



# Council of Governor Meeting: Public Session

<b>Schedule</b>	Wednesday 13 December 2023, 3:00 PM — 4:30 PM GMT
<b>Venue</b>	Via Zoom
<b>Description</b>	Topic: Council of Governors Time: Dec 13, 2023, 3-5 PM London  Join Zoom Meeting <a href="https://us06web.zoom.us/j/87327820105?pwd=aU0rT0N5OWFhSGgrekk4R0orUzByZz09">https://us06web.zoom.us/j/87327820105?pwd=aU0rT0N5OWFhSGgrekk4R0orUzByZz09</a>  Meeting ID: 873 2782 0105 Passcode: 638833
<b>Notes for Participants</b>	Via Zoom
<b>Organiser</b>	Angela Wendzicha

## Agenda

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3:00 PM	1. Introduction (5 mins)	1
	Presented by Sheena McDonnell	
	1.1. Welcome & Apologies	2
	To Note - Presented by Sheena McDonnell	
	1.2. Declarations of Interest	3
	To Note - Presented by Sheena McDonnell	
	1.3. Quoracy	4
	To Note - Presented by Sheena McDonnell	
	1.4. Minutes of Previous Meeting held on 26 July 2023	5
	For Approval - Presented by Sheena McDonnell	

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	1.5. Action Log		14
	For Approval - Presented by Sheena McDonnell		
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	2. Governance		16
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3:05 PM	2.1. CEO Update	(25 mins)	17
	• Chairs Update		
	• Lead Governors Update		
	• Non-Executive Updates		
	For Assurance		
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3:30 PM	3. Partner & Local Authority Governor Verbal Feedback:	(15 mins)	35
	• JTUC		
	• Barnsley College		
	• Sheffield Hallam		
	• Sheffield Medical School		
	To Note		
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3:45 PM	4. Reports from the Board of Directors	(5 mins)	36
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	4.1. Public Board of Directors Agenda 7 December 2023		37
	For Assurance		
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	4.2. Public Board of Directors Minutes 5 October 2023		44
	For Assurance		
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3:50 PM	5. Information Only	(5 mins)	57
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	5.1. Integrated Performance Report		58
	For Assurance - Presented by Sheena McDonnell		
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	5.2. Quality & Governance Committee Chairs Log		93
	For Assurance - Presented by Sheena McDonnell		
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	5.3. Finance & Performance Committee Chairs Log For Assurance - Presented by Sheena McDonnell		98
	5.4. Peoples Committee Chairs Log For Assurance - Presented by Sheena McDonnell		107
	5.5. Audit Committee Chairs Log For Assurance - Presented by Sheena McDonnell		113
3:55 PM	6. Partnership Working - Presented by Louise Tuckett For Assurance	(20 mins)	118
4:15 PM	7. Work Plan 2023-2024 - Verbal update Update - Presented by Sheena McDonnell	(5 mins)	126
4:20 PM	8. Any Other Business Presented by Sheena McDonnell	(10 mins)	127
	9. To Discuss any other Matters of Business including Matters raised by the Public To Note - Presented by Sheena McDonnell		128
	Date and time of next meeting: Thursday 8 February 2023, 3.30 pm venue to be confirmed		129
	To resolve that representatives of the press and other members of the public be excluded from this meeting having regard to the confidential nature of the business to be transacted publicly on which would be prejudicial to the public interest in accordance with 8.13.2 and 8.13.3 of the Trusts Constitution		130

# 1. Introduction

Presented by Sheena McDonnell

# 1.1. Welcome & Apologies

To Note

Presented by Sheena McDonnell

## **1.2. Declarations of Interest**

To Note

Presented by Sheena McDonnell

## 1.3. Quoracy

To Note

Presented by Sheena McDonnell

## 1.4. Minutes of Previous Meeting held on 26 July 2023

For Approval

Presented by Sheena McDonnell





**COUNCIL OF GOVERNORS MEETING**  
**Minutes of the meeting held on 26 July 2023**

**PRESENT:**

Sheena McDonnell	Trust Chair
Graham Worsdale	Lead Public Governor
Annie Moody	Public Governor
Ann Wilson	Public Governor
Chris Millington	Public Governor
Adriana Rrustemi	Public Governor
Thomas Wood	Public Governor
Robert Lawson	Public Governor
Philip Carr	Public Governor
Margaret Sheard	Public Governor
Jon Maskil	Staff Governor
Rebecca Makinson	Staff Governor
Joanne Smith	Staff Governor
Michelle Marshall	Partner Governor

**IN ATTENDANCE:**

Richard Jenkins	Chief Executive
Bob Kirton	Chief Delivery Officer and Deputy Chief Executive
Stephen Radford	Non-Executive Director
Kevin Clifford	Non-Executive Director
David Plotts	Non-Executive Director
Gary Francis	Non-Executive Director
Sue Ellis	Non- Executive Director
Hadar Zaman	Associate Non-Executive Director
Neil Murphy	Associate Non-Executive Director
Angela Wendzicha	Director of Corporate Affairs
Steven Parsons	Interim Head of Corporate Governance
Andrea Spencer	Membership and Engagement Officer (minutes)
Lindsay Watson	Corporate Governance Manager

**APOLOGIES:**

Jo Newing	Local Authority Governor
Nick Mapstone	Non-Executive Director
Phil Hall	Public Governor
Nigel Bullock	Staff Governor
Lisa Kelly	Public Governor
Nahim Ruhi-Khan	Associate Non-Executive Director

<b>23/20</b>	<b>Welcome and Apologies</b>	
	Sheena McDonnell, Trust Chair, welcomed everyone to the meeting and noted that the meeting was taking place as a hybrid arrangement and welcomed feedback around the format. Apologies were noted as above.	

23/21	<p><b>Declarations of Interest</b></p> <p>Angela Wendzicha, Interim Director of Corporate Affairs advised that she had a standing declaration of interest due to her joint role at Barnsley and Rotherham. Sheena accepted the declaration and confirmed the same applied to Richard Jenkins, Chief Executive, for his role across both Barnsley and Rotherham. Public Governor Margaret Sheard declared her position as Cabinet Support Member for Public Health and Communities.</p>	
23/22	<p><b>Quoracy</b></p> <p>Sheena McDonnell confirmed the meeting was quorate.</p>	
23/23	<p><b>Minutes of the Previous Meeting and Matters Arising</b></p> <p>The minutes of the meeting held on 12 April 2023 were reviewed and accepted as a correct and accurate record of events.</p>	
23/24	<p><b>Action Log</b></p> <p>The action log was reviewed and Richard Jenkins, CEO provided an update with regards to the waiting times at Rotherham Oncology. Richard advised that there was a continuing shortage of medical oncologists. The feedback from the previous Council of Governor meeting had been provided to the Rotherham team but as yet there was no distinct set of actions in place. Richard offered to discuss the points further with Chris, at a separate meeting, to progress the topic. Chris Millington, Public Governor thanked Richard for his comments and confirmed that the situation was currently unchanged but felt that further discussion with Richard around the subject was not required. Sheena confirmed that the action could be closed.</p> <p><b>ACTION-</b> Close the action regarding Rotherham Oncology</p>	ACS
23/25	<p><b>CEO Update/Chairs Update/Lead Governor Update/Non-Executive Updates</b></p> <p><b>Richard Jenkins, CEO presented an update as outlined below:</b></p> <ul style="list-style-type: none"> <li>• Richard confirmed that the situation within the Trust remained challenging due to the repeated industrial action and overall morale within the NHS.</li> <li>• The A&amp;E target nationally was 76% by March with an internal target of October. The latest full week of data reported was 74.6%.</li> <li>• Elective recovery target was 65 weeks by the end of the year. Currently the recovery at Barnsley was not problematic, Barnsley were offering mutual aid to other trusts in South Yorkshire.</li> <li>• Cancer 2-week wait had been achieved in July, other cancer targets were progressing slowly.</li> <li>• Diagnostics had seen slow progress with the March 2025 target achieved at 3.9%</li> <li>• Strike Action – Junior Medical staff had ongoing strikes which had a progressive impact through longer periods and inclusion of weekends. A further mandate was required by the BMA to continue action beyond August.</li> <li>• Consultant Medical Staff – the second strike was planned for the end of August. Safety was managed effectively.</li> <li>• There had been 2 recent CQC inspections: A focused maternity inspection as part of Ockenden. The draft report had been received and returned for factual accuracy corrections. The final report was likely in August. The second inspection had been opted in to by the Trust around Medicine</li> </ul>	

Management and Pharmacy. Some issues were identified and an action plan was now in place. The Chief Pharmacist from Rotherham was supporting the process.

- Changes to the Executive Team included:
  - Jackie Murphy had retired as Director of Nursing and Quality
  - Becky Hoskins was Acting Director of Nursing and Quality until October 2023.
  - Sarah Moppett had been appointed as the new Director of Nursing, Midwifery and AHP's and was due to begin in post on 1 October 2023. Sarah brought experience as a Senior Nurse from positions held in Nottingham and South Yorkshire.
  - Steve Ned was now Director of People (formerly Joint Director of Workforce).
  - Bob Kirton was now Managing Director (inclusive of the Deputy CEO role).
  - Lorraine Burnett had changed title to Chief Operating Officer.
- Richard referred to the partnership with Rotherham, in particular:
  - An agreed partnership programme.
  - Shared gastroenterology service led by Barnsley.
  - Support to Barnsley Haematology service from Rotherham.
  - Shared roles e.g. procurement, corporate affairs and chief pharmacist (interim).

Richard confirmed his intention to regularly update Governors about Partnership working in the future.

Graham Worsdale, Lead Governor, asked Richard to provide further detail around the shared roles. Richard advised that due to sickness within the Barnsley team the Chief Pharmacist from Rotherham was assisting. Utilising the Pharmacist from Rotherham was decided to be an effective way of recruiting rather than engaging someone external. Regarding Procurement a joint head of procurement had been in place for a while and the arrangement had been successful so far.

Jenny Platts, Co-opted Advisor, asked for further detail around the lack of Oncology and Haematology staff. Richard confirmed that a national shortage in both areas was a concern. Within South Yorkshire, staff would move from Trust to Trust meaning little improvement was made. Bob Kirton, Chief Delivery Officer reiterated that a national shortage was evident, and the local haematology services had been affected by illness and retirement with recruitment advertisements in place.

**Sheena McDonnell, provided the following information:**

Sheena confirmed that there were currently vacancies within the Council of Governors and that recruitment would be underway in the near future.

- Sheena referred to Partnership working and the work that she undertook with the Acute Federation, Place and the Integrated Care Board. The recent addendum to the role of Governors meant that Governors were to be aware of and work not just within Place but also the wider system. The recent SYB Acute Federation Annual Report would be emailed to Governors to provide information about the wider South Yorkshire area. The report highlighted the strategic partnership with Rotherham and agreed objectives, mutual aid to support other Trusts across the region (waiting lists) and financial challenges.

- Within the Acute Federation, work was ongoing around organisational development and working in a collaborative way.
- Richard, Bob and Sheena represented the Trust on the PLACE board where Barnsley were a respected partner.
- Recent weeks had seen a celebration of the NHS turning 75, the Trust Charity had organised lots of events throughout the Trust to thank the teams for their ongoing hard work and commitment.
- The Intensive Care Unit would now be opened after the initial delay.
- The Harvard Bloomberg City Collaboration Programme was concentrating on Health Inequalities, with the Goldthorpe area within Barnsley being chosen as the pilot area. Sheena confirmed that the progress made would be provided to Governors at future meetings.
- Sheena had attended a Governor conference (provided by NHS Providers) which had been very informative and useful regarding the code of governance and addendum for Governors. A future event was being planned for Governors in South Yorkshire.

Tom Wood, Public Governor, asked if a process could be put in place to capture updates and information from the various partnerships. Sheena confirmed that this would be useful and that a means of gathering and disseminating the information would be discussed.

Phil Carr, Public Governor asked how long the opening of the ICU unit would take. Richard advised that the move would be undertaken as quickly as possible and would involve multiple teams.

**ACTION** – Email the SY Acute Federation Annual Report to Governors

**ACTION** – look at process to gather and disseminate information from Partnership working to Governors.

ACS  
ACS

**Lead Governor Graham Worsdale updated the group as follows:**

- Graham confirmed that he had taken part in the appraisal of Non-Executive Directors (NEDs) and the Trust Chair.
- Graham and fellow Governors had visited the Community Diagnostic Centre (CDC) again and found the progress at the site to be excellent.
- The draft Trust Annual Report had been circulated to Governors.
- Multiple Governors had taken up the offer of the NED buddying system, Graham extended his thanks to the NEDS involved.
- Graham invited questions for the next Board of Directors meeting.
- Graham had attended the Director of Nursing interviews and commented on the very high calibre of the applicants.

Sheena echoed Grahams comments regarding the applicants for Director of Nursing and commented that the number and quality of applicants was a testament to the Trust.

Jenny asked how far along phase 2 of the CDC development was. Bob advised that the ground floor of the CDC was now in partial use by patients for existing services, several further services were due to start as planned in September. There were delays with regards to the MRI due to a national issue in the sourcing of microchips. A date of 11 December 2023 was given for when the MRI was expected to be functioning. Bob confirmed that the public had continued to provide positive feedback around the facility.

**Kevin Clifford, Non- Executive Director, provided the following**

**information from the Q&G Committee:**

Kevin confirmed that two Q&G meetings had taken place since the last Council of Governor meeting and referred to the information slides presented. Kevin advised that the report around the Care Partner Policy was extremely informative and part of a national piece of work.

Graham sought assurance around the occurrence and increase of pressure ulcers. Kevin confirmed that discussions had taken place and that improvement had since been shown and support and monitoring of the situation would remain in place.

**Stephen Radford, Non- Executive Director, provided the following information from the F&P Committee:**

- The budget was approved with an £11.2Mil agreed deficit balanced at ICS level. For financial months 1, 2 and 3, the Trust stood at £2.6Mil deficit which reflected an over performance of approximately £0.5Mil. However, financial risk remained, especially with regard to the ERF (elective recovery fund) which assumed a certain level of activity by the Trust to receive the additional income. The general feeling was that there would be no clawback of ERF.
- Regarding ICT, Capita, an ICT supplier to the Trust was subject to a cyber security incident in April 23, the Trust had been assured that its data was not affected. However, as a precaution, all future data sent by Capita would be anonymised prior to sending.
- The power outage which affected the Trust for 4 hours had been investigated and an action plan prepared.
- Integrated Performance Report – against most of the major metrics, Barnsley was in the top quartile. High bed occupancy continued at 97% which was higher than the plan of 85%. Staff turnover rate increased to 10.7% and sickness absence rate was at 5.5% from 5.6%.

Margaret Sheard, Public Governor, asked with regards to the finance budget if monies for Barnsley were spent on Barnsley and the Rotherham monies on Rotherham. Also, if there was an excess of budget, would it remain at Barnsley or could it be spent on Rotherham? Stephen advised that as with all budgets, if there was an underspend then the budget would be lost unless a provision was in place. Regarding budgets, Barnsley had their own budget and Rotherham had theirs. Richard confirmed the budgets were separate, with both Trusts operating in a deficit position with no surplus available.

**David Plotts, Non-Executive Director, provided the following information from the Audit Committee:**

David presented the audit committee update on behalf of Nick Mapstone. Several internal audit reports had been delivered since the previous Council of Governor meeting:

- Audits of procurement and strategic governance which gave significant assurance.
- An audit of patient letters found a range of control issues which led to limited assurance.
- An audit of data security returned moderate assurance.

Measures and plans had been implemented to address the audit findings. The internal audit plan for 2023/24 was on track with 95% of the recommendations implemented within the agreed time scale.

Regarding the local counter fraud service, no new fraud concerns had been raised since the last meeting.

With regards to losses and special payments, the committee had noted that £57K worth of ophthalmology medicines were written off. A Datix had been raised regarding this and an investigation was ongoing.

Annie Moody, Public Governor, asked for assurance that the loss of medicines in ophthalmology would not occur again. Richard advised that the medicines within ophthalmology were expensive and would await the results of the investigation. Margaret Sheard asked if the medicines were insured, to which Richard confirmed they were not.

Michelle Marshall asked for the time frame around data security protection. David wanted to offer assurance that a plan was in place with actions to rectify the issues. Stephen added that the actions required by the Trust had been completed, however, written confirmation was required by the supplier.

Joanne Smith, Staff Governor, asked for assurance that whilst the investigation to the loss was carried out, the error could not occur again. Bob confirmed that an effective action plan would be in place and the issue had already been addressed.

Graham confirmed that as a volunteer at the Trust he witnessed first-hand the confusion caused by outpatient letters. Bob agreed that this was a problem and agreed internal action was required to resolve the situation.

**ACTION** – update to be provided to the next Council of Governors regarding the ophthalmology incident.

BK/ACS

**Sue Ellis, Non- Executive Director, provided the following information from the People Committee:**

Sue reported that the committee had received detailed information in respect of mandatory training compliance against the Trust performance target of 90%. This appeared to be consistently tracking around the low 80% figures, both across a range of subjects and departments, so it had been agreed that the Executive team would undertake concentrated work with CBUs to seek to improve on the position.

She was pleased to share with the Governors that the Trust had recently been successful in two awards. The first was in recognition of support arrangements for newly recruited international nurses. This was a national award called 'The National Pastoral care quality award for international nurses.'

The second was in relation to support for newly qualified nurses in the preceptorship period of starting employment within the Trust. This was called the National Interim Quality Mark for Preceptorship Nursing and Barnsley were one of only 25 Trusts nationally in receipt of the award, and the only one in South Yorkshire. This showcased the Trust approach and would contribute to potentially recruiting newly qualified nurses, and student nurses on placement to Barnsley. The committee had sent congratulations to the lead teams within the Nursing directorate for these awards.

	<p>Sue also shared information around the positive culture and organisational development groups. The positive culture group focused around ensuring the Trust had networks, the opportunity for staff to speak up and if there were potential disciplinary/grievance procedures that the Trust could learn rather than blame. In this instance there had been a reduction in disciplinaries by taking early action. Regarding Organisational Development (OD) the first staff conference would take place on 12 and 13 September and would focus on aligning values and making the Trust the best place to work.</p>	
<b>23/26</b>	<p><b>Corporate Governance Report</b></p> <p>Sheena referred to the document pack which illustrated the requirements to receive nominations for the Nomination committee. Appraisals for the NEDs and Chair were dealt with via this committee. Sheena confirmed that there was a vacancy within the committee and would welcome applications.</p> <p>Angela Wendzicha, Interim Director of Corporate Affairs, referred to the recent addendum to the statutory duties of Governors and confirmed that training would be made available to Governors in due course.</p>	
<b>23/27</b>	<p><b>Election of Lead and Deputy Lead Governor</b></p> <p>Angela thanked Governors who had recently completed the survey for the nomination of lead Governor. Angela also declared an interest for Tom Wood who had put himself forward as a nomination. Angela confirmed that the vote had been unanimous and congratulated Tom with regard to his success at becoming the new Lead Governor. There was also a vacancy for Deputy Lead Governor and Angela requested that Governors make themselves known if they would like to be considered for the position.</p> <p>Sheena thanked Graham for his service as lead Governor and confirmed that Graham would remain as a Public Governor. An agreed hand over date between Graham and Tom would be agreed.</p>	
<b>23/28</b>	<p><b>Public Board of Directors Agenda 1 June 2023</b></p> <p>The agenda from the Board of Directors meeting held on 1 June 2023 was received and noted.</p>	
<b>23/29</b>	<p><b>Public Board of Directors Minutes 6 April 2023</b></p> <p>The minutes from the Board of Directors meeting held on 6 April 2023 was received and noted.</p>	
<b>23/30</b>	<p><b>Partner &amp; Local Authority Governor Feedback</b></p> <p>Michelle Marshall, Partner Governor, wished to express thanks to the Education team on behalf of the University of Sheffield medical school for the support received during the recent industrial action. Also, the recent news coverage around the workforce plan and number of doctors, Michelle confirmed that the Universities duties would be to oversee the training.</p> <p>Sheena added that one of the partner Governors from Barnsley College had recently been appointed to the role of Chief Executive at Barnsley College and anticipated that a new Partner Governor would be allocated to the Trust in time.</p>	
<b>23/31</b>	<p><b>Issues Raised by Governors</b></p> <p>Tom Wood, commented that a recent problem shared with Patient Experience around Phlebotomy services at the CDC had been dealt with promptly and was now resolved.</p>	

	<p>Wissam Al Ahmad, Staff Governor, shared problems relating to a system within Orthopaedics. Sheena and Richard advised that the issue would be better dealt with by the clinical governance teams.</p>	
<b>23/32</b>	<p><b>Update regarding Chilypep</b></p> <p>Sheena confirmed that Chilypep would provide their feedback and comments around children services at the Trust via meetings and group sessions. Two Governors had recently attended meetings at Chilypep and commented as follows:</p> <p>At a recent meeting, several of the youth entered in to conversation and had described the use of their personal first aid kits which helped them on a daily basis. Rob found the session extremely interesting and informative and was looking forward to the next meeting in September.</p> <p>Tom echoed Robs comments and found the experience of 'in our shoes' insightful. Patient experience had also attended the meeting with the Governors.</p> <p>Sheena thanked Andrea Spencer, Membership &amp; Engagement Officer, for her work by way of reaching out to the community and seeking engagement. Sheena also thanked Governors for engaging with the group and welcomed future feedback.</p>	
<b>23/33</b>	<p><b>Integrated Performance Report, Q&amp;G Chairs Log, F&amp;P Chairs Log, People Chairs Log, Audit Committee.</b></p> <p>The documents were provided for information and to note. The Governors agreed to accept and note the reports.</p> <p>Graham asked if there was a time frame available for the finance and performance report regarding the theatre expansion. Bob confirmed the planned date was within the current financial year - before March 2024.</p>	
<b>23/34</b>	<p><b>2023/24 Workplan</b></p> <p>No issues were raised.</p>	
<b>23/35</b>	<p><b>Any Other Business</b></p> <p>No further matters of business were raised.</p>	
<b>23/36</b>	<p><b>Date and Time of Next Meeting</b></p> <p>The next Council of Governors meeting will take place on 13 December 2023</p>	



## 1.5. Action Log

For Approval

Presented by Sheena McDonnell

### Action Log from Council of Governors 26 July 2023

Meeting Date	Agenda	Action	Assigned To	Due Date	Progress / Notes	Status
26 Jul 2023	2.1. CEO Update Chairs Update Lead Governors Update Non-Executive Updates	Email South Yorkshire Acute Federation Annual Report to Governors	Andrea Spencer	13 Sept 2023	Email sent to Governors on 27 July 23	Completed
26 Jul 2023	2.1. CEO Update Chairs Update Lead Governors Update Non-Executive Updates	Look at a process to gather and disseminate information from Partnership working to Governors	Andrea Spencer, Sheena McDonnell	13 Dec 2023	Document and process complete, next stage is to add the document to the Trust website and enable Governor access	In Progress
26 Jul 2023	2.1. CEO Update Chairs Update Lead Governors Update Non-Executive Updates	Update to be provided to the next Council of Governors regarding the incident in Opthamology	Bob Kirton	13 Dec 2023	Bob Kirton to provide update at CoG 13 December	In Progress

## 2. Governance

## 2.1. CEO Update

- Chairs Update
- Lead Governors Update
- Non-Executive Updates

For Assurance



# COUNCIL OF GOVERNORS

13 December 2023



## Operational Performance



- Emergency care standard
  - Current Quarter 4 Hour performance at 64%
- Elective
  - Continuing to perform well in terms of no patients waiting over 78 weeks
  - Confident that the Trust will achieve no patients waiting over 65 weeks by April 2024
  - 18-week RTT 68.4% with England performance at 56.8%
  - Theatre utilisation continues to slowly improve
- Cancer
  - Continue to perform well against the new Faster Diagnosis Standard
- Diagnostics
  - In October achieved 2.5% against the constitutional target of no patients waiting longer than 6 weeks for a diagnostic test.



# Richard Jenkins - CEO

## Staff

- Industrial Action
  - Further Industrial Action taken place since the last reporting period
  - Relationships with Medical Staff maintained
  - Impact on lost activity but staff continued to manage effectively
  - Impact on available capacity through September and October in terms of Diagnostics
- NHS Annual Staff Survey
  - Now closed
  - 58.8% response rate against an average response rate of just over 44%
  - Formal Report is expected in Q4
- Proud of Barnsley Awards 2023
  - Nominees submitted by the people of Barnsley
  - Lead Colorectal/Stoma Care Clinical Nurse and Team winners
  - A long-term supporter of the Charity also a winner in the Charity Fundraiser category
- Winter Flu and Covid-19 Vaccination Programme
  - Began for Healthcare workers on 18<sup>th</sup> September 2023



# Richard Jenkins - CEO

## Partnership

### **Barnsley and Rotherham NHS Foundation Trusts – Agreed Partnership Programme**

- Continues to progress with scheduled meetings of Joint Executive Teams and Joint Senior Leader Teams
- Joint development programme for Senior Leaders now implemented and on-going
- Extension to the Interim Joint Chief Pharmacist Role
- Continued joint approach at Acute Federation and ICB



# Sheena McDonnell -Trust Chair

PROUD  
to care



- Visits to Barnsley
- Annual General Meeting
- New Governors
- Place Board
- Integrated Care Partnership
- Strategic Partnership Board
- Health Inequalities – Bloomberg Harvard
- Proud of Barnsley Awards
- Acute Federation Governor Event
- Colleague Celebrations



# Tom Wood - Lead Governor



- Appraisals of NEDs and Chair
- Governors visit to Physiotherapy
- Neurodiversity training
- Equality, Diversity and Inclusion training
- Annual General Meeting
- Board of Directors update



- Second visit with young commissioners (15-25YO)
- Attended by Andrea, Rob, Tom and Roya (Inclusion and Wellbeing Lead for BHNFT)
- Split session between Barnsley Hospital and CAMHS
- Barnsley Hospital session focused on encouraging young people to apply for NHS jobs





## Key Points from Session

- More awareness of what jobs are available especially non-clinical
- Information about how to apply for these roles
- Big interest from this group on children's and mental health services
- Concern over what provisions there are for neurodivergence and mental health issues
- Would like to see some case studies and examples of people in those roles
- Highlighted "Project Search"



# NED update - Sue Ellis

## People Committee

### Topics from People Committee 28<sup>th</sup> November

- OD strategy approved
- Commitment to Sexual Safety Charter
- Equality Diversity and inclusion report
- Internal audit on absence management
- Workforce insight and metrics
- Trust People plan progress report
- Staff survey response rates
- Committee terms of reference



# NED update - Sue Ellis

## People Committee

### Organisational Development and Culture Strategy

This document captures the OD and Culture Strategy for the Trust

3 main elements: (i) Evolving Our Culture (ii) Leading Well and (iii) Living Up To Our Promise.



- The first element is about evolving our culture in a way which aligns to our Vision and Values and supports the delivery of our strategic objectives.
- The second element consists of developing our leadership population through programmes such as the Triumvirate Development Programme; Board Development and My Leadership Journey.
- The third element relates to targeting specific aspects arising partly from our staff survey results of the NHS People Promise, namely ‘We each have a voice that counts’ and ‘We are always learning’.

# NED update - Sue Ellis

## People Committee

### NHSE Sexual Safety Charter 10 principles

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

# NED update - Sue Ellis

## People Committee

### Equality diversity and Inclusion report

- Trust Annual Equality, Diversity & Inclusion (EDI) Report for 2022/23 - an overview of our activities and achievements during 2022 / 2023.
- Identifies priorities over the next 12 months and ongoing work to meet our EDI objectives and organisational delivery, building from the Workforce Race Equality and Workforce Disability scheme submissions.
- We recognize that there is still further work required to be undertaken in order to improve BME experiences and create an organisational climate that supports Equality, Diversity and Inclusion.







# NED update - Sue Ellis

## People Committee

- Internal audit on absence management
- Workforce insight and metrics
- Trust People plan progress report
- Staff survey response rates
- Committee terms of reference



# NED update - Kevin Clifford

## Q&G Committee

- Patient Safety & Harm Group
- Clinical Effectiveness Group: Getting It Right First Time (GIRFT)
- National Hip Fracture Database
- Infection Prevention & Control
- Nursing, Midwifery, Allied Health Professionals, Clinical Scientists and Medical Staffing Reports
- Maternity Services Board Measures Minimum Data Set
- Integrated Performance Report
- Approved Revised Consent Policy
- Patient Experience, Engagement and Insight Group: CQC Survey
- Commitment To Safety (Countess of Chester)
- Maidstone and Tunbridge Wells incident



# NED update – Stephen Radford

## F&P Committee

<p><b>Finance Update 2023/24</b></p>	<ul style="list-style-type: none"> <li>• As at month 7 the Trust has a consolidated year-to-date deficit of £4.67m against a planned deficit of £5.24m giving a favourable variance of £0.57m. The year-end forecast has been revised to £5.4m deficit from £11.2m deficit last time. This represents an improvement against plan of £5.8m</li> <li>• In the year-to-date, industrial action has cost the Trust an additional £2.3m</li> <li>• Efficiency &amp; Productivity Programme (EPP) remains on track with cumulative saving of £6.05m in the year-to-date. Full year savings of £12.50m are forecast</li> </ul>
<p><b>Integrated Performance Report</b></p>	<ul style="list-style-type: none"> <li>• In October, performance continued to be impacted by strike action, longer length of stay, higher than planned levels of staff sickness and high bed occupancy on average 94% against the 92% planned</li> <li>• Planned activity levels also remain below plan. The Trust continued not to meet constitutional targets</li> <li>• The Trust still benchmarks well against other Trusts for the majority of performance metrics</li> <li>• October saw the opening of new wards as part of the planned bed re-configuration programme</li> <li>• UEC 4 hour wait target – 65.7%, ranked 15th in England</li> <li>• 18 Week RTT was at 68.4%, ranked 37th in England</li> <li>• Overall cancer 2-week wait time at 93.0% was on target</li> <li>• Waiting list decreased marginally to 21779 &amp; 189 patients waiting longer than 52 weeks</li> <li>• Staff turnover rate improved in the month to 9.8% and the sickness absence rate stood at 5.5%</li> </ul>
<p><b>ICT Update</b></p>	<ul style="list-style-type: none"> <li>• Approval/ submission of the Investment agreement to NHSE that includes new Patient Flow solution to access the next tranche of Minimum Digital funding</li> <li>• The Patient Flow solution being proposed will provide fully integrated solution that will sit alongside and be integrated with electronic patient records</li> <li>• Major Power Outage / Aircon Issue: Report now received from Sudlows and action plan put in place by the Trust to be fully complete by mid 2024</li> </ul>



# NED update – Nick Mapstone

## Audit Committee

- The committee approved the annual clinical effectiveness report in respect of the processes and governance of the trust's arrangements
- Internal audit gave a *limited assurance* opinion following a review of long-term staff absence in the additional clinical services staff group for reported mental health issues. There were concerns about the accuracy of recording of absence data; and the application of the *management of sickness absence* policy
- Eight agreed internal audit recommendations have not been implemented within the agreed timescales and are outstanding. The committee asked management to improve performance



# NED update – Nick Mapstone

## Audit Committee

- The annual counter fraud, bribery and corruption policy was approved
- The committee noted that to September 2023, £90,000 worth of medicines have been wasted compared with £25,000 in the same period last year. The committee asked the director of finance to investigate with the chief pharmacist and report to committee members
- No concerns have been raised about the effectiveness of external audit. There was agreement that the audit of the public disclosure statements for 2022/23 went smoothly

### 3. Partner & Local Authority Governor

Verbal Feedback:

- JTUC
- Barnsley College
- Sheffield Hallam
- Sheffield Medical School

To Note

## 4. Reports from the Board of Directors

# 4.1. Public Board of Directors Agenda 7 December 2023

For Assurance





<b>REPORT TO THE COUNCIL OF GOVERNORS</b>	REF:	<b>COG: 23/12/13/4.1</b>
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<b>SUBJECT:</b>	<b>Public Board of Directors Agenda: 7 December 2023</b>
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<b>DATE:</b>	13 DECEMBER 2023
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<b>PURPOSE:</b>	<i>For decision/approval</i>	<small>Tick as applicable</small>	<i>Assurance</i>	<small>Tick as applicable</small>	
	<i>For review</i>		<i>Governance</i>	✓	
	<i>For information</i>	✓	<i>Strategy</i>	✓	

<b>PREPARED BY:</b>	Sheena McDonnell, Chair
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<b>SPONSORED BY:</b>	Sheena McDonnell, Chair
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<b>PRESENTED BY:</b>	Sheena McDonnell, Chair
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**STRATEGIC CONTEXT**

**EXECUTIVE SUMMARY**

The December Board agenda provides the Council of Governors with an overview of the items of discussion, noting or agreement at the Board of Directors Meeting.

**RECOMMENDATION**

The Council of Governors is asked to receive and note the agenda for the Board meeting held on 7 December 2023.



# Board of Directors: Public

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

## Agenda

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9:30 AM	1. Introduction	(10 mins)	1
	1.1. Welcome and Apologies Apologies: Nahim Ruhi-Khan Observing: Leanne Battley, Lead Nurse, Intensive Care Unit To Note - Presented by Sheena McDonnell		2
	1.2. Declarations of Interest To Note - Presented by Sheena McDonnell		3
	1.3. Quoracy To Note - Presented by Sheena McDonnell		4
	1.4. Minutes of the Meeting held on 5 October 2023 To Review/Approve - Presented by Sheena McDonnell		5
	1.5. Action Log To Review - Presented by Sheena McDonnell		17
9:40 AM	2. Culture	(25 mins)	19
	2.1. Staff Story: Emma Lavery/Brogan Barry in attendance To Note - Presented by Sarah Moppett and Steve Ned		20

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10:05 AM	3. Assurance	(30 mins)	26
	3.1. Audit Committee Chair's Log: 11 October 2023 For Assurance - Presented by Nick Mapstone		27
	3.2. People Committee Chair's Log: 28 November 2023 For Assurance - Presented by Sue Ellis		32
	3.2.1. Culture and Occupational Development Strategy For Information/Note - Presented by Sue Ellis and Steve Ned		38
	3.2.2. Sexual Safety in Healthcare Organisational Charter For Information/Note - Presented by Sue Ellis and Steve Ned		54
	3.3. Quality and Governance Committee Chair's Log: 25 October/29 November 2023 For Assurance/Review - Presented by Kevin Clifford		59
	3.3.1. Annual Health and Safety Report For Approval - Presented by Kevin Clifford and Bob Kirton		69
	3.4. Finance & Performance Committee Chair's Log: 26 October/30 November 2023 For Assurance - Presented by Stephen Radford		120
	3.5. Barnsley Facilities Services Chair's Log For Assurance - Presented by David Plotts		135
	3.6. Executive Team Report and Chair's Log For Assurance - Presented by Richard Jenkins		142
10:35 AM	4. Performance	(30 mins)	152



	4.1. Integrated Performance Report For Assurance - Presented by Lorraine Burnett		153
	4.2. Trust Objectives 2023/24: Quarter Two For Assurance - Presented by Bob Kirton		188
	4.3. Maternity Services Board Measures Minimum Data Set: Sara Collier-Hield in attendance For Assurance - Presented by Sarah Moppett		210
	4.4. Midwifery Staffing Report: Six Month Update: Sara Collier-Hield in attendance For Assurance - Presented by Sarah Moppett		290
11:05 AM	Break	(10 mins)	315
11:15 AM	5. Governance	(10 mins)	316
	5.1. Board Assurance Framework/Corporate Risk Register For Approval - Presented by Angela Wendzicha		317
11:25 AM	6. System Working	(10 mins)	352
	6.1. Barnsley Place Board To Note - Presented by Bob Kirton		353
	6.2. Acute Federation: verbal To Note - Presented by Richard Jenkins		367
	6.3. Integrated Care Board Update including: • ICB Chief Executive Report (Richard Jenkins) To Note - Presented by Richard Jenkins and Bob Kirton		368
11:35 AM	7. For Information	(15 mins)	378



	7.1. Chair Report		379
	For Information - Presented by Sheena McDonnell		
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	7.2. Chief Executive Report		385
	For Information - Presented by Richard Jenkins		
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	7.3. NHS Horizon Report		391
	For Information - Presented by Emma Parkes		
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	7.4. 2023/24 Work Plan		396
	To Note - Presented by Sheena McDonnell		
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11:50 AM	8. Any Other Business	(10 mins)	407
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	8.1. Questions from the Governors regarding the Business of the Meeting		408
	To Note - Presented by Sheena McDonnell		
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	8.2. Questions from the Public regarding the Business of the Meeting		409
	To Note - Presented by Sheena McDonnell		
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Members of the public may request that they address a question to the Board of Directors. Any member of the public wishing to do so must advise the Corporate Governance Manager at least 24 hours before commencement of the meeting, stating their name and the nature of the question. These questions shall be brought to the attention of the Chair before the commencement of the meeting and the decision as to whether any question will or will not be allowed to be put to the Board of Directors by any member of the public will lie with the Chair whose decision will be final.

410

In accordance with the Trust's Standing Orders and Constitution, to resolve that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

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Date of next meeting: Thursday 1 February 2023 at 9.30 am

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411

## 4.2. Public Board of Directors Minutes 5 October 2023 For Assurance



<b>REPORT TO THE COUNCIL OF GOVERNORS</b>	REF:	<b>CoG:23/12/13/4.2</b>
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<b>SUBJECT:</b>	<b>Public Board Minutes: 5 October 2023</b>
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<b>DATE:</b>	13 DECEMBER 2023
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<b>PURPOSE:</b>	<i>For decision/approval</i>	<small>Tick as applicable</small>	<i>Assurance</i>	<small>Tick as applicable</small>	
	<i>For review</i>		<i>Governance</i>	✓	
	<i>For information</i>	✓	<i>Strategy</i>	✓	

<b>PREPARED BY:</b>	Sheena McDonnell, Chair
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<b>SPONSORED BY:</b>	Sheena McDonnell, Chair
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<b>PRESENTED BY:</b>	Sheena McDonnell, Chair
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**STRATEGIC CONTEXT**

**EXECUTIVE SUMMARY**

The minutes from Board of Directors held on 5 October provide the Council of Governors with an overview of the items of discussion, noting or agreement at the Board of Directors Meeting.

**RECOMMENDATION**

The Council of Governors is asked to receive and note the minutes of the Public Board meeting held on 5 October 2023.





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

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

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

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

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

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

<p><b>BoD 23/106</b></p>	<p><b>Maternity Services Board Measures Minimum Data Set</b></p> <p>Sara Collier-Hield and Noor Khanem were in attendance to provide an update on the maternity services board measures minimum data set, to maintain oversight of services within Barnsley. Arising from the report the following points were raised:</p> <ul style="list-style-type: none"> <li>• Moderate harms were reported above the Local Maternity and Neonatal System target, with the Trust reporting a 5% ATAIN rate. Following an in-depth review, no themes had been identified. The learning and feedback will be shared with all staff involved as part of the lessons learned.</li> <li>• Work is ongoing to review the ethnicity of patients and/or areas of deprivation to understand if women and birthing people are more likely to experience moderate harm, this was included in the report illustrated via a pie chart.</li> <li>• Challenges remain ongoing in terms of training compliance, arising from several factors including the impact of industrial action and workforce issues. Several PROMPT training days and fetal monitoring training were postponed, additional sessions are being facilitated to ensure compliance against the Clinical Negligence Scheme for Trusts standard by 1 December 2023.</li> <li>• Midwifery safe staffing remains depleted due to several factors including long-term sick, maternity leave and vacancy rates. A proposal had been presented to the ET about continuing with the NHS Professionals incentive.</li> <li>• The maternity dashboard has been data cleansed, the only indicators with targets are either nationally set or as part of the Yorkshire/Humber target. Significant improvements had been seen in smoking at the time of delivery, reported at 8%. The Board was pleased to hear the team had been nominated for an award in recognition of their hard work.</li> <li>• One guideline remains out of date; the Management of Jaundice which has been escalated to the quadrumvirate.</li> </ul> <p>The Board noted the ongoing work relating to cultural development in the Maternity Team which is being facilitated by NHS Elect.</p> <p>In response to a comment regarding the impact of industrial action on medical staff; Noor Khanem thanked the resilience of the team for ensuring patient care was maintained, despite significant challenges experienced.</p> <p>Following discussion, it was agreed SPC charts would be used to illustrate the upper and lower control limits, which would be supported by the Information Team. <b>Action:</b> <i>to be included within the report.</i></p>	<p>SM</p>
<p><b>BoD 23/107</b></p>	<p><b>Doctors Appraisal &amp; Revalidation Annual Report</b></p> <p>Jeremy Bannister was in attendance to present the Annual Doctors Appraisal and Revalidation Report. The report assured the Board and NHS England that the Responsible Officer, Simon Enright, is fulfilling the statutory duty and provided assurance effective systems are in place.</p> <p>Jackie Waller who is the Appraisal and Revalidation Support Manager, was</p>	

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

	<p>the report the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• The Trust's finance position remains on track, slightly ahead of plan year to date. The forecast for the year end is £11.2m deficit in line with the final plan submitted to the Integrated Care System.</li> <li>• Work remains ongoing with the efficiency and productivity programme which saw actual savings in Month 5 of £0.9 m against a plan of £1.01m.</li> <li>• The Trust recently reported an infrastructure incident which resulted in a major power outage. A debrief report was presented to the Committee providing an overview of the events and assurance of all actions undertaken to ensure the risks had been mitigated, confirming clear processes are in place should future events occur. The draft report from Sudlows, who had been commissioned to the review incident as part of an external review, has been received which is currently being reviewed by the team. 360 Internal Assurance Audit on Clinical Service Business Continuity has also been commissioned to review the incident.</li> </ul> <p>Chris Thickett commented the Trust had experienced several operational challenges as a result of the impact of the recent industrial action, noting that associated costs to ensure safe staffing and patient care were maintained. A significant amount of work is ongoing with the Clinical Business Unit triumvirates and clinical teams with regard to elective recovery, with performance expected to show an improved position at month six.</p>	
<p><b>BoD 23/110</b></p>	<p><b>Barnsley Facilities Services (BFS) Chair's Log</b></p> <p>Lorraine Burnett introduced the chair's log following the September 2023 meeting informing the Board that BFS remains on budget year to date.</p> <p>The key highlights from the report were the increased activity on apprenticeships, completion of Phase Two of the Community Diagnostic Centre noting the MRI service is progressing well and planned to be operational in December 2023 and the succession planning programme.</p> <p>The Board noted and received the report.</p>	
<p><b>BoD 23/111</b></p>	<p><b>Executive Team Report and Chair's Log</b></p> <p>Richard Jenkins presented the chair's log from the meetings held throughout July and August 2023 which was noted and received.</p> <p>The Trust received a publication from NHS England regarding the Sexual Safety of NHS Staff and Patients; the Board was informed this would be presented for information at a future Board meeting. <b>Action:</b> add to the work plan.</p>	<p>LJW</p>
	<p><b>PERFORMANCE</b></p>	
<p><b>BoD 23/112</b></p>	<p><b>Integrated Performance Report</b></p> <p>Lorraine Burnett introduced the Integrated Performance Report for August 2023 providing an overview of performance and challenges throughout the Trust, which had been scrutinised at the recent Assurance Committees.</p>	

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



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

	<p>events, meetings, publications, and decisions that require bringing to the attention of the Board.</p> <p>The Board noted and received the report.</p>	
<b>BoD 23/120</b>	<p><b>Chief Executive Report</b></p> <p>Richard Jenkins presented his report providing information on several internal, regional, and national matters that had occurred following the last Board meeting.</p> <p>The Board noted and received the report.</p>	
<b>BoD 23/121</b>	<p><b>NHS Horizon Report</b></p> <p>Emma Parkes presented the report which provided an overview of NHS Choices Reviews; reviews of strategic developments and national and regional initiatives.</p> <p>The Board noted negative feedback had been received about care provided during an inpatient stay; following discussion it was agreed this would be reviewed in further detail. <b>Action:</b> <i>Lorraine Burnett to address.</i></p> <p>It was suggested for future reports, that additional narrative be included as to how comments received are fed back into the services. This will be discussed and reviewed to ensure robust processes are in place. <b>Action:</b> <i>ET to address</i></p>	<p>LB</p> <p>BK</p>
<b>BoD 23/122</b>	<p><b>2023/24 Work Plan</b></p> <p>The work plan, which sets out the structure of the year ahead was included for information. The Board was informed work in progress to review and realign the work plan.</p>	
	<b>ANY OTHER BUSINESS</b>	
<b>BoD 23/123</b>	<p><b>Any other Business</b></p> <p>On behalf of the Board, Becky Hoskins was thanked for her hard work and support to the Trust in her capacity as the Interim Director of Nursing.</p> <p>The Board expressed condolences to the family and friends of Philip Hudson who had sadly passed away recently. Following the funeral service, the family expressed wishes to receive feedback, reflections and interactions with Philip during his term of office from the Board. <b>Action:</b> <i>Sheena McDonnell to provide opportunities for the Board to feedback to family.</i></p>	SM
<b>BoD 23/124</b>	<p><b>Questions from the Governors regarding the Business of the Meeting</b></p> <p>On behalf of the Council of Governors, Trust Members and Constituents, Tom Wood, Lead Governor submitted the following questions prior to the Board meeting today:</p> <ul style="list-style-type: none"> <li>• <b>Workforce, Race Equality Standard Annual Report:</b> WRES Report Indicator three; the conclusion to this data indicates a “favourable” position for Black, Minority and Ethnic staff. Is the wording used as part of this conclusion typical of WRES reports?</li> </ul>	

	<p>WRES Report indicator four; Is the downturn in non-mandatory training affected by the increase in international nurses? Is there adequate support for new staff relatively unfamiliar with NHS employment?</p> <ul style="list-style-type: none"> <li>• <b>Integrated Performance Report:</b> Ambulance Handover performance; are there any action points or focus on this area to improve the percentage?</li> <li>• <b>Winter Plan:</b> Is there any indication of further industrial action that could affect these proposals? It is something that should be/has been considered?</li> </ul> <p>Due to prior commitments he was unable to attend today, it was agreed that the questions would be forwarded to the Executive Leads who would provide feedback outside the meeting. <b>Action:</b> Executive Leads to provide feedback, questions to be circulated outside the meeting.</p>	SM
<p><b>BoD 23/125</b></p>	<p><b>Questions from the Public regarding the Business of the Meeting</b></p> <p>Before the meeting, a statement had been published on the Trust's website inviting questions from members of the public. No questions had been submitted for the Board today.</p>	
<p><b>BoD 23/126</b></p>	<p><b>Date of next meeting</b></p> <p>The next Board of Directors Public Session is to be held on Thursday 7 December 2023, at 9.30 am in Lecture Theatre 1 &amp; 2, Education Centre, BHNFT.</p> <p>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.</p>	

## 5. Information Only

# 5.1. Integrated Performance Report

For Assurance

Presented by Sheena McDonnell



**REPORT TO THE  
COUNCIL OF GOVERNORS**

REF:

**CoG: 23/12/13/5.1**

**SUBJECT: INTEGRATED PERFORMANCE REPORT**

**DATE:** 13 DECEMBER 2023

PURPOSE:		<i>Tick as applicable</i>		<i>Tick as applicable</i>	
	<i>For decision/approval</i>	✓	Assurance	✓	
	<i>For review</i>	✓		Governance	✓
	<i>For information</i>	✓		Strategy	✓

**PREPARED BY:** Lorraine Burnett, Chief Operating Officer

**SPONSORED BY:** Bob Kirton, Managing Director

**PRESENTED BY:** Lorraine Burnett, Chief Operating Officer

**STRATEGIC CONTEXT**

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

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

**EXECUTIVE SUMMARY**

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

**Patients:**

There were 4 serious Incidents in October.

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

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

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

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

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

**People:**

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

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

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

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

**Performance:**

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

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

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

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

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

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

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

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

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

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

## RECOMMENDATIONS

The Council of Governors are asked to receive and note the Integrated Performance Report.



# Barnsley Hospital Integrated Performance Report

Reporting Period: October 2023

## Assurance



Consistently  
hit  
target



Hit and miss  
target subject  
to random



Consistently  
fail  
target

## Performance



Special Cause  
Concerning  
variation



Special Cause  
Improving  
variation



Special Cause  
Improving  
variation



Special Cause  
Improving  
variation



Common  
Cause

# High Level Assurance

## Can we reliably hit the target?

Blue = will reliably hit the target

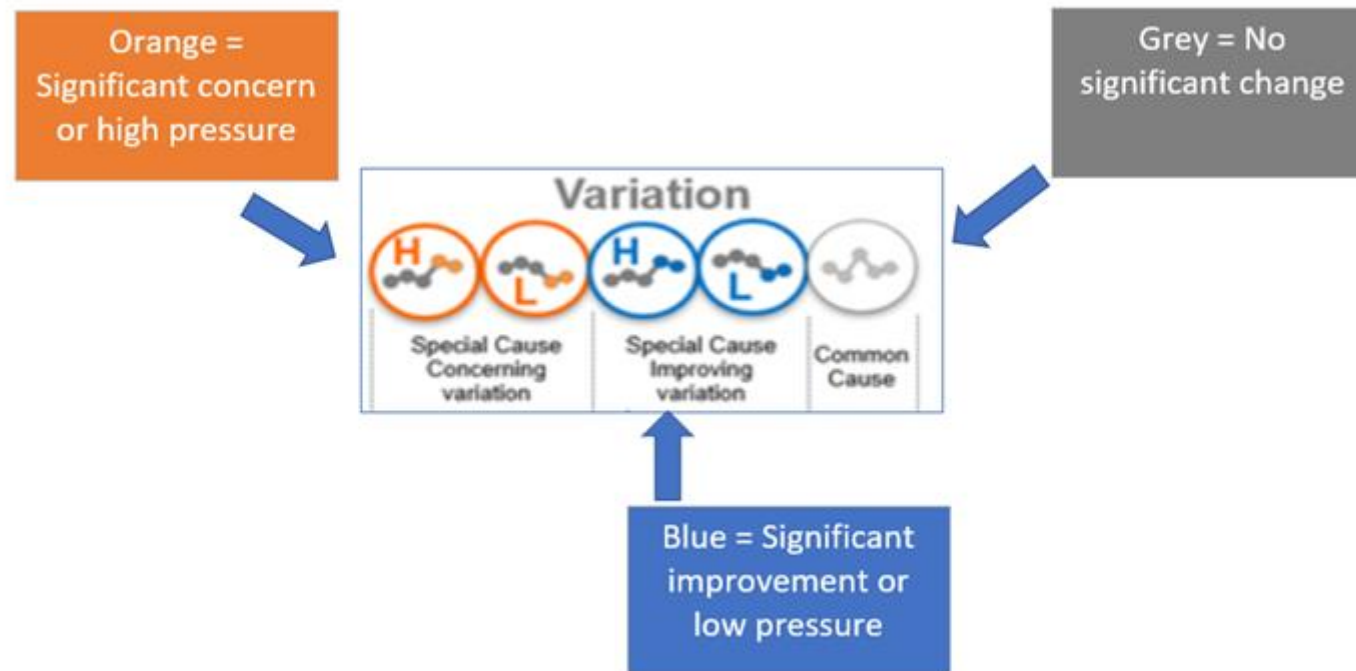
Orange = System change required to hit the target





















Grey = will hit and miss the target

# High Level Key Performance













## Are we improving, declining or staying the same?



# Summary icon descriptions

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

# Summary icon descriptions

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

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

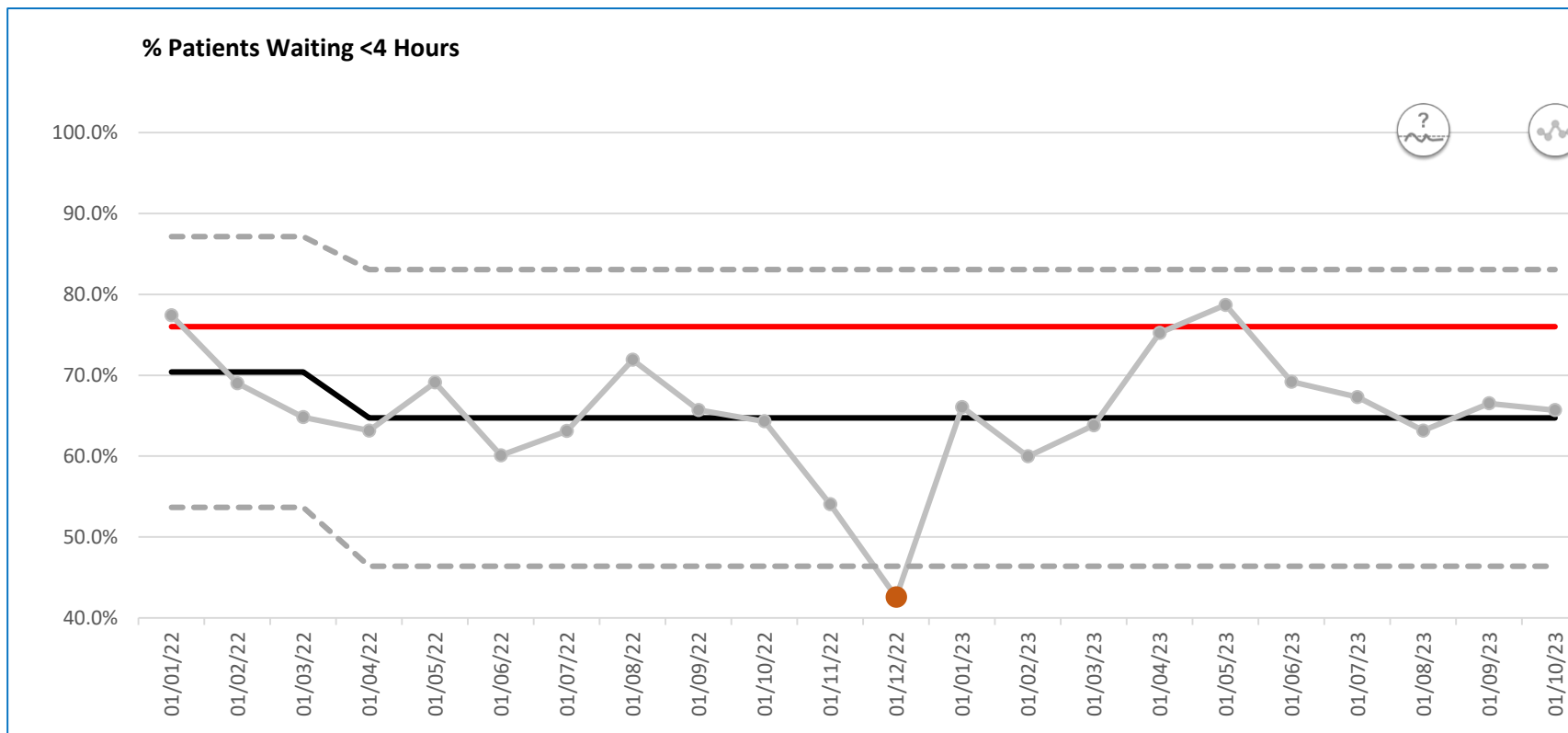
KPI	Latest month	Measure	Target	Assurance	Performance	Mean	Lower process limit	Upper process limit
Serious Incidents	Oct 23	4	0			2	-2	6
Incidents Involving Death	Oct 23	1	0			1	-2	5
Incidents Involving Severe Harm	Oct 23	3	0			2	-2	5
Never Events	Oct 23	0	0			0	0	0
Falls	Oct 23	100	90			101	73	130
Falls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

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



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

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



**October 2023**

**65.7%**

**Variance Type**

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

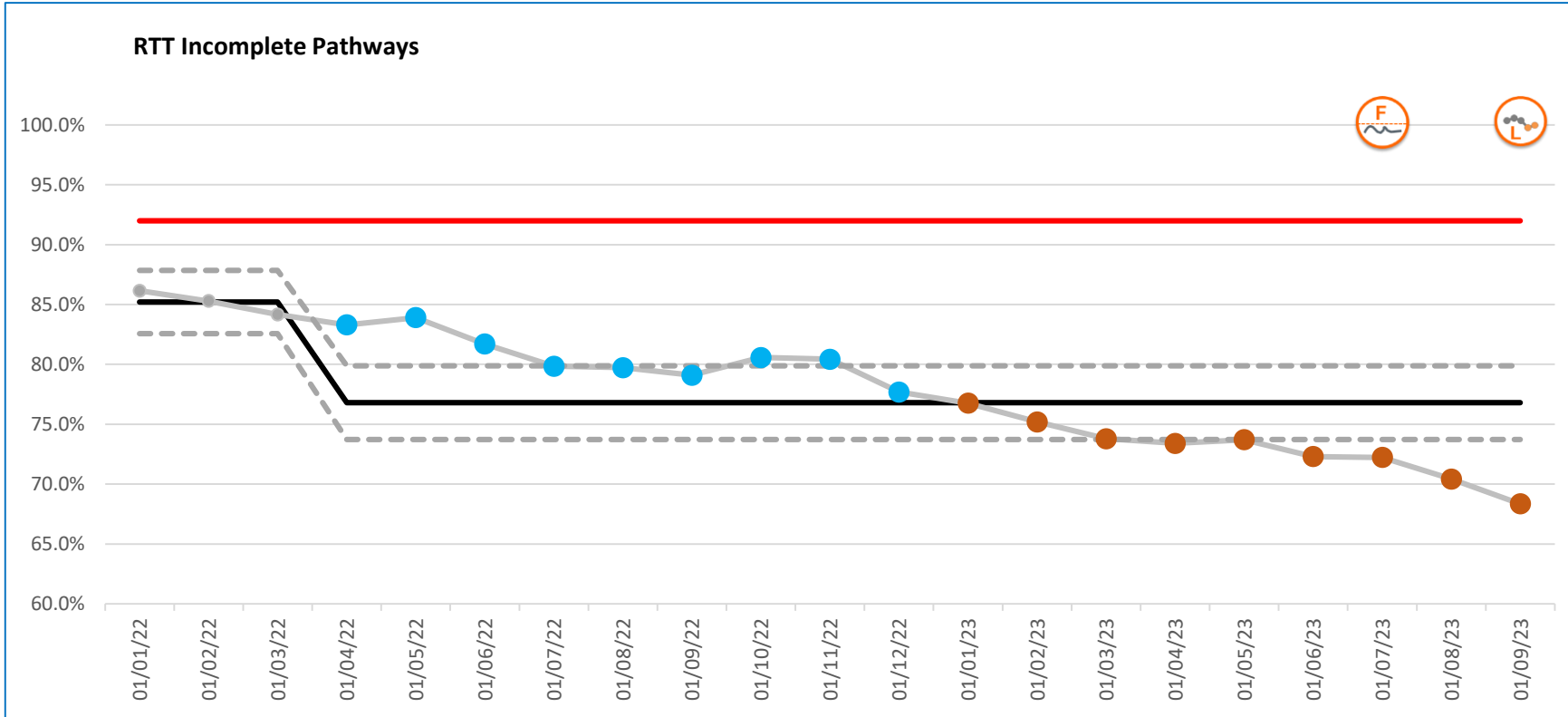
**Target**

76%

**Target Achievement**

Metric is consistently failing the target

Background	What the chart tells us:	Issues	Actions	Context
<b>Emergency Department patients waiting &lt;4 Hours</b>	Remains below target and will not reach the target without system and/or process change.  2023/2024 NHSE target is 76% attendances admitted or discharged within 4 hours.	Bed occupancy still in excess of 92% (average 94% Oct) Timely bed availability and high bed occupancy. High number of people attending without a time critical emergency condition. Periods of Industrial action leading to lower staffing levels.	Weekly executive oversight A focus on: <ul style="list-style-type: none"> <li>Flow and bed queues, Dr Waits and causes.</li> <li>Daily Ward Board Rounds with increase oversight from CBU management teams</li> <li>Review of ED registrar workload and agreed actions to improve.</li> </ul> Wards continuing to focus on patients LoS & criteria to reside with an emphasis on discharge. Additional bed capacity in place 9th October.	<b>October 2023</b> Barnsley 65.7%, England 54.9%  <b>Ranking:</b> England 15/122 North East & Yorkshire 4/22



**September 2023**

**68.4%**

**Variance Type**

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

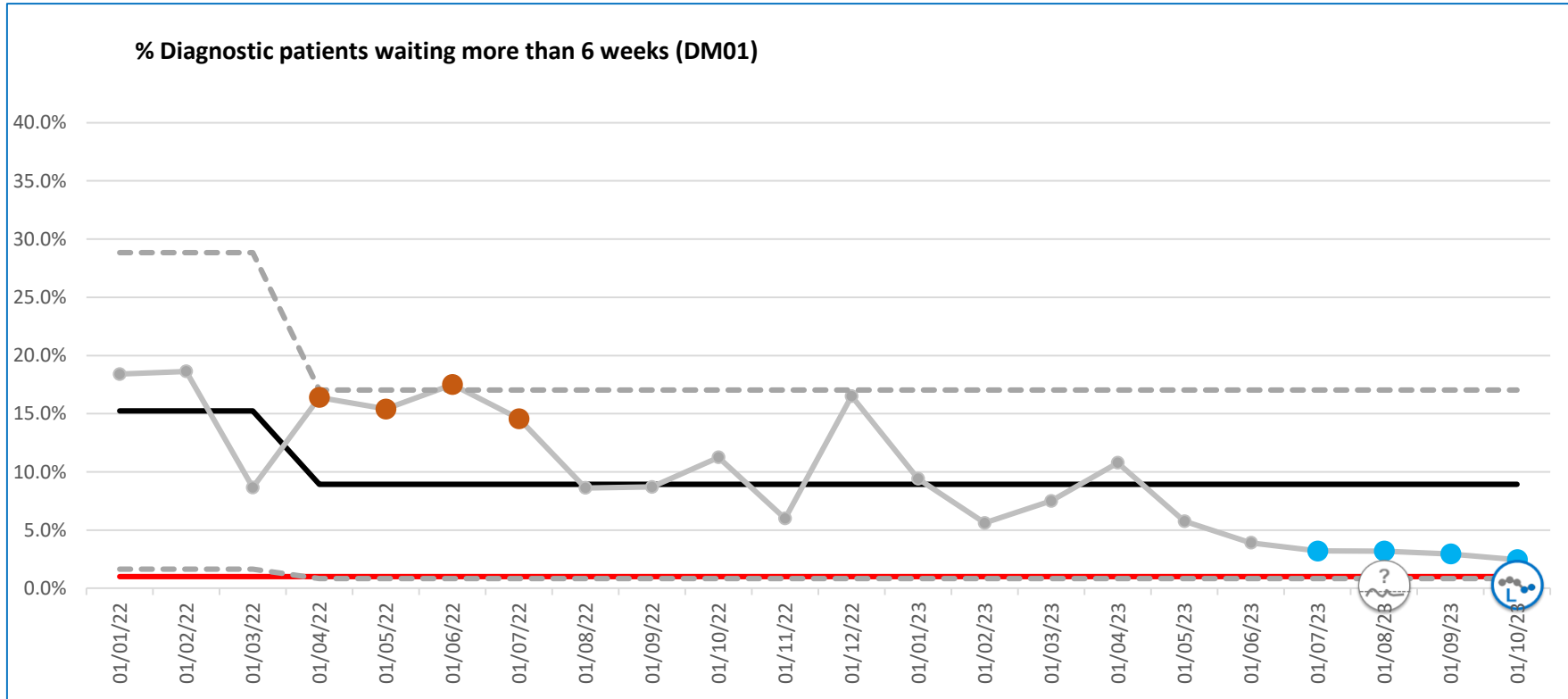
**Target**

92%

**Target Achievement**

Metric is consistently failing the target

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



**October 2023**

**2.5%**

**Variance Type**

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

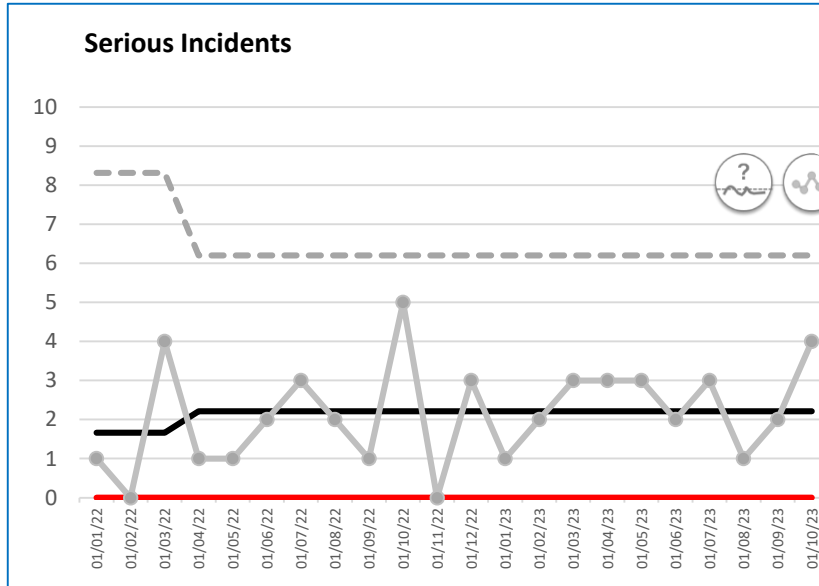
**Target**

1.0%

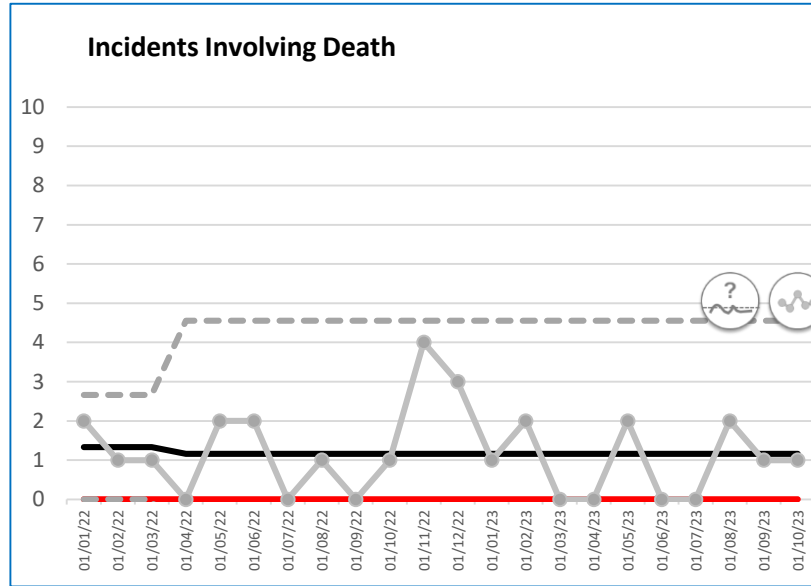
**Target Achievement**

Metric is consistently failing the target

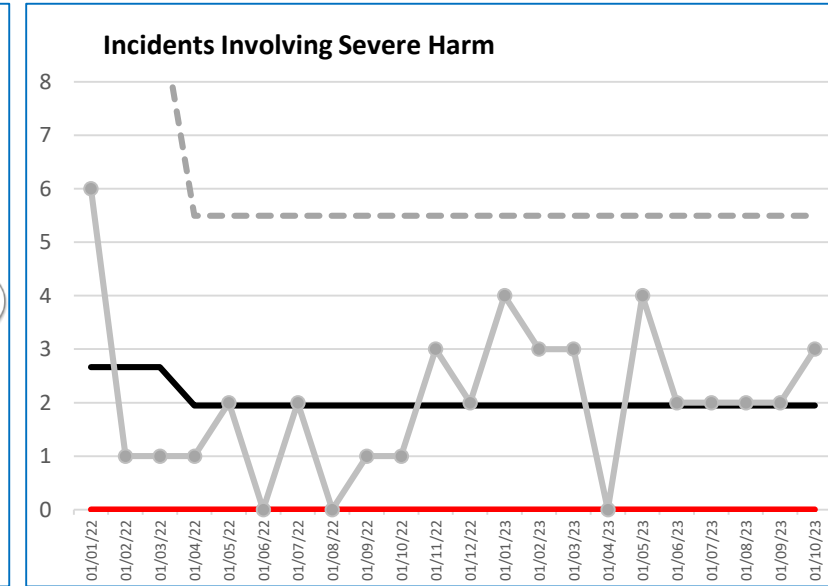
Background	What the chart tells us:	Issues	Actions	Context
<b>Diagnostics</b>	Performance remains within control limits but will not hit constitutional target without continued focus.  NHS England Operational target for 2023/24 as part of COVID recovery is 5% and is being achieved.	Prioritisation of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



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

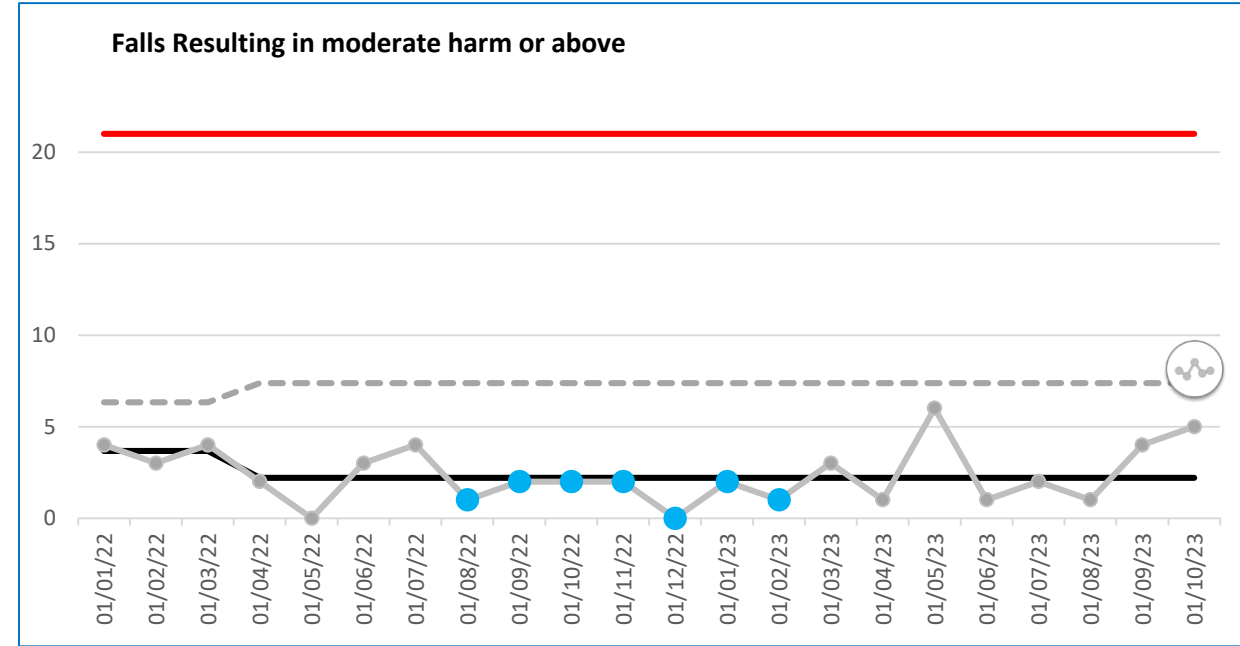
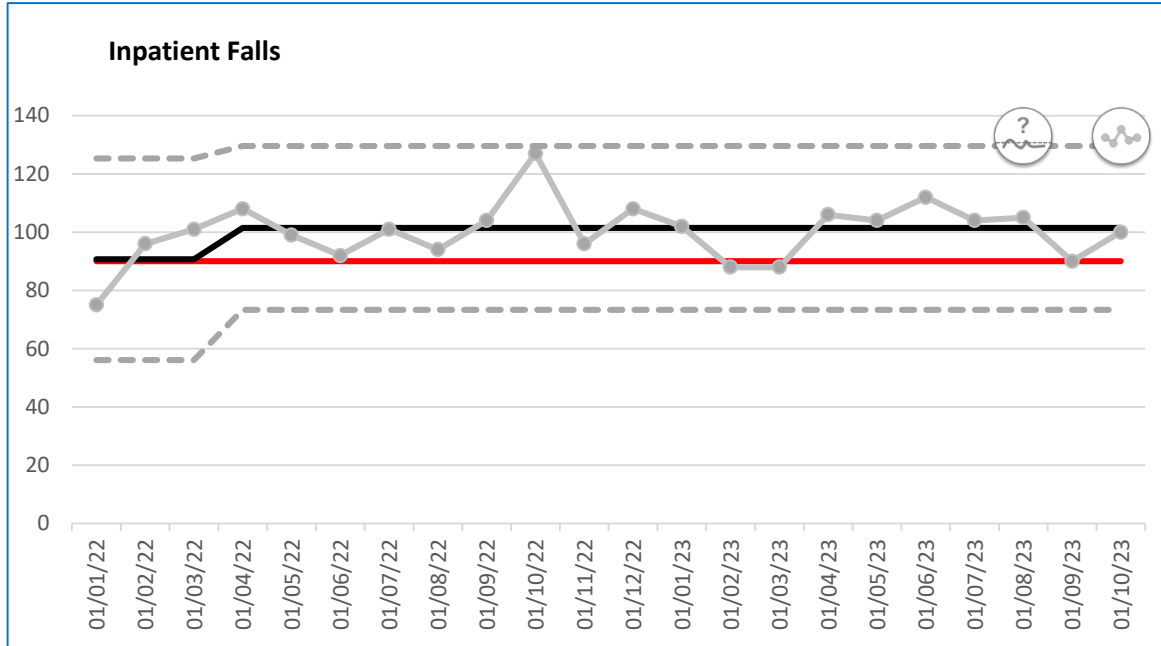


October 2023	Target	Variance Type
1	0	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)



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

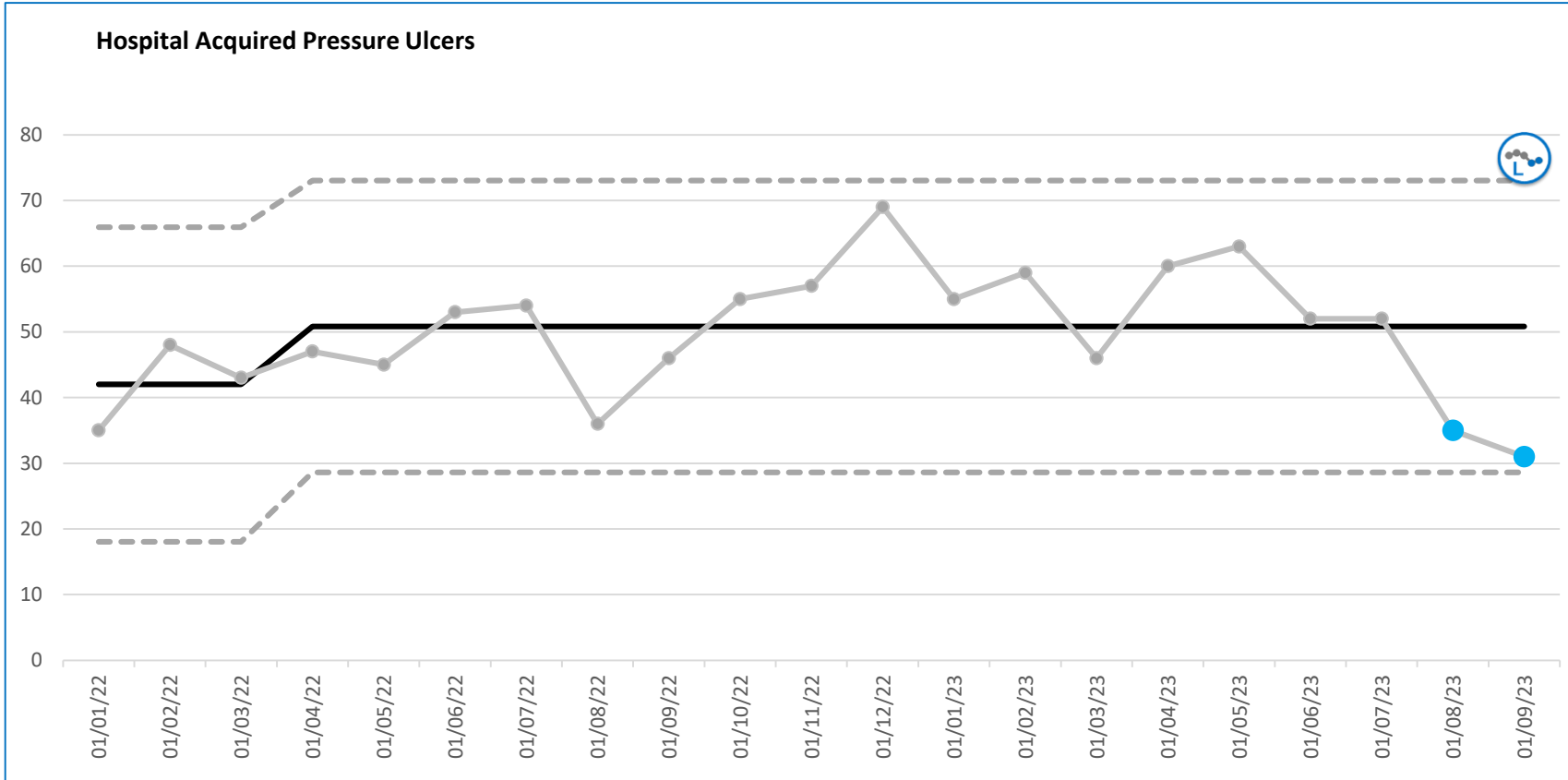
Background	Issues
<b>Serious Incidents</b>	<p>There were four serious incidents declared in the month:</p> <ul style="list-style-type: none"> <li>• 2023/18491 – maternity/obstetric incident: baby only (incident occurred in September 2023)</li> <li>• 2023/19252 – suboptimal care of a deteriorating patient (incident occurred in September 2023)</li> <li>• 2023/18466 – suboptimal care of a deteriorating patient (incident occurred in September 2023)</li> <li>• 2023/18433 – treatment delay (incident occurred in September 2023)</li> </ul>
<b>Incidents under investigation involving death of a patient</b>	<p>There was one incident involving death</p> <ul style="list-style-type: none"> <li>• There was one incident involving a cardiac arrest. The incident is being reviewed and managed in line with the relevant policies.</li> </ul>
<b>Incidents under investigation involving severe harm</b>	<p>There were three incidents resulting in severe harm</p> <ul style="list-style-type: none"> <li>• There was one inpatient fall resulting in a hip fracture. Duty of candour has commenced and an investigation is underway.</li> <li>• There were two incidents regarding ambulance delays. The harm of both incidents is not attributable to the Trust and the incidents have been raised with YAS for further investigation.</li> </ul>



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

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

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



**September 2023**

**31**

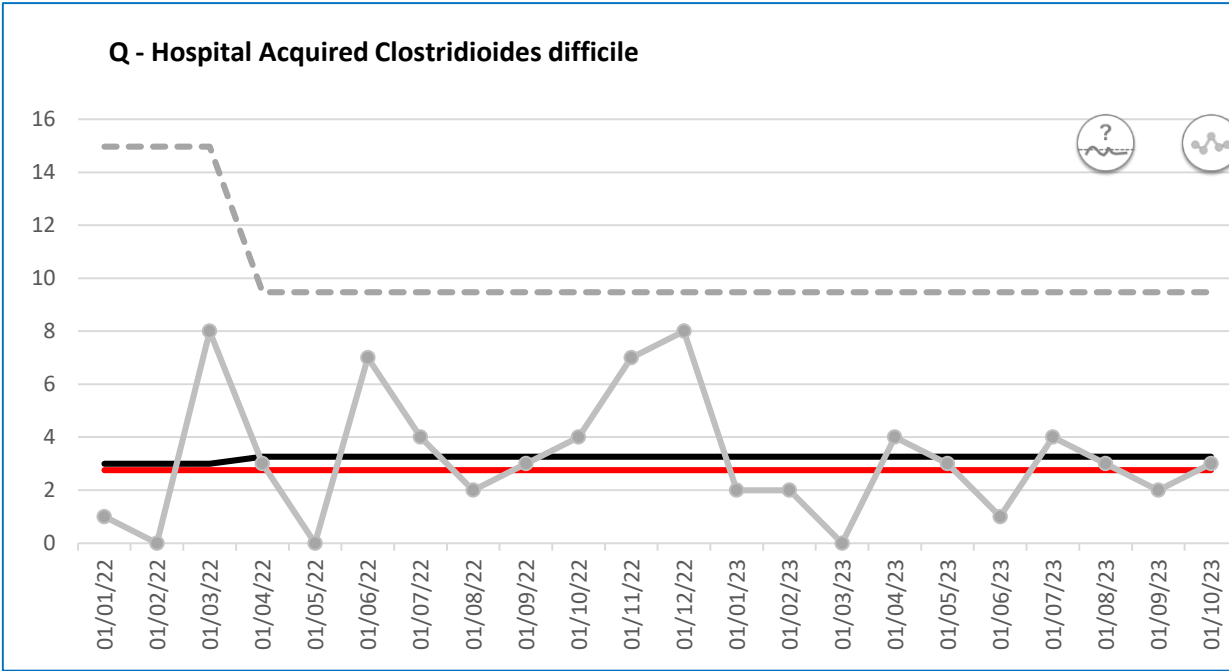
**Variance Type**

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

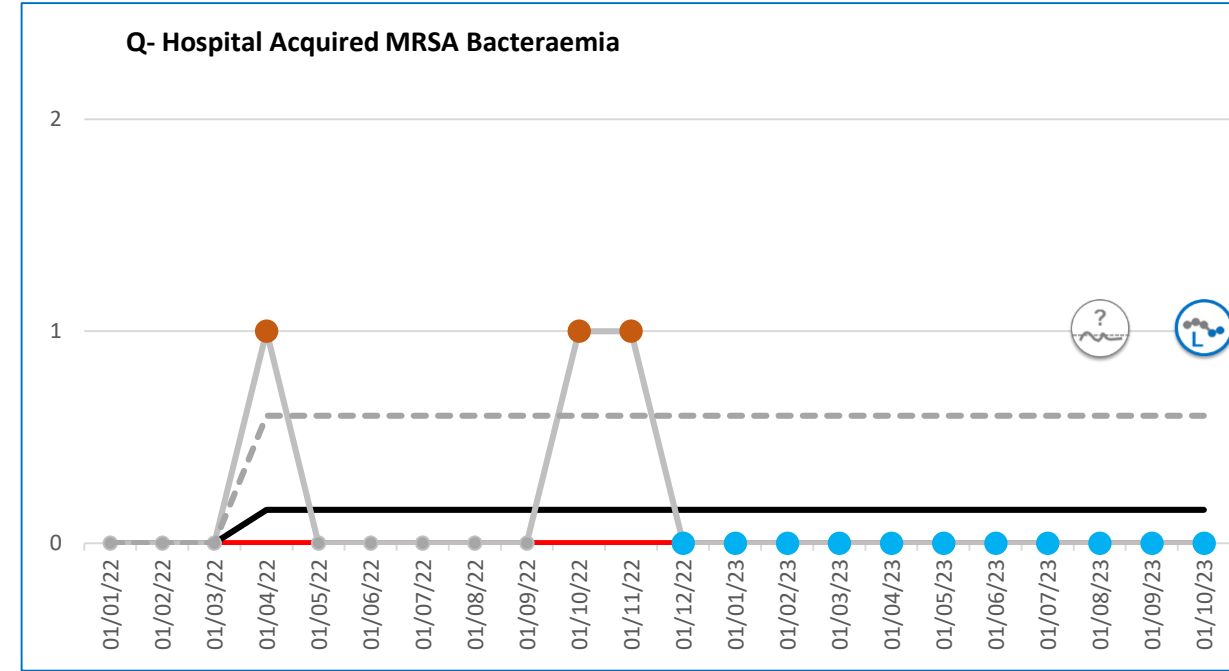
Background	What the chart tells us:	Issues	Actions	Context
<b>Pressure Ulcers</b>	The number of hospital acquired pressure ulcers remains within normal variation.	National guidance has changed which affects how the data is collected. - This involves the removal of lapses / no lapses and using areas of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



Q - Hospital Acquired Clostridioides difficile



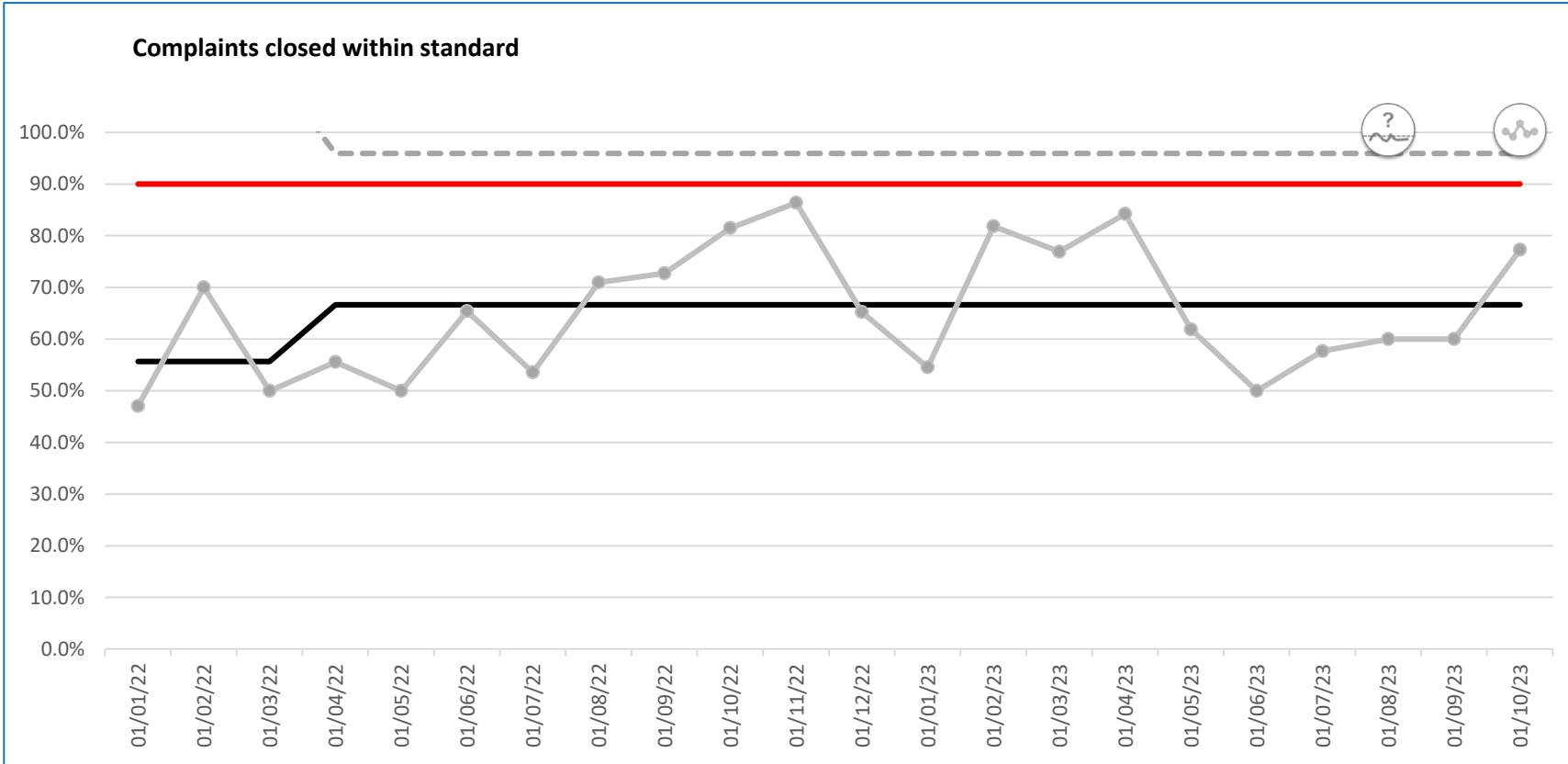
Q- Hospital Acquired MRSA Bacteraemia



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

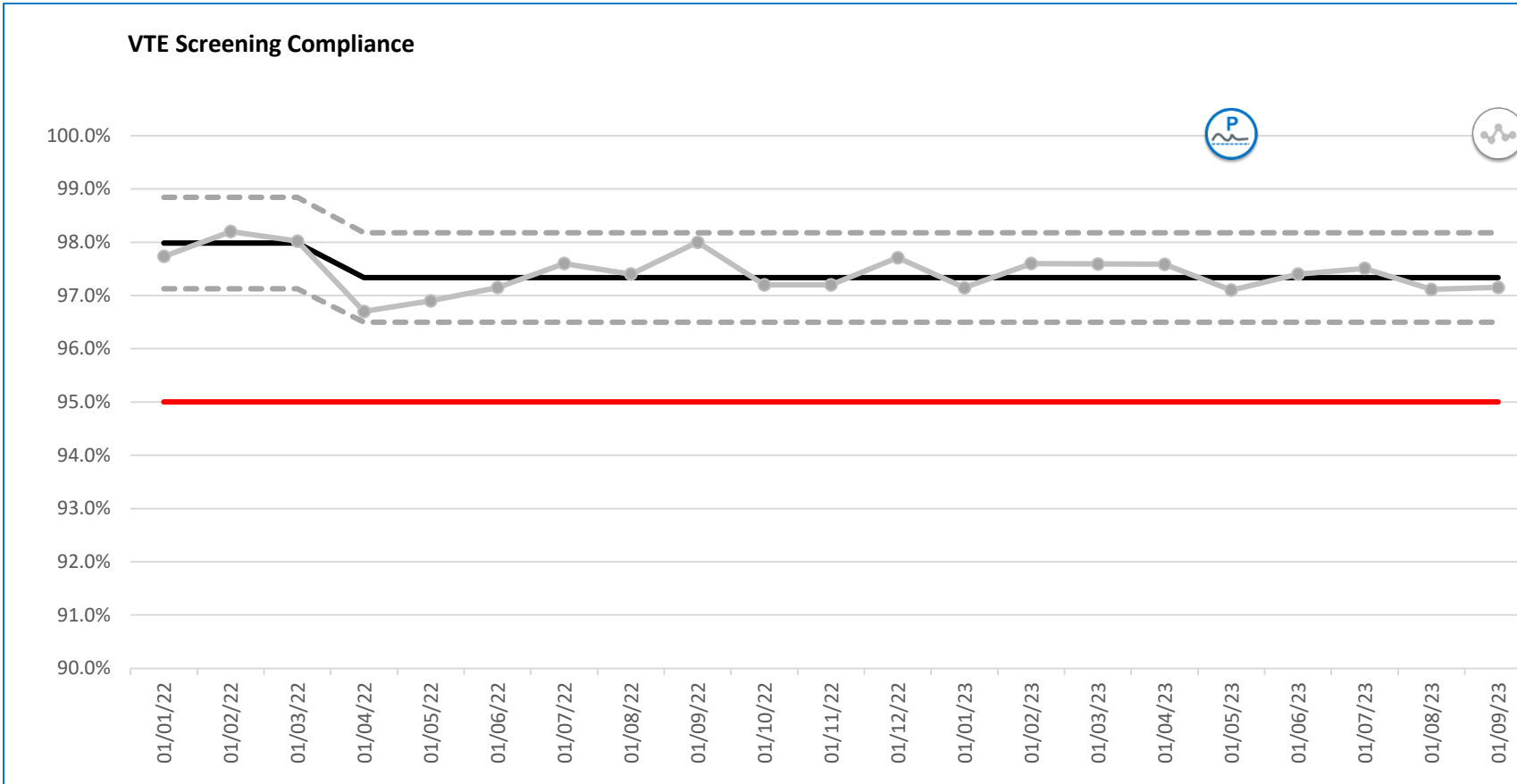
October 2023	Target	Variance Type
0	0	Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

Background	What the chart tells us:	Issues	Actions	Context
Infections	<ul style="list-style-type: none"> <li>There were no hospital acquired MRSA Bacteraemia identified during October 2023.</li> <li>There were 3 x hospital acquired case of Clostridioides difficile identified during October 2023.</li> </ul>	<p>1 case attributed to ITU. The patient's condition was complex and required antibiotic therapy. The investigation did not identify any learning and the case was deemed to be unavoidable.</p> <p>1 case was attributed to ward 30. Lessons identified related to antimicrobial stewardship; antibiotics were not reviewed in line with clinical sample results. There was a delay in the patient being moved into a cubicle and barrier precautions initiated. The case was deemed to be potentially avoidable.</p> <p>1 case was attributed to ward 18. Lessons identified related to antimicrobial stewardship; an over use of antibiotics, not switching from intravenous to oral antibiotics, not documenting the indication for antibiotics and not seeking microbiologist advice. This was exacerbated because of the consultant working patterns on the ward. The case was deemed to be potentially avoidable.</p>		



<b>October 2023</b>
<b>77.3%</b>
<b>Variance Type</b>
Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).
<b>Target</b>
90%
<b>Target Achievement</b>
Measure is failing the target.

Background	What the chart Tells Us	Issues	Actions	Context
<b>Complaints closed within local standard</b>	Consistently failing to achieve the KPI of responding to all formal complaints within 40 working days. This has increased since last month with 77% closed within initial target and an average of 40 days.	Delays in obtaining information and statements required to respond to formal complaints. There were five complaints which failed to achieve the 40 working day KPI: <ul style="list-style-type: none"> <li>• Three complaint investigations were delayed due to waiting for statements</li> <li>• Two were complex cases.</li> </ul>	Weekly email escalation processes in place to support the timely access to information and statements required to respond to formal complaints.  Weekly face to face meeting with CBU triumvirates and Complaints Manager  Weekly exception reports to the DoN&Q and MD as required  Escalations at CBU performance meetings	All complainants have been kept informed of the progress of their complaint response.  Page 79 of 130



**September 2023**

**97.2%**

**Variance Type**

Common cause variation, no significant change. The system will consistently PASS.

**Target**

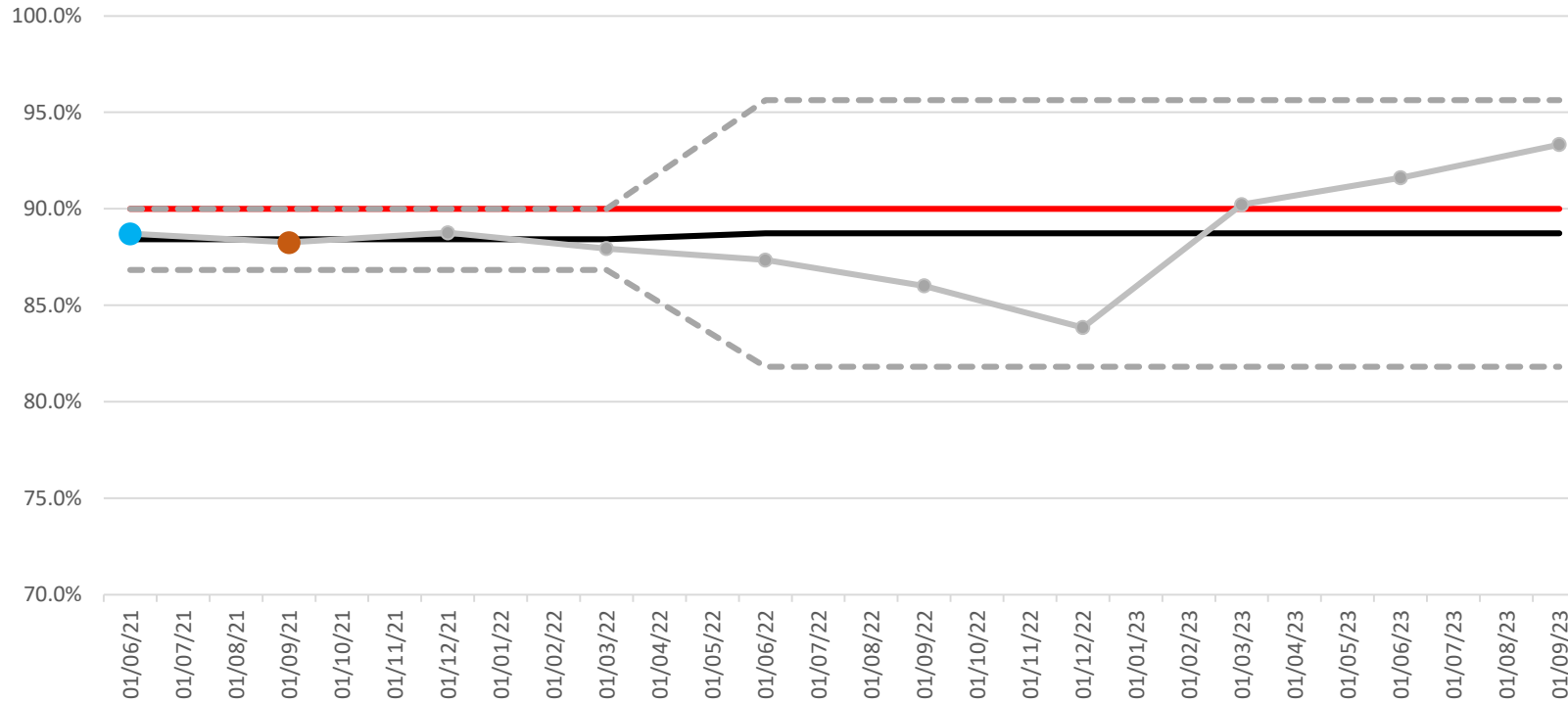
95%

**Target Achievement**

Consistently passing target.

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

Q - Sepsis-Antibiotics given within Hour of diagnosis All Patients



Q2 2023/24

93%

Variance Type

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

Target

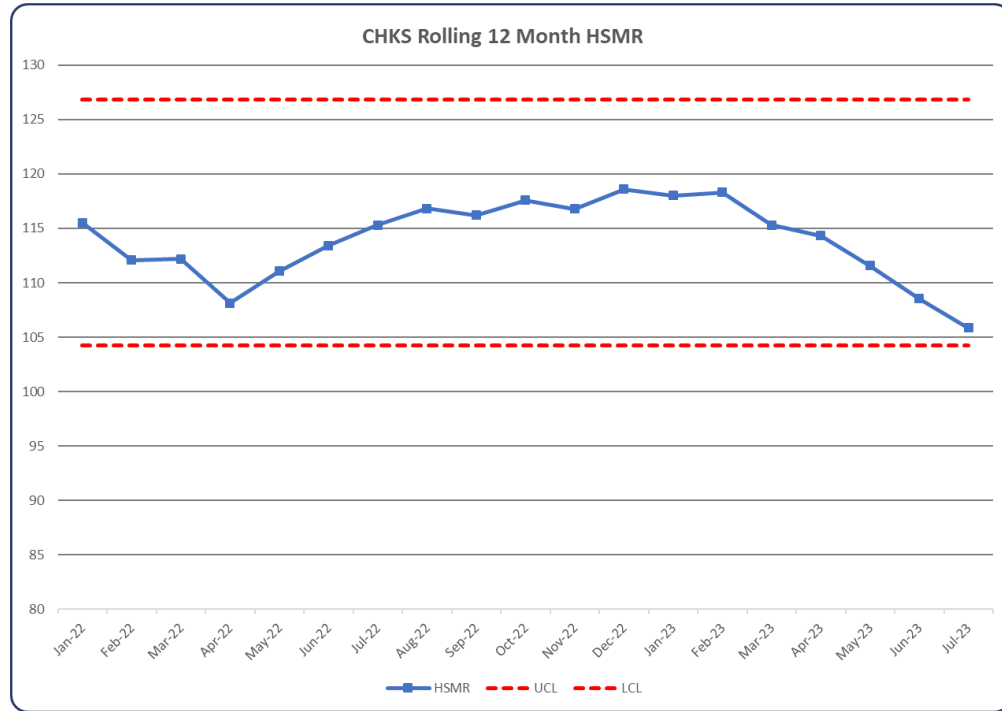
90%

Target Achievement

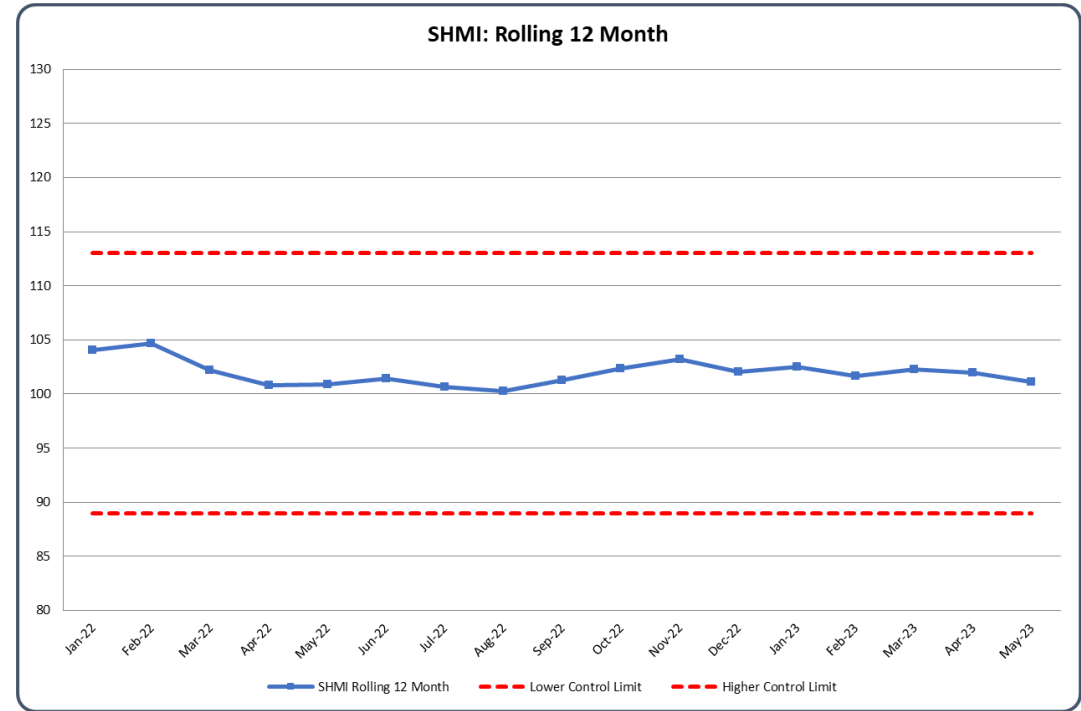
Will hit and miss the target.

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

# HSMR



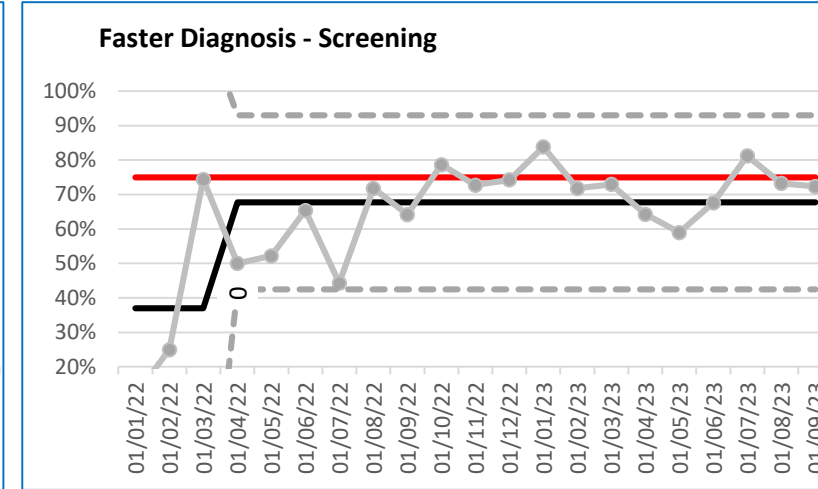
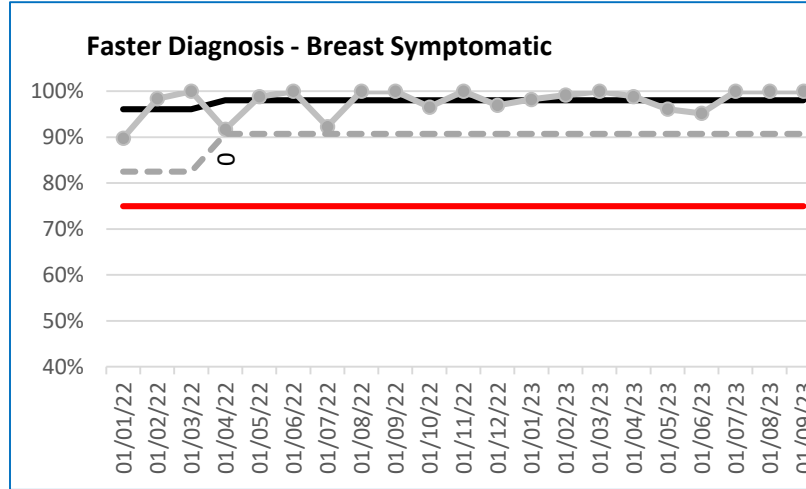
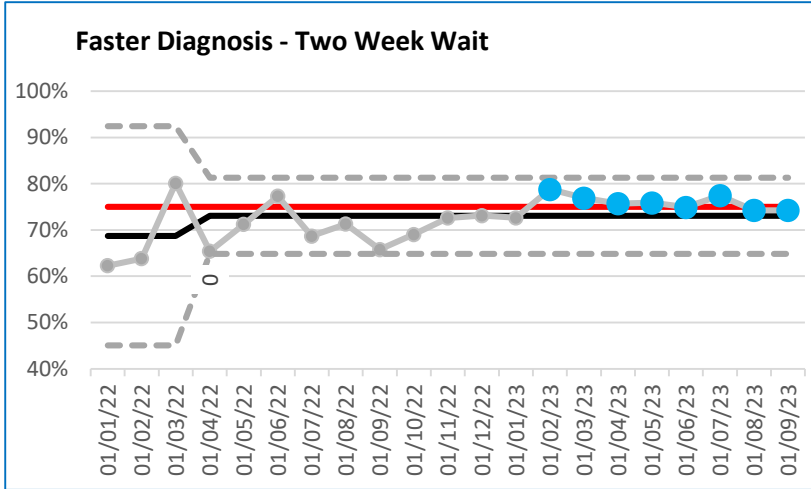
# SHMI



## Commentary

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

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

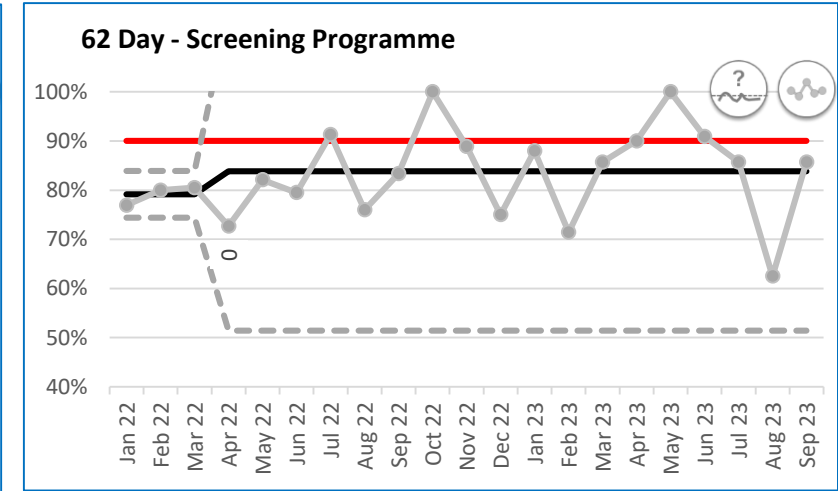
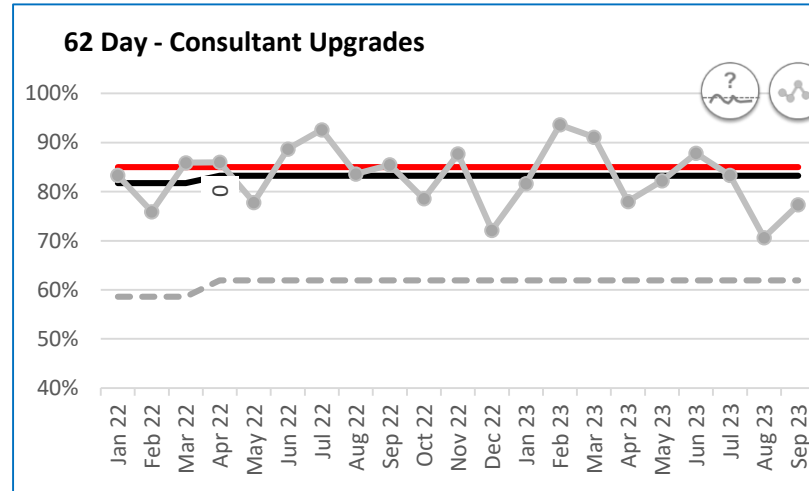
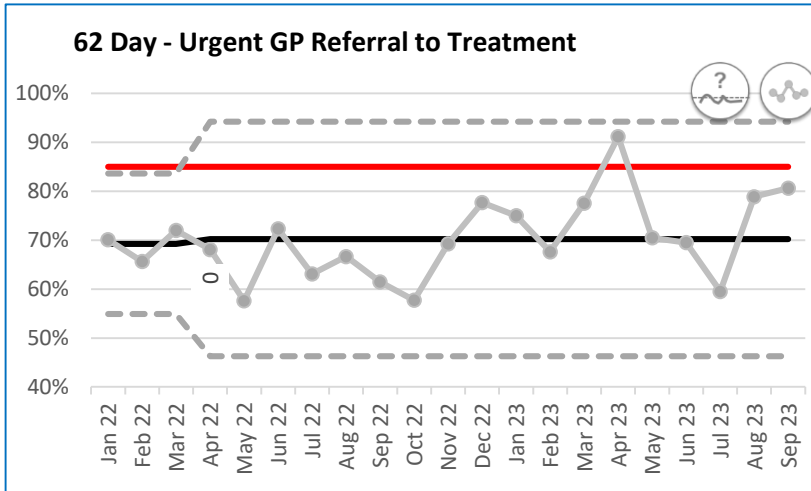


September 2023	Target	Variance Type
<b>74%</b>	<b>75%</b>	Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

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

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

Background	What the chart tells us	Issues	Actions	Context
<p><b>Cancer - Faster Diagnosis</b></p> <ul style="list-style-type: none"> <li><b>2 Week Waits</b></li> <li><b>Breast Symptomatic</b></li> <li><b>Screening</b></li> </ul>	Performance variation has reduced.	Capacity lost due to combined Consultant and Junior Doctor industrial action reducing the number of available appointments and MDT decisions supporting patients' pathways.	<p>Focus is on Diagnostic decision making.</p> <p>Triaging referrals Straight to Test is a focus.</p> <p>Radiology and Histology key in supporting the 10 day turn around to ensure diagnostic turnaround can be achieved.</p>	



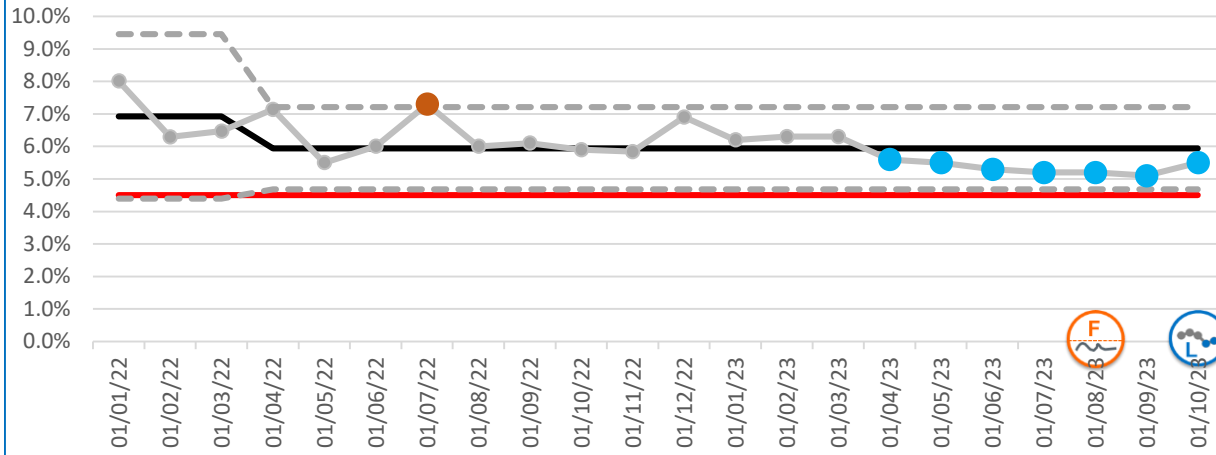
September 2023	Target	Variance Type
81%	85%	Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

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

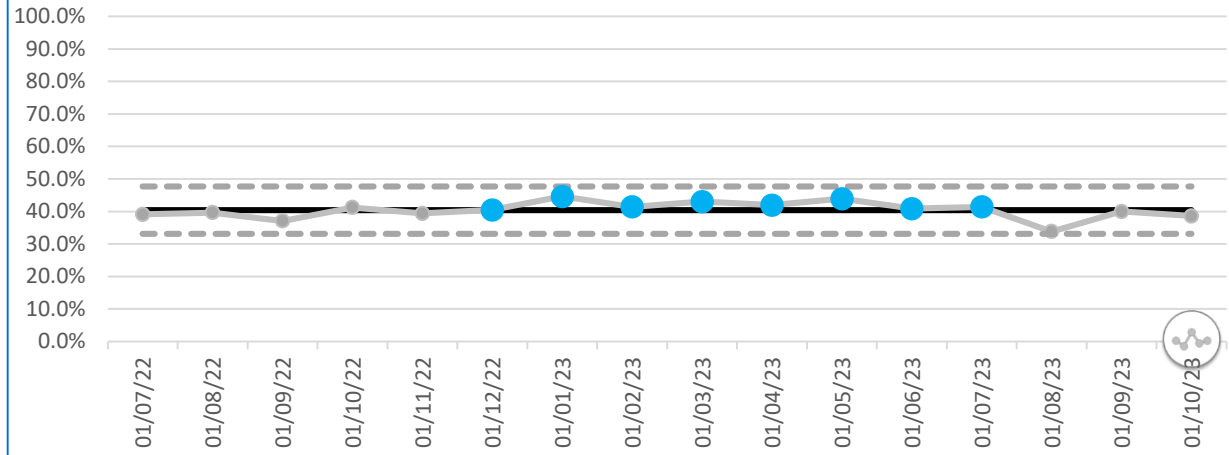
September 2023	Target	Variance Type
86%	90%	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)

Background	What the chart tells us	Issues	Actions	Context
<p><b>Cancer</b></p> <ul style="list-style-type: none"> <li>62 Day Urgent GP Referral</li> <li>62 Day Screening Programme</li> <li>62 Day Consultant Upgrades</li> </ul>	Performance is improving but may miss the target without further action.	Delays to pathways from patient choice, illness, industrial action across different specialties. Continued focus on >62 day waits which adds to the variability in performance against target.	Majority of targets now being met and others improving. Number of long waiting patients significantly reduced. Robust escalation process and cancer tracking.	Requirement to continue work with partners to ensure pathways are optimised and patients aware of urgent timings at referral to reduce cancellation of appointments.

**Sickness Absence**



**Return to Work**



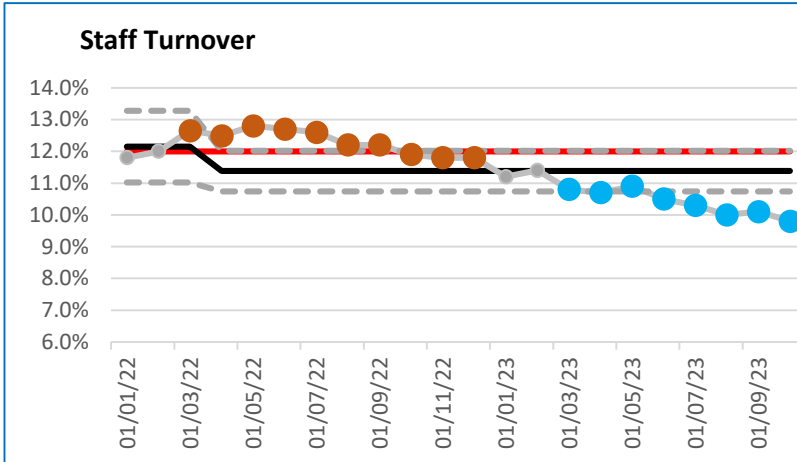
October 2023	Target	Variance Type
5.5%	4.5%	Special cause of an improving nature where the measure is significantly LOWER. This process is still not capable. It will FAIL the target without process redesign.

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

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

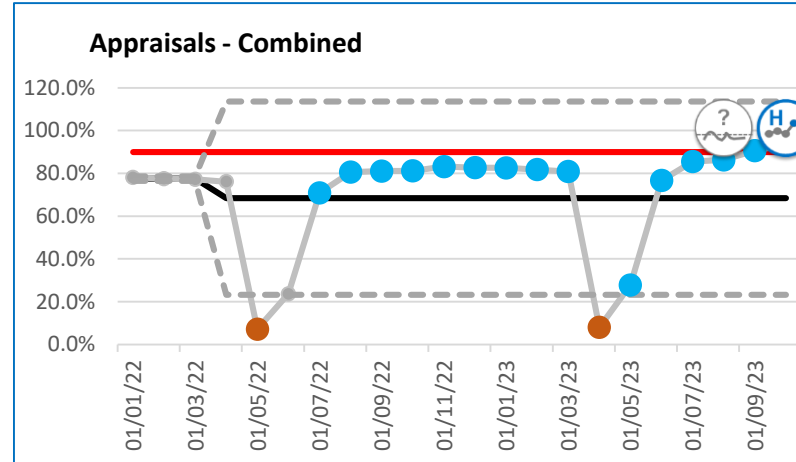
Return to Work	
<b>Issues</b>	Continued low completion rate.
<b>Actions</b>	New line Manager training in holding and recording supportive Health and Wellbeing conversations including RTW interviews to feature as part of new policy launch in early 2024.
<b>Context</b>	Annual cumulative rate is slowly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





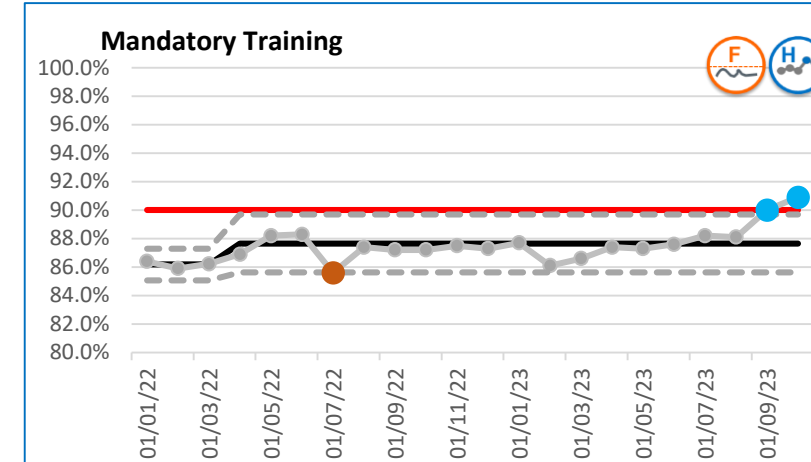
Oct 2023	Target	Variance Type
9.8%	12%	Special cause of an improving nature where the measure is significantly LOWER. This process is capable and will consistently PASS the target.

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



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

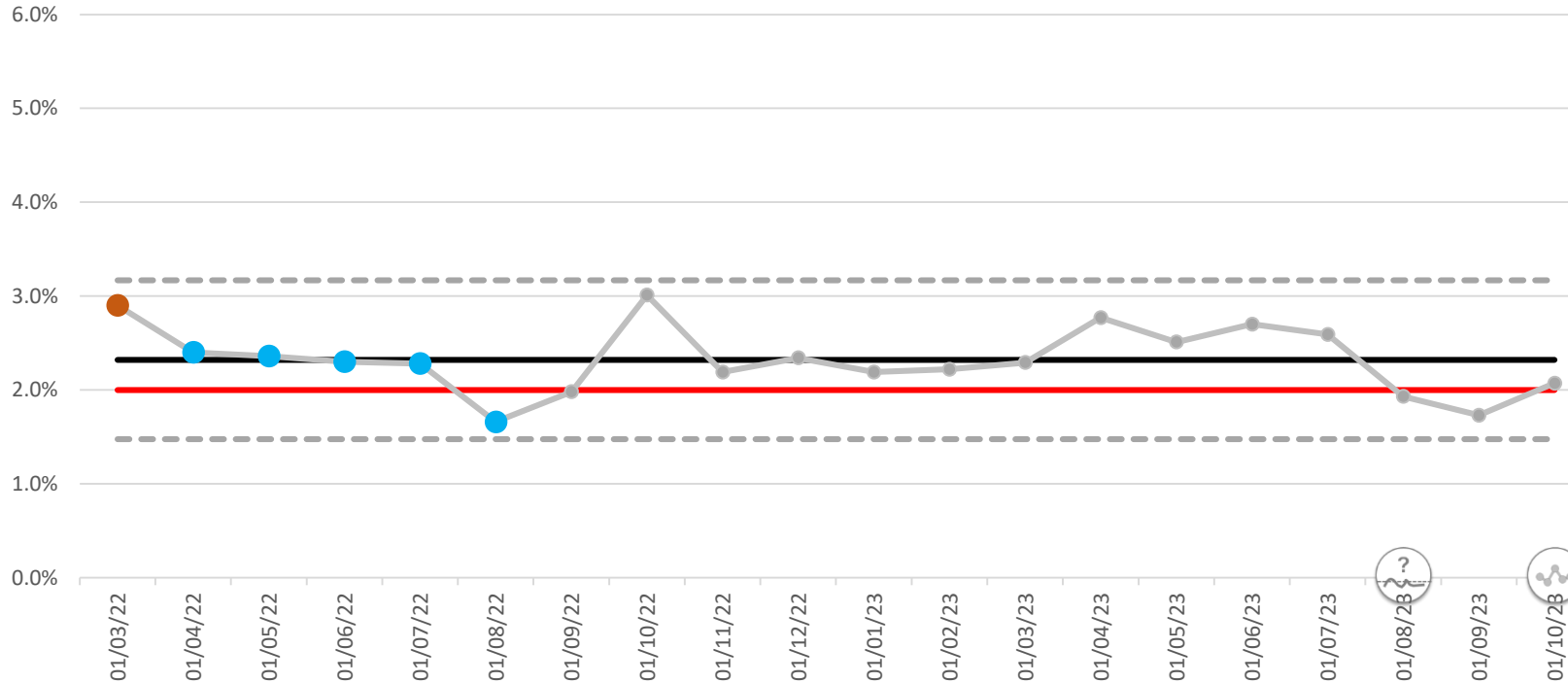
Appraisals – Combined	
<b>Issues</b>	Sustaining the target.
<b>Actions</b>	Weekly focus on compliance progress to continue.
<b>Context</b>	Second consecutive month the target has been met since pre-covid in 2019/20.



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

Mandatory Training	
<b>Issues</b>	Trainer-led courses remain under target.
<b>Actions</b>	Weekly focus on compliance progress to continue. Extra training sessions, queries support and data cleansing.
<b>Context</b>	Second consecutive month the overall target has been reached since remaining fairly static. Page 86 of 130

Data Quality - % pathways with metrics on RTT PTL



**October 2023**

**2.1%**

**Variance Type**

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

**Target**

2.0%

**Target Achievement**

Will hit and miss the target.

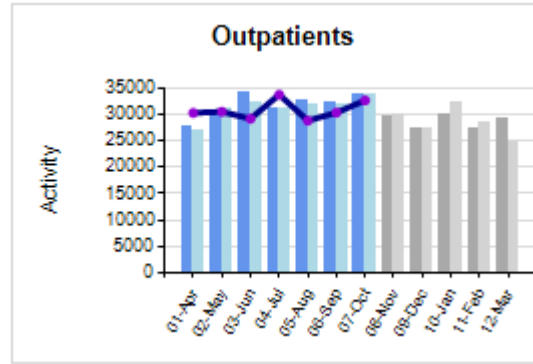
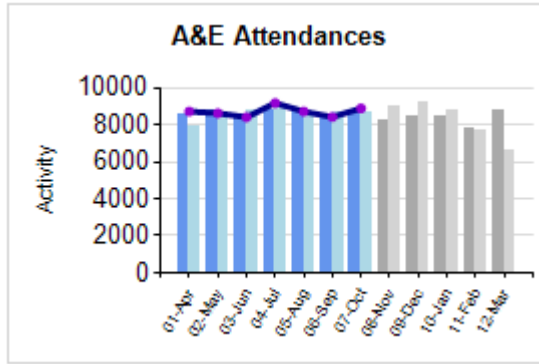
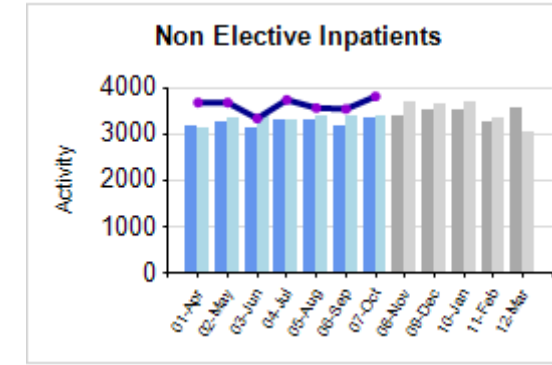
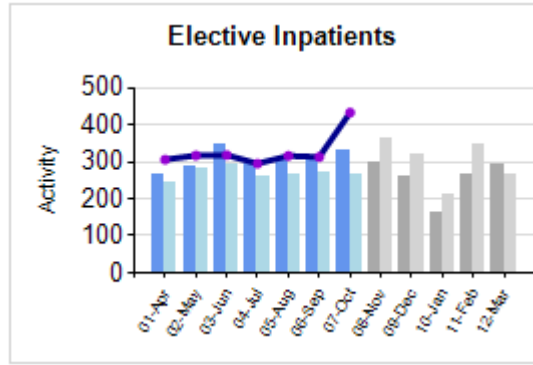
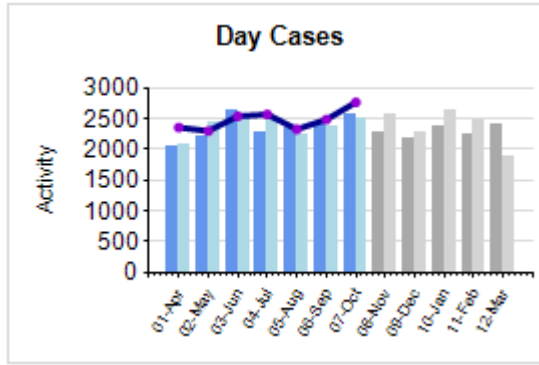
Background	What the chart tells us	Issues	Actions	Context
<p><b>2% target</b></p> <p><b>Protecting &amp; Expanding Elective Capacity Action on validation</b></p>	<p>We are currently only just above target by 0.07%, this could equate to 1 pathway.</p>	<p>Patients can have more than one pathway in the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

### 2023/24 Year to Date Activity

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

**Please note excess bed days are not included in these figures.**

Obstetric outpatient attendances are excluded as they are covered by the maternity pathway tariffs.



## Commentary

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

## Finance Performance

### October 23 Summary

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

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

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

## October 23 Summary

Performance - Financial Overview										
	Month Plan	Month Actual	Variance	Variance %	Plan YTD	Actual YTD	Variance	Variance %	Commentary	
<b>ACTIVITY LEVELS (PROVISIONAL)</b>										
Elective inpatients	329	266	(63)	-19.15%	2,139	1,880	(259)	-12.11%	<p><b>The key points derived from this table are as follows:</b></p> <ul style="list-style-type: none"> <li>The final plan approved by the Board of Directors and submitted in May is an £11.2m deficit, in the context of a South Yorkshire (SY) system balanced plan.</li> <li>As at month 7 the Trust has a consolidated year to date deficit of £4.670m against a planned deficit of £5.240m giving a favourable variance of £0.570m. NHS England (NHSE) adjusted financial performance after taking into account income and depreciation in respect of donated assets £7k and granted assets £67k, is a deficit of £4.596m with a favourable variance of £0.644m.</li> <li>The plan was set aligned to the national NHSE planning guidance, which set a planned care recovery target of 103% weighted value of 2019/20 levels of planned care delivery, supported with Elective Recovery Fund (ERF) monies. NHSE have reduced the target by 2% to take into account the impact of the Junior doctors strike in April. The month 7 position includes a £1.5m clawback of ERF monies as actual activity levels are below those required, this may be reduced to £0.6m once advice &amp; guidance overperformance is taken into account.</li> <li>In-month activity is 6.30% greater than last month, however it is 0.54% below plan for the month with non elective and other POD's favourable to plan. The acuity of patients presenting at ED and requiring admission continues to be high, with higher than usual length of stay as a result.</li> <li>Total income is £0.671m adverse to plan, mainly due to the under performance on NHS clinical income and non-NHS clinical income adverse variances for overseas visitors and road traffic accidents.</li> <li>Pay costs continue to come under pressure as a consequence of length of stay, bed occupancy and sickness levels being above target; along with increased costs of covering industrial action. October also saw the opening of the new wards and discharge lounge moving to 24/7 opening hours as part of the winter capacity plan. Non-pay costs are below plan mainly due to not delivering elective recovery activity levels and additional efficiencies.</li> <li>Non Operating Items are £0.669m above plan mainly due interest receivable being higher than expected due to higher interest rates.</li> <li>Forecast year-end position continues to be a £11.225m deficit in line with plan.</li> </ul>	
Day cases	2,561	2,514	(47)	-1.84%	16,466	16,606	140	0.85%		
Outpatients	26,173	25,368	(805)	-3.08%	172,674	168,744	(3,930)	-2.28%		
Non-elective inpatients	3,332	3,393	61	1.83%	22,577	23,318	741	3.28%		
A&E	8,811	8,711	(100)	-1.13%	60,825	60,027	(798)	-1.31%		
Other (excludes direct access tests)	17,640	18,275	635	3.60%	109,279	118,724	9,445	8.64%		
<b>Total activity</b>	<b>58,846</b>	<b>58,527</b>	<b>(319)</b>	<b>-0.54%</b>	<b>383,960</b>	<b>389,299</b>	<b>5,339</b>	<b>1.39%</b>		
<b>INCOME</b>										
	£'000	£'000	£'000		£'000	£'000	£'000			
Elective inpatients	1,138	869	(269)	-23.64%	7,391	6,700	(691)	-9.35%		
Day Cases	1,955	2,140	185	9.46%	12,611	13,365	754	5.98%		
Outpatients	3,803	3,835	32	0.84%	24,903	24,527	(376)	-1.51%		
Non-elective inpatients	8,679	8,387	(292)	-3.36%	58,704	60,978	2,274	3.87%		
A&E	1,571	1,579	8	0.51%	10,845	10,908	63	0.58%		
Other Clinical	7,776	8,388	612	7.87%	55,653	53,060	(2,593)	-4.66%		
Other	2,379	2,304	(75)	-3.15%	16,653	16,551	(102)	-0.61%		
<b>Total income</b>	<b>27,301</b>	<b>27,502</b>	<b>201</b>	<b>0.74%</b>	<b>186,760</b>	<b>186,089</b>	<b>(671)</b>	<b>-0.36%</b>		
<b>OPERATING COSTS</b>										
	£'000	£'000	£'000		£'000	£'000	£'000			
Pay	(19,361)	(19,863)	(502)	-2.59%	(133,954)	(136,960)	(3,006)	-2.24%		
Drugs	(1,661)	(2,074)	(413)	-24.86%	(11,627)	(11,602)	25	0.22%		
Non-Pay	(6,270)	(5,550)	720	11.48%	(40,823)	(37,289)	3,534	8.66%		
<b>Total Costs</b>	<b>(27,292)</b>	<b>(27,487)</b>	<b>(195)</b>	<b>-0.71%</b>	<b>(186,404)</b>	<b>(185,851)</b>	<b>553</b>	<b>0.30%</b>		
<b>EBITDA</b>										
	9	15	6	66.67%	356	238	(118)	-33.15%		
Depreciation	(645)	(651)	(6)	-0.93%	(4,415)	(4,396)	19	0.43%		
Non Operating Items	(179)	(75)	104	58.10%	(1,181)	(512)	669	56.65%		
<b>Surplus / (Deficit)</b>	<b>(815)</b>	<b>(711)</b>	<b>104</b>	<b>12.76%</b>	<b>(5,240)</b>	<b>(4,670)</b>	<b>570</b>	<b>10.88%</b>		
<b>NHSE adjusted financial performance</b>	<b>(815)</b>	<b>(697)</b>	<b>118</b>	<b>14.48%</b>	<b>(5,240)</b>	<b>(4,596)</b>	<b>644</b>	<b>12.29%</b>		

## Finance Performance

Performance - Financial Overview									Commentary
	Month	Month	Variance	Variance %	Plan	Actual	Variance	Variance %	
	Plan	Actual			YTD	YTD			
<b>Capital Programme</b>	£'000	£'000	£'000		£'000	£'000	£'000		
Capital Spend - internally funded	(631)	(312)	319	50.52%	(3,603)	(1,692)	1,911	53.03%	<ul style="list-style-type: none"> <li>The internally funded variance is across building schemes. The externally funded variance is mainly on the public dividend capital funded phase 2 community diagnostic centre. The slippage is expected to be recovered before year-end and achieve the planned £14.437m spend.</li> </ul>
Capital Spend - externally funded	(563)	(1,118)	(555)	-98.57%	(2,751)	(2,054)	697	25.33%	
<b>Statement of Financial Position (SOFP)</b>									
Inventory					2,273	1,667	606	-26.64%	<ul style="list-style-type: none"> <li>Receivables are below plan due to the timing of receipt of NHS income.</li> <li>Payables are below plan mainly due to the timing of capital creditors, partially offset by higher than expected revenue accruals.</li> <li>Other Net Liabilities are above plan due to the timing of release of expenditure provisions and deferred income being higher than expected.</li> <li>Cash balances have increased from last month by £2.145m and are £6.742m above plan, both of which are mainly due to timing of receipt of NHS income, capital programme slippage and timing of payments to capital creditors.</li> </ul>
Receivables					8,465	5,186	3,279	-38.73%	
Payables (includes accruals)					(48,486)	(47,676)	(810)	1.67%	
Other Net Liabilities					(6,550)	(8,905)	2,355	-35.95%	
<b>Cash &amp; Loan Funding</b>					£'000	£'000	£'000		
Cash					31,263	38,005	6,742	21.56%	
Loan Funding					0	0	0		
<b>Efficiency and Productivity Programme (EPP)</b>					£'000	£'000	£'000		
Income					175	908	733	418.70%	<ul style="list-style-type: none"> <li>Income schemes are above plan due to the increased interest receivable. Pay schemes are below plan mainly due to the impact of the ongoing industrial action. Non-pay schemes are above plan mainly due to procurement savings. The forecast level of savings remains £12.506m in line with plan.</li> </ul>
Pay					6,320	4,021	(2,300)	-36.38%	
Non-Pay					626	1,126	499	79.68%	
<b>Total EPP</b>					<b>7,122</b>	<b>6,054</b>	<b>(1,068)</b>	<b>-14.99%</b>	
<b>KPIs</b>									
EBITDA %	0.03%	0.05%	0.02%	-65.45%	0.19%	0.13%	-0.06%	-32.91%	<ul style="list-style-type: none"> <li>The BPPC requires all valid invoices to be paid by the due date or within 30 days of receipt of the invoice, whichever is later. Compliance has deteriorated slightly from last month and is just below the target 95% of invoices in terms of value.</li> </ul>
Surplus / (Deficit) %	-2.99%	-2.59%	0.40%	13.40%	-2.81%	-2.51%	0.30%	10.56%	
Better Payment Practice Code (BPPC)									
Number of invoices paid within target					95.0%	91.3%	-3.66%	-3.85%	
Value of invoices paid within target					95.0%	94.9%	-0.13%	-0.14%	

## 5.2. Quality & Governance Committee

### Chairs Log

For Assurance

Presented by Sheena McDonnell





**REPORT TO THE COUNCIL OF GOVERNORS** REF: **CoG: 23/12/13/5.2**

**SUBJECT: QUALITY AND GOVERNANCE CHAIR'S LOG**

**DATE:** 13 DECEMBER 2023

<b>PURPOSE:</b>		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>	✓	<i>Assurance</i>	✓
	<i>For review</i>		<i>Governance</i>	✓
	<i>For information</i>	✓	<i>Strategy</i>	

**PREPARED BY:** Gary Francis, Non-Executive Director

**SPONSORED BY:** Kevin Clifford, Non-Executive Director/Committee Chair

**PRESENTED BY:** Gary Francis, Non-Executive Director

**STRATEGIC CONTEXT**

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

**EXECUTIVE SUMMARY**

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

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

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

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

**RECOMMENDATION(S)**

The Council of Governors is asked to receive the Chair's log for the Quality & Governance Committee

<b>Subject:</b> QUALITY AND GOVERNANCE CHAIR'S LOG	<b>REF:</b>	<b>CoG: 23/12/13/5.2</b>
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### CHAIR'S LOG: Chair's Key Issues and Assurance Model

<b>Committee / Group:</b> Quality and Governance Committee (Q&G)	<b>Date:</b> 29 November 2023	<b>Chair:</b> Gary Francis
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Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
1	Quarterly Research and Development Update	<p>The Committee received the update from the Head of Research and Development (R&amp;D). For an organisation of this size there is a great deal of R&amp;D activity with plans to encourage more participation from professional groups other than medicine.</p> <p>The Head of Research and Development wishes to further align future research activity to clinical needs and inequalities in the local population (as with respiratory).</p>	Board of Directors	Assurance/Note
2	Annual NHSE Emergency Core Preparation Standards	The Committee received the latest compliance (19%) against the recently revised standards for emergency preparedness. Whilst compliance is low the Committee was advised that the revised standards have created difficulty for all trusts to demonstrate high compliance. Not all trusts in England have been involved and those who have participated have failed to meet the minimum (75%) compliance, averaging 40-60%. Mitigations were described and the team agreed to provide an update in March as it is expected the mitigations will result in greater compliance.	Board of Directors	Note the current lack of assurance.
3	Patient Safety & Harm Group (PSHG)	Note was made of the improvements in certain elements of the report, including reductions in review of out of date Trust Approved Documents (TAD) and overdue clinical incident reviews. However, the Committee stressed the need for the PSHG to maintain this momentum for the remaining TADs and overdue clinical incident reviews.	Board of Directors	Assurance/Note

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

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

## 5.3. Finance & Performance Committee

### Chairs Log

For Assurance

Presented by Sheena McDonnell



<b>REPORT TO THE COUNCIL OF GOVERNORS</b>	REF:	<b>CoG: 23/12/13/5.3</b>
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<b>SUBJECT:</b>	<b>FINANCE AND PERFORMANCE CHAIR'S LOG</b>
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<b>DATE:</b>	13 DECEMBER 2023
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<b>PURPOSE:</b>		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>		<i>Assurance</i>	✓
	<i>For review</i>	✓	<i>Governance</i>	✓
	<i>For information</i>	✓	<i>Strategy</i>	

<b>PREPARED BY:</b>	Stephen Radford, Non-Executive Director/Chair
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<b>SPONSORED BY:</b>	Stephen Radford, Non-Executive Director/Chair
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<b>PRESENTED BY:</b>	Stephen Radford, Non-Executive Director/Chair
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**STRATEGIC CONTEXT**

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

<b>EXECUTIVE SUMMARY</b>	<b>KEY:</b> £k= thousands £m = millions
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This report provides information to assist the Committee and Board in obtaining assurance regarding the finance and operational performance of the Trust and the appropriate level of governance. The November meeting was held on 30 November 2023, via Zoom.

The following topics were the focus of discussion:

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

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

**RECOMMENDATIONS**

The Council of Governors are asked to receive the Finance & Performance Committee Chair's log.

<b>Subject:</b>	<b>Finance and Performance Committee Chair's Log</b>	<b>Ref:</b>	<b>CoG: 23/12/13/5.3</b>
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**CHAIR'S LOG: Chair's Key Issues and Assurance Model**

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

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

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

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	<p><b>Waiting List:</b> The number of patients on the waiting list reduced in September 2023 to 21779 from 21921 in August and against a planning target of 14500. In October, DNA rates improved in the month at 6.8%, against a target of 6.9%. An age analysis and breakdown of the waiting list showed that areas with the longest wait lists included Orthodontics, Trauma &amp; Orthopaedics, Oral Surgery and Dermatology.</p> <p><b>Diagnostic Waits:</b> The number of patients waiting longer than six weeks increased in the month to 2.5% from 0.8% the previous month against a target of 1% (actual performance in England – 26.3%). (Ranking: England 184/432 North East &amp; Yorkshire 28/65). Industrial action through September/October has impacted on available capacity.</p> <p><b>Cancer:</b> In September, overall cancer 2-week wait time reduced in the month to 93% from 94.0% the previous month, but remains on target. The Trust performance for urgent 62-day urgent GP referrals improved in the month to 81% from 79% the previous month, but remains below the 85% target. The Faster Diagnosis - two week wait remained static at 74% is only slightly below the 75% target. From October 2023, the Trust will be adopting the recently announced change to cancer standards.</p> <p><b>Theatre Utilisation:</b> The Uncapped Main theatre utilisation in the month was 84.0% from 81.0% the previous month and against a target of 85%. Capped Theatre Utilisation at 77.4% for October and continues to slowly improve.</p> <p><b>Complaints:</b> The Trust closed 77.3% of complaints within the 40-day target in the month, a significant improvement on the 60% in the previous month and against the 90% target.</p> <p><b><u>Workforce</u></b></p> <p><b>Staff Turnover:</b> Staff turnover rate improved in the month to 9.8% from 10.1% in the previous month, and remains below the 12% target.</p> <p><b>Sickness:</b> The sickness absence rate worsened in the month to 5.5% from 5.1%, and is above the 4.5% target. Return to work interviews were completed in 38% of cases (40% in the previous month).</p> <p><b>Mandatory Training:</b> In the month this further improved to 90.9% up from 90% the previous month, and above the target of 90%.</p>		<p>Page 101 of 130</p>



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

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	<p><b>Capital Expenditure:</b> Capital expenditure for the year is £3.7m, which is £2.6m adverse to plan. The programme is expected to be recovered before year-end and achieve the planned £14.4m spend.</p> <p><b>Cash:</b> In the year-to-date, cash balances are at £38.0m against a plan of £31.2m giving a favourable variance of £6.8m which is mainly due to timing of receipt of NHS income and timing of payments to capital creditors.</p>		
<p><b>Efficiency &amp; Productivity Programme 2023-24</b></p>	<p>The Finance and Performance Committee received the latest update on the Efficiency &amp; Productivity Programme (EPP) for month seven, 2023/24 and received assurance regarding the action being taken to deliver the programme. The Committee noted that:</p> <ul style="list-style-type: none"> <li>• Month seven saw actual savings of £1.02m against a plan of £1.01m.</li> <li>• Cumulative savings to date is £6.05m against a plan of £7.12m which gives a year-to-date negative variance of £1.07m.</li> <li>• The overall programme forecast position is £12.50m against the target of £12.50m.</li> <li>• Programme recurrency rate is currently 65% a slight reduction of 1% since the last month.</li> <li>• There are currently 42 schemes in the programme with 24 schemes (further 3 since last month). at full maturity or awaiting final sign off with a value of £9.22m.</li> <li>• A review of current schemes within the programme continues to be completed monthly to ensure this provides a realistic and accurate programme forecast.</li> <li>• Key programme risks relate to ongoing industrial action and operational pressures.</li> </ul>	Board of Directors	For Information and Assurance
<p><b>Workforce Absence Insight Report</b></p>	<p>The Finance and Performance Committee received the latest Workforce Absence Insight Report and received assurance on the Trust's progress towards achievement of our key workforce performance indicators. The following key points were noted:</p> <ul style="list-style-type: none"> <li>• Total absence levels have improved to 5.2%.</li> <li>• Mental Health related absence remains the top reason and levels are deteriorating.</li> <li>• The staff group with the highest absence rate is Additional Clinical Services at 7.45%.</li> <li>• CBU1 &amp; 2 have the highest rate at 6.16% and 6.15% respectively.</li> </ul>	Board of Directors	For Information and Assurance

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
<b>Business Assurance Framework /Corporate Risk Register (BAF/CRR)</b>	<p>The Finance and Performance Committee received the latest BAF/CRR The Committee received assurance on the system of internal control and risk management within the Trust. The following key points were noted:</p> <ul style="list-style-type: none"> <li>• A total of nine BAF Risks are aligned to the F&amp;P Committee. No recommendations were made to change the risk scores.</li> <li>• The Committee noted the updated risk descriptor for BAF Risk 2598 and the additional controls for risk 2596.</li> <li>• In the CRR, three of the risks are aligned to F&amp;P. Two risked were merged (2897: risk of operational disruption due to digital system infrastructure failures and 2868: risk of interruption to the delivery of clinical services due to ICT system failures due to air conditioning failures) into one new risk (2976: Risk of major operational/service disruption due to digital system infrastructure and air conditioning failures).</li> </ul>	Board of Directors	For Information and Assurance
<b>Trust Objectives 2023/24 Progress Report</b>	<p>The Finance and Performance Committee received/reviewed the latest Trust Objectives progress report prior to its submission to Trust Board and commended the team on content/format. It was noted that ongoing industrial action and ongoing operational/financial pressures may impact on work associated with the Trust objectives. Any changes identified in the meeting were included in the report prior to its submission to Board.</p>	Board of Directors	For Information and Assurance
<b>National Cost Collection (NCC)</b>	<p>The Finance and Performance Committee received/reviewed a paper on the National Cost Collection (NCC) system that has been introduced to help move away from using average costs (Reference Costs) for patient level costing (PLiCs). The Board assurance process has been updated to reflect the importance of cost submissions, as the data collected through the NCC is the source data for work by the Model Health System.</p> <p>The Finance and Performance Committee under delegated authority from the Board, approved the plan, proposed submission resourcing and reporting process to allow the NCC Submission to be signed off by the Deputy Director of Finance.</p> <p>The second report will be a brief confirmation of the submission report once this has been made on 11 December 2023.</p>	Board of Directors	For Information and Assurance

Agenda Item	Issue	Receiving Body	Recommendation / Assurance / mandate
<b>ICT Strategic Programme Quarterly Update</b>	<p>The Finance and Performance Committee received the report providing an update on key ICT based strategic projects and funding, and gained assurance on the delivery of the current programme. Key information provided included:</p> <ul style="list-style-type: none"> <li>• Strategic Clinical Digital Projects updates.</li> <li>• Full Investment Agreement Bid for F&amp;P for £2,104K of Frontline Digital Funding.</li> <li>• Business Case for Patient Flow System for ratification.</li> <li>• Power Outage and Infrastructure Report from Sudlows and action plan.</li> </ul>	Board of Directors	For Information and Assurance
<b>Digital Steering Committee Terms of Reference</b>	The Finance and Performance Committee received and reviewed the Terms of Reference for the Digital Steering Committee. The Committee approved the Terms of Reference.	Board of Directors	For Information and Assurance
<b>NHSE MDF Digital Funding Update</b>	The Finance and Performance Committee were asked to review and note the Investment Agreement bid to be for 2023/24 against the Minimum Digital Foundation allocation for the Trust. The Investment agreement template for 2023/24 has now been published by NHS England and completed in draft. The template shows a list of projects that includes the Patient Flow solution for which a separate business case has been completed and totals £2.1m. Once this submission has received all required approvals it will be submitted to NHS England in November 2023.	Board of Directors	For Information and Assurance
<b>Power Outage Incident &amp; Air Conditioning</b>	The Finance and Performance Committee received and reviewed the report/action log from Sudlows and the Trust. This followed the power outage incident on 12 May 2023 and the air con issue on 28 May 2023. The Committee were assured of actions that had been implemented or are planned to be completed by 2024. The Committee noted that a high risk is registered on the corporate risk register risk id: 2976 relating to this matter.	Board of Directors	For Information and Assurance

Agenda Item	Issue	Receiving Body	Recommendation / Assurance / mandate
<b>Winter Plan Update</b>	<p>The Finance and Performance Committee received and reviewed the Winter Plan for 2023/24. The Committee received assurance on the proposed approach, plan and content of the Winter plan. It was noted that:</p> <ul style="list-style-type: none"> <li>• The purpose of this plan is to provide a strategic overview of the arrangements in place in Barnsley to enable the effective delivery of health services for our patients throughout the winter period.</li> <li>• It focuses on meeting the needs of the population over the winter period and responding to the anticipated winter pressures.</li> </ul>	Board of Directors	For Information and Assurance
<b>Sub Group Logs</b>	<p>The Finance and Performance Committee received the following sub-group logs/updates:</p> <ul style="list-style-type: none"> <li>• Executive Team - Noted</li> <li>• Capital Monitoring Group - Noted</li> <li>• Trust Operations Group - Noted</li> <li>• CBU Performance Meeting - Noted</li> <li>• Digital Steering Group - Noted</li> <li>• Data Quality Group - Noted</li> <li>• Information Governance Group - Noted</li> </ul>	Board of Directors	For Information and Assurance

## 5.4. Peoples Committee Chairs Log

For Assurance

Presented by Sheena McDonnell



<b>REPORT TO THE COUNCIL OF GOVERNORS</b>	REF:	<b>CoG: 23/12/13/5.4</b>
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<b>SUBJECT:</b>	<b>PEOPLE COMMITTEE ASSURANCE REPORT</b>
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<b>DATE:</b>	13 DECEMBER 2023
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<b>PURPOSE:</b>		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>	✓	<i>Assurance</i>	✓
	<i>For review</i>		<i>Governance</i>	✓
	<i>For information</i>	✓	<i>Strategy</i>	

<b>PREPARED BY:</b>	Sue Ellis, Non-Executive Director / Committee Chair
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<b>SPONSORED BY:</b>	Sue Ellis, Non-Executive Director/ Committee Chair
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<b>PRESENTED BY:</b>	Sue Ellis, Non-Executive Director/ Committee Chair
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**STRATEGIC CONTEXT**

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

**EXECUTIVE SUMMARY**

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

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

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

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

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

**RECOMMENDATION(S)**

The Council of Governors are asked to receive the Chair’s log for the People Committee.

<b>Subject:</b> PEOPLE COMMITTEE ASSURANCE REPORT	REF:	CoG: 23/12/13/5.4
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### CHAIR'S LOG: Chair's Key Issues and Assurance Model

<b>Committee / Group:</b> People Committee (PC)	<b>Date:</b> 28 November 2023	<b>Chair:</b> Sue Ellis
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Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
1	Internal Audit - Absence management with focus on long term absence in one staff group, Additional Clinical Services	<p>The meeting was attended by Lianne Richards of 360 Assurance to present the internal audit report on long term sickness absence management. The grading was noted as 'Limited Assurance' and the Committee heard that this had been discussed at the People and Engagement group (PEG) at its November meeting. The report itself was welcomed to highlight areas of concern in management practice and lack of adherence to the current sickness absence policy.</p> <p>The resulting actions are:</p> <ul style="list-style-type: none"> <li>• Refreshing and publicising the HR policy further.</li> <li>• To introduce regular audits internally.</li> </ul> <p>A small sub group has been set up to create a robust training package and toolkit for line managers to support the launch of the revise policy. It was agreed that the feedback would come to the Committee in January with expectation that four of the five actions identified in the report would be completed by then.</p>	Board of Directors	Assurance/Note
2	Board Assurance Framework/Corporate Risk Register	The discussion focused on the risks relevant to the People Committee and an amendment was drawn out to the definition of one of the BAF terms. Otherwise BAF and the risk levels for relevant Corporate risks were unchanged and noted.	Board of Directors	Assurance/Note
3	Committee Terms of reference	Following the committee effectiveness review activity, a short meeting had taken place to review the Terms of Reference.	Board of Directors	Assurance/Note



Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
		Following further comments and clarification, it was agreed that the Terms of Reference would be further reviewed and would come back to the January People committee. All Committees revised Terms of Reference would be forwarded for Board approval together for consistency.		
4	Workforce Insight Report	<p>Updated workforce performance indicators to the period up end of September 2023, as also in IPR documents, show:.</p> <ul style="list-style-type: none"> <li>• Sickness absence figures continue at 5.2%.</li> <li>• Mandatory training overall compliance rate is 92% at the end November.</li> <li>• Appraisals figure is 93% at the end of November.</li> <li>• Staff turnover is continuing to improve at 10.1% and the retention rate has exceeded 90%.</li> </ul> <p>In the light of the sickness absence audit, it was recognised that further work was required and for mandatory training the focus will now be on sustaining above the 90% target.</p>	Board of Directors	Assurance/Note
5	Equality, Diversity and Inclusion Annual Report	Pauline Garnet, Head of Inclusion and Wellbeing, and Roya Pourali, Inclusion and Wellbeing Lead, attended to present this report which summarised the information from the WRES and the WDES as well as other engagement activity taking place. The activity and paper were well received and agreed could be placed on the Trust website.	Board of Directors	Assurance/Note
6	Organisational Development and Culture (OD) Strategy	Tim Spackman, Head of Leadership and Organisational Development attended to present this document. It has now advanced following consultation and was presented for approval. It was agreed as a coherent drawing together of the Trust's strategic direction for our people in the OD strategy under the 3 main elements of evolving our culture, leading well and living up	Board of Directors	Assurance/Note

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

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
		<ul style="list-style-type: none"> <li>• People and Engagement Group.</li> <li>• CBU performance review meeting.</li> </ul>	Directors	
12	Work Plan	Usual work plan review took place.	Board of Directors	Assurance/Note

## **5.5. Audit Committee Chairs Log**

For Assurance

Presented by Sheena McDonnell



<b>REPORT TO THE COUNCIL OF GOVERNORS</b>	REF:	<b>CoG: 23/12/13/5.5</b>
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<b>SUBJECT:</b>	<b>AUDIT COMMITTEE CHAIR’S LOG</b>
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<b>DATE:</b>	13 DECEMBER 2023
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<b>PURPOSE:</b>		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>	✓	<i>Assurance</i>	✓
	<i>For review</i>	✓	<i>Governance</i>	✓
	<i>For information</i>		<i>Strategy</i>	

<b>PREPARED BY:</b>	Nick Mapstone, Chair of the Audit Committee
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<b>SPONSORED BY:</b>	Nick Mapstone, Chair of the Audit Committee
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<b>PRESENTED BY:</b>	Nick Mapstone, Chair of the Audit Committee
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**STRATEGIC CONTEXT**

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

**EXECUTIVE SUMMARY**

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

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

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

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

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

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

**RECOMMENDATIONS**

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

<b>Subject:</b>	<b>AUDIT COMMITTEE ASSURANCE REPORT</b>	<b>Ref:</b>	<b>CoG: 23/12/13/5.5</b>
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### CHAIR'S LOG: Key Issues and Assurance

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

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

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

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



6. Partnership Working - Presented by  
Louise Tuckett  
For Assurance



# The Rotherham NHS FT and Barnsley Hospitals NHS FT

## Partnership Update

**Council of Governors**

**13<sup>th</sup> December 2023**

Louise Tuckett

- 1** Partnership on a page
- 2** Governance Update
- 3** Partnership Programme Update

# Our Barnsley and Rotherham Partnership

## Purpose Statement

**The Partnership between Barnsley and Rotherham will create mutual benefit out of increased collaborative working, by ensuring we are learning from and supporting each other in order to deliver improved services for our patients, better opportunities for our colleagues and greater impact for our communities.**

### Why are we working in partnership?

- Working in partnership and sharing a Chief Executive with another nearby DGH, gives our organisations a more **powerful collective voice** in system-level discussions than we would otherwise have – Barnsley and Rotherham’s combined populations are close to the size of Sheffield
- Each Trust has strengths that we can learn from, and use to mutual benefit. This also enables us to become **stronger as individual organisations.**

### Where are our opportunities to work together?



#### Clinical Services

- We’ve established a Joint Gastroenterology service and are currently exploring the potential for a Joint Haematology service



#### Innovation and Efficiency

- With new innovation and technology constantly being introduced into the NHS, we will review how we introduce this collectively to support our patients



#### Corporate Teams

- We have appointed a Joint Director of Corporate Governance and a Joint Director of Communications and we know there are further opportunities for us to do things once rather than twice



#### Learning and Development

- We are implementing a divisional senior leadership development programme across both trusts so our leaders can grow and learn together. Our QSIR programme includes colleagues from both trusts.

	Objective	Core Attendees
<p><b>Joint Strategic Partnership Group</b></p> <p>Quarterly</p>	<ul style="list-style-type: none"> <li>Works on behalf of both Trust Boards to have oversight on the <b>development of the joint partnership</b></li> <li>Board-level <b>assurance of impact</b> of the partnership</li> </ul>	<ul style="list-style-type: none"> <li>Chairs (TRFT and BHFT)</li> <li>Joint Chief Executive</li> <li>Managing Directors (TRFT and BHFT)</li> <li>One Non-Executive Director</li> </ul>
<p><b>Joint Executive Delivery Group</b></p> <p>Monthly</p>	<ul style="list-style-type: none"> <li>Works on behalf of both Trust Executive Teams to drive the <b>delivery of the joint partnership programme</b></li> </ul>	<ul style="list-style-type: none"> <li>Joint Chief Executive</li> <li>Managing Directors (TRFT and BHFT)</li> <li>Director of Strategy, Planning &amp; Performance</li> <li>Assistant Directors of Strategy, Planning &amp; Delivery</li> <li>Joint Director of Corporate Affairs</li> <li>Chief Operating Officers</li> <li>Medical Directors</li> </ul>
<p><b>Joint Executive Team</b></p> <p>Quarterly</p>	<ul style="list-style-type: none"> <li>Agreement of <b>joint approach</b> over issues relevant to the partnership; enables <b>shared learning and development</b></li> </ul>	<ul style="list-style-type: none"> <li>Full Executive Teams</li> </ul>
<p><b>Joint Senior Leaders</b></p> <p>3 x per annum</p>	<ul style="list-style-type: none"> <li><b>Collaborative development; relationship-building</b> and shared approaches</li> </ul>	<ul style="list-style-type: none"> <li>Senior Leaders members from both Trusts</li> </ul>

# PARTNERSHIP PROGRAMME TO DATE

## Joint Leadership Development

Value Circle have been appointed to deliver the 12 month Divisional Triumvirate Leadership Programme, with the launch taking place on 10<sup>th</sup> November

## Joint Director of Corporate Affairs

Individual in post. Arrangements commenced in February 23 as temporary and now confirmed as permanent

## Joint Director of Communications

Joint Director of Communications confirmed, with arrangements due to start from February 2024

## Health Inequalities

Public Health consultant been appointed at TRFT based on BHFT model. Peers working closely together to ensure shared approach.

## Joint Objectives

Both Trusts have made reference to the collaboration in their operational objectives

## Joint Gastroenterology Service

The Joint Gastroenterology Service is now established as part of BAU after successful delivery of the programme

## Integrated Histology Service

Service went live in April 23

## Haematology Partnership

A Haematology partnership exploration programme has recently launched with a 'kick off' engagement event taking place in October 23

## Sustainability Reviews

Sustainability reviews undertaken at both organisation to support identification of further opportunities

## Graduate Trainees

Successful application across both organisation with 4 trainees allocated

# And so much more...

BHNFT Veterans Covenant  
Healthcare Alliance  
accreditation

Joint Winter Planning  
Workshop

Alignment of medical  
staffing rates

Consistent  
external-facing  
Trust websites

Chief Pharmacist joint  
support

# Partnership Working



**Veterans Aware Accreditation**



**Haematology Partnership Workshop**



## **7. Work Plan 2023-2024 - Verbal update**

Update

Presented by Sheena McDonnell

## 8. Any Other Business

Presented by Sheena McDonnell

## 9. To Discuss any other Matters of Business including Matters raised by the Public

To Note

Presented by Sheena McDonnell

Date and time of next meeting: Thursday  
8 February 2023, 3.30 pm venue to be  
confirmed

To resolve that representatives of the press and other members of the public be excluded from this meeting having regard to the confidential nature of the business to be transacted publicly on which would be prejudicial to the public interest in accordance with 8.13.2 and 8.13.3 of the Trusts Constitution