



Council of Governor Meeting

Schedule	Wednesday 14 May 2025, 2:00 PM — 3:30 PM BST
Venue	Via Teams
Notes for Participants	Quoracy: 10 Governors including 6 public, 1 partner and 1 staff
Organiser	Andrea Spencer

Agenda

2:00 PM	1. Introduction Presented by Sheena McDonnell	(5 mins)	1
	1.1. Welcome & Apologies Presented by Sheena McDonnell		2
	1.2. Declarations of Interest Presented by Sheena McDonnell		3
	1.3. Quoracy Presented by Sheena McDonnell		4
	1.4. Minutes from Previous Meeting held on 22 January 2025 For Approval - Presented by Sheena McDonnell		5
	1.5. Action Log For Approval - Presented by Sheena McDonnell		15
2:05 PM	2. Key Updates For Information/Note	(60 mins)	17



- 2.1. Simon Enright - CEO Update 18
Sheena McDonnell - Chairs Update

Non- Executive Director Updates

Kevin Clifford - People Committee
Gary Francis - Quality & Governance Committee
Nicky Clarke - Charitable Trustees Board
Nicky Clarke - Finance & Performance Committee
Nicky Clarke - Audit Committee
Rob McCubbin- Barnsley Facilities Services

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- 3:05 PM 2.2. Partner Governor & Local Authority Updates (20 mins) 38

Barnsley College
Barnsley Facilities Services (BFS)
Barnsley Football Club Charity
Fareshare Yorkshire
JTUC
Sheffield Hallam University
Sheffield University
For Information/Note

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3. Board and Assurance Committees 39

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- 3.1. Board of Directors Agenda 40
For Information - Presented by Sheena McDonnell

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- 3.2. Public Board of Directors Minutes 46
For Information - Presented by Sheena McDonnell

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- 3.3. Integrated Performance Report 58
For Information - Presented by Sheena McDonnell

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- 3.4. Quality & Governance Chairs Log 94
For Information - Presented by Sheena McDonnell
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	3.5. Finance & Performance Chairs Log	99
	For Information - Presented by Sheena McDonnell	
	3.6. People Committee Chairs Log	104
	For Information - Presented by Sheena McDonnell	
	3.7. Audit Committee Chairs Log	111
	For Information	
3:25 PM	4. Any Other Business (5 mins)	118
	Presented by Sheena McDonnell	
	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	119
	The next meeting (Annual General Meeting) is scheduled for 10 September 2025, 1.30pm-3.30pm, Location To Be Confirmed	120

1. Introduction

Presented by Sheena McDonnell

1.1. Welcome & Apologies

Presented by Sheena McDonnell

1.2. Declarations of Interest

Presented by Sheena McDonnell

1.3. Quoracy

Presented by Sheena McDonnell

1.4. Minutes from Previous Meeting held on 22 January 2025

For Approval

Presented by Sheena McDonnell



COUNCIL OF GOVERNORS MEETING
Minutes of the meeting held 22 January,
On-line via Teams

PRESENT:

Sheena McDonnell	Trust Chair
Tom Wood	Lead Governor
Robert Lawson	Public Governor
Chris Millington	Public Governor
Jenny Platts	Public Governor
Phil Hall	Public Governor
Jonathan Williams	Partner Governor
Kieron Campbell	Partner Governor
Dianne Mansfield	Public Governor
Phil Carr	Public Governor
Malcolm Gibson	Public Governor
Martin Jackson	Partner Governor
Andy Martin	Partner Governor
Wissam Al Ahmad	Staff Governor

IN ATTENDANCE:

Richard Jenkins	Chief Executive
David Plotts	Non-Executive Director
Gary Francis	Non-Executive Director
Kevin Clifford	Non-Executive Director
Nicky Clarke	Non-Executive Director
Alison Knowles	Non-Executive Director
Godfrey Mugoti	Deputy Director of Corporate Affairs
Lindsay Watson	Corporate Governance Officer
Angela Wendzicha	Director of Corporate Affairs
Andrea Spencer	Membership and Engagement Officer (minutes)
Godfrey Mugoti	Deputy Director of Corporate Affairs

APOLOGIES:

Stephen Radford	Non-Executive Director
Roy Richardson	Public Governor
Nigel Bullock	Staff Governor
Jo Newing	Local Authority Governor
Margaret Sheard	Public Governor
David Akeroyd	Partner Governor
Ann Wilson	Public Governor
Michelle Marshall	Partner Governor
Graham Worsdale	Deputy Lead Governor

25/27	Welcome and Apologies	
	Apologies were noted as above.	

25/28	Declarations of Interest No declarations of interest were made.	
25/29	Quoracy The meeting was quorate.	
25/30	Minutes of the Previous Meeting held on 10 October 2024 The minutes from the meeting held on 10 October 24, were agreed as an accurate record of the events.	
25/31	Action Log The action log was complete.	
25/32	CEO Update/Chairs Update/Lead Governor Update/Non-Executive Updates Richard Jenkins, as outlined below: Richard Jenkins, CEO, provided updates on winter virus infections, performance challenges, and the Trust's efforts to improve elective care and cancer performance. He also mentioned the Trust's success in attracting newly qualified nurses and ongoing partnerships with other Trusts. <ul style="list-style-type: none"> • Winter Virus Infections: Richard reported on the winter virus infections, noting that flu was the main issue, causing high attendance at the Trust and staff sickness. He mentioned that that number of flu infections were now on the decline. • Performance Challenges: Richard discussed the performance challenges faced during winter, with high attendances through the emergency department and the impact on performance. He noted that the Trust's performance for the last reported month was 61%. • Elective Care: Richard highlighted the Trust's success in elective care, with an 18-week referral to treatment performance at 75%, ahead of the national target of 65% for the next financial year. The Trust aimed to eliminate 52-week waits by the end of the year. • Cancer Performance: Richard mentioned difficulties in cancer performance, particularly in the 31-day treatment standards related to skin services, which have been resolved. Richard expected performance to settle down as the staffing issue had been addressed. • Newly Qualified Nurses: Richard shared the Trust's success in attracting newly qualified nurses, with 48 new colleagues joining recently. He emphasized the importance of maintaining nursing numbers in the coming years. • Staff Survey Results: Richard mentioned the receipt of staff survey results from the Picker group, which could not be discussed in public due to the embargo but an outline of which could be shared in private. • Partnerships and Collaborations: Richard highlighted ongoing partnerships with other Trusts, including development programs for senior leaders and collaboration with the GP Federation. 	

- **Development Programs:** Richard mentioned the development program for senior leaders, including the Triumvirates who lead clinical business units. The program was now moving to the next tier of management, focusing on line managers who had the biggest impact on staff.
- **GP Federation Collaboration:** Richard highlighted the Trust's collaboration with the GP Federation, including a constructive meeting with the GP Federation leadership to discuss joint working.
- **Duke of Edinburgh Visit:** Richard shared details of the Duke of Edinburgh's visit to the community diagnostic Centre, which was well-received by staff and patients.

Chris Millington, Public Governor, provided positive feedback with regards to the new nursing intake and the Cancer wait time.

Jenny Platts, Public Governor, congratulated staff with regard to the CQC survey results.

Sheena McDonnell, Trust Chair provided the following information:

- **Out of Hours Visit:** Sheena shared her experience of an out-of-hours visit to the Trust with Mr Simon Enright (Medical Director), where they observed the differences in service provision outside of normal hours. Sheena found the visit to be enlightening and valued the candid and positive feedback from colleagues.
- **Health on the High Street:** Sheena provided an update on the Health on the High Street project, with the first phase involving the ophthalmology service moving into the Alhambra shopping centre. Sheena mentioned that the project would involve multiple partners providing health and well-being services at the Alhambra centre. The Trust would keep the governors updated on the progress and the organisations involved. Sheena noted that there had been public engagement around the ophthalmology services moving to the Alhambra centre.
- **Remembrance service** – Sheena had attended the service and noted how well attended it was by both colleagues and local services
- **NHS 10-year plan** – was due in May and members of the public and organisations had been asked to contribute. The Trust would hold an event in February in order for colleagues to contribute.
- **Long Service Awards** – Sheena highlighted the humbling experience of the long service awards where colleagues spoke about their service and commitment to the public. Mr Simon Enright received his award at the ceremony.

Chris referred to the Health on the High Street Insight session and asked if he could share the information with the GP Practices he interacts with. Sheena confirmed that Chris could talk about the ambitions and information shared but asked for specific plans not to be shared at that point.

Kevin Clifford provided the following update from People Committee:

Kevin provided an update on the People Committee's recent activities, including discussions on CBU (Clinical Business Unit) updates, the Work Starts insight report, and the revised workplace stress policy.

- **CBU Updates:** Kevin mentioned that the People Committee had been

trying to obtain meaningful updates from the CBUs, but clinical pressures had been a challenge. The committee aimed to be more closely aligned with the CBUs.

- **Workforce Insight Review:** Kevin discussed the Workforce Insight Review, which was the people version of the IPR (Integrated Performance Report) The report was developing month by month and had been well-received, provoking a lot of conversation.
- **Workplace Stress Policy:** Kevin mentioned that the committee received and approved the revised workplace stress policy, which focused on the management of workplace stress.
- **Recruitment and Onboarding:** Kevin provided an update on the recruitment and onboarding audit, which received limited assurance. Progress had been made, but the committee did not feel ready to sign it off as complete.

Chris asked what the flu vaccination uptake had been. Richard advised that figures were lower than pre-pandemic with a general resistance and apathy from NSH staff regarding vaccination. The Trust planned to seek information from Trusts who had achieved good uptake to try and mirror their success and improve for next year.

Gary Francis provided the following update from Quality & Governance Committee:

Gary provided an update on the Quality and Governance Committee's activities, including the limited assurance received for CBU 3, the health and safety annual report, and the ongoing work to address violence and aggression.

- **CBU 3 Assurance:** Gary mentioned that CBU 3 received limited assurance from 360 Assurance regarding governance arrangements. A gap analysis was conducted for CBUs 1 and 2, identifying areas for improvement, including information sharing and meeting attendance.
- **Health and Safety Report:** Gary discussed the 2024 annual health and safety report, highlighting the focus on violence and aggression. Measures were being taken to identify and manage aggression within and outside the organization.
- **Maternity Services:** Gary mentioned the receipt of the Maternity Services Board report and the Maternity Services Survey review for 2024. Despite pressures, the report was impressive, and the team were working on an action plan to address areas for improvement.
- **Urgent and Emergency Care Survey:** Gary noted that the committee would receive an action plan in response to the CQC urgent and emergency care survey results.
- **Phlebotomy Service Access:** Gary and Richard discussed the challenges in phlebotomy service access due to GP industrial action and the Trust's efforts to address the increased demand.

Phil Carr asked if colleagues at A&E were safe. Gary confirmed that measures were in place to improve security further.

Jenny commented that it was good to see that falls and pressure ulcer incidences were reducing.

Jenny asked for information regarding the pressures on the Community

Diagnostic Centre (CDC). Gary confirmed that this was due to some GP's working to their contract which meant they didn't take blood tests. Richard confirmed that GP's were not paid to take bloods and some practices had therefore started to refer people to the CDC. This had posed capacity issues at the CDC. Ultimately, the ICB needed to decide where the responsibility lay for blood tests and apply funding accordingly.

Nicky Clarke provided the following update from Charitable Trustees Board

- The annual accounts were signed off for 2023/2024.
- The current fund was sitting at 2.9 million with a proportion of funds earmarked for Health on the High Street project.
- The 'Make a Memory' Appeal had now closed with the next fund-raising campaign centred around Breast Cancer Awareness.

Alison Knowles provided the following update from Finance & Performance

Alison provided an update on the Finance and Performance Committee's activities, including the Green Action Plan, business cases for emergency department staffing and Health on the High Street phase two, and the IT quarterly update.

- The committee received an update on the Green Action plan for the Trust and there had been significant progress with 49 projects across 10 work streams with 45 assessed as green and four as amber. Strong clinical leadership across the Trust was noted.
- Energy Efficiency Improvements – 98% of the Trust had been retrofitted with LED lighting funded by NHS Energy Efficient fund.
- The introduction of new oxygen masks had saved 1.25 tonnes of carbon
- Six new public/visitor EV charging points had been installed
- Through partnership with Barnsley Metropolitan Borough Council (BMBC) five staff members had been offered the opportunity to own a free electric bike.
- Two business cases were approved in quarter three, the first of which was the Emergency Department (ED) medical staffing. Additional staffing to the four clinical streams within ED which would help meet demand. This would reduce reliance on agency and bank staffing and also aim to improve performance against the four-hour standard. It would take approximately six months to recruit the staff.

During quarter three, the committee took over responsibility from the Quality and Governance Committee for Business Security with the following updates provided:

- Mandatory training was at 90.35%
- The Hospital Watchway Project had been successfully implemented with CCTV cameras covering the main route from the Trust to Barnsley town centre.
- The business security team had been shortlisted for four National Association of Healthcare Security awards.
- An update on the National Risk Register had prompted a discussion on cyber-security within the Trust. The committee would receive the annual

assurance audit on cyber security and data resilience in Quarter 4.

- The Trust submitted its self-assurance against the national core standard for Emergency Planning and achieved 80% compliance. This was a significant improvement on the previous year.

Alison noted the pressures being experience in the Emergency Department from increased demand. The committee received a deep dive in November regarding these services looking at how the Trust was working to improve the flow of patients through the Emergency Department and also how to increase access to primary care so that patients would not necessarily need to attend the emergency department.

The committee received a business case for the second phase of Health on the High Street. Phase 2 would bring Dermatology, Rheumatology and Orthotics to the Alhambra Centre in 2026. The new facility would increase capacity to manage the anticipated increase in demand over the next 15 years

The ICT Quarterly update provided the following information:

- Significant progress had been made by the Team and updates received regarding the clinical digital projects and procurements underway.
- A new patient flow system would be implemented in Quarter 4.
- At the end of Quarter 4 the pharmacy stock control system would be updated.
- There had been a new clinical system introduced in the Emergency Department.
- The Trust Digital Maturity Assessment had been completed which was overall very good and had identified areas of strength as well as areas for action.

Phil Carr asked if staff were asked about how they would handle a cyber security breach. Alison confirmed that Governance training (including cyber security) was undertaken by all colleagues and was mandatory. The second approach was that the Trust employed 'mystery shoppers' who tested the Trust security system and would try to breach the systems to ensure adequate processes were in place to handle such a breach.

Alison Knowles provided the following update on behalf of the Audit Committee

Alison, on behalf of Stephen Radford provided an update on the Audit Committee's activities, including internal audit reports, local counter fraud reports, and the updated Trust policy on counter fraud, bribery, and corruption.

- The Audit of the Asset Register resulted in an opinion of significant assurance.
- The Audit of Capital resulted in a moderate assurance opinion with no significant weaknesses recorded in either audit.
- The committee also received updates from the Executive Team Lead regarding the limited assurance audits – CBU3 Governance and Recruitment/Onboarding. The committee was assured that progress was being made with regard to implementing the Audit Committee recommendations.
- Terms of reference had been agreed for Charitable Funds, Medicine Management and NHS Staff Survey.

	<ul style="list-style-type: none"> • The Counter Fraud Service (CFS) had issued 5 local alerts and three fraud investigations had been completed or closed, one of which resulted in a member of staff resigning from the Trust. • Two single tender waivers had been requested and approved relating to consulting services for the Acute Federation and Specific Software support. • The losses and special payments report had been received at committee and in the main related to unpaid invoices due for payment by overseas visitors to the UK. • The Trust policy on Counter Fraud, Bribery and Corruption had been approved by the Audit Committee. <p>David Plotts, provided the following update from Barnsley Facilities Services (BFS):</p> <p>David provided an update on Barnsley Facility Services' activities, including the acquisition of Hilder House, ISO accreditation, solar panel installation, and various ongoing projects.</p> <ul style="list-style-type: none"> • The acquisition of Hilder House was complete, and work was ongoing with regards to how best to utilise the site. • BFS received accreditation for ISO9001 and 14001 • BFS had been awarded £677,000 grant for the installation of solar panels with estimated savings of up to £80K per year. • Work on the Education Centre upgrade was well underway with an anticipated completion date of May 2025 • Theatre expansion work had commenced on 6 January 2025 • All of the companies involved in the expansion works were South Yorkshire based. • The BFS Security Team had been shortlisted for a National Award. • The Outpatients Pharmacy were delivering consistent month on month improvement with a target wait time of 30mins close to being achieved. <p>Jenny praised the work done especially with regard to the solar panel investment.</p> <p>Phil Carr asked if there was a plan to refurbish more of the Trust wards. Richard advised that work had begun with regards to planning ward refurbishments and what that would entail and how it would be achieved over a 10-year period.</p>	
25/33	<p>Governor Elections – Verbal update</p> <p>Angela Wendzicha, Director of Corporate Affairs, noted that there were 7 public vacancies, one of which was out of area. The Trust had received more candidates than it had vacancies which had meant the membership had been asked to vote. Voting closed on 30 January. Governors would be updated once the results were declared. Angela thanked Governors for their work in promoting membership and the role of Governor to the public.</p>	
25/34	<p>Fare Share Yorkshire – presented by Jonathan Williams</p> <p>Jonathan provided an update on Fairshare's activities, including their efforts to</p>	

	<p>intercept surplus food, the need for more volunteer drivers, and the availability of their training kitchen for charities.</p> <p>Jonathan confirmed that Fare Share Yorkshire were actively seeking volunteer drivers including sorting, picking and packing surplus food from companies. Jonathan advised that the Fare Share Yorkshire training kitchen offered free training to charities who were offering food as part of their portfolio within a community setting.</p> <p>Jonathan shared information that his father had recently collapsed and had been admitted to the Trust. Jonathan advised that the care his father had received was fantastic and that he was incredibly impressed.</p> <p>Jenny asked if the Trust still offered food parcels when people were discharged from the Trust back home.</p> <p>ACTION – Check if the Trust offer food parcels to discharged patients</p>	ACS
25/35	<p>Barnsley FC Charity – presented by Kieron Campbell</p> <p>Kieron provided an update on Reds in the Community's activities, including their recent award for Charity of the Year, social impact assessment, and various community programs.</p> <p>Kieron noted that some of the programmes on offer to the public included pre- and post-natal support as well supporting new Dads. The Fit Reds initiative had continued to grow and was reaching more people through out the borough. Kieron added that work had begun in relation to supporting the Veterans Forum in conjunction with the Trust.</p> <p>Sheffield Hallam University- presented by Andy Martin</p> <p>Andy advised that the University had recently undergone a major restructuring with multiple departments now merged in to one. Even though the restructuring has been challenging, the aspiration was to provide learning packages that would support all of the learners.</p>	
25/36	<p>Public Board of Directors Agenda 5 December 2024</p> <p>The Board of Directors agenda was noted.</p>	
25/37	<p>Public Board of Directors Minutes 3 October 2024</p> <p>The minutes of the Public Board of Directors were noted.</p>	
25/38	<p>Integrated Performance Report, Q&G Chairs Log, F&P Chairs Log, People Chairs Log, Audit Committee.</p> <p>Sheena invited questions around the IPR, The documents were provided for information and to note. The Governors agreed to accept and note the reports.</p>	

25/39	Draft Work Plan 2025-2026 Governors noted the workplan.	
25/40	Any other business There was no other business to note	
25/41	Date and Time of Next Meeting The next Council of Governors meeting will take place on 14 May 2025 – venue TBA	

1.5. Action Log

For Approval

Presented by Sheena McDonnell

ACTION LOG FROM COUNCIL OF GOVERNORS 22 JANUARY 2025

Meeting	Action	Assigned To	Due Date	Progress / Notes	Status
Council of Governor Meeting: Public Session	Does the Trust still provide food parcels to patients on discharge	Andrea Spencer	14-May-25	Confirmed that the Trust does. Information sent to Governors 11.03.25	Completed

2. Key Updates

For Information/Note

2.1. Simon Enright - CEO Update

Sheena McDonnell - Chairs Update

Non- Executive Director Updates

Kevin Clifford - People Committee

Gary Francis - Quality & Governance
Committee

Nicky Clarke - Charitable Trustees Board

Nicky Clarke - Finance & Performance
Committee

Nicky Clarke - Audit Committee

Rob McCubbin- Barnsley Facilities
Services



COUNCIL OF GOVERNORS

14 May 2025





Simon Enright – Medical Director

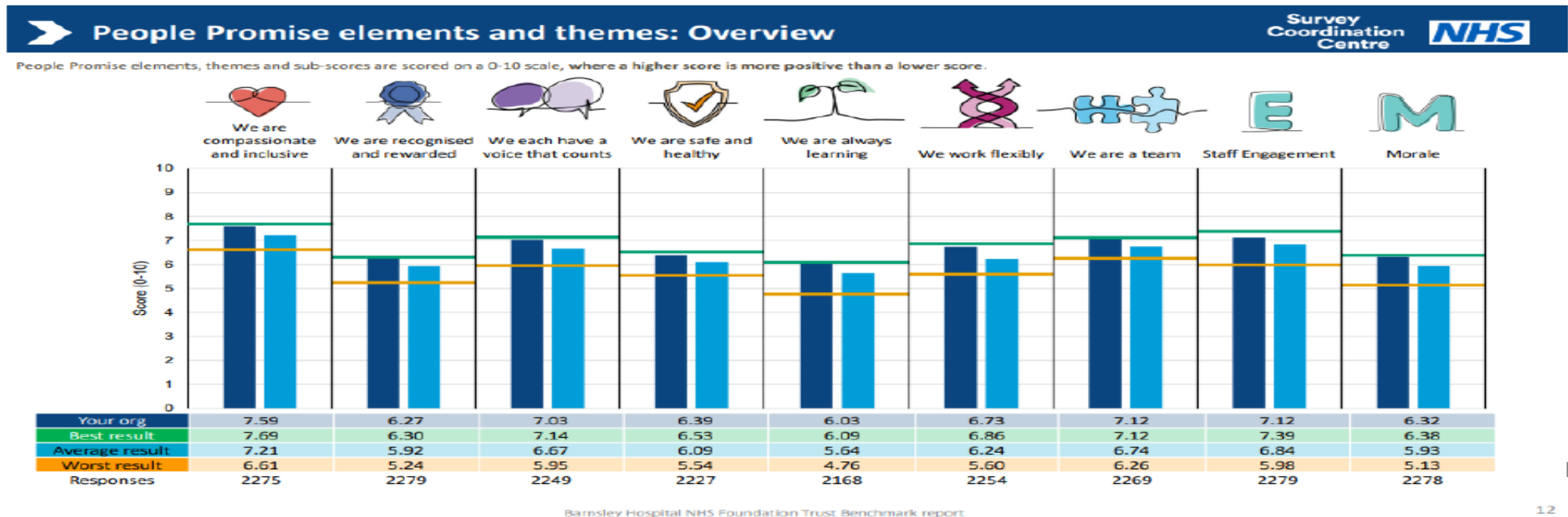
Operational Performance

- **Emergency care standard**
 - Performance against 4 hrs for type 1 was at 80.2% against the England performance of 60.9% at the end of March 2025. Barnsley was the only Trust in South Yorkshire to achieve the 78% target and was 7th highest nationally.
 - Acute activity has continued to be high and challenging but the Trust continues to benchmark well with Trusts across South Yorkshire on most metrics
- **Elective**
 - 99 patients waiting 52 weeks and 1 patient above 65 weeks at the end of March 2025
 - Referral to Treatment performance at 72.2% (Validated position for the end of February 2025)
- **Cancer (as at the end of February 2025)**
 - The Trust has achieved the 28-day faster diagnosis standard (82% against a target of 75%)
 - Achieved 97% on the 31-day treatment standard (against a target of 96%)
 - Achieved 78% for the 62-day treatment standard (against a target of 70%)
- **Diagnostics**
 - 3.9% of patients waiting longer than 6 weeks for a diagnostic test against the recovery target of 5% by the end of March 2025



Staff Survey

- The 2024 NHS Annual Staff Survey results maintain the high performance demonstrated in previous years.
- The response rate has increased to 58% and each score in the People Promise elements and additional themes has improved from 2022.
- In some of the themes the Trust is the best in the country when compared to our comparator group of Acute and Acute and Community Trusts. All of the results score higher than the average results for our comparator group.
- The aggregate score is the best of 21 Trusts in North East & Yorkshire.



- Barnsley Hospital Portering Services Team was named Portering Team of the Year at the national MyPorter Awards 2025. This prestigious accolade recognises the team's commitment, innovation and excellence in healthcare support services
- The Trust also has two winners of the Healthcare Science Regional Awards
- The Trust hosted its first Wellness Festival in March in partnership with Barnsley Premier Leisure which was about celebrating wellness and colleagues had access to health assessments, cholesterol and blood pressure checks along with other information on nutrition, health and wellbeing support



Partnership

- The agreed partnership programme for Barnsley and Rotherham NHS Foundation Trusts continues to progress with regular scheduled meetings of the Joint Executive Team, Joint Senior Leaders Team, Joint Executive Delivery Group and Joint Strategic Partnership Board.
- Continued joint approach at Acute Federation, ICB Level and across the Barnsley Place. The Barnsley 2030 Board meeting quarterly and covers four key areas: Health Barnsley, Growing Barnsley, Learning Barnsley and Sustainable Barnsley.
- Health on the High Street Launch and Media Event took place on 16.04.25 to showcase the journey so far and provide a taste of plans ahead of opening later in the year.
- Haematology: The development of a single service with Rotherham is progressing.





Teaching Hospital Status

- A feasibility assessment has been undertaken to explore the potential benefits, challenges and strategic considerations associated with applying for teaching hospital status.
- A more formal assessment of viability is required before pursuing further.
- The Trust will liaise with Universities and Barnsley College.
- Self-assessment against criteria for Teaching quality.
- Will need a change of name and amended constitution, subject to Board and Council of Governors approval.



Sheena McDonnell Trust Chair



- NHS Changing landscape
- Joint meeting with Rotherham Governors
- District General Hospitals collaboration
- Place Board group reviewed the Health Care Plan 2025-2030
- Acute Federation Strategy Session NHS ICB and Trust Chairs' Event



Sheena McDonnell Trust Chair



- BHNFT Wellness Festival
- New Governor welcomes
- Governor Visit to Hospital Site
- Visit to Barnsley College - NHS Academy
- Therapy Dog/Chair Visit
- Appraisal Season



NED update - : Kevin Clifford People Committee

Selected items from People Committee (March 2025): -

- Employee Relations Report 1 January to 31st December 2024
- Workforce Insight Report
- Equality and Delivery System Report and Action Plan 2024
- Director of People Monthly Update
- CBU Update on People Matters
- NHSE Requirements ; Consultant Job Planning
- NHS Staff Survey 2024 - National Results
- Apprenticeship Annual Report
- Flexible Retirement Update
- Acute Distressing Events Policy



NED update – Gary Francis: Q&G Committee

- Equality delivery system (EDS)
- Staffing and additional beds
- 360 Assurance Reports: Safeguarding; Medicines Management
- Getting it right first time (GIRFT)
- Mortality & peer group limitations: SHMI 97.67; HSMR 82.67
- Major trauma
- CBU Performance: oral maxillo-facial surgery



NED update – Alison Knowles: F&P Committee

In quarter 4, the Committee has focussed on:

1. Assurance of Trust delivery – at year end the Trust achieved the required standards for 2024/25 in:

ED 4 hours

RTT

Diagnostic waiting times

28-day cancer standard

31 day-cancer standard

The Trust had 1 patient waiting over 65 weeks at end March and did not achieve the 62-day cancer standard

2. Delivery of the Trust's financial plan including oversight of the Efficiency and Productivity Programme.
3. Assurance of the draft and final operational plan for 2025/26.
4. Review of business cases including agreeing the timelines for post-implementation reviews.
5. Bi-monthly updates on large business cases such as the Health on the High Street development and the additional medical staffing for ED



NED update – Alison Knowles: F&P Committee

6. Quarterly assurance on the Trust's IM&T programme including delivery of core projects in 2025/26, cyber security and information governance;
7. Quarterly assurance on the Trust's Business Security programme including arrangements for the new Martin's Law (anti-terrorism requirement for public bodies following the Manchester Arena bombing) and assurance of the Trust's delivery of the national core standards for EPRR;
8. Update to the Trust's Procurement Policy following new legislation in spring 2025; and
9. Assurance of delivery of the Trust's objectives, the BAF and corporate risk register.



NED update – Stephen Radford:

Audit Committee

Internal Audit	<ul style="list-style-type: none">• The draft Head of Internal Audit Opinion for 2024-25 is “Significant Assurance’ for the Annual Governance Statement. This will be finalised on the submission of the accounts in June 2025 to NHSE• The Audits of Charitable Funds, Mandatory Training, Patient Safety Incident Response Framework (PSIRF) all resulted in a Significant Assurance opinion• The Audit of the Trust BAF/CRR and audit of the NHS Staff Survey both resulted in a Moderate Assurance opinions• The Audit of Safeguarding: split opinion Significant Assurance - policy & training / Limited Assurance – Mental Capacity Assessment (MCA). The latter was discussed and proposed actions reviewed in the Audit Committee with the Head of Safeguarding• The Medicine Management and the ‘No Criteria to Reside’ audits both resulted in Limited Assurance opinions. As a result the Chief Pharmacist and the COO of the Trust both attended the Audit Committee. The Committee received assurance on the actions being taken by the Trust to address the issues identified in both audits. Both audit action plans will be monitored via Q&G and F&P respectively• The Internal Audit and Counter Fraud Service Work Plans for 2025/26 have been approved• The Committee noted implementation of agreed internal audit actions within specified timeframes was 93% at YE
Future Planned Audits	<ul style="list-style-type: none">• Terms of reference have been agreed for the following forthcoming audits:<ul style="list-style-type: none"><input type="checkbox"/> Waiting lists: focus on Surgery (2024/25 plan)<input type="checkbox"/> Data Security and Protection Toolkit (2025/26 plan)
Local Counter Fraud (Jan / April 25)	<ul style="list-style-type: none">• The Counter Fraud Service (CFS) has issued 3 local alerts/ fraud prevention notices to the Trust• Three fraud investigations were opened. Two investigations were concluded, one was not substantiated and one resulted in repayment of a loss by an individual• NHS Counter Fraud Authority (NHSCFA) assessment has been completed and actions identified to support a green rating, Only one action is now pending• The NHSCFA-led procurement fraud review has now concluded. Four actions were identified, all are planned to be complete by July 2025



NED update – Stephen Radford:

Audit Committee

External Auditors	<ul style="list-style-type: none">• The External Auditors have completed draft Value for Money Assessment risk assessment for 2024/25. No significant risks were identified.• Plans for year end audit 24/25 finalised
Governance	<ul style="list-style-type: none">• The Audit Committee approved its amended Terms of Reference which have been aligned to and updated in accordance with HFMA Guidance March 2024. Now with the Board for final approval• The Committee approved the updated Trust Risk Management Policy & Risk Strategy 2025/27• The Committee approved the updated Trust Business Conduct and Managing Conflicts of Interest Policy• The Committee approved the updates to the Trust ‘Business Conduct and Managing Conflicts of Interest Policy’ which had been amended to reflect NHSE guidance published in September 2024.• The Committee reviewed changes to the BAF /CRR already discussed by ET and Assurance Committees, all were approved
Single Tenders/ Losses/ Special Payments	<ul style="list-style-type: none">• The Audit Committee received and noted the latest Losses & Special Payments report. Losses incurred were discussed and related in the main to unpaid invoices due for payment by overseas visitors to the UK, and a clearing of old RTA claims and clinical stock past its use by date.• The Committee noted that in the period under consideration there were 3 waivers requested and approved. The waivers had been agreed with Procurement where required<ul style="list-style-type: none"><input type="checkbox"/> These related the installation of solar panels where timing precluded a full tender process being undertaken.<input type="checkbox"/> The payment of historic maintenance invoices relating to pharmacy equipment.<input type="checkbox"/> The 3-month extension to the Trusts catering contract

NED update – David Plotts: BFS

- Education Department refurb & expansion
 - Works on Auditorium expansion underway
- New Theatre 9 expansion well underway
 - Steel frame structure installed
- Catering changeover progressing well
 - ISS to Compass
 - Initial feedback on patient catering is positive with work being undertaken on the retail options.
- BFS engagement with Rotherham and Doncaster
 - Exploring wider ICS opportunities
- Solar Panel roll out
 - Work underway on placement across Trust estate following delivery
- More award opportunities
 - BFS colleagues have been shortlisted for 3 more national awards (HEFMA)
- Delay to Ward 19 refurbishment
 - The new approval process under the Building Safety Act is taking much longer than anticipated.





NED update – Nicky Clarke: Charitable Trustees Board

- Charity Commission Checklist
- Finance update with pre-commitments
- Fundraising update and events calendar – very successful Lego walk and Shark Dive
- Charitable bids update – 2 larger bids approved
- Legacies - £15k so far
- Charity appeal - Breast Care – halfway to total before launch



Partner Governor Updates



Partner Governor update-Kieron Campbell

Barnsley Football Club Charity

- **Mental Health Provision**
- *National Lottery Funding until 2027*
- **Barnsley Hospital Charity**
- *Collaboration Opportunities (July 25)*
- **Community Trust Conference**
- *9th June 2025*
- **Reds Unite**
- *Refugee & Asylum Seeker Provision and Support*
- **INTERNATIONAL CALL UPS**
- *Hisham Awadh to represent Yemen U-20 in Asia Cup 2025!*
- *Hashim Mahmood – England & Deaflympics in Tokyo*
- **Community Heros**
- *Recognition of community hero's at a recent EFL League 1 Fixture*



Partner organisation– FareShare Yorkshire

In 2024/25 our volunteers and staff provided the following surplus food for residents in need across Barnsley:

145 tonnes from 411 food sites across the UK

6 tonnes per charity, saving each one over £20,000

346,000 meals

Up to 2,700 people fed per week

40% was fresh fruit and vegetables

6% was frozen

2.2. Partner Governor & Local Authority Updates

Barnsley College

Barnsley Facilities Services (BFS)

Barnsley Football Club Charity

Fareshare Yorkshire

JTUC

Sheffield Hallam University

Sheffield University

For Information/Note

3. Board and Assurance Committees

3.1. Board of Directors Agenda

For Information

Presented by Sheena McDonnell



REPORT TO THE COUNCIL OF GOVERNORS	REF:	CoG: 14/05/25/3.1
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SUBJECT:	Public Board of Directors Agenda: 3 April 2025
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DATE:	14 MAY 2025
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PURPOSE:	<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>	✓	

PREPARED BY:	Sheena McDonnell, Chair
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SPONSORED BY:	Sheena McDonnell, Chair
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PRESENTED BY:	Sheena McDonnell, Chair
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STRATEGIC CONTEXT

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EXECUTIVE SUMMARY

<p>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.</p>
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RECOMMENDATION

<p>The Council of Governors is asked to receive and note the agenda for the Board meeting held on 3 April 2025</p>
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Board of Directors: Public

Schedule	Thursday 3 April 2025, 9:30 AM — 12:00 PM BST
Venue	Priory Centre, Barnsley Healthcare Federation CIC, Pontefract Road, Barnsley S71 5PN
Organiser	Lindsay Watson

Agenda

9:30 AM	1. Introduction	(5 mins)	1
	1.1. Welcome and Apologies Apologies: Mark Strong To Note - Presented by Sheena McDonnell		2
	1.2. Declarations of Interest To Note - Presented by Sheena McDonnell		3
	1.3. Minutes of the Previous Meeting: 6 February 2025 To Review/Approve - Presented by Sheena McDonnell		4
	1.4. Action Log To Review - Presented by Sheena McDonnell		15
	2. Culture To Note		17
9:35 AM	2.1. Patient Story To Note - Presented by Sarah Moppett	(20 mins)	18
9:55 AM	2.2. Staff Survey Results For Assurance - Presented by Steve Ned	(20 mins)	20
10:15 AM	3. Assurance	(25 mins)	36



3.1.	Quality and Governance Committee Chair's Log: 26 February/26 March 2025 For Assurance - Presented by Gary Francis	37
3.2.	Finance & Performance Committee Chair's Log: 27 February/27 March 2025 For Assurance - Presented by Alison Knowles	46
3.3.	People Committee Chair's Log For Assurance - Presented by Kevin Clifford	55
3.3.1.	Equality Delivery System 2022 Report/Action Plan 2024 To Ratify - Presented by Steve Ned	101
3.4.	Barnsley Facilities Services Chair's Log For Assurance - Presented by David Plotts	203
3.5.	Executive Team Report and Chair's Log For Assurance - Presented by Richard Jenkins	210
4.	Performance	216
10:40 AM	4.1. Integrated Performance Report For Assurance - Presented by Lorraine Burnett	(10 mins) 217
10:50 AM	4.2. Trust Objectives 2025/2026 and Beyond To Endorse - Presented by Michael Wright	(10 mins) 253
11:00 AM	4.3. Maternity and Neonatal Board Measures Minimum Data Set: Sarah Petty in attendance For Assurance - Presented by Sarah Moppett	(10 mins) 267
11:10 AM	Break	(10 mins) 302



11:20 AM	5. Governance	(15 mins)	303
	5.1. Board Assurance Framework/Corporate Risk Register For Assurance/Approval - Presented by Angela Wendzicha		304
	5.2. Terms of Reference: Annual Review • Executive Team • People Committee • Quality and Governance Committee • Finance and Performance Committee For Discussion/Approval - Presented by Angela Wendzicha		345
	5.3. Annual Submission of the Board of Directors Register of Interest For Assurance - Presented by Angela Wendzicha		373
11:35 AM	6. System & Partnership To Note	(10 mins)	377
	6.1. System Partnership Update For Assurance - Presented by Michael Wright		378
11:45 AM	7. For Information	(10 mins)	396
	7.1. Chair Report For Information - Presented by Kevin Clifford		397
	7.2. Chief Executive Report For Information - Presented by Richard Jenkins		402
	7.3. NHS Horizon Report For Information		407
	7.4. 2025/265 Work Plan To Note - Presented by Sheena McDonnell		411



11:55 AM	8. Any Other Business	(10 mins)	420
	8.1. Questions from the Governors regarding the Business of the Meeting To Note - Presented by Sheena McDonnell		421
	8.2. Questions from the Public regarding the Business of the Meeting To Note - Presented by Sheena McDonnell		422
	<p>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.</p> <p>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.</p>		423
	Date of next meeting: Thursday 5 June 2025 at 9.30 am, venue to be confirmed		424

3.2. Public Board of Directors Minutes

For Information

Presented by Sheena McDonnell



REPORT TO THE COUNCIL OF GOVERNORS	REF:	CoG: 14/05/25/3.2
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SUBJECT:	Public Board Minutes: 6 February 2025
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DATE:	14 MAY 2025
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PURPOSE:	<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>	✓	

PREPARED BY:	Sheena McDonnell, Chair
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SPONSORED BY:	Sheena McDonnell, Chair
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PRESENTED BY:	Sheena McDonnell, Chair
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STRATEGIC CONTEXT

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EXECUTIVE SUMMARY

<p>The minutes from Board of Directors held on 5 February 2025 provide the Council of Governors with an overview of the items of discussion, noting or agreement at the Board of Directors Meeting.</p>

RECOMMENDATION

<p>The Council of Governors is asked to receive and note the minutes of the Public Board meeting held on 5 February 2025</p>
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**Minutes of the meeting of the Board of Directors Public Session
Thursday 6 February 2025, Barnsley Business Centre,
Barnsley College, County Way, Barnsley, S70 2JW**

PRESENT:	Kevin Clifford Richard Jenkins Michael Wright Sarah Moppett Chris Thickett Steve Ned Lorraine Burnett Stephen Radford Nicky Clarke Gary Francis David Plotts Alison Knowles	Non-Executive Director/Chair of the meeting Chief Executive Managing Director Director of Nursing, Midwifery and AHPs Director of Finance Director of People Chief Operating Officer Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director
IN ATTENDANCE:	James Griffiths Liz Close Tom Davidson Grant Whiteside Mark Strong Angela Wendzicha Lindsay Watson Iain Woodrow Pauline Garnett Sara Collier-Hield Noor Khanem Tom Wood	Deputy Medical Director Joint Deputy Director of Communications Director of IT Associate Non-Executive Director Associate Non-Executive Director Director of Corporate Affairs Corporate Governance Manager (minutes) LGBTQ+ Staff Network Chair, min ref: 25/ Head of Inclusion and Wellbeing, min ref: 25/135 Associate Director of Midwifery, min ref: 25/135 Consultant Obstetrician/Gynaecologist' min ref: 25/ Lead Governor
OBSERVING:	Jamie Edwards Sarah Petty Dianne Mansfield	Client Solutions Manager, Maxxima Group Director of Midwifery Public Governor
APOLOGIES:	Sheena McDonnell Simon Enright Emma Parkes	Chair Medical Director Director of Communications & Marketing

	INTRODUCTION	
BoD: 25/131	Welcome and Apologies Kevin Clifford welcomed members, attendees and observers to the meeting, noting apologies as above.	
BoD: 25/132	Declarations of Interest Richard Jenkins Chief Executive, Angela Wendzicha Director of Corporate Affairs and Liz Close Joint Deputy Director of Communications noted their	

	<p>standing declarations of interest due to their joint roles at Barnsley Hospital NHS Foundation Trust (BHNFT) and The Rotherham NHS Foundation Trust (TRFT).</p> <p>Lorraine Burnett, Chief Operating Officer and David Plotts, Non-Executive Director declared their interests as Directors of Barnsley Facilities Services (BFS).</p>	
BoD: 25/133	<p>Minutes of the Previous Meeting: 5 December 2024</p> <p>Subject to an amendment, the minutes of the meeting held on Thursday, 5 December 2024, were reviewed and approved as an accurate record of events.</p>	
BoD: 25/134	<p>Action Log</p> <p>The action log from the previous meetings was reviewed and progress against outstanding/completed actions was duly noted.</p> <p>Angela Wendzicha explained that the meeting with the Integrated Care Board (ICB) to discuss system risks was unfortunately cancelled. This is being rescheduled and further updates will be provided when available.</p>	
	CULTURE	
BoD: 25/135	<p>Staff Story</p> <p>Iain Woodrow attended to present the staff story on LGBTQ+ initiatives with the Trust. He was accompanied by Pauline Garnett.</p> <p>Iain Woodrow, employed by Sheffield Teaching Hospital (STH) and based in Barnsley, established the LGBTQ+ network with a colleague during the late stages of the Covid pandemic due to a lack of resources being available at the Trust. The network encourages staff involvement and has grown significantly, though there are occasional challenges in engaging staff.</p> <p>Since the inception of the network, there has been a more inclusive atmosphere within the Trust. The network's visibility and availability for staff have improved. For example, a younger staff member reported unpleasant comments from a colleague, which were effectively addressed by local management. This incident demonstrates the progress made but also highlights that there is still much work to be done in terms of cultural change, improving understanding, and increasing visibility.</p> <p>The network had organised several successful activities, including gatherings at the Colliers Restaurant and participation in Barnsley Pride, to support staff and the local community. The network helps inform the Trust on improving the foundation and addressing wider LGBTQ+ issues, benefiting staff, patients and visitors. An engagement event is scheduled next week and an external social event towards the end of February to raise funds for the LGBTQ+ forum, with an open invitation extended to the Board. These events have been arranged to coincide with LGBTQ+ History Month, which runs throughout February.</p> <p>In response to a question about whether the Trust is doing enough, Iain Woodrow stated that more can always be done, additional resources would</p>	

	<p>be helpful, noting efforts are ongoing to secure protected time for the Chair and Vice Chair of the network. The biggest challenge is raising awareness and ensuring staff know about the network and the support provided.</p> <p>A question was raised about the incident mentioned, asking if it was seen as an issue through the Freedom to Speak Up (FTSU) route or if this was an isolated incident. Steve Ned confirmed it was an isolated incident, which, when they arise, are confidentially discussed with the FTSU Guardian. He noted that while such behaviour is unacceptable and not tolerated, managerial intervention can often resolve misunderstandings quickly.</p> <p>The Board thanked Iain Woodrow for sharing the story and for his valuable support to the Trust.</p>	
BoD: 25/136	<p>Guardian of Safe Working</p> <p>James Griffiths presented the biannual Guardian of Safe Working reporting, noting that the numbers are similar to 2023.</p> <p>Clinical areas, particularly children's and orthopaedics, have shown improved engagement with doctors, which is seen as a positive development. There are hot spot areas within medical specialities related to out-of-hours work and an action plan is in place to support resident doctors.</p> <p>The restroom for Obstetrics and Gynaecology has been completed, though there are ongoing concerns regarding the facilities for Phlebotomy in patients, which is currently being addressed with the resident doctors. Digital impacts are being reviewed with the Task and Finish Group to determine additional support measures.</p> <p>In General Medicine, a Deputy College Tutor has been appointed.</p> <p>A comment was raised suggesting there would be merit in seeing how Barnsley compares to other Trusts. James Griffiths explained that it is difficult to compare due to different cohorts of trainees. Action: to be discussed outside the meeting with the lead for Guardian of Safe Working.</p>	SE
	ASSURANCE	
BoD: 25/137	<p>Audit Committee</p> <p>Stephen Radford presented the chair's log from the meeting held on 15 January 2025 which was noted and received by the Board.</p> <p>The Committee reviewed 2.5 audits, which provided significant assurance for mandatory training and the Patient Safety Incident Response Framework (PSIRF). The safeguarding audit received a split assurance: significant assurance for policy, training and embedding but limited assurance for Mental Capacity Assessment (MCA). A robust discussion was held, noting that a task and finish group was implemented to review the MCA completion forms.</p> <p>The internal audit action plan for 2025/26, with input from the Non-Executive Directors, will be signed off by the Executive Team in February 2025 and finalised by the Audit Committee in April 2025. External auditors discussed</p>	

	<p>their approach, with minor changes to materiality limits. The accounts are due to be audited and completed by 30 June 2025, which will be fed through the normal Annual General Meeting process.</p> <p>In response to a question raised, Stephen Radford confirmed that significant assurance is expected at the end of the financial year.</p>	
<p>BoD: 25/138</p>	<p>People Committee</p> <p>Kevin Clifford presented the chair's log from the meeting held on 28 January 202 which was noted and received by the Board. Due to ongoing operational challenges, representatives from the Clinical Business Units (CBUs) were unable to provide an update on people matters, however these were adequately covered in conversations.</p> <p>Several reports were presented including the workforce report, which reported an increase in sickness, with ongoing concern related to mental health-related absences, mandatory training/appraisals reported good progress with training compliance rates with low staff turnover rates, vacancy rate reported at 4.1% and the quarterly clinical workforce development update along with the General Medical Council (GMC) national training survey.</p> <p>The Committee received and approved the Gender Pay Gap Report, recommending it for ratification by the Board. Due to an oversight, this report has not been included in the meeting pack, it was agreed the report would be circulated to Board members outside the meeting for approval by the reporting deadline of 30 March 2025. In response to a comment about the public release, it was confirmed that once approved by the Board, the document would be uploaded to the Trust's website for public access. The report will also be published externally on the government's website.</p> <p>Action: report to be circulated to Board members.</p> <p>The importance of the GMC training survey was highlighted, noting that any deterioration is compared to other doctors in different Trusts so excludes the impact of national issues affecting all Trusts. This comparison underscores the need for an action plan based on the benchmarking exercise for the GMC national training survey.</p> <p>It was noted that the sickness rate had increased to 6.8% in December 2024. Steve Ned reported this had decreased to around 5.8% in January 2025, with a forecast of 5.8% by year-end. The Board was informed that the policy for Medical and Dental sickness had been developed and reviewed by the People Committee.</p>	<p>AW</p>
<p>BoD: 25/139</p>	<p>Quality and Governance Committee Chair's Log</p> <p>Gary Francis presented the chair's logs from the meetings held on 19 December 2024 and 29 January 2025, which were noted and received by the Board.</p> <p>In December, the Care Quality Commission (CQC) Urgent and Emergency Care (UEC) Survey for 2024 was received, which indicated no evidence of inadequate care in the cases reviewed.</p>	

	<p>In January, the cancer patient experience survey was presented, which resulted in a 51% response rate, with a high percentage of respondents being breast cancer patients. The PSIRF audit, led by Gill Feerick's team, ensured the framework, training and support for implementation were in place. A small number of medium and low-level recommendations were signed off and actioned in consultation with 360 Assurance. The Board acknowledged the work done by Gill Feerick, Tracey Church and the wider team to implement PSIRF.</p> <p>Additionally, the Committee supported the reduction in the residual risk score to 12 for risk 2603.</p>	
BoD: 25/140	<p>Finance & Performance Committee Chair's Log</p> <p>Alison Knowles presented the chair's logs from the meetings held on 19 December 2024 and 30 January 2025, which were noted and received by the Board.</p> <p>In December, the Committee received an update on Business Security noting 90.35% was achieved for the mandatory training standard and the implementation of the Watchway project to improve security from the Hospital to Barnsley town centre. Additionally, discussions were had on the national risk register which focused on cyber security, with an update on the annual assurance audit on cyber security and data resilience due in quarter four.</p> <p>In January, the month 9 finance report indicated a positive variance of £841k against a £1.66m deficit, despite operational challenges such as high staff sickness and reduced planned activity. Planning for 2025/26 is in progress, with a draft plan expected by the end of February and a full plan anticipated by March 2025. The Committee noted several key points: improved agency rates and successful recruitment for Emergency Department (ED) nursing, productivity reports received from NHS England (NHSE) and ED performance reported at 62% for month 9, which is better than the national average but still challenging. Referral to Treat delivery at 75%, diagnostic performance reports 3.6% of cancer patients waiting over 6 weeks, the 28-day cancer target was met despite the 31-day target slipping and Efficiency Productivity Programme savings were £831k against a £1.393m target, with year-end savings anticipated at £10.335m and a 74% recurrency rate.</p> <p>Additionally, the Committee supported the reduction in residual risk score to eight for risk 1713, reflecting increased confidence in the year-end position.</p>	
BoD: 25/141	<p>Annual NHSE Emergency Core Preparedness Standards</p> <p>Lorraine Burnett introduced the NHSE Emergency Core Preparedness Standards, highlighting changes in the way the national position is reported. Initially, the Trust was not compliant, but significant efforts have been made to improve, resulting in a partial compliance rate of 78%.</p> <p>A query was raised asking whether this improvement would be reflected in the objectives for 2025/26, Lorraine Burnett confirmed that it would be, highlighting that continuous improvement is expected, with additional</p>	

	standards being introduced yearly.	
BoD: 25/142	<p>Barnsley Facilities Services Chair's Log</p> <p>David Plotts introduced the chair's logs following the meetings held in December 2024 and January 2025, which were noted and received by the Board.</p> <p>The key points to note were the completion of the doctors' on-call rooms, the shower room for neonates is underway and expected to be completed by the end of March 2025, planning permission for the extension to the Education Centre was received earlier in the week and the ISO accreditation has been confirmed with certificates received. BFS continues to be on track financially with a focus on efficiency and productivity.</p> <p>The Board noted mandatory training rates as doing well, including the Oliver McGowan training.</p> <p>In response to a question on the timeframe for completion of the Education Centre, the Board noted it is expected to be complete by May 2025.</p>	
BoD: 25/143	<p>Executive Team Report and Chair's Log</p> <p>Richard Jenkins presented the chair's logs from the meetings held throughout December 2024 and January 2025, which were noted and received by the Board.</p> <p>The key highlights the commencement of the Chief Pharmacist, who is currently working on establishing the right structures in Pharmacy. The Graduate Management Training Scheme, in partnership with Rotherham, was also discussed with a presentation from two of the trainees at the ET yesterday, which received overwhelmingly positive feedback. Additionally, applications for the Heart Awards are now open.</p>	
	PERFORMANCE	
BoD: 25/144	<p>Integrated Performance Report</p> <p>Lorraine Burnett presented the report, which provided an overview of performance and operational pressures during December 2024.</p> <p>Stephen Radford suggested that a breakdown of over 52-week waiters would be useful and additionally, asked if there were updates on the status of Oral Surgery Richard Jenkins confirmed this matter would be discussed during the confidential meeting.</p>	
BoD: 25/145	<p>Trust Objectives 2024/25: Quarter Three Report</p> <p>Michael Wright introduced the Trust Objectives quarter three report which was noted and received by the Board. The key highlights from the report were a reduction in falls awareness and the initiative for solar panels, which aligns with the Planet strategic goal.</p> <p>There is also a focus on what the next year looks like, with the development of the objectives for 2025/26 already in progress, which will be presented to the Board in April 2025 for ratification.</p>	
BoD:	Maternity and Neonatal Board Measures Minimum Data Set	

25/146	<p>Sara Collier-Hield presented the maternity services board measures minimum data set highlighting stable quality and safety metrics. The key updates from the report were:</p> <ul style="list-style-type: none"> • Perinatal Mortality Review Tool (PMPRT): data including learning actions shared from completed PMRT reports and a summary of the incidents for 2024, were included in the report. There are plans to incorporate detailed information on ethnicity and vulnerabilities in future reports. • Patient Safety Investigations: in reaction to a rapid response in December 2024 relating to the emergency use of a second theatre, immediate learning and action were taken to add the theatre coordinator baton bleep to the category one birth emergency call. • Training: PROMPT and fetal monitoring compliance are reported at 90% and 98%, with compliance for midwives and support workers at just below 90%. This is a result of new starters awaiting to complete training. • Staffing: significant improvements have been seen within midwifery and obstetrics. However, challenges have been noted in neonates as a result of high levels of sickness. • CQC Maternity Survey: has been published in the public domain, with results broadly in line with last year's results, noting overall performance aligns with the national averages in many areas. • Saving Babies Lives V3: compliance shows an improved position at 89%, with continuity of progress monitored by the Local Maternity and Neonatal System (LMNS) through a check and challenge process in December 2024. <p>In response to a comment raised about discrepancies with the neonatal training figures, Sara Collier-Hield will review these with the Neonatal and provide an update to the Board. Action: neonatal training figures are to be reviewed.</p> <p>Richard Jenkins mentioned the CQC review in maternity, which was affected by issues with training compliance, and asked about the expected date of completion. Noor Khanem responded that completion is aimed for within three months. She noted additional communication regarding the need to improve training compliance has been circulated, with efforts ongoing to expedite the process. Richard Jenkins expressed concerns about the timeframe, suggesting that three months is too long and highlighted that the completion date should be prioritised. Sarah Moppett explained quarterly meetings with the CQC take place, providing an opportunity for the Trust to showcase different services. In April 2025, maternity will be the focus of the meeting. During this session, recommendations from the last visit will be shared, along with the progress made since then.</p> <p>Sarah Moppett welcomed feedback on the changes to the maternity dashboard, noting revisions can be made to the metrics if required.</p> <p>The Board acknowledged that with Sarah Petty's appointment as Joint Director of Midwifery, this will be the last regular report by Sara Collier- Nield</p>	SM
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	and wished to thank her for the reports she has prepared and given over the last few years	
BoD: 25/147	<p>Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme</p> <p>Sara Collier-Hield and Noor Khanem presented the Trust's current position for Maternity Services in meeting the safety standards for CNST Year 6. The Board was asked to approve the sign-off of the Board Declaration by the Chief Executive and to endorse the revised transitional care action plan.</p> <p>Year 6 guidance published on 2 April 2024, with two further revisions, maintains the 10 safety actions from Year 5. A check and challenge meeting on 3 December 2024 with the Local Maternity and Neonatal System (LMNS) provided written feedback on the Trust's position. Another check and challenge meeting on 10 December 2024 with the ICB Deputy Chief Nurse and the Board Level Safety Champions identified a revision to the transitional care action plan would strengthen the evidence for Safety Action 3. The action plan was shared with the Board for their approval.</p> <p>The Executive Team reviewed all 10 standards this year to strengthen the check and challenge process. I</p> <p>Sarah Moppett thanked executive colleagues for their support in strengthening the process this year, in which the standards were aligned to the executives' portfolios.</p> <p>The Board endorsed the revised transitional care action plan and formally agreed to delegate authority to Richard Jenkins to sign off the declaration before the submission date.</p>	
BoD: 25/148	<p>Mortality Report: Six Monthly Update</p> <p>James Griffiths introduced the six-monthly mortality report which was noted and received by the Board.</p> <p>The report indicated that the Summary Hospital-Level Mortality Indicator (SHMI) for the latest rolling month to August 2024 was 96.47, classified as expected and the Hospital Standardised Mortality Ratio (HSMR) for October 2024 was 84.28, classified as within limits. All non-coronial deaths were reviewed by the Medical Examiner (ME) and all requested Standard Judgement Reviews (SJR) were completed.</p> <p>The Board noted that the HSMR can be affected by the proportion of deaths coded with specialist palliative care. Significant efforts have been made by the Clinical Coding Team, resulting in the Trust's average now being reported at 35%, compared to the national average of 45%. This difference impacts the relative risk of death calculation.</p> <p>The team successfully handled a faith death over the Christmas period, ensuring the deceased was buried in accordance with their faith. The bereavement office page on the hub is now live, providing extensive information for colleagues.</p>	

	<p>Richards Jenkins questioned the data comparison with other Trusts in the report. He suggested that it might be beneficial to compare with similar Trusts in areas of comparable deprivation across the North, following which it may be helpful to request an update from CHKs. Action: to be discussed with the Associate Medical Director for Mortality.</p> <p>Tom Davidson acknowledged the work undertaken by the Clinical Coding Team, highlighting that both the Coders and Data Quality Team have performed exceptionally well.</p>	SE
	Governance	
BoD: 25/149	<p>Board Assurance Framework / Corporate Risk Register</p> <p>Angela Wendzicha presented the Board Assurance Framework (BAF) and Corporate Risk Register (CRR), providing an update on the latest position. Both documents had recently been reviewed and updated with the relevant Executive Leads and subsequently presented at ET and Assurance Committees.</p> <p>The Board noted and received the updated BAF/CRR and endorsed the recommendations to reduce the residual scores for risks 1713 and 2803; both risks will be de-escalated from the CRR.</p> <p>In response to a comment about the BAF review at the system level, Angela Wendzicha commented this would be part of the forthcoming discussions with the ICB.</p>	
BoD: 25/150	<p>Reservation of Board Powers and Scheme of Delegation to Board Committees</p> <p>Angela Wendzicha introduced the document, which outlines the recommended reservation of powers to the Board and those able to be delegated to a Board Committee.</p> <p>The Board acknowledged that approval is not being sought today. A revised document will be presented for approval at the Board meeting in April 2025, following the presentation to the ET, several additions and amendments were requested. Action: add to the work plan for April 2025.</p>	AW
	SYSTEM & PARTNERSHIP	
BoD: 25/151	<p>System & Partnership Update</p> <p>Michael Wright presented the partnership update which was taken as read.</p> <p>Key points from the report included the improving position of the Mexborough Elective Orthopaedic Centre of Excellence (MEOC), the commencement of the first cycle of key meetings across Place, Barnsley 2030 and the Health and Wellbeing Board meeting scheduled for later today.</p> <p>The Board also noted that partnership work with Rotherham is ongoing, with progress being made in Haematology.</p> <p>The ICB meeting notes and the Barnsley Place update were included for information.</p>	
	FOR INFORMATION	
BoD:	Chair Report	

25/152	The Chair's report which provided a summary of events, meetings, publications, and decisions that require bringing to the attention of the Board was received and noted.	
BoD: 25/153	Chief Executive Report The Chief Executive Report, which provided information on several internal, regional and national matters that had occurred following the last meeting was received and noted by the Board.	
BoD: 25/154	NHS Horizon Report The reporting which provided an overview of NHS choices reviews was received and noted by the Board.	
BoD: 25/155	2024/25 Work Plan including draft work plan for 2025/26 The work plan, which sets out the structure of the year ahead, was included for information which was noted by the Board.	
BoD: 25/156	Any Other Business No other items were raised for discussion.	
BoD: 25/157	Questions from the Governors regarding the Business of the Meeting Before the meeting, a statement had been published on the Trust's website inviting questions from the Council of Governors. No questions had been received.	
BoD: 25/158	Questions from the Public regarding the Business of the Meeting Before the meeting, a statement had been published on the Trust's website inviting questions from members of the public. No questions had been received.	
BoD: 25/159	Date of next meeting The next Board of Directors meeting will take place on Thursday 3 April 2025 at 9.30 am in the Willow Room, Barnsley Healthcare Federation, Priory Centre, Pontefract Road, Lundwood, Barnsley, South Yorkshire, S71 5PN.	

3.3. Integrated Performance Report

For Information

Presented by Sheena McDonnell



REPORT TO THE COUNCIL OF GOVERNORS - Public

REF:

CoG: 14/05/25/3.3

SUBJECT: INTEGRATED PERFORMANCE REPORT

DATE: 14 May 2025

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

PREPARED BY: Lorraine Burnett, Chief Operating Officer

SPONSORED BY: Lorraine Burnett, Chief Operating Officer

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

February continues to be extremely challenging with high demand through urgent and emergency care. Bed capacity was particularly stretched with long queues in the emergency department and ongoing use of temporary escalation capacity.

The Trust continues to benchmark well with other Trusts across South Yorkshire on most metrics but we aspire to go further and plans for the next 3 years are being developed to ensure compliance with constitutional standards and/or top quartile performance.

Patients: Quality metrics are within expected range, with the exception of Clostridioides Difficile where we have breached our NHSE mandated cap for the year. There were 6 cases of Clostridioides Difficile during February which is in line with improvements seen in the second 6 months of the year.

Pressure ulcers per 1000 bed days continue to show special cause improvement with below average incidence.

This is the first time the consultant job planning statistics have been presented in the IPR. There is a national push to get the level of signed off job plans to 95% in 2025/6. The job plan process is carried out by Clinical Leads/Service Managers and involves a discussion with each consultant on a yearly basis (at least), to ensure that the job plan is a fair reflection of the work carried out by the consultant, is consistent with the needs of the service and this can then feed into the CBU business planning process. This will be monitored at ET, Performance Meetings, the Job Planning Overview Group and there will be regular presentations to the People Committee. This has been emphasised as a priority for clinical specialities and CBUs.

People:

Appraisal: below target of 90% at 86.6%%.

Turnover: 10.9%, continues to remains within target and benchmarks favourably within South Yorkshire.

Sickness: 5.4%, remains above target.

Return to work: below target of 70% at 61.8%

Mandatory Training: above target at 90.4% against Trust target of 90%.

Finance: As at month 11 the Trust has a consolidated surplus of £1.297m

Performance:

UEC: Performance against 4 hrs for type 1 was 54.7% against the England performance of 58.4%. Bed occupancy for Feb 25 was 99%. The stretch trajectory for ED performance is 80%, with daily attention to focus on evening and overnight waits to seeing clinical decision maker alongside flow to wards and AMU.

RTT: 72.6% performance, England performance for the same period 58%. There were 92 patients waiting 52 weeks and above. Clinical business units are working to speciality specific recovery to 92%, including speciality specific stretch to >95% in year to achieve a robust RTT delivery.

Capped Theatre Utilisation: 78.8%. work is ongoing to reduce on the day cancellations. Theatre start and stop times have significantly improved since Q2/3 24/25

Diagnostics: 4.2% patients waiting longer than 6 weeks for a diagnostic test against the target of 1% and a recovery target of 5% by March 2025. A slight decrease in performance due to sickness in endoscopy. Validation of waiting times across modalities continues

Cancer: The Trust has achieved the 28-day faster diagnosis standard @ 79% against a target of 75%, the 31-day treatment standard was not achieved 92% against a target of 96%. Performance against the 62-day treatment standard of 85% was not achieved at 78%.

No Criteria to Reside

	09/03/2025	02/03/2025	23/02/2025	16/02/2025	09/02/2025
NCTR (Week End Position)	6.1%	10.0%	9.3%	9.5%	8.0%

RECOMMENDATIONS

The Council of Governors is asked to note and review the latest Integrated Performance Report.

Barnsley Hospital Integrated Performance Report

Reporting Period: February 2025

Assurance



Consistently
hit
target



Hit and miss
target subject
to random



Consistently
fail
target

Performance



Special Cause
Concerning
variation



Special Cause
Improving
variation



Common
Cause

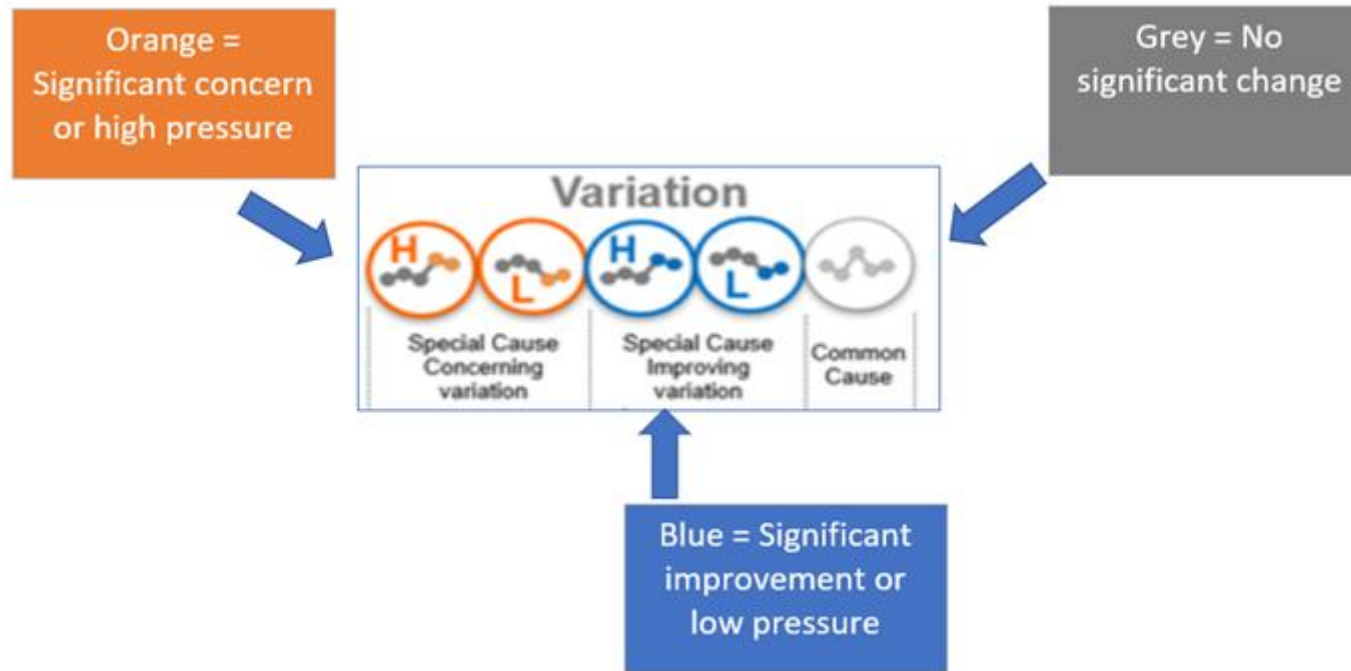
High Level Assurance

Can we reliably hit the target?





















High Level Key Performance













Are we improving, declining or staying the same?


































Summary icon descriptions

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



























Summary icon descriptions

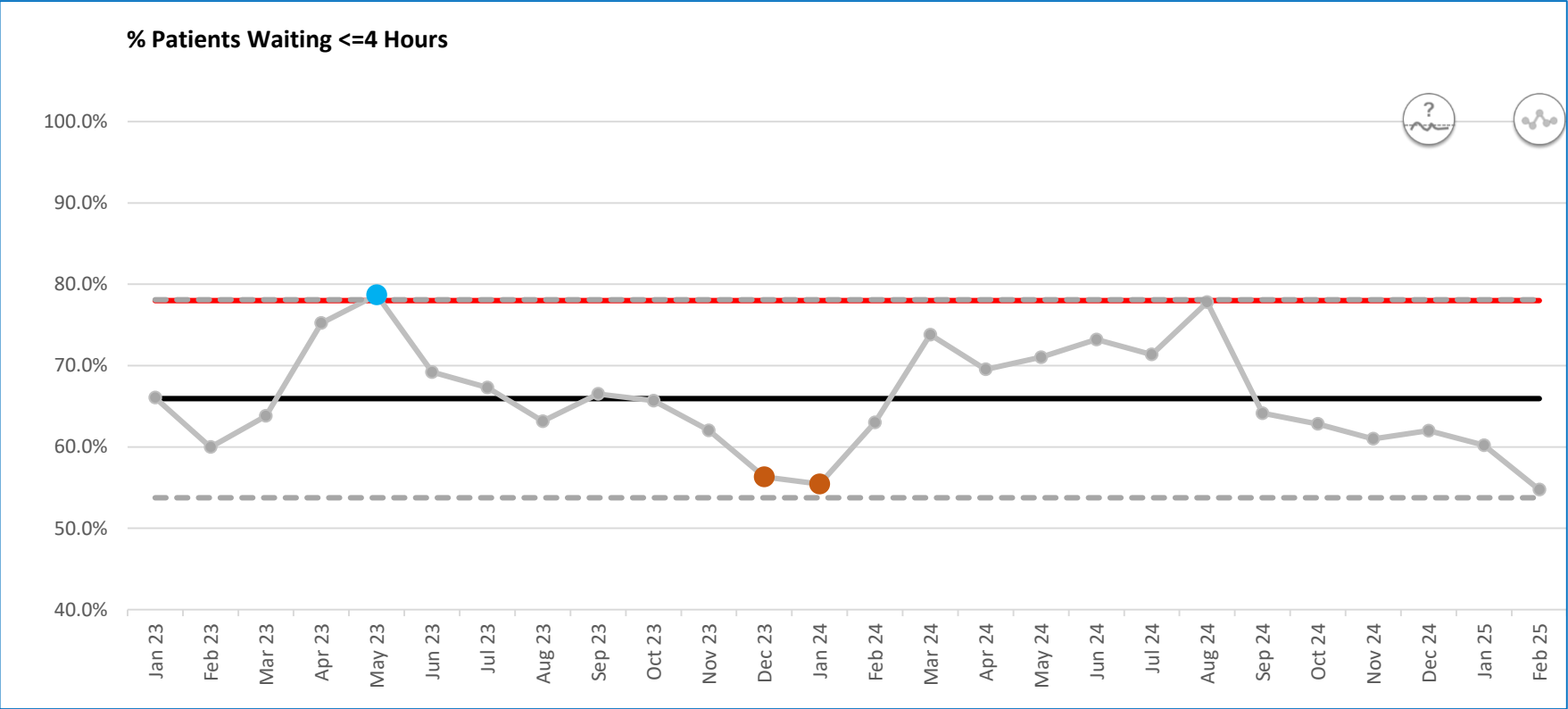
Assure	Perform	Description
		Special cause of a concerning nature where the measure is significantly LOWER . This process is not capable. It will FAIL the target without process redesign.
		Special cause of a concerning nature where the measure is significantly LOWER . However the process is capable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

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

KPI	Latest month	Measure	Target	Assurance	Performance	Mean	Lower process limit	Upper process limit
Patient Safety Incident Investigations	Feb 25	2	0			2	-2	5
Incidents Involving Death	Feb 25	2	0			1	-2	4
Incidents Involving Severe Harm	Feb 25	2	0			2	-2	6
Never Events	Feb 25	1	0			0	0	0
Falls per 1000 bed days	Feb 25	7.1	6.6			7.4	5.5	9.4
Harmful Falls per 1000 bed days	Feb 25	0.4	0.0			0.2	-0.1	0.5
Pressure Ulcers per 1000 bed days	Jan 25	1.7	3.6			2.9	1.1	4.6
Hand washing	Feb 25	94%	95%			93%	87%	100%
Q - Hospital Acquired Clostridioides difficile	Feb 25	6.0	4.3			4.7	-2.1	11.5
Q - Hospital Acquired MRSA Bacteraemia	Feb 25	0	0			0	0	0
Single Sex Breaches	Feb 25	3	0			1	-1	3
Number of complaints	Feb 25	16				24	4	45
Complaints closed within 40 days (simple)	Feb 25	85%	90%			70%	47%	93%
Complaints closed within 60 days (complex)	Feb 25	100%	100%			100%	100%	100%
Complaints re-opened	Feb 25	0	0			1	0	1
FFT Trustwide (excl ED) Positivity	Jan 25	94%	95%			94%	89%	99%
FFT ED Positivity	Jan 25	84%	95%			85%	79%	90%

KPI	Latest month	Measure	Target	Assurance	Performance	Mean	Lower process limit	Upper process limit
% Patients Waiting <=4 Hours	Feb 25	54.7%	78.0%			65.9%	53.8%	78.1%
RTT Incomplete Pathways	Jan 25	72.6%	92.0%			72.2%	69.6%	74.7%
RTT 52 Week Breaches	Jan 25	92	0			166	108	224
RTT Total Waiting List Size	Jan 25	22103	21000			21696	20987	22405
% Diagnostic patients waiting more than 6 weeks (DM01)	Feb 25	2.3%	5.0%			4.2%	0.6%	7.8%
% Cancelled Operations	Feb 25	1.1%	0.8%			1.1%	-0.4%	2.7%
DNA Rates - Total	Feb 25	5.3%	6.9%			6.9%	5.9%	7.8%
Average Length of Stay - Elective - Spell	Feb 25	2.4	3.5			2.8	1.8	3.9
Average Length of Stay - Non-Elective - Spell	Feb 25	3.8	3.5			3.7	3.3	4.1
Bed Occupancy General and Acute % Overnight	Feb 25	99.7%	85.0%					
Data Quality - % pathways with metrics on RTT PTL	Feb 25	2.8%	2.0%			2.4%	1.8%	2.9%
Care Hours per Patient Day (CHPPD) (excl. maternity)	Feb 25	8.0	n/a			8.3	7.6	8.9
28 day - Faster Diagnosis Standard	Jan 25	79%	75%			81%	73%	88%
31 day - Treatment Standard	Jan 25	92%	96%			94%	85%	103%
62 day - Treatment Standard	Jan 25	78%	85%			76%	62%	89%

KPI	Latest data	Measure	Target	Assurance	Performance	Mean	Lower process limit	Upper process limit
Capped Theatre Utilisation	09/02/25	78.8%	85.0%			75.2%	68.6%	81.9%
Total Number of Ambulances	Feb 25	1960	-			2160		
% Less than 30 mins	Feb 25	77.3%	95.0%			78.3%		
% Greater than 30 mins	Feb 25	14.8%	-			12.6%		
% Over 60 mins	Feb 25	5.8%	-			5.1%		
No time recorded	Feb 25	2.0%	-			4.2%	1.7%	6.7%
Staff Turnover	Feb 25	10.9%	12.0%			10.8%	10.0%	11.5%
Appraisals - Combined	Feb 25	86.6%	90.0%			75.7%	41.3%	110.1%
Mandatory Training	Feb 25	90.4%	90.0%			89.9%	88.0%	91.7%
Sickness Absence	Feb 25	5.4%	4.5%			5.5%	4.7%	6.3%
Return to Work Interviews	Feb 25	61.8%	70.0%			43.9%	32.9%	55.0%
Vacancy Rate	Feb 25	3.3%	0.0%			3.9%	2.2%	5.6%
Bank/Agency Spend £k	Feb 25	2169.0	0.0			2437.5	1669.2	3205.8
Job Planning - Doctor Sign off	Feb 25	79.0%	95.0%			71.3%	62.0%	80.6%
Job Planning - Final Sign off	Feb 25	71.0%	0.0%			55.9%	41.7%	70.0%
Job Planning - Aligned to Payroll	Feb 25	71.0%	0.0%			55.9%	41.7%	70.0%



February 2025

54.7%

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).

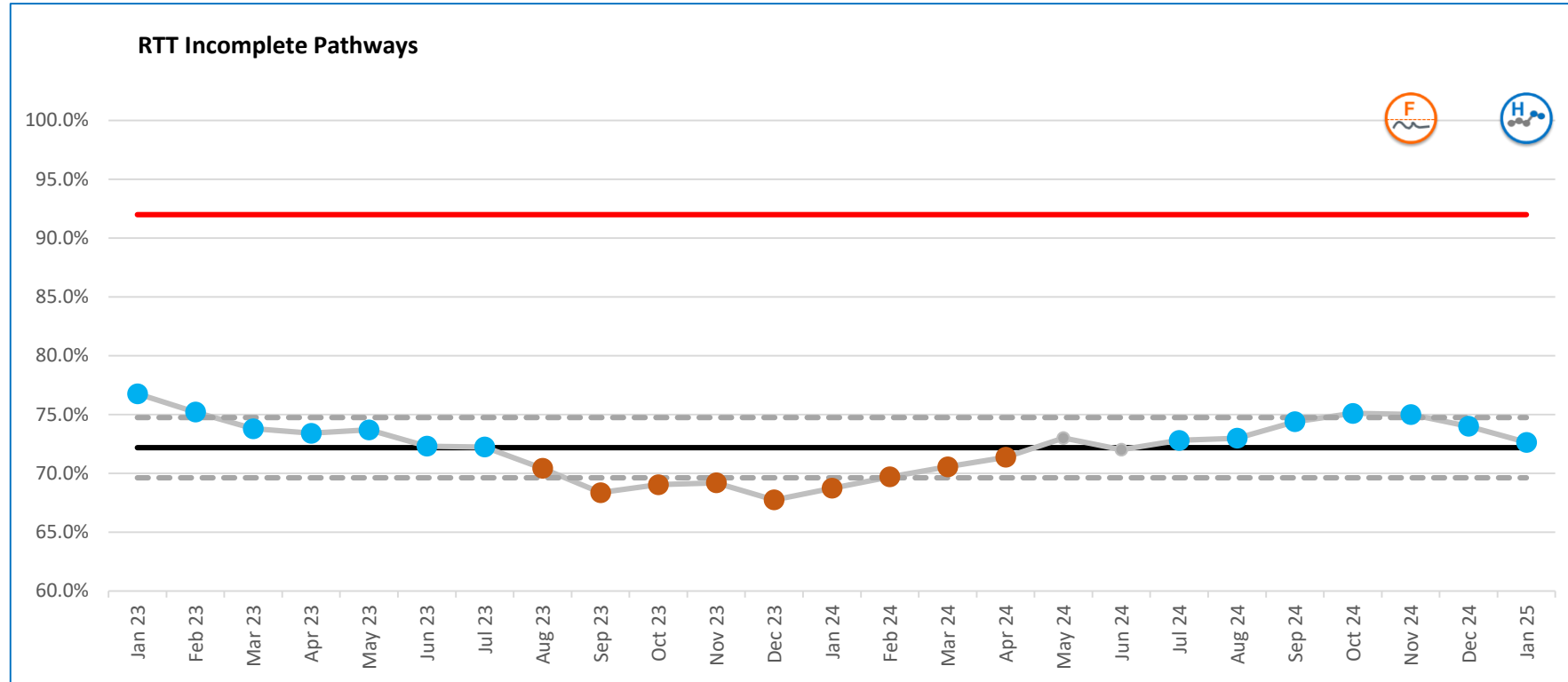
Target

78%

Target Achievement

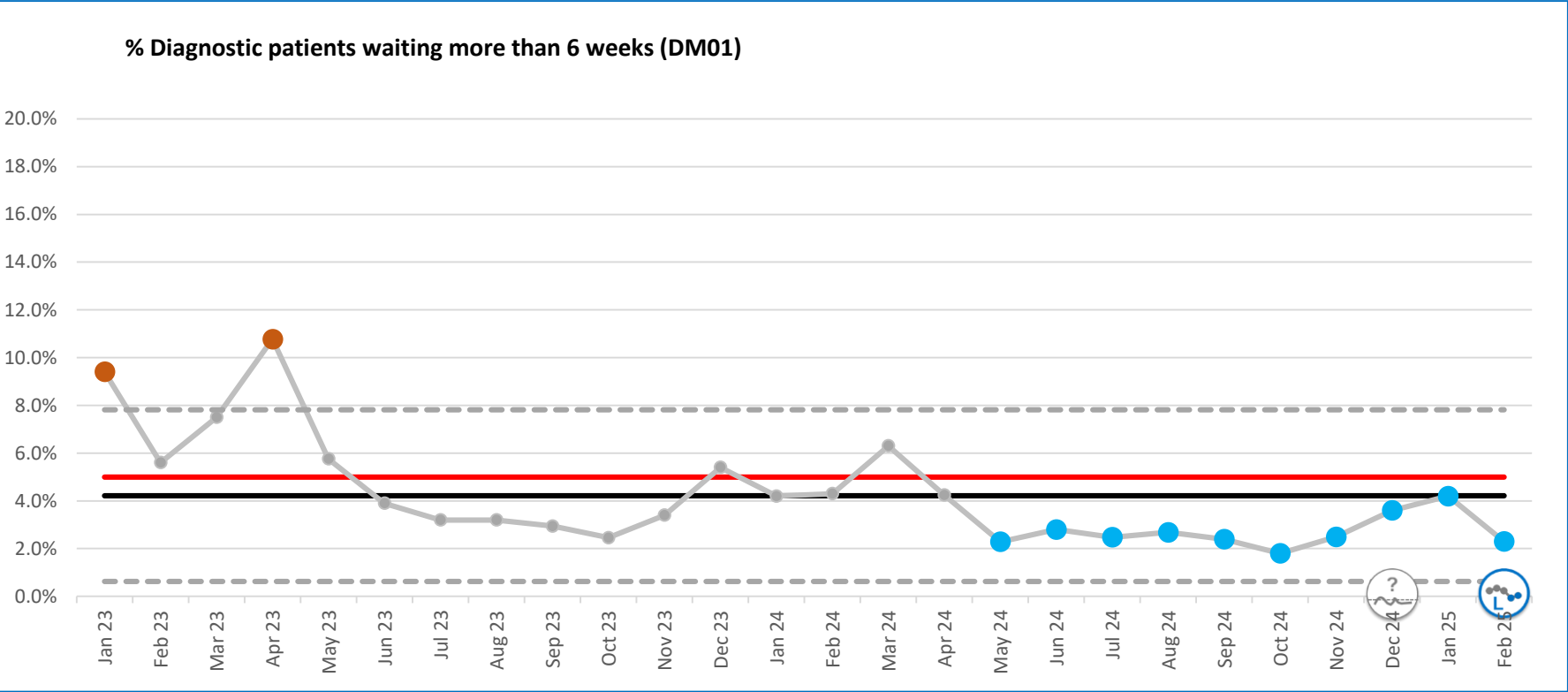
Metric is consistently failing the target

Background	What the chart tells us:	Issues	Actions	Context
Emergency Department patients waiting <=4 Hours	<p>Remains below target and will not reach the target without system and/or process change.</p> <p>2024/25 Operational Guidance requires A&E waiting times a minimum of 78% of patients seen within 4 hours.</p>	<p>Bed occupancy at over 99%.</p> <p>Late Evening & Overnight Breaches resulting from Dr waits.</p> <p>Demand continues to be high, pressured and above plan.</p> <p>Timely bed availability and high bed occupancy.</p> <p>Infection outbreaks pressuring bed availability.</p>	<p>Weekly Executive Oversight.</p> <p>Daily oversight, through daily bed and escalation meetings.</p> <p>Rotas to be amend to reflect demand/pressured parts of the day/night.</p> <p>Focus on patients LoS & criteria to reside with an emphasis on discharge.</p> <p>Review of ED Medical Staffing Rota completed, changes and recruitment ongoing.</p> <p>Daily focused support and presence across the pathway and board rounds.</p> <p>Continued focus on paediatric pathways maintaining flow especially for non-admitted pts.</p>	<p>January 2025</p> <p>Barnsley 54.7%, England 58.4%</p> <p>Ranking:</p> <p>England 75/121</p> <p>North East & Yorkshire 13/22</p>



January 2025
72.6%
Variance Type
Special cause of a concerning nature where the measure is significantly LOWER. This process is not capable. It will FAIL the target without process redesign.
Target
92%
Target Achievement
Metric is consistently failing the target

Background	What the chart tells us:	Issues	Actions	Context
RTT Incomplete Pathways	Remains below target and will not reach the target without system and/or process change.	<p>Continued focus on reducing patient cohort at risk of waiting >52 weeks , likely 50 at year end.</p> <p>Ongoing DQ validation reporting patients incorrect clock stops >52 weeks which may impact year end position.</p> <p>Sickness impact on delivery of elective programme.</p>	<p>All patients with a risk of 65 weeks breach being managed intensely.</p> <p>Forward planning for patients >52 specialty teams working to reduce patient waits below 52 weeks.</p> <p>Working with partners across SYB.</p> <p>Prioritise cancer and urgent patients.</p> <p>Working with workforce and finance teams to maximise use of available resources.</p>	<p>January 2025 Barnsley 72.6%, England 58.0 %</p> <p>Ranking: England 21/153 North East & Yorkshire 6/26</p>



February 2025

2.3%

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

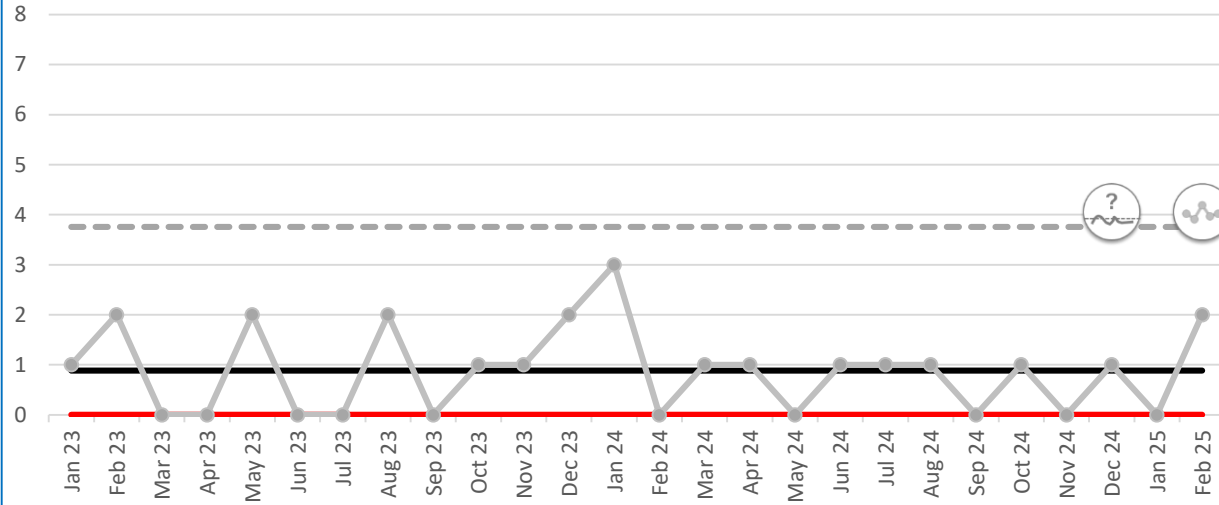
5.0%

Target Achievement

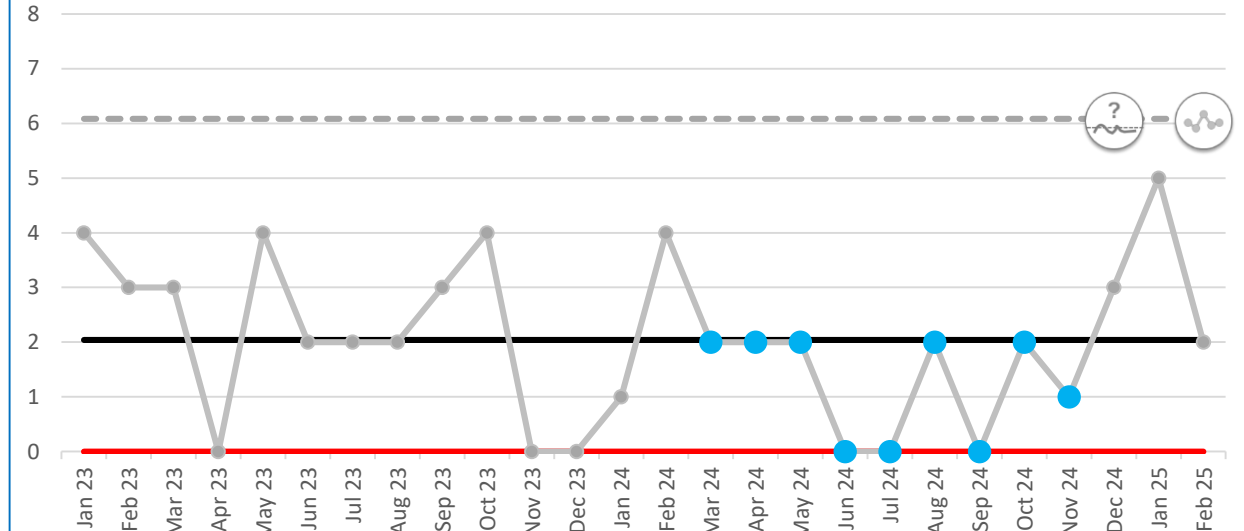
Metric will hit and miss the target

Background	What the chart tells us:	Issues	Actions	Context
Diagnostics	<p>Performance remains within control limits but will not hit constitutional target without continued focus.</p> <p>NHS England Operational target for 2023/24 as part of COVID recovery is 5% and is being achieved,</p>	<p>Prioritisation of cancer & urgent work, including 'carve out slots' held for those on cancer pathway.</p> <p>Resilient process for validation continues to be a weakness .</p> <p>Sickness in Endoscopy leading to increase in waits.</p>	<p>Cancer and Urgent referrals continue to be prioritised.</p> <p>Pressured specialities working to recover diagnostic position with additional sessions.</p> <p>Management of waiting list to allow timely and accurate updating of pathways, helping to support validation and dating of patients.</p> <p>Continued support from data quality team with validation & reporting.</p> <p>Support from workforce teams to manage sickness.</p>	<p>January 2025</p> <p>Barnsley 4.2%, England 22.4%</p> <p>Ranking:</p> <p>England 201/441</p> <p>North East & Yorkshire 24/64</p>

Incidents Involving Death



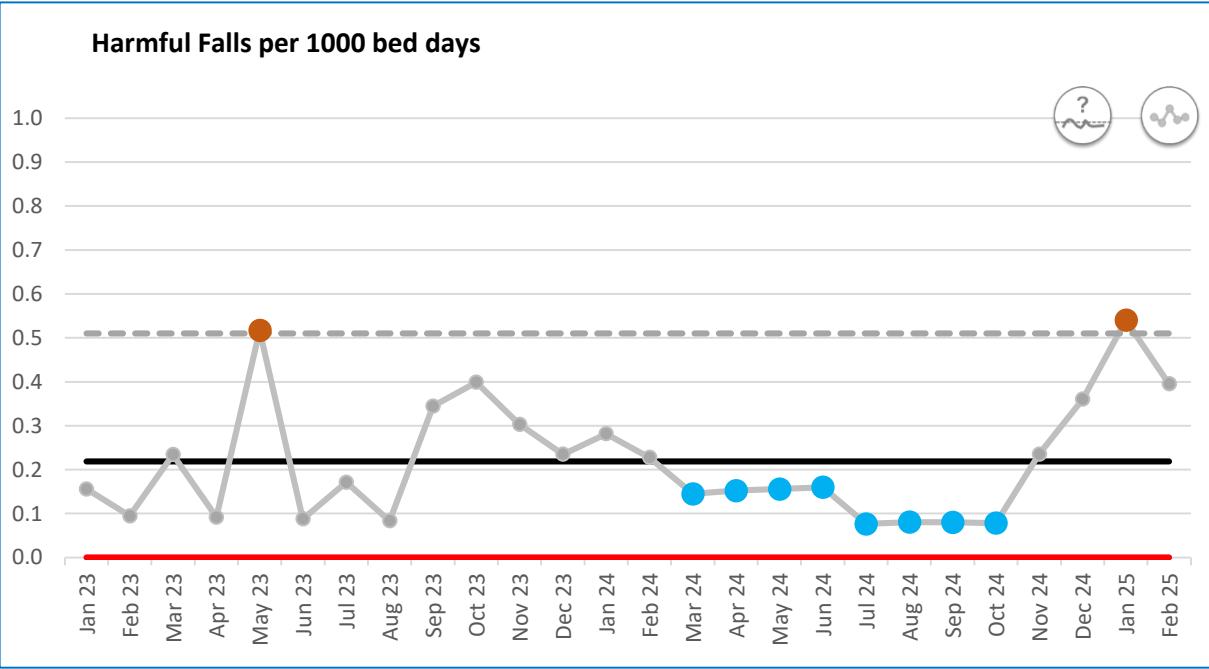
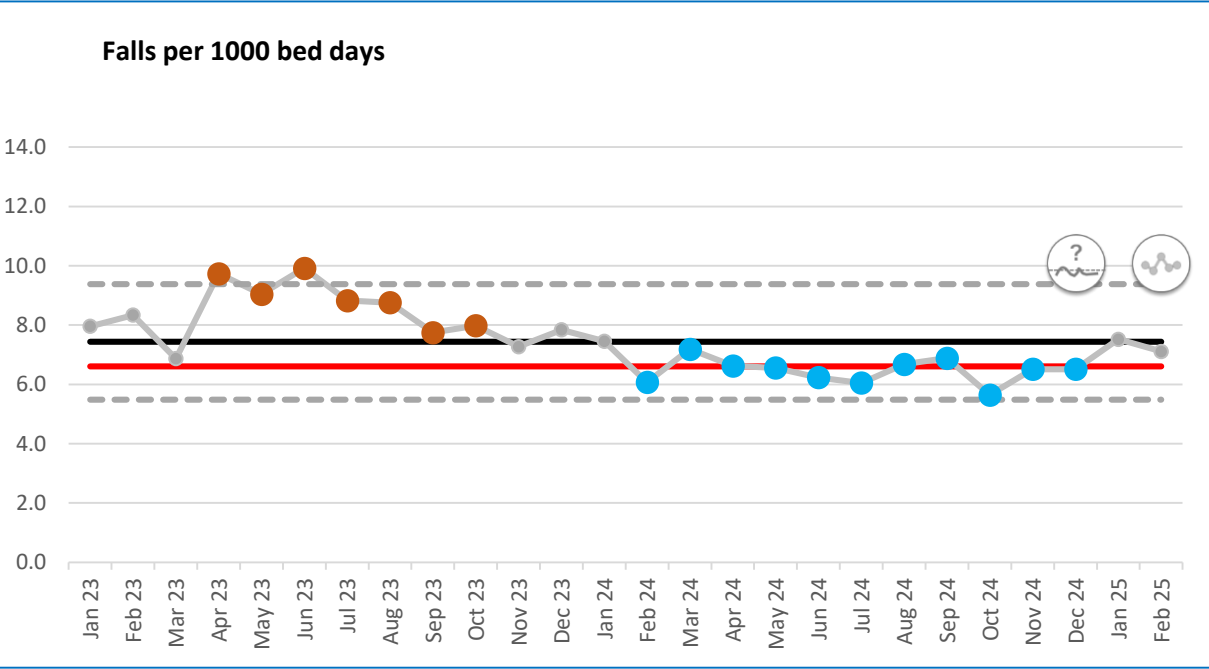
Incidents Involving Severe Harm



February 2025	Target	Variance Type
2	0	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)

February 2025	Target	Variance Type
2	0	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)

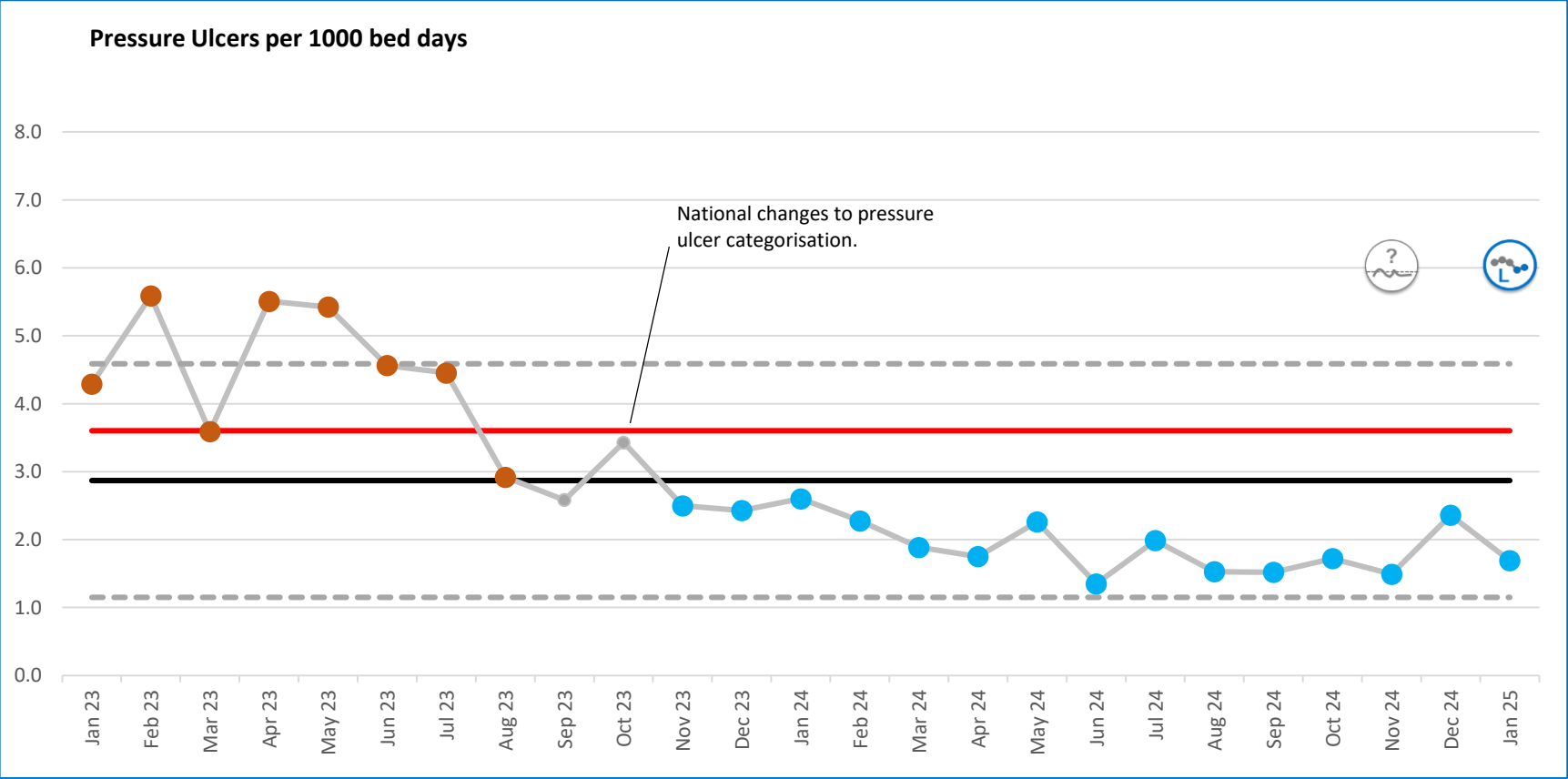
Background	Issues
Incidents under investigation involving death of a patient	<p>There were two incidents resulting in a fatal outcome</p> <ul style="list-style-type: none"> An inpatient experienced a cardiac arrest. Further information is being obtained and the level of harm remains under review An inpatient experienced complications from ill health. Further information is being obtained and the level of harm remains under review
Incidents under investigation involving severe harm	<p>There were two incidents resulting in severe harm.</p> <ul style="list-style-type: none"> An inpatient experienced a fall resulting in a fractured neck of femur. Duty of candour is underway and after action review to take place. An inpatient experienced a medication incident resulting in a GI bleed. Further information is being obtained and the level of harm remains under review
Patient Safety Incident Investigations	<p>There were two patient safety incident investigations (PSII) declared in the month</p> <ul style="list-style-type: none"> Retained product following surgery (never event) Transfer to intensive care



February 2025	Target	Variance Type
7.1	6.6	Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

February 2025	Target	Variance Type
0.4	0	Common cause variation, no significant change. (This occurs when target lies between process limits).

Background	What the chart tells us:	Issues	Actions
Inpatient Falls	<p>Falls – The number of incidents is below average for February 2025 and within normal variation.</p> <p>Harmful Falls – The number of incidents is above average for February 2025 and within normal variation.</p>	High acuity across ward areas. Additional bed spaces have been utilised.	<p>In response to the gradual increase of harmful falls, falls were reviewed to see if there was any themes and trends where improvements could be made. A number of falls were multifactorial and occurred at different times within 24 hours. After action reviews have been completed for all harmful falls moderate or above and then discussed at Falls Prevention Group. The review is a multidisciplinary approach where we look at what happened and if changes, improvements are requirements. As a result a number of recommendations / actions have been identified:</p> <ul style="list-style-type: none">- Introduce a post fall SWARM assessment (within 30 minutes of the fall)- Co-ordination of staff 24/7 to improve visibility- Decaffeinated drinks project to reduce urinary urgency particularly overnight- Use of bedrails training, weekly sessions available- Introduction of alert tag on patients electronic record to indicate an inpatient fall



January 2025

1.7

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).

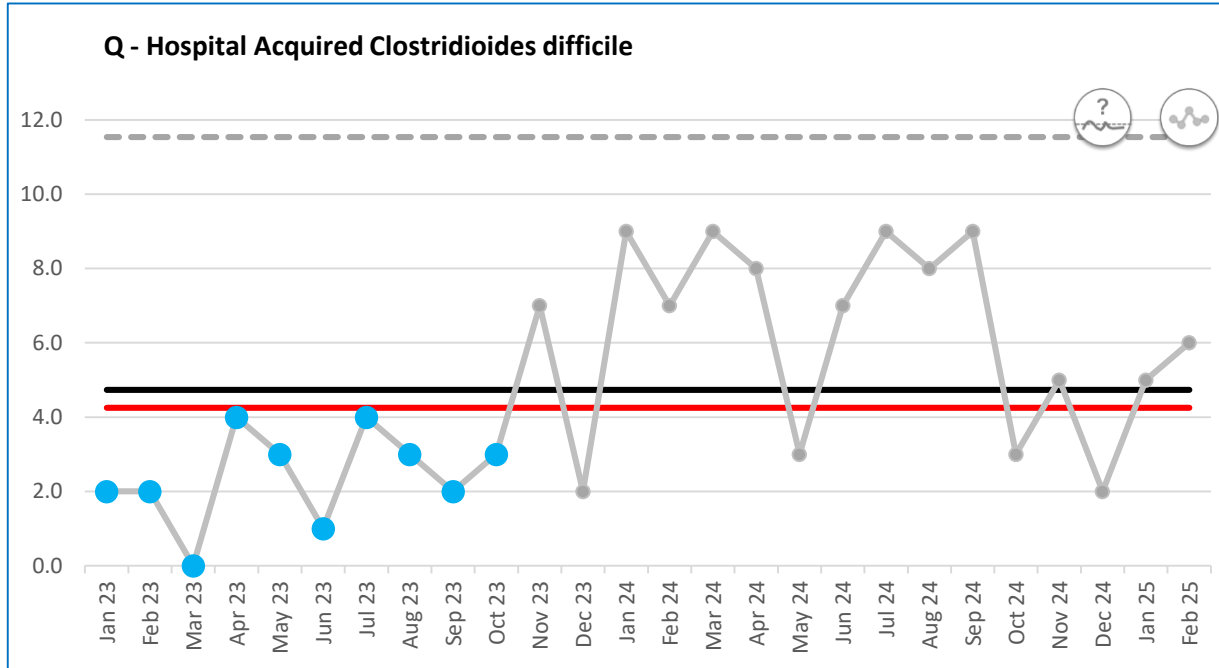
Target

3.6

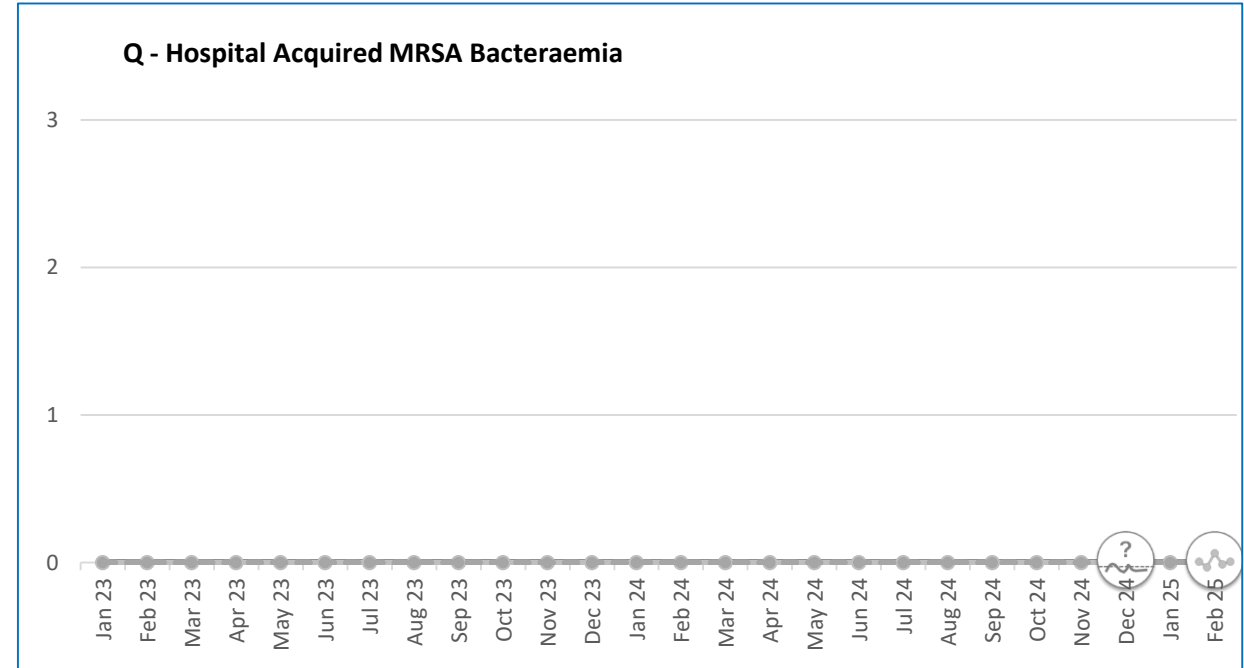
Target Achievement

Consistently passing target.

Background	What the chart tells us:	Issues	Actions
Pressure Ulcers	The number of pressure ulcer incidents is below average for January 2025 and has been below average for 18 months. The set Trust trajectory of below 3.6 has been achieved.	High acuity across ward areas. Additional bed spaces have been utilised.	Monthly Tissue Viability & Continence Steering Group, individual areas discuss how to reduce pressure ulcer incidents in their areas Individual charts for areas to review the number of pressure ulcers and analyse data. Investigation of all hospital acquired pressure ulcers. Local interventions in ward areas to reduce pressure ulcers. Skin care champions in place on ward areas. Tendable monthly reports . Practice educators in ward areas supporting staff in education and prevention of pressure ulcers. Two quality targets focused around pressure ulcers. Pressure Ulcer trajectories in place for 2024/2025.



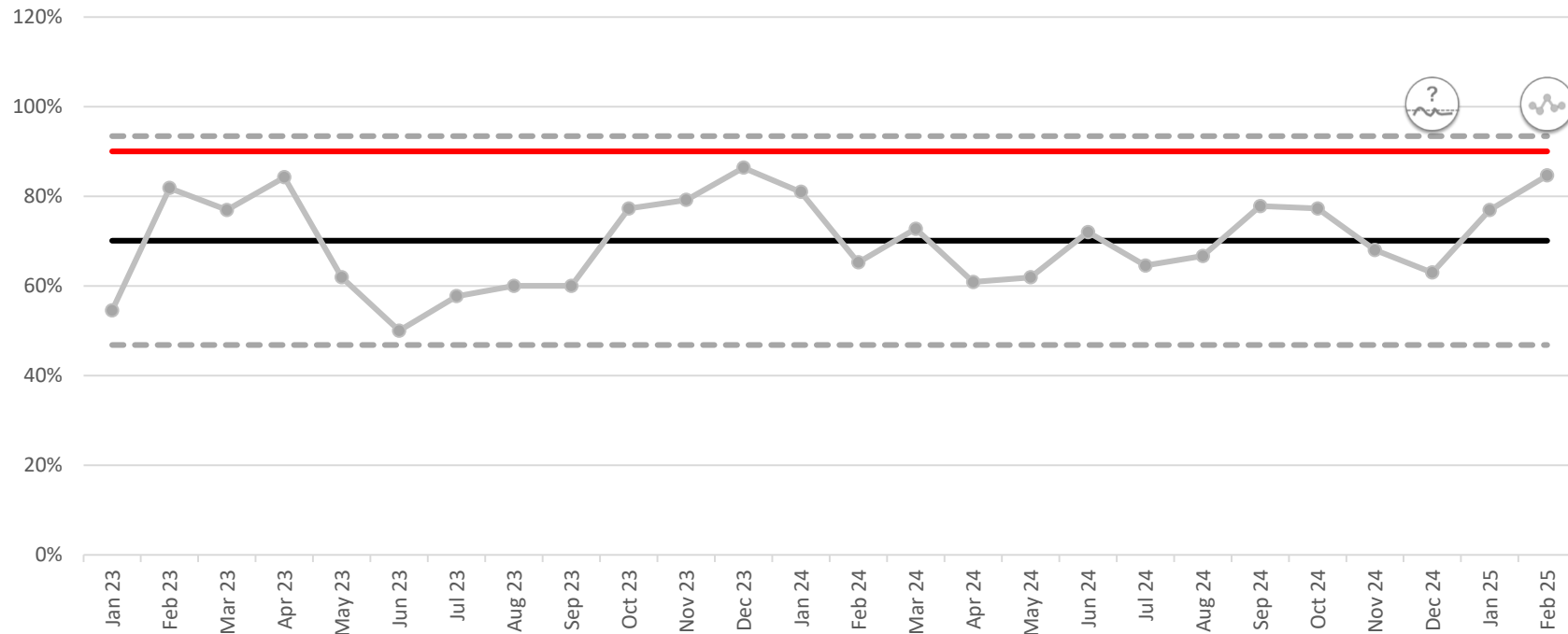
Feb 2025	Target	Variance Type
6 (65 ytd)	51 per yr	Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).



Feb 2025	Target	Variance Type
0	0	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	Actions
Infections	<p>Six patients were identified as having hospital attributed C.difficile infection.</p> <p>Two patients had community onset-healthcare attributed and four, hospital onset-healthcare attributed.</p> <p>One infection was a relapse.</p> <p>After action reviews are underway on five cases.</p> <p>No learning was identified into the investigation of the patient who had a relapse of infection.</p>

Complaints closed within 40 days (simple)



February 2025

85%

Variance Type

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

Target

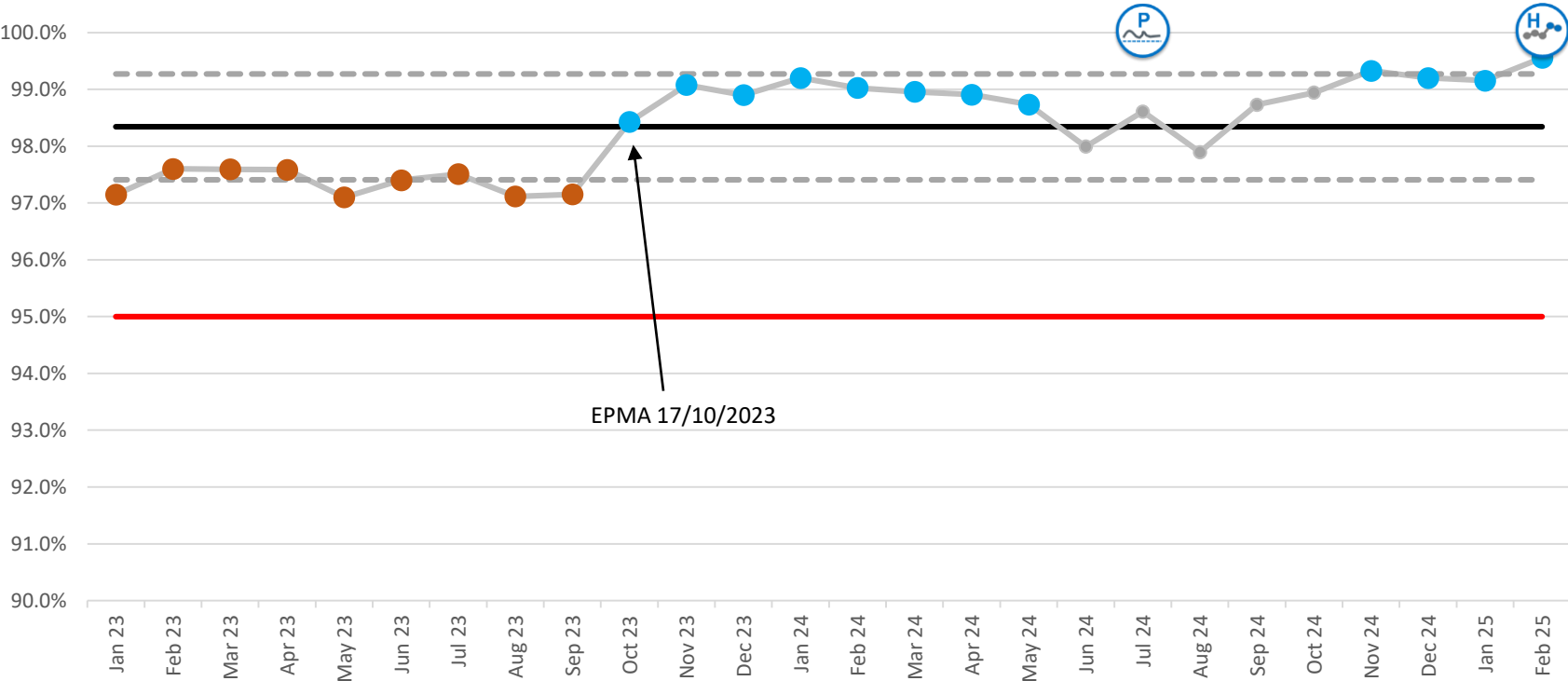
90%

Target Achievement

Measure is failing the target.

Background	What the chart tells us	Issues	Actions	Context
Complaints closed within 40 days (simple)	<p>85% of complaints were closed within the initial timeframe target of 40 working days (previously 77%) with an average of 46 days across the reporting month.</p> <p>100% of complaints were closed within the initial timeframe target of 60 working days.</p>	<p>There were two complaints which failed to achieve the 40 working day target:</p> <ul style="list-style-type: none"> One complaint investigation was delayed due to waiting for statements. One was delayed due to administration error. 	<p>Weekly email escalation processes in place to support the timely access to information and statements required to respond to formal complaints.</p> <p>Weekly updates to CBU triumvirates and Complaints Manager.</p> <p>Weekly exception reports to the DoN&Q and MD as required.</p> <p>Escalations at CBU performance meetings.</p>	<p>All complainants have been kept informed of the progress of their complaint response.</p>

VTE Screening Compliance



February 2025

99.6%

Variance Type

Special cause of an improving nature where the measure is significantly HIGHER. This process is capable and will consistently PASS the target.

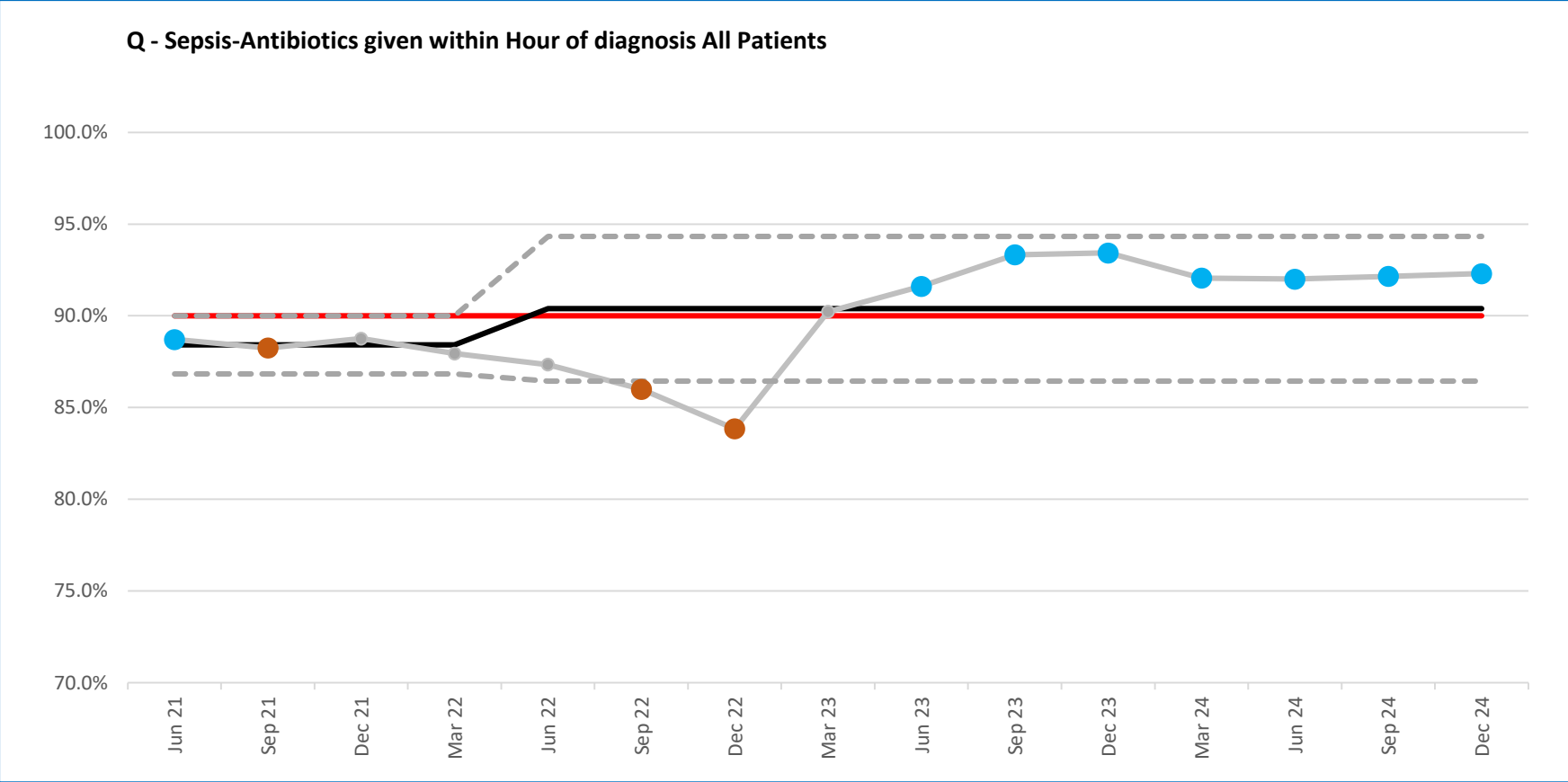
Target

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, with the addition of EPMA. Performance can be viewed on IRIS.	The clinical teams that have not achieved the target or are marginally above the target are informed and support is offered.	There continues to be annual review and update on the data specification for reporting. Where necessary manual validation of data is completed to accurately reflect performance.



Q3 2024/25

92%

Variance Type

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).

Target

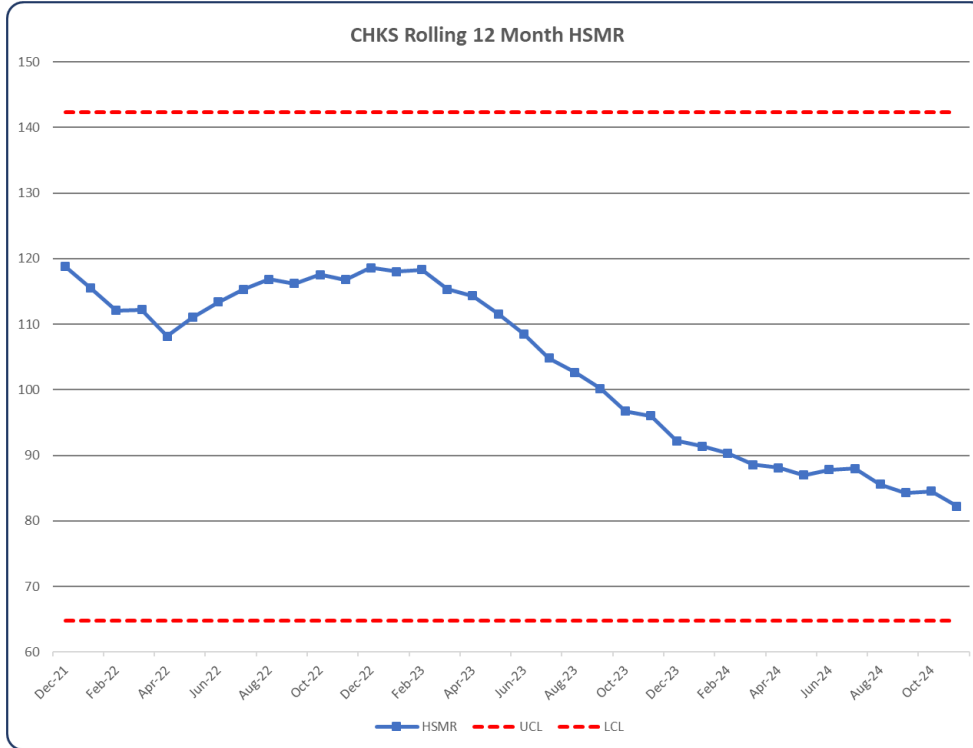
90%

Target Achievement

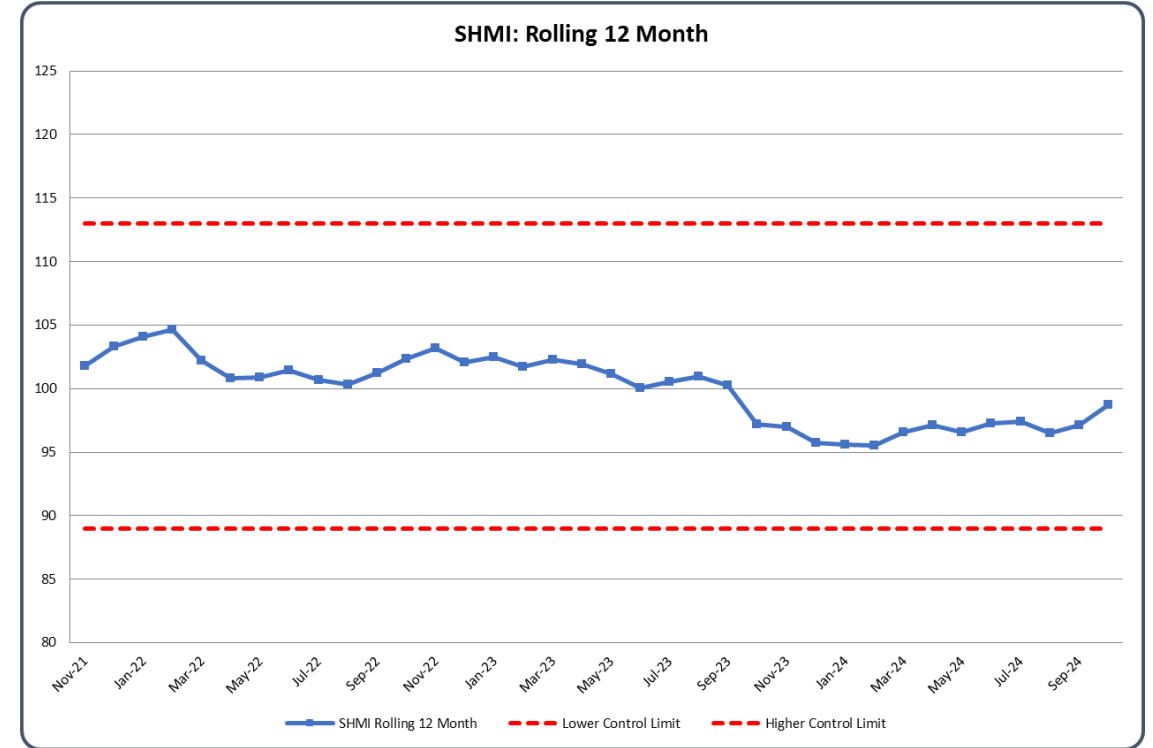
Will hit and miss the target.

Background	What the chart tells us	Issues	Context
Sepsis is a National Quality Requirement in the NHS Standard Contract 2024/25	The overall target is being achieved.	ED failed to achieve 90% in Q3.	<p>The target for inpatients is consistently met. ED achievement for Q3 is 89%. 90% were treated within 1 hr 6 mins. (The margin of failure for 90% within one hour equates to 4 patients.) No harm occurred to the patients.</p> <p>Patients with sepsis coded in the Primary, 1st & 2nd position are checked by the clinical lead for sepsis for accuracy and learning.</p>

HSMR



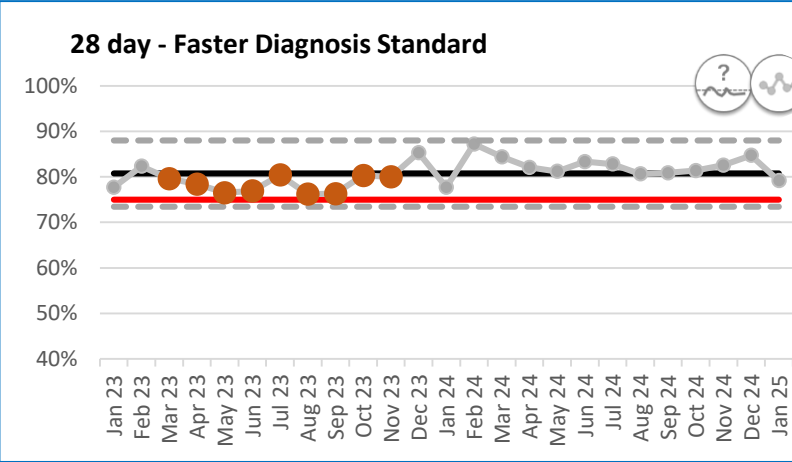
SHMI



Commentary

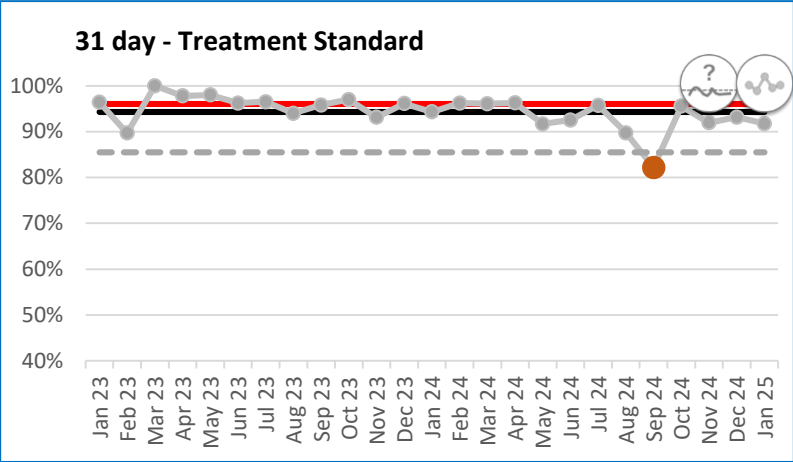
HSMR Rolling 12 Month: Dec 2023 – Nov 2024 **82.27**

SHMI Latest reporting period: Nov 2023 – Oct 2024 **98.74**



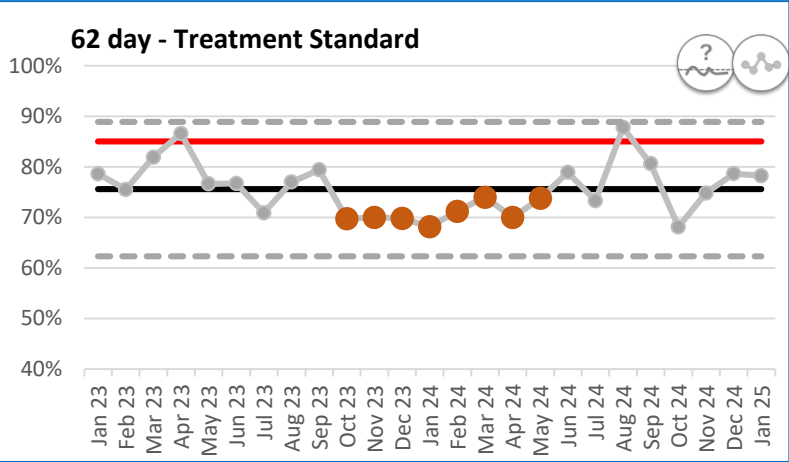
Jan 2025	Target	Variance Type
79%	75%	Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

28 day - Faster Diagnosis Standard	
Issues	High Performance continues within this standard.
Actions	Continue to monitor and work with challenged Tumour sites to maintain delivery



Jan 2025	Target	Variance Type
92%	96%	Special cause of a concerning nature where the measure is significantly LOWER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

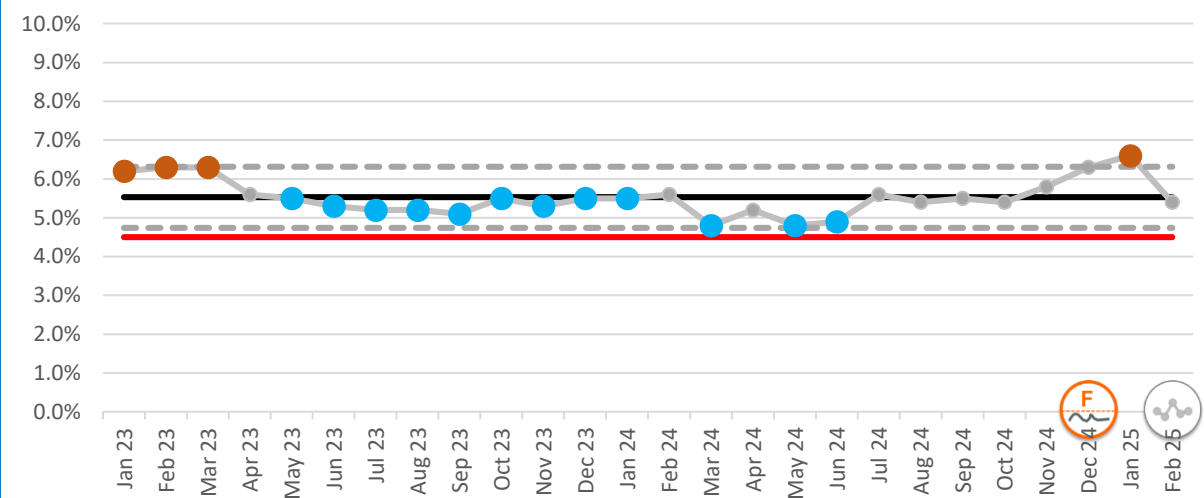
31 day - Treatment Standard	
Issues	Demand and capacity challenges in specific specialities Challenge continue at STH for Oncology and key Surgical Treatment functions in Urology.
Actions	Continue to monitor the Treatment timescales and work closely as a system to support Oncology provision. Additional elective & radiology capacity being sourced.



Jan 2025	Target	Variance Type
78%	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).

62 day - Treatment Standard	
Issues	Continuing to perform well against peers. Ongoing oversight of specific specialities, specifically colorectal, urology, Gynae, lung.
Actions	Detailed review of all long waiters and agree actions and support to resolve/address. Focused work in Lung pathway and support to early diagnosis. Escalation of histology delays to SY pathology network.

Sickness Absence

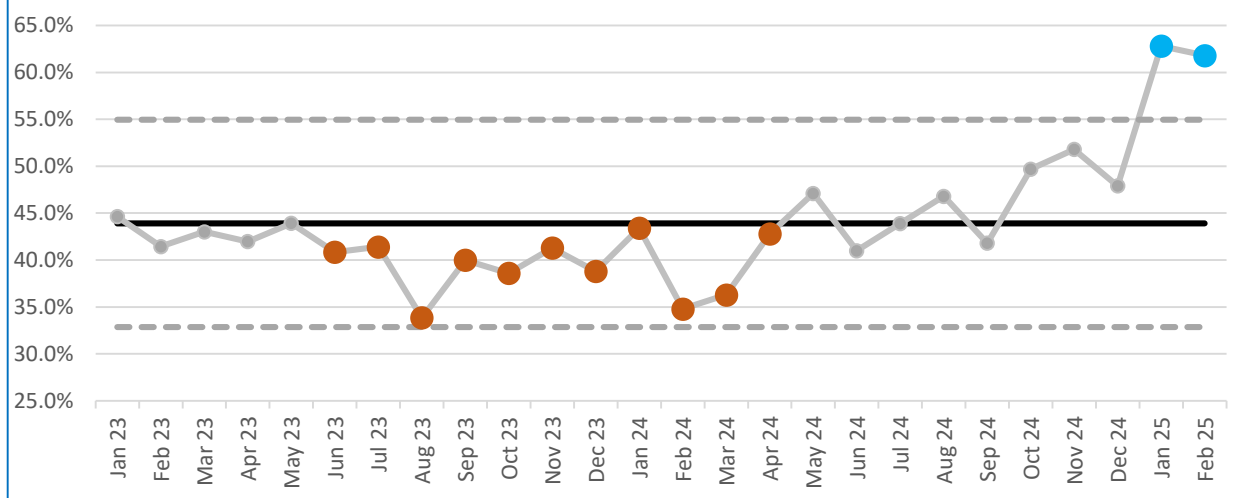


February 2025	Target	Variance Type
5.4%	4.5%	Special cause of a concerning nature where the measure is significantly HIGHER. This occurs where there is higher pressure in the process or deteriorating performance. This process is not capable. It will FAIL the target without process redesign.

Sickness Absence

Issues	Top high cost absence areas identified, and their sickness management action plans prioritised for impact.
Actions	Refocussed or continued focus CBU priority areas agreed for action planning, FlourishDX pilot areas to be identified with ET, new Acute Distressing Events psychological support policy to be approved at PC, analysis of carers leave and review of medical staff sickness management is underway.
Context	Position has improved in February, following a spike in cough, cold, flu absences in December and January.

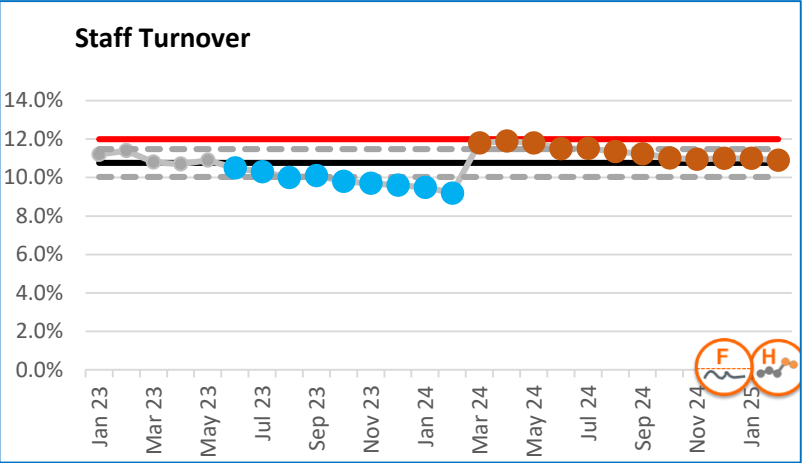
Return to Work Interviews



February 2025	Target	Variance Type
61.8%	70%	Common cause variation, no significant change..

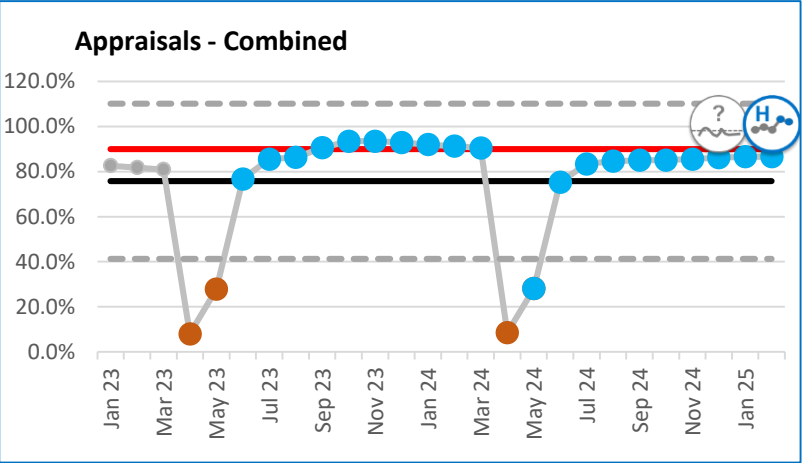
Return to Work Interviews

Issues	Data lag means the true completion figure is around 2 months behind.
Actions	HR weekly monitoring & escalation continues. Findings and analysis of suggested data exclusions is to be discussed at PEG.
Context	Showing improved progress towards target since reporting 2 months behind.



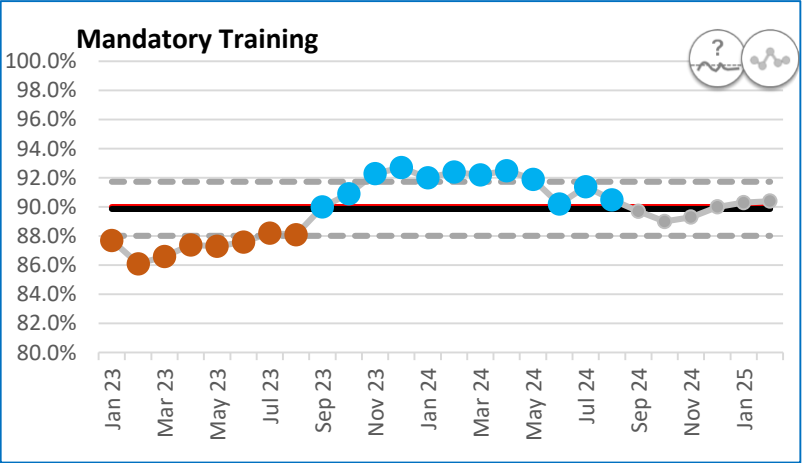
Feb 2025	Target	Variance Type
10.9%	12%	Special cause of an improving nature where the measure is significantly LOWER. This process is capable and will consistently PASS the target.

Staff Turnover	
Issues	Improving uptake and quality of exit interview discussions with leavers.
Actions	New 'Learning from Leavers' policy approved and uploaded to TAD. Further launch communications to follow.
Context	Cumulative staff turnover figure includes Pathology TUPE leavers in March 2024.



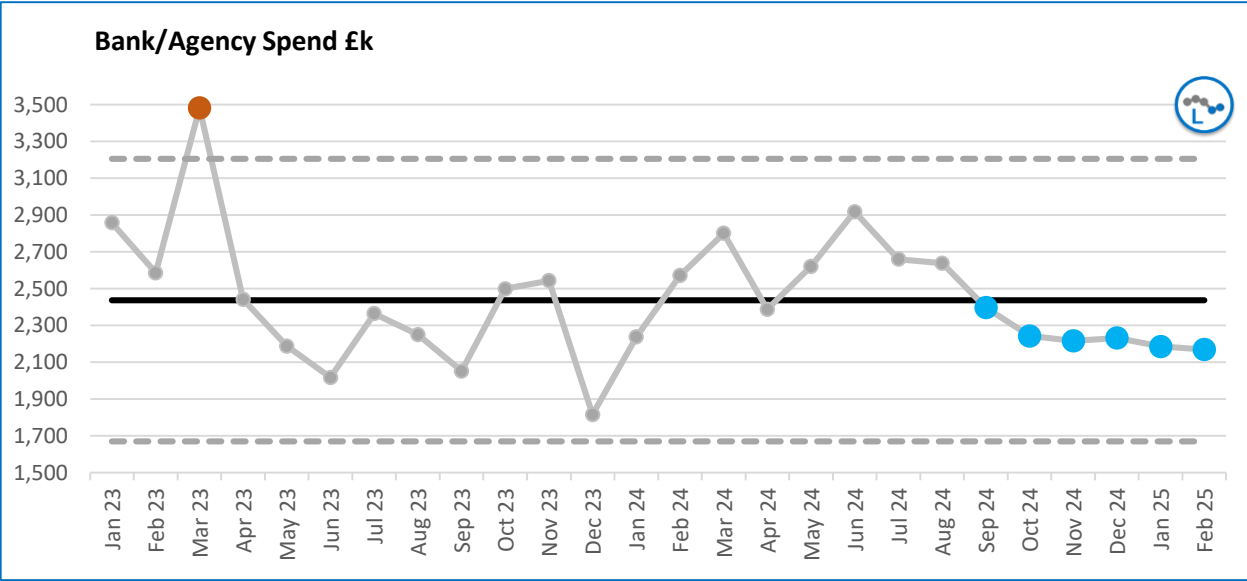
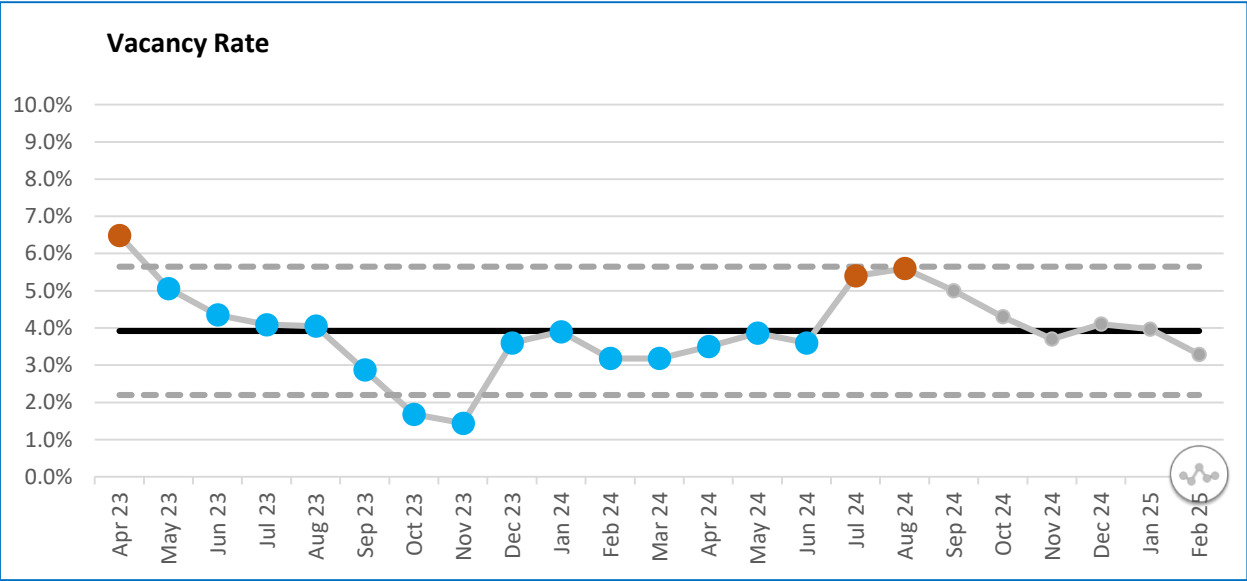
Feb 2025	Target	Variance Type
86.6%	90%	Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

Appraisals – Combined	
Issues	Reaching the target and ensuring quality discussion.
Actions	Weekly reporting on compliance. Promotion of 2025 appraisal season and training offer for appraisees & appraisers.
Context	2025 appraisal cycle to run from 1 April to 30 June.



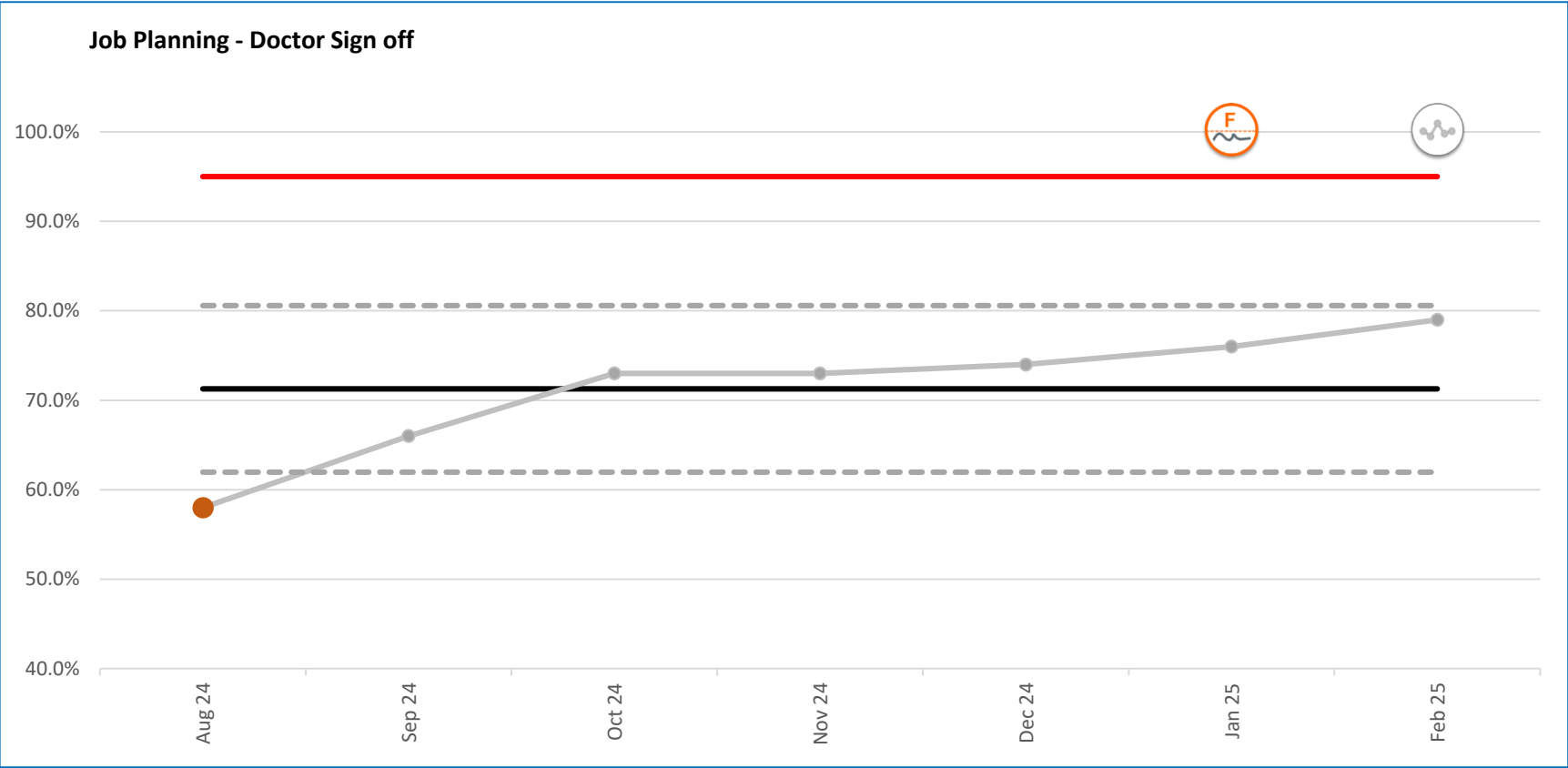
Feb 2025	Target	Variance Type
90.4%	90%	Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

Mandatory Training	
Issues	Maintaining target. Compliance target achieved for third consecutive month.
Actions	Weekly reporting on compliance. Quarterly MAST Approval Panel taking forward NHSE recommendations to optimise, rationalise and redesign.
Context	Internal audit final report Oct 2024 has given significant assurance for mandatory training governance, data quality and performance.



February 2025		Target	Variance Type
3.3%			Common cause variation, no significant change.
Vacancy Rate			
Issues	Approved increased establishment is showing in the vacancy rate whilst the recruitment is completed.		
Actions	Recruitment & Selection TFG Terms of Reference approved at PEG. New NHSE Time To Hire monthly data reporting against metric paused to allow creation of NHS Jobs functionality to automate the process.		
Context	From April to Dec 2024, 93.74% of colleagues were retained.		

February 2025		Target	Variance Type
£ 2,169k			Common cause variation, no significant change.
Bank/Agency Spend £k			
Issues	<ul style="list-style-type: none">Bank/agency spend is £0.347m overspent in month 11.Agency spend equates to 3.7% of in-month pay costs above NHSE's 3.2% cap.There has been some further progress implementing EPP / recovery plan actions however more needs to be done.		
Actions	<p>EPP / recovery plan workforce KLOE actions along with improved oversight controls to continue which include:</p> <ul style="list-style-type: none">further bank spend reduction through improved oversight controls and substantive recruitment.further agency spend reduction through improved oversight controls and substantive recruitment, where appropriate.		
Context	<ul style="list-style-type: none">Bank spend has increased from 2019/20 by £6.5m after adjusting for inflation resulting in the Trust now spending £18m on bank staffAgency spend has increased from 2019/20 by £4.6m after adjusting for inflation resulting in the Trust now spending £11m on agency staffNHSE agency spend cap of 3.2% of pay costs		



February 2025

79%

Variance Type

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.

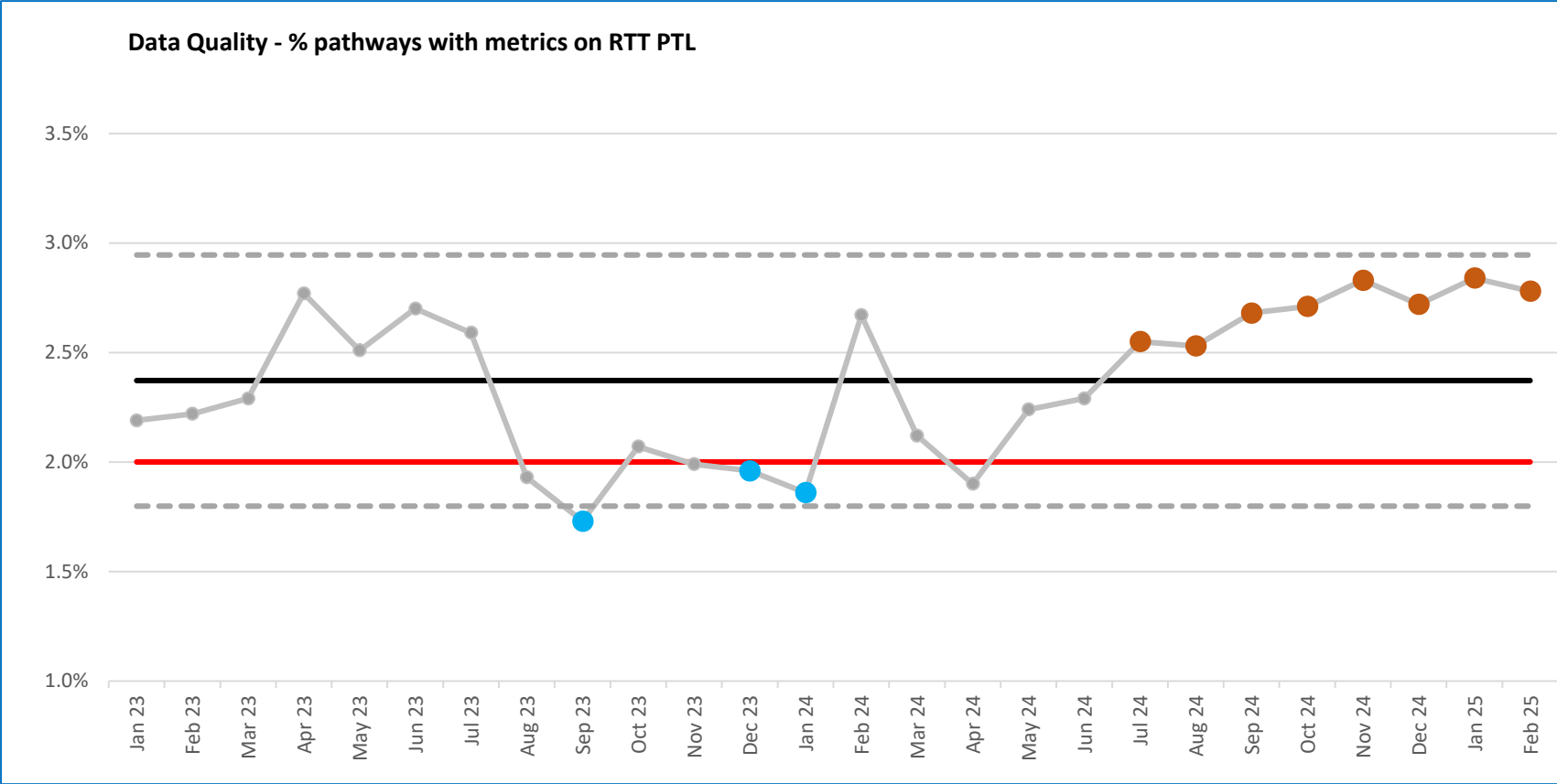
Target

95%

Target Achievement

Measure is failing the target.

Background	What the chart tells us:	Issues	Actions
Job Planning – Doctor Sign off	The chart shows the current status of job planning; specifically, the percentage of Consultants and SAS/Specialist Doctors who have signed off a job plan in the last 12 months.	Recent communications from NHS England stipulate a target of 95% of job plans signed off within a 12-month period. The Trust has previously set a target of 90%. Performance will drop at the start of the financial year due to the 3-month job planning window refreshing, however we should be in a position to achieve the monthly target from July onwards.	CBU and Service Management teams will need to focus efforts to achieve the 95% target during the April to June job planning window. <div>Page 85 of 120</div>



February 2025

2.78%

Variance Type

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

Target

2.0%

Target Achievement

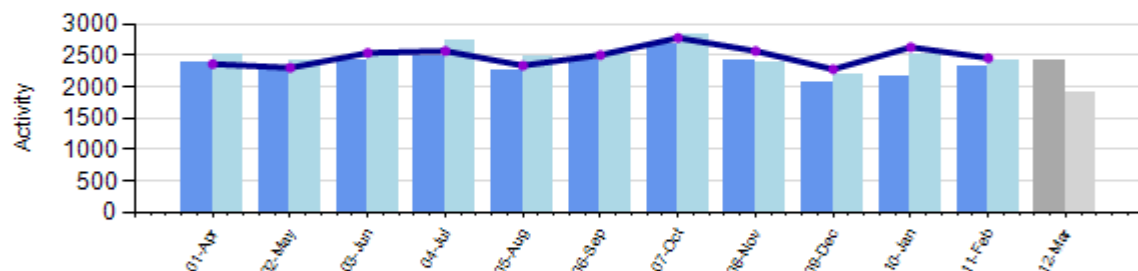
Will hit and miss the target.

Background	What the chart tells us	Issues	Actions	Context
2% target Protecting & Expanding Elective Capacity Action on validation	We are above target by 0.78%.	Patients can have more than one pathway in the same specialty. Pathways continue to be created when they already have a pathway set up in many cases.	Continue to validate any potential duplicate pathways and raise with CBU's for training where necessary.	Validation of RTT pathways. The board receives a report showing current validation rates, utilising available data quality (DQ) reports to target validation, with progress reported to board at monthly intervals. This should include use of the nationally available LUNA system (or similar) to address data quality errors and identify cohorts of patients that need further administrative and clinical validation.

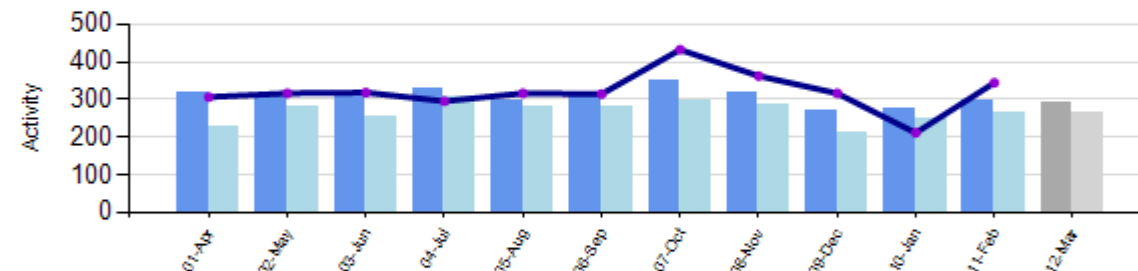
2024/25 Year to Date Activity

POD Type	2024/25 Plan	2024/25 Actuals	Variance	% variance to plan	19/20 Actuals	% variance to 19/20
A&E Attendances	94,610	97,575	2,965	3%	95,623	2%
Elective Daycases	25,958	27,478	1,520	6%	27,338	1%
Elective Inpatients	3,392	2,933	(459)	-14%	3,530	-17%
Maternity Pathway	5,940	4,462	(1,478)	-25%	5,940	-25%
Non Elective	40,936	43,849	2,913	7%	39,760	10%
Outpatient excl. Procedures	296,435	296,305	(130)	0%	274,007	8%
Outpatient Procedures	55,430	61,763	6,333	11%	59,469	4%

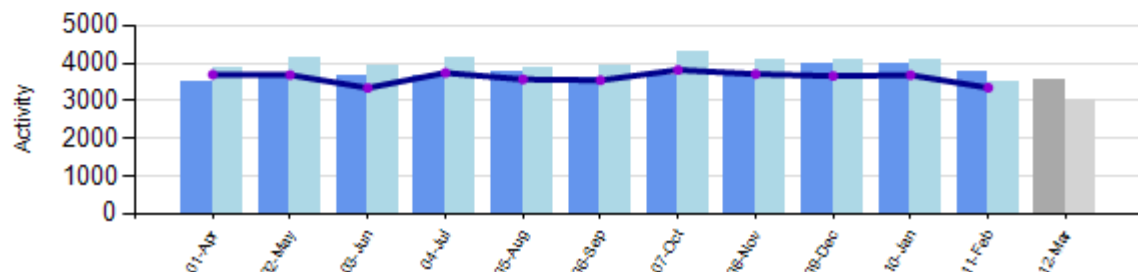
Day Cases



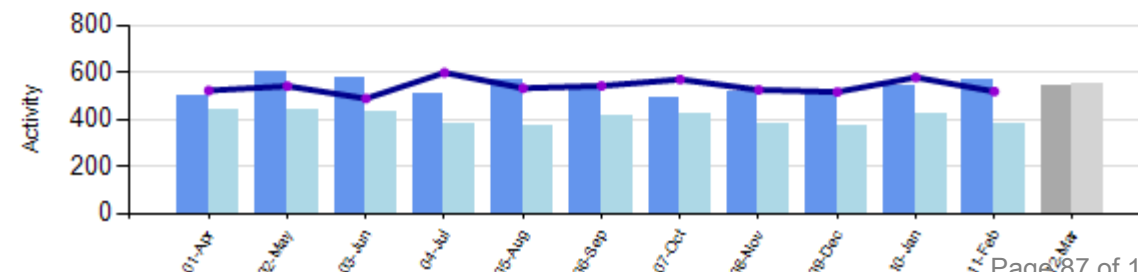
Elective Inpatients

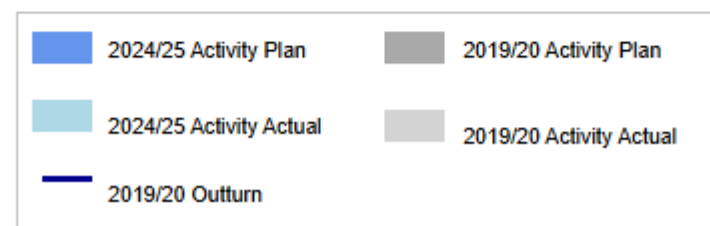
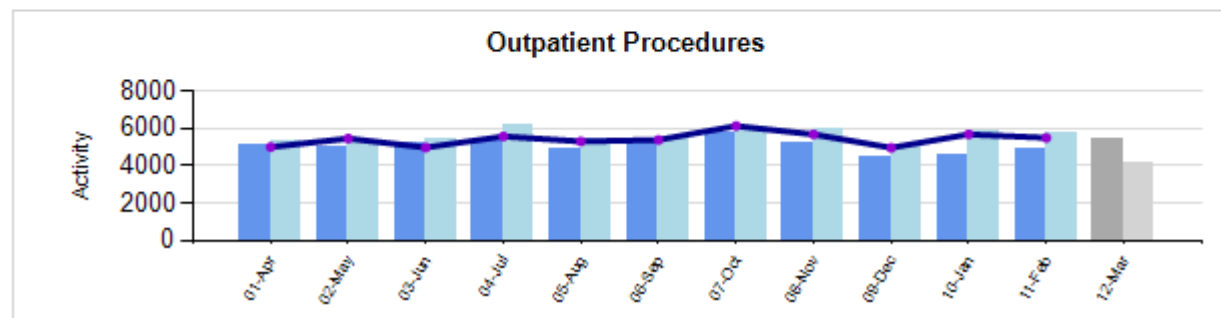
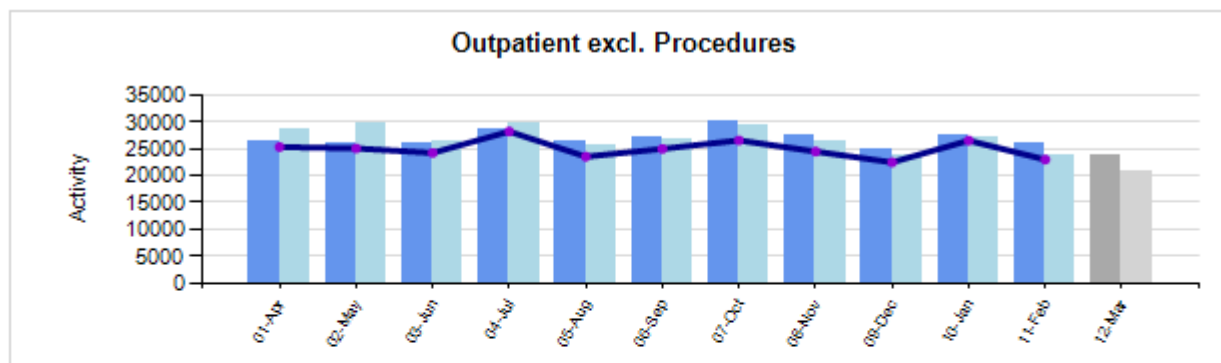
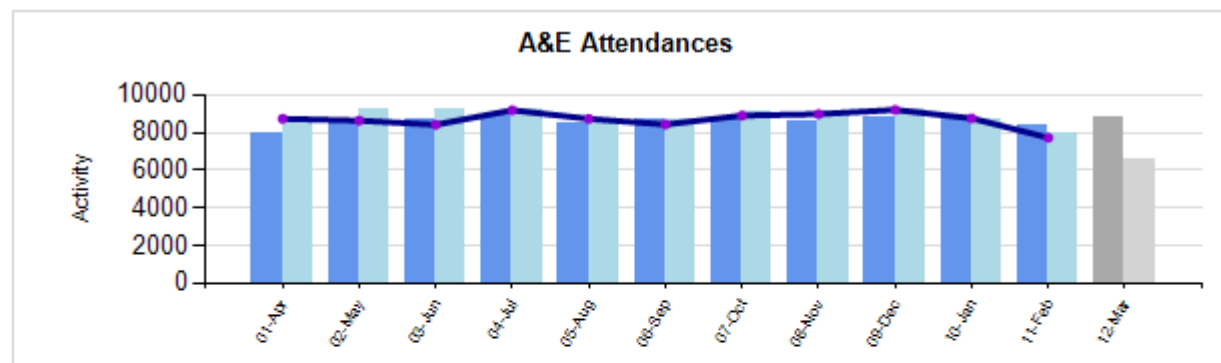


Non Elective Inpatients



Maternity Pathway





Commentary

Currently 92 patients above 52 weeks.

Slight growth in waiting list being explored.

Validation of patient wait lists in all specialities commencing Q1 2025/2026.

Clinical business units continue to work towards eliminating patients waiting greater than 52 weeks. Trauma & Orthopaedic, Gynaecology, Oral & Max Fax pts are currently accounting for the largest proportion of patients waiting over 52-weeks.

RTT – Clinical business units continue recovery to 92%, upward trend continues month on month. Speciality specific stretch to >95% in year to achieve a bottom line delivery.

Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff continues to slowly increase.

Capped Theatre utilisation 78.8%, correlates to 'on the day' cancellations. Clinical Business unit implementing schemes to reduce and improve fill rate of all lists.

Finance Performance

February 25 Summary

RAG Rating Summary Performance:		
Finance	Planned Financial Position	<p>As at Month 11 the Trust has a consolidated surplus of £1.297m against a planned deficit of £1.161m giving a favourable variance of £2.458m. NHSE adjusted financial performance after taking into account income and depreciation in respect of donated assets (£59k) and granted assets (£94k), is a surplus of £1.450m against an adjusted plan of £1.007m giving a favourable variance of £2.457m. This is after releasing further non-recurrent flexibilities and accounting for the retention of CDC funding.</p> <p>The forecast year-end position is a surplus of £2.1m due to non-recurrent benefits and accounting for the retention of CDC funding.</p>
	Planned Cash Position	Cash balances have increased in month by £1.809m and are £5.208m higher than planned, mainly due to capital programme slippage and timing of creditor payments.
	Capital Plan	Capital expenditure for the year is £5.275m, which is £5.771m below plan. The slippage is expected to recover over the year with total forecast spend of £14.734m.

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

Finance Performance

February 25 Summary

Performance - Financial Overview								
	Month Plan	Month Actual	Variance	Variance %	Plan YTD	Actual YTD	Variance	Variance %
ACTIVITY LEVELS (PROVISIONAL)								
Elective inpatients	276	249	(27)	-9.78%	3,096	2,670	(426)	-13.76%
Day cases	2,152	2,475	323	15.01%	23,649	25,031	1,382	5.84%
Outpatients	29,255	29,949	694	2.37%	297,994	307,362	9,368	3.14%
Non-elective inpatients	4,000	4,001	1	0.03%	37,195	40,268	3,073	8.26%
A&E	8,800	8,683	(117)	-1.33%	86,253	89,680	3,427	3.97%
Other (excludes direct access tests)	15,145	11,129	(4,016)	-26.52%	123,882	111,308	(12,574)	-10.15%
Total activity	59,629	56,486	(3,143)	-5.27%	572,069	576,319	4,250	0.74%
INCOME								
	£'000	£'000	£'000		£'000	£'000	£'000	
Elective inpatients	1,170	1,004	(166)	-14.19%	13,436	11,099	(2,337)	-17.39%
Day Cases	1,956	2,044	88	4.50%	21,990	24,121	2,131	9.69%
Outpatients	3,530	3,625	95	2.69%	40,619	42,208	1,589	3.91%
Non-elective inpatients	9,987	8,900	(1,087)	-10.88%	107,902	110,041	2,139	1.98%
A&E	1,589	1,488	(101)	-6.36%	17,984	18,528	544	3.02%
Other Clinical	7,828	10,801	2,973	37.98%	85,873	84,395	(1,478)	-1.72%
Other	2,240	2,967	727	32.46%	24,464	25,445	981	4.01%
Total income	28,300	30,829	2,529	8.94%	312,268	315,837	3,569	1.14%
OPERATING COSTS								
	£'000	£'000	£'000		£'000	£'000	£'000	
Pay	(20,107)	(20,024)	83	0.41%	(224,517)	(227,030)	(2,513)	-1.12%
Drugs	(1,649)	(1,696)	(47)	-2.85%	(18,477)	(18,815)	(338)	-1.83%
Non-Pay	(5,506)	(6,063)	(557)	-10.12%	(62,045)	(60,314)	1,731	2.79%
Total Costs	(27,262)	(27,783)	(521)	-1.91%	(305,039)	(306,159)	(1,120)	-0.37%
EBITDA								
	1,038	3,046	2,008	193.45%	7,229	9,678	2,449	33.88%
Depreciation	(683)	(700)	(17)	-2.49%	(7,322)	(7,250)	72	0.98%
Non Operating Items	(102)	(116)	(14)	-13.73%	(1,068)	(1,130)	(62)	-5.81%
Surplus / (Deficit)	253	2,230	1,977	781.42%	(1,161)	1,298	2,459	-211.80%
NHSE adjusted financial performance								
	19	2,153	2,134	11231.58%	(1,021)	1,437	2,458	-240.74%

The key points derived from this table are as follows:

- NHS England (NHSE) have non-recurrently funded the agreed South Yorkshire (SY) system £49.0m deficit plan submitted in June. The Trust are receiving £4.99m of this allocation which reduces the £5.5m final plan deficit approved by the Board of Directors to £0.509m deficit.
- As at Month 11 the Trust has a consolidated surplus of £1.297m against a planned deficit of £1.161m giving a favourable variance of £2.458m. NHSE adjusted financial performance after taking into account income and depreciation in respect of donated assets (£59k) and granted assets (£94k), is a surplus of £1.450m against an adjusted plan of £1.007m giving an adverse variance of £2.457m. This is after non-recurrent benefits and accounting for the retention of CDC funding.
- 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. ERF income is £0.969m favourable to plan and advice & guidance is £0.669m favourable.
- In-month activity is 7.31% less than last month and it is 8.55% below plan for the month with elective inpatients, Non-elective inpatients, A&E and other adverse to plan. The acuity of patients presenting at ED and requiring admission continues to be high, with higher than usual length of stay as a result.
- Total income is £3.569m favourable to plan mainly due to overperformances on NHS clinical activity income.
- Pay costs are £2.513m adverse to plan, this includes £4.319m non-recurrent benefits. Temporary staff overspends continue with bank £1.467m adverse and agency £2.472m adverse. After excluding non-recurrent benefits the remaining adverse variance is a combination of not delivering pay efficiencies due to a very challenged operational site including ED; which has also seen additional costs incurred as a consequence of having winter capacity open, additional resources deployed in ED and higher than expected sickness levels.
- The forecast year-end position is a surplus of £2.1m due to non-recurrent benefits and accounting for the retention of CDC funding.

Finance Performance

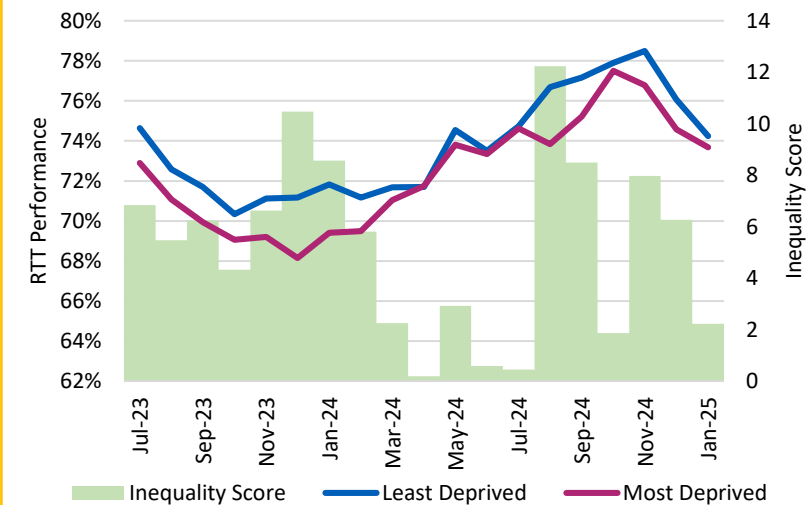
Performance - Financial Overview								
	Month	Month			Plan	Actual		
	Plan	Actual	Variance	Variance %	YTD	YTD	Variance	Variance %
	£'000	£'000	£'000		£'000	£'000	£'000	
Capital Programme								
Capital Spend - internally funded	(1,710)	(841)	869	50.82%	(8,950)	(4,473)	4,477	50.02%
Capital Spend - externally funded	(449)	(43)	406	90.42%	(2,096)	(802)	1,294	61.74%
Statement of Financial Position (SOF)								
Inventory					1,802	1,856	54	3.00%
Receivables					11,726	15,321	3,595	30.66%
Payables (includes accruals)					(44,877)	(41,594)	3,283	7.32%
Other Net Liabilities					(3,527)	(4,305)	(778)	-22.06%
Cash & Loan Funding					£'000	£'000	£'000	
Cash					15,536	20,744	5,208	33.52%
Loan Funding					0	0	0	
Efficiency and Productivity Programme (EPP)					£'000	£'000	£'000	
Income					1,192	2,131	939	78.81%
Pay					7,774	4,928	(2,847)	-36.62%
Non-Pay					1,236	2,571	1,336	108.10%
Total EPP					10,202	9,630	(572)	-5.61%
KPIs								
EBITDA %	3.67%	9.88%	6.21%	169.38%	2.31%	3.06%	0.75%	32.36%
Surplus / (Deficit) %	0.89%	7.23%	6.34%	709.12%	-0.37%	0.41%	0.78%	-210.54%
Better Payment Practice Code (BPPC)								
Number of invoices paid within target					95.0%	94.4%	-0.63%	-0.67%
Value of invoices paid within target					95.0%	91.0%	-3.96%	-4.17%
<ul style="list-style-type: none"> The internally funded underspend is across IT, Estates and Medical equipment schemes. Externally PDC funded underspend is on IT scheme slippage. All of which are expected to recover over the year with total forecast spend of £14.734m. Receivables are above plan due to timing of receipt of NHS clinical income. Payables are below plan due to accrual reductions, timing of trade creditors payments and capital programme slippage. Other Net Liabilities are above plan due to timing difference in receipt of education & training monies in advance and treated as deferred income. Cash balances have increased in month by £1.809m and are £5.208m higher than planned, mainly due to capital programme slippage and timing of creditor payments. Income schemes are above plan due to activity productivity related schemes. Pay schemes are below plan due to not delivering efficiency due to a very challenged operational site; partially offset by corporate vacancies and digital. Non-pay schemes are above plan mainly due to medicines management, estates and procurement savings. 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. Performance has deteriorated slightly from last month on value and volume; both remain below the 95% target. 								

Finance Performance

February 25 Summary

Performance - Financial Overview													
NHS Oversight Metrics													
		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Run Rate Expenditure		(28,074)	(28,353)	(27,255)	(28,147)	(26,571)	(27,311)	(32,700)	(29,420)	(28,426)	(28,669)	(28,483)	
Financial efficiency - variance from efficiency plan	Year To Date			(84)	(185)	(391)	(875)	287	909	355	(152)	(572)	
Financial stability - variance from plan	Year To Date	(450)	(733)	(304)	(107)	(498)	(914)	(257)	(117)	324	484	2,458	
Agency spending	In Month	4.3%	4.9%	5.7%	5.2%	5.0%	4.7%	3.7%	3.5%	3.8%	3.2%	3.7%	

RTT Performance



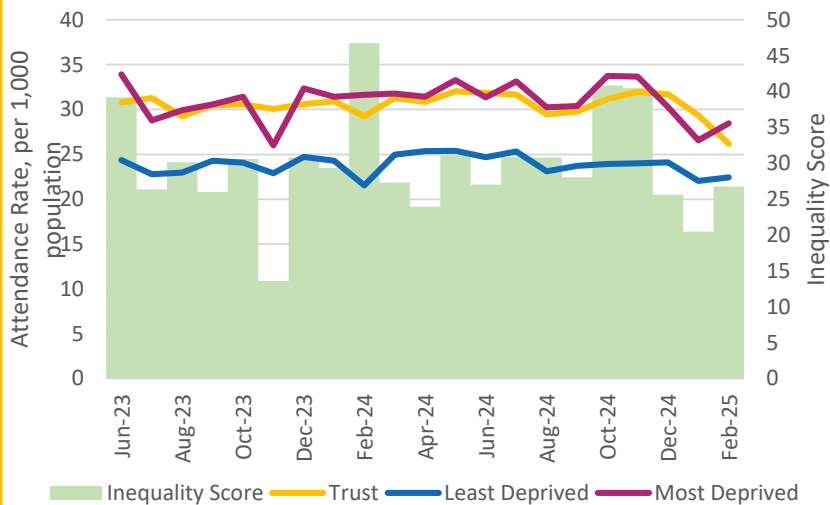
Summary

The lines in the graph tell us the proportions of those on the PTL waiting under 18 weeks for our most deprived (IMD 1) or least deprived (IMD 7-10) patients. The inequality score allows us to compare the relative difference between the two cohorts. Those in the most deprived decile have a lower performance against the RTT incomplete standard – meaning they're waiting longer. The inequality score is showing us that the gap between these cohorts has fallen in the most recent months.

Actions

- Continuation of the implementation of the Whales.
- Working is beginning with PCN, to have Health and Wellbeing coaches to help support those on our PTL who are identified as being at a higher risk of health inequalities.

ED Attendances – Barnsley Residents only



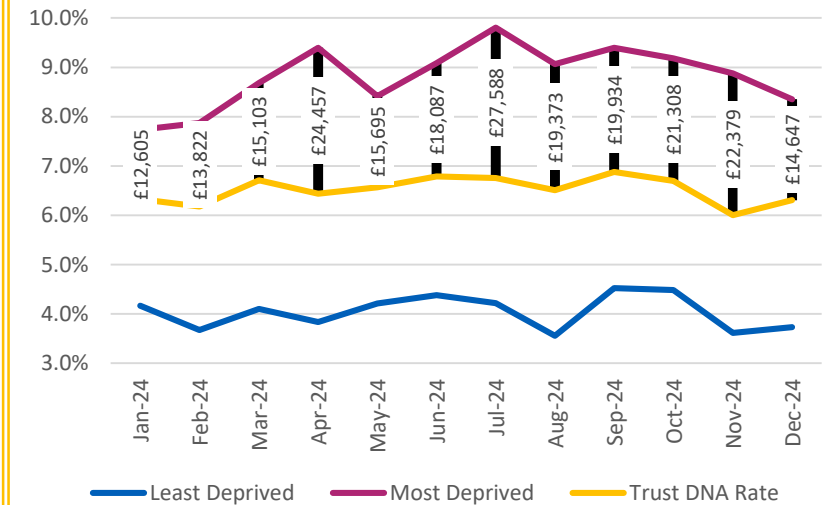
Summary

The most deprived attendance rate tracks very closely with the overall attendance rate with the most affluent being consistently lower. The inequality score shows that the gap is also steady. The most deprived attendance rate had been decreasing over winter to below the overall trust level but has increased again in February.

Actions

- We are working with the council in identifying cohorts of patients who are likely to be high-intensity users of ED and engage with service users to get a deeper understanding.
- We are also in the process of establishing a local dataset looking at housing characteristics which will help further help our understanding of our population.
- We would like to explore ways to integrate health inequalities risk into clinical decision making in urgent and emergency services.

DNA Rates – Financial Implications



Summary

The graph looks at the monthly DNA rate split by the most and least deprived patients alongside the trust rate. If we were to reduce the DNA rate of the most deprived patients to the trust average we can look at the potential savings across the trust by targeting those living in our most deprived communities. Assuming the average cost of a missed outpatient appointment is £120, in 2024 this would have totalled £224,999.

Actions

- A DNA predictor tool will be piloted in Endocrinology which will look at applying a health inequalities score to the future booked appointments in the specialty. This will allow our colleagues to contact those who have a higher score and therefore more likely to be affected by health inequalities to support the most vulnerable to attend their appointments.
- We are currently analysing the impact of the CDC and other diagnostic service initiatives on DNA rates in different groups.

3.4. Quality & Governance Chairs Log

For Information

Presented by Sheena McDonnell



REPORT TO THE COUNCIL OF GOVERNORS - Public	REF:	CoG: 14/05/25/3.4
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SUBJECT:	QUALITY AND GOVERNANCE CHAIR'S LOG				
DATE:	14 May 2025				
PURPOSE:		<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/Committee Chair				
SPONSORED BY:	Gary Francis, Non-Executive Director/Committee Chair				
PRESENTED BY:	Gary Francis, Non-Executive Director/Committee Chair				

STRATEGIC CONTEXT

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

EXECUTIVE SUMMARY

This report provides information to assist the Board on obtaining assurance about the quality of care and rigour of governance. The Committee met on Wednesday 26 March 2025 and received a number of presentations, regular and ad-hoc reports to provide the Committee and ultimately the Board with assurance.

The Quality & Governance agenda included consideration of the following items:

- Equality Delivery System (EDS) Report 2022 and Action Plan 2024
- Getting It Right First Time (GIRFT) Update
- Nursing, Therapies, Radiology and Allied Health Professionals(AHP) Safe Staffing Report
- Maternity Services Board Minimum Dataset, including Mothers and Babies Reducing Risk through Audit and Confidential Enquiries (MBRRACE)
- Trust Objectives 2025/26
- Board Assurance Framework (BAF) and Corporate Risk Register (CRR)
- Mortality Report
- Limitations and Possibilities of Peer Group Matching
- Temporary Escalation Space (TES) Report
- Chairs Logs and Minutes: CBU Performance Meeting; Executive Team; Clinical Effectiveness Group (CEG); Health and Safety Group; Medicines Management Sub-committee
- Integrated Performance Report (IPR)- by exception

For the purpose of 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 note the report.

Subject:	QUALITY AND GOVERNANCE CHAIR'S LOG	Ref:	CoG: 14/05/25/3.4
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: Quality and Governance Committee (Q&G)	Date: 26 March 2025	Chair: 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	Equality Delivery System (EDS) 2022 Report and Action Plan 2024	<p>The report highlighted the peer review of three services (Intensive Care Unit, Dementia Service and Maternity Services). For all domains highlighted in the EDS Framework, each service scored 'Achieving' or 'Excelling'. ICU and Dementia were scored 'achieving' for domain 1D relating to workplace and service user experience.</p> <p>The Committee was updated on how the action plan will address areas for improvement, including the capture of more diversity data.</p>	Board of Directors	Assurance
2	Getting it Right First Time (GIRFT)	The Committee was provided with an update of the increasing amount of activity being delivered through the use of the GIRFT methodology, which has expanded from specialty pathways to non-clinical activities (such as Further Faster in Out Patients, High Volume Low Complexity procedures and the Model Health System). 50 workstreams are now in operation, overseen by a small team.	Board of Directors	Assurance
3	Nursing, Therapy, Radiology, and Allied Health Professionals	<p>Activity and acuity remain high, although they are showing signs of easing in the month. Staff absence (maternity) remains high, as is carers' leave.</p> <p>With additional beds in the system, a small increase in falls resulting in harm has been seen. More concerns have been seen on night shifts and an establishment review paper will be presented to the Committee in April 2025.</p>	Board of Directors	Assurance

4	Maternity Services Board Measures Minimum Dataset, including MBRRACE	<p>The Committee noted the following:</p> <ul style="list-style-type: none"> Improving training compliance (Mandatory Training, PROMPT, Fetal monitoring): locum staff are now included in the report, and rotational medical staff will be included in subsequent reports. The CNST submission has been made. CQC engagement meeting set for 9 April 2025. MBRRACE data is comparable to organisations of a similar size and demographic. 	Board of Directors	Assurance
5	Trust Objectives 2025/26	The Committee was presented with the revised objectives following consideration at the recent strategic board meeting	Board of Directors	Assurance
6	Mortality Report	<p>SHMI 97.67; HSMR 82.67. All deaths have been reviewed by the Medical Examiner Team.</p> <p>From Dec 2024-February 2025 there has been one death escalated to the Patient Safety Panel for further scrutiny and investigation.</p> <p>The Coding Team continues to improve Palliative Care coding (from an initial 25% to 40%) nationally the figure is 45%</p>	Board of Directors	Assurance
7	Limitations and Possibilities of Peer Group Matching	Following the challenge by the Board of Directors, a piece of work has been completed which recommended a change from the current Peer Review Group to two different peer groups: Case-mix and deprivation.	Board of Directors	Recommendation
8	Temporary Escalation Space (TES) Report	<p>155 bed days were used in month on a total of 24 days, a reduction from last month.</p> <p>Five Datix incidents were raised in month largely featuring inappropriate placement. Each incident was dealt with promptly, no moderate or major harms were described. There were no complaints arising from the use of TES beds.</p>	Board of Directors	Assurance

9	Chairs Logs and Minutes	<p>CBU Performance: Recurrent themes: staff sickness rates; 4 hour emergency department attendance focus; pending withdrawal of OMFS resource from the end of April. Discussions are ongoing and service failure has not yet been declared.</p> <p>CEG: Previously used Trauma Audit and Research Network data had identified the Trust as an outlier for major trauma. A new system (the National Major Trauma Registry) is to be introduced; meanwhile, a case review of all 75 major trauma cases is being conducted and will be reported to CEG. Meanwhile work has been done to review and update chest and head injury pathways whilst closer collaboration with the tertiary centre has been seen.</p> <p>Medicines Management Subcommittee: A limited assurance has been received from 360 Assurance relating to Medicines Management. Several recommendations were made for which actions have been agreed with timelines (April and summer) on track for completion.</p> <p>A Patient Safety Incident Investigation arising from a coroner's report highlighting anticoagulation management. Has resulted in a programme of training in anticoagulation awareness and prescribing.</p>	Board of Directors	Assurance
10	Integrated Performance Report (IPR): by exception	The new IPR will soon be made available. Job Planning will form part of future IPRs.	Board of Directors	Assurance

3.5. Finance & Performance Chairs Log

For Information

Presented by Sheena McDonnell



REPORT TO THE COUNCIL OF GOVERNORS - Public		REF:	CoG: 14/05/25/3.5	
SUBJECT:	FINANCE AND PERFORMANCE CHAIR'S LOG			
DATE:	14 MAY 2025			
PURPOSE:		<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:	Alison Knowles, Non-Executive Director/Chair			
SPONSORED BY:	Alison Knowles, Non-Executive Director/Chair			
PRESENTED BY:	Alison Knowles, Non-Executive Director/Chair			
STRATEGIC CONTEXT				
<p>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.</p>				
EXECUTIVE SUMMARY			KEY: £k= thousands £m = millions	
<p>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 meeting was held on Thursday 27 March via teams. The following topics were the focus of discussion:</p> <ul style="list-style-type: none">• The Finance Position at month 11, including the delivery of the Trust's EPP programme for 2024/25• A briefing on changes in national legislation on procurement following EU Exit, with consequent changes to the Trust's Procurement Policy• The Integrated Performance Report for month 11• A quarterly update from the Trust's Business Security function• A review of the BAF and corporate risk register				
RECOMMENDATIONS				
The Council of Governors is asked to note the report.				

Subject:	Finance and Performance Committee Chair's Log	REF:	CoG: 14/05/25/3.5
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group	Date	Chair
Finance and Performance Committee	27 March 2025	Alison Knowles, Non-Executive Director

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

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
1	<p>Finance and EPP</p> <p>The Committee received the month 11 reports into the Trust's financial position and delivery of the EPP programme.</p> <p>At month 11, the Trust has a consolidated surplus of £1.297m against a planned deficit of £1.161m, giving a favourable variance of £2.458m. The forecast for year end is a £2.1m surplus. The operational context to the financial position continues to be one of ED 4-hour performance, non-elective length of stay, bed occupancy and theatre productivity continuing to be adverse to targets; and a very challenged operational site.</p> <p>The month 11 position on the EPP is £1.178m delivered against a plan of £1.598m with a forecast outturn for year end of £10.46m against the plan of £11.8m.</p> <p>Discussion in the Committee focused on the continued pressures in staffing, particularly in UEC pathways.</p>	Board of Directors	Assurance
2	<p>Procurement</p> <p>The Committee received and discussed a briefing on new national procurement legislation including additional requirements to publish notices relating to any procurement over £5million.</p> <p>It was agreed that the Trust's procurement programme needs to be reported to a Board Committee in future.</p> <p>The Committee agreed on a revised Procurement Policy for the Trust in line with the new national legislation.</p>	Board of Directors	Assurance

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
3	<p>IPR</p> <p>The Committee received an update on recruitment to medical staffing following the approval of additional investment in ED, in autumn 2024. Key performance highlights include:</p> <ul style="list-style-type: none"> (i) ED performance in March, to date, is 79% against a national target of 78%. (ii) On electives, the Trust will have 1 patient waiting more than 65 weeks at the end of 2024/25 due to staff sickness. The Trust will have ca 90 patients waiting more than 52 weeks, which is higher than anticipated due to staff sickness in orthopaedic services (iii) In diagnostics, the Trust will achieve the national ambition that no more than 5% of patients should wait over 6 weeks for their test. There are continuing pressures in endoscopy and more recent pressures in ECHO testing due to emergency workload. (iv) In cancer, the Trust continues to deliver the 28 day faster diagnosis standard with delivery of the 31 day standard improving. <p>In discussion, the Committee noted that DNA rates are higher in patients from more deprived areas. It is hoped that the move of ophthalmology (and ultimately, more services) to the Health on the High Street facility will improve DNA rates in this group of patients as travel to outpatients will be simpler and cheaper.</p> <p>It was noted that discussions continue on the provision of OMFS services, in conjunction with Sheffield Teaching Hospitals NHSFT.</p>	Board of Directors	Assurance
4	<p>Business Security</p> <p>The Committee received the quarterly report from the Business Security function. Key points to note included:</p> <ul style="list-style-type: none"> (i) Martin's Law will receive Royal Assent in April 2025 and the Trust will then have two years in which to implement the enhanced security and counter-terrorism requirements. The Business Security team are already working on preparedness and have appointed an additional member of staff to co-ordinate this work. (ii) The Team were shortlisted for four Outstanding Security Performance Awards in the last quarter, the only NHS organisation to reach the finals of these national awards. (iii) Work continues on improving compliance with the core EPPR standards which will be assessed by the ICB in autumn 2025. 	Board of Directors	Assurance

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
5	Trust Objectives The Committee endorsed the draft objectives for consideration at the Board in April 2025.	Board of Directors	Assurance
6	Board Assurance Framework and Corporate Risk Register The Committee discussed the latest versions of the Board Assurance Framework and Corporate Risk Registers. It recommended that there should be no change to the scores for risks within its area of responsibility.	Board of Directors	Assurance
7	System Working The Committee received an oral update on the ICS and Barnsley Place.	Board of Directors	Assurance
8	Sub-group Chairs' Logs The Committee received and noted the chair's logs.	Board of Directors	Assurance

3.6. People Committee Chairs Log

For Information

Presented by Sheena McDonnell



REPORT TO THE COUNCIL OF GOVERNORS - Public	REF:	CoG: 14/05/25/3.6
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SUBJECT:	PEOPLE COMMITTEE ASSURANCE REPORT				
DATE:	14 MAY 2025				
PURPOSE:		<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:	Kevin Clifford, Non-Executive Director / Committee Chair				
SPONSORED BY:	Kevin Clifford, Non-Executive Director / Committee Chair				
PRESENTED BY:	Kevin Clifford, Non-Executive Director / Committee Chair				

STRATEGIC CONTEXT

The 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 Committee met on Tuesday 25 March 2025 considered the following items:

- Employee Relations Report 1 January - 31 December 2024
- Workforce Insight Report
- Equality and Delivery System Report and Action Plan 2024
- Director of People Monthly Update
- CBU Update on People Matters
- NHSE Requirements ; Consultant Job Planning
- NHS Staff Survey 2024 - National Results
- Apprenticeship Annual Report
- Flexible Retirement Update
- Acute Distressing Events Policy: *attached for information*
- Board Assurance Framework / Corporate Risk Register
- Trust Objectives 2025 / 26
- People & Engagement Group Chairs Log
- CBU Performance Meeting Chairs Log

For the purpose of 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 note the report.

Subject:	PEOPLE COMMITTEE ASSURANCE REPORT	Ref:	CoG: 14/05/25/3.6
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: People Committee (Q&G)	Date: 25 March 2025	Chair: Kevin Clifford
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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	Employee Relations Report	<p>The Committee received the Employee Relations Activity report for the calendar year 2024, looking at disciplinary, grievances and bullying & harassment cases across the Trust. A summary of the activity is:</p> <ul style="list-style-type: none"> There have been 35 disciplinary cases actively managed during the year, which is a significant rise from 2023. Only 8% concluded with an 'informal' or 'case not proven' outcome 64% of disciplinary procedures were concluded within the 12-week target. There were also 7 grievances and 2 Bullying and Harassment cases actively managed in the year. <p>The report did not highlight any particular concerns/areas of focus needed in terms of any group being disadvantaged and generally correlates to the makeup of the workforce.</p>	Board of Directors	Assurance
2	Workforce Insight Report	<p>The Committee received its regular Insight Report.</p> <p>Absence levels in February were 5.4%, noting mental health related absence has improved. Additional Clinical Services had the highest rate reported at 6.97%, a reduction of 2.4% since the last report.</p> <p>Mandatory Training and Appraisal - training compliance has improved to 90%. Non-Medical Appraisal is at 85.5% and</p>	Board of Directors	Assurance

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
		<p>Medical Appraisal for Trust Designated Doctors was at 95%. Assurance was received on plans to ensure 90% compliance in 25/26.</p> <p>Staff Turnover was low at 0.4%, with retention from April to February at 92.5%.</p> <p>The vacancy rate is 3%.</p>		
3	Equality Delivery System Report and Action Plan 2024	<p>The Committee received an overview of the EDS 2022 engagement exercise and the gradings achieved against the EDS Framework, concentrating on Domain 2 (Workforce Health and Wellbeing) and Domain 3 (Inclusive Leadership).</p> <p>Across both people-related domains, the Trust received an "Achieving" rating and "Excelling" in outcome 3 (do Staff have access to independent support and advice when suffering stress, abuse, bullying, harassment or physical violence from any source).</p>	Board of Directors	Assurance
4	Director of People Monthly Update	<p>The Director of People provided an update to the Committee on a range of local, regional, and national matters.</p> <p>This included an update on the Employment Rights Bill, including the rights of zero/low hours workers, collective redundancy consultation, statutory sick pay changes and several other changes. Steve Ned also gave a national perspective of the NHS Survey results and immigration process changes.</p>	Board of Directors	Assurance
5	CBU Update on People Matters	The Committee welcomed representatives from all 3 CBUs providing an update on their current People issues. While there was some commonality across the range of issues being faced, it was useful to hear from each representative. Common issues which raised were the time challenges	Board of Directors	Assurance

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
		associated with disciplinary/PIPOT process, high levels of carer's leave and appraisal work.		
6	NHS Requirements : Consultant Job Planning	<p>The Committee received an overview of the current status of job planning and plans for the future for the Trust, to support individual and Trust requirements, in line with national policy and expectations. The focus going forward will be on job planning to be accurately recorded and consistently reflect the roles and timetables of doctors.</p> <p>It was agreed that the Committee would receive further updates 3 times per year to monitor improvements.</p>	Board of Directors	Assurance
7	NHS Staff Survey – National Results	<p>The Committee received a summary of the NHS Staff Survey results for Barnsley for 2024.</p> <p>On the whole, the results have remained steady despite increasing pressures, with some aspects (teamwork, compassionate leadership, recognition, learning) being “best in class” in comparison to similar Trusts. The paper outlined context, interventions, high level survey results and plans on next steps.</p>	Board of Directors	Assurance
8	Apprenticeship Annual Report	The Committee received an annual report outlining the Trust's support of 147 learners across 28 different programme areas, working with 18 different training providers. In total, 70% of spend is supporting qualifications level 5 or above, and over 58% of the levy is supporting the nursing directorate. A position which it was felt could be improved if some of the long-standing national issues relating to service backfill could be resolved, allowing uptake of nursing apprenticeships to be increased.	Board of Directors	Assurance

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
		The Committee welcomed the report as assurance of the excellent use of the apprenticeship levy fund over the years and was proud of the careers the Trust has supported.		
9	Flexible Retirement Update	<p>The Committee received an update on flexible retirements with 69 more staff having taken up the option, a very similar number (68) to the number identified in the first update.</p> <p>It was agreed that further updates would be provided only by exception.</p>	Board of Directors	Assurance
10	Acute Distressing Events Policy	<p>The Committee received and reviewed this new policy.</p> <p>The policy will provide greater clarity and standardisation of the approach to supporting staff following an acutely distressing event, facilitating more equitable and timely access to interventions and ensuring the support provided is proportionate to need. It will also strengthen the Trust's ability to meet its obligations to Health and Safety legislation and support its efforts to maintain the health and wellbeing of staff and make BHNFT "...the best place to work" and ultimately benefit patient care.</p> <p>The Committee approved this new policy and guidance and supported the Trust-wide implementation of TIM and TRiM.</p>	Board of Directors	Assurance
11	Board Assurance Framework / Corporate Risk Register	The Committee reviewed and approved the recommendations following review of the people-related risks on both the Board Assurance Framework and Corporate Risk Register.	Board of Directors	Assurance
12	Trust Objectives 2025/26	The Committee received and approved the final version of the Trust Objectives relating to the people dimension. The Committee approved the objectives, with the recommendation for ratification by the Board of Directors.	Board of Directors	Assurance

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
13	People and Engagement Group Chairs Log	The Committee received and noted the People & Engagement Group Chair's log.	Board of Directors	Information
14	CBU Performance Meeting Chairs Log	The Committee received and noted the CBU Performance Meeting Chairs' Log.	Board of Directors	Information

3.7. Audit Committee Chairs Log

For Information



REPORT TO THE COUNCIL OF GOVERNORS - PUBLIC	REF:	CoG: 14/05/25/3.7
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SUBJECT:	AUDIT COMMITTEE CHAIR'S LOG
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DATE:	14 MAY 2025
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PURPOSE:		<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:	Stephen Radford, Chair of the Audit Committee
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SPONSORED BY:	Stephen Radford, Chair of the Audit Committee
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PRESENTED BY:	Stephen Radford, Chair of the Audit Committee
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STRATEGIC CONTEXT

The Audit Committee advises the Board on the effectiveness of Trust systems of internal control, arrangements to manage organisational risk and actions being taken to remedy any weaknesses that are identified through the work of Internal and External Audit.

EXECUTIVE SUMMARY

The Committee met via Microsoft Teams on the 15 January 2025. The following key topics were discussed:

- Internal Audit report on Safeguarding / Mental Capacity Assessment (MCA) with a particular focus on MCA which had received only 'Limited Assurance', whereas Safeguarding as a whole had received 'Significant Assurance'. The Head of Safeguarding, Dawn Gibbon attended the meeting for this discussion.
- Internal Audit Progress Report & Recommendations Tracker and Draft Internal Audit Plan 2025/26
- Draft External Audit Plan and Draft Timetable 2024/25
- Annual Clinical Effectiveness Report & Clinical Audit
- Counter Fraud Progress Reports
- Single Tenders/ and Tenders Awarded Other than the Lowest
- Losses and Special Payments
- BAF and Corporate Risk Register

Since the last audit meeting, three final audits have been completed, these are:

- **Mandatory Training:** significant assurance
- **Patient Safety Incident Response Framework (PSIRF):** significant assurance
- **Safeguarding:** split opinion significant/limited assurance

In addition, System and Place reports have been issued for **Discharge** and circulated to the Trust.

The Audit Committee also approved the proposed reduction of residual risk score for Risk 3051 relating to the error with the Medical eRoster system from 16 to twelve on the Corporate Risk Register.

RECOMMENDATIONS
The Council of Governors is asked to receive and review the attached log.

Subject:	AUDIT COMMITTEE ASSURANCE REPORT	Ref:	14/05/25/3.7
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CHAIR'S LOG: Key Issues and Assurance

Committee / Group	Date	Chair
Audit Committee	15 January 2025	Stephen Radford

Agenda Item	Issue	Receiving Body	Recommendation/ Assurance/ mandate to receiving body
2.1	<p>Annual Report & Accounts Timetable</p> <p>The Audit Committee reviewed and noted the draft final timetable for the preparation of the 2024/25 annual report covering both the Trust and BFS. Some dates still remain TBC, such the AGM, but will be in place for the final version of timetable to be presented at the next Audit Committee. Following key dates should be noted:</p> <ul style="list-style-type: none"> • Month 12 Draft Accounts: 25 April 2025 • Month 12 Audited Accounts: 30 June 2025 <p>KPMG will perform the audit of the 2024/25 Accounts.</p>	Board	For Information & Assurance
2.2	<p>Single Tenders/ Tenders Awarded Other Than the Lowest</p> <p>The Committee reviewed the report prior to ratification by the Board relating to single tender actions. The Committee noted that in the period under consideration there was 1 waiver requested and approved. This related to the 3-month extension to the Trusts catering contract which is currently out to tender. The waiver had been agreed with Procurement.</p>	Board	For Information & Assurance
2.3	<p>Losses and Special Payments</p> <p>The Audit Committee received and noted the latest Losses & Special Payments report. Losses incurred were discussed and related in the main to unpaid invoices due for payment by overseas visitors to the UK, but deemed non-recoverable and clinical stock past its use by date.</p>	Board	For Information & Assurance

Agenda Item	Issue	Receiving Body	Recommendation/ Assurance/ mandate to receiving body
3.1	<p>Internal Audit Report - Safeguarding</p> <p>Internal Audit reviewed of the Trust's policies for Safeguarding Practice, Domestic Abuse, Mental Capacity Act and Deprivation of Liberty Safeguards. There was a split audit opinion with Safeguarding receiving 'significant assurance' and completion of Mental Capacity Assessments (MCA) receiving 'limited assurance' as a number of the MCA assessments examined by Internal Audit had not been completed to a sufficient standard. In discussions with the Head of Safeguarding, Dawn Gibbon who attended the meeting, because of the limited assurance and Internal Audit lead for the audit the Committee received assurance on the action being taken to address the MCA issue and the positive review of safeguarding policy, training and its embedding within the Trust.</p>	Board	For Information & Assurance
3.2	<p>Internal Audit Progress Reports</p> <p>The Audit Committee noted the key messages and progress made against the internal audit plan and received assurance from the Trust that the issues raised are being considered and, where necessary, addressed by the Trust</p> <p>The following reports have been issued since the last Audit Committee:</p> <ul style="list-style-type: none"> • Mandatory training: significant assurance • Safeguarding: split opinion significant/limited assurance • Patient Safety Incident Response Framework (PSIRF): significant assurance <p>System and Place internal audit report on Discharge has also been issued and circulated within the Trust.</p> <p>Terms of Reference have been agreed for the following audits:</p> <ul style="list-style-type: none"> • Governance: focus on Quality and Governance Committee • Conflicts of interest • Job planning 2024/25 <p>The Trust's Action tracking current follow up rate is now 92%, This is an increase</p>	Board	For Information & Assurance

Agenda Item	Issue	Receiving Body	Recommendation/ Assurance/ mandate to receiving body
	<p>compared to the rate reported in our October progress report. There are currently four actions (three medium and one low risk) overdue</p> <p>It was noted that two recommendations made in prior years relating to Risk management, had now been completed.</p>		
3.3	<p>Draft Internal Audit Plan 2025/26</p> <p>The Internal Audit Plan was discussed and the draft changes made following the recent review of the plan by Non-Executive Directors/ Chair noted. These will be discussed with the Executive Team/ 360 Assurance and a final draft brought to the next Audit Committee meeting.</p>	Board	For Information & Assurance
4.1	<p>Draft External Audit Plan & Strategy 2024/25</p> <p>The draft plan and strategy were discussed. Key potential audit risk areas were noted together with the change in the materiality limit proposed for review / testing in the audit. The approach to Value For Money Audit was also discussed.</p>	Board	For Information & Assurance
5.1	<p>Counter Fraud Progress Report</p> <p>The Committee received the latest Counter Fraud Progress Report, From the report it was noted that:</p> <ul style="list-style-type: none"> • The Counter Fraud Service (CFS) has issued 2 local alerts/ fraud prevention notices to relevant Trust officers. • Five allegations of fraud were reported in the period of which 4 had been found not requiring action and 1 was still open • The Counter fraud functional standard self-assessment against the standard to the NHS Counter Fraud Authority (NHSCFA) is underway. The initial assessment has been completed and an action plan put in-place to support a green rating by the end of the financial year • The Trust participated in the NHSCFA-led procurement fraud proactive which has 	Board	For Information & Assurance

Agenda Item	Issue	Receiving Body	Recommendation/ Assurance/ mandate to receiving body
	<p>now concluded. The outcomes from the exercise will be reported to the next Audit Committee.</p> <p>The Audit Committee received assurance that the Trust is taking adequate steps to mitigate those risks related to Fraud,</p>		
6.0	<p>Annual Clinical Effectiveness Report 2023/24</p> <p>The Committee received the report and were provided with a presentation from the Trust Clinical Effectiveness team. The Committee were impressed with both the quality of the report and the presentation, The Committee received assurance on the work being performed in this area.</p>	Board	For Information & Assurance
8.1	<p>Board Assurance Framework and Corporate Risk Register</p> <p>The Audit Committee approved the proposed reduction of residual risk score for Risk 3051 relating to the error with the Medical eRoster system from 16 to twelve on the Corporate Risk Register</p>	Board	For Information & Assurance

4. Any Other Business

Presented by Sheena McDonnell

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

The next meeting (Annual General Meeting) is scheduled for 10 September 2025, 1.30pm-3.30pm, Location To Be Confirmed