider review around the data systems, as the Trust needed to capture as much information as
possible to be able to ensure wider learning from patient experience and feedback.

PA 12/50 SERVICE DEMANDS & LIMITATIONS

It was noted that this was now integral to, and would be reported through, the work of the transformation programme as it progressed.

PA 12/51 REVIEW OF KEY OBJECTIVES/ TRANSFORMATION PROGRAMME

The report to be presented to the Board at its meeting on 29th November, regarding the four projects monitored by this sub-group was received and reviewed. SW advised that the Non Executive Directors would each be participating in one of the transformation project boards in the future to give further support to the programme as it began to pick up pace. He reiterated feedback shared at other sub-group meetings regarding the changing focus – from financial savings in year 1, to ensuring robust plans established in the first year, to support full delivery of the programme over its longer three-year span, and the Board’s acknowledgement of the drive for improved efficiencies in quality, safety and services, which would in turn lead to financial benefits in the longer term.

From the perspective of staff within the Clinical Service Units (CSUs), RR highlighted queries around the deliverability of some of the programme’s aims within the current financial limits: eg 12/7 care across the Trust, which would require recruitment of more consultants and clinical staff. It was acknowledged, however, that the programmes were interdependent and that improvements in quality and efficiencies in service would enable improvements in specific aims such as 12/7 – illustrating the complexity of the programme and the need to use this first year to ensure clarity, robust plans and the right run rate to drive and deliver the full programme in years 2 and 3. In addition the programme needed to link with external drivers - both local (eg work of the Health & Wellbeing Board, the ongoing Local Authority consultation, development of the Clinical Commissioning Group) and national (including requirements of the Royal Colleges and NICE etc).

JU queried why the introduction of the second CT scanner was delayed until the autumn of 2013. It was clarified, however, that the scanner would actually be in use from January 2013, but would be extended to 24/7 service later in the year when the required support arrangements were expected to be fully in place (via internal recruitment or tele-reporting). TA welcomed the news of the scanner going “live” from January; it was a good news story, to be shared widely.

SW also referred to the independent services company – Barnsley Hospital Support Services (BHSS, a wholly owned subsidiary of the Trust) – which had been set up to provide pharmacy services in outpatients. This would enable the Trust to reclaim some VAT, which had not been possible previously; the range of services provided through BHSS would be expanded over time.

PA 12/52 GOVERNORS’ VISIT PROGRAMME

The current dates for the governors’ programme were noted; the programme work would be reviewed in the new year.

➢ Action: Agenda item for next meeting and CED to initiate review

PA 12/53 WORK PROGRAMME

The briefing on complaints scheduled for February 2013 would be added to the programme. Any other suggestions for the 2013 programme would be welcomed.
PA 12/53  ANY OTHER BUSINESS

a) Meeting dates
It was noted that the meeting dates for the Council of Governors (and Board) posted in main reception should be updated for 2013.
➢ Action: CED to update

b) Social Club
It was confirmed that the Club was now closed and the building had been completely emptied. Governors were assured that all options for the venue would be explored.

c) Carol Robb
On a personal note, following a nasty fall recently after a sub-group meeting CR had been admitted to the hospital. She wished to thank the staff who had helped her at the time of the accident and everyone who had asked after her afterwards. She also praised the hospital for the excellent service and care she had received.

d) Commissioning Governor
It was noted that the dissolution of the primary care trusts would leave a vacancy on the Council of Governors among the partner governors. A commissioning governor would not be mandatory from April 2013 but this would be considered further by the working group leading the Trust’s Constitution review.

   It was suggested and agreed that it would be good to invite a speaker from the developing local Clinical Commissioning Group (CCG) to speak to the Council of Governors in the near future. Governors were pleased to learn that the Board of BHNFT would be meeting with the Governing Board of the CCG in December.
   ➢ Action: SW to co-ordinate CCG speaker

e) Organ Donation Committee
CED reported an invitation from the Medical Director for a governor to sit on the Organ Donation Committee. The committee met once or twice a year and would appreciate governor input. CR’s offer to join the Committee was welcomed and accepted.
➢ Action: CED to confirm CR as governor representative on the Committee, to the Medical Director
BOARD OF DIRECTORS

1 MEETING PAPERS & AGENDA

1.1 The agenda meeting of the latest meeting of the Board of Directors held in public, on 29th November 2012, is attached for information. The minutes of the previous meeting (25th October) are also attached. Further copies are available on the Trust’s website or on request from the Secretary to the Board.

1.2 The latest performance report is attached too, as presented to the Board at its meeting in November. Progress against delivery of the strategic objectives/ transformation programme for the 2012/13 business plan will be monitored through the sub-groups (please see sub-group Minutes for more detail) and the performance report will continue to be reviewed regularly at the Strategy & Performance sub-group.

1.3 Copies of the full reports from all Board meetings held in public are available on the Trust’s website (www.barnsleyhospital.nhs.uk) or on request from the Secretary to the Board (Carol Dudley, 01226 435000 or email carol.dudley@nhs.net).

2 FUTURE MEETINGS

2.1 Governors, staff and members of the public are welcome to come along to any meetings of the Board held in public.

2.2 The next meeting of the Board will be held on 20th December, 2pm in the Education Centre.

3 RECOMMENDATION

Governors are asked to receive the attached Agenda, Minutes and Performance Report for information.

Stephen Wragg
CHAIRMAN
December 2012
A MEETING OF THE BOARD OF DIRECTORS
WILL TAKE PLACE ON THURSDAY 29TH NOVEMBER 2012, 2PM
IN THE EDUCATION CENTRE, BARNSLEY HOSPITAL

AGENDA

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<thead>
<tr>
<th>No</th>
<th>Item</th>
<th>Enclosure</th>
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<tr>
<td>1</td>
<td>Apologies and Welcome – <em>Council of Governors attending by invitation</em></td>
<td>12/07/P/04</td>
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<td>2</td>
<td>To receive any declarations of interests</td>
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<td>3</td>
<td>Patient’s Story</td>
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<td>4</td>
<td>To receive and approve the Minutes of the meeting of the Board of Directors held in public on 25th October 2012</td>
<td>12/07/P/04</td>
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<td>5</td>
<td>To review and note progress on Matters Arising</td>
<td>12/07/P/05</td>
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<td>6</td>
<td>To approve the Patients’ Experience Strategy and supporting action plans</td>
<td>12/07/P/06</td>
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<td>7</td>
<td>To consider and approve proposals for Significant Transactions</td>
<td>12/07/P/07</td>
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<td>8</td>
<td>To receive and review a report on the Good Hospital Guide 2012</td>
<td>12/07/P/08</td>
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<td>9</td>
<td>To note progress on plans to implement the Friends &amp; Family Test</td>
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<td>10</td>
<td>To receive and review the monthly Integrated Performance Report</td>
<td>12/07/P/10</td>
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<td>11</td>
<td>To support proposals for evaluation of the Council of Governors</td>
<td>12/07/P/11</td>
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<td>12</td>
<td>To receive a report from the Chairman, Mr S Wragg</td>
<td>12/07/P/12</td>
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<td>13</td>
<td>To receive a report from the Chief Executive, Mr P O’Connor</td>
<td>12/07/P/13</td>
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<td>14</td>
<td>To receive and note the Board Assurance Framework 2012/13: exception report</td>
<td>12/07/P/14</td>
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<tr>
<td>15</td>
<td>To receive and endorse the latest Assurance Report of the Audit Committee</td>
<td>12/07/P/15</td>
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<td>16</td>
<td>In accordance with the Trust’s Standing Orders and Constitution, to resolve that representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted.</td>
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*Date of next meeting:*
20th December 2012, 2pm, at Education Centre, Barnsley Hospital

Signed: ............................
Chairman
MINUTES OF A MEETING OF THE
BOARD OF DIRECTORS
HELD ON 25TH OCTOBER 2012
IN THE EDUCATION CENTRE, BARNSLEY HOSPITAL NHSFT

PRESENT:
Mrs J Ashby Director of Finance & Information
Mrs S Brain England OBE Non Executive Director
Mrs L Christon Non Executive Director
Mr S Houghton CBE Non Executive Director
Dr J Mahajan Medical Director
Mrs H Mcnair Chief Nurse
Mr P O’Connor Chief Executive
Mr F Patton Non Executive Director
Mr D W Peverelle Chief Operating Officer
Mr P Spinks Non Executive Director
Mr S Wragg Chairman

IN ATTENDANCE:
Ms H Brearley Director of HR & Organisational Development (OD)
Ms C E Dudley Secretary to the Board
Mrs E Jeffers Director of Transformation
Mrs L Libiszewski Director of Quality & Performance
Ms H Stevens Associate Director of Communications & Marketing

12/245 APOLOGIES & WELCOME
Members and attendees as noted above were welcomed; Mrs Jeffers was congratulated on her recent appointment as Director of Transformation. A number of Governors, staff and members of the public were welcomed to the meeting.

12/246 DECLARATION OF INTERESTS
None.

12/247 PATIENT’S STORY
Continuing the Board’s commitment to listen and learn from patient experiences at the start of the meeting each month, Mrs Mcnair shared some feedback from patients and families who had recently attended the Trust’s Emergency Department. This provided timely context for the outcomes of the national A&E survey reported under agenda item 6. It was noted that patients’ comments reflected their differing experiences, with some very positive comments about the department on its cleanliness, the helpfulness and efficiency of all the staff and the overall high standard of treatment received as well as less favourable feedback regarding waiting times (particularly for children attending A&E) and the poor attitude and attention provided by some staff.

Whilst matters reported under the Patient’s Story were not intended to be discussed at Board meetings, Mrs Mcnair assured the Board that any issues of concern would be fully investigated.
12/248 MINUTES OF LAST MEETING (12/10/P/04)

The Minutes of the meeting of the Board of Directors held in public on 27th September 2012 were received and accepted as an accurate record.

12/249 MATTERS ARISING (12/10/P/05)

The submitted progress report on matters arising from the last and previous meetings was received and noted.

With reference to Minute 12/220, Dr Mahajan provided an update on the recruitment of an additional consultant radiologist to support the breast symptomatic service at Barnsley. The recruitment process was being led by Doncaster & Bassetlaw Hospitals (DBH) but had not been successful to date. Dr Mahajan advised that the Medical Director at DBH was currently leading work to revise the job description before proceeding to re-advertisement shortly. She emphasised that the current level of service at Barnsley remained secure but the Clinical Service Unit (CSU) could not develop the proposed second clinic until an additional consultant was in post. She also clarified that the consultancy support was presently provided as a bought in service from DBH, although discussions between the Medical Directors of both Trusts had started to consider options to develop a more shared service.

12/250 ACCIDENT & EMERGENCY (A&E) SURVEY 2012 (12/10/P/06)

Mrs Mcnair expanded on the submitted paper received and reviewed by the Board, which provided an overview of the A&E National Patient Experience Survey report for Barnsley. She highlighted the feedback for the Trust compared to a number of other Trusts who had used the same provider (Picker) for the survey. A national report and fuller comparative data was expected to be issued by the Care Quality Commission in January.

It was noted that the report for Barnsley showed several areas of significant improvement since the last survey carried out in 2008, as well as one area in which the Trust’s performance had worsened. Mrs Mcnair affirmed that an action plan was being developed in response to the survey to address issues for improvement. As the report reflected only a very small percentage of patients who attended the A&E in a year, the action plan would consider the report’s findings in the wider context of patient feedback from other sources (internal and external) and would also take account of the national survey when published. Mrs Mcnair also advised that a report would be available for the Board’s next meeting regarding the new “Friends & Family” test being introduced nationally to encourage more targeted patient feedback, which was intended to be an invaluable source of learning for all Trusts.

Whilst Mr Patton congratulated the Trust on the improvements since the last survey, he welcomed the Chief Nurse’s comments regarding the need for further improvements and the Trust’s continued drive to be better.

12/251 MONTHLY INTEGRATED PERFORMANCE (12/10/P/07a&b)

The integrated performance report, which provided an overview of the Trust’s progress in terms of key activity, finance, quality, workforce issues and the Transformation Programme to the end of September 2012, was received and reviewed. Following receipt of detailed reports on three of the Transformation Programmes in September, four more reports were received - for the Outpatients, Consistency in Care, Non-Clinical Support and Elective Care programmes. A report on the eighth programme would be presented next month.
The lead Directors expanded on their sections as presented in the report:

Activity:
It was noted that performance for September had been good overall albeit with some areas slightly below target and requiring further actions to ensure improvement. Mr Peverelle highlighted the explanations and planned actions detailed in the report on all exception items. He also advised that all Monitor targets had been achieved for Quarter 2; nevertheless A&E had been below target in September (performance just under 95%) and the Trust had not attained the stretch CQUIN (Commissioning for Quality and Innovation) target for the quarter, as a result of which the related payment would not be received. Mr Peverelle reported that a lot of work continued to be focussed around the medical cluster, patient flow and discharge rates, which had already resulted in an improved position in October. Unfortunately this did not mean that the CQUIN payment could be retrieved in year and the Chief Executive confirmed that the loss would be added to the cost improvement programme to be offset. The Chairman referred to previous financial reporting on CQUIN targets, which had enabled the Board to be aware of lost income and it was agreed that quarterly reporting on CQUIN payments should be resumed at Board meetings in future.

The 18 weeks targets had been met overall but with performance slightly below target in one sector (orthopaedics), which had attracted a contract penalty. This had been largely due to complex pathways and issues around delays in musculo skeletal services in the community, which the Trust was addressing with the service providers. Discussions with partners also encompassed review of financial responsibilities in this area.

Quality
Mrs Libiszewski drew attention to the exception reports for Infection Prevention & Control (hand washing, still being closely monitored) and the increased number of serious incidents (all of which continued to be subject to close scrutiny through the governance committees and robust action plans). It was queried whether the increased number of incidents reflected better reporting or an issue around things not being done properly. Mrs Libiszewski advised that the Trust’s level of serious incidents was still relatively low compared to peers and assured the Board that appropriate reporting was being carried out although increased reporting would be encouraged further. She also assured the meeting that the volume and nature of reported incidents would continue to be closely monitored and that the Trust was focussing on ensuring that learning from all incidents was shared across the organisation, not just at the point of origin. Mr Spinks referred to one of the information governance incidents included in the report and had been pleased to see it also highlighted through the Governance Committees’ assurance reporting; such follow through was appreciated and important.

Workforce
Ms Brearley reported on the increased levels of sickness and absence month on month; whilst the increase was small it had been noticed and was being reviewed by the HR team and Workforce Board. Work continued across the Trust as discussed previously to try to secure further reductions. One particular staff group had recently been identified as an outlier and focussed work was being progressed with this group to provide support and ensure absence levels were reduced. Ms Brearley advised that further increases in sickness and absence may be expected during the winter; whilst this reflected the normal profile, it further emphasised the need to continue to drive improvements in order to achieve the Trust’s target for the year.
A marginal drop had been recorded for mandatory training and appraisals, despite the considerable work already undertaken. Work was continuing with each of the CSUs to ensure that anything preventing compliance was identified and swiftly addressed. Ms Brearley also advised that the regular review of the corporate training curriculum had begun to ensure that all training programmes continued to be fit for purpose and essential and were being delivered as efficiently and flexibly as possible. Mr Patton, Chair of the Non Clinical Governance & Risk Committee (NCGRC) affirmed his support for this work and assured the Board that it continued to be closely monitored through the NCGRC. He also advised that where expected improvements were not delivered, the Clinical Director(s) would be invited to address the Committee in person.

The Board noted the new reporting format, now aligned with activity and quality. It was agreed, however, that it would be useful for monthly data (12 months rolling) to be provided more clearly in future, not just within the narrative.

Finance
Mrs Ashby presented the finance section, which had also been discussed at the recent meeting of the Finance Committee. She highlighted a number of key points, including the finance risk rating (FRR) of 3, capital expenditure at 57% of plan (an adverse measure of risk but expected to catch up by year end with rescheduling of planned work), a surplus position of £403,000 (largely due to non recurrent funding supporting escalation wards and transformation work), income at £1.284 million (net of unrecoverable loss of CQUIN income reported above and recoverable loss related to patient incomes) and continuing pressures on pay spend albeit with an improving run rate and cessation of spend on nursing agency.

Mrs Ashby also highlighted the efficiency programme, which was currently below plan (£1.5 million) but would be redressed by replacement schemes to be identified and delivered in year for the core cost improvement programme (CIP) and non-recurrent support received for the Transformation Programme. At the Finance Committee’s mid year review, the meeting had acknowledged the opportunity to focus on the programme achieving the right pace by the year end whilst supported by the non recurrent funding in 2012/13. Whilst appreciating this position, Mr Patton queried how the Trust intended to address the CIP of £4m projected for the Transformation Programme in year one of the three year programme. Mrs Ashby advised that the bulk of the transformation CIPs linked to the workforce programme, which would be underpinned by the work of the other programmes in the first year to ensure delivery in years two and three. The Chief Executive also advised that achievement of the right run rate (possibly before year end) would reduce the need for mitigating finance, although it was appreciated as tangible support for the real changes being driven for the Trust’s future ways of working - vital to ensure the continuing success of a small general hospital in an environment where many others were struggling. Nevertheless the Board agreed that delivery of the CIP was important, particularly as this has been a difficult area for the Trust historically.

Mr Houghton suggested that the report should be presented differently in future, not necessarily “red” if it was going to deliver in year against non recurrent funds and in light of the current forecast for a year end position above plan. This was acknowledged. It was equally important that success and failure were identified appropriately: it should not be deemed as “failure” where, as in the past, slippage was due to the Trust’s over performance on activity, although it was noted that no escalation wards were open at present and activity levels had recently reduced.
The Chairman believed the CIP process needed to be revisited for 2013/14 so that the Trust set a realistic programme from the outset, albeit everyone was mindful of the difficulties around identifying commissioning intent at this stage. It would also be useful to consider a more balanced scorecard approach, to show how the transformation programme was helping to deliver more and better services. The Chief Executive and Mr Peverelle undertook to work with Mrs Ashby to develop a different reporting form for the future. Similarly it was requested that reporting on pay be reviewed as some of the “overspend” was offset by monies received so not actually a red position; Mrs Ashby flagged that the premium rates being paid for agency staff would still reflect an adverse position but agreed that it could be shown differently for greater clarity.

Transformation Programme
Mrs Jeffers reminded members that the highlight report had been presented and discussed at the mid year review meeting. The report provided an overview of the eight programmes, highlighted one red risk (the Patient Administration System, as last month, work on which was ongoing) and highlighted the planned gateway reviews, the outcomes of which would be presented to the Board as part of the detailed programme reporting provided in the supplementary reports. As requested by the Board previously, the report had been revised to include a financial overview (which Mrs Ashby advised would be further refined for next month) and a section to track comments from and responses to the Board. The milestone report had also been re-presented with colour coding as requested. The second section (report 7b) expanded on the Outpatients, Consistency in Care, Non Clinical Support and Elective programmes. Mrs Christon enquired whether the wider aspects of resource needs had been recognised by the Transformation Board and Mrs Jeffers affirmed that this would be part of the planned gateway reviews for all programmes.

The improved reporting was appreciated by the Board.

The Executive Directors responsible for each programme expanded on the report and the progress to date, including

- **Consistency in Care**
  Dr Mahajan advised that this was a quality driven programme, aimed at driving equal quality of care 24/7 across the hospital. Initial work had focussed on three workstreams: hospital at night (project currently being scoped); seven day diagnostics (with impending implementation of the second CT scanner), and review of staffing to ensure appropriate supervision and skills mix for 12/7 and 24/7 working, which was already progressing with revisions to medical/consultant staffing rotas on the acute medical unit. The report highlighted the aims and risks for each project and Mr Patton welcomed this approach; he also asked, however, for more accuracy in the reports (eg the risk table included data errors but it was confirmed that the risk ratings were accurate).

It was noted that Dr Mahajan had highlighted recruitment as a potential risk factored into the programme and the Chairman shared feedback from the latest “Listening to Staff” visit, at which the team had raised risks around the number of staff coming up to retirement; Dr Mahajan affirmed that this would be factored into the programme’s work. It was acknowledged too that many of the benefits from this programme would result in efficiency rather than financial savings, which reflected earlier discussions about future reporting needing to show the wider benefits, not only financial savings or gains - although the Board acknowledged the correlation between improved efficiencies and improvements in quality, which in turn linked to financial
benefits in the longer term. Mrs Christon also referred to staff comments from the morning’s Listening to Staff session with medical imaging, at which it had been suggested that some unnecessary or inappropriate tests were being requested. Dr Mahajan advised that this had been reported from other CSUs too and, whilst it may be a subjective perception and could reflect the diverse approaches among medical staff with regard to diagnostics, she confirmed that a series of audits had already been built into the programme to explore this further and to obtain evidenced findings. Ms Brearley also referred to ongoing discussions with the radiographers, which would impact on the project and early exploration of options around agenda for change (something of increasing interest nationally).

It was noted that the programme had also been impacted by Patientflow, which had recently been put on hold pending discussions with the supplier. Mr Peverelle advised that the suppliers had proposed to provide an improved model; this would be subject to testing and, if not effective, could result in other options being pursued. It was agreed that this should be reflected in the programme’s risk profiles for clarity.

• **Elective Care**
  Mr Peverelle reiterated the three key objectives for the project and drew attention to the specific issues highlighted in the report. Some progress and savings had already been delivered, as shown in section 4 of the report, which also outlined the project’s current focus including orthopaedics (to address capacity issues) and length of stay. Capacity demands on key staff and lead time to get the work rolling out had been identified among the main risk issues, which the project team would continue to address.

• **Outpatients**
  Dr Mahajan advised that Barnsley had one of the highest ratios of outpatient appointments in the UK and this was one of the key issues to be revised by the programme team. The work would include a fundamental review of the current model of service for outpatients and would result in recommendations for a revised model better suited to meet the needs of both the populace and the Trust to improve service and productivity and reduce inefficiencies. The report outlined some of the factors that would be focused on initially, including DNAs (did not attend) and GP letters. The project had started slowly in the absence of a manager but was now progressing well. Its main risk (and strength) would be around early engagement of staff and the newly forming Clinical Commissioning Group (CCG).

It was acknowledged that all of the programmes had a lot of work ahead of them and Mrs Brain England suggested that Outpatients could offer some “quick wins” through the contract position on issues such as new to follow up appointments. Dr Mahajan advised that this was being fast tracked and she would be working with Clinical Directors to ensure swift progress. The Board also agreed with the Chief Executive’s comment regarding the fundamental nature of this programme and the challenge to the Trust and wider economy regarding the function of an outpatient service for Barnsley. 

Mrs Christon had been interested to note the high level of outpatient attendances, which reflected how the people of Barnsley chose to use the hospital and would be another key factor for consideration and exploration with both internal and external stakeholders. The Chief Executive was pleased to report that the Chair-elect of the CCG had been on site recently, speaking to consultants and had affirmed the CCG’s interest and support in the work of this programme.
• Non Clinical Support Services

Mrs Ashby outlined the programme’s progress to date, aimed at improving back office support for patient services in terms of both value for money and quality.

Options for developments within IT had been presented at the Board meeting in March and good progress had continued to be made since that time; an agreed model was due to be presented to the Board in December. The list of risks and issues for this work programme included the impact of the recent request from South West Yorkshire Partnership FT for an extension to the IT contract having previously given notice on it; this was being considered. Options for clinical coding were being reviewed further, including opportunities for outsourcing and joint working; progress could be impeded by the recent resignation of the Head of Clinical Coding. An external review of the Sterile Services Department had been carried out, one outcome of which had been agreement to tender for various contracts. One tender had been unsuccessful recently and the feedback was being evaluated to help improve the chances of success in future. Early work had also identified four potential outliers in “back of house” services, subject to further review before workstreams were developed.

Mrs Christon was pleased to note the savings achieved to date under this programme, including £45,000 ahead of plan for the Quality Innovation Productivity and Prevention (QUIPP) initiative. Mrs Ashby advised that there were plans to draw back the £55,000 reported slippage by the year end. Mrs Brain England welcomed assurance that the Trust was exploring options for introduction of bar codes and similar systems to support some of the ideas under this programme; Mrs Ashby suggested the programme would also benefit from the Patient-Level Information and Costing Systems (PLICS) as this became more established across the Trust.

12/252 CLINICAL EXCELLENCE AWARDS

Deferred for discussion in private due to its content (confidential staff and contractual issues).

12/253 HOSPITAL STANDARDISED MORTALITY RATIOS (HSMR) (12/10/P/09) AND SUMMARY HOSPITAL MORTALITY INDICATOR (SHMI)

Dr Mahajan presented the report which included April-June data now frozen, which could now be shared with the Board in public. At 107.89 the Trust’s HSMR showed an improved position but further work and improvement was still needed. The SHMI report for the full year showed the Trust at 108 (“as expected”), with a need to improve data capture for patients who died outside the hospital to ensure more robust future reporting. Whilst the improvements to date were welcomed, Dr Mahajan emphasised the need for further work, particularly in view of the loss of the Head of Clinical Coding, which could impact adversely in the short term.

Mr Spinks referred to a cancelled meeting (in August) reported in the action plan regarding the mortality review, which had not yet been rescheduled. It was agreed that this should be revisited as it was important to keep the pressure and pace on all aspects of this work as much as possible. Mr Spinks also acknowledged the difficulties in measuring the Trust’s success against a movable benchmark, the median for which would be reset nationally as other hospitals also worked to improve their HSMR and SHMI. He asked if it would be possible and/or effective to try to define a Trust-specific target (ie number of “extra” deaths). Members were, however, conscious of the complexity of
HSMR and acknowledged that this might be difficult to achieve. The meeting was also reminded of the positive feedback from the external review carried out recently, which had identified that the Trust was providing a very high quality of care, although this by no means alleviated the need to deliver further improvements to the HSMR or SHMI indicators, the data for which provided a useful indicator of trends that Trusts might need to explore. Mrs Christon, Chair of the Clinical Governance Committee (CGC), assured the Board that the Committee continued to look at this issue and the many contributory factors closely. The Committee had been assured that the work continued to progress well but had also acknowledged that it would take more time for real improvements to begin to show.

12/254 MONITOR - QUARTERLY REPORT (Q2)

The Chief Executive presented the report, which, when written, had been intended to cover two aspects of the Trust’s relationship with Monitor: (a) the quarterly report on the Trust’s compliance and risk assessment against national targets for both governance and quality (governance risk rating/GRR) and finance (financial risk rating/FRR) and (b) outcomes of the second stage review. The latter had not yet been received from Monitor, hence the Trust’s response could not be discussed at the meeting.

Referring to the quarterly submission, members were reminded that Monitor had confirmed the Trust’s compliance for Quarter 1 at a GRR of green and an FRR of 3, both of which were positive outcomes and aligned with the annual plan.

For Quarter 2 (Q2), the Chief Executive confirmed that all core targets had been met, resulting in a recommended GRR of green. The financial position for the quarter and 12 months rolling forward had been assessed as an FRR of 3; this had also been reviewed and endorsed by the Finance Committee. Mr Spinks emphasised the difficulties of assessing the forward financial position, particularly bearing in mind the precise wording of the required declaration that the “board anticipates that the trust will continue to maintain a financial risk rating of at least 3 over the next 12 months”, which was difficult to be fully certain of at this time with no clear knowledge of commissioning intentions, etc. Whilst this was acknowledged, it was further acknowledged that the Board was in the same position as all other Foundation Trusts and had a responsibility to make a declaration based on what it could reasonably anticipate, taking account of its corporate knowledge of the past and present situation and best assessment of the changing environment. Mrs Ashby also reminded members that the 12 months rolling forecast for the FRR was based on the three year plans approved by Monitor. Having given careful consideration to the recommended GRR of green and FRR of 3, based on current knowledge and the expectation that commissioning intentions and income would be on the levels experienced to date (using this as best evidence), the report was accepted and the declaration was approved for signature.

12/255 CHAIRMAN’S REPORT

The Chairman’s report, which provided an overview on a range of activities since the last Board meeting and items of interest, was received and noted. The Board endorsed a formal vote of thanks to Mrs Pauline Acklam, as she retired from NHS Barnsley after 50 years of working within the NHS.

It was noted Mrs Acklam had also served at the nominated partner governor for NHS Barnsley and the Chairman would liaise with the primary care trust to
determine options for the remainder of their tenure on the Council of Governors before they were dissolved in March 2013.

The Chairman was also pleased to report on this month’s winners of the BRILLIANT Staff Awards: Lynn Clay, healthcare assistant from community midwifery and the HR Project Team, all of whom had been delighted to receive the Awards earlier in the day. The Board agreed that the Awards continued to be a great initiative; the Chairman reiterated his thanks to Ms Stevens, who had helped to design and build the programme. He was also pleased to report on his work with the Local Service Partners (LSP), chairing a series of meetings on governance, as part of which he appreciated Ms Stevens’ agreement to join the meetings and support some of the communication issues, which would otherwise have fallen to the Local Authority.

Reports were invited from other members of the Non Executive team and noted as below:

- Mr Patton reported on the latest meeting of the Board of Barnsley Hospital Support Services Limited (BHSS), the Trust’s wholly owned subsidiary company. The Board had discussed development of the first service to be run through BHSS – pharmacy outpatients – and had tentatively considered other opportunities for the future. For the benefit of the members of public in attendance, Mr Patton briefly outlined the role and aims of BHSS. It was suggested that the Board of BHNFT should receive regular updates on the work of BHSS; quarterly reports were agreed. Mr Spinks, as Chair of the Audit Committee, would also give consideration to the requirements of reporting at Audit Committee in future.

- Mrs Christon reported on a recent meeting of the Local Involvement Network (LINks), which she and Mrs Brain England had attended. There had been two main areas of focus:
  - development of the CCG, discussions on which included a response from the CCG development group’s representative affirming that the CCG had no intention of affecting the stability or future of Barnsley Hospital
  - consultation on the specification for Healthwatch, in readiness for tendering (not discussed in detail at the LINks meeting).

- Mrs Brain England reported on her recent involvement with consultant recruitment, during which she had been pleased to hear glowing comments from candidates about why they wanted to work in Barnsley.

12/256 CHIEF EXECUTIVE’S REPORT (12/10/P/12)

The Chief Executive’s report on a range of activities and issues of interest arising since the last Board meeting was received and reviewed. Referring to two items in the report in particular the Chief Executive highlighted:

- the continuing work of the CCG development group, the Chair-elect of which had addressed the latest meeting of the Trust’s Medical Staff Committee. There had been a lot of interest in the Chair-elect’s comments about the work to create the new organisation and the powers the group had taken on from 1st October 2012, to act on the primary care cluster’s behalf. The speaker had made it clear that maintaining a safe and sustainable hospital would be an important issue for the CCG;

- the expected report from the Care Quality Commission following its latest unannounced follow-up inspection, in relation to outcome 21 – Records. The report had not yet been received but would be circulated to Board members when available.
Mr Spinks thanked the Chief Executive for his update on a range of developments and asked for further information on the Specialist Commissioning Group in terms of its potential import for the Trust. It was noted that, whilst not significant per se, it gave an indication of the way the local cluster was possibly more advanced than some others and also provided further evidence of the successful NHS economy within South Yorkshire.

Similarly Mrs Brain England asked about the need to set a measure for a significant transactions and what the implications would be for the Board. The Chairman and Chief Executive explained that approval of significant transactions was one of several new powers of the Council of Governors under the Health & Social Care Act 2012, and it would be important, working with the Governors, to identify a reasonable “trigger” for such issues. The Chief Executive believed that there would be an increase in significant transactions between NHS organisations in the future due to the financial context ahead. A fuller report would be presented to the Board at the next meeting, which would be timely as it would be a joint meeting with the Council of Governors.

12/257 MEDICAL DIRECTOR’S REPORT (12/10/P/13)

The quarterly report of the Medical Director was received and noted. Dr Mahajan highlighted section 4, regarding Doctors’ Appraisal and Revalidation. She affirmed the latest information that the system would go live by 1st December and gave assurance that the Trust would have the first cohort of staff ready in good time for the starting date.

12/258 BOARD ASSURANCE FRAMEWORK (12/10/P/14)

The full Board Assurance Framework (BAF) as at the end of September 2012, was received and reviewed. Mrs Libiszewski confirmed that the BAF was regularly reviewed with the Directors and through the relevant governance committees. She also advised that future work would include development of actions regarding gaps in control and assurance to ensure they are thoroughly reviewed and, if practicable, with none remaining at the year end.

The Chairman thanked Mrs Libiszewski for the comprehensive report provided.

12/259 COMMUNICATIONS UPDATE REPORT (12/10/P/15)

The quarterly update report was received and reviewed. Ms Stevens highlighted a number of key points, including:

• the steady performance around media reporting, which had met expected internal targets for reporting albeit had been slightly disappointing for the team who had wanted to improve this further
• the positive impact of internal communications to promote engagement with staff on important issues such as the flu vaccination programme and staff survey
• the future focus on external communications.

Ms Stevens also referred to the transformation agenda, which continued to be a critical issue for staff. Whilst a dedicated site had been developed (accessible to both staff and stakeholders), proposals were being progressed to appoint a dedicated communications support officer for this programme, for a fixed term.

The report and continuing good progress was welcomed. The Chairman highlighted the two external awards for which the Communications Team and, separately, the Communications Manager had been shortlisted, which the Board agreed were a worthy recognition of the team’s excellent work.
CLINICAL GOVERNANCE COMMITTEE (CGC)  (12/10/P/16)

As Chair of the CGC, Mrs Christon presented and expanded on the assurance report following the Committee’s meeting held on 3rd October 2012. She drew attention to:

- the Committee’s continued monitoring of CQUINS (per section 3.1.1)
- the Trust’s input to improving paediatric services within Barnsley and continuing concerns regarding the lack of momentum across the community (3.1.6). The Committee had asked that the Board help to ensure these concerns were made known more widely, perhaps at the Health & Wellbeing (shadow) Board.

  - Mrs Mcnair advised that the concerns had been raised on behalf of the Trust at the latest meeting of the improvement Board for the Children’s Action Plan following the Care Quality Commission/OFSTED report
  - Mr Peverelle was pleased to report that the primary care cluster had been reinvigorating focus on these issues too. The Chairman of the working group would be raising it at the Health & Wellbeing Board;

- a request for the Workforce Dashboard to highlight any vacancies/posts that could potentially be putting services at risk (5.3). Mrs Libiszewski, as a member of the CGC, affirmed that she and Ms Brearley were advancing work on this issue on behalf of the Committee.

Mrs Christon also referred to the appended Domestic Abuse Policy, which had been extensively re-written, had been reviewed and endorsed by the Committee and was recommended to the Board for approval.

The assurance report was noted and the Board accepted the Committee’s recommendation and duly approved the Domestic Abuse Policy.

NON CLINICAL GOVERNANCE & RISK COMMITTEE  (12/10/P/17)

The Board reviewed and noted the assurance report of the Non Clinical Governance & Risk Committee (NCGRC) following its latest meeting held on 4th October 2012.

Mr Patton, Chair of the NCGRC, highlighted section 2.2.1, which provided an update for the Board on two information governance incidents reported previously. He reported the potential for a fine to be levied against the Trust for the mistakes made under one of the incidents. Additionally, as flagged by Mr Spinks earlier (12/251), he welcomed the links and transparency in the Trust regarding reporting of and responses to such issues. Mr Patton also drew attention to the following updated policies which had been reviewed and approved by the Committee:

- Moving and Handling Policy
- Overseas Visitors Policy
- Incident Reporting Policy
- Flexible Working Policy
- Stress Policy

The assurance report and policies were noted by the Board.

COUNCIL OF GOVERNORS  (12/10/P/18)

The agenda of the meeting of the Council of Governors held on 10th October 2012 and minutes of the previous meeting in August 2012 were received and noted.
The Board received and noted the assurance report of the Finance Committee, following its meeting held on 18th October. The Chairman, as Chair of the Committee, recorded his thanks to Mrs Peverelle, Head of Corporate Governance, for drafting the assurance report in time for the Board’s Meeting.

In support of the report Mr Spinks, a member of the Committee, affirmed his view that it could in fact have given more positive assurance. The balance of the Committee’s discussions around the CIP and supporting funding, etc, should give the Board more confidence in the projected balance position expected at the year end. This further assurance was welcomed and noted.

a) Public comments
The Chairman invited comments from the public and the following were noted:
- Significant Transactions
  Mr Unsworth, Lead Governor, was pleased to note the report to be presented to the joint meeting of Directors and Governors in November. He appreciated confirmation that parameters for approval of mergers and transfers would also be included in the report.
- CQUINs
  In response to a query from a member of the public it was clarified that the £100,000 CQUIN payment not achieved in September could not be recovered later in the year.

b) Confidential matters
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.

c) Date of next meeting
Before moving to the business of the remainder of the meeting, and for the benefit of the governors and members of public present, the Chairman confirmed the time and date of the next Board meeting: 2pm on 29th November 2012.
REPORT TO THE BOARD OF BARNSLEY HOSPITAL NHSFT

<table>
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<tr>
<th>SUBJECT:</th>
<th>MONTHLY INTEGRATED TRUST BOARD REPORT – REPORT PERIOD MONTH 7</th>
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<tr>
<td>DATE:</td>
<td>NOVEMBER 2012</td>
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<tr>
<td>PURPOSE:</td>
<td>To provide an overview of the Trust’s performance in terms of quality, activity, workforce, finance and the transformation programme for October 2012.</td>
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| Board Assurance Framework: | BAF Key risk | To provide positive Assurance against the following Trust business objectives: 1a, 1b, 2c, 3c, 5b. |

| RECOMMENDATIONS: | The Board of Directors is asked to receive and consider the contents of the report. |

| AUTHOR:          | Janet Ashby, Director of Finance and Information  
|                 | David Peverelle, Chief Operating Officer  
|                 | Liz Libiszewski, Director of Quality & Performance  
|                 | Hilary Brearley, Director of Human Resources and Organisational Development  
|                 | Elaine Jeffers, Director of Transformation |
**CORE IMPLICATIONS**

| i) | Business Plan Objectives  
The report is intended to show progress against delivery of the Trust's business plan and highlight any issues of concern. |
| ii) | Public and Patient Involvement  
None directly, although much of the quality data reflects public and patient feedback. |
| iii) | Communication  
The Trust's continuing good performance and delivery, and support for its patients and staff is vital to its reputation. |
| iv) | Risk Issues (including reputation)  
Inherent within the report. |
| v) | Sustainability  
Considered. |
| vi) | Legal  
Nil. |
| vii) | Resources  
Inherent within the report. |

**NHS Constitution:** In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:

- Equality of treatment and access to services
- High Standards of excellence and professionalism
- Service user preferences
- Cross community working
- Best Value
- Accountability through local influence and scrutiny
## Monitor targets

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<th>Indicator</th>
<th>Achieve</th>
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<th>Monthly Position</th>
<th>Trend</th>
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<td>94.3%</td>
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<td>Breast Symptomatic</td>
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<td>31 Day Subsequent Treatment (Surgery)</td>
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<tr>
<td>31 Day Subsequent Treatment (Drugs) - (No figure due to there not being any to report this month)</td>
<td>98.0%</td>
<td>Oct 2012</td>
<td>100.0%</td>
<td>100.0%</td>
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<tr>
<td>62 Day Urgent GP Referral to Treatment</td>
<td>85.0%</td>
<td>Oct 2012</td>
<td>92.2%</td>
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<tr>
<td>62 Day Screening Programme</td>
<td>90.0%</td>
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<td>97.5%</td>
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<tr>
<td>Admitted - % treated within RTT</td>
<td>90.0%</td>
<td>Oct 2012</td>
<td>96.1%</td>
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<tr>
<td>Non-Admitted - % treated within RTT</td>
<td>95.0%</td>
<td>Oct 2012</td>
<td>98.3%</td>
<td>98.2%</td>
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<tr>
<td>Incomplete Pathways % still waiting</td>
<td>92.0%</td>
<td>Oct 2012</td>
<td>97.7%</td>
<td>97.7%</td>
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<tr>
<td>Total Time in ED - 4 hours or less</td>
<td>95.0%</td>
<td>Oct 2012</td>
<td>95.6%</td>
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<tr>
<td>MRSA</td>
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<td>C difficile</td>
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**Selection Status:**

tb_dashboard Monitor
### Monitor Exception

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<th>Year to Date</th>
<th>Monthly Position</th>
<th>Comments</th>
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<tr>
<td>Breast Symptomatic</td>
<td>93.0%</td>
<td>Oct 2012</td>
<td>93.4%</td>
<td>94.5%</td>
<td>Figures: Oct 2012 10 breaches, 98 non breaches and 109 total attendances = 90.82%. YTD 38 breaches, 541 non breaches and 579 total attendances = 93.4%. Of the 10 breaches for October, 3 patients moved their appointment because they were on holiday. 1 patient was found to be an inpatient at the time of their appointment so it was moved to week after and 6 patients chose to move their appointment to a later date, outside 2 weeks, but we have no recorded reason for these. Actions: The outpatient service is carrying out a structured questionnaire survey of all patients who ring up to change their new breast appointment, specifically asking whether they would still be delaying their appointment if a slot had been available on a different day of the week which should in future give more information about the breaches. From 20th November the service is increasing the number of appointment slots available via Choose &amp; Book appointment system from 34 (16 x 2 Week Wait and 18 routine symptomatic referrals) up to 50 (21 x 2WW and 29 routine symptomatic). This will include an additional 10 appointments for the symptomatic patients in the afternoon clinic, this will extend choice for attending in the afternoon, albeit on the same day as the morning clinic, with the anticipated benefit of improved attendance. Also, increasing the number of available appointment slots should reduce waiting times through the increased capacity and contribute towards achievement of target as well as offering an increased choice of attendance on the day of the clinic.</td>
</tr>
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<td>Indicator</td>
<td>%</td>
<td>Achieve</td>
<td>Period</td>
<td>Year to Date</td>
<td>Monthly Position</td>
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<td>-----</td>
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<tr>
<td>RTT - Admitted - 95th Percentile</td>
<td>23</td>
<td>Oct 2012</td>
<td>17.907</td>
<td>16.84</td>
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<td>RTT - Admitted - Median Wait</td>
<td>11.1</td>
<td>Oct 2012</td>
<td>10.15</td>
<td>9.73</td>
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<tr>
<td>RTT - Non-Admitted - 95th Percentile</td>
<td>18.3</td>
<td>Oct 2012</td>
<td>15.6</td>
<td>15.01</td>
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<td>RTT - Non-Admitted - Median Wait</td>
<td>6.6</td>
<td>Oct 2012</td>
<td>4.75</td>
<td>4.42</td>
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<td>RTT - Non-Admitted - % Audiology treated</td>
<td>95.6</td>
<td>Oct 2012</td>
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<tr>
<td>RTT - Incomplete Pathways - 95th Percentile</td>
<td>28</td>
<td>Oct 2012</td>
<td>15.41</td>
<td>14.2</td>
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<td>RTT - Incomplete Pathways - Median Wait</td>
<td>7.2</td>
<td>Oct 2012</td>
<td>4.94</td>
<td>4.21</td>
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<td>15 Key Diagnostic Tests 6 weeks And over</td>
<td>0</td>
<td>Oct 2012</td>
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<td>2 Week Rapid Access Chest Pain</td>
<td>100.</td>
<td>Oct 2012</td>
<td>100.0%</td>
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<tr>
<td>ED - Admitted patients - Single Longest Wait</td>
<td>360</td>
<td>Oct 2012</td>
<td>30%</td>
<td>30%</td>
<td></td>
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<tr>
<td>ED - Non-Admitted patients - Single Longest Wait</td>
<td>360</td>
<td>Oct 2012</td>
<td>19%</td>
<td>19%</td>
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<tr>
<td>ED - Unplanned Re-attendance Rate</td>
<td>5.0</td>
<td>Oct 2012</td>
<td>2.3%</td>
<td>2.1%</td>
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<tr>
<td>ED - Left Without Being Seen</td>
<td>5.0</td>
<td>Oct 2012</td>
<td>1.0%</td>
<td>1.2%</td>
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<tr>
<td>Emergency Ambulance Arrivals - Single Longest Wait</td>
<td>20</td>
<td>Oct 2012</td>
<td>0</td>
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<td>ED - Time to Treatment Decision - Single Longest Wait</td>
<td></td>
<td>Oct 2012</td>
<td>58%</td>
<td>58%</td>
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<td>Number of cancelled operations as a % of FFCEs</td>
<td>0.8</td>
<td>Oct 2012</td>
<td>0.7%</td>
<td>0.3%</td>
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<tr>
<td>Canceled Operations - Breaches of 28 Day Rule of RTT</td>
<td>0</td>
<td>Oct 2012</td>
<td>0</td>
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<td>Delayed Transfer of Care - as % of bed occupancy</td>
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<td>Oct 2012</td>
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<tr>
<td>Breast Screening - Screening to 1st Assessment &lt;=3 weeks</td>
<td>90.0</td>
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<td>90.0%</td>
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<tr>
<td>Breast Screening - Screening to issue of normal results &lt;=2 weeks</td>
<td>90.0</td>
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<td>Indicator</td>
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<td>Period</td>
<td>Year to Date</td>
<td>Monthly Position</td>
<td>Trend</td>
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<tr>
<td>DNA Rate - Choose &amp; book</td>
<td>6.5%</td>
<td>Oct 2012</td>
<td>3.8%</td>
<td>6.5%</td>
<td></td>
</tr>
<tr>
<td>DNA Rate - OF Other: New</td>
<td>10.7%</td>
<td>Oct 2012</td>
<td>11.8%</td>
<td>11.8%</td>
<td></td>
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<tr>
<td>DNA Rate - OF Follow-Up</td>
<td>9.2%</td>
<td>Oct 2012</td>
<td>10.8%</td>
<td>10.8%</td>
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</tr>
<tr>
<td>Elective (IP &amp; Daycase)</td>
<td>-</td>
<td>Oct 2012</td>
<td>17577</td>
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<tr>
<td>Non Elective</td>
<td>-</td>
<td>Oct 2012</td>
<td>15320</td>
<td>2295</td>
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<td>GP Written Referrals - made</td>
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<td>Oct 2012</td>
<td>24922</td>
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<td>GP Written Referrals - seen</td>
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<td>21163</td>
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<td>First Outpatient Attendances</td>
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<td>Emergency Department Attendances</td>
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Selection Status:
tb_dashboard Performance
### Performance exceptions

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<tr>
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<th>Period</th>
<th>Year to Date</th>
<th>Monthly Position</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED - Admitted patients - Single Longest Wait</td>
<td>360</td>
<td>Oct 2012</td>
<td>79%</td>
<td>64%</td>
<td>Paediatric patient who initially was for transfer to Sheffield Children’s Hospital. Ambulance and transfer arranged and subsequently cancelled following review. Admitted to children's ward with a slight delay.</td>
</tr>
<tr>
<td>ED - Non-Admitted patients - Single Longest Wait</td>
<td>360</td>
<td>Oct 2012</td>
<td>18%</td>
<td>50%</td>
<td>Complicated mental health needs which involved intensive evaluation by the Crisis Intervention Team and Consultant Psychiatrist on several occasions whilst in the ED. The assessments were postponed on several occasions due to the anxiety and distressed state of the patient. The outcome of these assessments was a subsequent transfer to another facility under the Mental Health Act. The Police were also involved as a serious assault was also being investigated.</td>
</tr>
<tr>
<td>ED - Time to treatment Decision - Single Longest Wait</td>
<td>Oct 2012</td>
<td>4%</td>
<td>52%</td>
<td>Patient attended ED at 1.30 am when the department had experienced a higher than average number of attendances between 1 and 2am. Medical staff busy in resuscitation bays for extended periods. Generic actions: Increase in senior clinical review capacity. Overnight hours of registrar altered to meet demand. Escalation policies in place throughout the department. Primary Care stream provided by Care UK continues</td>
<td></td>
</tr>
<tr>
<td>DNA Rate - OP Other New</td>
<td>10.7%</td>
<td>Oct 2012</td>
<td>11.5%</td>
<td>11.8%</td>
<td>Internal - Reduction in DNAs is one of the Outpatient Transformation Programmes Key Objectives. The Call centre continue to contact patients to remind them of their appointment date. In addition the text reminders are also sent out if a mobile number is held within PAS for the patient.</td>
</tr>
<tr>
<td>Indicator</td>
<td>Achieve</td>
<td>Period</td>
<td>Year to Date</td>
<td>Monthly Position</td>
<td>Comments</td>
</tr>
<tr>
<td>------------------------------</td>
<td>---------</td>
<td>--------</td>
<td>--------------</td>
<td>------------------</td>
<td>----------</td>
</tr>
<tr>
<td>DNA Rate - OP Follow-Up</td>
<td>9.2%</td>
<td>Oct 2012</td>
<td>90.0%</td>
<td>80.0%</td>
<td>Internal - Reduction in DNAs is one of the Outpatient Transformation Programmes Key Objectives. The Call centre continue to contact patients to remind them of their appointment date. In addition, text reminders are also sent out if a mobile number is held within PAS for the patient.</td>
</tr>
</tbody>
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## Quality

<table>
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<tr>
<th>Indicator</th>
<th>Achieve</th>
<th>Period</th>
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<th>Monthly Position</th>
<th>Trend</th>
<th>Last 12 Months</th>
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<tbody>
<tr>
<td>VTE Risk Assessment</td>
<td>90.0%</td>
<td>Oct 2012</td>
<td>92.5%</td>
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<tr>
<td>Handwashing</td>
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<td>99.5%</td>
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<td>Falls</td>
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<td>97</td>
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<td>Multiple Falls</td>
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<td>Oct 2012</td>
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<td>Multiple Falls Rate</td>
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<td>19.6%</td>
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<td>102</td>
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<td>Incidence of Medication Errors - No adverse outcome</td>
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<td>Incidence of Medication Errors - Near misses</td>
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<td>18</td>
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<td>Incidence of Medication Errors - Causing harm</td>
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<td>Hospital Pressure Ulcers - Grades 3 &amp; 4</td>
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<td>Oct 2012</td>
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<td>Ecoli - Total Hospital</td>
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<td>Year to Date</td>
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<td>Coroners Inquest's - Rule 43</td>
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<td>Patient Safety Thermometer - Falls with Harm</td>
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<td>Patient Safety Thermometer - Catheters &amp; UTIs</td>
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<td>Patient Safety Thermometer - Catheters &amp; New UTIs</td>
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<td>Oct 2012</td>
<td>0.7%</td>
<td>0.3%</td>
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<td>Patient Safety Thermometer - New VTEs</td>
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**Selection Status:**
tb_dashboard  Quality
### Exceptions

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<th>Achieve</th>
<th>Period</th>
<th>Year to Date</th>
<th>Monthly Position</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handwashing</td>
<td>100.0%</td>
<td>Oct 2012</td>
<td>99.5%</td>
<td>99.8%</td>
<td>Handwashing is a fundamental tool in infection prevention and control in conjunction with the IP &amp; C team, the matrons and ward sisters are working to ensure staff are 100% compliant and ensuring appropriate training and remedial actions where necessary are put in place.</td>
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<tr>
<td>Never Events</td>
<td>0</td>
<td>Oct 2012</td>
<td>2</td>
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<td>Failure to remove post-operative dressing / pack.</td>
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<tr>
<td>Serious incidents - Adult</td>
<td>0</td>
<td>Oct 2012</td>
<td>10</td>
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<td>Unexpected Death.</td>
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Key
Arrows represent the change between the current and previous month position

| ♦   | Deterioration in performance |
| ♦   | Improvement in performance  |
| ♣   | Deterioration in performance |
| ♣   | Improvement in performance  |
| ≡   | No Change in performance    |

AHP  Allied Health Professions
ANP  Advance Nurse Practitioner
COPD Chronic Obstructive Pulmonary Disease
CQUIN Commissioning for Quality and Innovation
CSSD Central Sterile Services Department
CSU  Clinical Service Unit
DNA  Did Not Attend
ED   Emergency Department
EPR  Electronic Patient Record
FCSE Finished Consultant Episode
FFCE First Finished Consultant Episode
KPI  Key Performance Indicator
LOS  Length of Stay
PAS  Patient Administration System
PROMS Patient Reported Outcome Measures
RTT  Referral to Treatment
SAU  Surgical Administration Unit
VTE  Venous Thrombo-Embolism
YTD  Year to Date
## Workforce

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Achieve</th>
<th>Period</th>
<th>Monthly Position</th>
<th>To Date</th>
<th>Trend</th>
<th>Trend Overtime</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sickness Absence (12 mth cumulative position)</td>
<td>4.0%</td>
<td>Oct 2012</td>
<td>8.56%</td>
<td>4.08%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turnover (Ideally to be below 10%)</td>
<td>10.0%</td>
<td>Oct 2012</td>
<td>0.42%</td>
<td>6.19%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandatory Training (as at 31st October 2012)</td>
<td>90.0%</td>
<td>Oct 2012</td>
<td>-</td>
<td>90.10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appraisals (as at 31st October 2012)</td>
<td>90.0%</td>
<td>Oct 2012</td>
<td>-</td>
<td>74.10%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Exceptions

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Achieve</th>
<th>Period</th>
<th>Monthly Position</th>
<th>To Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sickness Absence (12 mth cumulative position)</td>
<td>4.0%</td>
<td>Oct 2012</td>
<td>4.67%</td>
<td>4.06%</td>
<td>4.06% for the 12 months cumulative to October 2012 increasing from the September figure 4.00%. The 12 months cumulative target is 3.9% by March 2013. The monthly figure for October is 4.57% showing an increase since last month which was 4.53%. Sickness Review Action Plan is in place.</td>
</tr>
<tr>
<td>Mandatory Training (as at 31st October 2012)</td>
<td>90.0%</td>
<td>Oct 2012</td>
<td>-</td>
<td>82.5%</td>
<td>82.5% as at 31st October 2012 increasing from the September 2012 figure 80.7%. The target is 90% for all section 1 mandatory training courses. CSU Action Plans to achieve compliance targets agreed, nominated leads for each CSU responsible for progress monitoring which will be reported to Workforce Board bi-monthly. Workbook developed and implemented for volunteers: Use of workbook to be extended to include hard to reach groups such as locum and bank staff. The annual review of the Trust’s Corporate Curriculum to start in November 2012, this will involve benchmarking Trust mandatory provision against practice in other Trusts to highlight any potential areas for change and improvement.</td>
</tr>
<tr>
<td>Indicator</td>
<td>Achieve</td>
<td>Period</td>
<td>Monthly Position</td>
<td>To Date</td>
<td>Comments</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------</td>
<td>--------</td>
<td>------------------</td>
<td>---------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Appraisals (as at 31st Oct 2012)</td>
<td>90.0%</td>
<td>Oct 2012</td>
<td>-</td>
<td>79.1%</td>
<td>79.1% as at 31st October 2012 slightly decreasing from the September 2012 figure 79.4%. The target for March 2013 is 90%. CSU Action Plans to achieve compliance targets agreed and progress tracked bi-monthly at Workforce Board, commencing November 2012. Clinical Directors are receiving regular updates of progress against action plans, with targeted reminders to low compliance CSUs.</td>
</tr>
</tbody>
</table>
### Financial Performance Summary

<table>
<thead>
<tr>
<th>KEY ISSUE</th>
<th>RAG</th>
<th>Trend</th>
<th>Financial Performance Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Reporting Indices</td>
<td>Green</td>
<td></td>
<td>The Trust’s overall financial risk rating at month 7 is a 3 as planned. Capital expenditure is 67% of plan triggering one adverse measure of forward financial risk. Monitor have requested a capital reforecast as a result of the indicator being triggered at Qtr 2 as presented last month.</td>
</tr>
<tr>
<td>Statement of Comprehensive Income</td>
<td>Green</td>
<td></td>
<td>The overall position for month 7 is a £569,000 surplus, against plan position of £352,000 surplus. There are significant variances between planned income and costs as a consequence of the non-recurrent funding of escalation wards and the transformation programmes. However, it should be noted that the favourable variance of £217,000 is attributable to the restructuring been halted until the Workforce review is complete and additional interest income.</td>
</tr>
<tr>
<td>Income</td>
<td>Green</td>
<td></td>
<td>Contract income £1,353,000 ahead of plan at month 7. This is net of unachieved CQUIN income of £227,000. Other Income £1,039,000 ahead of plan at month 7.</td>
</tr>
<tr>
<td>Efficiency Programme</td>
<td>Green</td>
<td></td>
<td>Achievement at month 7 is £2,394,000, which is £1,612,000 behind plan overall. The split of this underperformance is £276,000 against identified schemes and £1,336,000 transformational programme. The phasing on transformation is mitigated by contingency and other reserves coupled with the non-recurrent support received for the Transformation Programmes.</td>
</tr>
<tr>
<td>Pay</td>
<td>Amber</td>
<td></td>
<td>Total pay expense is showing an adverse variance of £2,023,000. This is predominantly attributable to the unplanned agency spend within the medicine CSU’s; some of which is mitigated by vacancies and the non-recurrent funding of escalation wards and the transformation programmes. The run rate on the use of agency staff is showing a downwards trajectory over the last 2 months but it should be noted that premium rates paid for agency will still reflect an adverse position.</td>
</tr>
</tbody>
</table>
## Key Issue

<table>
<thead>
<tr>
<th><strong>Key Issue</strong></th>
<th><strong>RAG</strong></th>
<th><strong>Trend</strong></th>
<th><strong>Financial Performance Summary</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement of Financial Position</td>
<td>Green</td>
<td></td>
<td>Deferred income is £8.2 million above plan, due to additional financing from NHS Barnsley.</td>
</tr>
<tr>
<td>Cash</td>
<td>Green</td>
<td></td>
<td>The cash position at the end of month 7 is £22.4 million, £9 million ahead of plan. Operating cash is equivalent to 54 days at month 7, and the overall liquidity metric is 42 days.</td>
</tr>
<tr>
<td>Capital</td>
<td>Green</td>
<td></td>
<td>Capital expenditure is £3,584,000 year to date, £1,786,000 lower than plan. This relates to Patient Flow, the window replacement which has been delayed due to adverse weather conditions and the CHP project which is 2 months behind plan.</td>
</tr>
</tbody>
</table>
Transformation Programmes
Highlight Report
November 2012

1. Progress
1.1 Summary of Progress
November has been a period of review and scrutiny of the transformation programmes. The Consistency in Care, Elective Care and Outpatient Programmes have established their Programme Boards with good attendance from a wide range of stakeholders at all three sessions with clear plans and actions agreed.

1.1.1 Risk Assessment - Each programme continues to be risk assessed against progress on specific milestones for the month and the risk rating is identified for each programme within the Highlight Report. All programmes continue to progress with actions agreed to ensure that management rigour is in place. The Milestone Plan is updated weekly to ensure the Highlight Report reflects an accurate position for Trust Board.

1.1.2 Gateway Review - The Project Management Office (PMO) Gateway reviews of three programmes - Elective Care Pathways, Urgent Care pathways and Workforce - were reviewed between 6th and 9th November. Each session consisted of a review of progress to date, discussion and analysis regarding activities to date and key areas of focus for improvement. Follow up feedback sessions have taken place and were completed on 16th November.

A series of recommendations are being discussed with the Executive Director leads for each of the programmes and the Transformation Board. Detailed recommendations will have been reviewed at the Transformation Board meeting on 27th November and a verbal update will be given at the Trust Board.

1.1.3 Stakeholder Engagement – A positive meeting was held between the newly formed Barnsley Clinical Commissioning Group (CCG) and representatives from Barnsley Hospital NHS Foundation Trust (BHNFT) on Thursday 8th November. Representing the CCG were Dr Nik Balac - Chair, Mark Wilkinson – Chief officer (Designate), Deborah Hayman – Interim Finance Director, Brigid Reid – Interim Chief Nurse and from the Trust – Paul O’Connor – Chief Executive, Heather Mcnair – Chief Nurse and Elaine Jeffers – Director of Transformation. The focus of the discussion is highlighted in the Chief Executive’s report to the Board, however further communication has taken place since the meeting to establish appropriate links between CCG members and the relevant Transformation Programmes.

1.1.4 Communication and Engagement Manager - Emma Bodley was appointed to the post of Transformation Programme Communication and Engagement Manager on 1st November. With the support of Emma, a Transformation and Communication Strategy will be developed to ensure that in addition to communicating the progress of specific transformation workstreams across the Trust and wider health community a much more pro-active approach is taken to articulating the story of how the Trust is transforming.

1.1.5 Stakeholder Event – A Stakeholder Event is planned for January 2013 to further support the Communication and Engagement Plan, not only to align external partners to the work being undertaken but also to build relationships between the hospital and partner clinical teams.
Section 2 gives an overview and outlines progress to date of each of the eight transformation programmes, highlighting overall progress and where there are current risks and concerns around specific aspects of the programme.
2. PROGRAMME OVERVIEW

Key:

<table>
<thead>
<tr>
<th>Green</th>
<th>Programme on track and identified milestones and deliverables achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amber</td>
<td>Slippage on milestones and/or deliverables but action being taken to bring programme back on track</td>
</tr>
<tr>
<td>Red</td>
<td>Programme not on track and milestones/deliverables not achieved. No actions identified for recovery</td>
</tr>
</tbody>
</table>

1. URGENT CARE PATHWAYS

<table>
<thead>
<tr>
<th>Overall Programme progress (RAG rated)</th>
<th>AMBER</th>
<th>Executive Lead</th>
<th>Heather Mcnair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exception Report &amp; remedial action</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Concern remains around the Project Lead for this programme following the departure of the Deputy Chief Operating Officer who was leading on many of the workstreams.

An interim appointment has been made and the successful applicant will take up post in mid December. In the meantime the programmes are being supported by the Project Management Office (PMO) and senior staff from the Medicine Cluster.

There will be a re-focus on the ‘Transforming Urgent Care’ Project to re-prioritise the workstream. A programme manager has been appointed and will take up post on 22/11/12.

Comment

The Urgent Care programme underwent a Gateway Review this month.

The 3 identified Programme Urgent Pathway workstreams have commenced and progress is highlighted below:

a) CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD).

A mapping event was held in September with full stakeholder engagement with the exception of GPs who were unable to attend on the day.

The event produced an understanding of the current position and specific issues were identified. The key issues identified were the variation in pathways for patients presenting with this long-term condition and poor communication mechanisms between primary and secondary care.

An Action Plan has been produced and will be presented to the follow up event planned for 3/12/12 but it will be crucial to ensure primary care representation. This has been raised with the CCG as a priority area for engagement.

To support this workstream the Trust’s Service Improvement Team is piloting the use of experienced-based design techniques involving service users and Internal Audit are measuring compliance against relevant guidance in addition to a review around prescribing and drug spend.
b) TRAUMA HIP (FRACTURED NECK OF FEMUR)

The key driver for this workstream is the attainment of the maximum Best Practice Tariff (BPT). This is not only to secure maximum income for this procedure but the criteria sets out the framework that ensures the best care pathway for this cohort of patients.

A mapping event was held in October, which identified the current position. The first draft of the optimum pathway has been developed and will be presented to the follow up event on 30/11/12. Further scoping is taking place to explore alternative successful models of care for this pathway within other Trauma Units.

c) FEVER IN CHILDREN

This pathway has a high volume of children and is a key priority for the Children’s Clinical Service Unit (CSU).

A mapping event was held in October with a current pathway produced and actions required identified.

A follow up event is planned for 23/11/12.

The PMO is working closely with the Assistant Director of Nursing within the Medicine Cluster with a proposal to further develop the ‘Virtual Ward’ Project. This will involve further integration with community and local authority partners.

2. STRATEGIC SERVICE REVIEW

<table>
<thead>
<tr>
<th>Overall Programme progress (RAG rated)</th>
<th>AMBER</th>
<th>Executive Lead</th>
<th>David Peverelle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exception Report &amp; remedial action</td>
<td>The scoping exercise undertaken by the CSUs did not generate the detail of intelligence hoped and further work is underway to gather all required information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>To support this each Clinical Director (CD) has been required to present a ‘vision’ for their CSU and the sub-speciality areas during a series of Clinical Director and Executive Team workshops throughout October and November.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>This allowed Executive and CD colleagues to challenge their thinking and to encourage them to re-focus on the wider, external political environment and where the future of services within a small acute district hospital may lie in the future.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CDs continue to struggle to identify a suitable method of validation using a ‘critical friend’ and national/local benchmarking data where relevant to support their future plans.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In addition to the 'Critical Friend' required for each CSU the Trust is seeking to engage a partner who can provide far reaching external challenge to support the CDs in shaping the future direction of travel that will be inevitable.

A brief has been circulated to a number of external consultancy companies inviting tenders to undertake an external challenge to each CSU throughout December and these will be presented to the Transformation Board on Monday 26th November for selection.

This challenge will focus on:

1. Introducing service delivery models within each CSU that have a robust evidence base and can demonstrate how they have achieved optimum quality whilst being able to drive costs down.

2. Addressing any variability within those services demonstrating where increased levels of productivity and efficiencies can be achieved with real examples of the benefits realisation that can be achieved.

3. Ensuring that teams are aware of the most up to date and appropriate evidence and tools to ensure safe, effective and efficient working practices.

4. Providing an analysis of where our services benchmark against what is recognised as best practice with recommendations for action that will support the development of the 3 year Business Plan for 2013-2016.

The challenge will conclude with a de-brief for each CSU in addition to a half day de-brief session within a Trust Board workshop.

A Trust Board Workshop to discuss the position to date is planned for 29th November.

### 3. NON CLINICAL SUPPORT

<table>
<thead>
<tr>
<th>Overall Programme progress (RAG rated)</th>
<th>AMBER</th>
<th>Executive Lead</th>
<th>Janet Ashby</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exception Report &amp; remedial action</td>
<td>No exceptions to report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comment</td>
<td>Progress is being made with identifying the procurement routes for a partnership arrangement for coding. An interim coding manager has been appointed who will take forward service improvements in lieu of the review of external options. Detailed benchmarking reviews of Information, Governance, Occupational Health and Learning &amp; Development are underway with review meetings being scheduled during November. Options for IT services have been reviewed at Transformation Board and discussions are ongoing with South West Yorkshire Partnership Foundation Trust (SWYPFPT) for transition of services.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sterile Services Department (SSD) review - awaiting decision re Rotherham and Leeds. We were asked for additional information, tenders will be awarded early December. We lost Kirklees but minimal financial impact, the Bradford contract is up for tender - just completed prequalification questionnaire (PQQ).

4. IT & ESTATES

<table>
<thead>
<tr>
<th>Overall Programme progress (RAG rated)</th>
<th>AMBER</th>
<th>Executive Lead</th>
<th>Janet Ashby</th>
</tr>
</thead>
</table>

Exception Report & remedial action

The implementation of the Patient Flow system has been put on hold due to test issues with the supplier due to present back solutions to the Trust at the end of November.

Comment

Further details are now available regarding the national solution for Electronic Patient Records (EPR) and a separate Trust Board paper presents an update on EPR options.

A number of workstreams are now looking at how we support staff with mobile IT solutions such as VDI (virtual desktop infrastructure) and mobile devices for Midwives.

The Space Utilisation Policy has been consulted on and discussed at the Workforce Transformation Board and will be taken to the November Non-Clinical Governance Committee as a new policy.

Work has continued on the procurement of a) Room Booking and Space Utilisation modules that will link into our existing facilities management (FM) package, b) services for data capture and c) hand held units to interface with FM package. All work remains on programme.

There has been a one month delay in the paper to review the requirements for on-site residential accommodation.

5. ELECTIVE CARE PATHWAYS

<table>
<thead>
<tr>
<th>Overall Programme progress (RAG rated)</th>
<th>AMBER</th>
<th>Executive Lead</th>
<th>David Peverelle</th>
</tr>
</thead>
</table>

Exception Report & remedial action

No exceptions to report

Comment

The Elective Care programme underwent a Gateway Review this month.

As previously reported a key workstream within the Elective Care programme is to optimise the Enhanced Recovery Programme (ERP), particularly with reference to Hip and Knee Replacement Surgery to then ensure that the full benefits of this pathway are realised across a much wider range of elective care procedures.
Following the initial mapping event in September the key issues raised were:

- variation in practice between surgeons
- unacceptably high readmission rates for the speciality
- therapy cover
- relationships with Primary Care
- the Patient Reported Outcome Measures (PROMs) for Hip and Knee replacement surgery, focusing specifically on those areas where the Trust is reported as an outlier.

A further worksteam has been instigated as a result of the actions identified that will look at the pre-assessment process and a pre-assessment mapping event is planned for 28/11/12.

The Trust has registered to be part of the Foundation Trust Network (FTN) benchmarking programme for theatres.

In preparation for this work a theatre scheduling workshop was held with the Women’s CSU in November to understand the requirements of the speciality with regards to number and time of theatre lists required.

In addition a revised policy is in place for the reutilisation of cancelled theatre lists to ensure maximum throughput.

Plans have been approved to relocate the planned Investigation Unit (PIU) as the current location will negatively impact on the ability of Endoscopy to meet the environmental needs for a successful Joint Advisory Group (JAG) Accreditation of the Unit.

A project mandate was presented to and accepted by the Investment Board on 21/11/12 to relocate Endoscopy washers to the Trust’s central sterilisation unit (SSD), again to support an improvement to the environment for Endoscopy to meet the needs of the accreditation process.

### 6. OUTPATIENTS

<table>
<thead>
<tr>
<th>Overall Programme progress (RAG rated)</th>
<th>AMBER</th>
<th>Executive Lead</th>
<th>Jugnu Mahajan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exception Report &amp; remedial action</td>
<td>No exceptions to report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comment</td>
<td>The programme manager is now established in post and has undertaken a thorough review of progress to date with a view to ensuring the scope of the programme still accurately reflects the work required.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A revised Project Initiation Document (PID) will be presented to the Outpatient Programme Board on 23rd November. This will include the clarity of the workstreams, dependencies, milestones and measures.

A base methodology for clinic utilisation, attendances, booking rules, Did Not Attends (DNAs), cancellations (hospital and patient) has been introduced. These items will be reflected in the plan and outcomes.

There is a joint working approach with the CSUs who are the users of outpatient services and transformation outputs will be jointly agreed with the Programme Board and Clinical Teams. A presentation will be given to the Programme Board on 23rd November.

This programme has forged close links with the Workforce Transformation Programme with regards to the Nursing Workforce Review currently underway and with the IT and Estates Transformation Programme with specific reference to the Space Utilisation Project.

7. WORKFORCE

<table>
<thead>
<tr>
<th>Overall Programme progress (RAG rated)</th>
<th>AMBER</th>
<th>Executive Lead</th>
<th>Hilary Brearley</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exception Report &amp; remedial action</td>
<td>No exceptions to report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comment</td>
<td>The Workforce Programme underwent a Gateway Review this month.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Initial meetings with neighbouring trusts have not identified a single preferred approach to making changes to Agenda for Change Terms and Conditions. Discussions continue. National negotiations are ongoing and include potential changes to sick pay and incremental progression. There is an increased risk of industrial action linked to the national pay negotiations, which will impact on the Trust’s ability to deliver local changes.

Presentations of the electronic job planning system – Allocate - took place on 16th November. A business case for the purchase and introduction of the system will be prepared for December’s Investment Board.

The sickness action plan is ongoing. There has been a marginal increase in sickness levels this month, which is in line with normal patterns for this time of year. It will be possible to recover the annual target of 3.9% if this increase is contained.

We are currently recruiting for a project lead for the Allied Health Professions (AHP) workforce review. This may delay the completion of this project. Completion dates will be reviewed once the project lead is appointed.
Work is progressing well to introduce improved management of agency medical cover. Increased restrictions on use of nursing agency cover are already in place. Overall spend on agency across the Trust is reducing.

8. CONSISTENCY IN CARE

Overall Programme progress (RAG rated) | AMBER | Executive Lead | Jugnu Mahajan
--- | --- | --- | ---
Exception Report & remedial action | No exceptions to report

Comment
Progress has been made against workstreams identified within this Transformation Programme.

The installation of the second CT Scanner is on track for January 2013. The department is currently out to recruitment for additional radiographers to support the second scanner and release staff for training in MRI. It is expected that the second CT scanner will be operational by April 2013. A seven day service will be implemented from October 2013 in the main to manage same day access for CT for inpatients.

The Hospital at Night Scoping Report and Project Mandate was presented to the Programme Board on 16th November.

The seven day working proposal for Consultants is currently being reviewed. From December the Acute Medical Unit Consultants will be working from 8am-8pm Monday to Friday in order to provide extended senior cover and leadership.

The team will further move to a seven day shift system once all substantive appointments have been made.

3. Financial Overview

2.1 Summary of Progress

<table>
<thead>
<tr>
<th>Efficiency Plan by Theme</th>
<th>Annual Plan £'000</th>
<th>Identified Plans £'000</th>
<th>Transformation M7 Plan £'000</th>
<th>Identified M7 Plan £'000</th>
<th>Identified M7 Actual £'000</th>
<th>M7 Variance £'000</th>
<th>Transformation M7 Plan £'000</th>
<th>Transformation M7 Actual £'000</th>
<th>M7 Variance £'000</th>
<th>Total M7 Plan £'000</th>
<th>Total M7 Actual £'000</th>
<th>Total M7 Variance £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce</td>
<td>2,804</td>
<td>1,273</td>
<td>1,531</td>
<td>717</td>
<td>628</td>
<td>-89</td>
<td>259</td>
<td>193</td>
<td>-66</td>
<td>976</td>
<td>821</td>
<td>-155</td>
</tr>
<tr>
<td>Outpatients</td>
<td>585</td>
<td>35</td>
<td>550</td>
<td>20</td>
<td>0</td>
<td>91</td>
<td>55</td>
<td>-36</td>
<td>111</td>
<td>75</td>
<td>-36</td>
<td></td>
</tr>
<tr>
<td>Elective</td>
<td>401</td>
<td>101</td>
<td>300</td>
<td>51</td>
<td>24</td>
<td>-27</td>
<td>28</td>
<td>34</td>
<td>6</td>
<td>79</td>
<td>56</td>
<td>-21</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>1,075</td>
<td>225</td>
<td>850</td>
<td>122</td>
<td>122</td>
<td>0</td>
<td>295</td>
<td>281</td>
<td>-14</td>
<td>417</td>
<td>403</td>
<td>-14</td>
</tr>
<tr>
<td>Consistency in Care</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Non Clinical Support</td>
<td>1,055</td>
<td>656</td>
<td>399</td>
<td>369</td>
<td>364</td>
<td>-5</td>
<td>60</td>
<td>77</td>
<td>17</td>
<td>429</td>
<td>441</td>
<td>12</td>
</tr>
<tr>
<td>Strategic Review of Services</td>
<td>605</td>
<td>605</td>
<td>0</td>
<td>179</td>
<td>110</td>
<td>-69</td>
<td>0</td>
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4. Trust Board Considerations/Feedback Measures Progressed

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