



# Board of Directors: Public

<b>Schedule</b>	Thursday 3 August 2023, 9:30 AM — 12:00 PM BST
<b>Venue</b>	Room CBC01, Barnsley College Business Centre, County Way, Barnsley, S70 2JW
<b>Organiser</b>	Lindsay Watson

## Agenda

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9:30 AM	1. Introduction	(20 mins)	1
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9:50 AM	2. Assurance	(45 mins)	19

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2.1. Audit Committee Chair's Log: 12 June/12 July 2023 For Assurance - Presented by Nick Mapstone	20
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	5.3. Integrated Care Board Update including: • ICB 5 Year Plan: Bob Kirton • ICB Chief Executive Report To Note - Presented by Richard Jenkins and Bob Kirton		344
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11:50 AM	7. Any Other Business	(10 mins)	487



7.1. Any other Business 488  
To Note - Presented by Sheena McDonnell

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7.2. Questions from the Governors regarding the Business of the Meeting 489  
To Note - Presented by Sheena McDonnell

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7.3. Questions from the Public regarding the Business of the Meeting 490  
To Note - Presented by Sheena McDonnell

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Members of the public may request that they address a question to the Board of Directors. Any member of the public wishing to do so must advise the Corporate Governance Manager at least 24 hours before commencement of the meeting, stating their name and the nature of the question. These questions shall be brought to the attention of the Chair before the commencement of the meeting and the decision as to whether any question will or will not be allowed to be put to the Board of Directors by any member of the public will lie with the Chair whose decision will be final.

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

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Date of next meeting: Thursday 5 October 2023 at 09.30 am 492

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# 1. Introduction

## 1.1. Welcome and Apologies:

Apologies: Chris Thickett (Robert Paskell  
in attendance), Hadar Zaman

To Note

Presented by Sheena McDonnell

## **1.2. Declarations of Interest**

To Note

Presented by Sheena McDonnell



## 1.3. Quoracy

To Note

Presented by Sheena McDonnell

## 1.4. Minutes of the Meeting held on 1 June 2023

To Review/Approve

Presented by Sheena McDonnell



**Minutes of the meeting of the Board of Directors Public Session  
 Thursday 1 June 2023, Room CBC01, Barnsley College/video conferencing (zoom)**

- PRESENT:**
- |                 |                                   |
|-----------------|-----------------------------------|
| Nick Mapstone   | Non-Executive Director (Chair)    |
| Richard Jenkins | Chief Executive                   |
| Simon Enright   | Medical Director                  |
| Chris Thickett  | Director of Finance               |
| Jackie Murphy   | Director of Nursing and Quality   |
| Steve Ned       | Director of People                |
| Stephen Radford | Non-Executive Director            |
| Kevin Clifford  | Non-Executive Director            |
| David Plotts    | Non-Executive Director (via Zoom) |
| Gary Francis    | Non-Executive Director            |
- IN ATTENDANCE:**
- |                  |  |
|------------------|--|
| Hadar Zaman      | Associate Non-Executive Director                     |
| Nahim Ruhi-Khan  | Associate Non-Executive Director                     |
| Neil Murphy      | Associate Non-Executive Director                     |
| Lorraine Burnett | Director of Operations                               |
| Tom Davidson     | Director of ICT                                      |
| Graham Worsdale  | Lead Governor, Council of Governors                  |
| Lindsay Watson   | Corporate Governance Manager ( <i>minute taker</i> ) |
| Susan Todd       | Interim Freedom to Speak up Guardian, min ref 23/35  |
| Rebecca Bustani  | Deputy Head of Midwifery, min ref 23/45              |
- APOLOGIES:**
- |                  |  |
|------------------|--|
| Sheena McDonnell | Chair                                  |
| Bob Kirton       | Deputy Chief Executive                 |
| Emma Parkes      | Director of Communications & Marketing |
| Sue Ellis        | Non-Executive Director                 |
| Angela Wendzicha | Interim Director of Corporate Affairs  |
- OBSERVERS:**
- |               |  |
|---------------|--|
| Becky Hoskins | Deputy Director of Nursing and Quality |
| Annie Moody   | Public Governor                        |

	<b>INTRODUCTION</b>	
<b>BoD 23/29</b>	<p><b>Welcome and Apologies</b></p> <p>Nick Mapstone welcomed members and attendees to the public session of the Board of Directors meeting. Apologies were noted as above.</p>	
<b>BoD 23/30</b>	<p><b>Declarations of Interest</b></p> <p>A declaration of interest was noted from Richard Jenkins for his joint role as Chief Executive of Barnsley Hospital NHS Foundation Trust and The Rotherham NHS Foundation Trust.</p> <p>Declarations of interest were noted from Lorraine Burnett and David Plotts as directors of Barnsley Facilities Services (BFS).</p>	



<b>BoD 23/31</b>	<b>Quoracy</b> The meeting was quorate.	
<b>BoD 23/32</b>	<b>Minutes of the Meeting held on 6 April 2023</b> The minutes of the meeting held on 6 April 2023 were reviewed and approved.	
<b>BoD 23/33</b>	<b>Action Log</b> All outstanding actions from the previous meetings were reviewed and progress noted.	
<b>BoD 23/34</b>	<b>Patient Story</b> Jackie Murphy introduced the patient's story which was shared via video. The patient had given his consent for the story to be heard.  The patient shared his experience of the care and treatment he received in the Emergency Department and in the Coronary Care Unit, where a permanent pacemaker was inserted. The patient expressed his gratitude to all staff involved in his care.  It was suggested that the video be uploaded on the Trust's website as an example of good practice. Jackie Murphy confirmed she will get consent from the patient for this.  The Board expressed its appreciation to all staff involved and thanked the patient for sharing his experience.	JM
	<b>CULTURE</b>	
<b>BoD 23/35</b>	<b>Freedom to Speak Up (FTSU) Reflection and Planning Tool</b> Sue Todd, Interim Freedom to Speak Up Guardian, was welcomed to the meeting. The Board noted that her predecessor, Jan Munford, had left the Trust. Theresa Rastall has been appointed to the substantive role and starts on 31 July 2023.  Steve Ned presented the report, which was a self-assessment in three parts: <ul style="list-style-type: none"> <li>• Eight principles to enable a reflection on the Trust's the approach to FTSU.</li> <li>• Actions that will be taken over the next six months to two years within the Trust.</li> <li>• Actions required to promote the activities and share strengths across place and system.</li> </ul> Steve Ned asked for views to support the self-assessment.  Nahim Ruhi-Khan asked if FTSU is included in the staff appraisals. Steve Ned said not but this could be considered.	



	<p>David Plotts suggested having a FTSU story presented at a future Board meeting.</p> <p>Nick Mapstone reminded the Board that the internal auditors had recently reviewed the Trust’s FTSU arrangements and had given a ‘significant assurance’ opinion on our arrangements. He suggested that the next step is to strengthen still further organisational culture so that every member of staff saw it as his or her duty to ‘speak-up’ where there are concerns.</p> <p>Steve Ned said that the Trust is aiming to have FTSU champions in every department and further work is needed to promote it in several specialties.</p> <p>Following the discussion, the Board agreed that a revised version will be presented for approval by the People Committee on 27 June 2023.</p>	
<p><b>BoD 23/36</b></p>	<p><b>Freedom to Speak Up Strategy 2022 – 2027</b></p> <p>Steve Ned presented the revised strategy, incorporating guidance provided by the National Guardian’s Office.</p> <p>Subject to minor amendments, the Board agreed the revised strategy.</p> <p>Nick Mapstone thanked Sue Todd for standing in as interim guardian, noting that her commitment was greatly appreciated and her contribution noted.</p>	
	<p><b>ASSURANCE</b></p>	
<p><b>BoD 23/37</b></p>	<p><b>People Committee Chair’s Log</b></p> <p>Gary Francis presented the Chair’s log from the meeting held on 25 April 2023, which was noted by the Board. Several reports were presented including: the Health and Wellbeing Annual Report; Annual Apprenticeship Reports; Staff Survey Corporate Action Plan; and an update on the recent Royal College of Nursing industrial action.</p> <p>Jackie Murphy told the Board that the Maternity Services Mental Health Team had won the RCN Team of the Year award and the Trust had also been awarded the NHSE/I Quality Award for pastoral care for International Nurses.</p> <p><b>Equality Delivery System (EDS) Report:</b> The report provided an overview of the engagement exercise and grading achieved against the EDS framework. The framework is made up of three domains: commissioned or provided services; workforce health; and well-being and inclusive leadership.</p> <p>The Board received and endorsed the submission of the EDS report for 2022/23.</p>	
<p><b>BoD 23/38</b></p>	<p><b>Audit Committee Chair’s Log</b></p> <p>Nick Mapstone presented the Chair’s log from the meeting held on 25 April 2023, which was noted by the Board.</p>	



	<p>The Board was pleased to note that the Head of Internal Audit Opinion had provided <i>significant assurance</i> for the sixth consecutive year.</p>	
<p><b>BoD 23/39</b></p>	<p><b>Quality and Governance Committee Chair’s Log</b></p> <p>Kevin Clifford presented the Chair’s logs from the meetings held on 26 April and 24 May 2023, which were noted by the Board. The following points were highlighted:</p> <p><b>26 April 2023:</b> The Committee received several reports including the Equality Delivery System (EDS) 2022, the current position in Maternity Services and an update on the significant improvements noted in the Sentinel Stroke National Audit Programme (SSNAP), which had significantly improved from an E rating to a B.</p> <p><b>24 May 2023:</b> The Committee received several reports including the regular updates on Improving Public Health and Reducing Inequalities and a presentation on Excess Deaths in Barnsley, which provided an analysis of death rates between March 2020 and June 2023 including a comparison of rates with other local authority areas. The Annual Learning Disability and Autism report for 2022/23 was received, providing an overview of the achievements and ambitions for the next year. The Board was informed that during the first two quarters of 2022, there was no substantive Learning Disability and Autism Liaison Nurse but an appointment has now been made.</p> <p>Simon Enright paid tribute to Susie Orme, consultant physician, for leading the SSNAP Service. He also said that two new consultant physicians with a special interest in stroke had been appointed - they will be included in the regional hyper-acute stroke unit rota.</p> <p><b>Safeguarding Annual Report:</b> Jackie Murphy presented the report, which demonstrated improvements in the provision and effectiveness of safeguarding arrangements in the Trust and noted the key achievements for 2022 and priorities for the coming year.</p> <p>The Board noted the report.</p> <p><b>Infection Prevention and Control (IPC) Annual Report 2022/23/Annual Programme 2023/24:</b> Jackie Murphy presented the annual reports, providing an overview of all IPC activities. The Board noted the failure to achieve the target for clostridium difficile cases (43 cases against the target of 34; six of which were deemed avoidable.) The Board was reassured that work continues to try to improve performance.</p> <p>The Board noted the report.</p> <p><b>Care Partner Policy:</b> The Board noted the draft policy and agreed to delegate authority for its approval to the Quality and Governance Committee.</p>	



<p><b>BoD 23/40</b></p>	<p><b>Finance and Performance Committee Chair's Log</b></p> <p>Stephen Radford presented the Chair's logs from the meetings held on 27 April and 25 May 2023, which were noted by the Board. Several reports had been presented at both meetings which included the latest financial position of the Trust; the BFS pay award for 2023/24; and a potential external cyber security risk.</p> <p>Under delegated authority from the Board, the Committee approved the financial plan submission for 2023/24, which was submitted to the ICS on 4 May 2023.</p> <p>Tom Davidson reassured the Board that following investigations, confirmation has been received that the Trust is not subject to any loss of patient identifiable information following a recent cyber-attack at Capita.</p> <p>The Trust recently had an infrastructure incident due to a power failure of the main power sources, including the battery backup, which lasted for four hours. As part of the emergency preparedness arrangements, BFS is undertaking a root cause analysis of the risk, which has been added to the corporate risk register.</p> <p>The Trust received a draft report from 360 Assurance on the data protection tool kit. Tom Davidson said that a <i>significant assurance</i> opinion has been given.</p> <p>Chris Thickett gave an update on the current financial position. A planned deficit of £11.2m for 2022/23 has been incorporated into the ICS breakeven plan. Work continues to try to close the system gap. At the end of April 2023, the Trust has a consolidated year-to-date deficit of £0.9m against a planned deficit of £1.2m.</p> <p>This position assumes no clawback of the elective recovery fund for the underperformance of activity, which has been caused by operational pressures and the recent industrial action.</p> <p>Hadar Zaman commented on the recent NHS England requirement of a 6 per cent efficiency saving; Chris Thickett confirmed this had been factored into the system gap.</p> <p><b>Cyber Security Annual Report:</b> The Board approved the Annual Cyber Security Report for 2022/23.</p> <p><b>Information Governance Annual Report:</b> The Board approved the Information Governance Annual Report for 2022/23.</p> <p><b>Nursing Establishment Review Autumn 2022:</b> The Board noted the report.</p>	
<p><b>BoD 23/41</b></p>	<p><b>BFS Chair's Log</b></p> <p>David Plotts presented the Chair's log from the meetings held in April and May 2023. The following points were highlighted:</p> <ul style="list-style-type: none"> <li>• Several staff had been nominated and shortlisted at the Heart Awards, which</li> </ul>	



	<p>included the projects team being awarded the innovation category for their work on the Community Diagnostic Centre.</p> <ul style="list-style-type: none"> <li>• Work continues with the ICS on a joint recruitment programme, including the 'Recommend a Friend' scheme, which is being piloted by the Domestic Services Team.</li> </ul>	
<b>BoD 23/42</b>	<p><b>Executive Team (ET) Report and Chair's Log</b></p> <p>Richard Jenkins presented the Chair's log from the ET meetings held in April and May 2023, which were noted.</p> <p>The Board was told of changes to the provision of the phlebotomy service as a result of operational pressures and high demands.</p> <p>Simon Enright gave an update on the forthcoming junior doctors' industrial action planned for 14 to 17 June 2023. The Trust has a plan to maintain safe staffing and patient flow.</p>	
	<b>PERFORMANCE</b>	
<b>BoD 23/43</b>	<p><b>Integrated Performance Report (IPR)</b></p> <p>Lorraine Burnett introduced the IPR for April 2023. Operational and staffing pressures continue, which are adversely affected by industrial action and bank holidays during the month.</p> <p>Performance against the emergency department four-hour standard was reported at 75 per cent against the NHSE operational target of 76 per cent.</p> <p>Cancer pathways have improved with the 62-day cancer target being achieved for the first time since the Covid-19 pandemic.</p> <p>Stephen Radford noted that bed occupancy was 98 per cent and asked for an update. Lorraine Burnett said a full capacity protocol is currently being used and additional beds are open as a result of high patient acuity. As part of the bed configuration project, wards 31 and 32 are to be opened in September.</p> <p>Richard Jenkins said he was pleased to see improvements in staff turnover; and the improved response times for complaints.</p> <p>In response to a question from Hadar Zaman, Lorraine Burnett said that she expects that no patients will be waiting over 65 weeks for elective procedures by the end of March 2024.</p> <p>The Board noted the report.</p>	
<b>BoD 23/44</b>	<p><b>Trust Objectives 2022/23 End of Year Report</b></p> <p>Lorraine Burnett presented the report. Progress has been made throughout the year. Challenges were noted for which mitigation plans are in place.</p>	





	The Board received the report and approved the removal of the performance indicators for customer care training and complaints reduction.	
<b>BoD 23/45</b>	<p><b>Maternity Services Board Measures Minimum Data Set</b></p> <p>Rebecca Bustani joined the meeting and introduced the report. The following points were highlighted:</p> <ul style="list-style-type: none"> <li>• Seven incidents had been graded moderate harm or above; with one incident graded as an avoidable admission to the neonatal unit.</li> <li>• Concerns have been raised about the inconsistent use of cardiotocography to monitor fetal heartbeat and uterine contractions during pregnancy and labour. The lead midwife and a consultant are providing training and education to the staff involved as well as sharing the case at the Women’s Safety Forum. The Board was told that the fetal monitoring midwife post has been increased to 30 hours to provide additional support and visibility across the service.</li> <li>• There are 8.6 wte midwife vacancies; 5.6 wte against the budgeted establishment. Following approval by the ET, approval was given to recruit an additional 3.0 wte to cover maternity leave. The plan is to fill the vacancies with student midwives due to qualify in September 2023.</li> <li>• Formal confirmation has been received that the Trust has achieved compliance with all ten safety actions for the Clinical Negligence Scheme for trusts. The new standards for year five will be published on 31 May 2023.</li> </ul> <p>Jackie Murphy told the Board that the Maternity Services Mental Health and Midwifery Team was awarded the Perinatal Mental Health Teams of the Year RCN Award.</p>	
	<b>GOVERNANCE</b>	
<b>BoD 23/46</b>	<p><b>Board Assurance Framework (BAF)/Corporate Risk Register (CRR)</b></p> <p>Nick Mapstone introduced the BAF and CRR providing an update on the latest position, informing both documents had recently been presented at Assurance Committees.</p> <p>No questions were raised.</p>	
	<b>BUSINESS CASE/BENEFITS PAPER</b>	
<b>BoD 23/47</b>	<p><b>O Block Phase 2 (Gynaecology Specialist Services Antenatal/Postnatal Ward)</b></p> <p>Jackie Murphy introduced the report which provided an overview of the benefits following the infrastructure upgrade to the gynaecology specialist services and antenatal postnatal ward. The report had been presented and approved by the Finance and Performance Committee in May 2023.</p> <p>The Board noted the paper.</p>	
	<b>SYSTEM WORKING</b>	



<b>BoD 23/48</b>	<b>Barnsley Place Board</b>  Richard Jenkins gave an update on the work of the Barnsley Place Board. The key focus is to develop a joint forward plan with the ICB and to better understand the current financial concerns across the system.	
<b>BoD 23/49</b>	<b>Acute Federation (AF)</b>  Richard Jenkins provided an update. The AF clinical strategy has been approved. The main priorities are financial challenges across the system and mutual aid to support elective recovery across the ICS. Barnsley and Rotherham NHS Foundation Trusts are currently offering support to Sheffield Teaching Hospital though more effective communication with patients is needed to manage expectations about where they are likely to be treated.	
<b>BoD 23/50</b>	<b>Integrated Care Board (ICB) Update including Chief Executive Report</b>  The ICB update had been included for information.	
	<b>FOR INFORMATION</b>	
<b>BoD 23/49</b>	<b>Chair's Report</b>  Nick Mapstone introduced the Chair's report which provided a summary of events, meetings, publications and decisions that require bringing to the attention of the Board. The Board noted the report.	
<b>BoD 23/50</b>	<b>Chief Executive's Report</b>  Richard Jenkins presented his report providing information on several internal, regional and national matters that had occurred following the last Board meeting.  The report highlighted the annual Heart Awards event that was held on 5 May 2023 to recognise the work of colleagues.  Several reports were included for information; Mutual Aid; Clinical Strategy for 2023 – 2028; and the Director of Public Health's Annual Report. These were noted by the Board.	
<b>BoD 23/52</b>	<b>Intelligence Report</b>  Richard Jenkins presented the report which gave an overview of NHS Choices reviews, reviews of strategic developments and national/regional initiatives.  Several 5* reviews were received following the treatment provided in the Accident and Emergency Department. The CQC Urgent and Emergency Care Survey 2022 is currently embargoed and is to be presented to the Board at a future date.	
<b>BoD 23/53</b>	<b>2023/24 Work Plan</b>	



	The annual work plan was included for information.	
	<b>ANY OTHER BUSINESS</b>	
<b>BoD 23/55</b>	<p><b>Questions from the Governors regarding the Business of the Meeting</b></p> <p>On behalf of the Council of Governors, Trust members, and constituents, Graham Worsdale, Lead Governor, raised the following questions and comments:</p> <p><b>Freedom to Speak Up:</b> Graham asked if volunteers can become a FTSU champion? Steve Ned said that the Trust works with the volunteers to encourage them to use the FTSU service. He said that including the hospital volunteers in a formal champion role is something that he will consider.</p> <p><b>Care Partner Policy:</b> Graham asked where responsibility lies for patient care in the light of the policy. Jackie Murphy said patient care will remain the responsibility of the Trust but the new policy outlines the importance and benefits of the valuable role that unpaid carers bring to care and well-being.</p> <p><b>Equality Delivery System Report:</b> The Board agreed that the report is to be presented to a Council of Governors meeting. The report will be added to the CoG workplan.</p>	LJW
<b>BoD 23/56</b>	<p><b>Questions from the Public regarding the Business of the Meeting</b></p> <p>Before the meeting, a statement had been published on the Trust's website inviting questions from members of the public. No questions had been submitted.</p>	
<b>BoD 23/57</b>	<p><b>Any other Business</b></p> <p>Nick Mapstone said that this was Jackie Murphy's last public board meeting. On behalf of board colleagues, staff, governors, members, patients and the public Jackie deserves praise for her outstanding commitment and contribution to the Trust. Board members wished her well for the future.</p>	
<b>BoD 23/59</b>	<p><b>Date of next meeting</b></p> <p>The next meeting of the Board of Directors Public Session is to be held on Thursday 3 August 2023, at 9.30 am.</p> <p>In accordance with the Trust's constitution and Standing Orders, it was resolved that members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted.</p>	

## 1.5. Action Log

To Review

Presented by Sheena McDonnell

**1.5 Board of Directors Public Action Log**

<b>Meeting Date</b>	<b>Agenda</b>	<b>Action</b>	<b>Assigned To</b>	<b>Due Date</b>	<b>Progress / Notes</b>	<b>Status</b>
1 Jun 2023	Questions from the Governors regarding the Business of the Meeting	Equality Delivery System Report to be presented at a future Council of Governor Meeting. To be added to the workplan for a future date.	Lindsay Watson	3 Aug 2023	Complete: Added to the Council of Governors work plan, to be presented at a future meeting.	Complete
1 Jun 2023	Patient Story	Patient consent to be obtained prior to uploading onto the Trust's website.	Jackie Murphy	3 Aug 2023	Complete: Patient provided consent.	Complete

## 1.6. Patient Story

To Note

Presented by Becky Hoskins



<b>REPORT TO THE BOARD OF DIRECTORS - Public</b>	REF:	<b>BoD: 23/08/03/1.6</b>
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<b>SUBJECT:</b>	<b>PATIENT STORY</b>
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<b>DATE:</b>	3 August 2023
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<b>PURPOSE:</b>	<i>For decision/approval</i>	<small>Tick as applicable</small>	<i>Assurance</i>	<small>Tick as applicable</small>
	<i>For review</i>		<i>Governance</i>	✓
	<i>For information</i>	✓	<i>Strategy</i>	✓

<b>PREPARED BY:</b>	Jane Connaughton, Patient Experience and Engagement Officer
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<b>SPONSORED BY:</b>	Becky Hoskins, Acting Director of Nursing and Quality
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<b>PRESENTED BY:</b>	Becky Hoskins, Acting Director of Nursing and Quality
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**STRATEGIC CONTEXT**

The delivery of the patient story at the Trust Board supports the Trust Quality priority of ensuring that the patient’s voice is heard and considered in support of quality improvement discussions at both strategic and operational levels.

**EXECUTIVE SUMMARY**

The patient story, via the link below, tells of the family who’s loved one was the first tissue donor on the Respiratory Care Unit.

<https://vimeo.com/843819586/f91392b987>

The family were grateful for the support of the Respiratory Care Unit team during a sensitive time.

**RECOMMENDATION**

The Trust of Directors is asked to be assured that services continue to provide person-centred care and any feedback from the board will be shared with the family via the Patient Experience Team

## 2. Assurance



## 2.1. Audit Committee Chair's Log: 12

June/12 July 2023

For Assurance

Presented by Nick Mapstone



<b>REPORT TO THE BOARD OF DIRECTORS - Public</b>	REF:	<b>BoD: 23/08/03/2.1</b>
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<b>SUBJECT:</b>	<b>AUDIT COMMITTEE CHAIR'S LOG</b>
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<b>DATE:</b>	3 August 2023
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<b>PURPOSE:</b>	<i>For decision/approval</i>	<small>Tick as applicable</small> ✓	<i>Assurance</i>	<small>Tick as applicable</small> ✓
	<i>For review</i>	✓	<i>Governance</i>	✓
	<i>For information</i>		<i>Strategy</i>	

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

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

**EXECUTIVE SUMMARY**

The Committee reviewed and approved the draft public disclosure statements for 2022/23.

**RECOMMENDATIONS**

The Audit Committee is asked to receive and review the attached log.

<b>Subject:</b>	<b>AUDIT COMMITTEE ASSURANCE REPORT</b>	<b>Ref:</b>	<b>BoD: 23/08/03/2.1</b>
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### CHAIR'S LOG: Key Issues and Assurance

Committee / Group	Date	Chair
Audit Committee	12 June 2023	Nick Mapstone

Agenda Item	Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
2.1	<p><b>Draft annual report</b></p> <p>The Committee reviewed the draft annual report, which has been checked and approved by the external auditor. The Committee recommends that the report is approved by the Board.</p>	Board	Recommendation
2.2	<p><b>Annual governance statement</b></p> <p>The Committee reviewed the annual governance statement and subject to minor changes recommends that it is approved by the Board for inclusion in the annual report.</p>	Board	Recommendation
2.3	<p><b>Provider licence self-certification</b></p> <p>The Committee reviewed and endorsed the provider licence self-certification and recommends that it is approved by the Board.</p>	Board	Recommendation
2.4	<p><b>Annual accounts</b></p> <p>The Committee reviewed the annual accounts and recommends that they</p>	Board	Recommendation

Agenda Item	Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
	are approved by the Board.		
2.6	<p><b>External audit completion report and letter of representation</b></p> <p>The Committee noted that the audit is substantially complete with the likely outcome of an unqualified audit opinion and a satisfactory judgement on our value-for-money arrangements. Several low-level risks on separation of duties and journal posting processes were raised and are to be considered by the finance team.</p>	Board	Recommendation
2.5	<p><b>Head of internal audit opinion and annual report</b></p> <p>The head of internal opinion provides significant assurance about the effectiveness of the Trust's risk management and governance arrangements. The only concern raised was the time taken to implement agreed internal audit recommendations: in 2022/23, only 69 per cent of actions were implemented within the originally agreed timescale.</p>	Board	To note



<b>REPORT TO THE BOARD OF DIRECTORS - Public</b>	REF:	<b>BoD: 23/08/03/2.1i</b>
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<b>SUBJECT:</b>	<b>AUDIT COMMITTEE CHAIR'S LOG</b>
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<b>DATE:</b>	3 August 2023
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<b>PURPOSE:</b>		<small>Tick as applicable</small>			<small>Tick as applicable</small>	
	<i>For decision/approval</i>	✓		<i>Assurance</i>	✓	
	<i>For review</i>	✓		<i>Governance</i>	✓	
	<i>For information</i>			<i>Strategy</i>		

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

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

**EXECUTIVE SUMMARY**

The Committee reviewed four internal audit reports issued since the June 2023 meeting. Audits of procurement and strategic governance gave *Significant Assurance* opinions. An audit of patient letters found a range of control issues, which led to a *Limited Assurance* opinion.

An audit of the data security protection toolkit found a number of areas where the Trust needs to strengthen arrangements, which led to a *Moderate Assurance*<sup>1</sup> opinion.

The internal audit plan for 2023/24 is on track with 95 per cent of recommendations implemented within the agreed time scale.

The Trust is fully compliant with the NHS Counter Fraud Authority's functional standards. No new fraud concerns have been raised since the last meeting.

The Committee noted that £57,000 worth of ophthalmology medicines were written off because pharmacy staff forget to store them in the fridge.

The Committee approved its annual effectiveness report.

**RECOMMENDATIONS**

The Committee recommends that the Board of Directors notes and takes assurance from the matters discussed.

<sup>1</sup> The audit uses a rating scale set by NHS England. A *moderate assurance* opinion equates to a *limited assurance* opinion

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<b>Subject:</b>	<b>AUDIT COMMITTEE ASSURANCE REPORT</b>	<b>Ref:</b>	<b>BoD: 23/08/03/2.1i</b>
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### CHAIR'S LOG: Key Issues and Assurance

Committee / Group	Date	Chair
Audit Committee	12 July 2023	Nick Mapstone

Agenda Item	Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
2.1	<p><b>Internal audit plan 2023/24</b></p> <p>The Committee received four internal audit reports issued since the June 2023 meeting.</p> <p>Audits of procurement and strategic governance gave <i>Significant Assurance</i> opinions.</p> <p>An audit of patient letters found a range of control issues which led to a <i>Limited Assurance</i> opinion. There is a small number of services that use manual processes for the creation of patient letters. No independent assurance is received by the Trust from third party suppliers to confirm the effectiveness of their internal controls.</p> <p>An audit of the data security protection toolkit found a number of areas where the Trust needs to strengthen arrangements, which led to a <i>Moderate Assurance</i> opinion. These include strengthening fraud risks; introducing off-site storage of data; and maintaining a register of medical devices that hold patient information.</p> <p>Management has agreed actions to address these audit findings.</p> <p>The internal audit plan for 2023/24 is on track with 95 per cent of recommendations implemented within the agreed time scale.</p>	Board	To note
2.2	<p><b>Local counter fraud service</b></p> <p>The Trust's arrangements comply with the NHS Counter Fraud Authority's</p>		

Agenda Item	Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
	functional standards. No new fraud concerns have been raised since the last meeting.	Board	To note
3.2	<p><b>Losses and special payments</b></p> <p>The Committee noted that £57,000 worth of ophthalmology medicines were written off because pharmacy staff forget to store them in the fridge.</p>	Board	To note
3.4	<p><b>Annual review of the effectiveness of the Audit Committee</b></p> <p>The Committee approved its annual effectiveness report.</p>	Board	To note

## 2.2. People Committee Chair's Log: 27

June 2023

For Assurance

Presented by Sue Ellis





**REPORT TO THE BOARD OF DIRECTORS - Public** REF: **BoD: 23/08/03/2.2**

**SUBJECT:** PEOPLE COMMITTEE ASSURANCE REPORT

**DATE:** 3 August 2023

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:** Sue Ellis, Non-Executive Director / Committee Chair

**SPONSORED BY:** Sue Ellis, Non-Executive Director/ Committee Chair

**PRESENTED BY:** Sue Ellis, Non-Executive Director/ Committee Chair

**STRATEGIC CONTEXT**

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

**EXECUTIVE SUMMARY**

The People Committee met on Tuesday 27 June 2023 and considered the following major items:

- Regular Workforce Insight Report
- Update on Workforce Planning Process including Outcome Measures
- Mandatory Training and Compliance Activity
- Creating Positive Culture and OD Strategy
- Two awards: NHS Pastoral Care Quality Award for International Nurses, and National Interim Quality Mark for Preceptorship Nursing
- Staff Survey Corporate Action Plan (attached as appendix 1)
- Trust People plan, within also the context of Trust Objectives 2022/23 year-end report
- Two New Policies Approved: Recovery of Overpayment of Salary and Hybrid Working and Homeworking
- Industrial Action Update

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 Board of Directors is asked to receive and review the attached Log and to note the attached Corporate Staff Survey Action Plan as Appendix 1

<b>Subject:</b> PEOPLE COMMITTEE ASSURANCE REPORT	<b>Ref:</b>	<b>BoD: 23/08/03/2.2</b>
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### CHAIR'S LOG: Chair's Key Issues and Assurance Model

<b>Committee / Group:</b> People Committee	<b>Date:</b> 27 June 2023	<b>Chair:</b> Sue Ellis
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Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
1	Workforce Insight Report	<p>Victoria Racher Head of Workforce Planning Resourcing and Systems attended. The Workforce Insight Report continues to describe approaches for sickness absence and well-being with current figures for the month of May at 5.9%. Mental health-related absence remains the top reason (as reflected by the national NHS picture). It was confirmed that Carl Barnes, Occupational Psychologist, as part of his introductory work, would review the Trust provision of mental health and well-being services and interventions. There is no complacency regarding absence figures and approaches to reducing these features as part of the Efficiency and Productivity programme for 2023/24.</p> <p>Turnover figures are now within range, and there was a discussion regarding likely compliance to hit the 90% appraisal target by the end of June. It is estimated this will be missed due to additional pressures related to Junior doctors' industrial action and a catch up initiative required over the summer.</p>	Board of Directors	Assurance
2	Update on Workforce Planning Process including Outcome Measures	The Committee noted detailed work on Workforce. Planning has now become embedded and an example, including outcome measures, within CBU 1 was shared by Shaun Garside, Associate Director of Operations, Medicine & Urgent Care.	Board of Directors	Assurance
3	Mandatory Training and	The report was presented by Theresa Rastall Head of	Board of	Assurance

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
	Compliance Activity	Education, Training and Development in response to last month's request for additional information. Arising from the discussion, it was recognised that there was a need for focussed work on this led by the Executive Team. This would include the learning of good practice both internally and from other NHS bodies areas. The Committee requested for an update to be presented in September.	Directors	
4	Creating Positive Culture and OD Strategy	This topic was presented by Emma Lavery on behalf of Tim Spackman, Head of Leadership and OD , providing an overview of the Trust approach and progress to improving culture, engagement and Organisational Development, including latest culture metrics dashboard from our staff survey results. Planning for a first colleague engagement 'Proud to Care' conference on 12 - 13 September 2023 was welcomed. The Committee asked for the invitation to be sent for the members.	Board of Directors	Assurance
5	Staff Survey Corporate Action Plan (attached as appendix 1)	<p>A further update on the Corporate Action Plan was received with a view to making our Trust the 'Best place to work' with high-level organisational actions under the headings: We are safe and healthy, We are compassionate and inclusive We are always learning, Actions Advocacy Executive Support.</p> <p>The action plan is attached as an appendix for information to the Board of Directors, as it describes what we are doing by when and how progress will be monitored.</p>	Board of Directors	Assurance
6	<p>Two Significant National Awards:</p> <ul style="list-style-type: none"> <li>• NHS Pastoral care quality award for international nurses</li> <li>• National Interim Quality mark for preceptorship nursing</li> </ul>	Two key awards were presented by Diane Edwards, Associate Director of Professional Workforce. The first is an NHS Pastoral Care Quality Award for Support to International Nurses' Recruitment. The recruitment commenced in 2021 and a total of 235 colleagues have been recruited by December 2023. The award recognises	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>the Trusts' commitment to well-being and support for internationally educated nurses on an ongoing basis. This is great news and it was agreed to send a note of congratulations and thanks to the relevant team within Jackie Murphy's directorate.</p> <p>The Committee was also pleased to learn of the award of the National Interim Quality Mark for Preceptorship in Nursing. This is a new national award that covers responses on the recommended preceptorship arrangements as set out by the NMC and we offer a period of up to 12 months and met 94% of the standards in support to graduates in practice. We learned that only 25 NHS organisations nationally have been successful in receiving this award and that Barnsley is the only Trust in South Yorkshire.</p> <p>Again, this is great news and it was agreed to forward congratulation and thanks to the relevant team within Jackie Murphy's directorate</p>		
7	Trust People Plan, within also the context of Trust objectives 2022/23 year-end report	An update was given on the Trust People plan progress and how this meshes with the Trust Objectives 22/ 23 under our stated aspiration to be 'Best for People'. This was our first update and good progress was noted on a number of initiatives, with some outliers which required significantly more work, including exit interviews.	Board of Directors	Information
8	<p>Approval of Two new HR policies:</p> <ul style="list-style-type: none"> <li>• Recovery of Overpayment of Salary'</li> <li>• Hybrid Working and Homeworking</li> </ul>	<p>The recovery of an overpayment in salary policy was presented by Luke Steeples HR Business Partner. The Committee received and approved the policy.</p> <p>The second policy relates to Hybrid Working with Homeworking Policy and Toolkit. Subject to minor amendments, the Committee received and approved the policy.</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
9	Industrial Action Across the NHS	<p>The latest position on pay disputes and potential industrial action was shared. The national pay award although not originally accepted by all Trade Unions, has been paid to Barnsley colleagues (including BFS staff) at the end of June.</p> <p>The RCN had re-balloted regarding further industrial action but the response had not met the threshold and hence there is no further mandate currently for strike action.</p> <p>Following the recent Junior Doctors' action, a further 5-day strike period has been notified from 13 -18 July 2023.</p> <p>It is recognised that this creates continuing work to maintain patient safety.</p>	Board of Directors	Assurance



<b>REPORT TO THE BOARD OF DIRECTORS - Public</b>	REF:	<b>BoD: 23/08/03/2.2i</b>
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<b>SUBJECT:</b>	<b>STAFF SURVEY 2022: CORPORATE ACTION PLAN UPDATE</b>
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<b>DATE:</b>	3 August 2023
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<b>PURPOSE:</b>	<i>For decision/approval</i>	<small>Tick as applicable</small>	<i>Assurance</i>	<small>Tick as applicable</small>	
	<i>For review</i>		<i>Governance</i>	✓	
	<i>For information</i>	✓	<i>Strategy</i>	✓	

<b>PREPARED BY:</b>	Tim Spackman, Head of Leadership and Organisational Development Emma Lavery, Deputy Director of Workforce
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<b>SPONSORED BY:</b>	Steve Ned, Director of People
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<b>PRESENTED BY:</b>	Sue Ellis, Non-Executive Director/ Committee Chair
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**STRATEGIC CONTEXT**

Our Best for People Strategic Goal is to make our Trust the best place to work. The Annual Staff Survey is a key metric in relation to Employee Engagement (based on Motivation, Advocacy and Involvement) and a range of other factors aligned to our NHS People Promise.

The 2022 Survey results for the Trust were pleasing as we work towards our goal of being an Employer of Choice. They showed an Employee Engagement score of 7.0 and above average scores for all People Promise categories in the survey. Best in class scores could be seen in the areas of 'We Work Flexibly' and 'We are a team.' The majority of our people would recommend Barnsley as a place to work.

We aim to continually improve the colleague experience and therefore taking action aligned to survey themes remains important.

**EXECUTIVE SUMMARY**

Actions following the survey are identified organisationally and locally in CBUs and a report to People Committee highlighted some of these in April. This paper highlights progress against organisational actions so far.

**RECOMMENDATION**

The Board of Directors is asked to note and receive the report as an assurance of progress.

## High Level Organisational Actions

Colleague Feedback	What Are We Doing?	When?	Progress
<p><b>We Are Safe And Healthy</b> Whilst the majority of colleagues recognize the Trust is taking positive action on Health and Wellbeing support for our people, some are feeling the pressures that come from resources being stretched, which can mean long hours and feeling exhausted.</p> <p>Colleagues are reporting instances of abuse from patients more. However, instances are still higher than we would like.</p>	<p>Completion of NHSE Health and Wellbeing Framework to benchmark our support and develop an Action Plan to enhance further.</p>	June 2023	Will complete by end June 2023
	<p>Continue to offer a wide range of Wellbeing support, including Vivup; Occupational Health; Schwartz Rounds and much more.</p>	Ongoing	Schwartz Rounds becoming re-established – next session 18/7
	<p>We are reviewing the support that is available within the Trust, with the support of an Occupational Psychologist, Carl Barnes.</p>	September 2023	Ongoing research and discovery work.
	<p>We have increased the number of Wellbeing Champions to help colleagues to be directed to the support available. The Inclusion and Wellbeing team have also been out and about doing Roadshows promoting what is available.</p>	Ongoing	Recruiting Inclusion and Wellbeing Engagement role to support promotion
	<p>We have introduced a new Flexible Working Group and a new Carers' Network, to help colleagues manage their commitments. In 2023, we are looking to learn from best practice; explore flexible team rostering and implement manager self-service.</p>	Dec 2023	Ongoing - cross-functional team established.
	<p>Develop line managers' abilities to have constructive Wellbeing conversations with their teams where appropriate.</p>	Mar 2024	Researching what is available now to identify best fit.
	<p>Engage more colleagues in Healthy Lives.</p>	Senior Leaders Forum June 2023	Postponed to Sept
<p>We continue to hold a regular working group for managing Violence and Aggression from patients and are looking at what further support is needed.</p>	Ongoing	Last meeting 19/6; identified support available.	
<p><b>We Are Compassionate and Inclusive</b> Relationships at work can be strained in some areas at times.</p>	<p>Many teams have positive and productive working relationships, however we recognise healthcare can be a challenging place to work and this can make relationships strained at times. Ways we are looking to develop and improve relationships include:-</p> <ul style="list-style-type: none"> <li>- Staff Conference and other work to promote and embed our Values of Respect, Teamwork and Diversity e.g. induction, awards, comms</li> <li>- Team Development activity, with support from Organisational Development, is underway in a number of areas</li> </ul>	<p>Sep 2023</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Ongoing</p> <p>Elderly – complete; Theatres – Session 1 21/6; Ophthalmology – planning; Pharmacy – planned monthly; Maternity – planned Sept</p>

<p>Colleagues from a BAME background appear to be more likely to experience abuse, bullying or harassment from patients and even their colleagues.</p> <p>Colleagues with a disability report as being less likely to be engaged.</p>	<ul style="list-style-type: none"> <li>- Developing Compassionate and Inclusive Leadership in the Trust</li> <li>- Developing and improving the 'Brilliant Basics' of team meetings and 1-to-1s</li> <li>- Local action planning</li> </ul> <p>Board members and senior management to have measurable objectives on equality, diversity and inclusion.</p> <p>Run another Inclusive Cultures Mentoring Programme in 2023.</p> <p>Expand and promote our Diversity Networks and give a voice to our BAME and Disabled colleagues.</p> <p>Diversity and Inclusion (zero tolerance policy) to feature in a storyline in Barnsley 24/7 TV programme with accompanying comms.</p> <p>Implement the WRES action plan to improve the experience of our BAME workforce.</p> <p>Surveys and Listening Sessions with International Nurses.</p> <p>Implement the WDES action plan to improve the experience of our staff with disabilities.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>June 2023</p> <p>Sep 2023</p> <p>Sep 2023</p> <p>Dec 2023</p> <p>Dec 2023</p> <p>Dec 2023</p> <p>Ongoing</p> <p>June 2023</p>	<p>Compassionate – workshops run; bespoke sessions run</p> <p>One a month run</p> <p>OD Strategy; planned for 2024</p> <p>Updates given at PEG; progress in all areas; will be shared in July</p> <p>Out for participant expressions of interest</p> <p>Monthly meetings; will be promoted at Conference in Sept</p> <p>Launched w/c 13/6</p> <p>Exploring cultural competence with train the trainer approach</p> <p>Gap Analysis complete, planning to follow</p>
<p><b>We Are Always Learning</b> Some colleagues would welcome more challenging work opportunities</p>	<p>Leader as Coach - We will be communicating clear expectations of line managers, including their responsibility to coach and develop their people.</p> <p>Continue expanded Talent Management programme to include Bands 2 and 3.</p> <p>We are looking to expand our internal coaching and mentoring offering, with more access to off-line confidential, developmental support for colleagues across the Trust.</p> <p>Long-term, we are seeking to develop a learning culture where people are encouraged and enabled to develop themselves e.g. taking on additional duties; shadowing; Personal Development Planning.</p> <p>Develop Talent Management, including a review of Appraisals and more development</p>	<p>Sep 2023</p> <p>Jan 2024</p> <p>Mar 2024</p> <p>2024</p> <p>2024</p>	<p>Our Leadership Way identified as our framework</p> <p>Mid-point assessment June/July</p> <p>Promoted in Team Brief and Hub in June</p> <p>Part of OD Strategy – July</p> <p>Scope for Growth – NHSE initiative</p>



	<p>opportunities.</p> <p>We will be developing and building the improvement capability across the organisation at all levels and empowering colleagues to make changes.</p> <p>All Executive team and clinical leaders will be able to talk about their role in leading quality improvement, support teams in their quality improvement work and develop a context and culture within the organisation for quality improvement to occur. For example, sessions at Senior Leaders Forum and Medical Leadership Programme.</p>	Mar 2024	<p>– seeking to be early adopters.</p> <p>Give It A Go Week - June</p>
<p><b>Engagement - Advocacy</b></p> <p>Whilst most colleagues are proud to work for the Trust, a lower proportion felt they could recommend the hospital to friends and family and some felt patient care might not always be our top priority.</p>	<p>The Trust is 'Proud to Care' and recognizes the need to keep stressing this to all of our people. We will do this through key communication forums such as Team Brief.</p> <p>We believe by providing the right support to our people, we will deliver the best patient care possible. So, action planning in response to the survey as described here and involving our people in solutions is one way to do this.</p>	<p>Ongoing</p> <p>April 2023</p>	<p>Action planning locally underway and sponsored by Exec</p>
<p><b>Executive support</b></p> <p>The staff survey results for 2022 are good but it is clear that there are areas of the Trust where staff experience and engagement is not as high as in other areas. This year will see additional attention given to those areas to support improvement.</p>	<p>Reviewing the staff survey results show that the following areas may benefit from Director support to achieve improved results. Executive team is asked to nominate a Director to the following areas to work with the leadership teams to drive improvement:</p> <p>Women and Children's CBU  Care of the Elderly  Diagnostic Imaging  Ophthalmology  Pathology  Pharmacy  Theatres</p>	Apr 2023	<p>Exec Sponsors Guidance produced and presented 14/6/23</p>

## 2.3. Quality and Governance Committee

Chair's Log: 28 June/26 July 2023

For Assurance/Review

Presented by Kevin Clifford



**REPORT TO THE BOARD OF DIRECTORS - Public** REF: **BoD: 23/08/03/2.3**

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

**DATE:** 3 August 2023

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

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

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

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

**STRATEGIC CONTEXT**

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

**EXECUTIVE SUMMARY**

This report provides information to assist the Board on obtaining assurance about the quality of care and rigour of governance. The Committee met on 28 June 2023 and received a number of presentations, regular and ad-hoc reports to provide the Committee and ultimately the Board with assurance.

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

- Patient Safety and Harm Group including Annual Clinical Governance report 2022 – 2023
- Mental Health Annual Report
- Patient Experience, Engagement and Insight Group
- Clinical Effectiveness Group & Mortality Report
- Health and Safety Group; Health and Safety Policy, Fire code Statement, Violence and Aggression Update
- Policy for Management of Respiratory Viruses
- Annual Clinical Governance Report 2022-23 Women’s Services:
- Staffing Reports
- Medicines Management Optimisation: CQC Inspection Feedback and Action Plan

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

<b>Subject:</b> QUALITY AND GOVERNANCE CHAIR'S LOG	<b>Ref:</b>	<b>BoD: 23/08/03/2.3</b>
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### CHAIR'S LOG: Chair's Key Issues and Assurance Model

<b>Committee / Group:</b> Quality and Governance Committee (Q&G)	<b>Date:</b> 28 June 2023	<b>Chair:</b> 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	Patient Safety and Harm Group including Annual Clinical Governance Report 2022 - 2023	<p>The Committee received the Chair's log of the latest meeting along with the Women's Services Annual Clinical Governance Report. The Committee received assurance across a wide range of Governance issues within the service, agreeing to its publication by the required deadline of 30 June 2023.</p> <p>The Committee received and endorsed the Annual Clinical Governance Report for 2022/23.</p>	Board of Directors	Assurance
2	Mental Health Annual Report	<p>The Committee received the Mental Health Annual Report and sought and received assurance on the Trust's approach to Mental Health issues.</p> <p>The Committee acknowledged the key achievements contained in the report</p>	Board of Directors	Assurance
3	Patient Experience, Engagement and Insight Group	The Committee received a briefing on Patient Experience and Engagement Activity. In addition, there was an update on the Always Event implementation.	Board of Directors	For Information

4	Clinical Effectiveness Group including Mortality Report	<p>The Committee received the Chair's log together with the latest Mortality Report.</p> <p>The Committee also noted and approved the Clinical Effectiveness Group's annual effectiveness review which outlined the work undertaken during the last year, along with noting the proposals for the coming year.</p>	Board of Directors	For Information
5	<p>Health and Safety Group including:-</p> <ul style="list-style-type: none"> <li>• Health and Safety Policy</li> <li>• Fire code Statement</li> <li>• Violence and Aggression Update</li> </ul>	<p>In addition to the Chair's log of the latest meeting, the Committee received a copy of the Health and Safety Management Policy and the Fire Code Statement. Both documents are recommended to the Board of Directors for sign-off by the Chair and Chief Executive.</p> <p>In addition, the Committee received an update on the Violence &amp; Aggression, the Reduction Self-Assessment and the associated action plan.</p>	Board of Directors	Assurance and Approval
6	<p>Infection Prevention and Control including:</p> <ul style="list-style-type: none"> <li>• Policy for Management of Respiratory Viruses</li> </ul>	<p>The Committee received a verbal update on the progress with the new Critical Care Unit receiving the all-clear for IPC issues and was pleased to note the progress to identify an opening date.</p> <p>In addition, the Committee received the Policy for Management of Respiratory Viruses. Given this is a new policy incorporating a number of old policies; the Committee recommended that the Board of Directors consider and approve this overarching policy and agree on the closure of the now-defunct individual policies.</p> <p><i>Post-meeting note: It has been agreed that Committee approval of the policy is sufficient. Therefore the policy has not been added to the BoD agenda.</i></p>	Board of Directors	Assurance

7	Staffing Reports	<p>The Committee received its usual Medical and Nursing Reports. The Committee explored at length the challenges within the Medical Workforce and explored the risk of any direct harms or hidden harms related to the backlog workload and the ongoing impact of Industrial Action.</p> <p>On the Nursing Report the Committee was pleased to hear while a small number of new staff are due to start Nursing is fully established. The Committee also congratulated the staff involved in Preceptorship for Newly Qualified Nurses and for the pastoral care of our overseas trained staff, both of whom have received national recognition.</p> <p>The Committee also received a quarterly report on Pharmacy Staffing. The Committee explored the challenges</p>		
		<p>faced due to high numbers of staff vacancies particularly in Aseptic and Ward/ Clinical Pharmacy. However, the Committee was pleased to note the progress in recruitment of the senior posts with the recruitment now closed.</p>		Assurance
8	Medicines Management Optimisation – CQC Inspection Feedback and Action Plan	<p>The Committee received the Chairs Log for the Medicines Management Committee and an update on the immediate action plan in response to the pilot CQC inspection conducted at the end of May. The Committee robustly discussed the plan and acknowledged the considerable work which has been and will need to be undertaken to meet the challenging deadlines within the plan. The Committee also acknowledged the potential additional actions which will be required once the final report is received.</p> <p>The Committee requested a monthly progress report to July and August’s meeting following which the frequency of reporting will be reviewed.</p>		Assurance



<b>REPORT TO THE BOARD OF DIRECTORS - Public</b>		REF:	<b>BoD: 23/08/03/2.3i</b>	
<b>SUBJECT:</b>	<b>QUALITY AND GOVERNANCE CHAIR'S LOG</b>			
<b>DATE:</b>	3 August 2023			
<b>PURPOSE:</b>		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>	✓	<i>Assurance</i>	✓
	<i>For review</i>		<i>Governance</i>	✓
	<i>For information</i>	✓	<i>Strategy</i>	
<b>PREPARED BY:</b>	Kevin Clifford, Non-Executive Director/Committee Chair			
<b>SPONSORED BY:</b>	Kevin Clifford, Non-Executive Director/Committee Chair			
<b>PRESENTED BY:</b>	Kevin Clifford, Non-Executive Director/Committee Chair			
<b>STRATEGIC CONTEXT</b>				
<p>The Quality &amp; Governance Committee (Q&amp;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.</p>				
<b>EXECUTIVE SUMMARY</b>				
<p>This report provides information to assist the Board on obtaining assurance about the quality of care and rigour of governance. The Committee met on 26 July 2023 and received a number of presentations, regular and ad-hoc reports to provide the Committee and ultimately the Board with assurance.</p> <p>Q&amp;G's agenda included consideration of the following items:</p> <ul style="list-style-type: none"> <li>• Research and Development Update</li> <li>• Patient Safety and Harm Updates</li> <li>• Patient Experience, Engagement and Insight Updates</li> <li>• Various Staffing Reports</li> <li>• Maternity Services Board Measures Minimum Dataset</li> <li>• Business Security Annual Report</li> <li>• Trust Objectives 2023/24 Progress Report</li> <li>• Medicines Management Optimisation</li> </ul> <p>For the purpose of assurance, the items noted in the log below were those identified for information, assurance or escalation to the Board.</p>				
<b>RECOMMENDATION(S)</b>				
The Board of Directors is asked to note and receive the attached log.				

<b>Subject:</b> QUALITY AND GOVERNANCE CHAIR'S LOG	<b>Ref:</b>	<b>BoD: 23/08/03/2.3i</b>
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### CHAIR'S LOG: Chair's Key Issues and Assurance Model

<b>Committee / Group:</b> Quality and Governance Committee (Q&G)	<b>Date:</b> 26 July 2023	<b>Chair:</b> 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	Research and Development Update	The Committee received a report of the research activity during Quarter One of 2023/24 and was pleased to hear the progress that has been made and the level of research activity in the Trust.	Board of Directors	Assurance
2	Patient Safety and Harm Group (PSHG) Updates	<p>The Committee received the minutes and chairs log of the PSHG along with specific reports on:-</p> <ul style="list-style-type: none"> <li>• Serious Incident Thematic Review</li> <li>• Legal Services Report</li> <li>• Mental Health Detentions Update</li> </ul> <p>In addition, the Committee approved the policy for "Managing Inpatients on Continuous Insulin Infusions".</p>	Board of Directors	Assurance
3	Patient Experience, Engagement and Insight Group (PEEIG) Updates	<p>In addition to receiving the minutes and chairs log of PEEIG the committee received:-</p> <ul style="list-style-type: none"> <li>• Learning from Experience Report</li> <li>• Complaints Annual Report</li> </ul>	Board of Directors	Assurance
4	Clinical Effectiveness Group	<p>The Committee received the minutes and chairs log as well receiving an update on:-</p> <ul style="list-style-type: none"> <li>• Sentinel Stroke National Audit</li> </ul>	Board of Directors	Assurance



<b>5</b>	Various Staffing Reports	The Committee received the usual staffing updates, including an update on the impact of industrial action and plans for future action. The Committee was also made aware of the potential impact of the high court judgment precluding the use of agency staff to replace striking Junior Doctors.	Board of Directors	Assurance
<b>6</b>	Business Security Annual Report	The Committee received the annual report for Business Security from Health and Safety Group.	Board of Directors	Assurance
<b>7</b>	Trust Objectives 2023/23 Progress Report	The Committee discussed progress against the objectives and was reassured on progress against those issues specifically identified for the Committee. The Committee requested that the Managing Director share the committee's ongoing need to be assured about any clinical implications of the digital objectives with the Finance and Performance Committee.	Board of Directors	Assurance
<b>8</b>	Medicines Management Optimisation Action Plan	The Committee received a further update on the action plan following the Pilot Care Quality Commission (CQC) visit and was made aware that the outcome of the CQC visit was now in the factual accuracy checking phase.	Board of Directors	Assurance

## **2.3.1. Complaints Annual Report**

For Information

Presented by Becky Hoskins



<b>REPORT TO THE BOARD OF DIRECTORS - Public</b>		REF:	<b>BoD: 23/08/03/2.3ii</b>		
<b>SUBJECT:</b>	<b>COMPLAINTS ANNUAL REPORT</b>				
<b>DATE:</b>	3 August 2023				
<b>PURPOSE:</b>		<i>Tick as applicable</i>		<i>Tick as applicable</i>	
	<i>For decision/approval</i>			<i>Assurance</i>	
	<i>For review</i>	✓		<i>Governance</i>	
	<i>For information</i>			<i>Strategy</i>	
<b>PREPARED BY:</b>	Nicola Dent, Patient Advice and Complaints Manager				
<b>SPONSORED BY:</b>	Gill Feerick, Head of Quality and Clinical Governance				
<b>PRESENTED BY:</b>	Becky Hoskins, Acting Interim Director of Nursing & Quality				
<b>STRATEGIC CONTEXT</b>					
<p>In line with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, the Trust is required to provide a separate annual report on formal complaints which provides information on the number of complaints received and the number of complaints upheld within the financial year. The report is required to also summarise the subject matter of complaints, and information relating to actions to improve services. Though not required under the Regulations, in line with more recent guidance this draft report also gives a more detailed thematic report of complaint subjects, includes a thematic review of concerns, and details what improvements are planned to the service for the coming year.</p>					
<b>EXECUTIVE SUMMARY</b>					
<p>This is the annual complaints report for Barnsley Hospital NHS Foundation Trust covering the period from 1 April 2022 to 31 March 2023. The report provides a summary of concerns and complaints received by the Trust during the previous year and provides a summary of performance, against national and local priorities.</p>					
<b>RECOMMENDATION</b>					
<p>The Board of Directors is asked to receive and note the attached report for information.</p>					

# **Annual Report for the Patient Advice & Complaints Service**

**April 2022 – March 2023**

**April 2023**

**PATIENT ADVICE & COMPLAINTS TEAM  
ANNUAL COMPLAINTS & CONCERNS REPORT – 2022/23**

**1. Executive Summary**

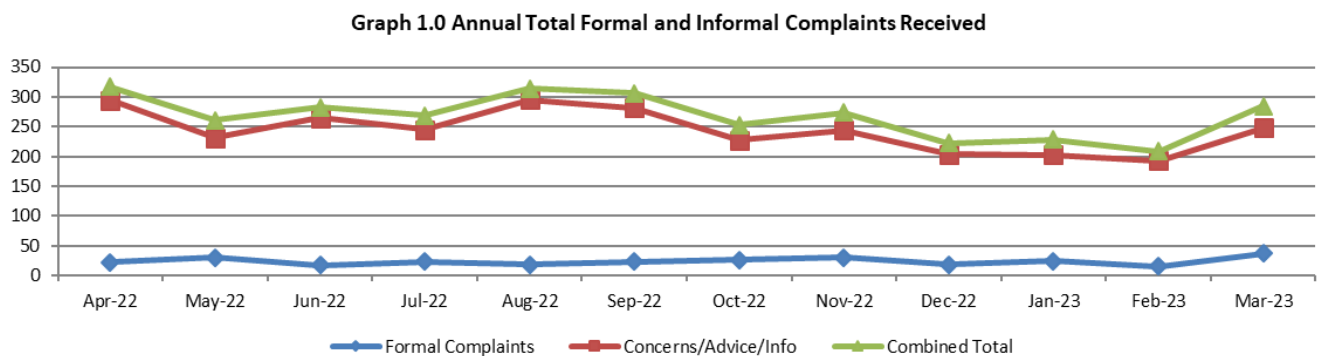
This is the annual complaints report for Barnsley Hospital NHS Foundation Trust (BHNFT) covering the period from 1 April 2022 to 31 March 2023. The report provides a summary of concerns and complaints received by the Trust during the previous year and provides a summary of performance, against national and local priorities. The report meets the requirements of Regulation 18 of The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, which require NHS bodies to provide an annual report on complaint handling, a copy of which must be available to the public.

BHNFT welcome feedback from patients, their families and carers. All formal complaints and concerns are handled by the Patient Advice & Complaints Team (PA&CT). The Trust values complaints and wider patient feedback as a valuable opportunity to learn and make improvements to the services and care we provide. A customer-focused, responsive complaints service is important to the patients who use our services and we aim to be open and honest in our investigation process and committed to identifying actions and learning as a result of complaint investigations.

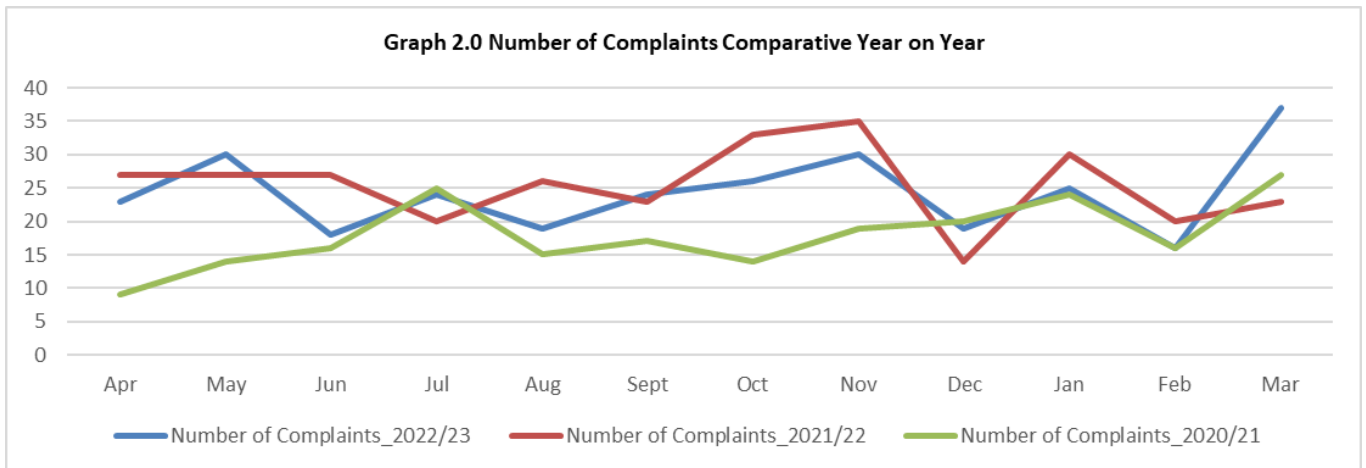
The Trust has a Policy for Handling Concerns and Complaints which provides guidance and a framework for investigations in line with legislation and best practice guidance. The Trust’s policy is available to all staff via the central repository for all Trust Approved Documents (TAD) .

**2. Complaints Performance**

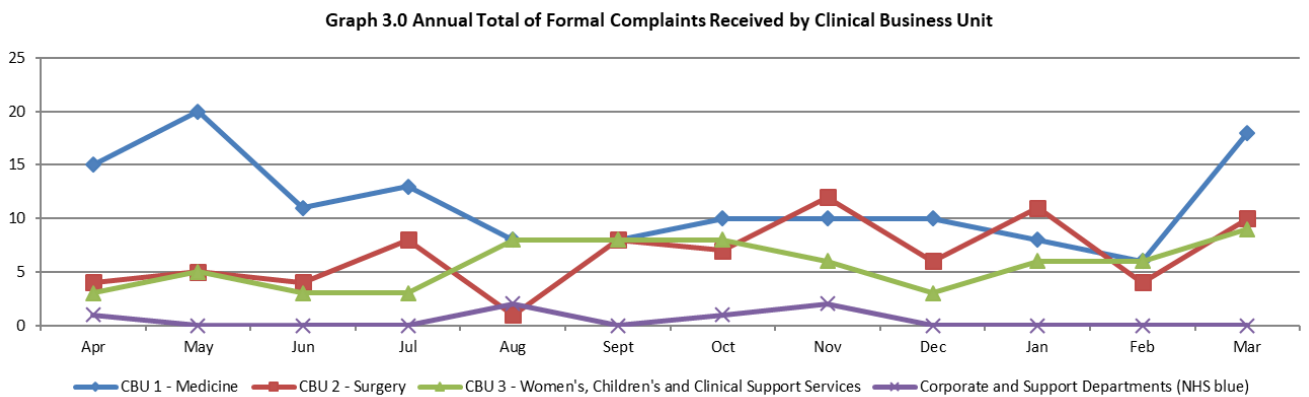
100% of formal complaints received in 2022/23 were acknowledged within three working days of receipt. The total figures for all patient feedback received are illustrated in graph 1.0.



The Trust received 291 formal complaints during 2022/23, a slight decrease on the previous year’s figure of 305 (Graph 2.0).

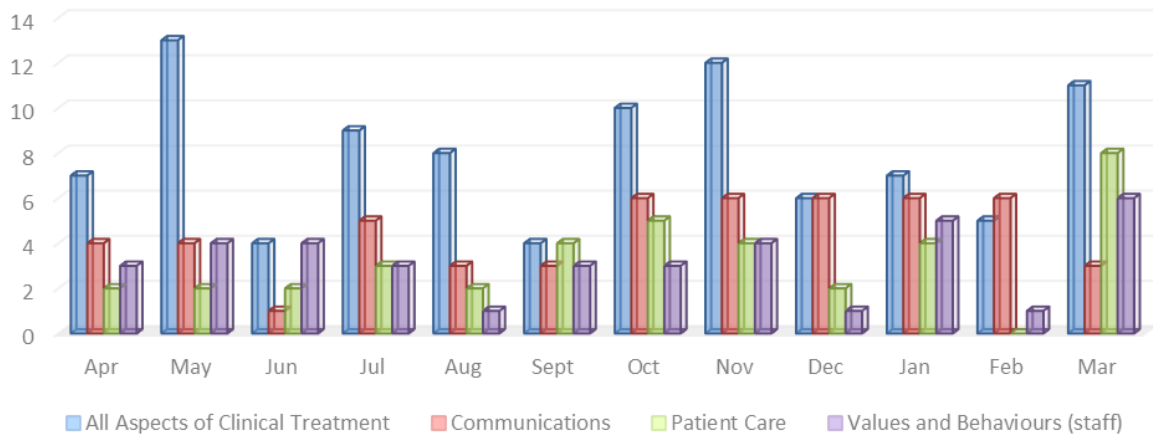


Clinical Business Unit (CBU) 1 (Medicine) – Medicine received the highest number of formal complaints with 137 of the 291 reported for the year (47%) (Graph 3.0). This is a reduction on the previous year (61%). It is usual for Medicine to receive the highest number of formal complaints as the services in this Clinical Business Unit include emergency and acute medicine and therefore have a higher number of patient contacts than the other Clinical Business Units.



'All Aspects of Clinical Treatment' (Graph 4.0) is the main subject trend, followed by, 'Communication'. Of the 96 complaints recorded as 'All Aspects of Clinical Treatment', 20 of these have the sub-subject 'Delay or failure in treatment or procedure', however, on further analysis these are spread evenly across all CBUs, with no clear theme. Of the 52 complaints recorded as 'Communications', 16 of these have the sub-subject 'Communication with relatives/carers'. The majority of these are in CBU1, however they cover various wards and departments.

Graph 4.0 Main Subjects of Formal Complaints 2022/23



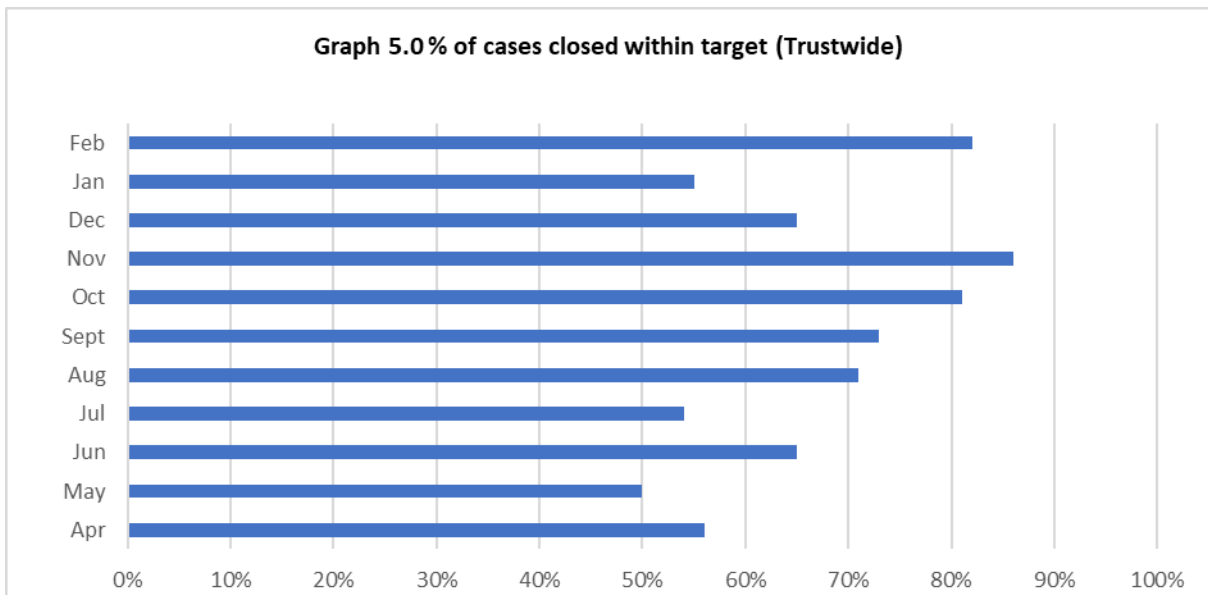
In line with the approved governance reporting framework details of individual complaints and any identified themes are routinely reported and shared with the CBUs and relevant reporting groups and committees for the purpose of reflective learning, improvement and assurance.

Whilst it is acknowledged that formal complaints may not always be received in real-time (complainants have up to 12 months to raise their formal complaint with the Trust), informal concerns do provide the Trust with the opportunity for real-time response, learning and patient feedback.

**2.1. Response Timeframes**

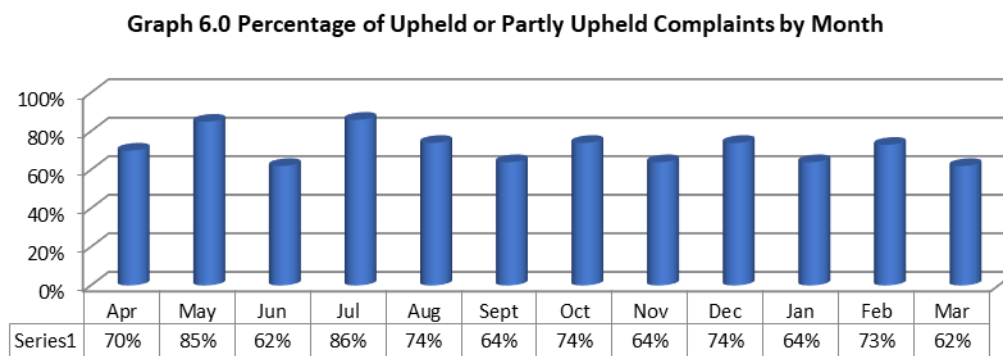
All formal complaints have an initial agreed response time of 40 working days.

This stretch target is a challenge for the Trust to achieve however we recognise the importance of responding to concerns and complaints in a timely manner whilst maintaining high quality investigations and detailed written responses. Processes for escalation are in place and performance at both corporate and local level are reported through the Trust wide governance framework under the leadership of the Director of Nursing and Quality.



During 2022/23, the Trust responded to 69% within 40 working days with an overall average of 43 working days.

Following investigation, complaints are allocated an outcome of ‘Upheld’, ‘Partially Upheld’, or ‘Not Upheld’. If all issues raised in the complaint are found to be substantiated then a complaint is ‘upheld’. If any single issue raised in a complaint is found to be substantiated, but some or all of the other issues are not, the complaint is ‘partially upheld’. If none of the issues in the complaint are found to be substantiated then the complaint is ‘not upheld’. The Trust upheld or partly upheld 71% of the cases it investigated during the reporting year (this is the same as the previous year 2021/22).



Only five formal complaints were reopened for further investigation during the reporting period. If a complaint is re-opened, there may be a number of reasons why this may happen. These can be varied and are detailed below:

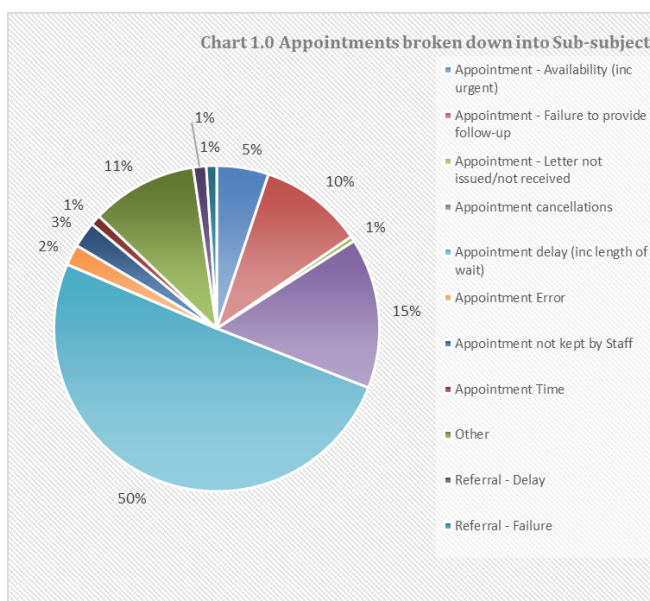
- Accepts investigation findings but wants further action taken
- Feel issues of concern have not been addressed and further investigation is required.
- Joint agreement to keep a complaint open for further review at a later stage.
- Raises new issues of concern.



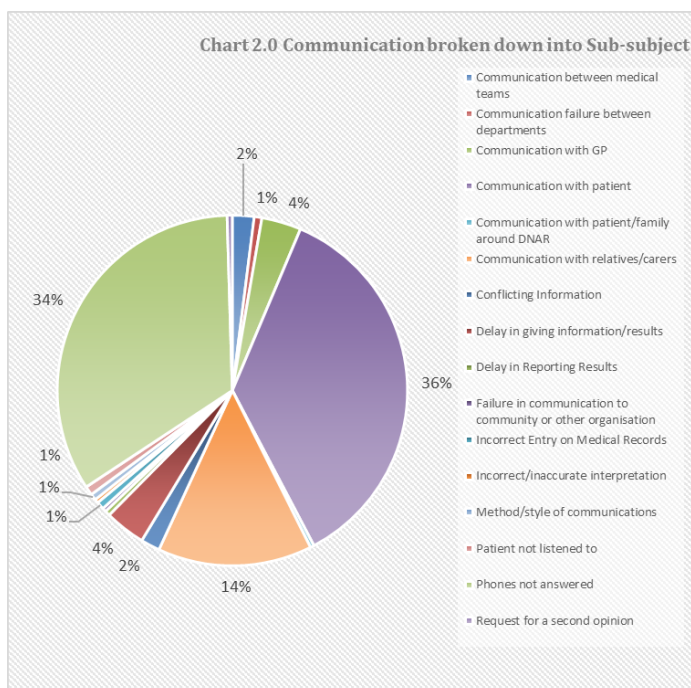
### 3. Concerns

The PA&CT handled a total of 2931 contacts. 2012 of these were logged ‘concerns’. These represent real-time concerns that can be addressed informally in a short timeframe.

The main subject trend is ‘Appointments’, with 438 concerns (22%) received relating to this, spread across all CBUs and services. A breakdown of the ‘Appointments’ sub-subjects of the received concerns is illustrated in Chart 1.0.



A secondary subject trend was ‘Communications’, with 224 concerns (11%) relating to this, covering all CBUs. A breakdown of the ‘Communications’ sub-subjects of the concerns received is illustrated in Chart 2.0.



Feedback from concerns regarding appointments and communications have been used to support planning of targeted improvement projects in the Trust, including the introduction of an electronic appointment booking system for patients attending for blood testing.

#### **4. Service Model**

The Trust continues with the combined central model for Patient Advice and Complaints handling and investigation, as introduced in 2018. In March 2022, following a period of work with the Trust's Quality Improvement Team, an internal structure change was implemented in the team to improve efficacy and effectiveness of the administration processes. These changes centre on a caseload team system, with dedicated administrators aligned to each Complaints Investigator. The new model allows for improved oversight of all cases and further strengthens channels of communication for complainants, in line with recommendations in the Complaints Standard Framework.

#### **5. Investigation Process**

In line with the Policy for Handling Concerns and Complaints the PA&CT investigation process is:

- Assessment and risk grading of all complaints upon receipt by the PA&CT Manager.
- Acknowledgement of the complaint within three working days following receipt in line with the complaint regulations.
- Registration on to the Trust's electronic governance recording and reporting software, known as the Datix system, consent obtained and allocation to a Complaints Investigator.
- Personal contact with the complainant by the Complaints Investigator to agree a resolution plan, offer a meeting and method and timeframe for response.
- Maintain regular contact with complainants to keep them updated on the investigation process.
- Review and sign off of investigation and complaint response at CBU and corporate level.
- Identification and recording of actions and learning.
- Monitoring of implementation of actions.
- Reporting on trends and themes from complaints and actions/learning.
- Assurance reviews on actions arising from high risk upheld complaints.

#### **6. Identification of Learning & Actions**

Where actions and learning are identified within the investigation process these are jointly agreed with the relevant service area and recorded via the Datix system. Actions are reported to local CBU governance meetings, and through monthly and quarterly patient experience feedback reports. Any overdue complaints actions are reported to the Trust's Patient Safety and Harm group.

In order to be open and publicise that complaints and patient feedback is important for learning and improvement, the Trust also publishes a “You said, we did” page on the public internet site. The quarterly update shares examples of feedback received and actions taken to improve patient experience.

The PA&CT work closely with the Patient Experience and Engagement team and when appropriate complaints are identified patient stories are utilised for the purpose of sharing feedback and learning at all levels within the Trust, including Trust Board. A patient story video from a complaint received in 2022/23 was also used as a training tool at the Barnsley Hospital Nursing Quality Summit.

Listed below are specific examples of actions identified during the period of report:

- A team process mapping session to follow a patient’s journey through Gynaecology services and identify where communication could be improved/expedited
- Provision of specialist education session for Paediatric and Maternity staff around identifying and treating craniosynostosis in infants born or cared for at BHNFT
- Provision of refresher safeguarding training to the team on the ward, and access to more detailed/enhanced safeguarding training for the non-clinical team
- Additional training added for junior doctors pertaining to good practice in consent discussions
- Planned a three-month documentation audit to monitor compliance and improvement in documentation standards

## **7. Governance & Reporting**

Formal complaints and concerns data is reported via the Trust’s Integrated Performance Report (IPR), the monthly CBU Patient Feedback reports and quarterly Learning from Experience (LFE) reports. The Patient Advice and Complaints Manager provides weekly ‘round up’ information for the CBUs to quickly identify any emerging trends and allow for prompt action where needed. Additional reports are produced as required to inform wider quality and service improvement work across the Trust. Complaint performance reports are submitted to the Trust’s Patient Experience, Engagement and Insight Group (PEEIG) on a quarterly basis.

## **8. Parliamentary and Health Service Ombudsman**

The Parliamentary and Service Ombudsman (PHSO) is an independent body that reviews NHS complaints investigations, and can give recommendations to Trusts based on their findings.

In the financial year 2022/2023, three new referrals were accepted for detailed investigation by the PHSO, relating to cases investigated by the Trust in 2020 and 2021. No detailed investigations were closed by the PHSO during the reporting period.

## **9. Training & Education**

Training is delivered to different staff groups on complaint investigation procedures and throughout the year training has been delivered to the following forums:

- Passport to Management learners
- Consultant Development programme
- Regional Junior Doctor learners
- Nursing Quality Summit

Training resources to support staff in handling concerns and complaints responsively are available on the Trust's SharePoint site, and the PA&CT have also delivered bespoke training to specific teams/specialties at BHNFT.

## **10. Complainant Feedback**

The PA&CT detail the option to give feedback about complainants' experience of accessing the complaints process via a web link or paper survey. Whilst response rates are low, some of those who have responded have also chosen to engage in wider service improvement work or share their experience via a patient story. Responses received were predominantly positive. In line with the Complaints Standard Framework, the team will be considering additional ways to collect complainant feedback in the future.

## **11. Conclusions & Recommendations**

Whilst the 40 day target remains challenging, the average number of days for investigation has steadily decreased to 43 days, and the team have maintained the high quality of investigations and responses, with very low numbers of reopened cases. Priorities for improvement during 2023/24 will include:

- Measuring the service against the new Complaints Standards Framework to identify potential areas for continual development of the service
- Monitoring of the new internal administrative structure and the impact of this on efficacy, effectiveness and continuity of communication
- Exploring options for gathering additional feedback from service users and families regarding their experience of raising a complaint or concern
- To continue to improve the monitoring of learning and actions identified from complaint investigations through the thematic analysis of actions
- To maintain the high quality of investigation and response, thereby minimising reopened cases and PHSO reviews
- Continued close working with the Patient Engagement and Experience team to identify suitable patient stories for training and to inform workstreams across the wider Trust
- To complete assurance reviews on actions implemented from all high risk closed complaints
- To implement more health inequalities analysis on complaints and concerns data to support Trust accessibility and quality objectives

**Patient Advice & Complaints Team**  
**April 2023**

## **2.3.2. Fire Code Statement**

For Approval

Presented by Bob Kirton



**REPORT TO THE BOARD OF DIRECTORS - Public**

REF:

**BoD: 23/08/03/2.3v**

**SUBJECT: FIRECODE STATEMENT**

**DATE:** 3 August 2023

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

**PREPARED BY:** Gill Lammas, Head of Operations & Compliance

**SPONSORED BY:** Bob Kirton, Chief Delivery Officer/Deputy Chief Executive

**PRESENTED BY:** Bob Kirton, Chief Delivery Officer/Deputy Chief Executive

**STRATEGIC CONTEXT**

A requirement of the Healthcare Technical Memorandum 05-01 (Firecode) requires that an annual fire statement is produced to provide Board assurance on the Fire Safety measures in place within the Trust

**EXECUTIVE SUMMARY**

The Fire Service have audited the Women’s and Children’s Block and Outpatient areas of the Trust. No enforcement Action was taken against the Trust but an agreed Action plan was served. The Trust is in the process of ensuring the remedial work is completed.

**RECOMMENDATION**

The Board of Directors is asked to receive and approve the Fire Code Statement for 2022/23.



## Annual Statement of Fire Safety 2022/2023

NHS organisation: <b>Barnsley Hospital NHS Foundation Trust</b>		
I confirm that for the period 1 <sup>st</sup> April 2022 to the 31 <sup>st</sup> March 2023, all premises which the organisation owns, occupies or manages have fire risk assessments undertaken, and under review, in compliance with the regulatory Reform (Fire Safety) Order 2005, and (please tick the appropriate boxes):		
1.	There are no significant risks arising from the fire risk assessments.	
2.	The organisation has developed a programme of work to eliminate or reduce to a reasonably practicable level the significant risks identified by the risk assessment.	<input checked="" type="checkbox"/>
3.	The organisation has identified significant risks, but does not have a programme of work to mitigate those significant risks.	
4.	Where a programme to mitigate significant risks has not been developed, please insert the date by which such a programme will be available, taking account of the degree of risk.	
5.	During the period covered by this statement, the organisation <del>has</del> /has not* been subject to any enforcement action by the fire and rescue authority.  Please outline details of enforcement action in Annex A Part 1.	<input checked="" type="checkbox"/>
6.	The organisation <del>has</del> /has not* any on-going enforcement action pre-dating this Statement.  Please outline details of on-going enforcement action in Annex A Part 2	<input checked="" type="checkbox"/>
7.	The organisation achieves compliance with the Department of Health's fire safety policy by the application of Firecode or some other suitable method.	<input checked="" type="checkbox"/>
Chief Executive:	Dr. Richard Jenkins	
Head of Operations & Compliance	Gillian Lammas	
Contact Details:	E-mail: <a href="mailto:gillian.lammas@nhs.net">gillian.lammas@nhs.net</a>	
	Telephone: 01226 432 140	
	Mobile: n/a	
Signature of Chief Executive:		
Date:		
Completed statement to be retained for future audit		

\*Delete as appropriate





## ANNEX A

Part 1 – Outline any enforcement action taken during the past 12 months and the action taken or intended by the organisation. Include, where possible, an indication of the costs to comply.

None for the period 1<sup>st</sup> April 2022 to the 31<sup>st</sup> March 2023.

Part 2 – Outline any enforcement action on-going from previous years and the action the organisation has taken so far. Include any proposed action needed. Include an indication of the cost incurred so far and, where possible, an indication of costs to fully comply.

None for the period 1<sup>st</sup> April 2022 to the 31<sup>st</sup> March 2023. However, an agreed Action Plan was in place. This has now been completed.



See attached.

NHS Organisation: Barnsley Hospital NHS Foundation Trust



Date: 24/05/2023





**Fire Service Action Plan for the visits that occurred in 10<sup>th</sup> & 17<sup>th</sup> June 2021, 9<sup>th</sup> November 2021, and 11<sup>th</sup> March 2022, looking at O-Block (Women’s and Children’s Block) and Outpatients.**

	Aims/ Targets/ Objectives	How this will be achieved	What expected outcome will be	What evidence will support this	Who will lead this	Timescales this will be achieved within	Where this will be reported/ monitored to – i.e. Committee / Group	Time scale	RAG rating
1, 28	The significant findings listed within the action plans derived from the fire risk assessments to be addressed.	Work prioritised through a risk-based approach	Fire Risk Assessment Action Plans up to date with action status and signed off when completed	Risk Assessment Action plans	Area Lead and BFS Team	Risk based approach may take up to 3 years	Health & Safety Group	Annual	 Completed
<b>Comments / Updates:</b> - A system has been put in place where the fire risk assessment actions plans are tabled at the Fire Safety Group meeting and the actions agreed and signed to the appropriate people. These actions are then assigned and monitored during reviews.									
2	There are oxygen cylinders being stored within the Medical Equipment Library. Signage in this area indicating the presence of the cylinders to be improved.	Signage to be placed at the door immediately before the gas cylinders	Staff aware that cylinders are behind the door	Signage in place	BFS Maintenance	1 week	Fire Safety Group	1 month	 Completed
<b>Comments / Updates:</b> - August 2022 – There are compressed gas signs on the doors leading from the lift hall area. Additional signs have been requested for the door leading									





into the Medical Equipment Library.									
3, 29	The risk assessment should acknowledge, address or mitigate those fire safety measures where their testing and maintenance regime within the hospital is not in line with their respective British Standards or HTM 05-03.	This will be documented in the Fire Strategy for the building	Information on systems available to all staff that require it.	Approved strategy available on the TAD system	Non-Clinical Risk Advisor	3 months	Health and Safety Group	Oct-21	 Completed
<b>Comments / Updates:</b> - The fire risk assessments will now include acknowledgements and mitigation.									
4	The single directional travel distance from the COVID PPE storage in the Medical Equipment Library is excessive. It is possible to create an escape route with two-way travel by forming a portal where there is currently a window. Alternatively, the risk assessment could acknowledge, address or mitigate the issue through appropriate management procedures.	Another means of escape into a means of escape from the medical equipment library to be designed and costed	An alternative direction of travel escape route from the store.	Second means of escape in place	BFS Associate Director of Estates and Facilities	3 months	Health & Safety Group	Oct-21	 Completed





<p><b>Comments / Updates: -</b>          August 2022 – It looks like work may be starting on the second escape, however there are plant pipes on the opposite side. In the interim, a risk assessment to be written to acknowledge and mitigate the issue.          October 2022 – The doorway has been created, awaiting door frame and door to be fitted. Expected date WC 17/10/22. Exact date to be Friday 21<sup>st</sup>          November 2022 – Fire ire escape is now in place.</p>									
5	<p>Refuse bins are stored within the front Lift area. These were also found to be unlocked and accessible. Maternity</p>	<p>No suitable storage for bins available on 3rd floor. Instructions to all staff to keep bins locked</p>	<p>Communication sent to all staff. Porters regularly checking status and locking unlocked bins.</p>	<p>Bins will be found locked</p>	<p>All Staff Portering Team Leaders</p>	<p>1 Month</p>	<p>Health &amp; Safety Group</p>	<p>Aug-21</p>	<p>  Completed</p>
<p><b>Comments / Updates: -</b>          August 2022 – During the walk around, there were no bins found on the lift hall on any landing within O-Block. This will be monitored going forward.</p>									
6	<p>The escape routes within the Medical Equipment Library are not easily navigated and were found to be obstructed with equipment. To assist with keeping the escape routes clear, the routes could be hatched out indicting that equipment should not be stored there.</p>	<p>Lines to be placed on the floor, to ensure that escape routes are kept clear</p>	<p>Escape routes accessible at all times</p>	<p>Quarterly workplace Inspections by area. Annual inspection by H&amp;S team</p>	<p>Area Manager</p>	<p>Immediate</p>	<p>Health &amp; Safety Group</p>	<p>Jul-21</p>	<p>  Completed</p>
<p><b>Comments / Updates: -</b>          August 2022 – Tape has been fixed to the floor to maintain the walkway and escape route.</p>									



7, 37	No test records were available for the fire dampers. These should be checked during the fire alarm tests and the results recorded accordingly.	Fusible link (fire) dampers on fire lines to be tested annually. Smoke and fire dampers to be tested annually as part of the alarm testing and on servicing.	Dampers to be compliant.	Documentation of test	BFS Maintenance/Contract	12 months	H&S Group through Fire Safety Dashboard	Jul-22	 Completed
<p><b>Comments / Updates: -</b>            September 2022 – Site wide capture of fire dampers completed. Remedial actions to be reviewed by the Fire Safety Group. Raised at the NAHFO meeting and the AE for Fire, and stated that the damper interfaces should be checked when the fire alarm tests take place. This does not currently take place.            February 2023 – Order to be placed with Action Air for a full test of all dampers, with Women’s &amp; Children’s to be a priority. All remedial actions to be bundled into capital works.            February 2023 – Order was placed on 09/02/2023 to begin carrying out work week commencing 20/02/2023.            March 2023 – Testing underway.            March 2023 – Annual testing contract in place where access to dampers is available. Work being conducted to ensure dampers close on alarm activation where appropriate across the site.</p>									
8	The ‘green box’ failsafe devices fitted to the electro-magnetic security doors are not regularly tested. These should be tested and maintained in accordance with BS 7374-4:2015	Green boxes to be tested annually in line with BS 7374-4:2015.	Records available for inspection	Compliance check by H&S team	BFS	1 month	H&S Group through fire safety dashboard	Jun-22	 Completed
<p><b>Comments / Updates: -</b>            September 2022 – These are tested annually by Wasp Security.</p>									





9	The door to the kitchenette located in the Maternity Office does not appear to be 30 minutes fire rated and does not have a self-closing device fitted. This should be a 30 min fire resisting doorset and remedial works are required.	Self-closing device to be fitted to door. Work to establish if door is a 30-minute fire door to be completed. If not to be replaced as part of Fire capital works	Door to be compliant	PPM inspections of fire doors	BFS Associate Director of Estates and Facilities	Door closer within 1 week.  Changing to a compliant fire door is risk dependant; 3 years	Health and Safety Group	June-24	  Completed
<p><b>Comments / Updates: -</b>            August 2022 – Self-closer is now fitted to the current door. However, on the visit the door was then wedged open with a bin. This was removed at the time, and Team leaders of staff in the area have been informed not to wedge the door open and to monitor this.            October 2022 – Issues with door being wedged open still remain. Doorguard has been ordered for this room to overcome the issue 17/10/2022. Awaiting delivery.            February 2023 – Doorguard fitted on 02/02/2023. WO:369285.            February 2023 – New 30 minutes fire door to be fitted, and a formal letter from Health &amp; Safety informing everyone that the door must be kept closed at all times.            March 2023 – Order placed for new door. 4 to 6 week lead time.            March 2023 – new fire door fitted.</p>									
10, 12, 39	No fire drill records were produced at the time of the audit. These records should be available for inspection; maternity Offices (3rd Floor), Linen Room, Neonatal Unit	Areas completing fire drills and recording it in fire manual, or completing Fire incident reports when false alarms occur.	Staff aware of what to do in a fire alarm situation	Records in fire manual.	Manager of the area with assistance from H&S Team	Immediately	Health and Safety Group through CBU reports.	June 21	  Completed
<p><b>Comments / Updates: -</b>            August 2022 – Fire drills were undertaken: - Linen Room 06/06/2022, Neonatal Unit 28/09/2021, and Maternity Offices to confirm dates.            April 2023 – NNU completed a fire drill in October 2022. Maternity Offices completed in April 2023.</p>									





11	A number of temporary fridges were stored in a Means of Escape corridor from the Mortuary	Either alternative storage location to be identified or storage alcove made into a suitable hazard room.	Appropriate storage for temporary fridge	Inspection reports	Mortuary/pathology management	6 months	Health & Safety Group	June 22	GREY Completed
<b>Comments / Updates: -</b> August 2022 – These have been relocated to the Mortuary 2.									
13	Fire Wardens checks in the Linen Room, there were several gaps in the wardens check list resulting in fire safety precautions not being done.	More Fire wardens in area to ensure daily checks completed when area occupied	Ensures fire evacuation routes are clear and other fire safety checks completed	Records in fire manual	Manager of the area with assistance from H&S Team	Immediate	Health and Safety Group through CBU reports.	June 21	GREY Completed
<b>Comments / Updates: -</b> August 2022 – Now being completed and returned for assurance.									
14	There was a key in the door before the final exit door via the store room in the linen room, a thumb turn device could be considered when doing any refurbishments to that area.	Change locking device	Ensure fire exit is always available	Inspection	Manager of area/ BFS Maintenance	3 years	Health and Safety Group through CBU reports.	Jun-24	GREY Completed
<b>Comments / Updates: -</b> August 2022 – Key removed.									



15	The review of the fire risk assessment was found to be a Health & Safety spot check. The fire risk assessment should therefore be reviewed and re-addressed to take into account any significant changes.	Reviews undertaken of all areas. Ensuring suitable review dates are in place on assessments.	Fire Risk Assessments to be within date	Inspection	Health & Safety Team	18 Months	Health & Safety Group	Dec -22	 Completed
<b>Comments / Updates: -</b> August 2022 – The fire risk assessment review process has been amended.									
16	There is an escape route that leads across an open flat roof area. The risk assessment should acknowledge and record that this goes against accepted HTM guidance and should either support the decommissioning of the escape route or mitigate its existence.  Outpatients	Although HTM allows the escape route to be used by staff. Route to be decommissioned	Although HTM allows the escape route to be used by staff. Route to be decommissioned	No fire signage and evac chair removed	Inspection	1 Month	Health & Safety Group	Jul-21	 Completed
<b>Comments / Updates: -</b> August 2022 – The fire exit signs from this particular door has been removed.									







17	<p>A service riser was found to be unlocked and mops found to be stored within. The items should be removed and the door to the service riser kept locked at all material times.</p> <p>Outpatients – ENT Riser W1</p>	<p>Riser locked. Decision to be taken if the lock needs to be changed to stop being used for mop storage.</p>	<p>Clear locked riser cupboard.</p>	<p>Inspection</p>	<p>Estates</p>	<p>immediate</p>	<p>Health &amp; Safety Group</p>	<p>June 21</p>	<p> Completed</p>
<p><b>Comments / Updates: -</b> August 2022 – The service riser is now clear and locked.</p>									
18	<p>The Electrical Installation Condition Report was found to be overdue. The electrical installation should be routinely checked as part of your preventative fire safety measures. All existing electrical installations should be maintained in accordance with the provisions of the IEE Regulations for Electrical Installations or appropriate equivalent standard. Whole site</p>	<p>Fixed wire testing to be completed for the whole site</p>	<p>Records available that show testing completed and remedials undertaken</p>	<p>Inspection</p>	<p>Estates</p>	<p>9 Months</p>	<p>Health &amp; Safety Group</p>	<p>June-22</p>	<p> Completed</p>
<p><b>Comments / Updates: -</b></p>									



September 2022 – Site wide inspection completed. Next 5 yearly inspection due 2026.									
19	A dead-end corridor was found to contain a photocopier. This should be relocated to an appropriate storage area that is not within an escape route.  Outpatients - Ophthalmology/Pre-Assessment	Photocopier to be moved.	Relocation into a room	Inspection	Departmental Manager / IT	1 month	Health & Safety Group	July-21	 Completed
<b>Comments / Updates: -</b> August 2022 – There are 2 directions of travel from within Ophthalmology, so this was acceptable to the Fire Service. The photocopier in Pre-Assessment was moved into the reception office, but since the area was refurbished and become Theatres Arrivals, it has been placed back onto the corridor. October 2022- Confirmed Photocopier now relocated into a staff area.									
20	Oxygen cylinders were found to be stored along an escape route. These should be stored in a suitable location. Ensure that appropriate signage is in place.  Pre-assessment	Relocation of oxygen cylinder into store room. Ensure signage is in place.	Relocation it to appropriate room	Inspection	Departmental Manager	1 Month	Health & Safety Group	July-21	 Completed
<b>Comments / Updates: -</b> August 2022 – The area has been refurbished and adapted to include Theatre Arrivals. No oxygen was found on the corridors.									




21	No testing or service records were available for the vents within the Outpatients atrium. The vents should be subject to a maintenance regime of regular testing and servicing. Records could be kept to demonstrate the regime is suitable.	Records to be obtained from Protec identifying the interface with the fire alarm and records identified to show testing	Records of annual tests available to inspecting bodies.	Inspection	Estates	1 Month	Health & Safety Group	July-21	 Completed
<b>Comments / Updates: -</b> September 2022 – Vents close on the fire alarm activation. However, this is to be discussed in the Fire Safety Group meeting to determine what the priority and function of the vents are, they cannot be accessed safely without scaffolding and currently there is no maintenance regime in place. February 2023 – Quote to be obtained for 2 people and a scissor lift to access the atrium and do a fully clean and any maintenance required. This will then be added as a 5 yearly PPM going forward. Completed 18th February 2023.									
22	At the time of the fire safety audit the fire alarm was displaying numerous faults (5) and disablements (158). These should be addressed and the system returned to normal working order as soon as possible. Whole site	Disablements are due to on-going contractor works across the hospital. Faults identified and investigated on a weekly basis. Protec on site twice a week to assist with fault management. Records to be kept on faults and actions taken to address them.	More robust management of faults on the alarm system	Inspection	Estates	1 Month	Health & Safety Group	July-21	 Completed
<b>Comments / Updates: -</b>									




September 2022 – Process in place for monitoring, recording, repairing and escalating faults for repair. Faults reviewed weekly in the Estates Maintenance Resource meeting and as an agenda item in the monthly Fire Safety Group meeting.									
23	The emergency lighting system was also found to have several faults. These failures/faults should be addressed and the system returned to normal working order as soon as possible.  Whole Site	Faults failures addressed through maintenance system upgrade part of back-log maintenance	System working as specified	Inspection of Records	Estates	12 months	Health & Safety Group	June-22	 Completed
<b>Comments / Updates: -</b> September 2022 – Part of the emergency lighting system is undergoing an upgrade. Failures generated via an automated system and repaired under warranty or by Estates personnel. Pass/Fail results presented in the monthly Fire Safety Group meeting.									
24 41	Several fire doors were found not to close fully onto their rebates. These require adjustment or remedial works to ensure their correct operation. Podium, Neonatal.	Maintenance jobs to identified doors. Regular servicing and inspections conducted to ensure all doors functioning correctly	Doors fully closing	Inspections	Estates	2 Months	Health & Safety Group	Aug-21	 Completed
<b>Comments / Updates: -</b> September 2022 – Cross corridor fire doors (A54105) and Door O152 in Neonatal Unit are not closing fully into their rebates. October 2022 – Jobs re-raised with Maintenance and completed 17/10/2022									





<p>25 , 40 , 51</p>	<p>Several self-closing, fire resisting doors were found to be wedged in the open position. This is a dangerous practice and should cease. If it is more convenient for the efficient running of the premises to have some self-closing fire doors in the open position, then consideration may be given to the provision of suitable hold-open devices. Where hold-open devices or 'free-swing' closers are fitted to self-closing fire doors their installation should be in accordance with the recommendations of the current edition of BS7273: Part 4. Ground floor/ 1st floor Neonatal Unit: Several door wedges were being used at the time of the audit. Fire doors should not be wedged open. If they require to be</p>	<p>Doors presently wedged open due to pandemic, reducing the touch points in the hospital. Done as a quick fix. Doors managed and will be closed when areas un-occupied. Cost to be obtained to allow this to continue by obtaining hold open devices linked to the fire alarm. Requirement for doors into nurseries being wedged open to be investigated.</p>	<p>Capital project to install door hold open devices to reduce touch points. Capital prioritisation Reasons why doors are being wedged open to be tackled.</p>	<p>Capital project process</p>	<p>Estates</p>	<p>2 years</p>	<p>Health &amp; Safety Group</p>	<p>June-23</p>	<p> Completed</p>
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	then automatic self-closing devices should be installed.								
<p><b>Comments / Updates: -</b>  September 2022 – Some doors were wedged open in the Neonatal Unit. Some doors had automatic holdbacks fitted but were not switched on. These were switched on during visit and wedges removed. The doors that were wedged open have a procedure in place to remove them when rooms are not in use and on the sound the of the fire alarm.  February 2023 – A check to be undertaken which doors are being wedged and to speak to the Lead to explain reasons why doors need to be closed. To involve Infection Control if required for ventilation purposes.  April 2023 – A meeting to discuss NNU ventilation and doors being closed was held. The majority of fire doors are on automatic hold-opens, that are linked to the fire alarm system. Investigation into the ventilation flow rates are to be looked at. Door wedges are only used on the doors that do not automatically hold open, and only when there is a clinical need for it to be open.</p>									
26 , 32 , 33 , 50	A service riser was found to have pink foam used for fire stopping purposes. The foam is an inappropriate medium for use in this instance. The pink foam should be replaced by fire rated mastic or sealant to reinstate the intended level of fire resistance. Outpatient s - ENT corridor Riser W1, Ground floor O-Block Children's Ward: Rm O#035RO006 has holes & no smoke detector fitted.	Inappropriate fire stopping to be removed and replaced with appropriate fire stopping	Trained contractors brought to site.	Inspection	Estates	12 months	Health & Safety Group	Sept-22	 Completed



	Children's Ward: Condition of compartmentation unknown.								
<p><b>Comments / Updates: -</b>          August 2022 – On checking; ENT riser W01 the pink foam had been replaced. <i>See photograph 6.</i> Gynae OPD – Risers O004 and O005 had the pink foam replaced. Risers O001 and O003 still had pink foam in situ.          September 2022 – Riser O006 in Children’s Ward still does not have a smoke detector fitted. Some holes have been filled, so the area still requires attention. <i>See photographs 12, 13, 14 &amp; 15.</i>          October 2022 – O-Block fire stopping work has gone out to tender.          February 2023 – Project Team to be shown the risers so that it can be included in the fire stopping works currently taking place.          April 2023 – Fire stopping works has taken place in O-block. The riser in ENT Outpatients was completed on 20/4/2023.</p>									
27	No evidence of regular checks or servicing of the evacuation chairs was provided. The evacuation chairs must be subject to a maintenance regime of regular testing and servicing. Records could be kept to demonstrate the regime is suitable. Whole Site	Service contract in place for Evac chairs. Records to be added on to Fire dashboard	Information available at a glance backed up by service data	Inspection	Med. Eng	25/07/2021	Health & Safety Group	July-21	 Completed
<p><b>Comments / Updates: -</b>          September 2022 – List of completed checked provided by the Medical Engineering Team.</p>									
30	Children's Ward: No checks/services on mag locks conducted.	Check documented. Staff informed of cause and effect	Staff aware if doors release on activation of the fire alarm.	Cause and effect, local fire plans and annual test records	BFS Capital Projects	6 months	Health & Safety Group	Sept-22	 Completed







<b>Comments / Updates: -</b> September 2022 – Email sent to Steve Butler for confirmation. October 2022 – Doors do not release on activation of the fire alarm.									
31	Children's Ward: Fire Door's missing smoke seals.	Doors appear to have acoustic seals not smoke seals. Information/correction required.	Cold smoke seals to be fitted to all relevant fire doors and maintained accordingly.	Inspection and PPM records	BFS Capital Projects	6 months	Health & Safety Group	Sept-22	 Completed
<b>Comments / Updates: -</b> September 2022 – The majority of fire doors throughout the area still do not have smoke seals in place. Doors labelled FD30 not FDS 30. The cross-corridor doors A81826 did have smoke seals on one edge, but nothing on the top. February 2023 – Doors re-checked by Project Team and smoke seals to be fitted. March 2023 – Smoke Seals fitted									
33	Children's Ward: Missing signage from Store room containing O2 &/or Room 0189	Sign to be instated on Treatment room.	Sign visible on door.	Inspection	BFS Capital Projects	1 month	Health & Safety Group	April-22	 Completed
<b>Comments / Updates: -</b> September 2022 – Sign is now in place.									
36	Children's Ward: 2 x metal blanking plates seen in dead end area.	Documentation on the appropriateness of metal door to be established.	Appropriate certified doors to be in place.	Inspection and records	BFS Capital Projects	12 months	Health & Safety Group	March-23	 Completed
<b>Comments / Updates: -</b> September 2022 – The metal blanking plates have replaced the previous non-fire rated wooden doors. The plates are Palco metal doors that offer a 1 hour fire rating. Datasheet confirmed below.									






38 , 46	Neonatal Unit Gynae Outpatients: No fire evac procedures or emergency action plan in the fire manual on the ward	Procedures to be documented and filed.	Information known to staff and available in fire manual	Inspection	Department Manager	2 months	Health & Safety Group	May-22	 Completed
<b>Comments / Updates: -</b> September 2022 – Emails sent to Hannah Harris and Belinda Howell for confirmation. October 2022 – Draft procedure to Hannah Harris. Template to be resent to Belinda Howell. November 2022 – GOPD fire evacuation plan now in place. February 2023 – NNU fire evacuation plan now in place.									
42	KL dry riser outlet situated by Outpatients' entrance requires cowling to be secured. Pipe zigzagged above, can it be secured better on the other side?	Riser to be relocated.	Dry Riser appropriately secured in place.	Inspection	Estates Manager	3 months	Health & Safety Group	June-22	 Completed
<b>Comments / Updates: -</b> August 2022 – The riser has been completely moved to the tunnel. .									
44	Over flowing bins in ground floor bin store. Bins to be emptied regularly	Processes in place.	No over flowing bins seen	Inspection	Departmental Manager / Porters	Ongoing	Health & Safety Group	March-22	 Completed
<b>Comments / Updates: -</b> August 2022 – The bins were all locked and there was no overfull bins or any waste in the area.									
45	Damaged furniture with ripped upholstery needs removing.	Areas to identify and remove damaged furniture	No damaged furniture in use.	Inspection	Departmental Manager	3 months	Health & Safety Group	June-22	 Completed
<b>Comments / Updates: -</b> August 2022 – This has now been removed.									



47	Dead end corridor contained an open cabinet. This should be in a storage area. Gynae Out-patients	Re-organisation of storage	Cabinet re-located	Inspection	Departmental Manager	6 months	Health & Safety Group	Sept-22	 Completed
<b>Comments / Updates: -</b> August 2022 – This is still in place. Space issues within the department. February 2023 – CBU Lead is taking this action to ensure the cabinet is removed. March 2023 - CBU 3 have moved the cabinet									
48	Trolley obstructing the means of escape Gynae Outpatients	Re-organisation of storage	Trolley re-located	Inspection	Departmental Manager	6 months	Health & Safety Group	Sept-22	 Completed
<b>Comments / Updates: -</b> August 2022 – This had been removed.									
49	Flammables cabinet removed from means of escape. Gynae Outpatients	Re-organisation of storage	Cabinet re-located	Inspection	Departmental Manager	6 months	Health & Safety Group	Sept-22	 Completed
<b>Comments / Updates: -</b> August 2022 – This is still in place. Space issues within the department. February 2023 – CBU Lead is taking this action to ensure the cabinet is removed. March 2023 – CBU 3 have removed cabinet									
52	O092 and O091 are fire doors with Grills in place, it should be ascertained if these are intumescent grills. If not, they need to be replaced with intumescent grills.	Records in place	Evidence available that grills will react as required in a fire situation.	Inspection/ PPM records	Estates Maintenance	6 months	Health & Safety Group	Sept-22	 Completed



<b>Comments / Updates: -</b> August 2022 – Unable to determine if they are intumescent grills. Replacement intumescent frills are slightly larger than the grills in place, would mean more of the fire door removing. Option is to alter fire door or replace doors with new fire door. October 2022 – Estates confirmed that the grills are intumescent. Completed under work order number 326967.									
53	Ground floor bin store doors are not closing fully, requires a lock to secure the area from unauthorised access.	Maintenance team to ensure doors shut properly and a suitable lock is fitted.	Door closed and secured.	Inspection	Estates Maintenance	2 months	Health & Safety Group	May-22	 Completed
<b>Comments / Updates: -</b> August 2022 – Door was closing correctly but was not locked on inspection. February 2023 – Lock is fitted, so action closed. To consider access control to help manage this issue.									

Key:

	Completed		On track for completion
	In Progress; Issues identified that could prevent completion		Actions not yet completed

## 2.3.3. Health and Safety Management Policy

For Approval

Presented by Bob Kirton



<b>REPORT TO THE BOARD OF DIRECTORS - Public</b>		REF:	<b>BoD: 23/08/03/2.3vi</b>
<b>SUBJECT:</b>	<b>HEALTH AND SAFETY MANAGEMENT POLICY</b>		
<b>DATE:</b>	3 August 2023		
<b>PURPOSE:</b>	<i>For decision/approval</i>	<i>Tick as applicable</i>	<i>Assurance</i> ✓
	<i>For review</i>		<i>Governance</i> ✓
	<i>For information</i>	✓	<i>Strategy</i>
<b>PREPARED BY:</b>	Gill Lammas, Non Clinical Risk Advisor (H&S)		
<b>SPONSORED BY:</b>	Bob Kirton, Chief Delivery Officer/Deputy Chief Executive		
<b>PRESENTED BY:</b>	Bob Kirton, Chief Delivery Officer/Deputy Chief Executive		
<b>STRATEGIC CONTEXT</b>			
<p>It is a requirement of the Health and Safety at Work etc. act 1974 that all organisations with 5 or more employees have a written Health and Safety Policy.</p> <p>This policy must be agreed and signed at Board level, outlining how the organisation manages it employees and those effected by its undertaking.</p>			
<b>EXECUTIVE SUMMARY</b>			
<p>The Health and Safety Policy is reviewed annually through the Health &amp; Safety Group but requires alteration and resigning if anything has changed within the policy or after 3 years in line with the Trusts policy management policy.</p> <p>In this instance the signatories on the document have changed.</p>			
<b>RECOMMENDATION</b>			
<p>The Board of Directors is asked to receive and approve the Health and Safety Management Policy.</p>			



Trust Policy  
Health and Safety Department

Health & Safety Management Policy

**Document Control**

<b>Author/Contact</b>	G. Lammas	
<b>Document File Path</b>	6.60	
<b>Document impact assessed</b>	Yes	Date: 23/05/2023
<b>Version</b>	7	
<b>Status</b>		
<b>Publication Date</b>	June 2023	
<b>Review Date</b>	June 2026	
<b>Approved by</b>	H&S Group	Date: 6/06/23
<b>Ratified by</b>	Quality and Governance Committee	Date: 28/06/23
<b>Distribution:</b> Barnsley Hospital NHS Foundation Trust Policy Website Please note that the Policy Website version of this document is the only version that is maintained. Any printed copies must therefore be viewed as “uncontrolled” and as such, may not necessarily contain the latest updates and amendments.		



# HEALTH AND SAFETY MANAGEMENT POLICY GEN: 6.60

**Head of Operations and Compliance  
May 2023**



## 1. Statement of Intent

Barnsley Hospital NHS Foundation Trust (BHNFT) recognises that its staff (including Volunteers) are its greatest resource and so will as far as is reasonably practicable ensure their health, safety and welfare while at work; to ensure a productive, happy and efficient organisation.

The Trust will also work to ensure that the health, safety and welfare of patients, visitors and those affected by our undertaking are maintained.

The health, safety and welfare of our staff and those affected by our undertaking is stated in our strategic business plan with our other key priorities.

The Trust acknowledges that accidents and ill health usually occurs due to failings in management systems, and so the Trust will work alongside staff and staff associations to ensure that systems and welfare provisions are fit for purpose in all areas of the Trust.

The Trust recognises that good safety management reduces costs within the organisation, caused by accidents and work related ill health.

The Trust acknowledges that Staff also have responsibilities to keep themselves safe and not to endanger others' safety with their acts and omissions.

The Trust has the right to commence disciplinary action against any employee who violates health and safety procedures, or fails to perform their duties under Health and Safety legislation. This has the potential to be seen as gross misconduct.

This policy will be regularly reviewed and revised if necessary, in light of legislative or organisational changes.

Signed:

Dr Richard Jenkins

Chief Executive of Barnsley Hospital NHS Foundation Trust

Date:

Signed:

Sheena McDonnell

Chair of Barnsley Hospital NHS Foundation Trust

Date:





## 2. INTRODUCTION

A formal documented Health and Safety Management Policy is a legal requirement for all organisations with more than 5 employees under the Health and Safety at work etc. Act 1974.

This policy is in place to ensure that health and safety is managed appropriately within the Trust, and that all members of staff are aware of their responsibilities and how to fulfil them. To ensure that everyone affected by the Trusts undertaking are healthy and safe through that interaction as far as is reasonably practicable.

## 3. IMPLEMENTATION

There will be full consultation with employees as specified in the Safety Representatives and Safety Committees Regulations 1977. This is done through the Health and Safety Group before further consultation at the Quality and Governance Committee, and before final Board approval where the statement of intent will be signed by the Chief Executive and Chairman of the Trust.

All staff will be made aware of the Policy through the Corporate Communications Team and are to abide by it.

## 4. MANAGEMENT ARRANGEMENTS: ROLES OF INDIVIDUALS AND GROUPS

### 4.1 *Trust Board*

The Trust Board, as an employer in law, has ultimate responsibility for health and safety throughout BHNFT.

### 4.2 *Chief Executive*

The Chief Executive has the day-to-day executive responsibility for the running of BHNFT, and is responsible for ensuring that the Board and other Directors understand and fulfil their health and safety roles.

### 4.3 *Directors*

Directors are responsible for: -

- Ensuring the implementation of Trust health and safety policies within their Clinical Business Unit (CBU) or Department, producing local health and safety policies, preparing an annual statement of health and safety management for their CBU and where appropriate, for individual departments and services;



- Ensuring that all managers have adequate knowledge of their health and safety responsibilities and they receive adequate health and safety training (health and safety management training courses) in accordance with the BHNFT Training Plan;
- Allocating areas of responsibility for health and safety management to individual heads of departments, service and line managers and ensuring that these are reflected in the individuals' personal objectives;
- Providing team meetings, which will enable them to discuss health and safety matters;
- Co-operating and co-ordinating with non-Trust employees that are working within their areas of responsibility, ensuring that all relevant health and safety information (policies, risk assessments, safe systems of work) complies with Trust policies and procedures and current legislation;
- Ensuring that all work by outside contractors, over which they have control, is conducted in a safe manner and that adequate controls have been kept over the contractor's staff working in that area;
- Ensuring that all risk assessments in their area of control have been carried out, that they are suitable and sufficient, and recorded if risks are significant, and regularly reviewed. Also ensuring that all risks are reduced to the lowest level so far as is reasonably practicable and ensuring that all necessary controls are funded as required, or placed on the Trust risk register;
- Ensuring that there is adequate first-aid cover within their directorate/division.

#### **4.4 Chief Delivery Officer**

The Chief Executive has nominated the Chief Delivery Officer as the director with specific responsibility for health and safety within the Trust. The responsibilities are:

-

- Championing and reporting health and safety, wellbeing and fire at Trust Board;
- To Chair the Health and Safety Group, and forwarding any unresolved issues to the Quality and Governance Committee;
- Implementing and developing the fire safety strategy and policy;



- Providing access to competent health and safety and fire safety advice;
- Ensuring adequate resources are allocated to implement a health and safety management system;
- Promoting a positive health and safety culture throughout the Trust;
- Following the annual review of the Trust health and safety risks, setting the Trust health and safety objectives, with action plans for the forthcoming year at the Health and Safety Group;
- Ensuring health and safety responsibilities are incorporated into all job descriptions;
- Acting as the Trust representative for fire, health and safety response to formal inspections or audits carried out by the Health and Safety Executive (HSE), or other statutory organisations;
- Monitoring the effectiveness of fire, health and safety training.
- Championing security at the Trust Board;
- Ensuring that Contractors commissioned by the Trust are managed appropriately by Trust Staff;
- The below points are carried out with the assistance of the Managing Director of Barnsley Facilities Services;
  - Identifying and facilitating a programme of equitable access to Trust premises so that staff, patients and visitors with disabilities who enter our premises are provided with a safe environment;
  - Ensuring that our premises are provided with adequate standards of physical protection from fire, and appropriate facilities to secure effective evacuation for staff, patients and service users;
  - Ensuring that an effective formal programme is in place to manage the risks associated with asbestos;
  - Ensuring an effective formal maintenance programme is in place to manage Legionella risks;
  - Ensuring the safe working of external contractors as appropriate working on Trust property in compliance with Trust policies;



- Ensuring that all Trust buildings are maintained in good working order and that all fixtures and fittings, services and installations are maintained in line with safe systems of work;
- Ensuring that all Trust buildings are equipped with adequate means of escape and adequate means of access for the emergency services in the event of fire or other emergency;
- Ensuring the maintenance of fire-fighting and protection equipment around Trust buildings;
- Building work, where the Construction, Design and Management Regulations 2015 apply the requirements of the legislation are followed;
- The storage and removal of waste from Trust wards and departments is carried out in accordance with environmental legislation.

#### **4.6 Deputy Directors, Associate Directors, Assistant Directors and Managers**

Staff are responsible to their director for the safe undertaking of work in their areas of responsibility. They are also responsible for taking the necessary action to ensure the health and safety of employees, volunteers, patients, students and others in areas under their control, and for maintaining and improving the standards of safety within their ward/department. In particular, they are responsible for: -

##### **4.6.1 General Safety Management**

- Ensuring production of local rules and codes of practice and that these are consulted on with members of staff, students and Trade Union Safety Representatives, once agreed these are communicated out to all staff in the relevant area;
- Ensuring, so far as is reasonably practical, that measures are put in place for all staff, working for the Trust, to remain safe and healthy whilst at work, wherever they are based; either working from home, on Trust Property, or in the community;
- Ensuring that accidents, incidents and near misses are reported in accordance with BHNFT arrangements. Ensuring that accidents, work-related ill health and near misses are investigated;
- Ensuring Trade Union Safety Representatives are involved in investigations into accidents, incidents and near misses in their area;



- Liaising with the appropriate advisor on health and safety problems that cannot be dealt with within the ward/department;
- Liaising with other departmental and ward managers to have generic and specific risk assessments and safe systems of work in consultation with Trade Union Safety Representatives;
- Ensuring co-operation with the Occupational Health and Wellbeing Department in matters of staff's health at work, including work-related health surveillance. Bring to the attention of staff the availability of a service for consultation and advice where they have reason to believe there may be circumstances giving rise to occupational-related ill health;
- Providing health and safety information to visiting contractors employed by the Trust, and managing the contractors according to Trust policies.
- Ensuring suitable representation for their area of responsibility at the Trust Health and Safety Group.

#### **4.6.2 Assessment and Control**

- Implementing Trust health and safety policies, arrangements and other documents relating to safety;
- Ensuring that risk assessments are carried out on all potentially hazardous activities and equipment in accordance with statutory requirements and that any risk identified is adequately controlled before commencement of work. Consult with staff and Union Representatives on the risk assessments. Bring to the attention of their staff the findings of any risk assessments. Also, ensuring that all risk assessments entailing significant risks are recorded. High risks are forwarded to the Director for planning action. Significant and high risks, which cannot be actioned to be placed on the Trust risk register. All such assessments are to be regularly reviewed;
- Establishing inspection teams and inspection schedules within their area of control. Ensure remedial action arising from the inspection is taken and that adequate records from such inspection records are kept;
- Ensuring the adequacy of the arrangements for the safe use, storage, transfer and disposal of hazardous materials and waste;



- Ensuring that where an assessment shows that provision of personal protective equipment (PPE) is required, it is provided for use, and that staff are trained in its use, understand what hazards it is protecting staff from and how to store the PPE appropriately and the maintenance required and its frequency.

#### **4.6.3 Maintenance and Testing**

- Ensuring that the performance of all systems used, to control the risks associated with hazardous substances, are adequate for that use. They are to be tested regularly, and appropriate records maintained, as required by the Control of Substances Hazardous to Health Regulations 2002 (as amended);
- Ensuring that equipment is maintained in a safe state and that all electrical equipment is inspected and tested in accordance with Trust policy;
- Ensuring that adequate storage and handling arrangements are made for gas cylinders, and that all pressure vessels are tested and inspected in accordance with Trust policy;
- Ensuring that equipment and furniture, in their control does not block emergency exit routes, walkways and corridors.

#### **4.6.4 Information, Instruction, Training and Supervision**

- Ensuring that during the induction of new staff, they are made aware of all health and safety policies and safe systems of work. They must be made aware of their responsibility for their own safety and that of others. Also, that they are made aware of those individuals with health and safety responsibilities including first-aiders or competent persons, Fire Wardens, and Trade Union Safety Representatives;
- Ensuring that all staff undertake their mandatory training in accordance with the Trust Training Plan;
- Ensuring that all staff undertake all other relevant training, which will enable them to perform their duties in a safe manner;
- Ensuring that staff are competent to deal with tasks and equipment safely, otherwise providing adequate training and supervision as necessary. Staff managing others using equipment must be competent themselves;



- Displaying relevant statutory notices, relevant warning signs, fire notices, emergency procedures and local rules, and minutes of any health and safety related meetings;
- Consulting with staff and their health and safety representatives on health and safety matters, new technology and procedures.

#### **4.6.5 Emergencies**

- Ensuring that procedures for any foreseeable, serious and imminent dangers that could arise from work under their control, are prepared for and that competent persons are nominated ready to meet any such emergency;
- Ensuring that there are adequate Fire Wardens to deal with fire emergencies;
- Ensuring that all staff know how to activate alarm systems, who to contact in the event of emergencies and the emergency evacuation procedures for the areas where they work;

In carrying out these responsibilities, heads of wards/departments will locally appoint such persons to assist them as appropriate and will make this information readily available in their ward/department. Each head of ward/department is responsible for the health and safety of that area. This includes the working environment, rooms, equipment, staff, students, contractors, patients and any visitors.

#### **4.7 Duties of Employees**

All staff (including Volunteers), regardless of their position have a duty to themselves, to their colleagues and to any person who might be affected by their actions or omissions, to work in a safe manner. In particular, all employees have a responsibility for: -

- Taking reasonable care for the health and safety of themselves and any other people who may be affected by their acts or omissions;
- Co-operating with supervisory and managerial staff to ensure that all relevant statutory regulations, policies and all safety arrangements and procedures are adhered to;
- Participating in training designed to improve their knowledge and understanding about health and safety;
- Reporting to their manager all faults, hazards, errors, accidents/incidents and near misses, dangerous occurrences or damage regardless of whether persons are injured;



- Using any work items and personal protective equipment provided in accordance with the safe systems of work and training received, and where applicable, maintain, clean and store it correctly;
- Taking appropriate action within their powers of authority and competency to ensure that potential risks are prevented or minimised;
- Working in accordance with safe systems of work and training;
- Attending health screening as reasonably required.

All staff have a responsibility to work in co-operation with their supervisors and managers to ensure that the Trust, as their employer, can carry out their legal responsibilities.

Female members of staff are advised to inform their managers if they become pregnant, so that the appropriate assessments may be carried out. Confidential advice on pregnancy at work is available from the Occupational Health and Wellbeing Service.

#### **4.8 Voluntary Workers**

For the purposes of this and other related policies, voluntary workers are classed as employees. They are expected to conform to the same health and safety responsibilities as employees.

#### **4.9 Specialist Roles within the Trust**

##### **4.9.1 Barnsley Facilities Services**

The Trust has contracted out certain core support services to a wholly owned subsidiary of Barnsley Hospital NHS Foundation Trust.

##### **4.9.1.1 Managing Director for Barnsley Facilities Services (BFS)**

The Managing Director of BFS is responsible for: -

- Providing advice and prompt reporting to the Chief Delivery Officer and Executive Team on pertinent health and safety issues;
- Ensure a programme of maintaining existing access to Trust premises so that staff, patients and visitors with disabilities who enter our premises are provided with a safe environment;
- Ensuring that Trust premises are provided with adequate standards of physical protection from fire, and appropriate facilities to secure





effective evacuation for staff, patients and service users;

- Ensuring that an effective formal programme is in place to manage the risks associated with asbestos;
- Ensuring an effective formal maintenance programme is in place to manage water hygiene risks;
- Ensuring the safe working of external contractors, under the direction of BFS, working on Trust property in compliance with Trust policies;
- Ensuring that all Trust buildings are maintained in good working order and that all fixtures and fittings, services and installations are maintained under agreed arrangements;
- Ensuring that all Trust buildings are equipped with adequate means of escape and adequate means of access for the emergency services in the event of fire or other emergency;
- Ensuring the maintenance of fire-fighting and protection equipment around Trust buildings;
- Building work, where the Construction, Design and Management Regulations 2015 apply and the requirements of the legislation are followed;
- The storage and removal of waste from Trust wards and departments is carried out in accordance with environmental legislation.
- Providing health and safety information to visiting contractors, employed by BFS;
- Ensuring an effective planned preventative maintenance programme is in place which meets legislative requirements;
- Ensuring that suitable permit to work systems are in place for BFS employees;
- Liaising with the Health & Safety Manager on all health and safety, and fire safety matters;
- Ensuring that a senior representative of BFS attends the Trust Health and Safety Group, and other working groups.



#### **4.9.1.2 Health & Safety Manager**

The Health and Safety Manager is responsible for: -

- The provision of professional advice and recommendations on all matters relating to health, safety and fire risks to the Chief Executive, and the Lead Director for health, safety and fire safety;
- Fulfilling the role of the competent person for health, safety and fire safety matters within the Trust.
- Advising and developing appropriate policies and procedures to provide the Trust with necessary guidance for achieving compliance with legislative requirements and safe practice;
- Recommending to the Trust the necessary organisational structure and arrangements for the effective implementation of the policy and monitoring performance thereafter;
- Co-ordinating and advising on the implications of health and safety legislation for all staff as required;
- Reporting to the Trust any actions taken by enforcement agencies, both formal and informal, and monitoring progress made by the Trust in complying with statutory requirements;
- Regularly consulting with relevant officers, together with other professional advisors and statutory bodies, with a view to obtaining and implementing updated information on all aspects of health and safety, in so far as it applies to employees and all users of Trust services;
- Monitoring the health and safety performance of the Trust and making regular reports to the Health and Safety Group and the Quality and Governance Committee. Bring to the attention of the Executive Team and senior managers any significant health and safety issues;
- Advising and giving guidance to Trade Union Safety Representatives;
- Assisting with investigating/monitoring non-clinical accidents and incidents within Trust premises, or where Trust staff or patients are involved, recommending follow up action where appropriate;



- Liaising with contractors and agencies used by the Trust to ensure they have relevant health and safety policies and procedures in place;
- Ensuring that adequate arrangements for identifying staff training needs are in place, that appropriate health and safety training is provided at all levels, issuing of information sheets informing staff at all levels of any changes to health and safety legislation;
- Ensuring compliance with Firecode and all other legislation and NHS Codes of Practice related to fire risks within Trust's premises;
- The completion and overseeing of fire risk assessments;
- Liaising with the Health and Safety Executive, as required;
- Liaising with the local Fire and Rescue Authority, as required;
- The provision of fire training and maintaining accurate records of fire training that is provided;
- Investigating fire incidents, and where appropriate records of fire alarm activations;
- Ensuring the maintenance of all fire-fighting safety equipment.

#### **4.9.1.3 Head of Business Security**

The Head of Business Security is responsible for: -

- Advising and overseeing of security surveys and assessments;
- Providing advice to managers and staff in personnel security matters, protective security and lone working;
- Providing reports and statistics related to violence and aggression to Trust staff;
- The investigation of security related incidents and liaison with the counter-fraud service;
- Liaising with the Health & Safety Manager and other safety specialists;



- Providing information to relevant Groups, Committees and working groups.

#### **4.9.1.4 Associate Director of Commercial Services and Procurement**

The Associate Director of Commercial Services and Procurement is responsible for:

-

- Ensuring that all equipment and materials purchased by the Procurement Department on behalf of the Trust comply with the relevant health and safety regulations and standards;
- Forwarding relevant safety data sheets onto the end user.

#### **4.9.1.5 Dangerous Goods Safety Advisor**

The Dangerous Goods Safety Advisor, a contractor supplied through BFS. He/she is responsible for advising BFS and the Trust on the correct transportation and disposal of all dangerous goods and substances, according to current Home Office and statutory Health and Safety and Environmental legislation.

#### **4.9.2 Occupational Health Manager**

The Occupational Health Manager is responsible for: -

- The provision of confidential advice on the work environment as it affects mental and physical health of staff. Such advice will reflect the requirements of all relevant legislation concerning health and safety at work;
- Ensuring that Trust employees are physically and mentally suited for the job. This is achieved by undertaking employment screening and health surveillance;
- The provision of advice on health matters to staff;
- Promoting health amongst staff;
- Liaising with managers on health matters affecting staff;
- Attending or where unable to attend, provide a deputy for the Trust Health and Safety Group, and other working groups.
- Providing a health surveillance service where necessary;



- Providing support / therapies for stress management including counselling.
- Providing an appropriate Moving and Handling Specialist Service to the Trust.

#### **4.9.3 *Moving and Handling Specialist***

The Moving and Handling Specialist, with direction from the Occupational Health Manager, is responsible for:

- The provision of training of staff in the safe handling of loads, both patient and non-patient loads;
- Providing advice to directors, managers and staff with regard to safe handling practices and complex manual handling problems and needs;
- Providing advice to directors and managers with regard to the purchase of manual handling equipment;
- Consulting with trade union health & safety representatives with regard to the purchase of manual handling equipment;
- The investigation/follow-up of reported manual handling incidents, with recommendations as appropriate;
- Advising Managers, in conjunction with the Occupational Health Department, on the appropriate safe rehabilitation of staff, who have been injured at work;
- Advising Managers, in conjunction with the Occupational Health Department, on the appropriate reasonable adjustments to provide a safe working environment for staff with disabilities;
- Advising managers and staff in relation to workplace ergonomics;
- Providing reports to relevant Groups, Committees and working groups, where necessary;
- Attending the Health and Safety Group.

#### **4.9.4 *Assistant Director of Infection Prevention and Control***

The Assistant Director of Infection Prevention and Control is responsible for: -



- Identifying existing and potential infection problems and recommending remedial action;
- Being aware of new developments and procedures relating to infection control and disseminating this information appropriately throughout the Trust;
- Liaising with the Health & Safety Manager and other safety specialist;
- The provision of infection control training to staff;
- Providing advice to managers and staff on infection control matters;
- Attending, or where unable to attend, providing a deputy, the Trust Health and Safety Group, and other working groups;
- Chairing the Trust Sharps Injury Prevention Group;
- Providing reports to relevant Groups, Committees and working groups.

#### **4.9.5 Radiology Service Manager / Head of Nuclear Medicine**

The Radiology Service Manager / Head of Nuclear Medicine is responsible for advising the Trust on Radiation protection in accordance with current legislation with the support of an external Radiation Advisor.

#### **4.9.6 Chief Pharmacist**

The Chief Pharmacist is responsible for: -

- Providing advice and guidance on safe handling, storage and use of pharmaceuticals and other substances, including medical gases;
- Overseeing the disposal of pharmaceutical waste;
- Forwarding relevant safety data sheets onto the end user.

#### **4.9.10 Head of Learning and Organisational Development**

The Head of Learning and Organisational Development in conjunction with the subject leads is responsible for the provision of Trust wide training organised through the department, and the maintenance of relevant records. The Head of Learning and Development works closely with the Health & Safety Manager, health and safety representatives and other specialist advisors to establish a programme of health and safety training within the Trust.



#### **4.9.11 Head of Quality and Clinical Governance**

The Head of Quality and Clinical Governance is responsible for clinical risk management within the Trust. He/she is also responsible for the Trust risk register, and the management of the accident/incident/near misses on the Trust incident reporting system (Datix). The Head of Quality and Clinical Governance and the Health & Safety Manager work closely on health and safety areas where there is an overlap.

#### **4.9.12 Clinical Lead for Medical Microbiology and Virology**

The Clinical Lead for Medical Microbiology and Virology is responsible for advising the Trust on protection in respect of pathogens and toxins in accordance with current legislation.

#### **4.10 Trade Union Safety Representatives**

Trade Union Safety Representatives are recognised in line with the Safety Representatives and Safety Committees Regulations 1977 (approved Code of Practice) (SRSCR). Trade unions are recognised by the Trust as playing an important role in the health and safety of the Trust.

Trade Union Safety Representatives have the right to: -

- Represent the interest of all employees;
- Monitor places and practices of work and be provided with such information as is necessary to enable them to fulfil their function effectively;
- Investigate potential hazards and dangerous occurrences at the workplace (whether or not they are drawn to their attention by the employees they represent) and examine the causes of accidents at the workplace;
- Investigate members' complaints relating to their health, safety and welfare at work and make any representations they consider necessary;
- Carry out inspections, in accordance with the SRSCR;
- Represent staff in consultation at the workplace with Health and Safety Executive Inspectors and other Enforcing Authorities;
- Attend meetings of the Trust Health and Safety Group or sub-committees;
- Be consulted on individuals, who are authorised to act as Trust representatives on health and safety matters and be given ready access to these representatives;
- Be consulted on the Trust's arrangements for health and safety training;



- Be consulted on the Trust arrangements for the appointment of persons dealing with emergency procedures;
- Have access to any health and safety information;
- Be consulted on any new measures and technologies into the Trust, which are likely to affect the health and safety of the employees that they represent. To be consulted on the arrangements for appointing people to advise on health and safety within the Trust, for providing health and safety information for the employees, and for providing health and safety training;
- Bring to the Trust's attention, verbally or in writing, any unsafe or unhealthy working conditions or practices or unsatisfactory arrangements for welfare, which comes to their attention on an inspection or day-to-day observation;

Recognised Trade Union Safety Representatives are provided with facilities and assistance that they may reasonably require for carrying out their functions.

Recognised Trade Union Safety Representatives will be allocated adequate time to undertake all necessary training, approved by the TUC or the appointing union, as soon as possible after their appointment.

The Trust must consult Trade Union Safety Representatives on all training programmes and training objectives, appertaining to health and safety and fire safety management.

## **5. COMMITTEES AND GROUPS**

The overarching health and safety forum within the Trust is the Health and Safety Group. Under the main Group is a structure of sub-committees, which are either locally or professionally based. The chairs of the sub-committees sit on the main Group ensuring effective communication throughout the Organisation. Action points from the sub-committees are reported at Trust Group meetings.

The terms of reference of the Trust Health and Safety Group and list of sub-committees are set out in Appendix 2.

## **6. TRAINING AND INFORMATION**

The training of all staff is an essential element of any successful health and safety strategy.





The information, instruction and training of employees is seen as a fundamental part of providing a safe working environment. Training needs to be provided prior to an employee starting employment (during induction), and then on a regular basis throughout employment. This continual training programme is to ensure high standards of safety being maintained for the benefit of staff and the general public.

Where health and safety training is required by legislation, this will be indicated in the corporate training plan. (For example – all staff must attend face-to-face fire safety training at least every 2 years, supplemented by e-learning on alternate years). Other elements of health and safety training may be considered to be essential but will vary from one area to another depending on the risks to staff.

Training is organised at two levels: at a Trust-wide level for all staff to access and then at a local, more job specific level. Health and safety locally, will include, for example, use of work equipment, manual handling, emergency procedures, CoSHH (Control of Substances Hazardous to Health) and use of personal protective equipment.

Training should, where possible, involve practical instruction where the trainer demonstrates or explains how to carry out a particular procedure to support employees. Certificates of attendance are issued on request to all staff participating in the Trusts centrally organised training.

Health and Safety related training is a core element of the Trust Mandatory Training and is essential that all staff keep this training up to date.

BHNFT Managers will be provided with the appropriate training to meet their responsibilities for health & safety; this will be achieved through the BHNFT Training Plan.

## **7. ACCIDENT, INCIDENT AND NEAR MISS MANAGEMENT**

Any accident, incident or near miss, needs to be recorded on the online accident/incident system (Datix), in accordance with the Trust Incident Reporting Policy, and under the Social Security (Claims and Payments) Regulations 1979. The basic details of what happened needs to be completed by the member of staff involved in the incident or in the case of no staff being directly involved, completed by the member of staff to whom the incident was reported. The incident is then fully investigated by the relevant manager.

Managers are expected to carry out root cause analysis on all accidents involving significant risk.



On receipt of accident information, the Health and Safety Department will complete the necessary paperwork under RIDDOR<sup>1</sup> when an accident, incident or near miss, warrants such action. In Relation to Patient Falls, RIDDOR reporting, is undertaken by Risk Management.

## **8. AUDIT AND EVALUATION**

Directors and managers should be involved in the continual monitoring of this policy to ensure compliance.

The Health & Safety Manager will monitor compliance and make recommendations to the Trust Health and Safety Group.

Health and safety training will be evaluated and reviewed by the health & Safety Manager, and reports will be given to the Trust Health and Safety Group.

Specialist competent persons will give annual reports to the Trust Health and Safety Group.

Compliance will also be assessed using the Patient led Assessments of the Care Environment (PLACE) audit.

## **9. REVIEW**

This policy will be reviewed if there is a change in Legislation, or the management structure for health & safety or at least annually. If there are no changes the policy will not go for Board approval until 2 years have passed. The policy is due to be reviewed in April 2022.

## **10. Equality and Diversity**

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

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

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<sup>1</sup> Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013  
Health & Safety Management Policy  
Author: Head of Operations and Compliance  
Sponsoring Director: Chief Delivery Officer



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

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

### **10.1 Recording and Monitoring of Equality & Diversity**

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

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

The information collected for monitoring and reporting purposes will be treated as confidential and it will not be used for any other purpose.

## **11. REFERENCE**

- Health and Safety at Work etc. Act 1974;
- Management of Health and Safety at Work Regulations 1999;
- Health and Safety at Work Leadership Actions for Director and Board Members;
- Corporate Manslaughter and Homicide Act 2007;
- Health and Safety Offences Act 2008;
- Manual Handling Operations Regulations 1992;
- Lifting Operations and Lifting Equipment Regulations 1998;
- Provision and Use of Work Equipment Regulations 1998;
- Workplace (Health, Safety and Welfare) Regulations 1992;
- Equalities Act 2010;
- Regulatory Reform (Fire Safety) Order 2005;
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013;
- Safety Representatives and Safety Committees Regulations 1977;
- Personal Protective Equipment Regulations 2002;
- Control of Substances Hazardous to Health Regulations 2002;



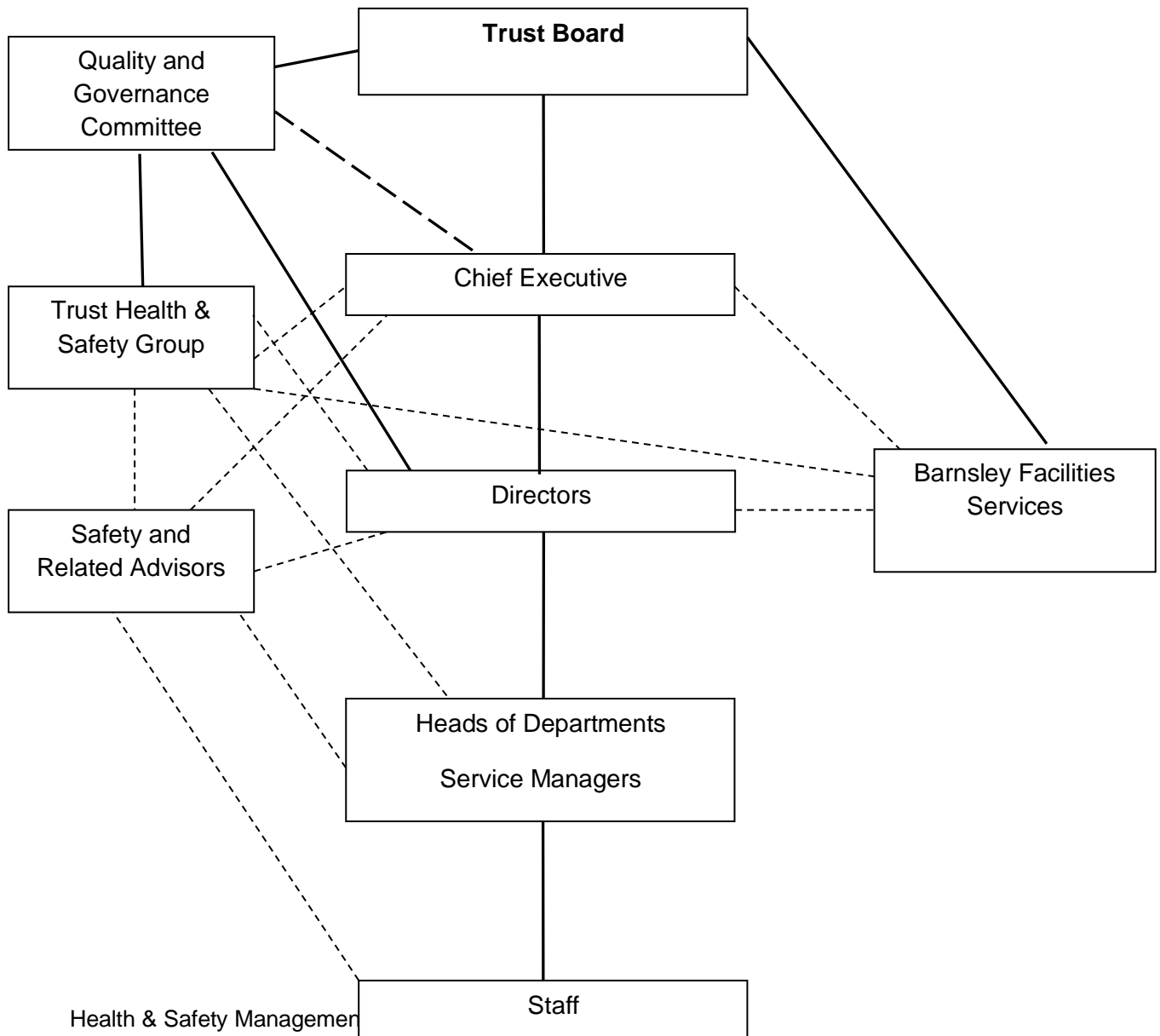
- Health and Safety (Display Screen Equipment) Regulations 2002;
- Control of Noise at Work Regulations 2005;
- Control of Vibration at Work Regulations 2005;
- Working at Heights Regulations 2005;
- Health and Safety (Safety Signs and Signals) Regulations 1996;
- HSG 155 – Slips, Trips and Falls;
- HSG 218 – Stress;
- HSG 61 – Health Surveillance;
- HSG 65 – Health and Safety Management;
- HSG 265 – Accident, Incident Investigation;
- Construction and Design Management Regulations 2015;
- Electricity at Work Regulations 1989;
- Social Security (Claims and Payments) Regulations 1979;
- Ionising Radiations Regulations 2017;
- Ionising Radiation (Medical Exposure) Regulations 2017;
- The Health & Social Care Act 2015



**APPENDIX 1**

**TRUST HEALTH AND SAFETY RESPONSIBILITIES**

Key	
Responsibility:	_____
Standards:	-----
Advice:	.....



Health & Safety Management  
 Author: Head of Operations and Compliance  
 Sponsoring Director: Chief Delivery Officer



## **APPENDIX 2**

### **TERMS OF REFERENCE Health & Safety Group**

#### **1. CONSTITUTION AND ACCOUNTABILITY**

1.1. The Health & Safety Group is a sub-committee of the Quality & Governance Committee.

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

1.3. Accountable to the Chief Executive and the Board of Directors (through the Quality & Governance Committee) for the standards of health and safety throughout the Trust.

#### **2. PURPOSE**

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

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

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

#### **3. DUTIES AND RESPONSIBILITIES**

The Group is responsible for the following aspects of Health & Safety:

3.1 To review Health and Safety Incident Reports to establish statistics and trends and advise on preventative programmes throughout the Trust.



3.2 To receive governance reports on the matter of Health, Safety and Fire Safety from all areas of the Trust. Giving the Board assurance that the Trust is managing health and safety according to current legislation and best practice.

3.3 To raise matters relating to the health, safety and welfare of employees of the Trust and to make recommendations to management for executive action.

3.4 To consider any matters relevant to health, safety of welfare referred to it by the Group or Staff Organisations or any other body recognised by the Trust. Identification of health and safety and security aspects of proposed changes to the work place and the implementation of new health and safety laws and regulations.

3.5 Consideration of matters relating to violence and aggression to staff members and non-investigative issues of protective security.

3.6 To develop and review health and safety policies ensuring appropriate expertise has been sought recommending policies to the Quality and Governance Committee for final approval.

3.7 To assist in the development of rules and safe systems of work.

3.8 To review and develop training in health and safety and review health and safety training needs prior to validation by the Workforce Group.

3.9 Promote cooperation amongst all staff in instigating, developing and monitoring measures in order to ensure the health, safety, welfare and security of all who may be affected by Trust activities.

#### **4. MEMBERSHIP**

4.1 The Constitution for the Health and Safety Group comprises of both Trust employees and representatives from the Trade Unions:  
Recognised (by the Trust) Trade Union and staff associations.

4.2 Membership of the Group comprises the following (if representatives are unable to attend a deputy must be identified to attend in their place): -

- Chief Delivery Officer (Chair) (Deputised by the Deputy Director of Operations);



- Human Resources & Workforce Development;
- Accredited Health and Safety Representative from the recognised Unions and Staff Associations;
- Occupational Health Representative;
- Moving and Handling Specialist;
- Infection, Prevention & Control Representative;
- Radiation Lead for the Trust;
- Chief Pharmacist;
- Legal Services Representative;
- Clinical Governance Representative;
- Wellbeing Representative.
- Representation from each Clinical Business Unit (e.g. Matron, Service Managers), including the Corporate CBU.

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

4.3 Barnsley Facilities Services will provide assistance, support and advice to the Group, as Ex Officio members. The following areas will attend or send a representative: -

- Health and Safety Team;
- Head of Estates and Facilities;
- Security and Resilience Representative;

4.4 Attendance lists will be kept.

## **5. ATTENDANCE AND FREQUENCY OF MEETINGS**

5.1 All members will be required to attend all group meetings and must send deputies on the exceptional occasions when they cannot attend in person. (Deputies must be fully briefed and be able to cover the portfolio of the group member).

5.2. The group will normally meet on a bi- monthly basis. Extra – ordinary meetings may be called if required.

5.3. The Terms of Reference will be reviewed annually and this will also include membership to ensure it appropriately reflects the overall purpose of the Group.

## **6. QUORUM**





6.1. The group will be deemed quorate to the extent that the following are present at least 4 employer representatives and 2 Trade Union representatives are in attendance.

6.2 Non-accredited Health and Safety Representatives do not have a vote within the Health and Safety Group.

## **7. REPORTING ARRANGEMENTS**

7.1 The group will be formally minuted and the Chair's Log and approved minutes will go on the Quality and Governance Committee agenda.

7.2 The chair or their representative shall draw to the attention of the Quality and Governance Committee any significant issues via the Chair's Log.

7.3 The following working /task and finish groups will report to the Health & Safety Group: -

- Fire Safety Group
- Sharps Group
- Radiation Group
- Moving & Handling Meeting
- Resilience Group
- Medical Gases Meeting
- Waste & CoSHH Group
- Violence & Aggression Task & Finish Group

Date: June 2023

Review Date: June 2024



### Appendix 3

#### EQUALITY IMPACT ASSESSMENT TEMPLATE INITIAL ASSESSMENT STAGE 1 (part 1)

<b>Department:</b>	Health & Safety	<b>Division:</b>	BFS
<b>Title of Person(s) completing this form:</b>	Head of Operations and Compliance	<b>New or Existing Policy/Service</b>	Existing
<b>Title of Policy/Service/Strategy being assessed:</b>	Health and Safety Management Policy	<b>Implementation Date:</b>	May 2023
<b>What is the main purpose (aims/objectives) of this policy/service?</b>	The policy states the roles and responsibilities of the trust to keep all staff as safe as is reasonably practicable whilst at work and to keep those affected by our undertaking as safe as reasonably practicable.		
<b>Will patients, carers, the public or staff be affected by this service?</b> <i>Please tick as appropriate.</i>		Yes	No
	Patients	✓	
	Carers	✓	
	Public	✓	
	Staff	✓	
	If staff, how many individuals/which groups of staff are likely to be affected? <b>APPLIES TO ALL STAFF</b>		
<b>Have patients, carers, the public or staff been involved in the development of this service?</b> <i>Please tick as appropriate.</i>	Patients		
	Carers		
	Public		
	Staff	✓	
	If yes, who did you engage with? Please state below:  Policy updated. Consultation with Union and management		
<b>What consultation method(s) did you use?</b>			

#### DATA COLLECTION AND CONSULTATION

1a In relation to this service/policy/procedure – Do you currently record/have any of the following patient data?

Protected Characteristic	Indicate yes or No	If Yes – State where Recorded
Age	No	HR have this information for employment Purposes.
Sex	No	HR have this information for employment Purposes.
Ethnicity	No	HR have this information for employment Purposes.
Religion or Belief	No	HR have this information for employment Purposes.
Disability	No	HR have this information for employment Purposes.
Sexual Orientation	No	HR have this information for employment Purposes.
Gender Re-assignment	No	HR have this information for employment Purposes.



<b>Marriage &amp; Civil Partnership</b>	No	<b>HR have this information for employment Purposes.</b>
<b>Pregnancy &amp; Maternity</b>	No	<b>HR have this information for employment Purposes.</b>
<b>Carer Status</b>	No	<b>HR have this information for employment Purposes.</b>

Please indicate Yes or No

### Equality Impact Assessment Stage 1 PART 2

What does this data tell you about each of the above protected characteristics? Are there any trends/inequalities?

Although the organisation collects the data this is held by the HR Team and not required for this policy.  
This policy applies equally to all staff irrespective to the presence of any protected characteristic.

**What other evidence have you considered?** Such as a 'Process Map' of your service (assessment of patient's journey through service) / analysis of complaints/ analysis of patient satisfaction surveys and feedback from focus groups/consultations/national & local statistics and audits etc.

Policy written in line with guidance from the Health and Safety Executive.  
Accident and incident data has been considered.



### Equality Impact Assessment Stage 1 PART 3

#### ACCESS TO SERVICES

What are your standard methods of communication with service users?

Please tick as appropriate.

Communication Methods	Yes	No
Face to Face Verbal Communication	✓	
Telephone	✓	
Printed Information (E.g. leaflets/posters)	✓	
Written Correspondence	✓	
E-mail	✓	
Other (Please specify)		

If you provide written correspondence is a statement included at the bottom of the letter acknowledging that other formats can be made available on request?

Please tick as appropriate.

Yes	No
	✓

Are your staff aware how to access Interpreter and translation services?

Interpreter & Translation Services	Yes	No
Telephone Interpreters (Other Languages)	✓	
Face to Face Interpreters (Other Languages)	✓	
British Sign Language Interpreters	✓	
Information/Letters translated into audio/braille/larger print/other languages?	✓	

#### **ACCESS**

Please tick as appropriate

	Yes	No
Is the building where the service is located wheelchair accessible?	N/A	
Does the reception area have a hearing loop system?	N/A	



Does the building where the service is located have a unisex wheelchair accessible 'disabled toilet?	N/A	
Does the building have car parking space reserved for Blue Badge holders?	N/A	
Does the building have any additional facilities for disabled people such as a wheelchair, hoist, specialist bath etc?	N/A	
Does the building/hospital site where the service is provided have access to prayer and faith resources?	Yes	

**EQUALITY IMPACT ASSESSMENT – STAGE 1 (PART 4)**

<u>Protected Characteristic</u>	<u>Positive Impact</u>	<u>Negative Impact</u>	<u>Reason/comments for positive Impact</u>	<u>Reason/Comments for Negative Impact</u>	<u>Resource Implication</u>
	High Low None	High Low None	<u>Why it could benefit any/all of the protected characteristics</u>	<u>Why it could disadvantage any/all of the protected characteristics</u>	Yes / No
Men	None	None			
Women	None	None			
Younger People (17 – 25) and Children	High	High	If the nature of the task to be carried out could endanger the safety of the individual, a risk assessment must be undertaken. If measures cannot be put in place to ensure that the individual is safe as far as is reasonably practicable. The Trust Policy and the H&S@W Act prevents them completing the task. This is not assessed generally but on each individual case.		
Older people (60+)	None	None			
Race or Ethnicity	None	None			
Learning Disabilities	High	High	If the nature of the task to be carried out could endanger the safety of the individual, a risk assessment must be undertaken. If measures cannot be put in place to ensure that the individual is safe as far as is reasonably practicable. The Trust Policy and the H&S@W Act prevents them completing the task. This is not assessed generally but on each individual case.		
Hearing impairment	High	High	If the nature of the task to be carried out could endanger the safety of the individual, a risk assessment must be undertaken. If measures cannot be put in place to ensure that the individual is safe as far as is reasonably practicable. The Trust Policy and the H&S@W Act prevents them completing the task. This is not assessed generally but on each individual case.		
Visual impairment	High	High	If the nature of the task to be carried out could endanger the safety of the individual, a risk assessment must be undertaken. If measures cannot be put in place to ensure that the individual is safe as far as is reasonably practicable. The Trust Policy and the H&S@W Act prevents them completing the task. This is not assessed generally but on each individual case.		
Physical Disability	High	High	If the nature of the task to be carried out could endanger the safety of the individual, a risk assessment must be undertaken. If measures cannot be put in place to ensure that the individual is safe as far as is reasonably practicable. The Trust Policy and the H&S@W Act prevents them completing the task. This is not assessed generally but on each individual case.		
Mental Health Need	High	High	If the nature of the task to be carried out could endanger the safety of the individual, a risk assessment must be undertaken. If measures cannot be put in place to ensure that the individual is safe as far as is reasonably practicable. The Trust Policy and the H&S@W Act prevents them completing the task. This is not assessed generally but on each individual case.		
Gay/Lesbian/Bi sexual	None	None			
Trans	None	None			



Faith Groups (please specify)	<u>None</u>	None		
Marriage & Civil Partnership	<u>None</u>	None		
Pregnancy & Maternity	<u>High</u>	<u>High</u>	If the nature of the task to be carried out could endanger the safety of the individual, a risk assessment must be undertaken. If measures cannot be put in place to ensure that the individual is safe as far as is reasonably practicable. The Trust Policy and the H&S@W Act prevents them completing the task. This is not assessed generally but on each individual case.	
Carer Status	<u>None</u>	None		
Other Group (please specify)				
Applies to ALL Groups				

### INITIAL ASSESSMENT (PART 5)

Have you identified any issues that you consider could have an adverse (negative) impact on people from the following protected groups?

**IF 'NO IMPACT' IS IDENTIFIED Action: No further documentation is required.**

**IF 'HIGH YES IMPACT' IS IDENTIFIED Action: Full Equality Impact Assessment Stage 2 Form must be completed.**

**(a) In relation to each group, are there any areas where you are unsure about the impact and more information is needed?**

No. Individual assessments would be required in every case.

**(b) How are you going to gather this information?**



(c) Following completion of the Stage 1 Assessment, is Stage 2 (a Full Assessment) necessary? **NO**

**Assessment Completed By:** Gill Lammas

**Date Completed:** 23<sup>rd</sup> May 2023

Line Manager: Robert McCubbin

Date.....

Head of Department: Robert McCubbin

Date.....

**When is the next review? Please note review should be immediately on any amendments to your policy/procedure/strategy/service.**

1 Year	2 year	3Year
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**Appendix 4**

Version	Date	Comments	Author
2	Jan 2017	Policy Reviewed, re-formatted and titles and responsibilities brought in line with the Trust	G. Lammas
3	01/04/17	New Chief Executive signed policy	G. Lammas
4	1/04/18	Titles changed and responsibilities due to formation of BFS	G. Lammas
5	08/02/19	New Chairman in post within the Trust. Radiation legislation updated. H&S Terms of Reference updated in line with 360° Audit	G. Lammas
6	10/03/21	Removed some typos, some changes in job titles.	G. Lammas
7	23/05/23	Changed Chair. Changed job titles. Updated appendices.	G. Lammas

**Review Process Prior to Ratification:**

Name of Group/Department/Committee	Date
Health and Safety Group	6/06/2023
Quality & Governance Committee	28/06/2023

## 2.4. Finance & Performance Committee

Chair's Log: 29 June/27 July 2023

For Assurance

Presented by Stephen Radford





<b>REPORT TO THE BOARD OF DIRECTORS - Public</b>	REF:	<b>BoD: 23/08/03/2.4</b>
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<b>SUBJECT:</b>	<b>FINANCE AND PERFORMANCE CHAIR'S LOG</b>
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<b>DATE:</b>	3 August 2023
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<b>PURPOSE:</b>		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>		<i>Assurance</i>	✓
	<i>For review</i>	✓	<i>Governance</i>	✓
	<i>For information</i>	✓	<i>Strategy</i>	

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

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

<b>EXECUTIVE SUMMARY</b>	<b>KEY:</b> £k    = thousands £m = millions
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This report provides information to assist the Committee and Board to obtain assurance regarding the finance and operational performance of the Trust and the appropriate level of governance. The June meeting was held on 29 June 2023, via Zoom.

The following topics were the focus of discussion:

- Trust Financial Position
- Capital Programme 2023-24
- Service & Financial Sustainability Report
- Efficiency & Productivity Programme
- Integrated Performance Report
- Trust Recovery Update
- ICT Strategic Programme Update
- Data Protection Toolkit
- Digital Maturity Assessment
- Sub-Group Chair Logs

The Finance and Performance Committee received and approved the Main Theatres & Theatre Arrivals Business Case and the Data Protection Toolkit. This was commended to the Board of Directors for review and approval.

**RECOMMENDATIONS**

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

<b>Subject:</b>	<b>Finance and Performance Committee Chair's Log</b>	<b>Ref:</b>	<b>BoD: 23/08/03/2.4</b>
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**CHAIR'S LOG: Chair's Key Issues and Assurance Model**

<b>Committee / Group</b>	<b>Date 29 June 2023</b>	<b>Chair:</b>
<b>Finance and Performance Committee</b>		<b>Stephen Radford, Non-Executive Director</b>

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

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
<b>Integrated Performance Report May 2023</b>	<p>The Finance &amp; Performance Committee received the latest IPR report for May 2023 for discussion and review, and received assurance on the operational performance of the Trust. The following was noted from the review of the IPR:</p> <p><b>Performance:</b> The Trust continues not to meet constitutional targets, but benchmarks well against other Trusts for the majority of metrics. The Trust continues to work towards its operational priorities.</p> <p><b>Bed Occupancy:</b> In May 2023, bed occupancy reduced to 95.8% from 97.6%% in April for general and acute patients against a target of 85%. Length of stay continues to remain above target for non-elective patients and the Trust has commenced plans for its 2023/24 ward refurbishment programme.</p> <p><b>4-Hour UEC Target:</b> In May, UEC performance continued to improve. UEC 4-hour delivery increased to 78.7% from 75.2% in April and against an NHS England operational objective of 76% by March 2024 (actual performance in England for May 2023 – 60.4%). BHNFT is in the top quartile for this metric nationally, (Ranking: England 6/109, North East &amp; Yorkshire 3/19)</p> <p><b>Ambulance Handover Performance:</b> Performance continued to improve month on month with May at 90.7% against 85.8% previously of ambulances turned around in &lt;30 minutes. This still remains below the national objective of 95% of handovers within 30 minutes.</p> <p><b>RTT:</b> Performance against the 18-week RTT target remained static month on month at 73.4% against 73.8% in March and against the 92% target. (actual performance in England for April 2023 – 57.7%). There were 180 patients waiting longer than 52 weeks and there are 34 patients waiting 65-weeks and above at the end of April 2023. The majority of these are in orthopaedics and orthodontics/oral surgery, (Ranking: England 36/170, North East &amp; Yorkshire 7/26)</p>	Board of Directors	For Information and Assurance

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	<p><b>Waiting List:</b> The number of patients on the waiting list again increased in May 2023 to 21,550 from 20,882 in April and against a planning target of 14500. DNA rates remained static in the month at 7.4% from 7.3% previously and against a target of 6.9%.</p> <p><b>Diagnostic Waits:</b> The number of patients waiting longer than 6 weeks for a diagnostic saw a significant reduction in the month to 5.8% from 10.8% against a target of 1%. (actual performance in England – 27.6%). The Trust continues to focus on this area for improvement, (Ranking: England 233/424, North East &amp; Yorkshire 36/65)</p> <p><b>Cancer:</b> Overall cancer 2-week wait time fell in the month to 91.0% from 96.0% and below the 93.0% target. The Trust is now at 91.0% against an 85% target for urgent 62-day urgent GP referrals, a significant improvement for the Trust. The Trust is delivering the 28 day faster diagnosis above the national target. The number of patients on the cancer waiting list above 62 days continues to reduce</p> <p><b>Theatre Utilisation:</b> The main theatre utilisation improved in the month to 83.8% from 81.9%, and against a target of 90%.</p> <p><b>Complaints:</b> The Trust closed 61.9% of complaints within the 40 day target in the month (April 84.2%) and against the 90% target,</p> <p><b><u>Workforce</u></b></p> <p><b>Staff Turnover:</b> Staff turnover rate at 10.9% increased from 10.7% in the previous month, but remains below the 12% target.</p> <p><b>Sickness:</b> The sickness absence rate at 5.5% improved from 5.6% previously, but is above the 4.5% target.</p> <p><b>Mandatory Training:</b> The rate remained static at 87.3%, but remains below the 90% target.</p> <p><b>Staff Appraisal:</b> The new appraisal cycle is in progress and is at 27.8% against the 90% target.</p>		
<p><b>Trust Recovery Update</b></p>	<p>The Finance and Performance Committee received the latest Trust recovery update covering performance in 2022-23 and plans for 2023-24 against the latest operational planning guidance from NHS England. The Committee received assurance on the action plans/ targets in place to improve operational performance in Trust.</p>	<p>Board of Directors</p>	<p>For Information and Assurance</p> <p>Page 118 of 492</p>

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	<p>It was noted that:</p> <ul style="list-style-type: none"> <li>• The Trusts operational recovery following the COVID pandemic has been positive when compared to the national ambitions set out within the 2022/23 operational</li> <li>• Trust benchmarks for RTT/ Cancer/ Diagnostic / Elective favourably on a national scale and within the South Yorkshire Integrated Care System (SY ICS).</li> <li>• Recovery activity has been and continues to be impacted by continuing industrial action</li> <li>• Teams and services understand that significant further effort is required to achieve national constitutional standards</li> <li>• Monthly recovery updates will be provided to the ET for oversight and quarterly to F&amp;P</li> <li>• Recovery for some services is likely to take an extended period of time.</li> </ul>		
<p><b>Digital Maturity Assessment Update</b></p>	<p>The Finance and Performance Committee noted the results of the Digital Maturity Assessment and how the Trust compared against other NHS Trusts in the various areas being assessed. Key findings included:</p> <ul style="list-style-type: none"> <li>• The Trust is average across the nation for Digital maturity per the results of the assessment</li> <li>• Trust has a significant amount of work to do to improve our digital maturity</li> <li>• The Trust’s digital transformation strategy and our plans to build an enhanced information strategy will help drive our digital maturity.</li> <li>• The drive for digital maturity will be governed internally through the digital steering group (previously known as the Careflow steering group)</li> </ul>	<p>Board of Directors</p>	<p>For Information and Assurance</p>
<p><b>Data Protection Toolkit</b></p>	<p>The Finance and Performance Committee received the Data Protection Update report. After review the report was approved by the Committee and commended to the Board of Directors for approval. It was noted:</p> <ul style="list-style-type: none"> <li>• A compliant position on our data protection toolkit position for 30th June 2023 to NHSE.</li> <li>• The Data Protection E-learning for the Trust is currently at 85% with 95% by 30th March 2024, by disabling accounts until DPTK has been successfully completed.</li> <li>• A cyber security report to Board provided assurance during May 2023 and the Trust Cybersecurity position is updated as part of the ICT report to F&amp;P monthly</li> </ul>	<p>Board of Directors</p>	<p>For Review and Approval</p>

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
<b>ICT Strategic Programme Update &amp; Information Security Policy Update</b>	<p>A report summarising progress across a number of a significant number of projects was discussed. The Committee was provided with the assurance of progress being made in the delivery of our ICT strategic programme and any related risks. Key updates included:</p> <ul style="list-style-type: none"> <li>• <b>Major Infrastructure Incident:</b> A major outage occurred of all our Virtual Server Hardware in the Trust due to power failure of the main and redundant power sources including the battery backup. A root cause analysis is being performed and an update is awaited. In addition, there was a failure overnight in aircon units which led to temporary units being deployed. A review has been arranged with the supplier, Sudlow</li> <li>• <b>Information Security Policy Update:</b> The Information Security Policy which had been subject to some minor amendments was reviewed by the F&amp;P Committee and approved</li> <li>• <b>Medicines Management:</b> Outpatient prescribing is progressing, and all services will be live by the end of June as planned</li> <li>• <b>Waiting List Validation:</b> A task and finish group has now been established. We will be contacting our patients on our waiting lists to see whether they still wish to wait for their care/assessments based on their referrals. We will discharge back to the care of their GP if they decide they no longer need our services</li> </ul>	Board of Directors	For Information and Assurance
<b>Trust Finance Report 2023/24</b>	<p>The Finance &amp; Performance Committee received the Trust Finance report and received assurance on the financial position of the Trust for month 2 of the financial year 2023-24. It was noted that:</p> <p><b>Financial Position 2023/24:</b> As at month 2, the Trust had a consolidated year-to-date deficit of £1.27m against a planned deficit of £1.75m giving a favourable variance of £0.48m. The month 2 position assumes no clawback of ERF monies even though actual activity levels have yet to attain the 103% planned level of activity against 2019/20 levels. This represents a £1.5m risk. The final plan approved by the Board and submitted in May to the ICS is an £11.2m deficit for the full year.</p> <p><b>Pay Costs:</b> Pay costs in the year-to-date, are £37.9m against a plan of £36.4m giving an adverse variance of £1.5m. This is mainly due to increased costs of covering industrial action, managing Covid patients and increased staff absence. Pay costs include an accrual for the 2023/24 pay award which is assumed to be fully funded, this also represents a financial risk to the Trust.</p> <p><b>Non-Pay Costs:</b> Non-pay operating expenditure is £13.2m, which is an in-month favourable variance of £0.5m and a cumulative favourable variance £2.3m to plan, this is mainly due to activity levels being below those planned, including cost per case drugs.</p>	Board of Directors	For Information and Assurance

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	<p><b>Capital Expenditure:</b> Capital expenditure for the year is £0.78m, which is £0.65m below plan</p>		
<p><b>Efficiency &amp; Productivity Programme 2023-24</b></p>	<p>The Finance and Performance Committee received the latest update on the Efficiency &amp; Productivity Programme. There is currently circa £15m of annualised opportunity being worked through for the EPP programme. The Committee noted that:</p> <ul style="list-style-type: none"> <li>• An updated draft proforma has been created to improve tracking/transparency of the EPP programme and also to show the split between internal / eternally dependent schemes</li> <li>• The approach taken this year is to focus on the inputs required for the improvements to happen including clear actions required of the schemes.</li> <li>• The various schemes are still being worked through and will be reported in more detail at the next F&amp;P meeting</li> </ul>	Board of Directors	For Information and Assurance
<p><b>Capital Programme 2023-24</b></p>	<p>The Finance and Performance Committee noted the proposed Capital Budget for 2023-24, and after review approved the budget of £8.3m. It was noted that:</p> <ul style="list-style-type: none"> <li>• The internally funded capital programme allocation for 2023/24 is £8.3m, with any external funding secured being additional</li> <li>• Budget is split between operational capital and strategic capital, where a business case is required</li> <li>• Operational capital (£4.6m budget) includes spend on fire safety, ward refurbishment and equipment replacement</li> <li>• In addition to the internal allocation the Trust has been successful at securing external funding. The current known external funding totals £6.15m. This mainly relates to spend on the digital programme</li> </ul>	Board of Directors	For Information and Assurance
<p><b>Service &amp; Financial Sustainability Report</b></p>	<p>The Finance and Performance Committee noted and obtained assurance regarding the progress against the action plan derived from the finance self-assessment tool developed by the Healthcare Financial Management Association (HFMA). The results of the assessment included in the Service &amp; Financial Sustainability Report were subject to an internal audit assessment in October 2022, and after review by the Audit Committee, monitoring of the follow-up actions was passed to F&amp;P. It was noted that:</p> <ul style="list-style-type: none"> <li>• Of 38 actions identified, 34 are now complete</li> </ul>	Board of Directors	For Information and Assurance

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	<ul style="list-style-type: none"> <li>Only 4 actions remain to be completed. These include formal sign-off of budgets by budget holders, high-level outline budget for 3– 5 years, review of F&amp;P finance report content</li> </ul>		
<b>Sub Group Logs</b>	<p>The F&amp;P Committee received the following sub-group logs/updates:</p> <ul style="list-style-type: none"> <li>Barnsley Facility Services</li> <li>Capital Monitoring Group (CMG)</li> <li>Trust Operations Group</li> <li>CBU Performance Meeting</li> <li>Data Quality Group</li> <li>Information Governance Group</li> <li>Executive Team</li> </ul>	Board of Directors	For Information and Assurance
<b>CMG Annual Effectiveness 2022-23 &amp; TOR</b>	<p>The F&amp;P Committee received CMG Annual Effectiveness Review 2022-23 and TOR. It was noted that the group had operated effectively during the course of the year providing challenges to business case proposals, and ensuring that capital funds were appropriately managed, and expenditure is delivered on plan. Both were approved by the F&amp;P Committee.</p>	Board of Directors	For Information and Assurance
<b>CBU Performance Annual Effectiveness 2022-23 &amp; TOR</b>	<p>The F&amp;P Committee received CBU Annual Effectiveness Review 2022-23 and TOR. It was noted that a number of actions had been identified through the effectiveness review for implementation, both were approved by the F&amp;P Committee.</p>	Board of Directors	For Information and Assurance
<b>IG Performance Annual Effectiveness 2022-23 &amp; TOR</b>	<p>The F&amp;P Committee received Information Governance (IG) Annual Effectiveness Review 2022-23 and TOR. It was noted that a number of actions had been identified through the effectiveness review for implementation. Both were approved by the F&amp;P Committee.</p>	Board of Directors	For Information and Assurance



**REPORT TO THE BOARD OF DIRECTORS - Public** REF: **BoD: 23/08/03/2.4i**

**SUBJECT:** FINANCE AND PERFORMANCE CHAIR'S LOG

**DATE:** 3 August 2023

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

**PREPARED BY:** Stephen Radford, Non-Executive Director, Chair Finance & Performance Committee

**SPONSORED BY:** Stephen Radford, Non-Executive Director, Chair Finance & Performance Committee

**PRESENTED BY:** Stephen Radford, Non-Executive Director, Chair Finance & Performance Committee

**STRATEGIC CONTEXT**

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

**EXECUTIVE SUMMARY** **KEY:** £k = thousands  
£m = millions

This report provides information to assist the Committee and Board to obtain assurance regarding the finance and operational performance of the Trust and the appropriate level of governance. The June meeting was held on 27 July 2023, via Zoom.

The following topics were the focus of discussion:

- Integrated Performance Report
- Elective Care Priorities 2023/24
- Workforce Insight Absence Report April 2023
- Trust Objectives Report Q1, 2023/24
- Trust Financial Position
- Efficiency & Productivity Programme
- BAF & CRR Updates
- ICT Strategic Programme Update
- Information Asset Policy & Mobile Policy Updates
- Sub-Group Chair Logs

The Finance and Performance Committee received and approved the Trust Objectives Report Q1, 2023/24 and was commended to the Trust Board for review and approval.

**RECOMMENDATIONS**

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



<b>Subject:</b>	<b>Finance and Performance Committee Chair's Log</b>	<b>Ref:</b>	<b>BoD: 23/08/03/2.4i</b>
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**CHAIR'S LOG: Chair's Key Issues and Assurance Model**

<b>Committee / Group</b>	<b>Date 27 July 2023</b>	<b>Chair</b>
<b>Finance and Performance Committee</b>		<b>Stephen Radford, Non-Executive Director</b>

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

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
<b>Integrated Performance Report June 2023</b>	<p>The Finance &amp; Performance Committee received the latest IPR report for June 2023 for discussion and review, and received assurance on the operational performance of the Trust. The following was noted from the review of the IPR:</p> <p><b>Performance:</b> The Trust continues not to meet constitutional targets, but benchmarks well against other Trusts for the majority of metrics. Bed occupancy continued to be high at 96.7% against the 85% target and the Trust operations continue to be affected by on-going industrial action.</p> <p><b>4-Hour UEC Target:</b> In June, UEC 4-hour delivery decreased to 69.2% from 78.7% in May and against a NHS England operational objective of 76% by March 2024 (actual performance in England for June 2023 – 60.2%). BHNFT is in the top quartile for this metric nationally. (Ranking: England 22/123, North East &amp; Yorkshire 6/22).</p> <p><b>Ambulance Handover Performance:</b> Performance in June decreased in the month at 86.1% against 90.7% previously of ambulances turned around in &lt;30 minutes. This still remains below the national objective of 95% of handovers within 30 minutes.</p> <p><b>RTT:</b> Performance against the 18-week RTT target remained static month on month at 73.7% in May against 73.4% in April and against the 92% target. (actual performance in England for May 2023 – 58.8%). The Trust ranks in the top quartile for this metric nationally. (Ranking: England 39/170 North East &amp; Yorkshire 6/26) There are 225 patients waiting longer than 52 weeks. The majority of these are in orthopaedics and orthodontics/oral surgery.</p> <p><b>Waiting List:</b> The number of patients on the waiting list again increased in June 2023 to 22074 from 21550 in May and against a planning target of 14500. DNA rates remained static in the month at 7.6% from 7.4% previously and against a target of 6.9%.</p>	Board of Directors	For Information and Assurance

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	<p><b>Diagnostic Waits:</b> The number of patients waiting longer than 6 weeks continued to improve in the month to 3.9% from 5.8% against a target of 1%. (actual performance in England – 25.9%). The Trust continues to focus on this area for improvement. (Ranking: England 199/423 North East &amp; Yorkshire 30/64).</p> <p><b>Cancer:</b> In the month, overall cancer 2-week wait time improved to 95.0% from 91.0% and above the 93.0% target. The Trust performance for urgent 62-day urgent GP referrals remained static in the month. The number of people on the cancer wait list above 62 days has decreased to below 40.</p> <p><b>Theatre Utilisation:</b> The Main theatre utilisation improved in the month to 88.3% from 83.8% and against a target of 90%.</p> <p><b>Complaints:</b> The Trust closed 50% of complaints within the 40-day target in the month, a reduction from 61.9% the previous month and against the 90% target. Numerous clinical staff were on leave in June, which significantly delayed responses to statement requests and resulted in a fall in performance.</p> <p><b>Workforce</b></p> <p><b>Staff Turnover:</b> Staff turnover rate improved in the month to 10.5% from 10.8% in the previous month, but remains below the 12% target.</p> <p><b>Sickness:</b> The sickness absence rate at 5.3% improved from 5.5% previously, but is above the 5.0% target.</p> <p><b>Mandatory Training:</b> The rate remained static at 87.6%, but remains below the 90% target.</p> <p><b>Staff Appraisal:</b> The new appraisal cycle is in-progress and is at 76.7% against the 90% target.</p>		
<p><b>Trust Financial Position 2023/24</b></p>	<p>The Finance &amp; Performance Committee received the Trust Finance report and received assurance on the financial position of the Trust for month 3 of the financial year 2023-24. A revised year end forecast will be produced for the next F&amp;P. It was also noted that:</p> <p><b>Financial Position 2023/24:</b> As at month 3, the Trust had a consolidated year-to-date deficit of £2.1m against a planned deficit of £2.67m giving a favourable variance of £0.57m. The month 3 position assumes no clawback of ERF monies even though actual activity levels have yet to attain the 103% planned level of activity against 2019/20 levels. This represents a £1.14m risk. Planned levels of elective activity, however, the target is to be reduced by 2% re-Doctor’s strike and this should eliminate this financial risk. The deficit held at a ICS system remains unresolved as to how it will be eliminated.</p>	<p>Board of Directors</p>	<p>For Information and Assurance</p> <p style="text-align: right;">Page 125 of 492</p>

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	<p><b>Total Income:</b> Total income in the year-to-date was £77.8m against a planned £78.1m giving an adverse variance of £0.3m adverse to plan. Planned activity levels in the month were in total at 5.6% ahead of plan.</p> <p><b>Pay Costs:</b> Pay costs in the year-to-date, are £57.9m against a plan of £55.8m giving an adverse variance of £2.1m. Pay costs continue to come under pressure due to the costs of supporting higher than planned staff sickness absence levels; premium cost agency consultants to cover vacancies, and unachieved efficiency.</p> <p><b>Non-Pay Costs:</b> Non-pay operating expenditure is £19.9m with a cumulative favourable variance £2.7m to plan, this is mainly due to elective recovery activity levels remaining below those planned.</p> <p><b>Capital Expenditure:</b> Capital expenditure for the year is £0.65m, which is £1.46m adverse to plan. This is expected to be recovered by the end of the year.</p>		
<p><b>Workforce Insight Absence Report April 2023</b></p>	<p>The Finance and Performance Committee received Workforce Insight Absence Report. It was noted:</p> <ul style="list-style-type: none"> <li>• Sickness Absence continues to be high at 5.9% (April 23) against a target of 4.5%.</li> <li>• HR team is supporting the delivery of EPP savings that are being targeted in this area.</li> <li>• Mental Health related absence remains the top reason and levels continue to deteriorate.</li> <li>• The staff group with the highest absence rate is Additional Clinical Services at 9.57% the majority of which is long term absence.</li> <li>• CBU1 has the highest rate at 7.19% of which 4.6% is long term absence.</li> <li>• Trust sickness absence performance is 4th out of the 5 Acute Trusts in the ICB.</li> </ul>	<p>Board of Directors</p>	<p>For Information and Assurance</p>
<p><b>Elective Care Priorities 2023/24</b></p>	<p>The Finance and Performance Committee noted the content of the assurance checklist and where the Trust benchmark against the priorities. The Committee also approved the checklist. It was agreed that this would be noted in the F&amp;P Chairs log for the Board. It was noted that:</p> <ul style="list-style-type: none"> <li>• In May 2023, the Trust received a NHSE letter that outlined the elective care priorities, oversight and support for the year ahead as well as a checklist for the Trust Board to assure themselves across the key priorities for 2023/24.</li> <li>• The Trust benchmarks well against the NHSE priority areas.</li> <li>• The areas of future development/focus already form part of the Trusts recovery agenda area (outpatients follow-up, theatre utilisation etc) and this will not be tracked separately, but will be via existing plans.</li> </ul>	<p>Board of Directors</p>	<p>For Information and Assurance</p>

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
<p><b>Board Assurance Framework/ Corporate Risk Register</b></p>	<p>The Finance and Performance Committee received and reviewed the updated Board Assurance Framework (BAF) and the Corporate Risk Register (CRR). The following updates were noted:</p> <p><b>BAF:</b> Two risks closed and 1 added</p> <ul style="list-style-type: none"> <li>• Two risks have been closed on the BAF: Risk 1791 regarding insufficient cash funds to meet the operational requirements &amp; Risk 2600 regarding the inability to deliver timely capital investments.</li> <li>• A high-level risk relating to the environment and sustainability has been added to the BAF with an agreed score of 12.</li> </ul> <p><b>CRR:</b> Two new risks added</p> <ul style="list-style-type: none"> <li>• Risk 2868: Risk of interruption to the delivery of clinical services due to failures of the aircon used to prevent ICT heat overload.</li> <li>• Risk 2897: Major Operational Disruption due to Digital System Infrastructure Failures.</li> </ul> <p>A new issues log is to be developed for those risks which have crystallised.</p>	<p>Board of Directors</p>	<p>For Information and Assurance</p>
<p><b>ICT Strategic Programme Update</b></p>	<p>A report summarising progress across a number of a significant number of ICT projects was discussed. The Committee was provided with the assurance of progress being made in the delivery of our ICT strategic programme and any related risks. Key updates included:</p> <ul style="list-style-type: none"> <li>• <b>Digital Funding:</b> A draft Investment Agreement for the MDF for £2.3M initial capital allocation for 2023/24 has been prepared. Business cases will be required for sign-off by ET.</li> <li>• <b>Maternity Services and Community Midwives:</b> A new report and dongle trial has been initiated to help support connectivity challenges. A dedicated phone number is in place to support escalation and log issues.</li> <li>• <b>Data Protection Compliance Position:</b> Awaiting assurance on the position from a full audit by 360 assurance which should be available for next month's report.</li> <li>• <b>CareFlow Medicines Management:</b> The planned rollout of outpatient prescribing was completed at the end of June.</li> <li>• <b>Infrastructure Incident:</b> A report on the incident and action plan is to be brought back to a future Finance and Performance Committee.</li> </ul>	<p>Board of Directors</p>	<p>For Information and Assurance</p>

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
<b>Mobile Policy, Information Asset Policy, Updates</b>	The Finance and Performance Committee received the updated Mobile Policy and the Information Asset Policy. After a review of the changes, which were minor in nature, the Committee approved the updated policies.	Board of Directors	For Information and Assurance
<b>Trust Objectives Report Q1, 2023/24</b>	<p>The Finance &amp; Performance Committee received the Trust Objectives Report Q1,2023/24 and following review, approved the report prior to submission to the Trust Board. It was noted that:</p> <ul style="list-style-type: none"> <li>• Overall the Trust has progressed well with its objectives in Q1, 2023/24.</li> <li>• The Trust has made good progress in the development of its Efficiency and Productivity programme and is currently ahead of its financial plan.</li> <li>• The Trust benchmarks well against other Trusts, but more work will be required to meet our national operational priorities for Elective, Diagnostics and Cancer care.</li> <li>• Pressures associated with managing and delivering services whilst supporting the planned industrial action may impact on work associated with the Trust objectives.</li> </ul>	Board of Directors	For Review and Approval
<b>Efficiency &amp; Productivity Programme 2023-24</b>	<p>The Finance and Performance Committee received the latest update on the Efficiency &amp; Productivity Programme (EPP) for month 3, 2023/24. The F&amp;P Committee noted that:</p> <ul style="list-style-type: none"> <li>• Currently, there is approximately £14m of annualised opportunity being worked through for the EPP programme.</li> <li>• Further controls are being worked through as a result of the mandatory actions requested by NHSE upon agreement of the 2023/24 plan (vacancy control, recruitment processes, staffing levels, additional non-pay over £10k etc.)</li> <li>• The F&amp;P Committee discussed the progress made to date and reviewed EPP dashboard.</li> </ul>	Board of Directors	For Information and Assurance
<b>Sub Group Logs</b>	<p>The F&amp;P Committee received the following sub-group logs/updates:</p> <ul style="list-style-type: none"> <li>• Trust Operations Group</li> <li>• CBU Performance Meeting</li> <li>• Digital Steering Group</li> <li>• Data Quality Group &amp; Annual Effectiveness Review</li> <li>• Executive Team</li> </ul>	Board of Directors	For Information and Assurance

## **2.4.1. Data Protection Toolkit**

For Approval

Presented by Tom Davidson



**REPORT TO THE BOARD OF DIRECTORS - Public** REF: **BoD: 23/08/03/2.4ii**

**SUBJECT:** DATA PROTECTION TOOLKIT AND E-LEARNING UPDATE

**DATE:** 3 August 2023

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

**PREPARED BY:** Tom Davidson, Director of ICT

**SPONSORED BY:** Tom Davidson, Director of ICT

**PRESENTED BY:** Tom Davidson, Director of ICT

**STRATEGIC CONTEXT**

**Performance:** We will achieve our goals sustainably.

**EXECUTIVE SUMMARY**

This paper is presented to give final assurance to the Board of Directors that the Trust submitted a compliant position on our data protection toolkit position for 30th June 2023 to NHSE. Appendix 1 is a status report of all the standards against the compliant requirement and these are now fully met.

There is a new information data protection e-learning package that replaces the existing IG requirement for the IG Toolkit. The Data Protection E-learning for the Trust is currently at 85%. We are confident we will meet the target of 95% by 30th March 2023, by disabling accounts until DPTK has been successfully completed.

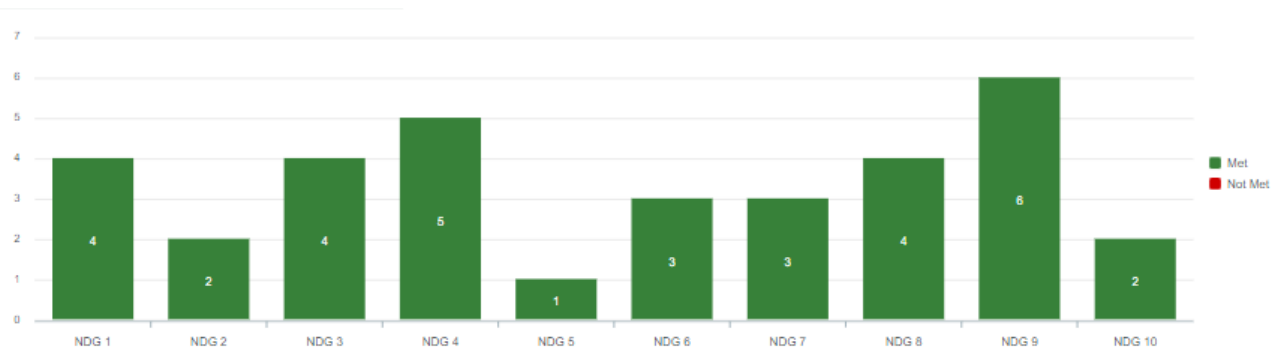
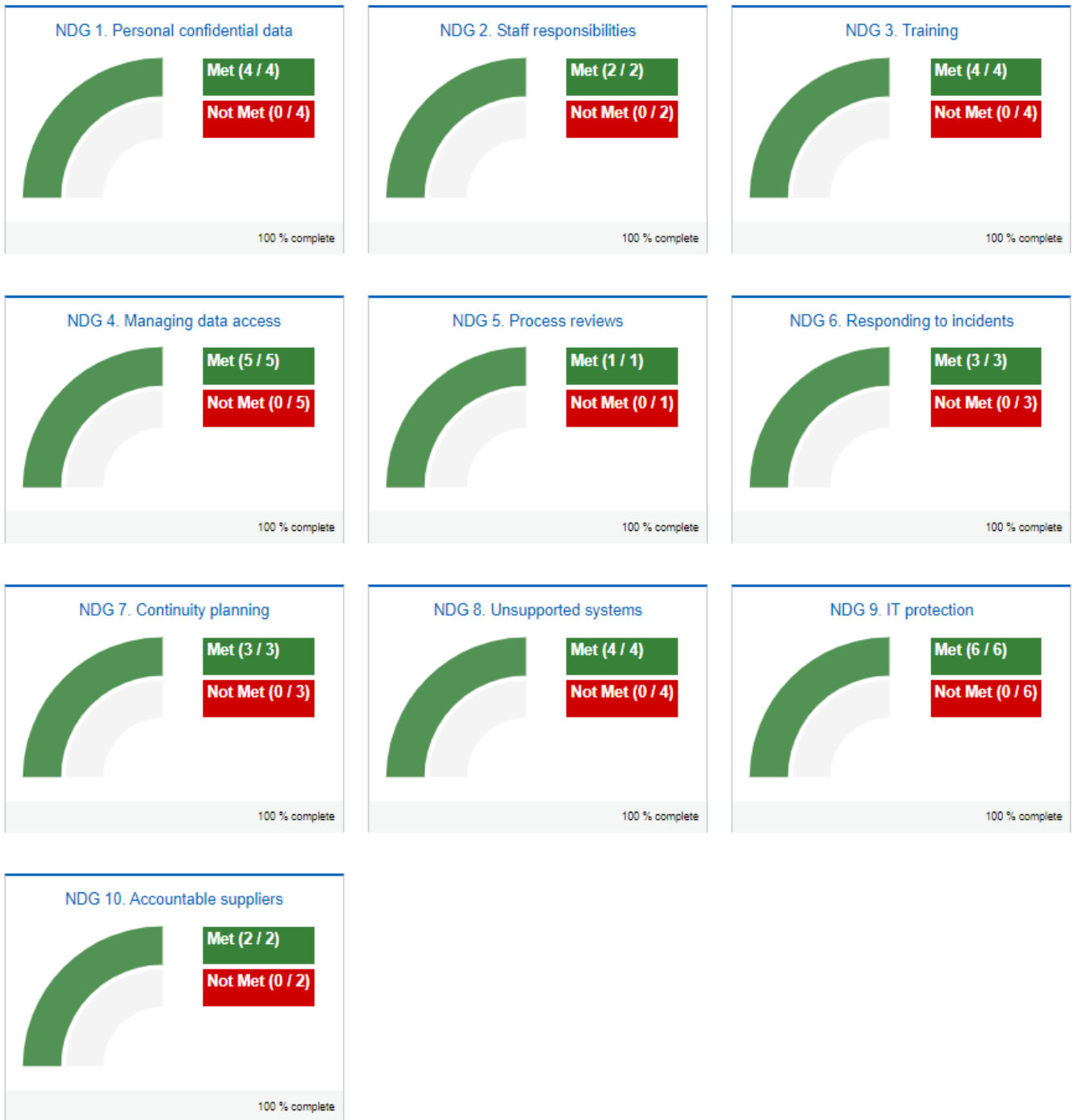
A 360Assurance Internal Audit was started in May 2023 on our data protection toolkit self-assessment and detailed any recommendations to ensure we meet full compliance. We received the report back during June 2023 and it is a medium risk which is equivalent to significant assurance. All actions have been completed.

A cyber security report to Board provided assurance during May 2023 and the Trust Cybersecurity position is updated as part of the ICT report to the Finance and Performance Committee monthly.

**RECOMMENDATION**

The Board of Directors is asked to approve the compliant position for the Data Protection Toolkit.

# Appendix 1: Status report of all National Data Guardian Standards as at 14/06/2023



NDG 1 - Personal confidential data  
 NDG 3 - Training  
 NDG 5 - Process reviews  
 NDG 7 - Continuity planning  
 NDG 9 - IT protection

NDG 2 - Staff responsibilities  
 NDG 4 - Managing data access  
 NDG 6 - Responding to incidents  
 NDG 8 - Unsupported systems  
 NDG 10 - Accountable suppliers



## 2.5. Barnsley Facilities Services Chair's Log

For Assurance

Presented by David Plotts

**REPORT TO THE  
BOARD OF DIRECTORS - Public**

REF:

**BoD: 23/08/03/2.5**

<b>SUBJECT:</b>	<b>BARNSELY FACILITIES SERVICES LIMITED (BFS) – PUBLIC</b>				
<b>DATE:</b>	3 August 2023				
<b>PURPOSE:</b>		<i>Tick as applicable</i>		<i>Tick as applicable</i>	
	<i>For decision/approval</i>			<i>Assurance</i>	✓
	<i>For review</i>			<i>Governance</i>	✓
	<i>For information</i>	✓		<i>Strategy</i>	✓
<b>PREPARED BY:</b>	David Plotts, Chair, BFS & Non-Executive Director BHNFT				
<b>SPONSORED BY:</b>	David Plotts, Chair, BFS & Non-Executive Director BHNFT				
<b>PRESENTED BY:</b>	David Plotts, Chair, BFS & Non-Executive Director BHNFT				
<b>STRATEGIC CONTEXT</b>					
<p>Barnsley Facilities Services Ltd (BFS), (formerly Barnsley Hospital Support Services Limited BHSS), was established in 2012 as a wholly owned subsidiary of Barnsley Hospital NHS Foundation Trust (BHNFT) and became operational from January 2013. In addition to providing essential services to the Trust, it is intended as a vehicle to expand commercial opportunities and income streams for the benefit of patient services.</p>					
<b>EXECUTIVE SUMMARY</b>					
<p>This report provides the Trust's Board of Directors with a regular update on the activities of BFS and to flag any risks or concerns.</p> <p>The enclosed Public Log reflects discussions from the BFS Board's (full performance) meeting in June 2023.</p> <p>Key items for information:</p> <ul style="list-style-type: none"> <li>• Improving staff sickness numbers</li> <li>• CDC Phase 2 Progressing well</li> <li>• Financial performance YTD ahead of budget</li> </ul>					
<b>RECOMMENDATION</b>					
<b>BFS Board recommends that:</b>					
<ul style="list-style-type: none"> <li>• The Board of Directors note the attached report and takes assurance that the Operated Healthcare Facility is performing to plan and budget.</li> </ul>					

**CHAIR’S LOG: Chair’s Key Issues and Assurance Model**

**Committee / Group:** BFS Board Meeting

**Date:** June 2023

**Chair:** David Plotts

Item	Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
1. <b>Performance Report</b>	<p>Community Diagnostic Hub Phase 2 – The first-floor multi-clinic rooms are completed, and all furniture is in place, with clinic rooms operational. The ground floor reception area is due to be in use in the next three weeks; just waiting for confirmation of the new reception desk delivery. Additional Structural works are required prior to the scanner equipment installations. CT Scanner room fit-out will be taking place throughout June and July, with the delivery of the scanner scheduled for the weekend of 22/23 July 2023. MRI Scanner installation TBC.</p> <p>Lift Update – The remaining lift in KL Block is to complete on 26 June 2023, with the final lift in AB Block to complete on 3 July 2023. All will welcome the return of a full lift compliment to these busy blocks. The Project Manager and Lift Engineer will be leading a group of key stakeholders to review the optimum use of the lift, which will be monitored</p>	Trust Board	For Information and Assurance
2. <b>Finance</b>	<p>The financial position for the month ending May 2023 is that BFS is performing slightly favourable to budget for the 2<sup>nd</sup> month in a row.</p> <p>Capital spend year to date is below expectations however this is due to timing of capital projects.</p> <p>The BFS Board have agreed following approval by the Trust Executive Team to implement the Nest pension update (removal of both thresholds at 3% Employers contribution rate, with an ability to opt ‘in’ and ‘out’) in October 2023. BFS will develop a communication plan to support employees in their decision making process.</p> <p>BFS have made a positive start YTD on delivering its Efficiency and</p>	Trust Board	For Information and Assurance

Item	Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
	Productivity Programme and are awaiting final reconciliation with the Trust Finance Team on their Full Year Target for EPP.		
3. <b>People</b>	<p>Appraisal Compliance for May 2023 is 76.5%. The Appraisal window for 2023 is 1st April until 30th June. The appraisal progress is being tracked and all development requests being collated.</p> <p>BFS are supporting the Trust Inclusion &amp; Wellbeing Team by taking place in the internship programme they are running in partnership with Project SEARCH. This is to provide internship programmes for 18-24 year olds with learning disabilities and autism in collaboration with partners at Barnsley College and Barnsley Council.</p> <ul style="list-style-type: none"> <li>We have six interns for 22/23 working with us in Stores, Portering, Decontamination, Waste and Joinery. Feedback has been excellent and we are looking to widen the scheme to include ISS and Catering for 23/24, and take in another cohort of interns with recruitment underway in June.</li> </ul> <p>BFS are working with unions and the Hospital Trust to finalise and update the BFS Attendance Management Policy which will be launched later in the 3<sup>rd</sup> quarter.</p> <p>The sickness rate at the end of May 2023 was 2.8%, a decrease of 1.0% from 3.8% in April 2023. There has been a focus on supporting and managing staff on long term sickness which has had a positive impact on the sickness rates.</p>	Trust Board	For Information and Assurance

**REPORT TO THE  
BOARD OF DIRECTORS - Public**

REF:

**BoD: 23/08/03/2.5i**

<b>SUBJECT:</b>	<b>BARNSLEY FACILITIES SERVICES LIMITED (BFS) – PUBLIC</b>				
<b>DATE:</b>	3 AUGUST 2023				
<b>PURPOSE:</b>		<i>Tick as applicable</i>		<i>Tick as applicable</i>	
	<i>For decision/approval</i>			<i>Assurance</i>	✓
	<i>For review</i>			<i>Governance</i>	✓
	<i>For information</i>	✓		<i>Strategy</i>	✓
<b>PREPARED BY:</b>	David Plotts, Chair, BFS & Non-Executive Director BHNFT				
<b>SPONSORED BY:</b>	David Plotts, Chair, BFS & Non-Executive Director BHNFT				
<b>PRESENTED BY:</b>	David Plotts, Chair, BFS & Non-Executive Director BHNFT				
<b>STRATEGIC CONTEXT</b>					
<p>Barnsley Facilities Services Ltd (BFS), (formerly Barnsley Hospital Support Services Limited BHSS), was established in 2012 as a wholly owned subsidiary of Barnsley Hospital NHS Foundation Trust (BHNFT) and became operational from January 2013. In addition to providing essential services to the Trust, it is intended as a vehicle to expand commercial opportunities and income streams for the benefit of patient services.</p>					
<b>EXECUTIVE SUMMARY</b>					
<p>This report provides the Trust's Board of Directors with a regular update on the activities of BFS and to flag any risks or concerns.</p> <p>The enclosed Public Log reflects discussions from the BFS Board's (full performance) meeting in June 2023.</p> <p>Key items for information:</p> <ul style="list-style-type: none"> <li>• BHNFT CEO &amp; Chair Attended the July BFS Board Meeting to review the BFS 2023/24 Strategic Objectives</li> <li>• BFS are developing plans for the creation of an additional laminar flow theatre</li> <li>• Financially, BFS is performing slightly ahead of budget for month 3</li> </ul>					
<b>RECOMMENDATION</b>					
<b>BFS Board recommends that:</b>					
<ul style="list-style-type: none"> <li>• The Board of Directors notes the attached report and takes assurance that the Operated Healthcare Facility is performing to plan and budget.</li> </ul>					

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

**Committee / Group:** BFS Board Meeting

**Date:** July 2023

**Chair:** David Plotts

Item	Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
1. <b>Performance Report</b>	<p>BFS is currently working on a scheme to increase EV charging, with the installation of two points within car park two (Helensburgh Close) for staff and the public, along with a further two public charging points to car park four (front of Women's and Children's) which will be placed in accessible bays.</p> <p>A planned replacement of five Endoscope Washers and three dryers commenced following delivery on 26 June 2023, and at five-week intervals, will be replaced one at a time to allow for commissioning prior to the next installation and ensure the service levels can be maintained.</p> <p>BFS are currently supporting an options appraisal for an additional laminar flow theatre and associated support space. This will be an ambitious project to deliver within the year, and modular building contractors have been engaged to understand deliverability</p>	Trust Board	For Information and Assurance
2. <b>Finance</b>	<p>The financial position as at 30 June 2023 is a slightly adverse one, which is not of concern and BFS continues to remain on track though to deliver its financial targets for the year.</p> <p>Capital spend year to date is below target at this stage of the financial year however this is due to timing of capital projects.</p>	Trust Board	For Information and Assurance

Item	Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
3. <b>People</b>	<p>Launched in 2022 as part of the 5 Year Celebrations, the Year of the People initiative showcases a people focused initiative each month. As part of the Year of People in 2023 we ran a Wellbeing Workshop in January 2023, introduced the Unsung Hero Award, facilitated the appraisal training, launched a Job Swop scheme, and a Thank You Day. We also celebrated the National Estates and Facilities Day, Women in Engineering and the Armed Forces Day.</p> <p>On the back of the Picker Staff Survey and BFS's focus on all its employees we are running a monthly Coffee, Cake &amp; Chat session with a number of colleagues randomly selected and invited to a session with a member of SMT for a drink, cake and a chat on any topics that they want to discuss. The sessions have proved really popular and inciteful for all those attending. All attendees receive feedback on any actions taken as appropriate.</p> <p>BFS continue to support the internship programme that the Inclusion and Wellbeing Team running in partnership with DFN Project SEARCH, providing internship programmes for 18–24, year olds with learning disabilities and autism, in collaboration with partners Barnsley College and Barnsley Council. Of the 6 interns that worked with us in Stores, Portering, Joinery, Linen, Waste and the Decontamination Team, three have received contracts to continue to work with us.</p>	Trust Board	For Information and Assurance

## 2.6. Executive Team Report and Chair's Log

For Assurance

Presented by Richard Jenkins





<b>REPORT TO THE BOARD OF DIRECTORS - Public</b>	REF:	<b>BoD: 23/08/03/2.6</b>
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<b>SUBJECT:</b>	<b>EXECUTIVE TEAM CHAIR'S LOG</b>
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<b>DATE:</b>	3 August 2023
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<b>PURPOSE:</b>		<i>Tick as applicable</i>		<i>Tick as applicable</i>	
	<i>For decision/approval</i>		<i>Assurance</i>	✓	
	<i>For review</i>		<i>Governance</i>	✓	
	<i>For information</i>	✓	<i>Strategy</i>		

<b>PREPARED BY:</b>	Bob Kirton, Chief Delivery Officer/Deputy Chief Executive
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<b>SPONSORED BY:</b>	Richard Jenkins, Chief Executive
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<b>PRESENTED BY:</b>	Richard Jenkins, Chief Executive
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**STRATEGIC CONTEXT**

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

**EXECUTIVE SUMMARY**

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

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

**RECOMMENDATION**

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

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

Committee/Group	Date	Chair
Executive Team	May/June 2023	Richard Jenkins

Meeting Date	Agenda Ref No	Item	Issue
31 May 23	23/486	Human Tissue Authority Inspection/Action Plan	The report highlighted 7 major issues, actions for which are to be completed by mid to late June 2023 and 6 minor issues to be completed by mid to late August 2023, all are on track and the HTA are satisfied with plans in place. The HTA report is made available publicly, once evidence is submitted and assurance is provided to the HTA, the public report will reflect the update.
31 May 23	23/495	Pilot CQC Inspection – Medicines Optimisation	CQC were invited on 24 & 25 May 2023 to undertake a medicine's optimisation pilot CQC visit. Recommendations are as follows: <ul style="list-style-type: none"> <li>• An interim Chief Pharmacist is put in place as soon as possible.</li> <li>• A project lead is to be identified.</li> <li>• Medicines optimisation lead nurse role to be implemented.</li> <li>• Detailed action plan, to be monitored at ET on a weekly basis initially.</li> </ul>
7 June 23	23/510	PACS (Picture Archiving Communications System) and RIS (Radiology Information System) replacement	ET agreed that the Trust would like to be identified along with other SYB providers on any new contract as a service beneficiary. It was suggested that as part of the procurement process it is explored that contracts are novated for Barnsley, Rotherham & Sheffield, to secure a better deal, with the assumption that all Trust use AGFAR and whether anyone locally would like to be included in building the system.

7 June 23	23/513	Medical Appraisal and Job Planning Software Procurement	The obsolete MAG form/process was discussed, ET were supportive of the principle that the appraisal system requires replacement, to ensure a procurement process is in place and the offer that L2P have provided of supplying the job planning system free of charge until the current contract ends in 2024 to enable a crossover of both systems.
7 June 23	23/514	Proposal Paper: Urology Services Nurse Cystoscopist and Uro-Oncology Nurse Specialist	ET were supportive of the request for substantive investment of two band 7 specialist nurses to support the effective running of the Urology service once the current funding from the Cancer Alliance ends and training is completed by staff.
14 June 23	23/540	Workforce Pilot Application Signatures	Agreed the sign off for a funding bid for £100m from the Government by the Council around workforce pilots.
14 June 23	23/543	Staff Survey	Tim Spackman & Emma Lavery were in attendance, the purpose of the paper is to provide support to ET to support others in areas that required improvement on the staff survey, with framework to provide a degree of consistency to improve staff surveys moving forwards.

### 3. Performance

# 3.1. Integrated Performance Report

For Assurance

Presented by Lorraine Burnett



**REPORT TO THE BOARD OF DIRECTORS - Public**

REF:

**BoD: 23/08/03/3.1**

**SUBJECT: INTEGRATED PERFORMANCE REPORT: June 2023**

**DATE:** 3 August 2023

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:** Lorraine Burnett, Director of Operations

**SPONSORED BY:** Bob Kirton, Chief Delivery Officer/Deputy Chief Executive

**PRESENTED BY:** Lorraine Burnett, Director of Operations

**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**

**Patients:**

The number of falls is average and all areas remain with normal variation within their SPC charts with the exception of DCU. Discussion at Falls Prevention Group on what measures can support in reducing falls. Three improvement trajectories regarding inpatient falls, falls in ED and harmful falls. Practice Educators in ward areas supporting staff in education and prevention of falls.

There has been an increase in the number of category 2 pressure ulcers and Deep Tissue Injuries. Focused work is ongoing with ward 30. Tissue Viability nurses and matrons are working with lead nurses and practice educators.

There were two serious incidents declared in the month:

- 2023/10984 – sub-optimal care of a deteriorating patient (incident occurred in May 2023)
- 2023/118847 – maternity incident: baby only (incident occurred in May 2023)

There was 1 incident resulting in severe harm:

- There was one maternity incident involving an intrauterine fetal death at 40 weeks gestation. The incident was reviewed at the weekly incident review meeting by the multidisciplinary team. No immediate learning was identified. This incident has been reported to EMBRACE and will be reviewed via the PMRT process.

**Pressure Ulcers:** There has been a decrease in the number of Category two Pressure ulcers in May however there has been an increase in Deep Tissue Injury. A proportion of these have been related to Anti Embolic stockings. Tissue viability are working across all areas to provide training.

**Infection control:**

- There were no hospital acquired MRSA Bacteraemia identified during June 2023.
- There was 1 case of hospital acquired Clostridioides difficile identified during June 2023, this was identified as unavoidable

**People:**

**Appraisal:** The data shown is reporting on the third month in the new appraisal window, compliance has increased to 76.6%

**Turnover:** The Trust compares favourably to the ICB and nationally remains within the first quartile at 10.5%. This is an improving metric.

**Sickness:** slightly above target at 5.3% but improving against target

**Mandatory Training:** Overall compliance has improved at 87.6% but is below target. Executive Directors have been asked to highlight the need to complete mandatory training with all their areas.

**Performance:** The Trust continues not to meet constitutional targets but is working toward the operational priorities regarding recovery post pandemic.

**UEC:** Performance against 4 hrs was 69.2% against the England performance of 60.2%. the 'back to basics' campaign is supporting improvements and all staff are reminded of the need to reduce the waits in the emergency department. Bed occupancy increased at 96.7%, the bed reconfiguration programme is working to increase inpatient bed capacity.

**RTT:** 73.7% performance which benchmarks well against other providers in England. There are 225 patients waiting 52 weeks and above

**Diagnostics:** Barnsley performance is 3.9% of patients waiting longer than 6 weeks for a diagnostic test with England performance in May (latest published data) at 25.9%

**Cancer:** The Trust is delivering the 28 day faster diagnosis above the national target for GP referrals, and breast symptomatic. Screening has dropped in month but focus on this should improve next month. Performance against 62 days has decreased but the number of people on the cancer wait list above 62 days has decreased to below 40.

**Finance:** As at month 3 the Trust has a consolidated year to date deficit of £2.091m against a planned deficit of £2.670m giving a favourable variance of £0.579m. Total income is £0.347m adverse to plan. Cash balances have increased from last month and are above plan. Capital expenditure for the year is £0.646m.

## RECOMMENDATIONS

The Board of Directors is asked to receive and note the Integrated Performance Report for June 2023.



# Barnsley Hospital Integrated Performance Report

Reporting Period: June 2023



## 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?

Blue = will reliably hit the target

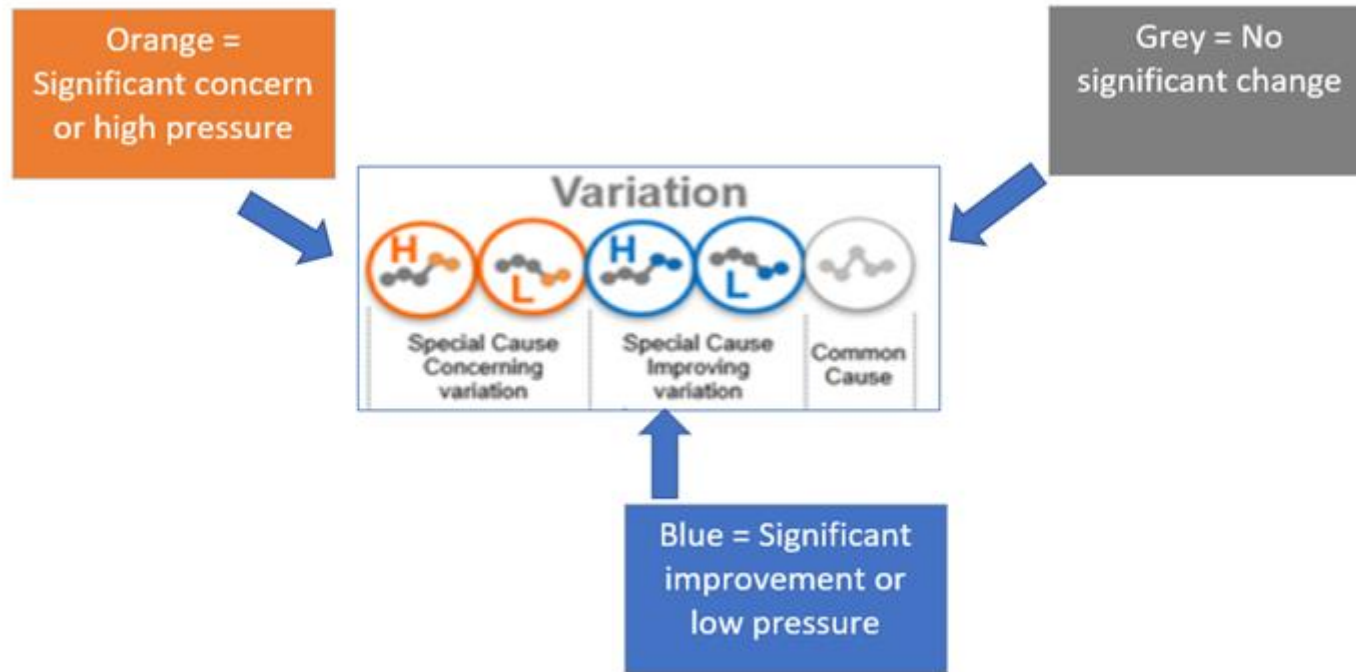
Orange = System change required to hit the target



Grey = will hit and miss the target

# High Level Key Performance

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



# Summary icon descriptions

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



# Summary icon descriptions

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

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

KPI	Latest month	Measure	Target	Assurance	Performance	Mean	Lower process limit	Upper process limit
Serious Incidents	Jun 23	2	0			2	-2	6
Incidents Involving Death	Jun 23	0	0			1	-3	5
Incidents Involving Severe Harm	Jun 23	1	0			2	-3	6
Never Events	Jun 23	0	0			0	0	0
Falls	Jun 23	113	90			102	73	132
Falls Resulting in moderate harm or above	Jun 23	2	21			2	-4	8
Pressure Ulcers category 2 (Lapses in care)	May 23	13	4			12	3	22
Pressure Ulcers category deep tissue Injury	May 23	8	4			6	-2	14
Hand washing	Jun 23	92%	95%			96%	85%	107%
Q - Hospital Acquired Clostridioides difficile	Jun 23	1.0	2.8			3.3	-3.5	10.2
Q - Hospital Acquired MRSA Bacteraemia	Jun 23	0	0			0	0	1
Number of complaints	Jun 23	26				25	5	44
Complaints closed within standard	Jun 23	50.0%	90.0%			67.4%	34.9%	99.9%
Complaints re-opened	Jun 23	1	0			0	-1	2
FFT Trustwide Positivity	Jun 23	90.3%				90.7%	82.3%	99.0%

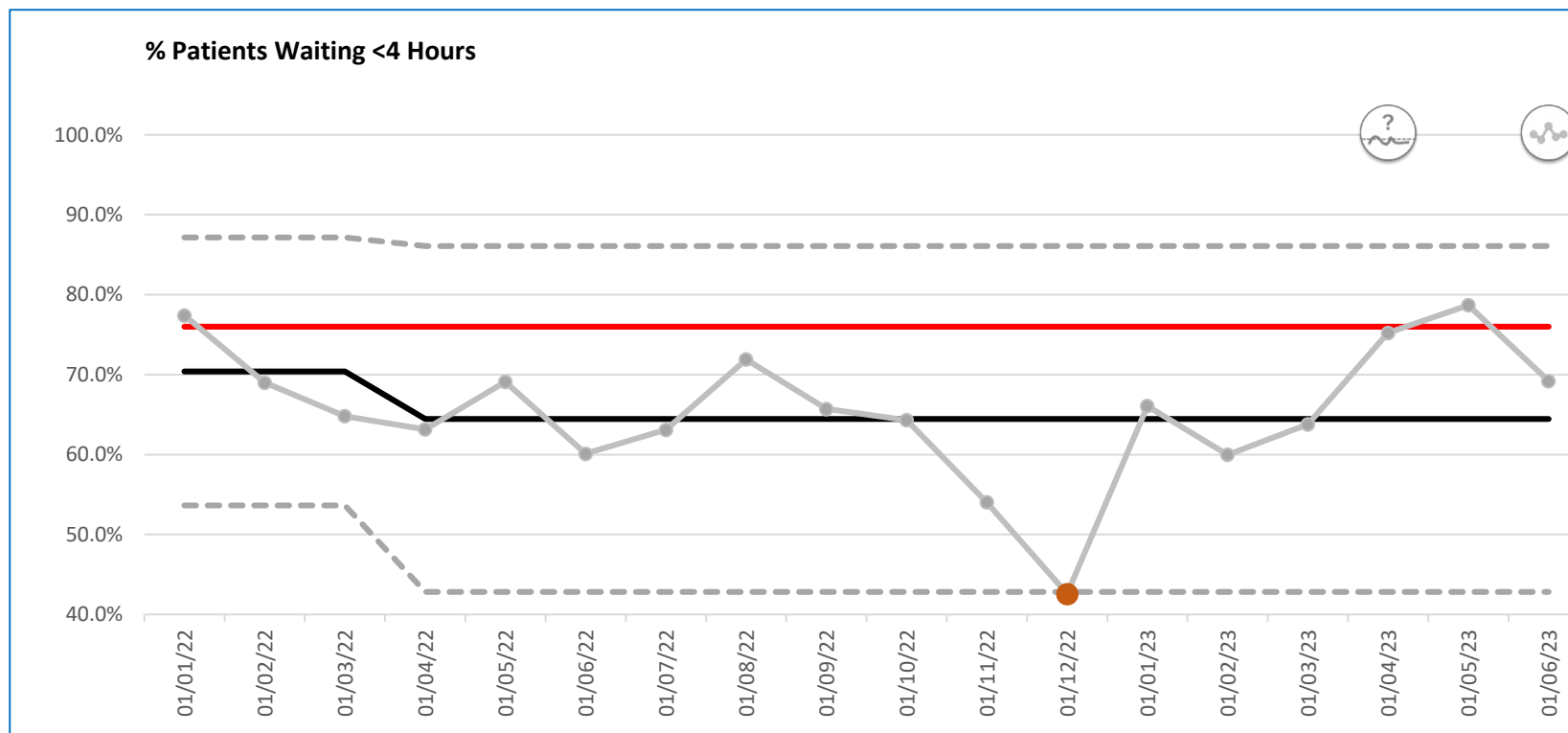
KPI	Latest month	Measure	Target	Assurance	Performance	Mean	Lower process limit	Upper process limit
% Patients Waiting <4 Hours	Jun 23	69.2%	76.0%			64.5%	42.8%	86.1%
RTT Incomplete Pathways	May 23	73.7%	92.0%			78.5%	75.6%	81.4%
RTT 52 Week Breaches	May 23	225	0			111	74	149
RTT Total Waiting List Size	May 23	22074	14500			19448	18339	20557
% Diagnostic patients waiting more than 6 weeks	Jun 23	3.9%	1.0%			10.5%	0.4%	20.7%
% Cancelled Operations	Jun 23	0.4%	0.8%			0.8%	-0.3%	1.9%
DNA Rates - Total	Jun 23	7.6%	6.9%			8.2%	7.0%	9.5%
Average Length of Stay - Elective - Spell	Jun 23	3.3	3.5			3.1	2.0	4.3
Average Length of Stay - Non-Elective - Spell	Jun 23	3.7	3.5			3.8	3.3	4.3
Bed Occupancy General and Acute % Overnight	Jun 23	96.7%	85.0%					
Staff Turnover	Jun 23	10.5%	12.0%			11.7%	11.1%	12.4%
Appraisals - Combined	Jun 23	76.7%	90.0%			63.0%	8.1%	117.8%
Mandatory Training	Jun 23	87.6%	90.0%			87.2%	85.3%	89.2%
Sickness Absence	Jun 23	5.3%	5.0%			6.1%	4.6%	7.6%



KPI	Latest month	Measure	Target	Assurance	Performance	Mean	Lower process limit	Upper process limit
Theatre Utilisation - Main	Jun 23	88.3%	90.0%			83.2%	77.7%	88.8%
Theatre Utilisation - Day	Jun 23	73.7%	90.0%			73.4%	64.5%	82.4%
Theatre Utilisation - Trauma	Jun 23	78.3%	90.0%			87.0%	72.3%	101.8%
BADS	Jun 23	89.4%	90.0%			86.1%	79.1%	93.1%
Total Number of Ambulances	Jun 23	2014	-			1990		
% Less than 30 mins	Jun 23	86.1%	95.0%			72.2%		
% Greater than 30 mins	Jun 23	7.7%	-			13.2%		
% Over 60 mins	Jun 23	1.5%	-			5.8%		



KPI	Latest month	Measure	Target	Assurance	Variation	Mean	Lower process limit	Upper process limit
All Cancer 2 Week Waits	May 23	95%	93%			93%	85%	100%
Breast Symptomatic	May 23	93%	93%			91%	81%	101%
31 Day - Diagnostic to 1st Treatment	May 23	98%	96%			94%	86%	103%
31 Day - Subsequent Treatment (Surgery)	May 23	100%	94%			91%	69%	113%
31 Day - Subsequent Treatment (Drugs)	May 23	100%	98%			99%	94%	104%
38 Day - Inter Provider Transfer	May 23	55%	85%			56%	37%	76%
62 Day - Urgent GP Referral to Treatment	May 23	71%	85%			70%	45%	94%
62 Day - Screening Programme	May 23	100%	90%			85%	55%	114%
62 Day - Consultant Upgrades	May 23	82%	85%			84%	62%	106%
28 Day - Two Week Wait	May 23	76%	75%			72%	63%	82%
28 Day - Breast Symptomatic	May 23	96%	75%			98%	89%	106%
28 Day - Screening	May 23	59%	75%			66%	39%	93%



**June 2023**

**69.2%**

**Variance Type**

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

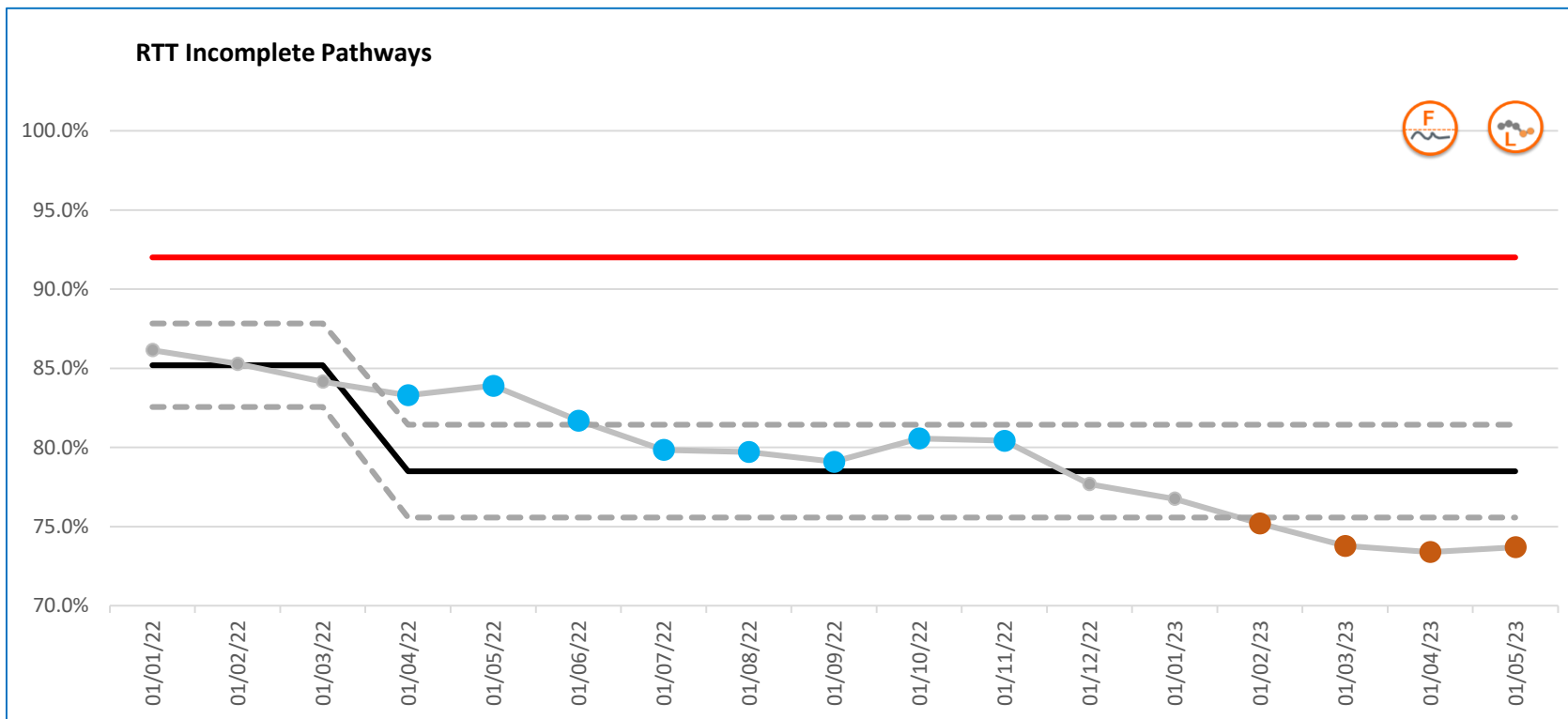
**Target**

76%

**Target Achievement**

Metric is consistently failing the target

Background	What the chart tells us:	Issues	Actions	Context
<b>Emergency Department patients waiting &lt;4 Hours</b>	Remains below target and will not reach the target without system and/or process change. 23/24 NHSE target is 76% attendances admitted or discharged within 4 hours.	Patient acuity and complexity. Timely bed availability and high bed occupancy. High number of people attending without a time critical emergency condition.	Build resilience in performance. Continuing with 'back to basics'. A focus on the timeliness of current processes to reduce waiting times across ED, wards and discharge. Expectations to be set at departmental induction.	<b>June 2023</b> Barnsley 69.2% England 60.2% Ranking: England 22/123, North East & Yorkshire 6/22



**May 2023**

**73.7%**

**Variance Type**

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

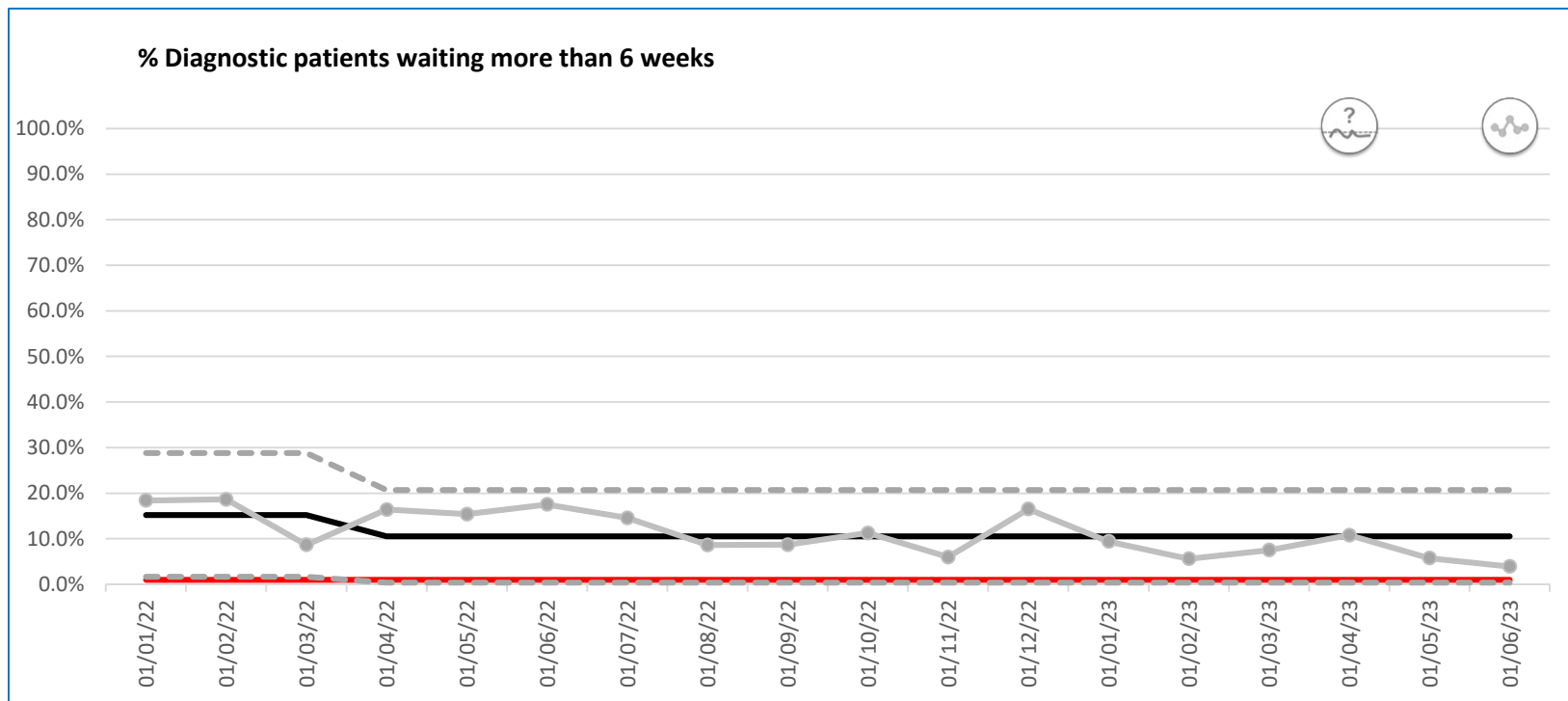
**Target**

92%

**Target Achievement**

Metric is consistently failing the target

Background	What the chart tells us:	Issues	Actions	Context
<b>RTT Incomplete Pathways</b>	Remains below target and will not reach the target without system and/or process change.	Periods of Industrial action leading to cancelled activity. Orthodontic workforce gaps. Focus on clinical prioritisation during pandemic recovery phase. Wait list continues to rise.	Bi-weekly oversight meetings and theatre improvement group to increase productivity. Forward planning for patients >65 weeks at March 2024. Insourcing for specific specialities to reduce waits. Prioritise cancer and urgent patients during Industrial Action. Outsourcing to support challenged specialities. Ongoing recruitment to specific areas.	<b>May 2023</b> Barnsley 73.7% England 58.8%  Ranking: England 39/170 North East & Yorkshire 6/26



**June 2023**

**3.9%**

**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).

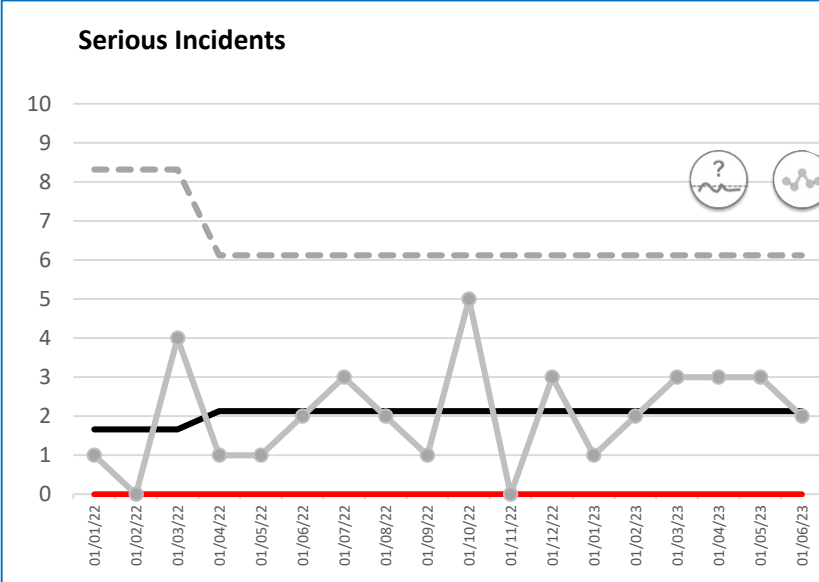
**Target**

0.0%

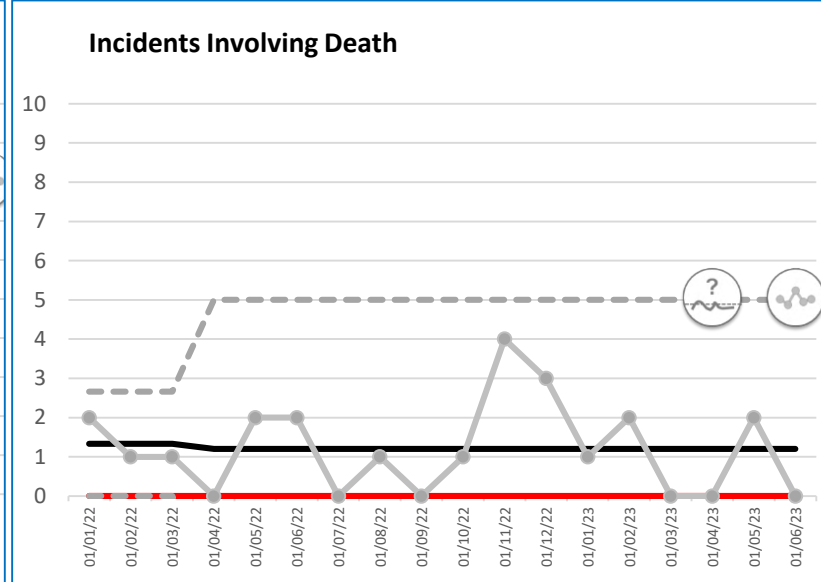
**Target Achievement**

Metric is consistently failing the target

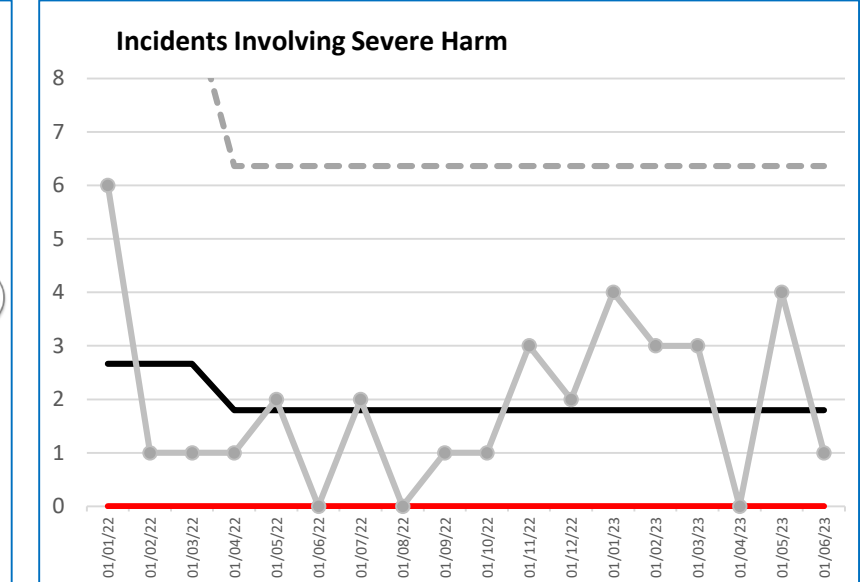
Background	What the chart tells us:	Issues	Actions	Context
<b>Diagnostics</b>	Performance remains within control limits but will not hit constitutional target without continued focus. NHS England 23/24 operational target – 5% which has been achieved.	Prioritisation of cancer & urgent work , including ‘carve out slots’ held for those on cancer pathway. Loss of endoscopy activity due to industrial action. Increased emergency requests impacting on routine wait times.	Ongoing priority for cancer & urgent to support ‘straight to test’ to reduce cancer wait to treatment times. Focus on validation & reporting. Additional capacity in imaging offered to SY trusts. Work continuing on phase 2 community diagnostic centre (CDC), some equipment delays due to national shortages.	<b>May 2023</b> Barnsley 5.8% England 25.9%  Ranking: England 199/423 North East & Yorkshire 30/64



June 2023	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)

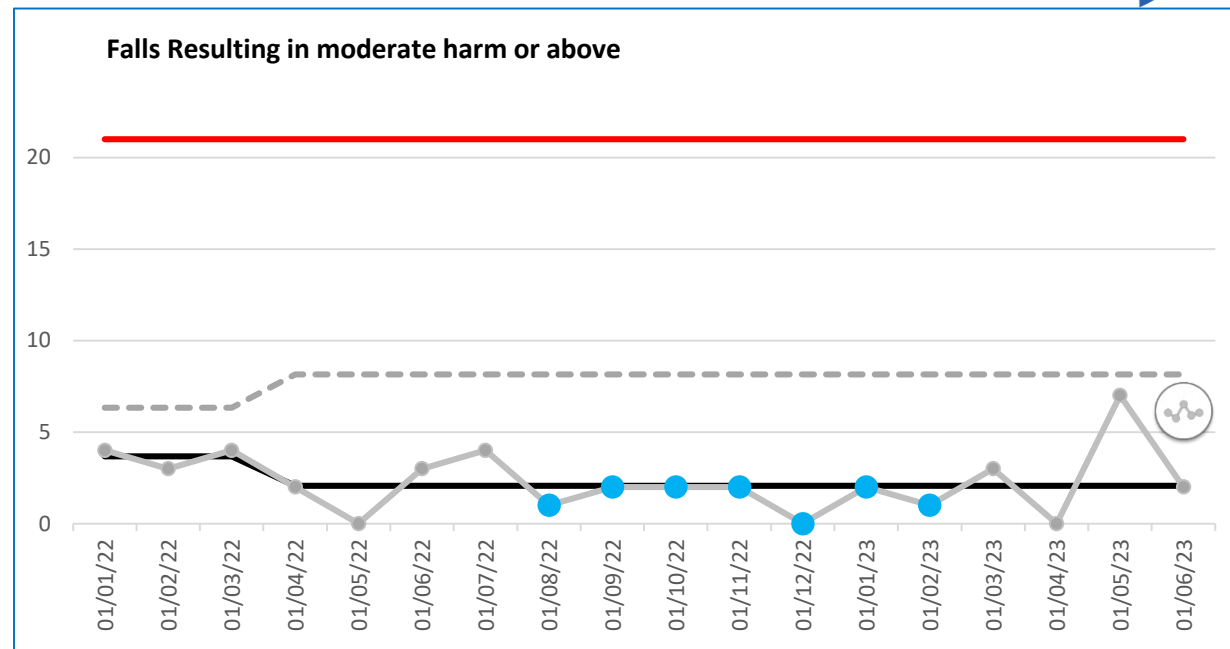
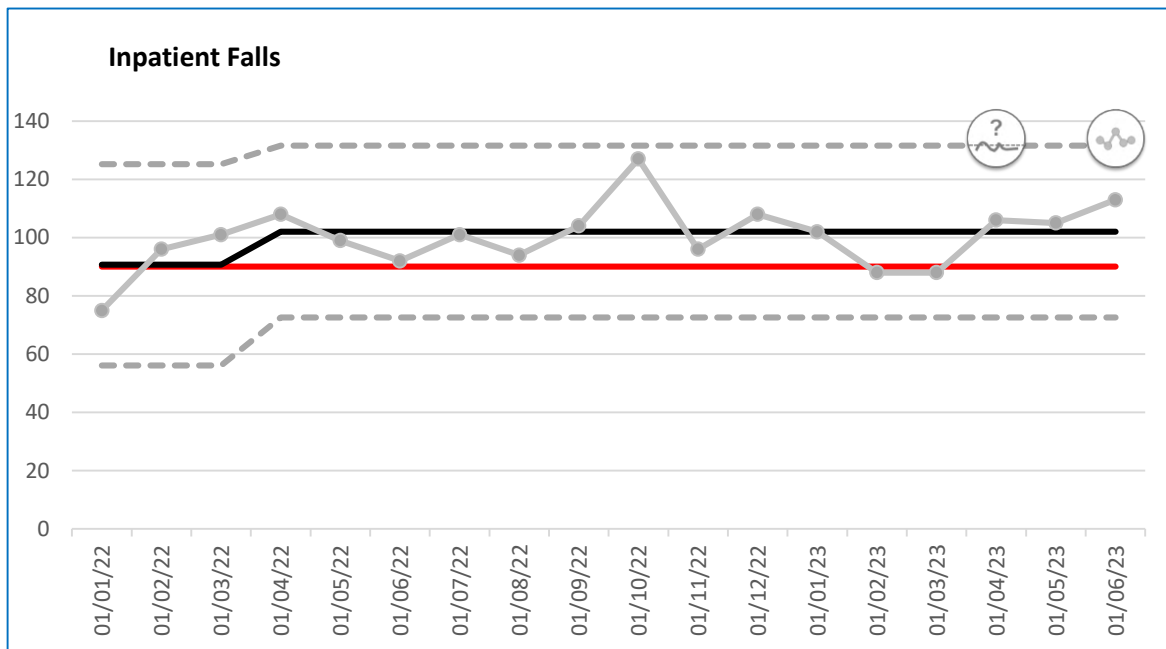


June 2023	Target	Variance Type
0	0	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)



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

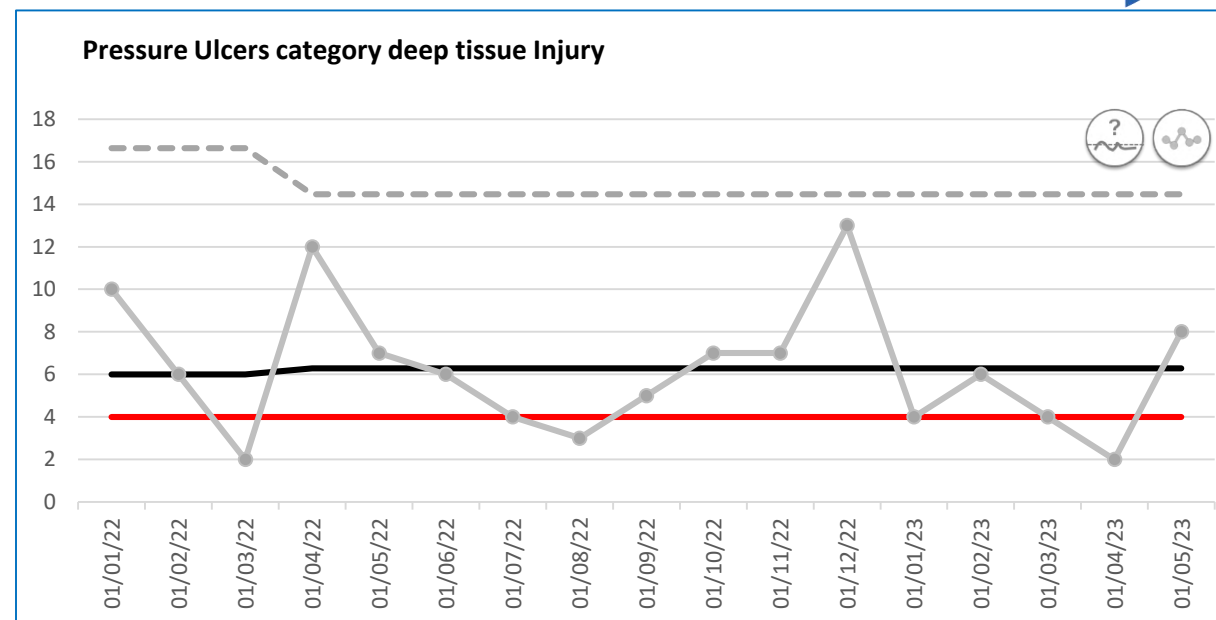
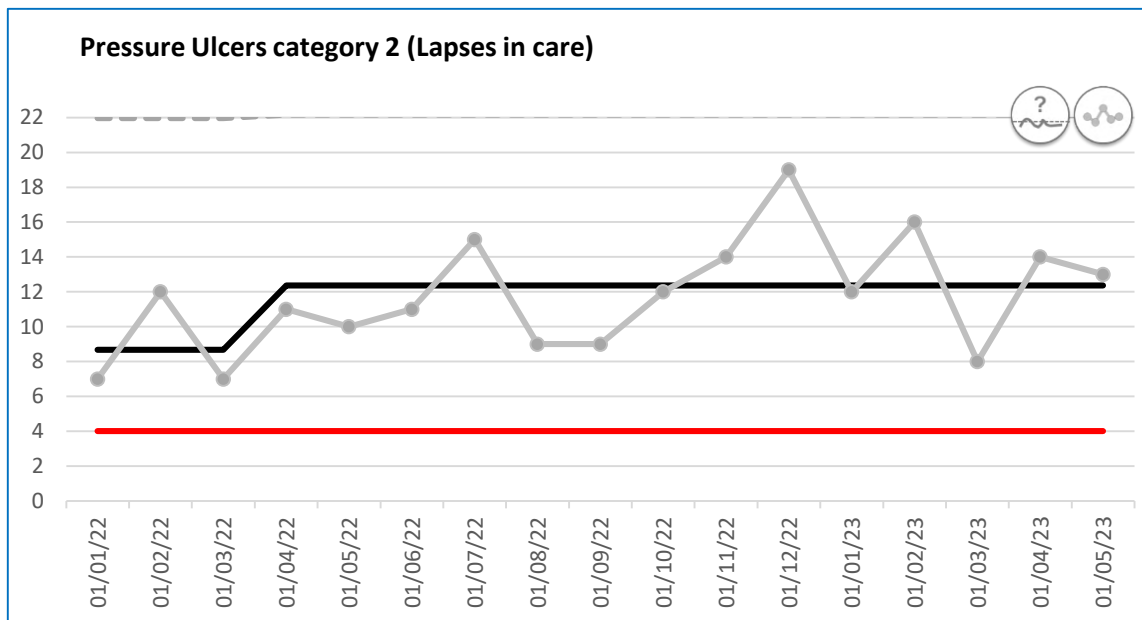
Background	What the chart tells us:	Issues	Actions	Context
Serious Incidents	There were two serious incidents declared in the month.		<ul style="list-style-type: none"> <li>2023/10984 – sub-optimal care of a deteriorating patient (incident occurred in May 2023)</li> <li>2023/118847 – maternity incident: baby only (incident occurred in May 2023)</li> </ul>	
Incidents under investigation involving death of a patient	There were no incidents involving death.			
Incidents under investigation involving severe harm	There was one incident resulting in severe harm		There was one maternity incident involving an intrauterine fetal death at 40 weeks gestation. The incident was reviewed at the weekly incident review meeting by the multidisciplinary team. No immediate learning was identified. This incident has been reported to EMBRACE and will be reviewed via the PMS process.	



June 2023	Target	Variance Type
113	90	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)

June 2023	Target	Variance Type
2	21	Common cause variation, no significant change. This process is capable and will consistently PASS the target.

Background	What the chart tells us:	Issues	Actions	Context
<b>Inpatient Falls</b>	The number of falls is average and all areas remain with normal variation within their SPC charts with the exception of DCU. Acorn unit is on the upper control limit.	Additional patients in ward areas. DCU was open at times overnight to inpatients.	All harmful falls – cold debriefs completed and early learning adopted. No themes between the falls on ward 21. QI projects are ongoing to reduce the number of falls. Discussion at Falls Prevention Group in what measures can support in reducing falls. Three improvement trajectories regarding inpatient falls, falls in ED and harmful falls. Practice Educators in ward areas supporting staff in education and prevention of falls.	Reporting categories were changed in April 2023 and slips from chair removed. Page 161 of 492

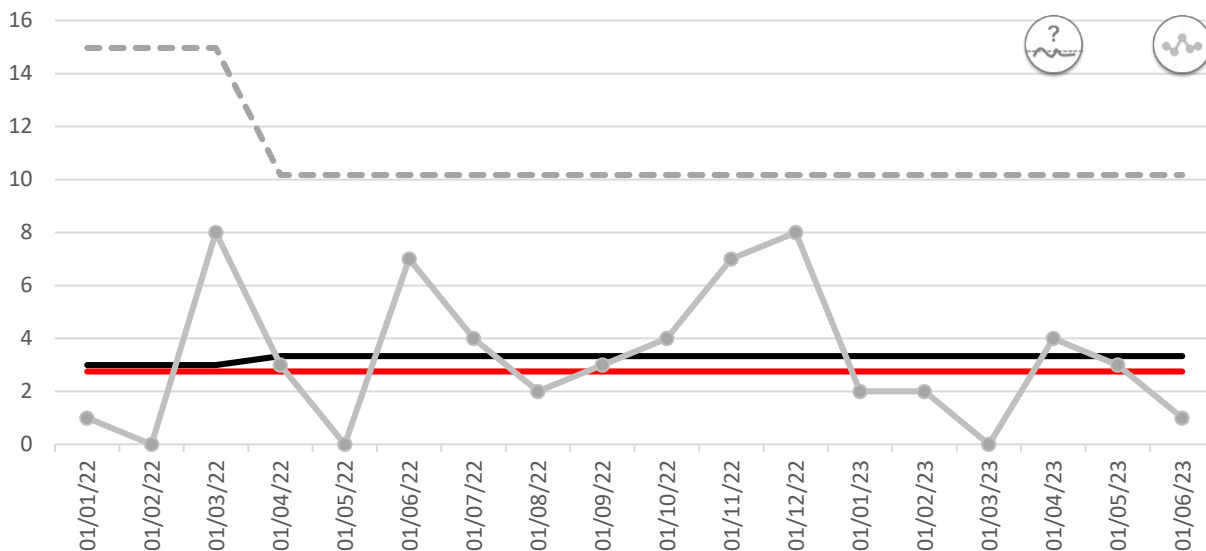


May 2023	Target	Variance Type
13	4	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)

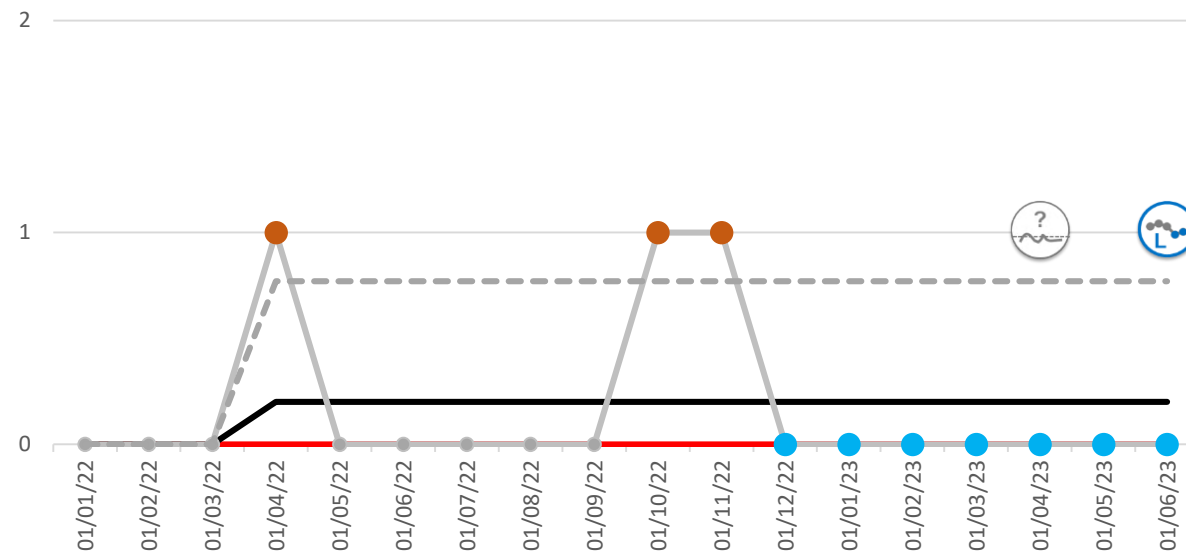
May 2023	Target	Variance Type
8	4	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)

Background	What the chart tells us:	Issues	Actions	Context
Pressure Ulcers	There has been a decrease in the number of Category two Pressure ulcers in May however there has been an increase in Deep Tissue Injury.	A proportion of the Deep Tissue Injuries have been on patients wearing Anti embolic stockings.	Local areas (surgery) are discussing alternative methods to the Anti embolic stockings. Tissue Viability Nurses will continue to work closely with Matrons, Lead Nurses and Practice Educators to provide training. Training on the Mercury Advanced mattress is ongoing, we are focussing on what the low and high setting on the compressor is. The company that provide the mattresses are also helping to drive the training and are carrying out ward walks. We have support from the bariatric company also who are proving support on the wards with those having patients that requires bariatric equipment. The quality improvement project in the Emergency Department with the Repose companions continues.	Page 162 of 492

Q - Hospital Acquired Clostridioides difficile



Q- Hospital Acquired MRSA Bacteraemia

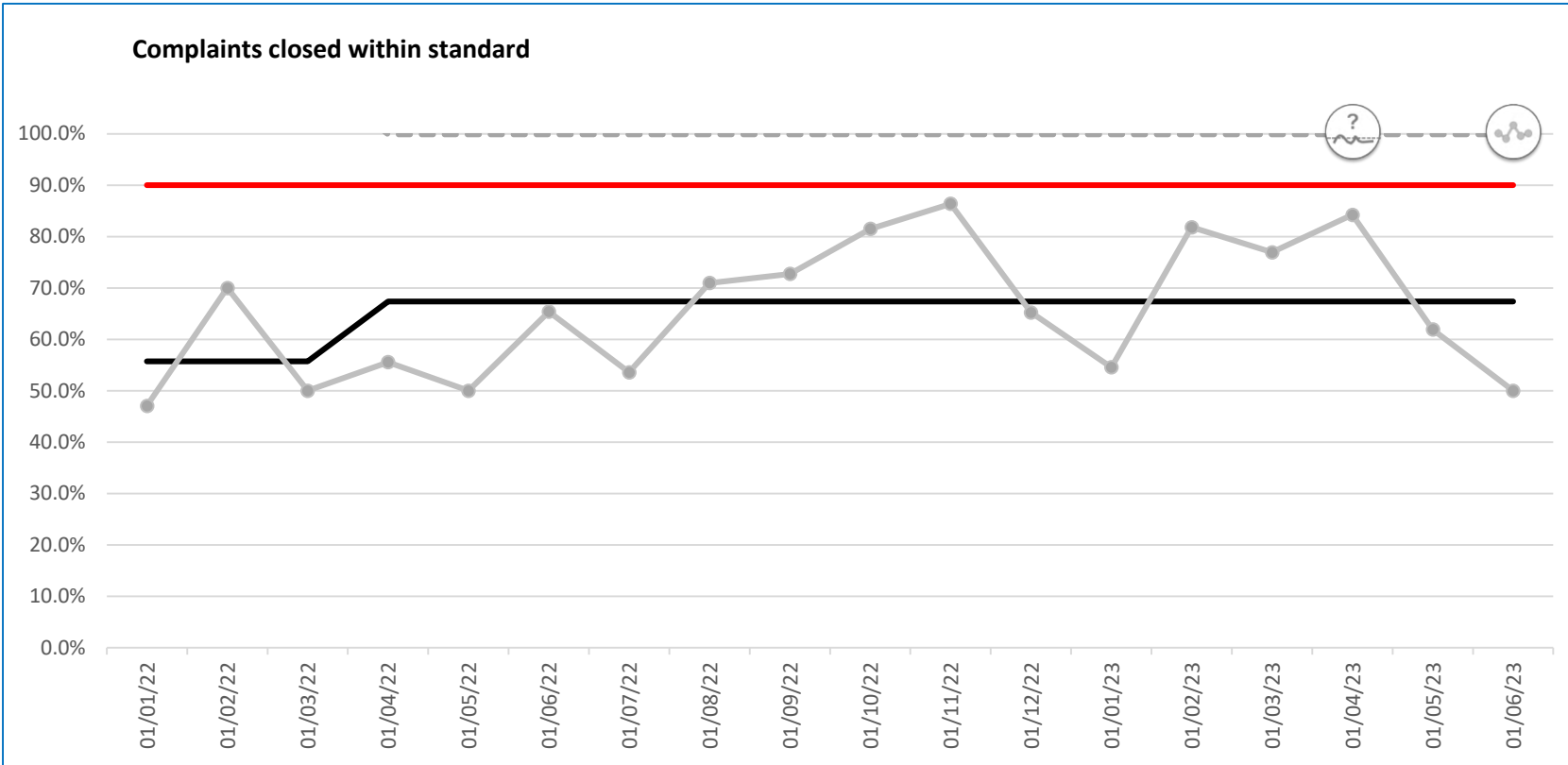


June 2023	Target	Variance Type
1	2	Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

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

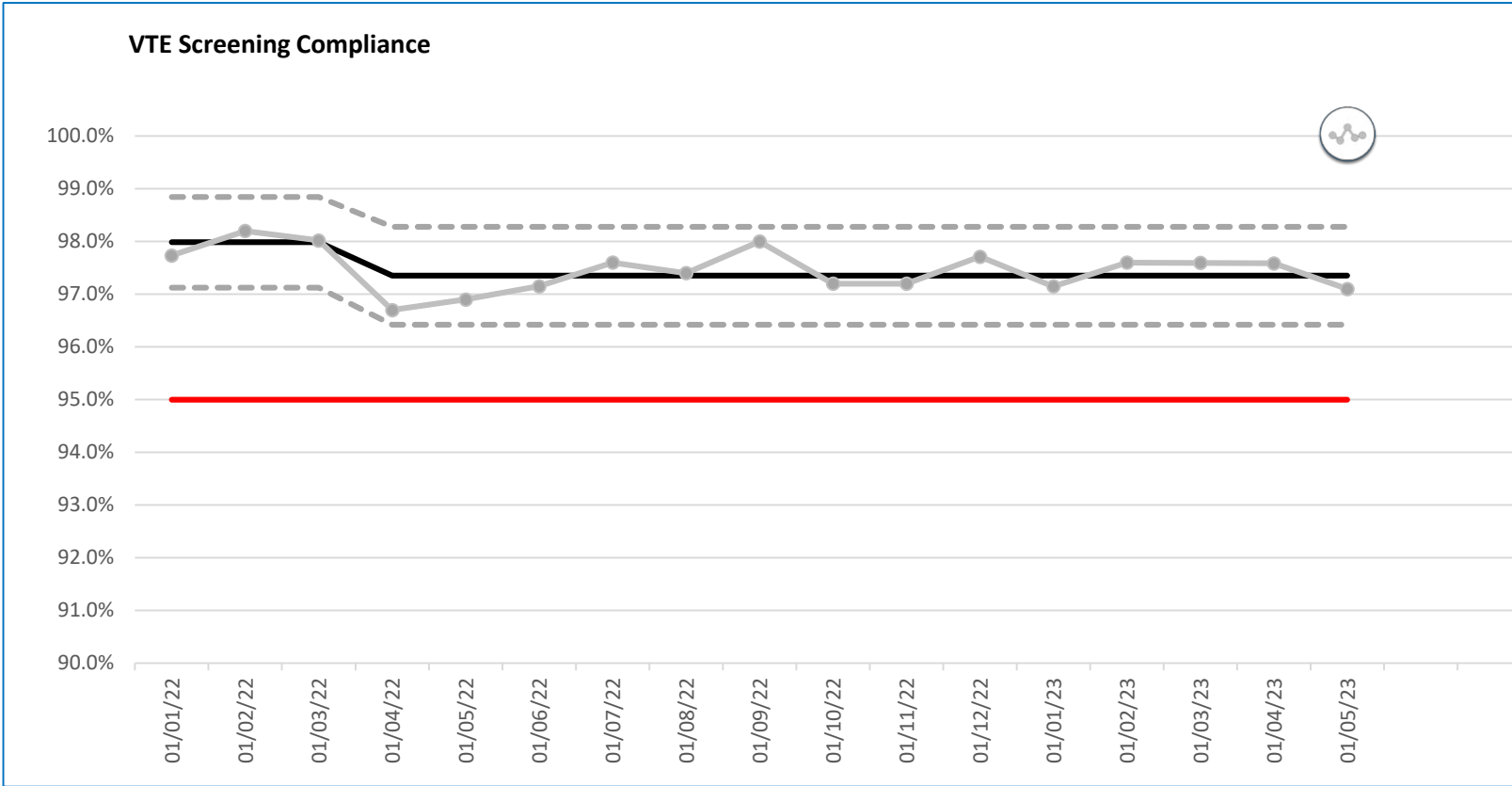
Background	What the chart tells us:	Issues	Actions	Context
Infections	There was one case of Clostridioides difficile infection identified. The post infection review process identified that the case was unavoidable. However, there was learning for both BHNFT and primary care with regard to the prescription of broad spectrum antibiotics and the treatment of urinary tract infections.			





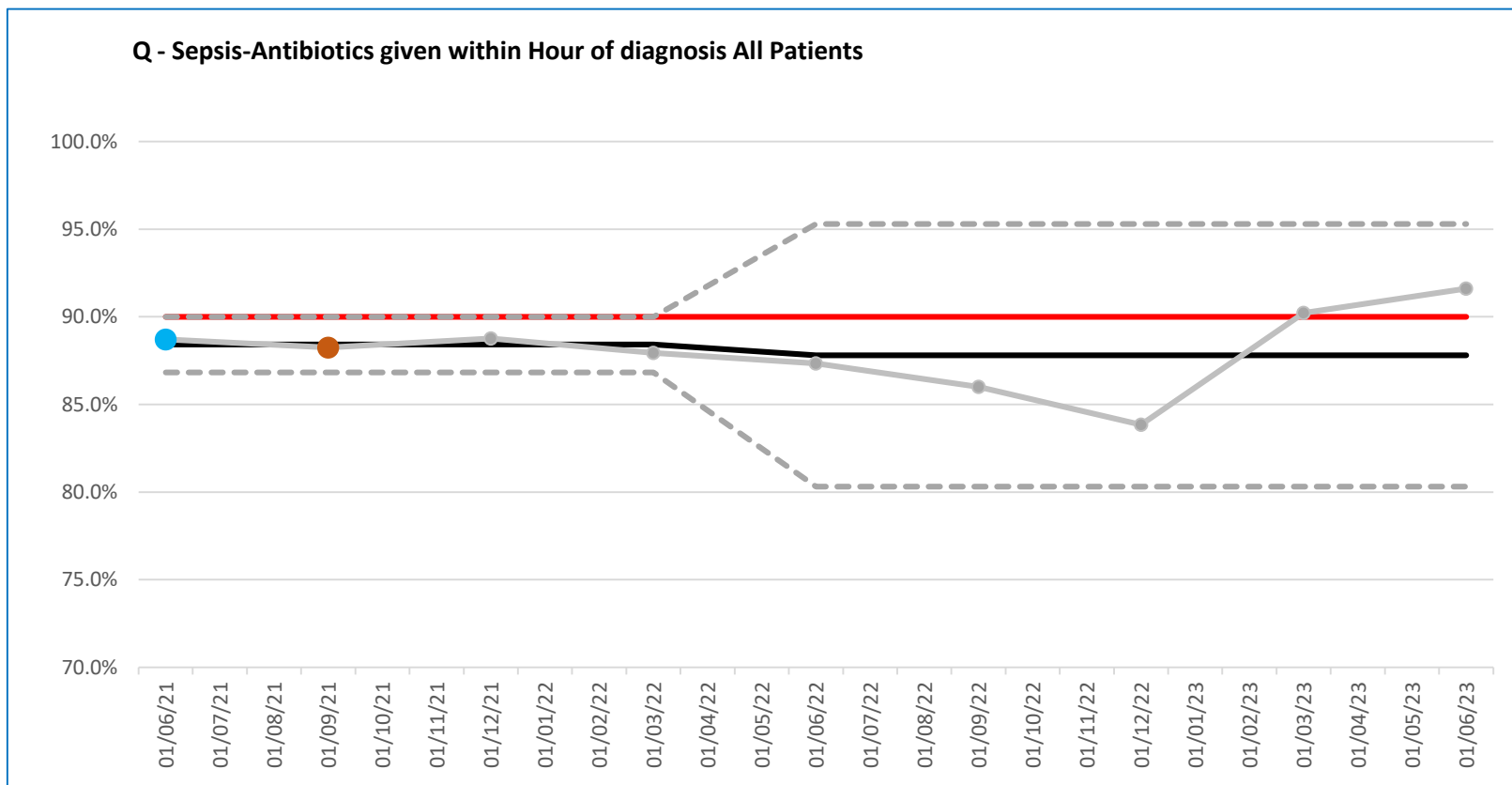
<b>June 2023</b>
<b>50.0%</b>
<b>Variance Type</b>
Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).
<b>Target</b>
90%
<b>Target Achievement</b>
Measure is failing the target.

Background	What the chart Tells Us	Issues	Actions	Context
<b>Complaints closed within local standard</b>	Consistently failing to achieve the KPI of responding to all formal complaints within 40 working days. This has, decreased from last month with 50% closed within initial target and an average of 54 days.	<p>Increased number of formal complaints being received by the Trust with increased complexity.</p> <p>Delays in obtaining information and statements required to respond to formal complaints.</p> <p>Numerous clinical staff on leave in June which significantly delayed responses to statement requests.</p> <p>There were fifteen complaints which failed to achieve the 40 working day KPI:</p> <ul style="list-style-type: none"> <li>• Ten complaint investigations were delayed due to waiting for statements</li> <li>• Two complaints came back from CBU and assessed they needed more work</li> <li>• One was a complex case</li> <li>• One was delayed due to IO workload pressures</li> <li>• One was returned from THQ, that required more work</li> </ul>	<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 face to face meeting with CBU triumvirates and Complaints Manager</p> <p>Weekly exception reports to the DoN&amp;Q and MD as required</p> <p>Escalations at CBU performance meetings</p> <p>Service review changes implemented from 1 March 2023</p>	<p>All complainants have been kept informed of the progress of their complaint response.</p> <p>Page 164 of 492</p>



May 2023
<b>97.1%</b>
<b>Variance Type</b>
Common cause variation, no significant change. The system will consistently PASS.
<b>Target</b>
95%
<b>Target Achievement</b>
Consistently passing target.

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



**Q1 2023/24**

**92%**

**Variance Type**

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

**Target**

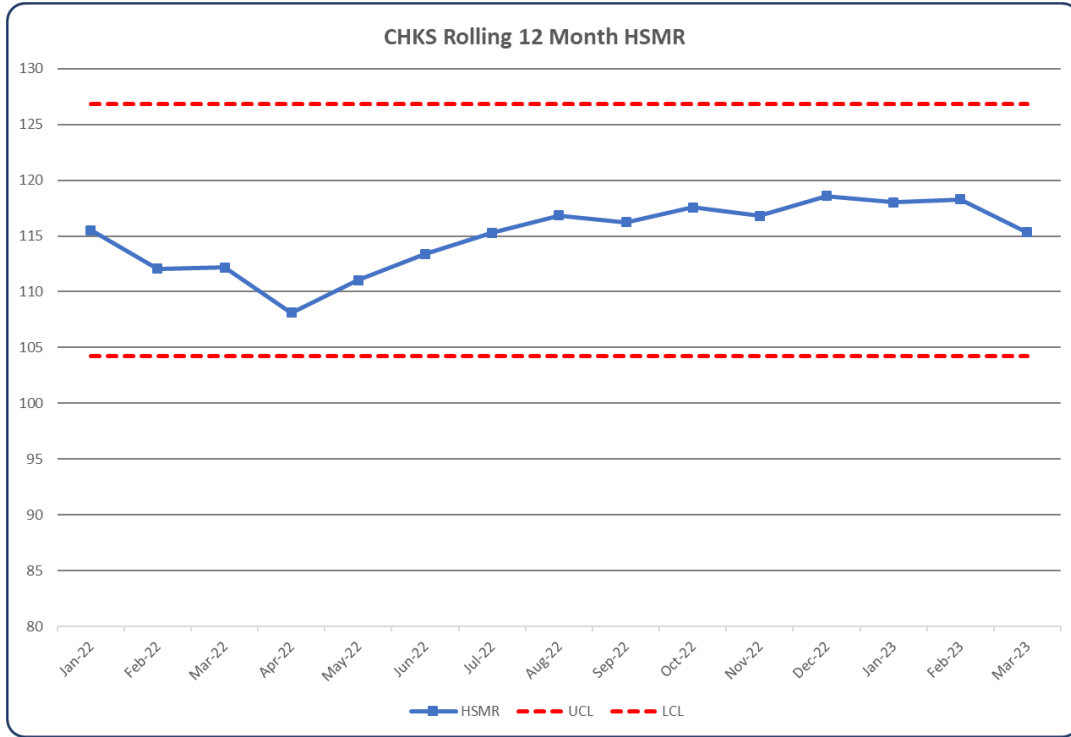
90%

**Target Achievement**

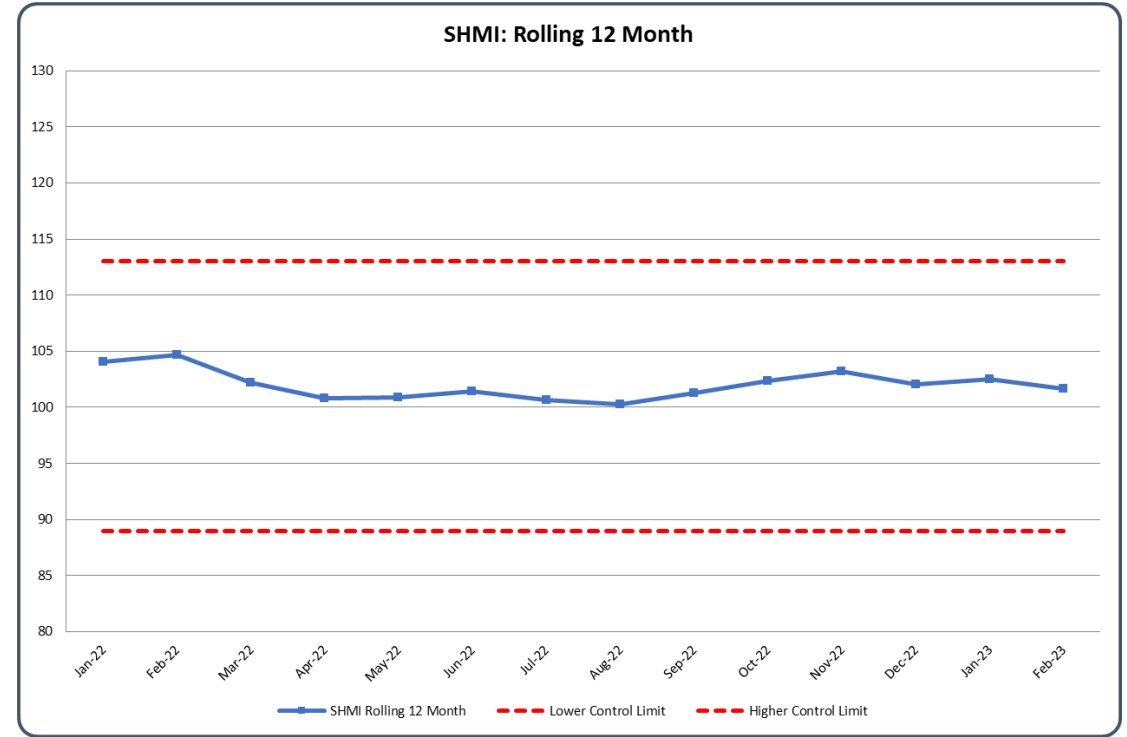
Will hit and miss the target.

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

# HSMR



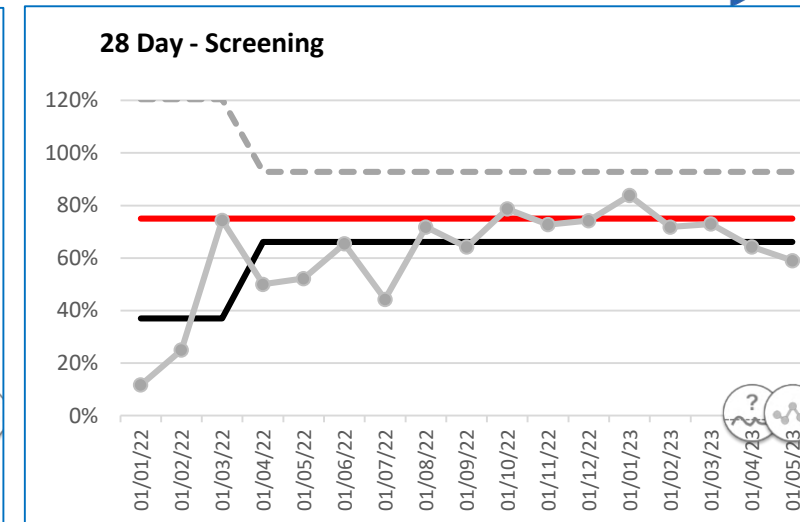
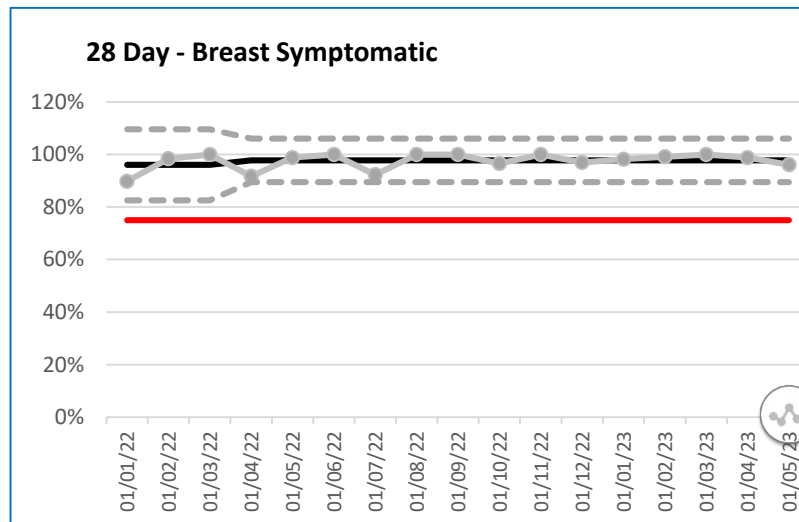
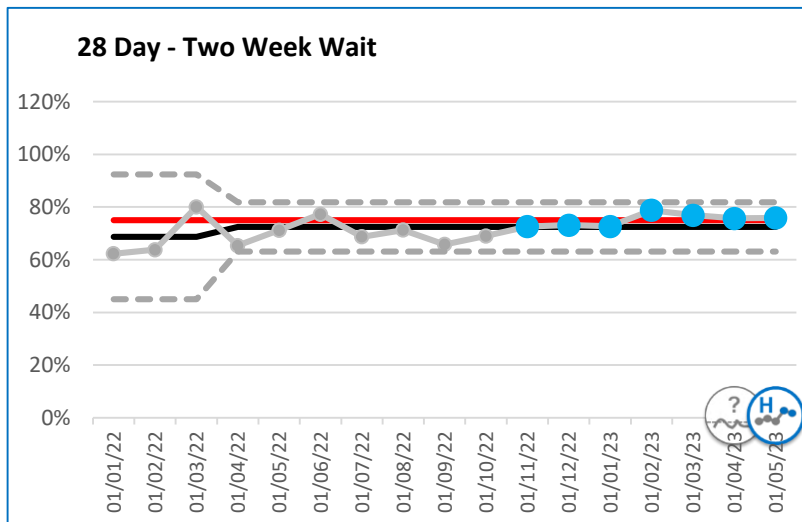
# SHMI



## Commentary

HSMR Rolling 12 Month: April 2022 – March 2023 **115.31**

SHMI Latest reporting period: March 2022 – February 2023 **101.69**

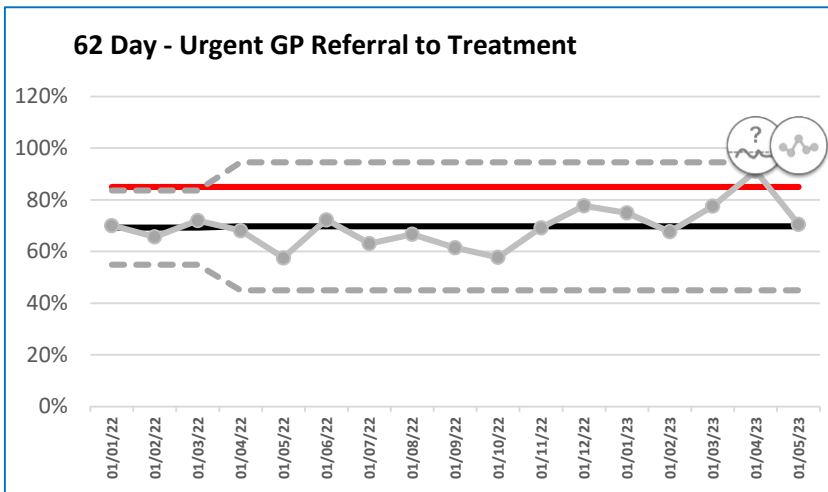


May 2023	Target	Variance Type
<b>76%</b>	<b>75%</b>	Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

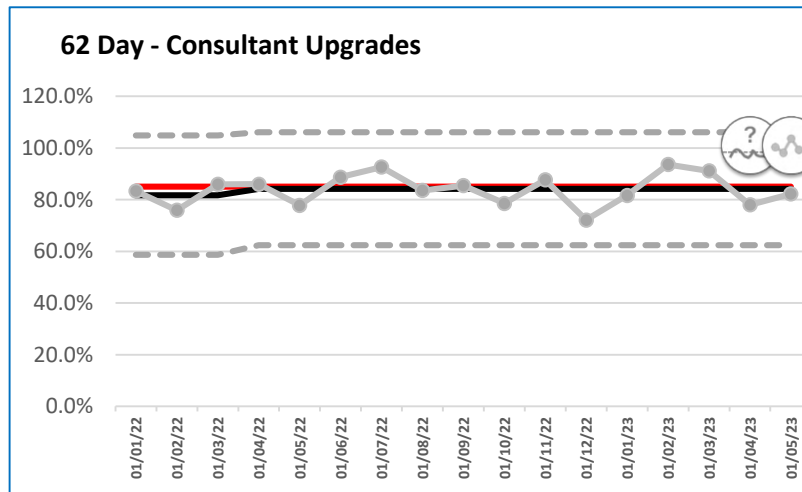
May 2023	Target	Variance Type
<b>96%</b>	<b>75%</b>	Common cause variation, no significant change. The system will consistently PASS.

May 2023	Target	Variance Type
<b>59%</b>	<b>75%</b>	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)

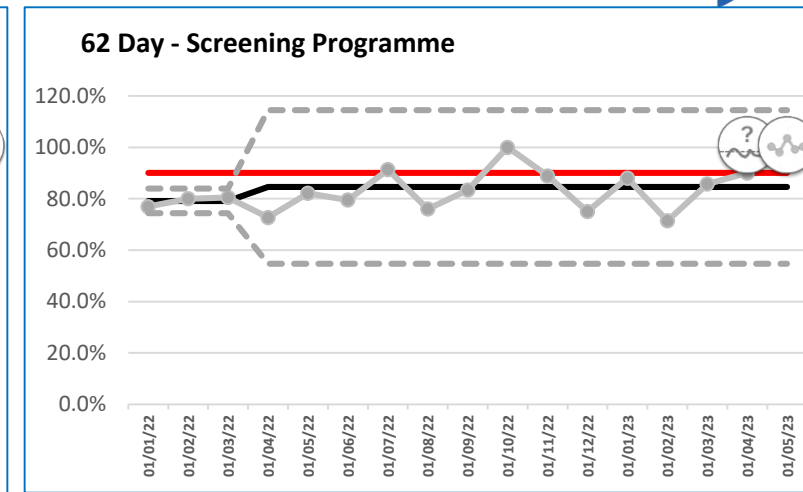
Background	What the chart tells us	Issues	Actions	Context
<b>Cancer - 28 Days</b> <ul style="list-style-type: none"> <li><b>2 Weeks Waits</b></li> <li><b>Breast Symptomatic</b></li> <li><b>Screening</b></li> </ul>	Performance variation has reduced.	Increased referrals for some tumour sites. Patient choice to delay 1st appointment. Histology delays reduced from June but remain an impact in current pathways.	Changes to booking process support reduced time to 1st appointment. Straight to test have reduced pathway timings. Breast service supporting STH pathways.	



May 2023	Target	Variance Type
<b>71%</b>	<b>85%</b>	Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

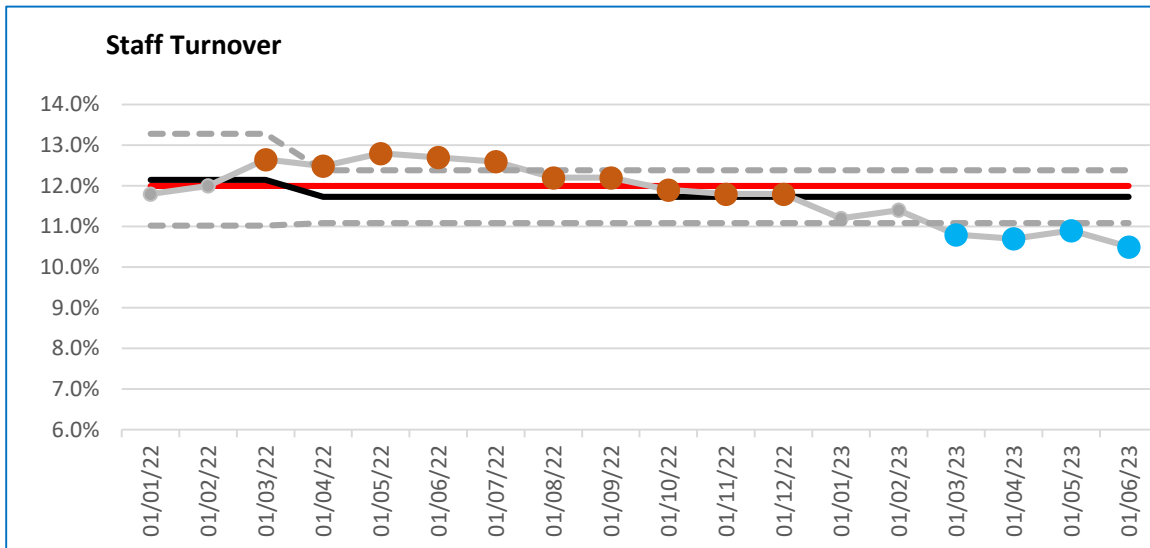


May 2023	Target	Variance Type
<b>82%</b>	<b>85%</b>	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)



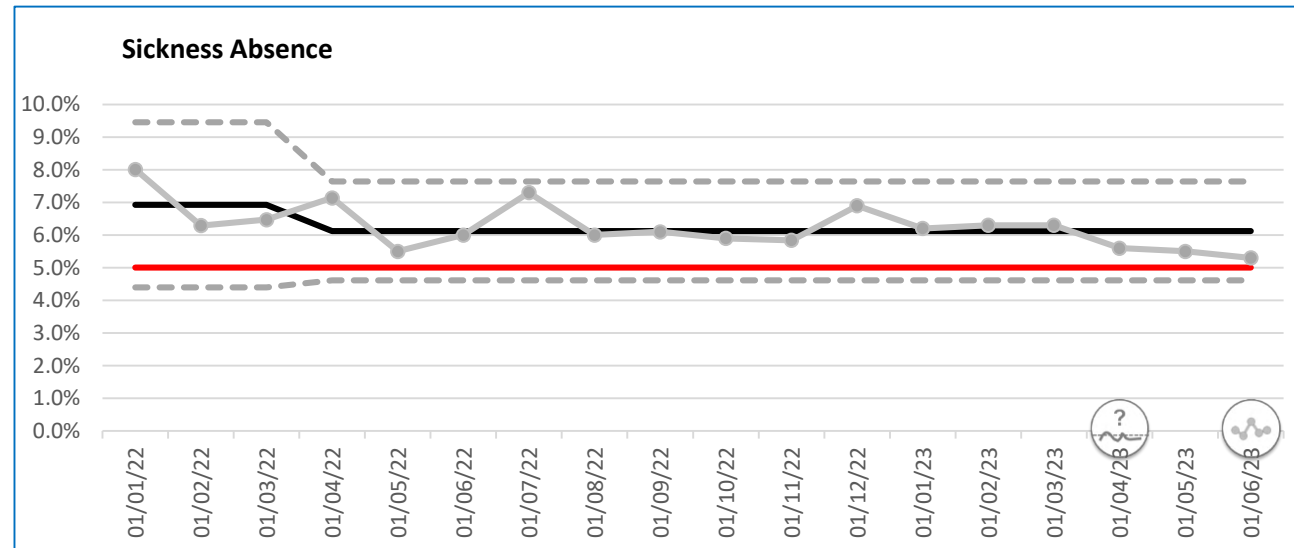
May 2023	Target	Variance Type
<b>100%</b>	<b>90%</b>	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)

Background	What the chart tells us	Issues	Actions	Context
<b>Cancer</b> <ul style="list-style-type: none"> <li>62 Day Urgent GP Referral</li> <li>62 Day Screening Programme</li> <li>62 Day Consultant Upgrades</li> </ul>	Performance is improving but may miss the target without further action.	Surge in referrals for specific tumour sites. Gaps in workforce increasing turnaround times for results. Capacity issues at tertiary centre. Complex presentations. Patient choice.	Number of long waiting patients significantly reduced <5 patients over 104 days. Robust escalation process and cancer tracking processes in place. Majority of targets now being met and others improving.	Requirement to continue work with partners to ensure pathways are optimised and patients aware of urgent timings at referral to reduce cancellation of appointments.



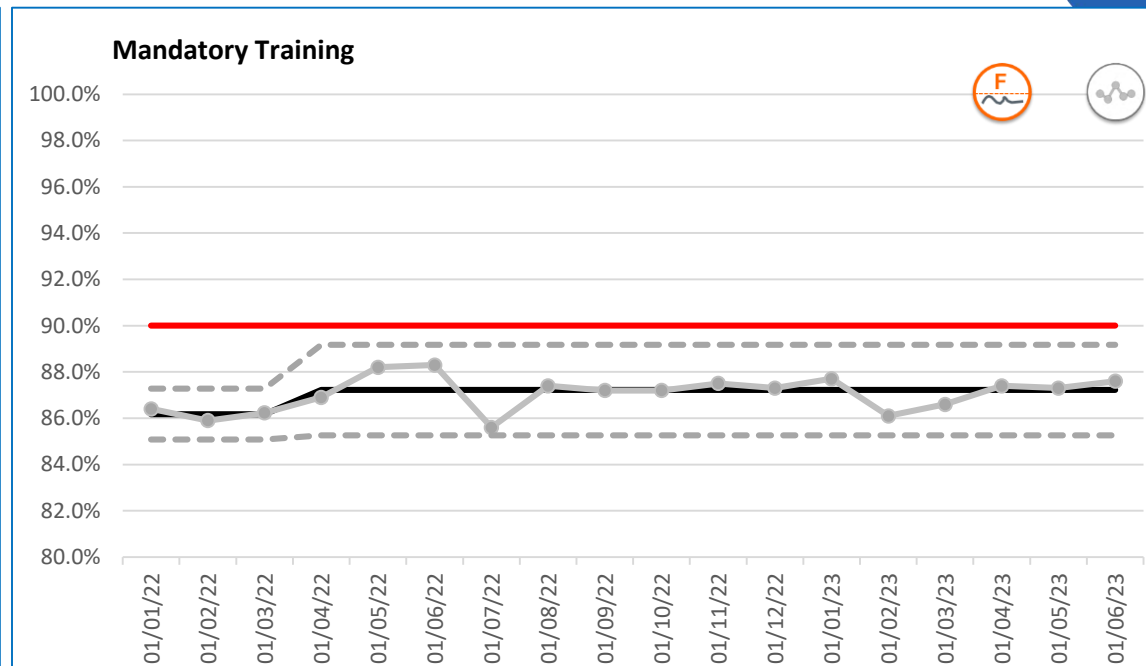
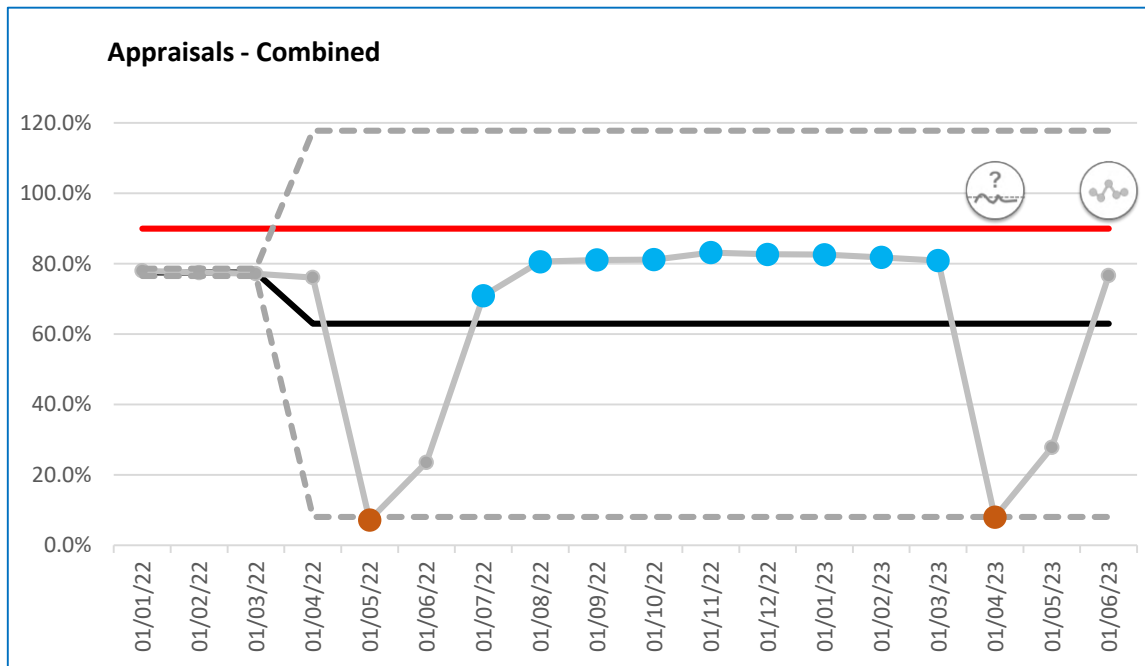
June 2023	Target	Variance Type
10.5%	10% - 12%	Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

Staff Turnover	
<b>Issues</b>	Continued low return of ESR exit questionnaires from leavers.
<b>Actions</b>	Performance relating to exit questionnaires compliance is under review by the People Committee.
<b>Context</b>	The Trust compares favourably to the ICB and nationally remains within the first quartile for nurses, AHPs and support to nurses.



June 2023	Target	Variance Type
5.3%	5%	Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

Sickness Absence	
<b>Issues</b>	High 4% Long term sickness absence and some high cost areas of short term episodes.
<b>Actions</b>	Areas of focus based on cost and rate of absence, and review of long term cases identified as part of Trust EPP plan.
<b>Context</b>	Trust sickness absence performance is 4th out of 5 acute trusts in the ICB. Page 170 of 492



June 2023	Target	Variance Type
<b>76.7%</b>	<b>90%</b>	Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

June 2023	Target	Variance Type
<b>87.6%</b>	<b>90%</b>	Common cause variation no significant change. This system is not reliably capable and it will FAIL the target without system change

Appraisals – Combined	
<b>Issues</b>	Continued operational pressures may affect compliance in certain areas .
<b>Actions</b>	Compliance reports available for managers at departmental level.
<b>Context</b>	Data shown is reporting on the third month in the new appraisal window open 1st April to 30th June.

Mandatory Training	
<b>Issues</b>	81 training DNA's in June.
<b>Actions</b>	Actions to be taken by Executive Team on performance relating to mandatory training compliance.
<b>Context</b>	Overall compliance has remained fairly static.

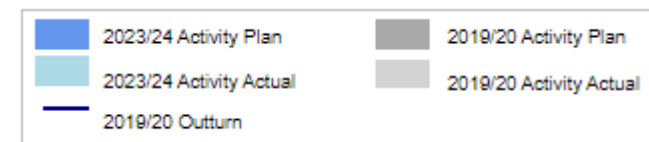
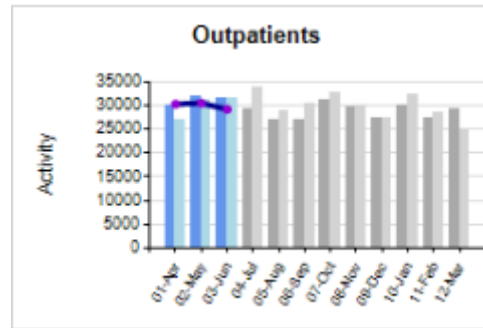
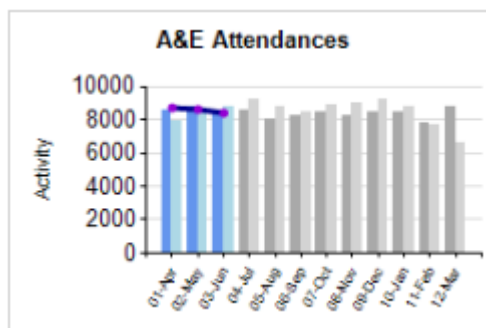
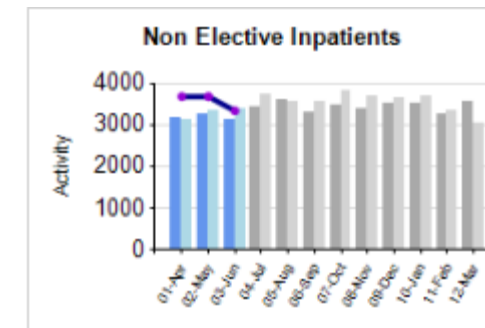
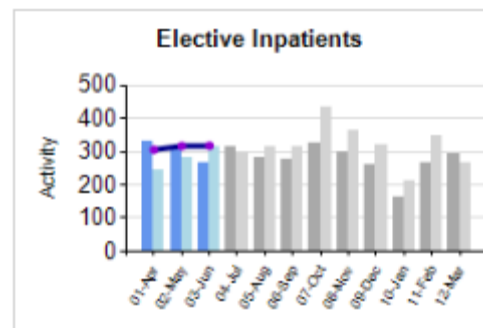
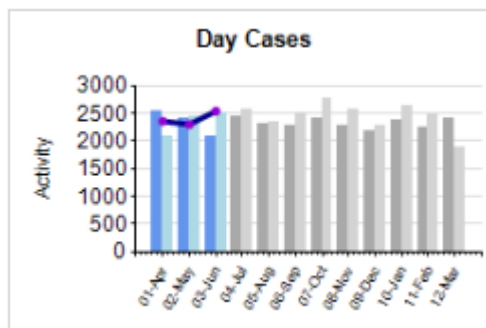


**2023/24 Year to Date Activity**

	19/20 Actuals	2023/24 Plan	2023/24 Actuals	Variance	%
Elective Daycases	7,195	7,010	6,998	(12)	0%
Elective Inpatients	941	909	835	(74)	-8%
<b>Elective Total</b>	<b>8,136</b>	<b>7,919</b>	<b>7,833</b>	<b>(86)</b>	<b>-1%</b>
Non Elective	10,701	9,514	9,834	320	3%
<b>Non Elective Total</b>	<b>10,701</b>	<b>9,514</b>	<b>9,834</b>	<b>320</b>	<b>3%</b>
Maternity Pathway	1,554	1,559	2,529	970	62%
<b>Maternity Pathway Total</b>	<b>1,554</b>	<b>1,559</b>	<b>2,529</b>	<b>970</b>	<b>62%</b>
A&E Att.	25,760	25,865	25,345	(520)	-2%
<b>A&amp;E Total</b>	<b>25,760</b>	<b>25,865</b>	<b>25,345</b>	<b>(520)</b>	<b>-2%</b>
Outpatients	89,910	93,656	89,574	(4,082)	-4%
<b>Outpatients Total</b>	<b>89,910</b>	<b>93,656</b>	<b>89,574</b>	<b>(4,082)</b>	<b>-4%</b>

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

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



## Commentary

Activity against plan for maternity is significantly above expected levels.

Non elective admissions are 3% above plan.

Day case and elective inpatients are 1% below plan with outpatients being 4% below plan. Work is ongoing to continue to reduce outpatient follow up and utilise 'patient initiated follow up' pathways, releasing capacity for further first outpatient attendance.

## June 23 Summary

RAG Rating Summary Performance:		
Finance	Planned Financial Position	As at month 3 the Trust has a consolidated year to date deficit of £2.091m against a planned deficit of £2.670m giving a favourable variance of £0.579m. NHS England (NHSE) adjusted financial performance after taking into account income and depreciation in respect of donated assets (£1k) and granted assets £28k, is a deficit of £2.064m with a favourable variance of £0.606m.
	Income	Total income is £0.347m adverse to plan, mainly due to the under performance on the non-NHS clinical income and lower than expected training & education and recharge income.
	Planned Cash Position	Cash balances have increased from last month by £0.849m and are £1.096m above plan, both of which are mainly due to slippage on the internally funded capital programme.
	Capital Plan	Capital expenditure for the year is £0.646m, which is £1.463m below plan.

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

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

Performance - Financial Overview

	Month Plan	Month Actual	Variance	Variance %	Plan YTD	Actual YTD	Variance	Variance %	Commentary	
<b>ACTIVITY LEVELS (PROVISIONAL)</b>										
Elective inpatients	267	313	46	17.23%	909	835	(74)	-8.14%	<p><b>The key points derived from this table are as follows:</b></p> <ul style="list-style-type: none"> <li>The final plan approved by the Board of Directors and submitted in May is an £11.2m deficit, in the context of a South Yorkshire (SY) system balanced plan.</li> <li>As at month 3 the Trust has a consolidated year to date deficit of £2.091m against a planned deficit of £2.670m giving a favourable variance of £0.579m. NHS England (NHSE) adjusted financial performance after taking into account income and depreciation in respect of donated assets (£1k) and granted assets £28k, is a deficit of £2.064m with a favourable variance of £0.606m.</li> <li>The plan was set aligned to the national NHSE planning guidance, which set a planned care recovery target of 103% weighted value of 2019/20 levels of planned care delivery, supported with Elective Recovery Fund (ERF) monies. The month 3 position assumes no clawback of these monies even though actual activity levels are below those required, which represents a £1.14m income risk.</li> <li>In-month activity is 4.73% greater than last month, and it is 5.60% above plan for the month with all types favourable to plan. The acuity of patients presenting at ED and requiring admission continues to be high, with higher than usual length of stay as a result.</li> <li>Total income is £0.347m adverse to plan, mainly due to the under performance on the non-NHS clinical income and lower than expected training &amp; education and recharge income. The non-ERF variable elements of NHS clinical income contracts over performed in-month, clearing the previous year to date under recovery.</li> <li>Pay costs continue to come under pressure as a consequence of length of stay, bed occupancy and sickness levels being above target; along with increased costs of covering industrial action. These factors have also hampered the ability to deliver efficiencies. Non-pay costs are below plan mainly due to not delivering elective recovery activity levels.</li> <li>Non Operating Items are £0.262m above plan due interest receivable being higher than expected due to higher interest rates.</li> <li>Forecast year-end position is £11.225m deficit in line with plan.</li> </ul>	
Day cases	2,075	2,488	413	19.90%	7,010	6,998	(12)	-0.17%		
Non-elective inpatients	3,118	3,372	254	8.15%	9,516	9,842	326	3.43%		
Outpatients	24,814	25,402	588	2.37%	71,257	70,935	(322)	-0.45%		
A&E	8,527	8,731	204	2.39%	25,865	25,345	(520)	-2.01%		
Other (excludes direct access tests)	14,705	16,199	1,494	10.16%	46,092	47,187	1,095	2.38%		
<b>Total activity</b>	<b>53,506</b>	<b>56,505</b>	<b>2,999</b>	<b>5.60%</b>	<b>160,649</b>	<b>161,142</b>	<b>493</b>	<b>0.31%</b>		
<b>INCOME</b>										
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>		<b>£'000</b>	<b>£'000</b>	<b>£'000</b>			
Elective inpatients	901	1,000	99	10.99%	3,068	2,749	(319)	-10.40%		
Day Cases	1,556	1,874	318	20.44%	5,241	5,393	152	2.90%		
Outpatients	3,341	3,562	221	6.61%	10,312	9,882	(430)	-4.17%		
Non-elective inpatients	7,990	8,557	567	7.10%	24,143	25,106	963	3.99%		
A&E	1,487	1,557	70	4.71%	4,510	4,521	11	0.24%		
Other Clinical	8,604	7,797	(807)	-9.38%	23,742	23,253	(489)	-2.06%		
Other	2,379	2,143	(236)	-9.92%	7,137	6,902	(235)	-3.29%		
<b>Total income</b>	<b>26,258</b>	<b>26,490</b>	<b>232</b>	<b>0.88%</b>	<b>78,153</b>	<b>77,806</b>	<b>(347)</b>	<b>-0.44%</b>		
<b>OPERATING COSTS</b>										
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>		<b>£'000</b>	<b>£'000</b>	<b>£'000</b>			
Pay	(19,427)	(19,978)	(551)	-2.84%	(55,862)	(57,905)	(2,043)	-3.66%		
Drugs	(1,661)	(1,707)	(46)	-2.77%	(4,983)	(4,518)	465	9.33%		
Non-Pay	(5,354)	(4,986)	368	6.87%	(17,627)	(15,385)	2,242	12.72%		
<b>Total Costs</b>	<b>(26,442)</b>	<b>(26,671)</b>	<b>(229)</b>	<b>-0.87%</b>	<b>(78,472)</b>	<b>(77,808)</b>	<b>664</b>	<b>0.85%</b>		
<b>EBITDA</b>										
Depreciation	(629)	(628)	1	0.16%	(1,888)	(1,888)	0	0.00%		
Non Operating Items	(107)	(9)	98	91.59%	(463)	(201)	262	56.59%		
<b>Surplus / (Deficit)</b>	<b>(920)</b>	<b>(818)</b>	<b>102</b>	<b>11.09%</b>	<b>(2,670)</b>	<b>(2,091)</b>	<b>579</b>	<b>21.69%</b>		
<b>NHSE/I adjusted financial performance</b>										
	<b>(920)</b>	<b>(804)</b>	<b>116</b>	<b>12.61%</b>	<b>(2,670)</b>	<b>(2,064)</b>	<b>606</b>	<b>22.70%</b>		

## Finance Performance

Performance - Financial Overview									
	Month	Month			Plan	Actual			
	Plan	Actual	Variance	Variance %	YTD	YTD	Variance	Variance %	Commentary
	£'000	£'000	£'000		£'000	£'000	£'000		
<b>Capital Programme</b>									
Capital Spend - internally funded	(423)	(164)	259	61.23%	(1,353)	(637)	716	52.92%	<ul style="list-style-type: none"> <li>The internally funded variance is across building and IT schemes, partially offset by medical equipment spend being ahead of plan. The externally funded variance is on the public dividend capital funded phase 2 community diagnostic centre. The negative in-month expenditure on externally funded schemes is due to the reversal of an accrual. The slippage is expected to be recovered before year-end and achieve the planned £14.437m spend.</li> </ul>
Capital Spend - externally funded	(252)	300	552		(756)	(9)	747		
<b>Statement of Financial Position (SOPF)</b>									
Inventory					2,273	2,406	(133)	5.85%	<ul style="list-style-type: none"> <li>Receivables are below plan due to releasing accruals for NHS pay award income as cash was received in June.</li> <li>Payables are below plan mainly due to the timing of the release of pay award accruals for Agenda for Change staff and equivalent. They were planned to be released in September but have actually been released in June due to the pay awards being paid.</li> <li>Other net liabilities are below plan mainly due income classed as deferred being lower than expected.</li> <li>Cash balances have increased from last month by £0.849m and are £1.096m above plan, both of which are mainly due to slippage on the internally funded capital programme.</li> </ul>
Receivables					14,692	8,567	6,125	-41.69%	
Payables (includes accruals)					(56,957)	(51,389)	(5,568)	9.78%	
Other Net Liabilities					(6,191)	(5,564)	(627)	10.13%	
<b>Cash &amp; Loan Funding</b>					£'000	£'000	£'000		
Cash					36,261	37,357	1,096	3.02%	<ul style="list-style-type: none"> <li>The BPPC requires all valid invoices to be paid by the due date or within 30 days of receipt of the invoice, whichever is later. Compliance has reduced in-month and is just below the target 95% of invoices, in terms of volume.</li> </ul>
Loan Funding					0	0	0		
<b>KPIs</b>									
EBITDA %	-0.70%	-0.68%	0.02%	2.49%	-0.41%	0.00%	0.41%	99.37%	
Surplus / (Deficit) %	-3.50%	-3.09%	0.42%		-3.42%	-2.69%	0.73%		
<b>Better Payment Practice Code (BPPC)</b>									
Number of invoices paid within target					95.0%	94.8%	-0.24%	-0.25%	
Value of invoices paid within target					95.0%	96.2%	1.18%	1.24%	

## 3.2. Trust Objectives 2023/24 Progress

### Report Quarter One

To Review/Approve

Presented by Bob Kirton



**REPORT TO THE BOARD OF DIRECTORS - Public** REF: **BoD: 23/08/03/3.2**

**SUBJECT:** 2023-24 Q1 TRUST OBJECTIVES REPORT

**DATE:** 3 August 2023

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:** Alice Cannon, Deputy Head of PMO

**SPONSORED BY:** Bob Kirton, Chief Delivery Officer/Deputy Chief Executive

**PRESENTED BY:** Bob Kirton, Chief Delivery Officer/Deputy Chief Executive

**STRATEGIC CONTEXT**

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

**EXECUTIVE SUMMARY**

This paper presents the 2023/24 Quarter 1 progress update. Overall the Trust has progressed with the objectives in equal balance.

**Key Highlights:** Excellent work has taken place in Best for Patients & the Public with the developments of the Care Partner policy to support and welcome unpaid carers into the hospital to provide an agreed level of care for the person they care for. Care partners will be offered a meal, free car parking, open visiting and the opportunity to stay overnight where the person they care for is at the End of Life. A toolkit has been devised to guide staff. Quality Improvement’s ‘Give It A Go Week’ saw a significant increase in uptake compared to previous years from 15 to 40 initiatives. The NHS App is now live for patient appointments. Works for the phase two Community Diagnostics Centre is progressing well with the first floor now complete and ground floor works expected to complete July 2023, in preparation for the MRI and CT turnkey suppliers which those elements to be completed by December 2023 as per the programme. Success in the Best for People objective with the first year of Project Search learning disabilities and autism internship programme, 4 of the interns have been appointed into bank contracts in services within the Trust. Positive progress with Best for Planet as the Trust has seen the installation of engine switch off signage across car parks along with external recycling bins on site to support with reducing our impact on the environment.

**Key Concerns:** Industrial strike action for the British Medical Association will take place July 2023, this will include removing support to Emergency Cover and may impact on the delivery of planned and urgent care. Pressures associated with managing and delivering services whilst supporting the planned industrial action may impact on work associated with the Trust objectives.

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

## **RECOMMENDATIONS**

The Board of Directors is asked to:

1. Review and approve the report
2. Accept this report as assurance of progress against the Trust Objectives.



<b>Subject:</b>	<b>2023-24 TRUST OBJECTIVES Q1 REPORT</b>	<b>Ref:</b>	<b>BoD: 23/08/03/3.2</b>
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## 1. STRATEGIC CONTEXT

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

## 2. INTRODUCTION

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

## 3. KEY HIGHLIGHTS

- 3.1 Excellent work has taken place in Best for Patients & the Public with the developments of the Care Partner policy to support and welcome unpaid carers into the hospital to provide an agreed level of care for the person they care for. Care partners will be offered a meal, free car parking, open visiting and the opportunity to stay overnight where the person they care for is at the End of Life. A toolkit has been devised to guide staff.
- 3.2 Quality Improvement's 'Give It A Go Week' saw a significant increase in uptake compared to previous years from 15 to 40 initiatives.
- 3.3 The NHS App is now live for patient appointments.
- 3.4 Works for the phase two Community Diagnostics Centre is progressing well with the first floor now complete and ground floor works expected to complete July 2023, in preparation for the MRI and CT turnkey suppliers which those elements to be completed by December 2023 as per the programme.
- 3.5 Success in the Best for People objective with the first year of Project Search learning disabilities and autism internship programme, 4 of the interns have been appointed into bank contracts in services within the Trust.
- 3.6 Positive progress with Best for Planet as the Trust has seen the installation of engine switch off signage across car parks along with external recycling bins on site to support with reducing our impact on the environment.

## 4. KEY CONCERNS

4.1 Industrial strike action for the British Medical Association will take place July 2023, this will include removing support to Emergency Cover and may impact on the delivery of planned and urgent care. Pressures associated with managing and delivering services whilst supporting the planned industrial action may impact on work associated with the Trust objectives.

## 5. RECOMMENDATIONS

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

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

## 6. CONCLUSION

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

### Appendices:

- Appendix 1 - Trust Objectives 23-24 Q1 Report
- Appendix 2 – Trust Objectives Metric Dashboard



**BARNSELY HOSPITAL TRUST OBJECTIVES 2023–2024 – BUILDING ON EMERGING OPPORTUNITIES Q1 REPORT**

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

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

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

Lead Director	Objectives (including key metrics to measure success)	Key Actions and Milestones	Completion Date	RAG Status	Progress Update									
Jackie Murphy Simon Enright	<p>We will deliver our defined quality priorities for 2023/24 and achieve outstanding care by continuing to learn from exemplary organisations</p> <p>Delivery measured by:</p> <table border="1"> <tr> <th>RAG</th> <th></th> <th>Q1</th> </tr> <tr> <td style="background-color: #90EE90;"></td> <td>Mortality statistics to remain within confidence limits</td> <td>Within Limits</td> </tr> <tr> <td style="background-color: #90EE90;"></td> <td>Scrutiny of Deaths by the medical examiner service@100%</td> <td>100%</td> </tr> </table>	RAG		Q1		Mortality statistics to remain within confidence limits	Within Limits		Scrutiny of Deaths by the medical examiner service@100%	100%	<ul style="list-style-type: none"> <li>Achieve the 2023/24 targets aligned to each of the quality priorities with monthly reporting on KPIs/progress via Quality &amp; Governance Committee:                             <ul style="list-style-type: none"> <li><b>Clinical Effectiveness</b> <ul style="list-style-type: none"> <li>Ensure mortality indicators are within statistically expected confidence limits</li> <li>Continue to improve and implement systems to provide learning from deaths to prevent avoidable harm</li> <li>Embed GIRFT learning using the intelligence to reduce unwarranted variation in outcomes to drive improvements in clinical services</li> </ul> </li> <li>Further develop and strengthen our preventive medicine for all patients through our Healthy Lives Programme including QUIT</li> <li>Guided by the Core20Plus5 approach and our health inequalities action plan disaggregate activity and performance data, continue to develop and implement the Barnsley Index of Deprivation and develop service improvement plans targeted to those that have the greatest need.</li> </ul> </li> </ul>	Mar 2024	Green	<p><b>Clinical Effectiveness</b></p> <ul style="list-style-type: none"> <li>Mortality indicators are within statistically expected confidence limits, latest data available for the HSMR to May 2023.</li> <li>Monthly GIRFT meetings with SYB are in place, sharing guidance and learning from Trusts to support embed GIRFT recommendations.</li> <li>The Exec-led QUIT steering group has met twice and is generating greater Trust-wide engagement with tobacco dependency treatment through actions and accountability allocated across a range of clinical and other BHNFT teams. The QUIT team undertook a GIAGoW project to promote opt-out NRT provision for all smokers admitted to AMU. 29% of smokers received NRT within 24 hours (versus 20% baseline).</li> <li>Inequalities measures have been agreed and an approach has been developed to disaggregate performance and activity data, informed by CORE20PLUS, with an initial focus on deprivation and ethnicity. A public health analyst has been recruited to support the application of health inequality metrics to support performance and activity data across core clinical services.</li> </ul>
	RAG		Q1											
	Mortality statistics to remain within confidence limits	Within Limits												
	Scrutiny of Deaths by the medical examiner service@100%	100%												
<p>Delivery measured by:</p> <ul style="list-style-type: none"> <li>Compliance with patient safety updates (RAG)</li> </ul> <p>Achieve compliance with the following:</p>	<p><b>Patient Safety</b></p> <ul style="list-style-type: none"> <li>Undertake a programme of quality improvement projects that test and inform best practice relating to the provision of enhanced care</li> </ul>	Mar 2024	Green	<p><b>Patient Safety</b></p> <ul style="list-style-type: none"> <li>The Enhanced care risk assessment has undergone PDSA cycles and version 2 is now being tested. Patient, carer and staff surveys are being undertaken to evaluate the impact of extended visiting hours. The use RITA continues on ward 30, and modifications have been made to ward 20 enhanced care bay. AKI alerts for adult</li> </ul>										

RAG	30% of unplanned ITU admissions from having a timely response to deterioration, with the NEWS2 score, escalation and response times recorded in clinical notes	Q1 <i>Collation and validation not completed until July</i>	<ul style="list-style-type: none"> <li>Develop an action plan to take forward the single delivery plan for maternity and neonatal when published including improving the access and outcomes for the groups that experience the greatest inequalities</li> <li>Proactively implement improvements to keep our patients safe, using Quality Improvement (QI) methodology where appropriate</li> <li>Prevent avoidable patient deterioration (NEWS2 for unplanned Critical Care Unit admissions, Venous Thromboembolism (VTE), Sepsis)</li> <li>Continued development of the Patient Safety Specialist role within the organisation and delivery of work programmes to support the implementation of the NHS Patient Safety Strategy</li> <li>Share learning from regional and national best practice examples for example from the National Patient Safety Team to achieve the strategy's aims through a series of programmes and areas of work.</li> <li>Provide care that is compassionate, dignified and respectful balancing both the physical and mental health of our patients and service users.</li> </ul>			<p>inpatient areas are received daily and actioned by the Acute Response Team, ensuring appropriate management.</p> <ul style="list-style-type: none"> <li>The delivery plan is reviewed as an ongoing piece of work via the maternity &amp; neonatal transformation group. This has also been included as part of the LMNS work attended/supported by CBU3 ADON and Head of Midwifery.</li> <li>In Q1 In-patient and the Emergency Department combined within an hour for sepsis achieved 91.61%. The clinical lead for sepsis reviews all patient records for those coded for sepsis, ensuring any patients who do not receive the administration of antibiotics within an hour receives the appropriate care.</li> <li>NEWS2 metrics have been achieved for Q1. The VTE clinical lead completes an RCA for all potential hospital acquired VTE the findings are presented monthly at the VTE committee. VTE screening has consistently achieved &gt;95% for all reporting areas for the past four months.</li> <li>Patient Safety Specialist (PSS) role is embedded and working well. Monthly national patient safety updates are actioned and shared by PSS. Wider engagement with the SY ICS is underway. Both PSS participate in local regional and national level PSS workstreams.</li> <li>In support of implementing the NHS Patient Safety Strategy – Safer Systems, Safer Patients there are eight key priorities. BHNFT PSS has completed a gap analysis against the updated priorities and the Trust is currently on track with six out of the eight key priorities. Any urgent patient safety issues are addressed at the weekly Patient Safety Panel. The Patient Safety Specialist provides a monthly report and assurance on the National Patient Safety Updates to the Panel.</li> <li>Engagement with Healthwatch has taken place to explore opportunity to seek patient experience feedback to inform service improvements. Currently working with partners to understand the data relating to section 136 detentions.</li> </ul>	
	VTE screening >95%	97.59% April 2023  97.14% May 2023		<p><b>Patient Experience &amp; Engagement</b></p> <ul style="list-style-type: none"> <li>Implement Care Partner principles which will include a visitor's charter and will revisit John's Campaign</li> <li>Embed a process to ensure service users requiring reasonable adjustments are identified accurately and recorded by a suitable flagging system within the electronic record</li> <li>Engage with patients and service users when co-designing pathways, services and environmental changes which will include priorities in the health inequalities action plan</li> </ul>	Mar 2024	Green	<p><b>Patient Experience &amp; Engagement</b></p> <ul style="list-style-type: none"> <li>A Care Partner Policy and Care Partner Charter has been developed to welcome unpaid carers into the hospital to provide an agreed level of care, for the person they care for, in partnership with staff. Care Partners will be offered a meal, free car parking, open visiting and the opportunity to stay overnight where the person they care for is at the End of Life or requires emotional, physical support throughout the night. A toolkit was devised and is available to staff to guide them in identifying and supporting Care Partners. To complement the toolkit a Care Partner video was developed, featuring unpaid carers and staff, sharing their experiences and explaining what the care partner role will mean to them. The concept of Care Partners was launched at the Barnsley Carers Roadshow in June 2023.</li> <li>An established flagging system is now in place for people who have safeguarding needs and are using this to inform developments for people living with Dementia, a Learning disability or autism. Working with partners to address information sharing requirements. The Accessible Information Standard has been reviewed to ensure that the flagging system is up to date/relevant and have produced a staff user guide to ensure people with a communication need are identified and supported.</li> <li>Opportunities to engage with patients and service users are being maximised and recent engagement has included:</li> </ul>
Delivery measured by:	<ul style="list-style-type: none"> <li>FFT score improvements</li> </ul>	91.61%				Aug 2023	

		<ul style="list-style-type: none"> <li>Clinical Business Unit's (CBU's) will embed two Always Events (Event area of focus to be determined by the CBU).</li> </ul>	Mar 2024		<ul style="list-style-type: none"> <li>Review of appointment letters</li> <li>Carer and Care Partner Charter</li> <li>Community Diagnostic Centre expansion</li> <li>Veteran Aware Accreditation</li> <li>Data is currently being analysed to identify the health inequality focus for CBU 1 and 2. Once agreed the Patient Experience and Engagement Team will facilitate engagement with relevant communities/groups. Links with relevant groups/services are being established in the meantime.</li> <li>The Patient Experience team are working with CBU's to establish and embed Always Events, each quarter, across all CBU's. Throughout quarter one the Trust implemented the Care Partner initiative to support the following aspects of care that service users told us mattered most to them: <ul style="list-style-type: none"> <li>We will always ensure that you are treated as an individual and any specific needs are identified, considered and supported.</li> <li>We will always explain your care and treatment plan with you.</li> <li>We will involve you and those who support you in all decisions about your care and treatment.</li> </ul> </li> </ul>												
	<table border="1"> <thead> <tr> <th colspan="3">Delivery measured by:</th> </tr> <tr> <th>RAG</th> <th></th> <th>Q1</th> </tr> </thead> <tbody> <tr> <td>Yellow</td> <td>75% of staff trained in QI Introduction by 2024.</td> <td>67.56%</td> </tr> <tr> <td>Green</td> <td>5% of staff trained in QI Foundations</td> <td>4.16%</td> </tr> </tbody> </table>	Delivery measured by:			RAG		Q1	Yellow	75% of staff trained in QI Introduction by 2024.	67.56%	Green	5% of staff trained in QI Foundations	4.16%	<p><b>Quality Improvement</b></p> <ul style="list-style-type: none"> <li>Build quality improvement training appropriate for service users ready to use from 2024</li> <li>Commence the transition from a quality improvement trained organisation to a fully demonstrable QI ethos and carry out a QI Culture survey results to inform change</li> </ul> <p>Further develop and build on the improvement capability across the organisation.</p>	Dec 2023 Dec 2023	Green	<p><b>Quality Improvement</b></p> <ul style="list-style-type: none"> <li>Work is ongoing with the review of the training offer.</li> <li>The team are seeing a shift in the level of support required to those individuals &amp; teams who have completed QI projects previously. They are more confident to complete QI work with minimal support from the central team. This enables the team to provide support to teams who are new to QI work. Demand continues to be high for QI work with 49 active QI projects being undertaken as at 31/05/23. June 2023 saw the 3<sup>rd</sup> 'Give It A Go Week' being held with 40 initiatives being registered with the team. This is a significant increase from the previous where 15 initiatives were completed.</li> <li>As at 31/05/23, 67.73% of staff have completed the QI Introduction. training module, along with 4.16% of staff having completed Foundations training. Training feedback continues to be positive. Engagement with teams continues to support them in completing their QI training.</li> </ul>
Delivery measured by:																	
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Yellow	75% of staff trained in QI Introduction by 2024.	67.56%															
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Simon Enright	We will embed research as core business across the Trust, provide staff with access to support, guidance and time to progress research aspirations and identify a location for a Research Facility	<ul style="list-style-type: none"> <li>Engage more closely with CBUs and speciality teams through attendance at governance and team meetings to raise the profile and awareness of Research</li> <li>Identify suitable participants for research studies by using our clinical systems more effectively</li> </ul>	Jun 2023 Oct 2023	Green	<ul style="list-style-type: none"> <li>R&amp;D provide monthly performance reporting to CBU 1, 2 &amp; 3 Business &amp; Governance meetings to be included in meeting packs.</li> <li>R&amp;D attend CBU 1, 2 &amp; 3 Business &amp; Governance meetings quarterly to provide verbal update. Regular attendance at SNF and quarterly attendance at Quality and Governance committee. Trust systems are effectively being utilised to support research activity in a range of specialties including: <ul style="list-style-type: none"> <li>Care-flow (e-handovers) to identify potential participants for inpatient studies and has improved recruitment to these studies.</li> <li>Infloflex has helped identify potential participants for gastroenterology studies.</li> <li>Bluesprier helps identify potential participants for surgical studies.</li> <li>Microsoft teams' files section is utilised for identifying new diagnosis/flares in potential participants.</li> <li>The internal referrals e-form allows quick review of potential participants.</li> </ul> </li> </ul>												

		<ul style="list-style-type: none"> <li>Identify new opportunities for collaborative working through our links with local Integrated Care Systems (ICS)</li> <li>Identify and take forward joint research opportunities with The Rotherham Foundation Trust</li> <li>Develop options for a fit for purpose Research Facility which may include collaboration with The Rotherham Foundation Trust.</li> </ul>	<p>Mar 2024</p> <p>Mar 2024</p> <p>Mar 2024</p>		<ul style="list-style-type: none"> <li>Relevant meetings and networking events have been attended to discuss potential opportunities for collaborations. These are ongoing and new collaborations are being formed.</li> <li>Complete: No further opportunities have been identified. The clinical trial where both Trusts were involved has completed in Q1.</li> <li>Meetings with Estates continue and options are being explored for making current research space more fit for purpose and a better working environment. In addition, the CDC is being utilised for some study visits and discussions are taking place on how the space can be utilised more.</li> </ul>
Simon Enright	We will embed innovation across the Trust and foster a culture whereby day-to-day activities are supported by innovation at the core of our hospital's work	<ul style="list-style-type: none"> <li>Identify innovations that meet the needs of the Trust, liaising with clinical and operational teams to pilot and implement</li> <li>Implement processes for staff to access support with the delivery of innovations across the Trust and introduce systems to capture and monitor associated projects</li> <li>Continue to promote, communicate and embed the Innovation support available including access to the dedicated Innovation website</li> <li>Progress implementation systems to promote innovations from external partners e.g. AHSN, P4SY etc.</li> <li>Maintain close working with the Integrated Care System (ICS) and regional innovation leads to support delivery of Innovation in the Trust, ICB and Region.</li> </ul>	Mar 2024	Green	<ul style="list-style-type: none"> <li>The team continue to liaise with our clinicians to update them on the latest MedTech innovations.</li> <li>The team participated in the QI 'Give It A Go Week' and Clinical Audit Awareness Week, to support promote the 'unmet needs' initiative.</li> <li>The innovation team continue to embed our system and process for new innovation to the hospital.</li> <li>Working closely with our regional AHSN group, where we have any new product that could be implemented at our hospital, we are liaising with the relevant specialties, setting up stakeholder meetings to review the products and looking at the feasibility. The team have recently introduced a new product for pre-eclampsia testing. Further development of working relationships with our external partners continues – AHSN, P4SY etc.</li> <li>Regular contact continues with our peers in the ICS, and are signed up for any updates from them as they send out information. We are in the process of nurturing communication links with other innovation leads in our neighbouring Trusts.</li> </ul>
Tom Davidson	<p>We will continue to use digital transformation to support new ways of working and build on solutions that enable our patients to digitally access information to support their own healthcare needs.</p> <p>Delivery measured by:</p> <ul style="list-style-type: none"> <li>Realisation of the benefits associated with Electronic Prescribing and Electronic Patient Records</li> <li>Delivery of each digital transformational action.</li> </ul>	<ul style="list-style-type: none"> <li>Complete pilot work to share our appointment and digital letter solution to the NHS app in line with operational planning guidance and priorities</li> <li>Respond to digital maturity assessments to assess gap and develop a plan to improve against minimum digital foundations by 2025</li> <li>Apply for minimum digital foundations funding to facilitate meeting the targets by 2025</li> <li>Ensure the appropriate business intelligence resources are put in place to support effective population health management</li> <li>Assess the digital tools in place that will support patients with high quality information that equips them to take greater control over their health and Care</li> <li>Complete the 3rd Phase of our Electronic Patient Records Strategy to include: <ul style="list-style-type: none"> <li>Clinical workspace to facilitate an unfragmented digital healthcare record for our patients</li> <li>Outpatient Electronic Prescribing</li> <li>Further review of Robotic Process Automation and Artificial Intelligence application across the organisation</li> <li>Record Sharing – Submit our clinical records for access by our neighbouring NHS partners;</li> </ul> </li> <li>Ensure understanding and action any requirements of the new provider licence related to the new digital elements</li> <li>Deliver our business intelligence strategy by implementing our Power BI plans to support self-service and improve forecasting, planning and intelligence</li> <li>Undertake optimisation of digital systems based on user feedback to improve user friendliness and reduce waste e.g. discharge medication processes, electronic document management system and single sign on for systems.</li> </ul>	<p>Mar 2024</p> <p>Sep 2023</p> <p>Mar 2024</p> <p>Jun 2023</p> <p>Mar 2024</p> <p>Mar 2024</p> <p>Mar 2024</p> <p>Mar 2024</p> <p>Mar 2024</p>	Amber Rationale: Awaiting agreement on funding	<ul style="list-style-type: none"> <li>The NHSApp is currently live for our Patients appointments. We are currently testing and will be communicating with the public.</li> <li>We have successfully submitted our position, analysing the result to factor into our digital transformation strategy.</li> <li>Some complexity on managing the ask from the centre, supplier offer and internal finances to create a valid Investment agreement.</li> <li>We are waiting for the new population health resources to be initiated through the HR and budgeting processes.</li> <li>A new patient digital communications group is in place reporting to the digital steering group and this has already had traction. <ul style="list-style-type: none"> <li>Clinical workspace go-live still on track for October 2023. Digital to paper group in place.</li> <li>Outpatient e-prescribing expected to be live across all services July 2023.</li> <li>RPA live for 3 processes saving over 60 hours a week. Planned for extra contractual claims process.</li> <li>Record sharing project in delivery will be integrated into workspace.</li> </ul> </li> <li>We have aligned the digital provider license with our digital transformation strategy.</li> <li>First PowerBI Dashboard expected to go live July 2023 for Recovery Patient Waiting lists. Supplier challenges.</li> <li>We have aligned with the digital notation and clinical reference group to help engagement. We have great expectations of our clinical workspace solution.</li> </ul>

Rob McCubbin /Chris Thickett	<p>We will develop our estate to include phase 2 of the Community Diagnostics Centre development and delivery of capital programme in 2023/24.</p> <p>Delivery measured by:</p> <ul style="list-style-type: none"> <li>Capital programme spend against plan</li> <li>CT MR Diagnostic activity taking place at Glassworks.</li> </ul>	<ul style="list-style-type: none"> <li>Finalise the new estates strategy</li> <li>Community Diagnostic Centre Phase 2 operational – Providing local CT/MR facilities</li> <li>Complete prioritised capital schemes as managed through Capital Monitoring Group, including backlog maintenance and essential fire related works.</li> <li>Report and contribute to South Yorkshire &amp; Bassetlaw (SYB) ICS Estates Board to understand the role of the estate within the region and agree any appropriate timeframe for actions arising.</li> <li>Continue to review the efficiency of the estate ensuring optimal use for clinical activities, to be reported monthly through Space Utilisation Group</li> <li>Review the food and beverage offer across the Trust (inpatient and retail) determining the service required to inform procurement as appropriate.</li> </ul>	<p>Aug 2023</p> <p>Dec 2023</p> <p>Mar 2024</p> <p>Mar 2024</p> <p>Mar 2024</p> <p>Jun 2023</p>	Green	<ul style="list-style-type: none"> <li>Work is on-going in relation to the Estates Strategy, influenced by ICB, Barnsley Place and Trust Strategies.</li> <li>Works are progressing well with the first floor complete and ground floor works to complete in July ahead of the turnkey providers of the MRI and CT. Works remain on programme.</li> <li>Capital programme to be presented to the Trust Board in July 2023, with works already commenced on core capital (i.e. backlog and fire).</li> <li>On-going attendance and input are being provided.</li> <li>Monthly Space Management Group in place along with reviewing Estates Return Information Collection (ERIC) to ensure efficient use of space.</li> <li>An initial review has been undertaken with the outcome an agreement to extend the contract for 12 months with the current provider.</li> </ul>
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**Best for People - We will make our Trust the best place to work**

Lead Director	Objectives (including key metrics to measure success)	Key Actions and Milestones	Completion Date	RAG Status	Progress Update						
Steve Ned	<p><b>Equality, Diversity and Inclusion</b></p> <p>We will continue to develop and embed a caring, supportive, fair and equitable culture for all and create an organisational climate that supports Equality, Diversity and Inclusion.</p> <p>Delivery measured by:</p> <table border="1" data-bbox="231 1213 661 1457"> <tr> <td>RAG</td> <td></td> <td>Q1</td> </tr> <tr> <td></td> <td>'We are compassionate and inclusive' theme score from staff survey to improve to 7.7</td> <td>Report at Q4</td> </tr> </table>	RAG		Q1		'We are compassionate and inclusive' theme score from staff survey to improve to 7.7	Report at Q4	<ul style="list-style-type: none"> <li>Apply for accreditation of our rainbow badge scheme, increase uptake and refresh badge holders' commitment to the pledges of the scheme to help improve the experiences of our LGBTQ+ staff</li> <li>Implement the actions arising from the Workplace Culture work embedding a positive culture.</li> <li>Implement the WRES action plan to Improve the experience of our BAME workforce (as measured through the improvement of the WRES indicators)</li> <li>Implement the WDES action plan to improve the experience of our staff with disabilities (as measured through the improvement of the WDES indicators)</li> <li>Create plans to deliver the NHS People Plan six high impact actions to overhaul recruitment, promotion and development practices to ensure the workforce at all levels reflects the diversity of the community</li> <li>Ensure Board members and senior management have measurable objectives on equality, diversity and inclusion</li> <li>Apply to upgrade to Disability Confident Leader Accreditation</li> <li>Develop actions plan to address the key areas of concern in NHS Staff Survey results with an aim to improve our relative position nationally in respective of the staff survey results.</li> </ul>	<p>Mar 2024</p> <p>Sep 2023</p> <p>Oct 2023</p> <p>Oct 2023</p> <p>Nov 2023</p> <p>Jun 2023</p> <p>Mar 2024</p> <p>Mar 2024</p>	Green	<ul style="list-style-type: none"> <li>Our rainbow badge scheme has been promoted at recent Pride week events.</li> <li>Just and restorative culture statement is now inserted in the introductions of all people policies. 8 participants completed the programme and a pilot area is being identified to introduce the new JRC approach. Proud to Care colleague conference is planned 12 &amp; 13 Sept 2023 to focus on embedding our Trust values.</li> <li>Mid-year progress update presented to PEG in June 2023. Highlights include a video being produced by the staff networks to focus on race, disability and LGBTQ+, with the aim to promote the hospital as an inclusive place to work to encourage more people from protected characteristics to apply for posts within the Trust.</li> <li>Undertaking a gap analysis against the NHSE EDI improvement plan (on the six high impact actions) published June 2023 which sets out the specific actions and success metrics for providers to measure progress. Linking to Equality Delivery System 2022 diagnostic work completed and delivery of action plan.</li> <li>Complete: All Board members and senior management have measurable objectives on equality, diversity and inclusion written into their agreed 2023/24 performance objectives.</li> <li>Scoping work underway with the Ability staff network.</li> <li>2022 Staff Survey Corporate action plan and CBU local action plans in place, exec sponsors identified to support low scoring areas, regular progress updates to PC and PEG.</li> </ul>
RAG		Q1									
	'We are compassionate and inclusive' theme score from staff survey to improve to 7.7	Report at Q4									

Steve Ned	<p><b>Retention</b></p> <p>We will continue to ensure that we retain our staff and explore all opportunities to recruit to all vacancies across the Trust in 2023/24, including exploring innovative approaches where appropriate, and to ensure our organisation is correctly resourced.</p> <p>Delivery measured by:</p> <table border="1" data-bbox="231 514 658 1024"> <thead> <tr> <th>RAG</th> <th></th> <th>Q1</th> </tr> </thead> <tbody> <tr> <td>Green</td> <td>Retention rate – Increase from 89% to 90% (Mar 2024)</td> <td>95.97%</td> </tr> <tr> <td>Yellow</td> <td>Vacancy rate – Decrease from 4.7% to 3.7% (Mar 2024)</td> <td>5.30%</td> </tr> <tr> <td></td> <td>Improve the staff survey overall engagement score to a score of 7.3</td> <td>Report at Q4</td> </tr> </tbody> </table>	RAG		Q1	Green	Retention rate – Increase from 89% to 90% (Mar 2024)	95.97%	Yellow	Vacancy rate – Decrease from 4.7% to 3.7% (Mar 2024)	5.30%		Improve the staff survey overall engagement score to a score of 7.3	Report at Q4	<ul style="list-style-type: none"> <li>Learn from flexible working best practice case studies and showcase flexible roles to increase access to flexible working across the organisation</li> <li>Scope the feasibility to use the Erostering system to facilitate flexible team rostering</li> <li>Introduce a new Hybrid Working Policy and toolkit</li> <li>Optimise the role of our new Health Ambassadors, to showcase and attract young people to careers in the NHS</li> <li>Implement Manager Self Service within the Electronic Staff Record (ESR) system to empower and engage managers in the utilisation of ESR and provide training for them to access their own team’s workforce data</li> <li>Review and assess merits of sourcing a visually attractive and digitised on-boarding solution</li> <li>Explore strategies and develop further our partnership working with Barnsley Place partners to strengthen and streamline employability pathways and referral routes into health and social care jobs in line with the principles in our anchor charter, supporting people from the most deprived backgrounds into good and secure employment.</li> </ul>	<p>Jul 2023</p> <p>Sep 2023</p> <p>May 2023</p> <p>Jun 2023</p> <p>Mar 2024</p> <p>Sep 2023</p> <p>Sep 2023</p>	Green	<ul style="list-style-type: none"> <li>Flexible working T&amp;F group currently collating case studies about FW arrangements in place, to showcase and raise awareness.</li> <li>As part of the scoping exercise, participants for focus groups are being identified for the T&amp;F group to find out about peoples’ experiences and issues being faced, to include their perceptions of the Trust’s rostering approach and if it is supporting flexible working.</li> <li>Policy due to be approved virtually by People Committee, subject to minor amends to be made, as discussed at the Committee on 27/06/23.</li> <li>Complete: Health ambassadors have completed school’s engagement activities in quarter 1 including, careers festival and mock interviews. Have engaged with approximately 500 pupils.</li> <li>No resource identified to check and authorise changes made by managers in order to commit to the database. However, discussion initiated internally as to how we can support managers to access their own team’s workforce data utilising the current functionality.</li> <li>On-boarding T&amp;F group established, work plan includes mapping end to end on-boarding process and gap analysis in July/Aug 2023, creating survey to seek feedback from new starters Sept 2023, to inform full review to improve quality and efficiency of process, and identify opportunities for digitisation.</li> <li>Regular meetings now established with BMBC’s Prince’s Trust Pastoral Mentor who continues to support his clients completing application forms, becoming interview ready and providing pastoral care after their appointment into roles at the Trust. Successful first year of Project Search learning disabilities and autism internship programme with celebration graduation ceremony held on 27/06/23. 4 of the interns have been appointed into bank contracts with the Trust within medical records, decontamination services and portering. The Second cohort to start Sept 2023 currently being recruited to include partnering with SWYPFT for placements offering at Kendray Hospital.</li> </ul>
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Yellow	Vacancy rate – Decrease from 4.7% to 3.7% (Mar 2024)	5.30%															
	Improve the staff survey overall engagement score to a score of 7.3	Report at Q4															
Steve Ned	<p><b>Health and Wellbeing and attendance management</b></p> <p>We will continue to enhance the health and wellbeing support (including psychological support) and evaluate our offer with regards to take up and impact for our staff in 2023/24.</p> <p>Delivery measured by:</p> <table border="1" data-bbox="231 1654 658 1969"> <thead> <tr> <th>RAG</th> <th></th> <th>Q1</th> </tr> </thead> <tbody> <tr> <td>Yellow</td> <td>Overall Sickness absence reduction by 0.75% to 5%</td> <td>5.5%</td> </tr> <tr> <td></td> <td>‘We are Safe and Healthy’ theme score from staff survey to improve to 6.4</td> <td>Report at Q4</td> </tr> </tbody> </table>	RAG		Q1	Yellow	Overall Sickness absence reduction by 0.75% to 5%	5.5%		‘We are Safe and Healthy’ theme score from staff survey to improve to 6.4	Report at Q4	<ul style="list-style-type: none"> <li>Develop and deliver the organisational action plan following the Health &amp; Wellbeing Framework diagnostic work</li> <li>Develop a line manager toolkit and offer support for them to be able to provide regular one-to-one health and wellbeing conversations with their staff</li> <li>Launch the NHS carers passport to protect flexible working patterns for our working carers, learning from best practice in this area</li> <li>Engage more staff in our Healthy Lives services, including QUIT</li> <li>Undertake a gap analysis against the NHSE attendance management toolkit in order to develop an action plan to improve attendance support</li> </ul>	<p>Mar 2024</p> <p>Jul 2023</p> <p>Sep 2023</p> <p>Sep 2023</p> <p>May 2023</p>	Amber  Rationale: Work is progressing to reduce the sickness absence rate	<ul style="list-style-type: none"> <li>Diagnostic work and creation of organisational action plan is complete.</li> <li>T&amp;F group is researching and scoping best national frameworks and models available to inform our design of a HWB conversations toolkit</li> <li>Carers Support Forum established in Nov 2022 and meets bi-monthly. Forum to be consulted on the launch of the NHS carers passport.</li> <li>Several vacant posts have been successfully appointed to in the Healthy Lives Team including a new QUIT lead that starts in July 2023. The QUIT team undertook a GIAGoW project to promote opt-out NRT provision for all smokers admitted to AMU, 29% of smokers received NRT within 24 hours (versus 20% baseline). The Exec-led QUIT steering group is generating greater Trust-wide engagement with tobacco dependency treatment through actions and accountability allocated across a range of clinical and other BHNFT teams.</li> <li>Complete: From a data perspective, absence reporting has incorporated elements of recommendations in the toolkit. Furthermore, an interactive data analysis workbook has been created to enable CBU leads and the HRBP team to drill down to</li> </ul>			
RAG		Q1															
Yellow	Overall Sickness absence reduction by 0.75% to 5%	5.5%															
	‘We are Safe and Healthy’ theme score from staff survey to improve to 6.4	Report at Q4															



		<ul style="list-style-type: none"> <li>Develop the skills of our new health and wellbeing champions to actively promote health and wellbeing initiatives in their areas</li> <li>Develop and deliver an action plan following the publication of the Growing Occupational Health and Wellbeing Together national strategy.</li> </ul>	<p>Jun 2023</p> <p>Mar 2024</p>		<p>more granular level (team level) to help identify hotspots such as reason for absence, age range of absence, staff group, role and FTE lost. Toolkit dashboard and action plan to be presented at PEG in August 2023.</p> <ul style="list-style-type: none"> <li>Complete: Regular (Bi Monthly) Network / support meetings established to share best practice, disseminate signposting information packs and deliver training, e.g., menopause awareness session, and some champions are accessing ICS menopause advocates training. Champions event planned in September to recognise and celebrate work involved in and raise awareness of role.</li> <li>The Trust is waiting the ICB's release of the SY strategy in the Autumn, before developing our own strategy and action plan. Both OH &amp; WB Teams have completed the audit proformas to inform this work, and our Head of OH is leading on aspects of it.</li> </ul>						
Steve Ned	<p><b>Leadership Development</b> We will continue to develop our leaders and staff in 2023/24 trusting our staff to care for our patients to a high standard and supporting them to continuously improve their own work and the work of others.</p> <p>Delivery measured by:</p> <table border="1"> <tr> <td>RAG</td> <td></td> <td>Q1</td> </tr> <tr> <td></td> <td>'We are always learning' theme score from staff survey to improve to 5.9</td> <td>Report at Q4</td> </tr> </table>	RAG		Q1		'We are always learning' theme score from staff survey to improve to 5.9	Report at Q4	<ul style="list-style-type: none"> <li>Create a coaching culture and learning organisation placing an emphasis on leaders to trust, coach and empower their teams in an open and inclusive environment</li> <li>Encourage our people to take ownership for their personal and career development</li> <li>Increase access for aspiring leaders to individual coaching and mentoring, and external leadership development programmes</li> <li>Create a talent pipeline and development framework from Early Careers to Future Senior Leaders, including maximising use of our apprenticeship levy</li> <li>Review and assess the merits of sourcing a new mandatory training learning management system to improve user experience</li> <li>Identify opportunities for Leadership Team Coaching and for organisational development large group interventions</li> <li>Work collaboratively in partnership with TRFT to develop joint leadership development approaches and programmes</li> <li>Develop a Board Development Plan to develop the top team</li> <li>Develop and evolve the Senior Leaders Forum to develop senior leadership community.</li> </ul>	<p>Mar 2024</p> <p>Mar 2024</p> <p>Mar 2024</p> <p>Mar 2024</p> <p>Mar 2024</p> <p>June 2023</p> <p>Mar 2024</p> <p>Apr 2023</p> <p>May 2023</p> <p>Dec 2023</p>	Green	<ul style="list-style-type: none"> <li>Promoted Coaching Offering in June 2023 through channels such as Team Brief and the Hub.</li> <li>Ownership of personal and career development has been built into the OD Strategy and submitted for Executive approval on 03/07/23.</li> <li>Promotion as above; part of OD Strategy to develop Leadership Development Framework. Second cohort of ICB Inclusive Cultures reciprocal mentoring programme to start Sept 2023. Expressions of interest to participate have been received from Trust aspiring and established leaders.</li> <li>Aligning to Scope for Growth NHS England initiative</li> <li>Complete: Now exploring appetite within the ICS for a joint procurement business case.</li> <li>In progress, with some complete. Elderly – complete; Theatres 21/06/23; CBU2 Leadership 23/06/23; Pharmacy beginning July; Maternity – paper to Exec in July; Ophthalmology – consultancy in July 2023.</li> <li>Gone to tender; evaluation in July 23; programme in Q3.</li> <li>Gone to tender; desktop evaluation completed; presentations 31/07/23.</li> <li>Health Inequalities session designed for September 2023.</li> </ul>
RAG		Q1									
	'We are always learning' theme score from staff survey to improve to 5.9	Report at Q4									

\*\* Continued on the next page \*\*

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

Lead Director	Objectives (including key metrics to measure success)	Key Actions and Milestones	Completion Date	RAG Status	Progress Update												
Lorraine Burnett	<p>We will deliver the urgent care programme in 2023/24 to support top quartile performance</p> <p>Delivery measured by:</p> <table border="1"> <thead> <tr> <th>RAG</th> <th></th> <th>Q1</th> </tr> </thead> <tbody> <tr> <td>Amber</td> <td>'Minimum of 76% against 4-hour target by October 2023</td> <td>74.4%</td> </tr> <tr> <td>Amber</td> <td>Ongoing improvement against ambulance handover delays with no waits over 1h</td> <td>82 ambulances*</td> </tr> <tr> <td>Red</td> <td>Delivery of 92% bed occupancy as set out in the NHS England operational planning priorities</td> <td>96.70%</td> </tr> </tbody> </table> <p>* Total Ambulance Handovers to ED – 6069 with 6.6% between 30 and 60 mins and 1.3% between 60 and 120 mins.</p>	RAG		Q1	Amber	'Minimum of 76% against 4-hour target by October 2023	74.4%	Amber	Ongoing improvement against ambulance handover delays with no waits over 1h	82 ambulances*	Red	Delivery of 92% bed occupancy as set out in the NHS England operational planning priorities	96.70%	<ul style="list-style-type: none"> <li>Develop an urgent care improvement trajectory that is owned by CBUs with support from relevant executives to achieve minimum of 76% against 4 hour ED standard and other metrics outlined</li> <li>Develop the winter plan with place partners and Acute Federation</li> <li>Delivery of the strategy for Urgent Treatment Centre with Barnsley Place and implement findings of the front door review with support from Emergency Care Improvement Support Team</li> <li>Deliver the patient flow programme including end-to-end review to support 76% 4 hour ED target and 92% occupancy across: <ul style="list-style-type: none"> <li><b>Ward Processes - Early discharge planning on admission to support early flow</b> <ul style="list-style-type: none"> <li>Implement and embed SAFER principles including consistent senior review and expected date of discharge and meet the criteria to reside for all patients (in line with national planning priorities). Embed structured board round (S.H.O.P) processes on ward round to support early discharge (D1) process.</li> </ul> </li> <li><b>Emergency Department - Implement methods to reduce delays in patients' journey and improving internal delays</b> <ul style="list-style-type: none"> <li>Develop processes to improve YAS handover and Triage assessment process</li> <li>Embed criteria to admit process and implement pathways to stream patients to other services.</li> </ul> </li> <li><b>Site management – Improve flow and maximise bed capacity by ensuring patients have the right care in the right place</b> <ul style="list-style-type: none"> <li>To develop and build an electronic bed state to efficiently monitor and manage patient flow effectively</li> <li>Maximise opportunities to improve hospital avoidance and hospital readmission reduction with support from community services.</li> </ul> </li> <li><b>ICT - Implement efficient methods/tools to support reduction of delays around investigations affecting inpatient pathways</b> <ul style="list-style-type: none"> <li>Transform paper referrals and paper assessments to digital to reduce fragmentation, delay and staff time</li> <li>Identify and develop digital processes with community enabling integrated and place-based approach.</li> </ul> </li> <li><b>Therapies – Home first approach by developing processes and pathways to support early intervention from the front door and embed processes to ensure all Discharge to Assess slots are filled and flexed appropriately to meet demand.</b></li> <li><b>Investigations – Develop and implement streamlined radiology referral processes and develop new processes to support a timely phlebotomy service.</b></li> <li><b>Pharmacy – Reduce delays associated with discharge (D1)/prescription (TTO) process through implementation of a streamlined, digital process to improve D1 process and Virtual Wards and develop delivery process to support delivery of discharge medications.</b></li> <li><b>Patient Experience – Engage with patients to understand patient experience improvement areas following admission.</b></li> </ul> </li> </ul>	<p>Jul 2023</p> <p>Sep 2023</p> <p>Jul 2023</p> <p>Mar 2024</p>	<p>Amber</p> <p>Rationale: work is progressing to support achieve performance metrics</p>	<ul style="list-style-type: none"> <li>The aim for 76% has been in place since April 2023, the Trust recognises the need to be above 76% to mitigate winter pressures when overall performance is likely to drop. There is a Dashboard in place that is reviewed weekly against other metrics.</li> <li>Joint winter workshops are to take place with Rotherham in July 2023.</li> <li>Ongoing meetings with Barnsley Place are in place to support the work around strategy for an Urgent Treatment Centre and alternatives to ED. Two meetings have taken place in Q1.</li> <li>Delivery of patient flow programme: <ul style="list-style-type: none"> <li><b>Ward Processes</b> - Discharge checklist has been standardised and made electronic, now in testing phase. Reconditioning initiatives to commence upon medicine areas. Working in collaboration with Sheffield to develop competencies for nurse training. CLD audit to take place June. Promotion of SAFER discharge bundle upon Women's &amp; Children's.</li> <li><b>Emergency Department</b> – Groups in place to support methods to reduce delays. Process map of pathways within ED has commenced.</li> <li><b>Site Management</b> –Work underway with identifying community services available to support admission avoidance at ED. ECIST audit to take place July 2023 with feedback around actions to take forward.</li> <li><b>ICT</b> – Pilot of electronic TTO commenced June. Development of holistic view of patients on clinical workspaces by September 2023.</li> <li><b>Therapies</b> – Research underway to support the development of a deconditioning toolkit. Process map of pathways for Urgent Care and Neurotherapy in progress to support the Home First approach. D2A tracker in development to support utilisation of slots.</li> <li><b>Investigations</b> – Process mapping of radiology &amp; pathology pathways to support with development of streamlined referral process.</li> <li><b>Pharmacy</b> – Groups in place to develop streamlined process to support D1 process. Process map on inpatient medication has commenced.</li> <li><b>Patient Experience</b> – Audit of welcome pack continues, sharing good practice. Continued recruitment of Discharge Volunteers to support DCU dispensary service.</li> </ul> </li> </ul>
RAG		Q1															
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Red	Delivery of 92% bed occupancy as set out in the NHS England operational planning priorities	96.70%															
Lorraine Burnett	<p>As a minimum we will meet our national operational priorities for Elective, Diagnostics and Cancer care.</p> <p>Delivery measured by:</p>	<ul style="list-style-type: none"> <li>Enact plans to recover cancer waiting time standards and deliver the diagnostics and elective priorities set out in the operational planning guidance across Cancer, Elective Care, and Diagnostics including: <ul style="list-style-type: none"> <li>Cancer – Reduce patients waiting over 62 days, faster diagnostic standard to 75% of patients confirmed within 28 days by March 24 and increase % diagnosed at stage 1 and 2 in line with the 75% early diagnostic ambition by 2028</li> </ul> </li> </ul>	<p>Mar 2024</p>	<p>Amber</p> <p>Rationale: work is progressing to support achieve</p>	<ul style="list-style-type: none"> <li>Plans to recover cancer waiting time standards and deliver the diagnostics and elective priorities continue as set out in the operational planning guidance across Cancer, Elective Care, and Diagnostics, figures for Q1 below: <ul style="list-style-type: none"> <li>Cancer performance for Q1 – 28 days FDS 75.5% (May 23) against target of 75%, patient waiting over 62 days is 34 (as of 13/07/23).</li> </ul> </li> </ul>												

	<ul style="list-style-type: none"> <li>Model system metrics for Elective, Diagnostics and Cancer reporting weekly to ET</li> <li>National planning priority metrics outlined <ul style="list-style-type: none"> <li>Cancer</li> <li>Diagnostics</li> <li>Elective Care</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Diagnostics - Increase % who have a diagnostic within 6 weeks in line with March 25 ambition of 95%, delivery of phase 2 Community Diagnostics Centre in support of increased primary care direct access</li> <li>Elective care – Zero over 65w waits*, reduction of Outpatient follow up activity by 25% compared to 2019/20, support the ICS achieve 30% more activity by 24/25 than before the pandemic including offering alternative providers for long waiting patients</li> </ul> <ul style="list-style-type: none"> <li>Productivity improvements to be made in line with Model System top quartile performance and national planning priorities across Elective, Diagnostics and Cancer care e.g. target of 85% theatre utilisation and 85% day case rates using GIRFT to support.</li> </ul> <ul style="list-style-type: none"> <li>Develop plans to deliver increased activity levels supporting system elective recovery and target this on a greatest need basis in line with our public health action plan.</li> </ul> <ul style="list-style-type: none"> <li>Develop and deliver agreed activity and performance trajectories annually.</li> <li>Develop mechanisms including health inequalities consideration within the Trust operational delivery plans linked to health inequalities action plan</li> </ul> <ul style="list-style-type: none"> <li>Work within the SY Acute Federation to deliver on the SY ICS performance expectations at system oversight level</li> </ul>	<p>Mar 2024</p> <p>July 2023</p> <p>Mar 2024 July 2023</p> <p>Mar 2024</p>	<p>performance metrics</p>	<ul style="list-style-type: none"> <li>Diagnostics performance for Q1 – 6.8%</li> <li>Elective care – Work to reduce follow up activity by 20% continues including the review of pathways and validation of waiting lists, zero of 65w waits by March 2024 currently 3000 patients above 15 weeks who need to be treated within this year otherwise at risk of breaching 65 weeks.</li> </ul> <ul style="list-style-type: none"> <li>In specific to Theatre Utilisation, model hospital timing points have been mirrored and work continues around this. Benchmarking with other Trusts has taken place mainly Calderdale &amp; Huddersfield. Theatre utilisation rate for Q1 was 86.1% with Day Case rates for Q1 at 86.7%.</li> <li>Plans to deliver increased activity levels continue. For Q1 our actual elective activity was: <ul style="list-style-type: none"> <li>Day Cases – Actuals saw 7,712 against a plan of 7,605 with a variance of plus 107.</li> <li>Electives – Actuals saw 890 against a plan of 986 with a variance of minus 96.</li> </ul> </li> <li>Complete: activity and performance trajectories agreed.</li> <li>Implementing HEARRT tool which will support with theatre scheduling to include health inequalities. Currently liaising with University Hospitals of Coventry and Warwickshire NHS Trust to utilise this tool and working alongside the Public Health Team.</li> <li>Working on mutual aid protocols.</li> </ul>
<p>Chris Thickett</p>	<p>We will take forward work to eliminate waste and maximise productivity across our services working with place partners to support this.</p> <p>Delivery measured by:</p> <ul style="list-style-type: none"> <li>Efficiency &amp; Productivity Programme (EPP) benefits delivered.</li> </ul>	<ul style="list-style-type: none"> <li>Undertake benchmarking reviews and deep dive specialty/departmental learning</li> <li>Undertake service sustainability reviews led by the Deputy Chief Executive across all clinical services to inform a baseline position</li> <li>Delivery of actions set out in the cross cutting workstreams of the EPP programme including Urgent &amp; Emergency Care, Outpatients, Theatres and Workforce</li> <li>Explore and maximise all opportunities afforded via the TRFT and Acute Federation work (to be outlined when determined).</li> <li>Explore areas set out in the operational planning priorities to understand where productivity has been lost across workforce and theatre productivity in collaboration with the ICS</li> <li>Work towards the ambitions in the national planning priorities to: <ul style="list-style-type: none"> <li>Reduce agency spend to 3.7% of total pay bill</li> <li>Focus on corporate running costs including areas of standardisation and automation</li> <li>Reduce procurement and supply chain costs</li> <li>Improve inventory management</li> <li>Purchase medicines at the most effective price point.</li> </ul> </li> </ul>	<p>Jun 2023</p> <p>Apr 2023</p> <p>Mar 2024</p> <p>Mar 2024</p> <p>Jun 2023</p> <p>Mar 2024</p>	<p>Green</p>	<ul style="list-style-type: none"> <li>Significant benchmarking work and financial analysis has taken place across services in order to inform immediate actions required to increase the level of financial control within the Trust.</li> <li>Complete: Service sustainability reviews took place March 2023, following this an ET timeout session took place in April 2023 to inform the strategic approach to address the issues identified as part of the work. Partnership and workforce development were key themes along with financial sustainability across our services.</li> <li>The key actions required of the cross cutting workstreams with the EPP programme 2023/24 have been outlined and are currently being worked up for future delivery.</li> <li>Partnership work with TRFT continues with dedicated meetings in place to inform priorities and monitor progress with Haematology being a major service change both Trusts are progressing.</li> <li>In specific to Theatre Utilisation, we have mirrored model hospital timing points and identified opportunities with the current process for initiating anaesthetic ‘touch time’, work continues around this. Benchmarking with other Trusts mainly Calderdale &amp; Huddersfield have identified the same opportunity.</li> <li>Working towards the national planning priorities as outlined and we currently perform 4.2% against Agency Spend of total pay bill, and have implemented actions to control this further. Procurement supply chain costs including medicine and inventory management are a key focus of the EPP Programme</li> </ul>

					and the standardisation and automation of corporate running costs will be reviewed as part of this.
Chris Thickett	<p>We will deliver against our board approved financial plan in 2023/24</p> <p>Delivery measured by:</p> <ul style="list-style-type: none"> <li>• Delivery of agreed financial plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Production of robust annual business plans that have direct alignment of the service cost envelope with associated budgetary plans in line ICB system planning</li> <li>• Work with partners to produce a Barnsley Place plan to deliver areas of financial and service improvement not able to tackle solely as a provider e.g. urgent and elective acute care demand. This links to the Barnsley Place priorities outlined in Best for Place</li> <li>• Identify and develop a sufficient Efficiency &amp; Productivity Programme to enable to the Trust to deliver the agreed financial plan</li> <li>• Contribute to ICB system plans to deliver a balanced net financial system position for 2023/24 as set out in the national planning priorities (TBC following final plan submission).</li> </ul>	<p>May 2023</p> <p>Jun 2023</p> <p>Jun 2023</p> <p>Mar 2024</p>	Green	<ul style="list-style-type: none"> <li>• Complete: Robust annual business plan submitted and agreed May 2023 with several iterations made to align with budgetary plans set out by the SY ICB.</li> <li>• Barnsley Place have a shared understanding of current plans and challenges and work is ongoing to identify the opportunities.</li> <li>• The 2023/24 EPP programme has been developed in line with the agreed Trust financial plan. The plan is fully aligned to the NHSE operational planning priorities and Trust Objectives.</li> <li>• The ICB submitted a system break-even plan however this contained a significant financial gap, work needs to take place to identify opportunities to support close the gap.</li> </ul>
Chris Thickett	<p>We will develop a long-term financial plan in 2023/24 which outlines the steps required to enable the Trust to get back to a recurrent balanced position in the next 3 to 5 years.</p>	<ul style="list-style-type: none"> <li>• Understand ICS system allocations over next 3-5 years and implication for BHNFT</li> <li>• Understand and review Barnsley demand activity over 3-5 years including projected capacity and workforce requirements</li> <li>• Production of a 3–5 years financial recovery plan identifying the actions that are in the Trust’s control and those that are dependent upon partners and national funding allocations.</li> </ul>	Mar 2024	Amber Rationale: Attainment on the short term grip and control is required before production of 3-5 year plan	<ul style="list-style-type: none"> <li>• Supporting the ICB with the submission of a medium-term plan, to include a 3 year high level plan. This is expected by the end of September 2023.</li> <li>• Work has commenced around demand and capacity assessments.</li> <li>• The current focus has been on attaining the short term grip and control, once assurances are in place the focus will turn to the longer term.</li> </ul>

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

Lead Director	Objectives (including key metrics to measure success)	Key Actions and Milestones	Completion Date	RAG Status	Progress Update
Bob Kirton	<p>We will continue to play a key role in the delivery of Barnsley Place priorities 2023/24.</p> <p>Delivery measured by:</p> <ul style="list-style-type: none"> <li>• High level Barnsley Health &amp; Care plan metrics.</li> </ul>	<ul style="list-style-type: none"> <li>• Support delivery of the priorities agreed by Place board - plan currently outlined as: <ul style="list-style-type: none"> <li>○ <b>Best start in life for children and young people</b> <ul style="list-style-type: none"> <li>▪ Grow the Barnsley workforce and build resilience &amp; drive efficiencies and improve the costs of care. Examples of delivery: Create family hubs, improve children and young people access to mental health support and increase fill rates against funded establishment for maternity staff</li> </ul> </li> <li>○ <b>Improve access and equity of access</b> <ul style="list-style-type: none"> <li>▪ Co-developing solutions with residents and service users &amp; work more closely with voluntary, community and social enterprises (VCSE). Examples of delivery: Develop and implement an Integrated Urgent Care Front door, strengthen the access offer from primary care and proactive case finding in primary care and personalised care interventions</li> </ul> </li> <li>○ <b>Strengthened joint approach to preventing ill health</b></li> </ul> </li> </ul>	Mar 2024	Green	<ul style="list-style-type: none"> <li>• The Trust is supporting the delivery of the agreed Barnsley Place priorities outlined as: <ul style="list-style-type: none"> <li>○ <b>Best start in life for children and young people –</b> Recruitment to newly qualified midwives as part of the LMNS process. Currently 2 RN’s are completing funded masters at Sheffield Hallam and the Trust is currently supporting the first Midwife apprentice scheme.</li> <li>○ <b>Improve access and equity of access –</b> T&amp;F group is currently reviewing hospital letters to ensure these are accessible to the Barnsley population. The working group includes colleagues from OPD, public health team, patient engagement team, learning disability liaison nurse and patients. This project is expected to run until end of Q2. Work has taken place to review the health needs and experiences for migrants, working alongside Place Partners in the Barnsley Health Equity Group to improve services to better meet their needs. This has involved working closely with VCSE organisations supporting migrants. Several identified areas for improvement including interpreting and translation provision.</li> <li>○ <b>Strengthened joint approach to preventing ill health –</b>The Alcohol Care and QUIT teams both attend and provide</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>▪ Telling the Barnsley story &amp; making best use of the Barnsley collective estate. Examples of delivery: Provide more opportunities for physical activity and healthy food, ensure a person's smoking status is recorded at every admission to hospital every attendance to GP / community care / social care and link up stop smoking services to measure a person's journey</li> <li>○ <b>Joined up care and support for those with greatest need</b> <ul style="list-style-type: none"> <li>▪ Digital for good approach &amp; an Intelligence and inequalities-led system. Examples of delivery: Development of Frailty/anticipatory care register, review of Intermediate care model and pathway, dementia pathway review with VCSE sector and development of timely service user feedback</li> </ul> </li> </ul>			<p>regular updates to the Barnsley Alcohol and Tobacco Control Alliance meetings. This ensures prevention activity, challenges and successes are shared and aligned across with key partners in Barnsley, and that a collaborative approach is enabled. The Community Stop Smoking service (Yorkshire Smokefree Barnsley) have recently worked with hospital outpatient staff to trained them in carbon monoxide measurement for all new attendees (to screen for smoking), delivering very brief advice (VBA) and referring smokers to community services.</p> <ul style="list-style-type: none"> <li>○ <b>Joined up care and support for those with greatest need</b> - Standard health inequalities measures are being applied to routine activity and performance data to identify inequalities across outpatients', cancer, maternity services and the elective waiting list. Development of a health inequalities dashboard is underway to support reporting inequalities into performance reports. A newly appointed population health analyst commenced in post on 1<sup>st</sup> July 2023 to support this work.</li> </ul>
Bob Kirton	<p>We will continue to be an organisation committed to improving population health and reduce health inequalities and deliver our action plan across:</p> <ol style="list-style-type: none"> <li>1. Holistic and preventative care</li> <li>2. Targeting all core services to greatest need</li> <li>3. Our role as an anchor institution and a partner in Place</li> </ol> <p>Delivery measured by:</p> <ul style="list-style-type: none"> <li>• Tier one – ACT and QUIT metrics outlined.</li> <li>• Tier two – Reduce the gap in health inequalities for the priority service area of Cancer. Services measuring and reporting health inequalities.</li> <li>• Tier three – Reduce waste produced &amp; transport emissions. Increase proportions of local spend and of staff from local and Core20PLUS communities</li> </ul>	<ul style="list-style-type: none"> <li>• We will continue to embed our tobacco control and treatment offer across the trust so that at least 80% of priority admissions are screened for smoking and 65% have specialised advice during their stay</li> <li>• We will develop our alcohol care offer to ensure at least 80% of priority admissions to hospital will be screened and high risk drinkers identified using audit-c.</li> <li>• Use population health management and Core20PLUS5 to support clinical decision-making, care planning and service development</li> <li>• Incorporate routine measurement of health inequalities metrics across all core clinical services reporting into the Performance Review Meetings</li> <li>• Support our staff through challenges such as the current cost of living crisis e.g. hardship fund and sign-posting to local / BMBC support services</li> </ul>	Mar 2024	Green	<ul style="list-style-type: none"> <li>• Following targeted ward engagement, screening of admissions for smoking has risen from 70% to 76% Trust-wide. Those receiving specialised advice remains stable (37% of smokers), this is expected to increase with more staff capacity. Planned work to further increase screening includes daily screening reports sent to wards, audits of screening volume and accuracy, and CBU/departmental performance reporting.</li> <li>• The Alcohol Care Team (ACT) are finalising a Careflow form to allow digital data capture and reporting of ACT assessment/treatment, including the audit-C screening tool. Alcohol screening will initially be led by ACT. Embedding the screening tool in our clinical systems will enable later roll-out of alcohol screening across the Trust as part of a wider engagement and implementation process.</li> <li>• Inequalities measures have been agreed and an approach has been developed to disaggregate performance and activity data, informed by Core20PLUS5, with an initial focus on deprivation and ethnicity.</li> <li>• Inequalities measures are being applied to performance and activity data to identify inequalities in: <ul style="list-style-type: none"> <li>○ Cancer services (DNA rates, stage of disease at presentation, route of referral)</li> <li>○ Outpatients services (DNA rates)</li> <li>○ CBU1 (Quality of Cardiology care based on MINAP audit standards)</li> <li>○ CBU2 (DNA rates for OP and treatment appointments, length of time waiting for treatment)</li> <li>○ Evaluation of the CDC and planning work for MEOC.</li> </ul> </li> </ul> <p>Awaiting analysis of these workstreams to be completed so that teams can move into exploring how to respond to reduce unfair gaps that may be identified, including engagement with patients to understand how to make it easier to attend appointments.</p> <ul style="list-style-type: none"> <li>• Complete: A cost of living crisis working group was set up by the Deputy CEO and Chair of the Trust ensuring the Barnsley-wide</li> </ul>

		<ul style="list-style-type: none"> <li>Strengthen our links with local education and development, including targeting employment opportunities to communities who need it most and raising the health aspirations of learners.</li> <li>Spend more of our budget on local supply and supporting local development and regeneration to strengthen the local economy,</li> <li>Sharing learning with local partners and more widely to align our approach to improving public health and reducing health inequalities</li> <li>Trust-wide rollout of reusable PPE and exploration of / switching to greener and more sustainable health technologies</li> <li>Continue to use the Barnsley 2030 board to effectively engage with partners based on the 4 goals of healthy, growing, learning and sustainable.</li> <li>Establishment of a Barnsley executive-level anchor network</li> </ul>			<p>offer for support (including the More Money In Your Pocket) was available to staff and other Trust-specific sources of financial and social support were provided. This group was disbanded once sustainable offers of support were established (now sits with HR).</p> <ul style="list-style-type: none"> <li>HR continue to develop the accessibility of employment opportunities with the Trust, including through internships for people with LD and autism, partnering with local education and work to reduce undue barriers to recruitment.</li> <li>Procurement is now measuring the number and size of contracts the Trust has within radiuses of locality to the hospital and is working to grow local supply. It is also looking to align with regional initiatives, including the YH Sustainability Commission recommendation to join the Supply Chain Sustainability School.</li> <li>The Trust is helping to lead Barnsley's Place Partnership to do more to improve public health and reduce inequalities. BHNFT led the development and authorship of the Partnership's plan to tackle health inequalities Barnsley Place Plan : South Yorkshire ICB which aligns to the Trust's framework and action plan. As well as continuing to co-develop this work locally (including at a Senior Leaders away day in September 2023), BHNFT is also sharing learning more widely, including at an NHS Providers event later in July 2023 and a conference by The King's Fund in October 2023.</li> <li>The trust-wide rollout of reusable surgical gowns happened in April 2023 and has been successful, both for environmental sustainability, cost-saving and supply-resilience. We are currently undertaking an evaluation of roll out and engaging with Trauma and Orthopaedics to tailor the approach to fit their way of working. Reusable surgical caps are also available, and we are planning an audit to see what other items would be amenable for a switch over from single use.</li> <li>We are working with BMBC to establish the anchor network group. They are now recommending we start with a Barnsley anchors conference in autumn, which we are keen to support. In the meantime, through BHNFT the Place Partnership has engaged with some work by The Health Foundation and UCL Partners to develop an indicators suite/ menu for monitoring and progressing anchors work.</li> </ul>
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Best Partner – We will work with partners within the South Yorkshire Integrated Care System to deliver improved and integrated patient pathways					
Lead Director	Objectives (including key metrics to measure success)	Key Actions and Milestones	Completion Date	RAG Status	Progress Update
Richard Jenkins, Bob Kirton	<p>We will work with and support delivery of the Integrated Care Partnership 5 year strategy and Joint Forward Plan by continuing to work with partners at system level in 2023/24</p> <p>Delivery measured by:</p> <ul style="list-style-type: none"> <li>TBC – Outcome framework to be developed</li> </ul>	<ul style="list-style-type: none"> <li>Support progression of the South Yorkshire Integrated Care Partnership strategy four shared outcomes: <ul style="list-style-type: none"> <li>Best start in life for children &amp; young people</li> <li>Living healthier &amp; longer lives and improved wellbeing for greatest need</li> <li>Safe strong &amp; vibrant communities</li> <li>People with the skills &amp; resources they need to thrive.</li> </ul> </li> <li>Engage in the development of the NHS South Yorkshire 5 Year Joint Forward Plan (submission expected July 2023) which will be a key delivery vehicle for the South Yorkshire Integrated Care Partnership strategy.</li> </ul>	<p>Mar 2024</p> <p>Jul 2023</p>	Green	<ul style="list-style-type: none"> <li>The South Yorkshire Integrated Care Partnership strategy has been published with teams, this is being used to inform and help develop the NHS South Yorkshire 5 year joint forward joint plan.</li> <li>The NHS South Yorkshire 5 Year Joint Forward Plan is open to public feedback before the finalised document is published in September 2023. The plan is a forward look at what is most important for keeping people healthy and making sure everyone has equal access to health care across South Yorkshire, the seven areas of focus in the plan are:</li> </ul>

					<ul style="list-style-type: none"> <li>○ Improving maternity services and services for children and young people.</li> <li>○ Improving access to primary care (GPs, pharmacists, optometrists, and dentists)</li> <li>○ Improving access and transforming mental health services</li> <li>○ Transforming community services</li> <li>○ Recovering urgent and emergency care including developing alternatives to A&amp;E</li> <li>○ Recovering and optimising cancer, elective and diagnostic pathways</li> <li>○ Improving access and redesigning specialist services for those with learning disabilities and autism.</li> </ul> <p>Progress against the plan will be tracked once agreed in September 23.</p>
Bob Kirton	We will support the delivery of the 2023/24 Acute Federation priorities	<ul style="list-style-type: none"> <li>● Delivery of Acute Federation 2023/24 priorities to include: <ul style="list-style-type: none"> <li>○ <b>NHS recovery</b> – Continue to work together to recover elective and diagnostic services and reduce waiting times for patients, with specific focus on orthopaedics, ophthalmology, ear nose and throat and general surgery</li> <li>○ <b>Clinical strategy</b> - Implement the Acute Federation clinical strategy to deliver improvements in care quality for the people of South Yorkshire &amp; Bassetlaw, reduce unwarranted variation between providers, address inequalities in access and improve our resilience and efficiency.</li> <li>○ <b>Innovative commissioning models and financial improvement</b> – Complete 22/23 actions, identify and implement opportunities for integrated commissioning and explore the development of a shared Acute Federation financial plan</li> <li>○ <b>Flagship national innovator scheme: secondary care acute paediatrics innovator project</b> – Accelerate the design and implementation of the South Yorkshire &amp; Bassetlaw collaborative model for acute paediatric services as part of NHS England’s national innovator scheme</li> <li>○ <b>Engagement to drive collaboration</b> <ul style="list-style-type: none"> <li>▪ Ongoing organisational development and developing a culture of collaboration</li> <li>▪ Develop Clinical engagement plan</li> <li>▪ Refresh communications plan</li> </ul> </li> <li>○ Delivery plan to be agreed and outlined</li> </ul> </li> <li>● Mexborough Hospital collaboration with partners for Orthopaedic surgery</li> <li>● Pathology collaboration including support of the national planning priority for a minimum 10% improvement in pathology and imaging networks productivity by 2024/25 through digital diagnostic investments and meeting optimal rates for test throughput</li> </ul>	Mar 2024	Green	<ul style="list-style-type: none"> <li>● Alignment to the Acute Federation 2023/24 priorities now complete following approval: <ul style="list-style-type: none"> <li>○ <b>NHS Recovery</b> – There has been a reduction in long waiters despite the industrial action. Data collection has taken place to inform mutual aid next steps to support SYB elimination of longest waits. A new mutual aid process is to launch June/July 2023. Currently the MEOC project teams are progressing clinical and operational model detail.</li> <li>○ <b>Clinical Strategy</b> – Clinical Strategy was published May 2023. Chief Executive Virtual Roadshows are to be scheduled for staff to drop in and hear about the Clinical Strategy. Options for the Urology operational waiting time management dashboard are under development and patient information leaflets have been agreed. Rheumatology project aims and KPIs have been scoped with the plan to relaunch the clinical working group with a new Chair to take place.</li> <li>○ <b>Innovative commissioning models and financial improvement</b> – A CEO/DOF session will be held to review a compiled list of value-added opportunities working with Facilities. A draft inter-hospital transfer policy and SOP is to be agreed. An options paper is to be developed and agreed around the future Procurement 2023/24 approach. Options around the alignment of medical agency pay rates to be developed.</li> <li>○ <b>Flagship national innovator scheme: secondary care acute paediatrics innovator project</b> - scope and programme defined and two clinical areas for early implementation identified (ENT &amp; Oral Health). Clinical Leadership and Implementation plan to be agreed at Acute Paediatrics Programme Board in July 2023.</li> <li>○ <b>Engagement to drive collaboration</b> – Proposal for the Organisational Development Plan in development and will be presented with options on best approach.</li> </ul> </li> <li>● Complete: Delivery plan progress report now in place.</li> <li>● MEOC project teams are progressing clinical and operational model detail. Works are progressing with the build, aiming for the completion date last week in December 2023 with the first patients to be seen second week in January 2024.</li> <li>● BHNFT have signed the Partnership agreement as part of the SYB Pathology network. The management structure is being recruited a shared LIMS procured through STH and plans underway to</li> </ul>

					purchase a Managed Service Contract across the region. All of these actions will enable Pathology to improve its productivity and access funding for cutting edge technology such as digital Histopathology. The full business case for proposed changes is due to boards in Q3.
Richard Jenkins	We will further work on the Rotherham FT partnership with agreed delivery plan	<ul style="list-style-type: none"> <li>• Undertake joint leadership development programme</li> <li>• Joint consideration of mutual support with clinical teams across both Trusts</li> <li>• Launch of integrated Histology service</li> <li>• Joint proposal on Research and development collaboration</li> <li>• Approval of 2024/25 Barnsley FT and Rotherham FT partnership plan</li> </ul>	<p>Sep 2023 Jun 2023</p> <p>Jun 2023</p> <p>Sep 2023</p> <p>Mar 2024</p>	Green	<ul style="list-style-type: none"> <li>• The joint leadership programme is currently being procured.</li> <li>• A joint senior leaders session took place off site in April 2023 to continue discussions and explore opportunities to work together</li> <li>• The Histopathology Lab at Barnsley has now moved across to the Rotherham site to give greater resilience to the service for patients at BHNFT. The shared service will be more attractive for Consultants and scientific staff, giving more opportunities for staff to develop into novel roles such as BMS cut up.</li> <li>• Relevant meetings and networking events have been attended to discuss potential opportunities for research and development collaborations. These are ongoing and new collaborations are being formed.</li> <li>• An update paper on the Rotherham Partnership is coming to Board in August 2023.</li> </ul>
Bob Kirton	We will work with partners across the system to enhance our role as an anchor institution through development in procurement, environment and energy, education and employment.	<ul style="list-style-type: none"> <li>• Strengthen our links with local education and development, including targeting employment opportunities to communities who need it most and raising the health aspirations of learners.</li> <li>• Help to strengthen the local economy, spending more of our budget on local supply and supporting local development and regeneration.</li> <li>• Continue to switch over to greener and more sustainable energy and health technologies</li> </ul>	Mar 2024	Green	<ul style="list-style-type: none"> <li>• HR continue to develop the accessibility of employment opportunities with the Trust, including through internships for people with LD and autism, partnering with local education and work to reduce undue barriers to recruitment.</li> <li>• Procurement is now measuring the number and size of contracts the Trust has within radiuses of locality to the hospital and is working to grow local supply. It is also looking to align with regional initiatives, including the YH Sustainability Commission recommendation to join the Supply Chain Sustainability School.</li> <li>• Trust-wide rollout of reusable surgical gowns happened in April 2023 and has been successful, both for environmental sustainability and cost-saving and supply-resilience. We are currently undertaking an evaluation of roll out and engaging with Trauma and Orthopaedics to tailor the approach to fit their way of working. Reusable surgical caps are also available, and we are planning an audit to see what other items would be amenable for a switch over from single use.</li> </ul>



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

Lead Director	Objectives (including key metrics to measure success)	Key Actions and Milestones	Completion Date	RAG Status	Progress Update
Bob Kirton/ Rob Mccubbin	<p>We will build on existing work and exceed national expectations through the delivery of the Trust's Green Plan, the Active Travel Plan and the formation of a new Decarbonisation Plan.</p> <p>Delivery measured by:</p> <ul style="list-style-type: none"> <li>Increase recycled waste (KG's)</li> <li>Reduction in anaesthetic gas use (volume and CO2 reduction)</li> <li>Energy (kWh) and CO2 reduction from decarbonisation scheme</li> <li>Increase in Ultra Low Emission Vehicles (ULEV) on NHS Fleet Scheme</li> <li>Reduction in the number of single use PPE in areas where reusable PPE has been rolled-out</li> </ul>	<p><b>Travel and Transport</b></p> <ul style="list-style-type: none"> <li>Develop and implement proposal to set an emissions cap of 100g/km CO2 for vehicles on NHS Fleet Solutions lease scheme</li> <li>Install additional electric vehicle charging points (2 x public &amp; 2 x staff/public) - Subject to funding</li> <li>Develop new Active Travel Plan to reduce car use and increase staff walking and cycling to work</li> <li>Review the potential to offer EV pool vehicles for staff to reduce the impact of business travel</li> <li>Install engine switch off signage across our car parks.</li> </ul> <p><b>Energy &amp; Carbon Reduction</b></p> <ul style="list-style-type: none"> <li>Carry out a feasibility study to investigate the potential to install photovoltaic solar panels to generate clean renewable energy</li> <li>Recruitment of self-funding energy and waste officer (subject to approval)</li> <li>Final commissioning of low carbon technologies (decarbonisation scheme)</li> <li>Installation of energy monitoring equipment</li> <li>Carry out a review to with a view to switching from piped Nitrous Oxide to cylinders to minimise waste and reduce greenhouse gases</li> <li>Loan equipment to staff to help reduce energy and carbon reduction at home.</li> </ul> <p><b>Green Waste</b></p> <ul style="list-style-type: none"> <li>Support wider scale rollout of re-usable Personal Protective Equipment</li> <li>Install external dual recycling bins</li> <li>Remove products from general waste to recycling waste stream.</li> </ul> <p><b>Procurement</b></p> <ul style="list-style-type: none"> <li>Identify single use equipment and switch to reusable alternatives</li> <li>Where possible source products and services locally to support the regional economy.</li> </ul> <p><b>Plans &amp; Partnerships</b></p> <ul style="list-style-type: none"> <li>Develop an action plan setting out a key set of actions in-line with our Green Plan</li> <li>Develop schemes to support the strategic direction as outlined as part of the new Decarbonisation Plan's roadmap to support the delivery of net-zero targets for future years</li> <li>Work closely with other public and private sector bodies to contribute to the delivery of carbon reduction strategies and plans.</li> </ul>	<p>Jun 2023</p> <p>Jun 2023</p> <p>Mar 2024</p> <p>Mar 2024</p> <p>Jun 2023</p> <p>Sep 2023</p> <p>Sep 2023</p> <p>Jun 2023</p> <p>Sep 2023</p> <p>Jun 2023</p> <p>Jun 2023</p> <p>Mar 2024</p> <p>Jun 2023</p> <p>Mar 2024</p> <p>Mar 2024</p> <p>Mar 2024</p> <p>Sep 2023</p> <p>Mar 2024</p> <p>Mar 2024</p>	Green	<p><b>Travel and Transport</b></p> <ul style="list-style-type: none"> <li>On-hold as the review indicated that this could impact availability to lower value vehicles and some members of staff's ability to access the lease scheme. Under further review.</li> <li>Initial scoping and specification complete, with competitive quotes to be received in July 2023.</li> <li>Works are progressing with the Active Travel Plan.</li> <li>Initial review undertaken but efforts have been concentrated on external bids for decarbonisation.</li> <li>Complete: engine switch off signage installed across car parks.</li> </ul> <p><b>Energy &amp; Carbon Reduction</b></p> <ul style="list-style-type: none"> <li>Initial feasibility complete and presented to the Sustainability Group, however it is not planned to progress any business proposals currently with the potential reduction in energy costs (therefore impacting payback timescales) and to await the outcome of the Salix bid.</li> <li>Advert Issued for the role in June 2023.</li> <li>Scheme substantially complete with final elements of commissioning to take place in July 2023.</li> <li>Works are on-going with the installation of energy monitoring equipment.</li> <li>Initial leakage assessment undertaken and with the process and proposals currently under review with clinical teams and reported via the Sustainability Group.</li> <li>Items purchased with initial trials complete. Plan to communicate over the summer to provide access to staff.</li> </ul> <p><b>Green Waste</b></p> <ul style="list-style-type: none"> <li>On-going with the transition taking place in a number of areas, including theatres.</li> <li>Complete: External recycling bins installed.</li> <li>On-going drive and monitoring to increase recycling.</li> </ul> <p><b>Procurement</b></p> <ul style="list-style-type: none"> <li>Social value being embedded as part of the procurement processes.</li> </ul> <p><b>Plans &amp; Partnerships</b></p> <ul style="list-style-type: none"> <li>Action plans presented to the Sustainability Group. Once finalised it will be presented at the finance &amp; performance committee. A film is currently being produced to support awareness around the trusts work to date and future plans.</li> <li>Bid submitted to Salix as part of the Low Carbon Skills Fund to provide funded consultancy to undertake detailed feasibility/design reviews to build on the Decarbonisation plan have been submitted. The Outcome of the bid is expected in July 2023.</li> <li>Contribution and attendance are being undertaken in professional networks and the ICB Sustainability Group.</li> </ul>

## BARNSELY HOSPITAL TRUST OBJECTIVES 2023–2024 – METRICS DASHBOARD (Q1 REPORT)

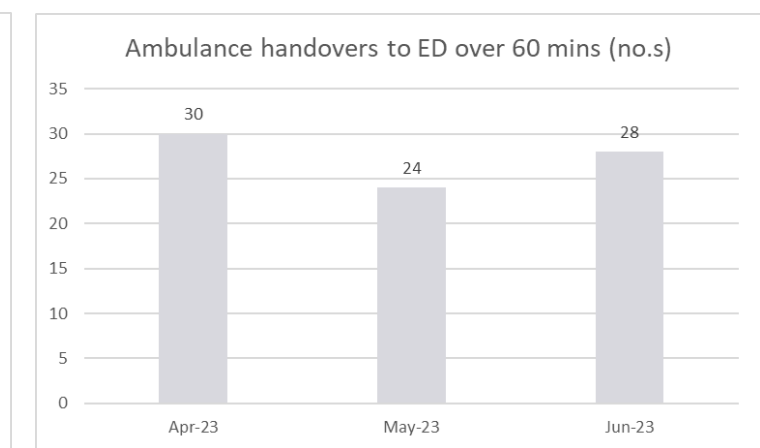
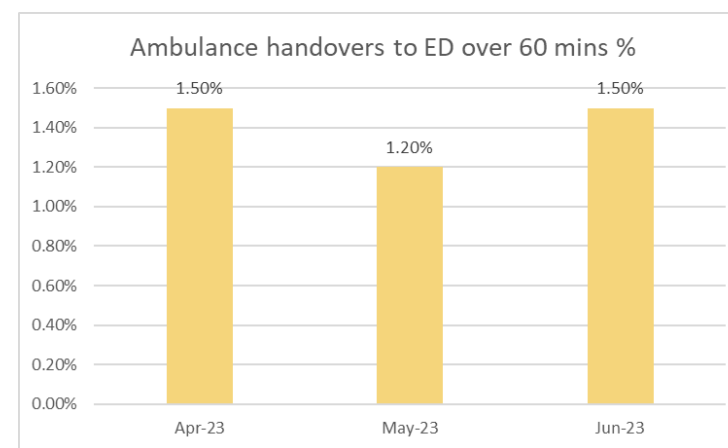
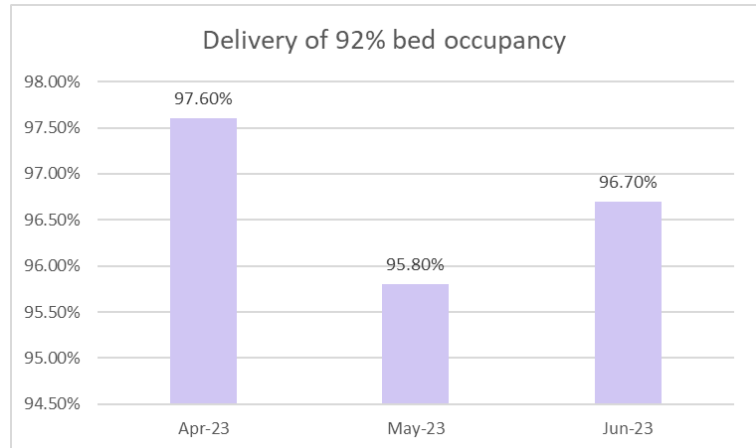
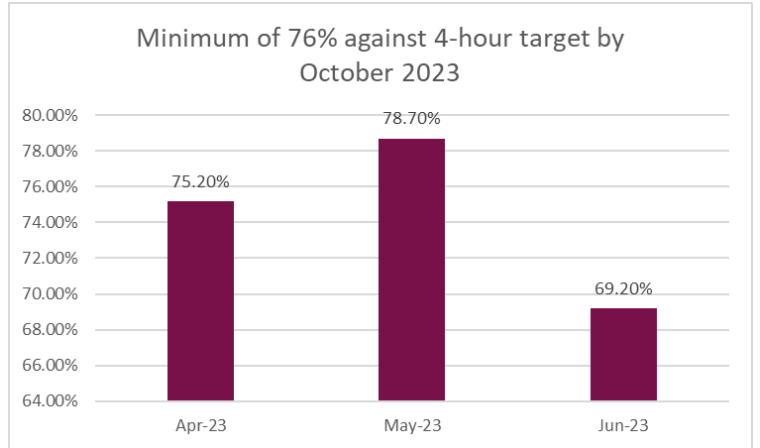
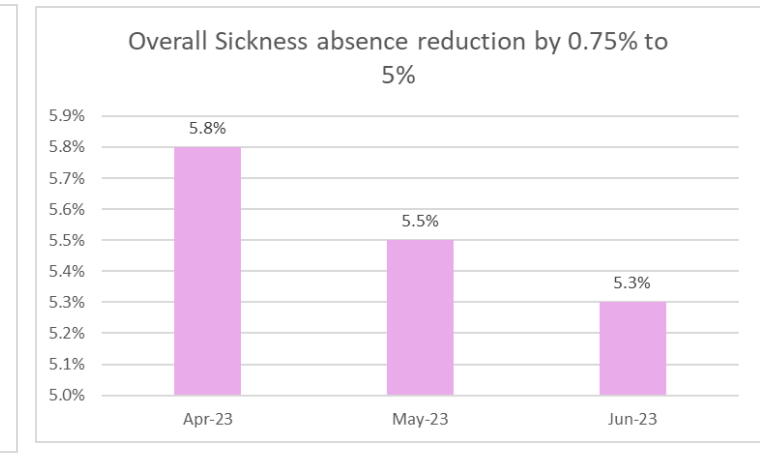
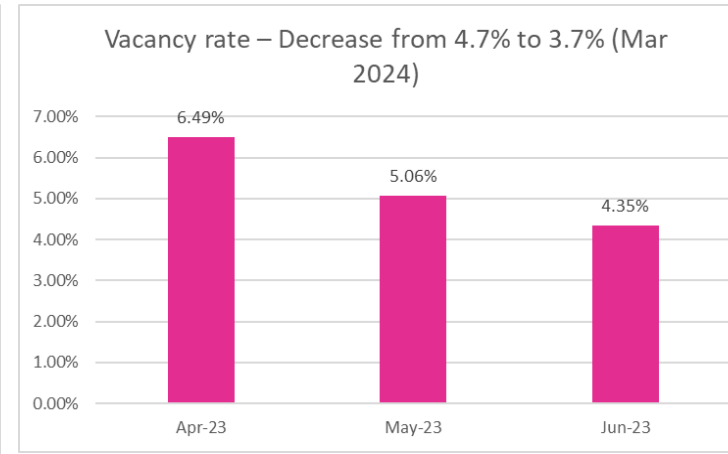
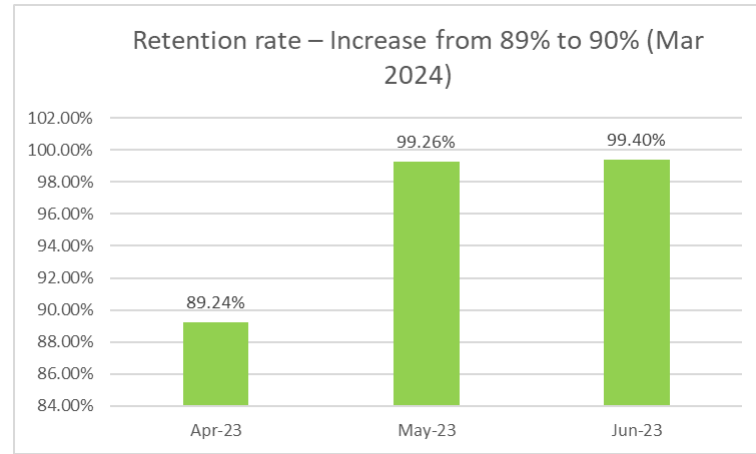
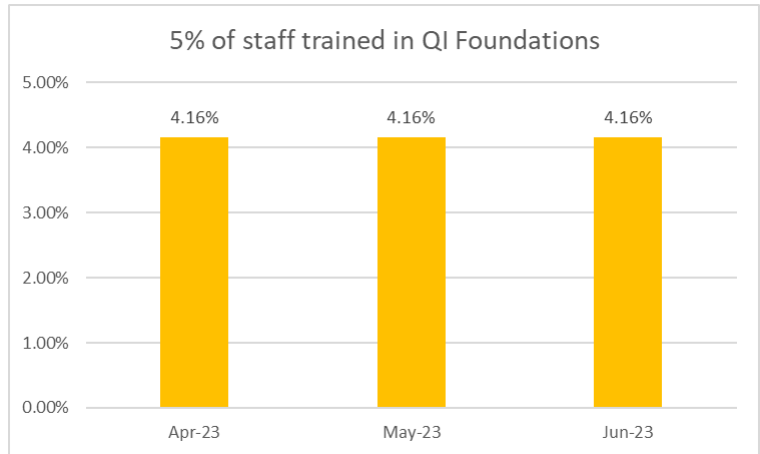
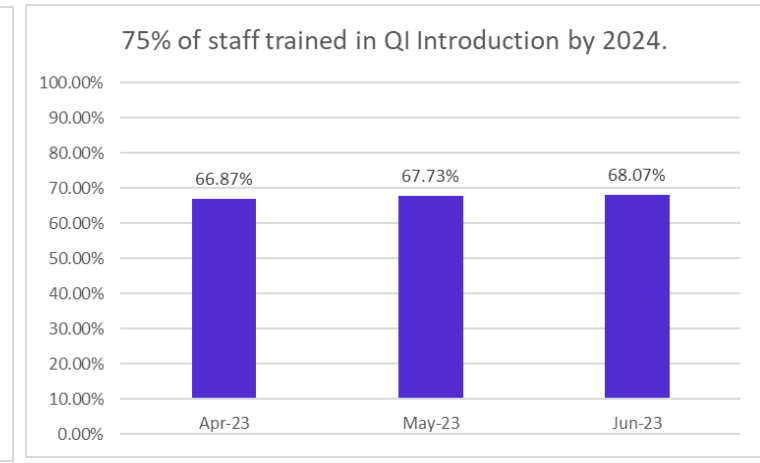
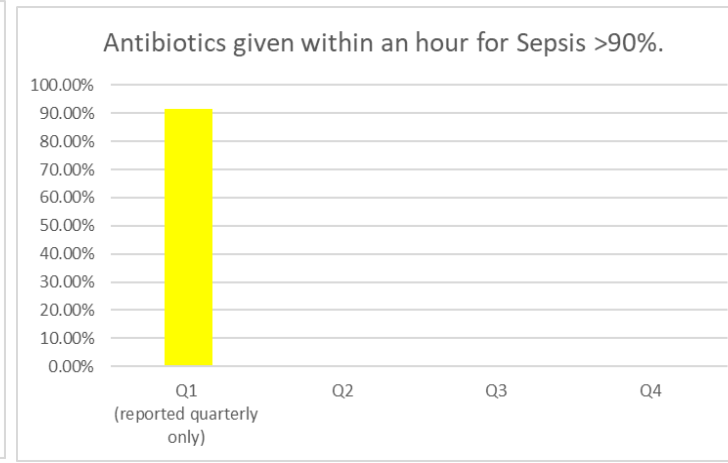
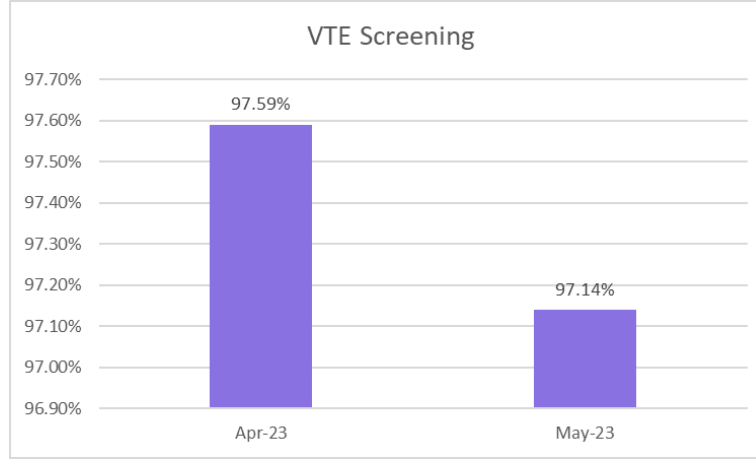
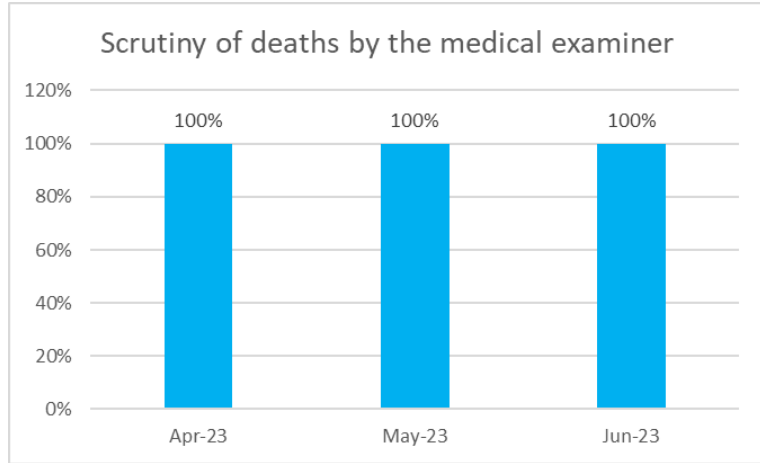
KPI	Overall Q1 Figure	Target	RAG Status	Trust Objective
Scrutiny of deaths by the medical examiner	100%	100%	On Track	Best for Patients & The Public
VTE Screening	97.14% (May-23)	95%	On Track	
Antibiotics given within an hour for Sepsis >90%.	91.61%	90%	On Track	
75% of staff trained in QI Introduction by 2024.	67.56%	75% BY 2024	Issues but Mitigation in Place	
5% of staff trained in QI Foundations	4.16%	5% BY 2024	Issues but Mitigation in Place	
Retention rate – Increase from 89% to 90% (Mar 2024)	95.97%	90%	On Track	Best for People
Vacancy rate – Decrease from 4.7% to 3.7% (Mar 2024)	5.30%	3.70%	Issues but Mitigation in Place	
Overall Sickness absence reduction by 0.75% to 5%	5.5%	5.00%	Issues but Mitigation in Place	
Minimum of 76% against 4-hour target by October 2023	74.37%	76%	Issues but Mitigation in Place	Best for Performance
Delivery of 92% bed occupancy as set out in the NHS England operational planning priorities	96.70%	92%	Significant Issues/Delays	
Ambulance handovers to ED over 60 mins %	1.40%	-	Complete	
Ambulance handovers to ED over 60 mins (no.s)	82	-	Complete	
Theatre Utilisation Rates - Main (Capped)	81.9%	85%	Issues but Mitigation in Place	
Theatre Utilisation Rates - Day (Capped)	75.8%	85%	Issues but Mitigation in Place	
BADS	89.0%	85%	On Track	
Cancer Performance - Faster Diagnostic Standard	75.80% (May-23)	85%	On Track	

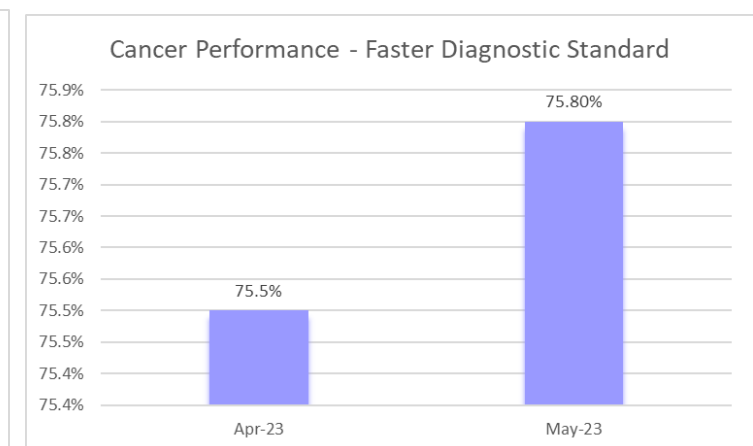
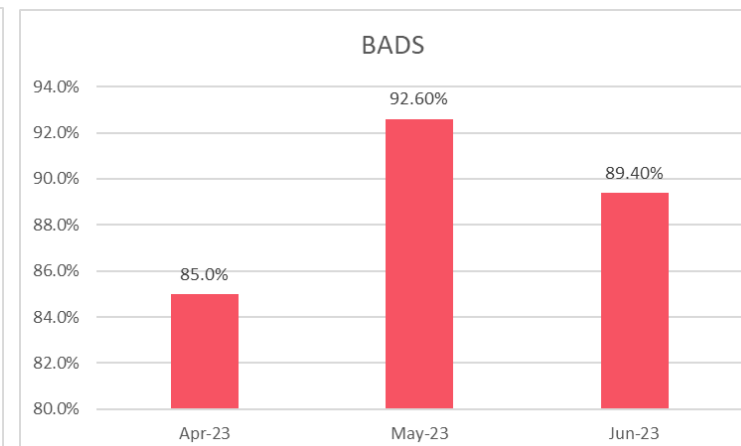
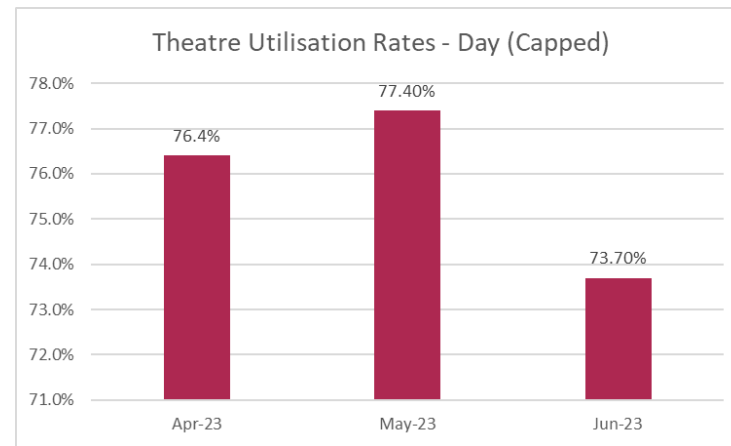
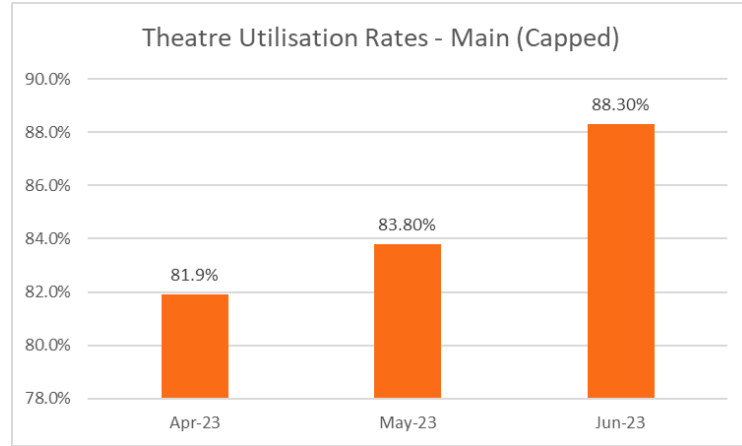
**RAG Key**

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

**To note:**

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





### Our Strategy 2022-2026



## 3.3. Mortality Report - Quarter One

For Assurance

Presented by Simon Enright

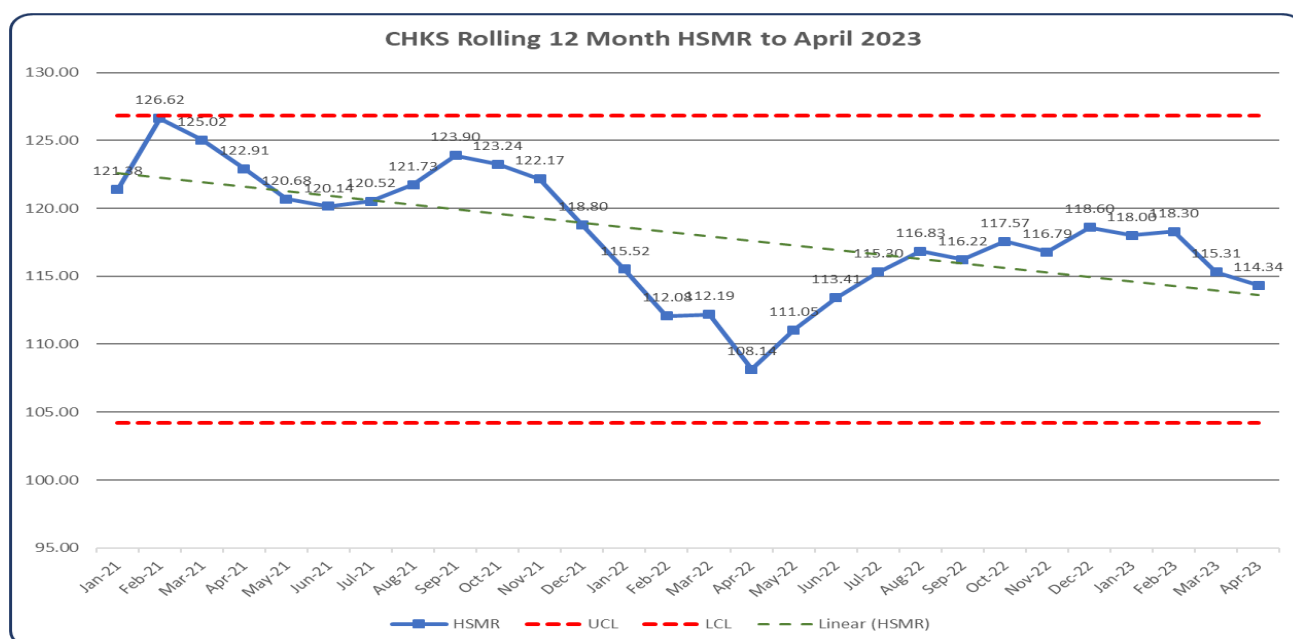


<b>REPORT TO THE BOARD OF DIRECTORS - Public</b>		REF:	<b>BoD: 23/08/03/3.3</b>	
<b>SUBJECT:</b>	<b>MORTALITY REPORT – QUARTER ONE</b>			
<b>DATE:</b>	3 August 2023			
<b>PURPOSE:</b>		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>		<i>Assurance</i>	✓
	<i>For review</i>		<i>Governance</i>	✓
	<i>For information</i>	✓	<i>Strategy</i>	
<b>PREPARED BY:</b>	Alex Walton, Information Analyst, Amy Sylvester PSQI Assistant and Tracey Radnall, Head of PSQI			
<b>SPONSORED BY:</b>				
<b>PRESENTED BY:</b>	Simon Enright, Medical Director			
<b>STRATEGIC CONTEXT</b>				
The Trust has a quality target to keep the overall Hospital Standardised Mortality Ratio (HSMR) within the statistically set limits for our hospital (Statistically set at $\geq 77.9$ and $\leq 136.2$ ).				
<b>EXECUTIVE SUMMARY</b>				
<b>Crude mortality:</b> Latest analysed year to date data (to the end of June) is 24.40.				
<b>SHMI:</b> The latest rolling month to February 2023 is 101.69 (classified as expected).				
<b>HSMR:</b> Latest data from CHKS is to April 2023 and reports 114.34 for the preceding 12-month period (classified as within limits).				
<b>Learning from Deaths compliance:</b> All non-coronial deaths are reviewed by the Medical Examiner Service and all requested SJR's have been completed.				
<b>Escalations to PSP:</b> There were eight escalations to PSP in April to June 2023 relating to deaths in Q4 2022/23				
<b>HSMR Statistics Improvements:</b> a HSMR T&F group chaired by the Medical Director has commenced specifically to support the changes needed in the electronic patient records to ensure episodes are recorded correctly.				
<b>Assurance level offered:</b> Good				
<b>RECOMMENDATIONS</b>				
The Board of Directors is recommended to review and receive the report.				
<i>Statistical data correct as of 25/07/2023</i>				



- Latest data is 2022/23 February 2023 is 101.69. The SHMI data at BHNFT is banded 'as expected' and within the upper and lower control limits set by NHS Digital (Lower: 0.89, Upper: 1.16).
- The SHMI is a ratio of the observed number of all in-hospital deaths and deaths up to 30 days post-acute trust discharge against the number of expected deaths.
- Any COVID-19 activity including any recorded on the death certificate is excluded from the SHMI (as of July 2020).
- The SHMI is not influenced by palliative care coding.
- The SHMI cannot be used to directly compare mortality outcomes between trusts. It is inappropriate to rank trusts according to their SHMI. [About the Summary Hospital-level Mortality Indicator \(SHMI\) - NHS Digital](#) NHS Digital accessed 11/04/2023.

### 1d: HOSPITAL STANDARDISED MORTALITY RATIO (HSMR): 114.34



- The 12-month rolling HSMR to April 2023 is 114.34 and within limits set by the external analytics company.
- The HSMR is a ratio of the observed number of in-hospital deaths at the end of a continuous inpatient spell to the expected number of in-hospital deaths (multiplied by 100) for 56 out of 260 Clinical Classification System (CCS) groups. This accounts for 83% of deaths.
- Only Covid-19 activity recorded in the first finished consultant episode is excluded from the HSMR
- The HSMR is sensitive to Specialist Palliative Care (SPC) coding. The higher percentage of deaths coded with specialist palliative care the lower the HSMR will be.

	Rolling 12 Month Benchmark Similar Profile Peer Group to April 2023	HSMR
The matched peer is revised by CHKS in consideration of any changes in the comparison organisations and has been accepted by the Learning from Deaths Group	South Tyneside and Sunderland NHS Foundation Trust	137.43
	Sherwood Forest Hospitals NHS Foundation Trust	129.48
	Harrogate and District NHS Foundation Trust	118.13
	<b>Barnsley Hospital NHS Foundation Trust</b>	<b>114.34</b>
	Chesterfield Royal Hospital NHS Foundation Trust	110.29
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	108.00
	James Paget University Hospitals NHS Foundation Trust	106.73
	Airedale NHS Foundation Trust	104.01
	The Rotherham NHS Foundation Trust	98.17
	Warrington and Halton Hospitals NHS Foundation Trust	95.22



### **1e: THE VARIANCE BETWEEN THE HSMR AND SHMI:**

Both the SHMI and HSMR are used for trend analysis. The ME escalations, SJR and escalations for review to PSP remain the most reliable assurance mechanism regarding patient care.

The SHMI currently reflects a good position for BHNFT however the HSMR is adversely affected by:

- Despite a downward trend in the in-month HSMR, the rolling 12 month continues to show the high in month peaks from last summer. Until the rolling data moves past this peak the statistic will remain high.
- As it currently stands Covid deaths are not included within HSMR if it is the primary diagnosis, but any patients with Covid-19 in the secondary or any other position will be included.
- Short and multiple finished consultant episodes reduce the opportunity to code an accurate diagnosis
- Lower percentage of deaths coded with specialist palliative care (25% at BHNFT compared to peers for example 43% at TRNFT) adversely affecting the relative risk of death calculation.
- Due to the impact of Covid on the HSMR during 2020-2021 the statistically expected number of deaths is likely to carry some adverse variations which will continue into 23/24:

### **1f: TASK AND FINISH GROUP**

Work is ongoing with the information team, coding team, IPC and palliative care team to address the identified HSMR issues including:

- The commencement of a HSMR T&F group, chaired by the Medical Director, which reports into the CEG
- A focus on reducing the number of false FCE's generated.
- Providing the coding team with reliable sources from which to code. The coding team are actively engaged in reviewing local coding policies to ensure all opportunities to support improvements in the HSMR are taken
- Implementing the recently reviewed Specialist Palliative Care Coding policy from April 2023 to ensure all opportunities to code specialist palliative care are available to the coding department.
- Ensuring data submission deadlines to SUS are understood and the impact of these on the HSMR. The closing down of the SUS (secondary users set) means that any retrospective changes made to coding cannot be seen until after the HES refresh that takes place in May each year, usually seen in July's published statistics.
- Continue monthly Flex and Freeze reviews and monthly data quality checks with CHKS

### **1g: COVID-19 (related deaths to June 2023).**

There were no incidents reported for HA Covid-19 resulting in deaths in April to June 2023. The last reported incident was in December 2022.

## 2: LEARNING FROM DEATHS

*GOVERNANCE: Learning continues to be discussed at the weekly mortality overview group with escalation to the Patient Safety Panel if required. The MOG action log is reviewed at LfM and where appropriate in the chairs log to CEG*

### 2a: COMPLIANCE AND LEARNING April 2023 -June 2023:

LEARNING SOURCE	ACTIONS COMPLIANCE & COMMENTS
Medical Examiner (ME) Scrutiny	<ul style="list-style-type: none"> <li>211 deaths and 211 scrutinies (100%)</li> </ul>
ME Feedback	<ul style="list-style-type: none"> <li>57 compliments passed to the clinical teams</li> <li>Seven concerns passed to the clinical teams</li> </ul>
MEO referral to PALS	<ul style="list-style-type: none"> <li>Two</li> </ul>
ME Escalations to MOG	<ul style="list-style-type: none"> <li>22</li> </ul>
Mortality Overview Group (MOG) Actions	<ul style="list-style-type: none"> <li>Ten SJR's requested</li> <li>Action log reviewed and future learning bulletins agreed.</li> <li>39 MOG actions completed</li> <li>129 case notes reviewed for coding (HSMR Alerts, Sepsis and Cardiac Arrest)</li> </ul>
SJR Compliance	<ul style="list-style-type: none"> <li>100% within 20 Working day timeframe</li> </ul>
MOG Escalations to the Patient Safety Panel	<ul style="list-style-type: none"> <li>Eight deaths were escalated to the Patient Safety Panel in Q1 (none in June) relating to deaths occurring in Q4 2022/23.</li> </ul>
PSP Decisions	<ul style="list-style-type: none"> <li>Decisions taken:</li> <li>No further action,</li> <li>Local investigation,</li> <li>High Level Review,</li> <li>education to be provided on the deteriorating patient by the ART team</li> <li>and actions for the nutritional operational group.</li> </ul>
Learning from Mortality Group	<ul style="list-style-type: none"> <li>Chairs log from 12 July 2023 will be shared to the CEG: 16 August 2023</li> <li>Next meeting planned for: 13 September 2023</li> </ul>
Learning from Deaths Bulletins <b>April 2023 to June 2023</b>	<ul style="list-style-type: none"> <li>Edition 84 – Referring Deaths to HM Coroner</li> <li>Edition 85 – Ward Level Care</li> <li>Edition 86 – Hyperkalaemia</li> <li>Edition 87 – Acute Oncology</li> <li>Edition 88 – Safeguarding DOLS</li> </ul>
CBU speciality reports	<ul style="list-style-type: none"> <li>CBU speciality level HSMR reports are now available on IRIS</li> </ul>
Mental Health SJR Report	<ul style="list-style-type: none"> <li>The Mental Health SJR report is shared quarterly with the Mental Health Steering Group</li> </ul>
Learning Disabilities & Autism SJR Report	<ul style="list-style-type: none"> <li>Learning Disabilities &amp; Autism report is shared quarterly with the safeguarding lead.</li> </ul>
End of Life SJR findings report	<ul style="list-style-type: none"> <li>This report shares the findings of End of Life Care within mortality reviews on deceased patients where a Structured Judgment Review was requested.</li> </ul>
Escalations from the SJR's	<ul style="list-style-type: none"> <li>Any identified periods of poor care in SJR's are escalated by Mortality Overview Group to Patient Safety Panel.</li> </ul>
Thematic review of escalations to the PSP	<ul style="list-style-type: none"> <li>Thematic review of escalations to the PSP are reported on bi-annually to the LfMG and shared with governance groups.</li> </ul>

## 2c: IMPROVEMENT PROJECTS

HSMR T&F Group	This group is chaired by the Medical Director and has started specifically to review the issues around the multiple finished consultant episodes that our Trust has in comparison to other Trusts. The group provides a chairs log direct to CEG
First Finished Consultant Episode	The Electronic Patient Records systems has examples of multiple Finished Consultant Episodes, an example being a patient who was under two different consultants but had a further ten movements. This has been highlighted at the recently commenced HSMR Task and Finish Group. This group has started specifically to review the issues around the multiple finished consultant episodes that our Trust has in comparison to other Trusts.
Specialist Palliative Care Comparison to Peers – Local Coding Policy	A revised SPC local coding process has been approved and has been in use from April 2023  The Clinical Nurse Specialist in Palliative Care and the Macmillan Trust Lead Cancer Nurse have reviewed on how the activity can be captured and will have a shared format for coders to identify.
Maternity and the 2018/19 MBRACE Report	The merged MBRACE report for 2018 and 2019 shows Barnsley has risk factors for having high rates of neonatal death in young women, mostly from a very deprived area, giving birth here at the Trust but for assurance the Trusts rates are below the national average. Of 2878 babies born within the Trust in 2018, there was Ten Stillbirths and Six Neonatal deaths. Of 2927 babies born within the Trust in 2019, there was Eight Stillbirths and One Neonatal death. There has been further education around difficult airway management in extremely premature babies and there is continuous work ongoing within Maternity.
Child Deaths	In March 2023 there was one expected death of a four-year-old, this case has no safeguarding concerns and did not require a JAR completing. In April 2023 there was one expected death of an 11-month-old, this case did have safeguarding concerns and as this death was down to medical reasons, there was no indication for a JAR completing.  A collated report of the 20 child deaths which occurred between April 2022 and March 2023 is currently going through governance meetings and will be available for the next report
Medical Examiner Service – timeliness of scrutinies	A meeting took place on the 15 <sup>th</sup> May 2023 to put a process in place for the medical examiner service to scrutinise from paper notes due the delays caused by scanning the notes for Mediviewer first. This will help with reducing delays with death certification for the bereaved.
Resuscitation	The 2022/23 Cardiac Arrest Audit shows the Trust has remained under the national average. For the full year, there were 54 cardiac arrests, which is again below the national average of 1 arrest per 1000 admissions, Trust being 0.7 arrest per 1000 admissions

ReSPECT Update	<p>ReSPECT is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices. It provides healthcare professionals responding to that emergency with a summary of recommendations to help them to make immediate decisions about that person's care and treatment, including whether cardiopulmonary resuscitation (CPR) should be attempted.</p> <p>The Patient Safety and Quality Improvement team (PSQI) developed a project plan and awareness training for users. After approval by the ET, the ReSPECT process was successfully adopted by BHNFT on 15<sup>th</sup> March 2023, during the junior doctors' strike, without any additional resources.</p> <p>Since the ReSPECT process was adopted in BHNFT the PSQI team have completed several post-implementation quality reviews which found the completed ReSPECT plans were more patient centred and encouraged open and honest conversations between patient, their families and clinicians.</p>
Coroners Referral Form	<p>A revised electronic version of the Coroners referral form has been created by the Mortality Overview Group, the ME office and it has been supported by legal services. This has been approved for use by the LfM group. Guidance notes have been issued to help improve the quality of the referrals to HM Coroner</p>

## 2d: MEDICAL EXAMINER SERVICE:

The Trust continues to support the roll out of the ME service in Barnsley, maintaining close links and regular quarterly meetings taking place between the medical director and the regional medical examiner.

The service expects to have all GP's participating by October this year and in addition are preparing for a new case management system, electronic medical certificate of cause of death (MCCD) and potentially extended hours.

The service is directly supported by the Medical Director, the AMD for mortality, the Head of patient safety and legal services.

The National Medical Examiner's report for 2022 was published in May 2023 and is available here: [National Medical Examiner's report 2022 \(england.nhs.uk\)](https://www.england.nhs.uk/national-medical-examiner-report-2022/). the report focuses on the work completed to date with implementation of the system and the impact of the ministerial statement in April 2023. This sets out the pathway towards implementing the full statutory medical examiner system, from April 2024.

The Trust will need to review its processes to ensure the ME office is aligned to the National ME agenda and not undertaking any bereavement office type functions. A proposal will be taken to ET to take this work forward.

## 2e: CONCLUSION:

There is no single measure to directly relate care quality and mortality outcomes. Mortality metrics can be used as 'smoke signals' for further investigation within the wider context of coding, case mix and care.

A higher than expected measure does not equate to poor care and a lower does not equate to good care.

The greater assurance comes from the medical examiner system and learning from deaths process which offers first stage scrutiny and a more in-depth review of individual patient care where indicated. Combining the two is the best approach to promote understanding and improvement.

This report demonstrates:

- mortality statistics are within statistically expected limits
- compliance with the ME and LfD processes
- any identified poor care is escalated to the PSP for further action
- learning themes are shared
- improvement projects are undertaken in line with either mortality statistics or learning from deaths

and therefore, offers **Good Assurance** to the board.

<b>Good Assurance</b> <i>if all of the criteria are met</i>	<ul style="list-style-type: none"><li>• mortality statistics are within statistically expected limits</li><li>• compliance with the ME and LfD processes</li><li>• poor care is escalated to the PSP for further action</li><li>• learning themes are shared</li><li>• improvement projects are undertaken in line with either mortality statistics or learning from deaths</li></ul>
<b>Limited Assurance</b> <i>if one or more of the criteria are not met</i>	<ul style="list-style-type: none"><li>• Mortality statistics are outside of statistically expected limits</li><li>• Poor compliance (&lt;75%) with the ME and/or LfD processes</li><li>• Failure to escalate poor care</li><li>• Failure to share learning</li><li>• Failure to undertake remedial actions/improvement projects</li></ul>

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

For Assurance

Presented by Becky Hoskins



<b>REPORT TO THE BOARD OF DIRECTORS - Public</b>	REF:	<b>BoD: 23/08/03/3.4</b>
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<b>SUBJECT:</b>	<b>MATERNITY SERVICES BOARD MEASURES MINIMUM DATA SET</b>
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<b>DATE:</b>	July 2023
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<b>PURPOSE:</b>		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>		<i>Assurance</i>	<input type="checkbox"/>
	<i>For review</i>	√	<i>Governance</i>	√
	<i>For information</i>	√	<i>Strategy</i>	

<b>PREPARED BY:</b>	Maternity Governance Team
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<b>SPONSORED BY:</b>	Rebecca Hoskins, Acting Director of Nursing & Quality
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<b>PRESENTED BY:</b>	Sara Collier-Hield, Head of Midwifery
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**STRATEGIC CONTEXT**

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

**EXECUTIVE SUMMARY**

In the reporting period of June 2023:

- Three new cases were notified to MBRRACE.
- No new cases were referred to HSIB.
- There was one new SI declared and no new HLR's declared.
- There is one ongoing SI and one ongoing HLR.
- 10 incidents were graded as moderate harm or above, duty of candour was completed in all cases.
- Information on the Index of Deprivation is included this month and work has commenced to apply this when looking at incidents
- Training compliance has been challenged by doctors strikes and the requirement that training is MDT. Extra training days planned. Fetal wellbeing training compliance has been added to the risk register.
- High level of midwifery vacant shifts due to absence for various reasons impacting the service and continuity of carer provision.
- CQC Maternity draft report received July 2023.

**RECOMMENDATION(S)**

The Board of Directors is asked to review the maternity minimum data set on a monthly basis to maintain oversight of Barnsley maternity services.

## **1. Introduction and overview (Appendix A)**

This report will provide monthly oversight of perinatal clinical quality as per the minimum required dataset, ensuring a transparent and proactive approach to Maternity safety across Barnsley Hospital NHS Foundation Trust. An introduction to Continuity of Carer, Clinical Negligence Scheme, Ockenden and CQC preparation is provided for context and information. Overall the report intends to provide assurance surrounding any identified issues, themes, and trends to demonstrate an embedded culture of continuous improvement.

## **2. Details of perinatal deaths, Healthcare Safety Investigation Branch (HSIB) cases and all incidents graded as moderate harm or above (Appendix B, C and D)**

### **2.1 Perinatal Mortality REVIEW Tool (PMRT) (Appendix B) and HSIB/SI/HLR Reports (Appendix C)**

There were no new or ongoing cases with HSIB in June.

There were three intrauterine fetal deaths notified to MBRRACE in June. There has been no identified themes with these deaths at this time, further information can be seen in Appendix B. There was one Barnsley PMRT report finalised in June, there were no care issues identified.

There are two ongoing investigations, one SI (113693) and one HLR (113006). In June there was one new SI declared (113693) (Appendix C).

### **2.2 Incidents graded moderate harm or above (Appendix D)**

In June, there were ten incidents graded moderate harm and above. Following the Intra Uterine Fetal Death (IUFD) (SI:113693 declared June) at 35 weeks gestation, the maternity team are working with the electronic observation provider for non-pregnant and paediatric patients receiving care in the trust. This will enable any pregnant or recently pregnant woman to have their observations recorded digitally. This may not take place until 2024. Therefore, work continues to ensure that Maternity Early Warning Score (MOEWS) is utilised across the trust and appropriate escalation is made. This has been discussed at Patient Safety Panel on 17<sup>th</sup> July 2023 and the deputy Medical Director has indicated he will support embedding correct process in Emergency Department. This will be using a paper MOEWS chart which the rest of the Trust do.

There were five transfers to the Neonatal Unit (NNU), graded as moderate harm. All term admissions to the NNU are discussed at the weekly MDT ATAIN meeting. Four incidents were categorised as unavoidable and one was categorised as avoidable due to management of low blood sugars. Current process means babies have a bedside machine reading first, which is then checked via a capillary sample before treatment. The maternity training team are undertaking tea trolley teaching to update maternity staff on how to take capillary samples. A task and finish group has been setup led by the infant feeding lead to work with the neonatal team to update the guidance, this is expected at the Women's Business and Governance meeting in August 2023.

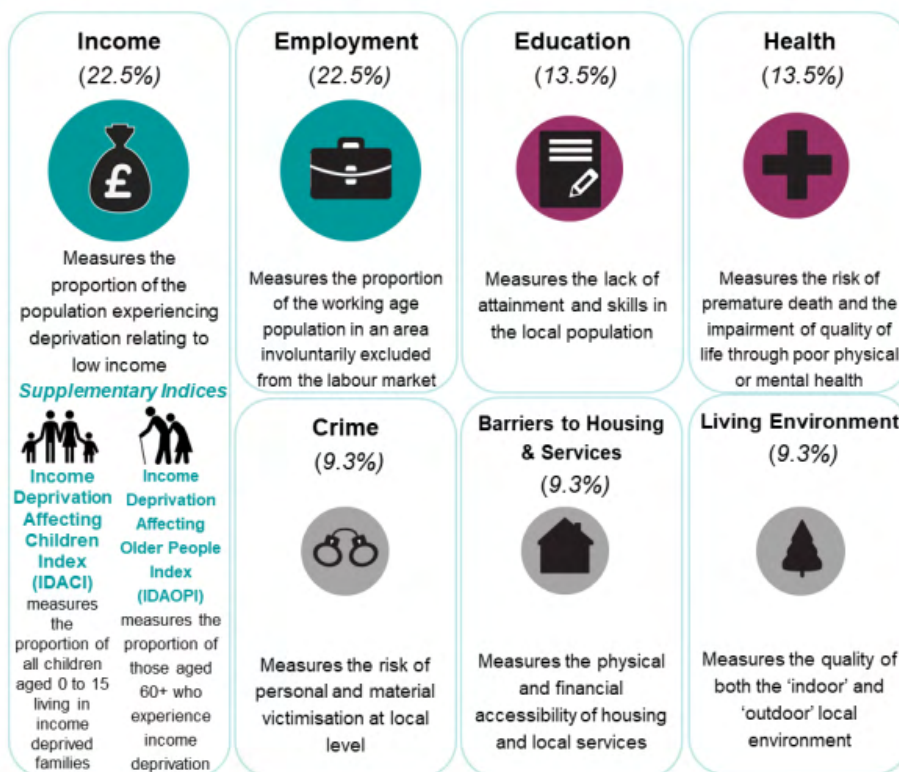
### **2.3 Index of Deprivation (IOD) (Appendix D)**



Living in a disadvantaged area has been linked to a number of adverse healthcare outcomes in pregnancy including the development of diabetes, increased rate of miscarriage, stillbirth and NND.

The IoD (gov.uk, 2019) is comprised of seven distinct domains of deprivation (see infographic below) which, when combined and appropriately weighted a score from 1 (most deprived) to 10 (Least deprived) is assigned. Each postcode is allocated a score. Of the ten incidents in June 4 were from the most deprived area. A further review of these incidents will be undertaken to ascertain whether antenatal care was appropriate and whether or not they were booked onto a continuity of care team as this has been shown to improve outcomes for women in vulnerable groups.

*There are 7 domains of deprivation, which combine to create the Index of Multiple Deprivation (IMD2019):*



### **3. Training Compliance**

#### **3.1 Mandatory Training (Appendix E)**

The maternity education team have met with the Trust ESR link and they are in the process of reviewing each staff code and assigned e-learning. At present the assigned training does not match actual staff requirements and is causing inaccuracies with compliance.

There has been an increase in overall training compliance figures this month due to the Education Team supporting individuals to complete their mandatory e-learning.

From August 2023 additional basic life support sessions will take place on the Birthing Centre to improve compliance.

#### **3.2 PROMPT (Appendix E)**

Compliance with the MIS Core Competency Framework can be seen in Appendix E. In June the PROMPT training day could not take place due to the junior doctors strikes, this has resulted in a decrease in the rolling annual compliance. A further date has been arranged

for August to maintain the training trajectory required to meet the CNST MIS compliance rate >90% for each staff group.

Within the last 12 months there are five doctors who have not rotated to another Trust. Therefore, these are the only staff who can be included in the 'in house' PROMPT rolling annual figures and compliance remains below 50%. There is work ongoing within the LMNS to create a PROMPT passport for junior doctors to evidence PROMPT compliance within the last 12 months, regardless of Trust.

### 3.2.1 Community drills (Appendix E)

The Practice Education team are now supporting the facilitation of the community emergency training days after a pilot day took place in March 2023. The next day will be held on 20<sup>th</sup> July 2023. The day will include role specific training as per the MIS year 5 core competency framework including reviewing the homebirth guideline and statistics, communication and teamwork, reflections on local homebirth incidents, equipment needed for a homebirth and emergency scenarios.

### 3.3 Fetal Monitoring Training

Current compliance with the one day fetal monitoring training remains at 52.09% for all staff groups. In May the fetal monitoring training was not multidisciplinary as there was no obstetric attendance due to clinical capacity. In June and July, the training dates have been cancelled due to the junior doctor strikes.

This was acknowledged at the Maternity Neonatal Transformation group and a decision has been taken that due to three consecutive months with no MDT fetal monitoring training this has been added to the risk register. This is in recognition of the reputational and financial risk to the Trust due to the potential failure to meet MIS year 5. The MIS Safety Action 6 states that the Trust must train 90% of each staff group on fetal monitoring via the multidisciplinary full day face to face training day by December 2023 to enable submission of compliance with MIS standards to the board. Two further training dates have been scheduled in August and October and compliance continues to be closely monitored.

The Doctors now out of date with the competency test are being contacted individually to address this.

### 3.4 Safeguarding Level 3

The maternity establishment training compliance continues to increase. The pastoral midwives are working with the Safeguarding team to book all new staff onto the 'Think Family' day during their supernumerary period. The Maternity Training Team continue to work with staff and leads to facilitate training attendance.

The Neonatal staff remain >90%. The Consultant Obstetric Team are aware of the staff that need to complete Safeguarding Children's level 3 and work is ongoing to rotate the medical staffing on ESR to their new units to enable accurate compliance reports.

## **4. Safe Staffing**

### 4.1 Maternity

In October 2023 ten newly qualified midwives will join the Maternity team. There is a planned program of supernumerary time to support their transition to registered midwives.

There are 1.44 WTEs midwives leaving the trust due to job promotions or leaving the profession. All leaving staff have 'stay' conversations and exit interviews. These hours will be used to increase the hours already offered to the newly qualified midwives starting in October.

Jun-23	WTE	% of clinical midwife posts including area leads (111.65)
Band 5/6 vacancy	5.97	5
Band 5/6 posts offered	8.6	
Band 5/6 forecast to leave	2.41	
Maternity leaves	6.6	6
Long term sickness	6.61	6
<b>Total of vacancy and non-working staff</b>	<b>19.18</b>	<b>17</b>

The table above highlights the current pressure felt in the midwifery workforce by adding up the maternity leaves, long term sickness and vacancy. Currently 17% of the planned workforce are not available to work (or haven't started). The team leads continue to support staff on long term sick, as do the pastoral midwives.

#### 4.2 Medical Staffing

Issue	Mitigation	Assurance
2 x consultant post vacancy	Locums used to cover any clinical activity where there is a gap.	Interview 23 <sup>rd</sup> March, one Consultant appointed  2 applications submitted – to be shortlisted by Clinical leads
2.4 x Registrar level 3 Entrustability	Locums used to cover the on-call gaps	Consultants will only remain on site during the on call if a Reg is on the Entrustability matrix and no locum is secured and no other option is available. However, if this is the case activity for the following day would need to be cancelled. Where a locum is secured the Consultant will remain non-resident
0.4x vacancy at tier 1 (training gap) 1x maternity leave	Locums used to cover Gap until August	Rotation in August



#### 5. Service User Feedback

In June Maternity services received 3 'very good' responses. Positive findings were: couldn't ask for better care, all staff were outstanding, staff very welcoming friendly and approachable

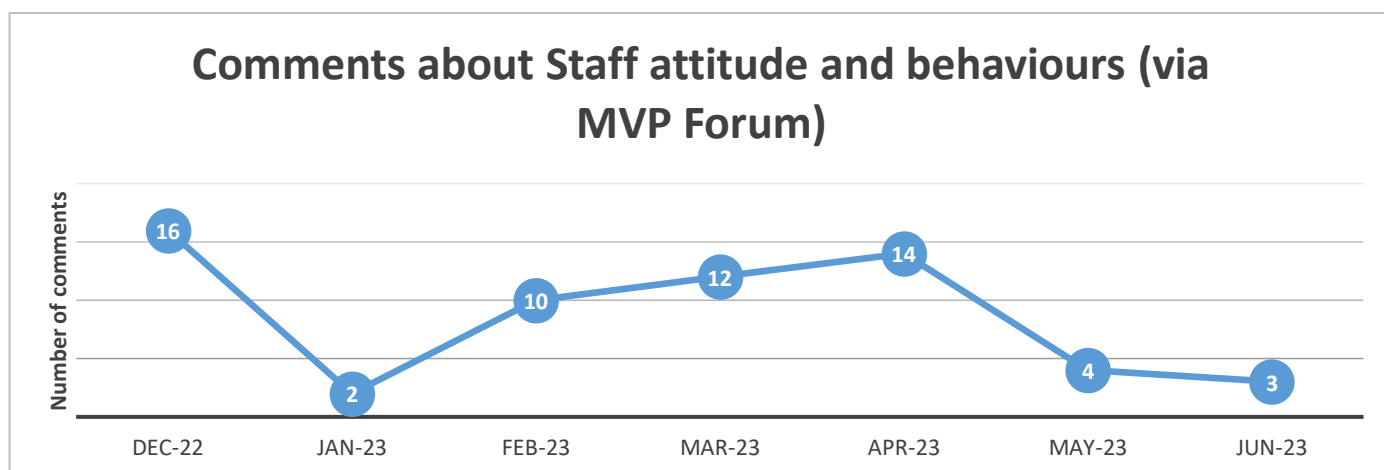
There was 1 'poor' response which was due to a delay in induction of labour (IOL) due to acuity. There were 2 'very poor' responses a further related to IOL at 38 weeks with the patient incurring a 4 day wait to be transferred to Birthing Centre. The second 'very poor' response was due to staff attitudes/not being helpful to the patient and family. There was one neither good/bad response which was again a delay in transfer to the Birthing Centre for IOL.

The patient experience action plan continues to be submitted to the Women's Business and Governance Meeting and the Patient Engagement Group. The matrons continue to meet with Maternity Voice Partnership (MVP) on a monthly basis, to review themes and to undertake "you said we did" for social media.

Repeated themes are: Lack of parking, access to antenatal classes, staff attitudes and behaviours with the actions remaining as previous month. Work continues with regard to HALAL meals. The Public Health Midwife is part of the LMNS working group looking at the reintroduction of face to face parent education.

Themes	Narrative	Aim	Action	Owner	Date	RAG	Update
REPEATED THEME  Theme: Staff attitudes and behaviours	Communication ideas to be shared with MVP to make communicated language positive  Monthly feedback to be shared with all staff  Theme to be discussed at staff meetings  Escalate themes to Maternity Transformation Meeting. Maybe look at look at QI project  Review of non-midwifery workforce on the ward – admin/support workers	Reduce negative verbal comments and improve patient experience	Feedback from women and families via MVP	MVP  Lead Midwives  Matron  HOM/  DHOM	May 2023		The MVP have been requested to speak to the service users who have commented negatively on staff attitudes and behaviours to ask if they have any specific names and what shifts it happens on most i.e days or nights. The manger can then address this with a more target approach.
REPEATED THEME  Information re support following a traumatic birth  Midwives not knowing about traumatic births	Share feedback with all staff  Theme to be discussed at staff meetings  Staff to ensure women and families understand what happened to them – birth journey  Links to attitudes and behaviours  Post to be put on e Midwife for signposting  Obstetric staff to debrief women and their families	Women will be better supported	Email to Leads to disseminate to staff  Identify any training needs	Matron  Lead Midwives  Mental Health Team	July 2023		Feedback shared via mandotry trianing.

REPEATED THEME	Post to be put on E Midwife	Fully inform women so they understand	Email to CoC Lead to disseminate	Matron Lead Midwife	June 2023	GREEN	
Information of what it means to be in a Continuity of Care Team	Share monthly feedback with CoC Team "you said we did "						



The inpatient Matron has overseen work around feeding back to staff when staff attitudes are the source of a complaint. This includes monthly training on patient experience for staff on their training week. This work is ongoing but appears to be making an impact.

Compliment received and shared with staff re their knowledge and support which made a service user feel 'safe'. Staff were professional and addressed all concerns.

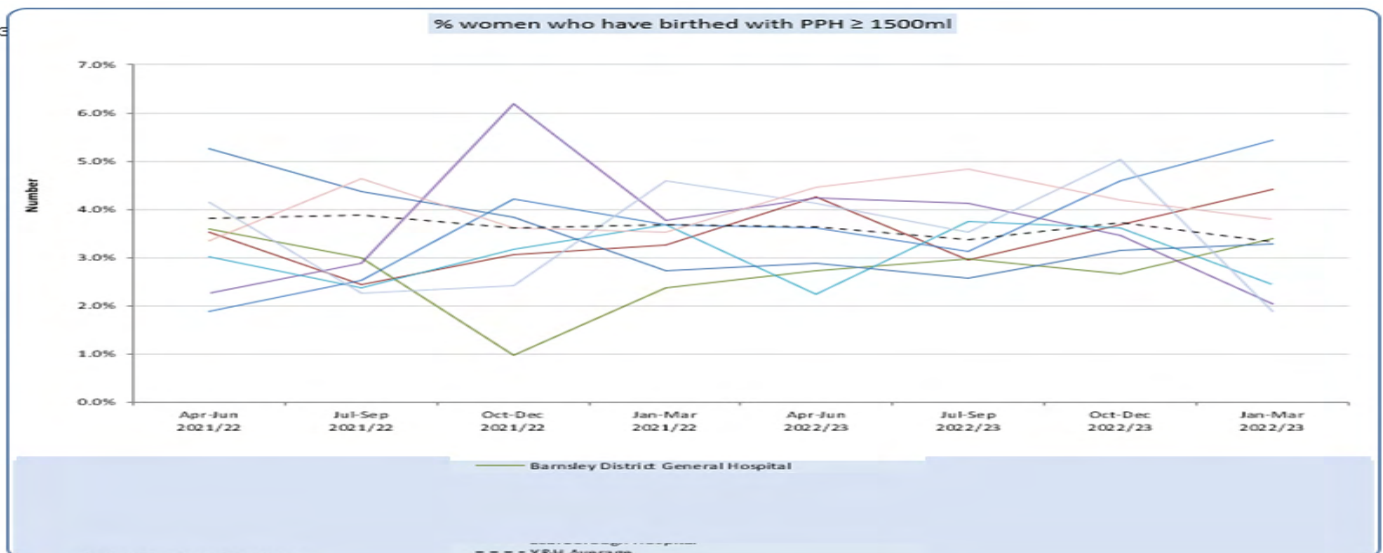
#### **6. Staff feedback from frontline Safety Champions**

<u>Date</u>	<u>Area</u>	<u>Feedback</u>	<u>Action taken</u>
26.06.23	All	<p>The HOM and myself visited the Antenatal/Post-natal ward this month. The ward was busy but calm and care appeared well organised. We didn't speak to anyone who works on the ward substantively but spent some time chatting to a colleague from the Continuity team. She talked about some of the concerns the team are facing with change which Sara (HOM) was aware of. Sara explained that there is some time planned for her to go and meet with the team to help them iron out the issues. Sara was clear that issues would be addressed if possible but the Trust ambition to continue with the Continuity model would not be compromised.</p> <p><b>Jackie Murphy</b> <b>Director of Nursing &amp; Quality</b></p>	None to be taken

## 7. Trust Maternity Dashboard (Appendix F)

### 7.1 Post-partum Haemorrhage

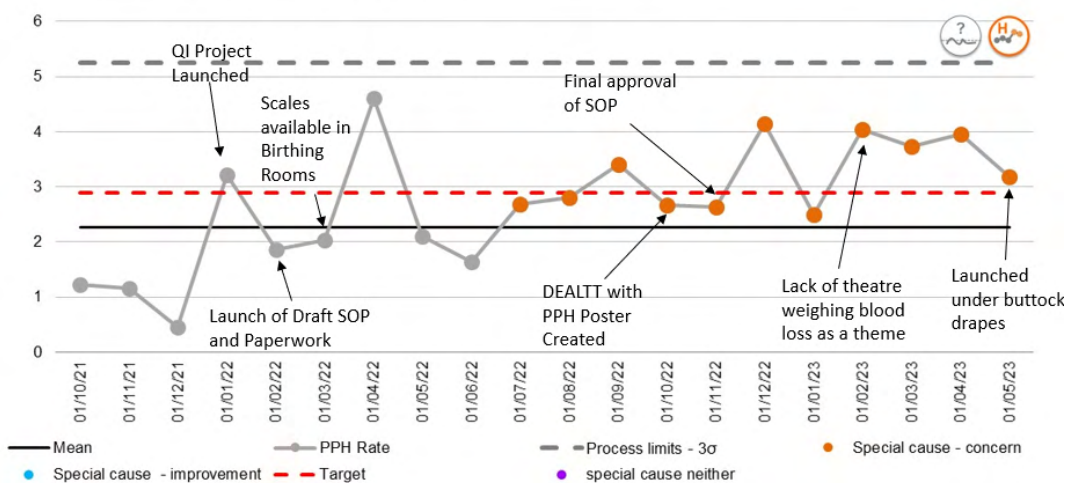
In June a deep dive was presented at the Maternity and Neonatal Transformation Group. The Yorkshire and Humber Clinical Network no longer have a target rate for PPH. Within the region we have one of the lowest rates. It was approved by the Maternity and Neonatal Transformation Group to remove the RAG rating from the local dashboard. Until Q4 Barnsley was not above the average PPH rate within the region (see the graph below).



The aim to reduce the PPHs of  $\geq 1500\text{ml}$  has been a Quality Improvement (QI) project at Barnsley since January 2022. In January 2023, a twice monthly PPH MDT meeting was jointly launched with blood transfusion and theatres.

Numerous interventions have been used after demonstrated successes within other Trusts (see graph below) and initially some improvement was seen. There appears to be no correlation with the mode of birth or 3<sup>rd</sup>/4<sup>th</sup> degree tear rate.

BHNFT PPH >1500ml Rate - starting 01/10/21



Maternity services will continue to report the rate on the dashboard, hold twice monthly MDT meetings and monitor the QI project via Women’s Business and Governance and Maternal and Neonatal Transformation Meetings.

## 7.2 Caesarean section data

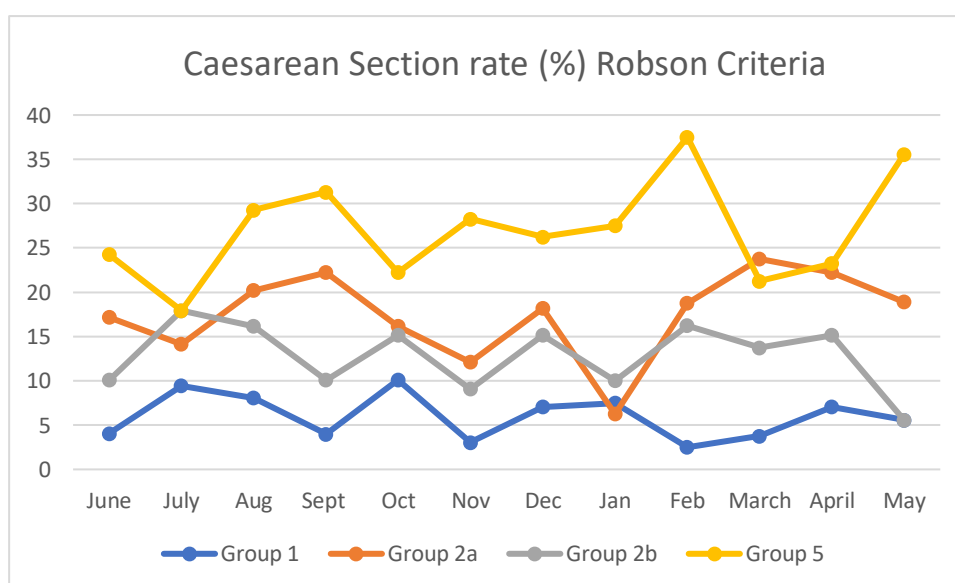
Following communication on the 15<sup>th</sup> February 2022 from NHS England, the total caesarean section rate data is no longer RAG rated and is not used as a maternity services quality metric. The Robson Criteria are now recommended for use to monitor caesarean section activity with no targets attached. The system classifies all women who have a caesarean section into one of 10 categories that are mutually exclusive and, as a set, totally comprehensive. The categories are based on five basic obstetric characteristics that are routinely collected in all maternity units:

- How many previous pregnancies the woman has had
- Whether there are twins or triplets etc, or not
- Whether there has been a previous caesarean section
- Whether onset of labour occurs spontaneously, or is induced
- How far advanced the pregnancy is
- Whether the baby is in the normal vertical, head down position, or not

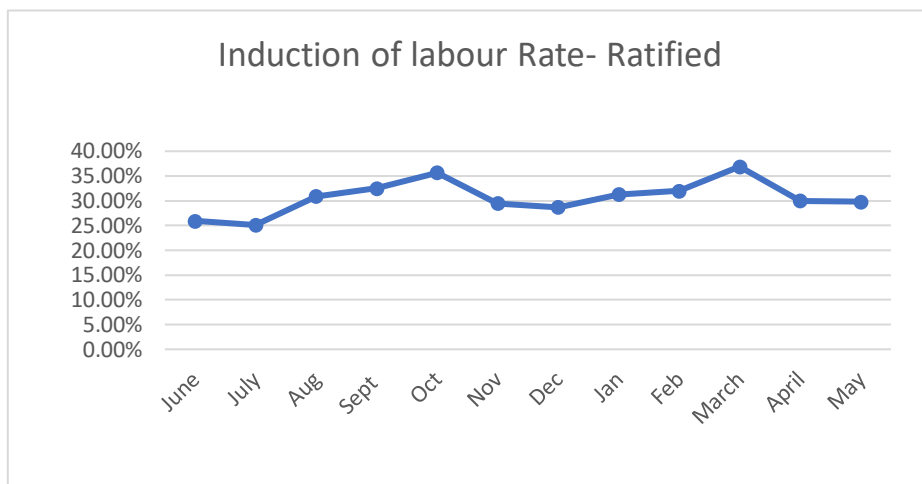
This has been in place for more than a year within maternity services and Trusts are monitored on 3 main groups, Group 1, Group 2 and Group 5.

- Group 1 looks at Nulliparous women with a single cephalic pregnancy, >37 weeks gestation in spontaneous labour
- Group 2 looks at Nulliparous women with a single cephalic pregnancy, >37 weeks gestation who either had (a) labour induced (IOL) or were (b) delivered by LSCS before Labour
- Group 5 looks at All multiparous women with at least one previous uterine scar, with single cephalic pregnancy >37 weeks gestation.

All 10 groups are reported monthly on the local dashboard and the 3 main groups above are highlighted for focus and review.



From the graph above it can be seen that the nulliparous women that are induced are more likely to birth by a caesarean section (group 2). The Inpatient Matron is undertaking a review into the reasons for IOL at the Trust to further explore the rising IOL rate, this will be presented at Labour Ward Forum in August. In November 2022 the new trust guidance was updated in line with NICE which offers all women a choice of an IOL from 40+7. This does not have appeared to affected the IOL rates at the Trust.



The service would like to share this more detailed information twice a year in the Board paper.

### **8. Continuity of carer (CoC)**

The impact of the number of absences (vacancy, sickness and maternity leave) is spread across the service and is impacting the continuity teams ability to provide intrapartum care. In relation to Amethyst team, the team have had to stand down night availability cover for a likely period of a few months as staff leave the team and others re-join. The regional midwife lead for continuity of carer is supporting the team and team lead to do this.

May Data	Amethyst Team	Emerald Team	Sapphire Team
Total number of births	30	25	30
Total number of women who received intrapartum care by the Team	15	16	20
Total number of women who did not receive care (reasons include no midwife on call, already on labour ward caring for another woman)	15	9	10
Total percentage of women in receipt of intrapartum continuity of care	50.00%	64.00%	66.66%



## **9. The Maternity Incentive Scheme- CNST (Appendix G &H)**

MIS year 5 was published on the 31<sup>st</sup> May 2023 (See [MIS-year-5-FINAL-31-5-23.pdf \(resolution.nhs.uk\)](#)). Due to the tight timeframe for submission of the 1<sup>st</sup> February 2024 this is now a key area of focus for all staff with responsibilities for a safety action. Meetings are now in diaries with the Deputy Head of Midwifery supporting the process. Progress will be reported to board monthly going forward.

Initial concerns in relation to meeting the training standard based on the technical guidance has been solved by a change to the wording in the guidance. Meeting compliance remains a challenge in light of the doctors strikes.

## **10. Saving Babies Lives Version three (SBLV3)**

An implementation tool has been developed to allow trusts to undertake a detailed gap analysis to assess their progress against SBLCB and to identify key areas for targeted improvement. This tool supports trusts and LMNSs to work towards full implementation of SBLCB and the Maternity Incentive Scheme (MIS) Year 5 from NHS Resolution. The care bundle is a significant driver to deliver the commitment to reduce stillbirth, maternal mortality, neonatal mortality, and serious brain injury by 50% and preterm births from 8% to 6% by 2025.

## **11. Ockenden 7IEAs and 15EAs**

### **Ockenden 7IEAs (Appendix I)**

Actions relating to the first 7 IEA's are now "even better ifs".

The Tendable® audit tool was due to be activated for the Antenatal Clinic by June 2023, this has not occurred. Once implemented, the tool will enable service users to be asked if they feel they have been adequately offered choice and have felt fully informed when making decisions. This question is now being asked on the Antenatal and Postnatal Ward (ANPN) and 66.6% (2 out of 3) of women asked in June felt they had been given relevant written/electronic information to assist with decision making. The monitoring of this vital measure will continue as the service are aiming for 100%.

One comment was; 'Patient felt that when IOL was booked, minimal information was given, didn't feel that she had a choice.' A new IOL leaflet has been co-produced with the Maternity and Neonatal Voices Partnership (MNVP) and will be available shortly.

### **Ockenden 15EAs (Appendix J)**

All red actions in the benchmarking were reviewed at the meeting in June. There has been no change for red actions within EA 1 and 2:

#### **EA 1: Workforce Planning & Sustainability**

There remains no nationally recognised labour ward coordinators module, the LMNS are exploring a local programme.

#### **EA 2: Safe Staffing**

"In trusts with no separate consultant rotas for obstetrics and gynaecology (O and G), there must be a risk assessment and escalation protocol for periods of competing workload. This must be agreed at board level".

It is proposed that a protocol is written to ensure safe medical staffing levels are in place. The review and update of the Medical Staffing Guidance provides guidance thus reducing the risk.

In June there were four actions reviewed in detail at the monthly Ockenden meeting, these were:

Escalation & Accountability  
Learning from deaths  
Multidisciplinary Team Training  
Bereavement Care.

### EA 3 Escalation & Accountability

*“When a middle grade or trainee obstetrician (non-consultant) is managing the maternity service without direct consultant presence trusts must have an assurance mechanism to ensure the middle grade or trainee is competent for this role.”* Further work is required for oversight of the required action plan when presence is not achieved. The Governance Lead Midwife is meeting with the Obstetric Lead Consultant to review to current process and explore the options.

*“Trusts should aim to increase resident consultant obstetrician presence where this is achievable.”* The latest workforce report does not allocate any number of staff as it is now in relation to the complexity of the work. Previously RCOG has stated 60 hour on site cover is required, which is achieved at the Trust.

### EA 6 Learning from deaths

All actions are completed however, following further review at June’s meeting clarity will be added to the Maternity Governance Strategy.

The guidance will clarify if a family were to decline a Health Safety Investigation Branch (HSIB) review then compliance would be achieved of a *“joint review panel/investigation must have an independent chair, must be aligned with local and regional staff and seek external clinical expert opinion where required”* by engagement with any coroner’s investigation and the LMNS governance peer review process.

### EA 7 Multidisciplinary Team Training

The remaining action is to ensure the LMNS has approved the content of the training. The education team have escalated this to the South Yorkshire ICB project lead.

### EA 13 Bereavement Care

Training of 13 bereavement champions across maternity services will commence on the 17<sup>th</sup> July. This will enable a seven day cover of staff who have received more in depth training. The bereavement champion training will cover the wider governance and paperwork around fetal loss and the consent for post mortem examinations. All bereavement champions will be trained to take post-mortem consent.

The Trust does not yet have a date for transfer to BadgerNet® and no further changes are being scheduled to Careflow® This is impacting the ability for women to input their personalised pregnancy plan and data oversight for the governance team is challenging and is limited.

## **12. Guidelines**

There are five Maternity guidelines out of date on the TAD; Three are relating to alcohol and substance misuse in pregnancy and are being merged into one guideline. This guideline was

approved at Women's Business and Governance meeting in June and is timetabled for approval at CBU3 governance in July. The Jaundice guideline is being updated by the paediatric consultant, the delay in updating this guideline has been escalated at CBU3 governance in June 2023. The integrated care pathway is a partnership pathway which requires review with partner agencies e.g. 0-19 service. Key stakeholders have met to review this guideline.

### **13. Feedback from Women's Business and Governance**

Escalation took place to the CBU3 Governance meeting for the following items;

- Connectivity issues in community continue leading to an inability to access patient records and record consultations at the time. Escalation of these issues are discussed with the trust IT team regularly.
- We are unable to progress work on paediatric alerts becoming digital due to the migration from careflow to Badgernet. This means not all staff have access to them which has the potential to impact on care. This is on the risk register (2108).
- The Integrated Care Pathway (ICP) is currently out of date. This guidance sits with the Children's Partnership and Children's Social Care. A meeting has been arranged to review this guidance.

### **14. Feedback from Maternity & Neonatal Transformation Meeting (Appendix K)**

The Chair's log from the Maternity and Neonatal Transformation Group is shared in appendix J.

### **15. CQC**

It was announced in July 2022 that every maternity unit not inspected by CQC since April 2021 would have a maternity inspection carried out. The inspection focuses on the domains of "safe" and "well led" and involves a one day site visit by a team including specialist advisors and an evidence submission. The inspection in Barnsley took place on 18 April 2023.

The draft CQC report on the maternity inspection was received by the Chief Executive on 5<sup>th</sup> July 2023.

The factual accuracy will be returned to the CQC on 19<sup>th</sup> July 2023

The full report will be shared when finalised.

### **16. Three Year Delivery Plan**

We continue to work with the LMNS on the development of a process to provide assurance to the ICB about progress with the Three Year Delivery Plan. The tool created will also be shared with the Mat Neo Transformation Group to ensure the Safety Champions are assured of progress.

## Appendix A - Barnsley Hospital NHS Foundation Trust Data Measures Table

CQC Maternity Ratings Jan 2016	Caring	Responsive	Effective	Well led	Safe
	Good	Good	Good	Good	Good

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Number of perinatal deaths completed using Perinatal Mortality Review Tool	0	0	2	0	0	1	2	2	1	3	2	1
Number of cases referred to HSIB	0	0	0	0	0	0	0	0	0	0	0	0
Number of finalised reports received from HSIB	0	0	0	1	0	0	0	0	0	0	0	0
Number of finalised internal SI reports	0	1	0	0	0	0	0	0	1	0	0	0
Number of incidents graded as moderate harm or above	13	20	16	6	22	10	9	9	10	7	9	10
Number of Coroner's Regulation 28 Prevention of Future Death Reports in relation to maternity services	0	0	0	0	0	0	0	0	0	0	0	0
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly to the trust	0	0	0	0	0	0	0	0	0	0	0	0
Training compliance for all staff groups in maternity related to wider job essential training (%) (MAST)	88.60	86.99	87.2	86.50	86.24	84.40	85.35	82.6	82.89	80.80	80.75	81.43
Training compliance for all staff groups in maternity related to the core competency framework (%) (PROMPT) <i>Reset to zero from January 2023</i>	94.9	94.9	94.9	94.9	98.9	98.9	8.09	16.44	26.34	34.38	43.75	43.75
Fetal monitoring training full day attendance (%)	-	-	5.1	16.5	22.2	28.5	36.48	35.29	42.2	50.95	52.09	52.09
1 to 1 care in labour %	99.6	100	99.5	100	100	99	99	98.8	100	100	99.6	99
BBC co-ordinator not supernumerary (Data from Birthrate plus®)	2	0	1	2	1	1	0	1	2	0	0	3
Midwifery Vacancy rate (WTE)	7.4	5.47	7.46	5.14	5.1	1.26	6.46*	4.34	5.6	8.6	8.6	8.97
Medical Vacancy rate (WTE)	1.4	2.4	3.2	3.2	3.4	3.4	2.8	4.8	3.4	5.8	2.4	4.4
Women booked CoC %	28.9	32.4	32.3	36.5	34.3	36.8	37.6	39.6	35.4	34.6	27.6	-
Of those booked for CoC- Black, Asian and mixed ethnicity backgrounds %	0.0	13.33	60	25	53.3	38.5	50.0	47.0	33.3	2	0	-
Of those booked for CoC- <10 <sup>th</sup> centile according to deprivation index %	14.0	19.6	35.5	18.5	18	19	40.0	11	28.3	20	16	-
Of those booked for CoC, Intrapartum CoC received %	77.4	Not available	64.15%				83.82	80.88	80.88	78.3	60	

## **Appendix B – PMRT**

### **PMRT Notified cases**

Case	Reason PMRT required	Final report due
87810	IUFD at 35+2	SI investigation
87877	IUFD at 26+1-Fetal abnormalities	Dec 2023
88171	IUFD at 40+4	Dec 2023

### **PMRT Ongoing cases- BHNFT**

Case	Reason PMRT required	Final report due in the month of
85508	33+4 IUFD	July 2023
85991	24+6 Loss in ED	SI investigation, awaiting PM, coroner informed

### **PMRT Ongoing cases- Assigned to BHNFT**

Case	Reason PMRT required	Lead Trust	Final report due in the month of
83713	Late Miscarriage 22+2	Sheffield- The Jessop Wing	Pre published
80365	24+6 NND	Sheffield- The Jessop Wing	Overdue, all BHNFT information complete

### **Finalised PMRT report**

ID Number	Incident summary	Findings and actions
85508	Intrauterine fetal death at 33+6 weeks gestation. Low Risk pregnancy. The cause of death of the baby was determined to be: Fetal and Maternal vascular mal-perfusion.	There were no care issues identified during the review.

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

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

## **Appendix C – HSIB/SI/HLR Reports**

### **Cases referred and ongoing with HSIB**

There were no new or ongoing cases reported to HSIB in June.

### **Cases declared an SI/HLR**

One new case was declared an SI in June;

Case ID	Summary	Investigation progress
INC-113693	The mother attended ED reporting sudden onset chest pain radiating to the left shoulder and shortness of breath. She had raised BP and this was not escalated to the obstetric team. The next day she made a telephone call to the Maternity Assessment Unit (MAU). She was triaged by a student midwife and given advice. Two days later she attend the MAU reporting reduced fetal movements and on examination an IUFD was diagnosed.	Interviews with staff have commenced.

### **Ongoing SI/HLR**

There is one ongoing SI and one ongoing HLR in June;

Case ID	Summary	Investigation progress
INC-113693	This was the mothers first pregnancy. She attended ED with abdominal pain. On arrival she visited the bathroom and birthed on the toilet. The coroner PM has confirmed the baby was stillborn. This case is being investigated as an SI.	The final report is with the quadrumvirate for approval.
INC-113006	Off pathway birth of twins at 25+4 weeks gestation. Potential missed opportunity to admit the Mother when she attended ANDU reporting uterine irritability and blood on urinalysis. Admission may have facilitated an IUT and avoided an off pathway birth. This off pathway birth was discussed at the LMNS peer review meeting. Admission was graded C which states issues identified which may have made a difference to the outcome. The babies now remain under the care of Barnsley NNU. This case is being investigated via the HLR process.	All staff have been interviewed and the report is being drafted.

### **Finalised HSIB/SI/HLR reports**

There were no finalised HSIB/SI or HLR reports in June.

## Appendix D - Incidents graded moderate harm and above

Incidents graded moderate harm or above as per LMNS criteria	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Uterine rupture	0	0	0	0	0	0	0	0	0	0	0	0
Perineal tear (3 <sup>rd</sup> /4 <sup>th</sup> degree)	2	3	1	0	3	1	2	1	4	4	2	2
Unexpected hysterectomy	0	0	0	0	0	0	0	0	0	0	0	0
ICU Admission	0	1	1	0	0	1	0	1	1	0	0	0
Unexpected return to theatre	0	1*	0	0	0	0	0	0	0	0	0	0
Enhanced maternal care >48 hours	1	0	0	0	0	0	0	0	0	0	0	0
Postnatal readmission	4	3	3	3	6	0	0	4	1	0	1	2
Never events	0	0	0	0	0	0	0	0	0	0	0	0
Term admission to neonatal Unit (number)	5	10	11	3	12	7	6	6	4	3	4	5
Term admission to neonatal Unit (%) (national target <5%)	2.05	4.18	4.50	1.23	4.85	3.00	2.70	2.9	2.1	2.0	1.6	2.0
Fracture to baby that has resulted in further care	0	0	0	0	1	0	0	0	0	0	0	0
Perinatal loss	0	2	0	0	2	0	1	1	0	0	1	1
Maternal death	0	0	0	0	0	0	0	0	0	0	0	0
PPH	0	0	0	0	0	0	1	0	0	0	0	0

## Ethnicity of patients who have suffered moderate harm and above

Ethnicity	Number of women											
	July	Aug	Sept	Oct	Nov	Dec	Jan 2023	Feb	March	April	May	June
White British	10	11	11	4	15	6	8	11	6	6	8	9
Any other white background	3	7	2	1	3	1	1	2	3	0	0	0
Any other mixed background	0	1	3	0	2	0	0	0	1	0	0	0
Black Caribbean or Black British Caribbean	0	0	0	1	0	0	0	0	0	0	0	0
Black African or Black British African	0	0	0	0	0	1	0	0	0	0	0	0
Indian	0	0	0	0	0	0	0	0	0	1	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	1



Not stated	0	1	0	0	1	0	0	0	0	0	0
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**Index of Deprivation (IoD) patients who have suffered moderate harm and above**

Index of Deprivation	Number of women
	June
1 Most deprived	4
2	1
3	0
4	1
5	0
6	2
7	1
8	1
9	0
10 Least deprived	0

## Appendix E - Training compliance

### MAST training compliance June 2023

Department	Business Security and Emergency Response	Conflict Resolution	Equality and Diversity	Fire Health and Safety	Infection Control Level 1	Infection Control Level 2	Information Governance and Data Security	Moving and Handling Back Care Awareness	Moving and Handling Practical Patient Handling Level 1	Moving and Handling Practical Patient Handling Level 2	Resuscitation Level 2 Adult Basic Life Support	Safeguarding Adults Level 2	Safeguarding Children Level 1	Safeguarding Children Level 2	Overall Percentage
163 CBU 3 Management Team	100 %	100%	100%	83.33 %	81.82 %	71.43 %	94.44%	100%	66.67 %	66.67 %	85.71 %	85.71%	88.89%	100.00%	90.38%
163 Maternity Establishment	93.26 %	90.18 %	98.87 %	68.54 %	86.67 %	68.07 %	71.35%	96.07%	56.86 %	72.73 %	64.63%	78.72%	100.00 %	64.71%	79.11%
163 Obstetrics & Gynaecology Medical Services	86.11 %	85.00 %	97.22 %	72.22 %	84.62 %	69.57 %	77.78%	97.22%	56.52 %	N/A	73.91%	73.91%	92.31%	50.00%	81.38%

### PROMPT Rolling annual compliance

Staff Group	PROMPT Rolling annual compliance (%)							
	Nov 22 (%)	Dec 22 (%)	Jan 23 (%)	Feb 23 (%)	March 23 (%)	April 23 (%)	May 23 (%)	June 23 (%)
<b>Hospital Midwives</b>	94.05	77↓	88.17↑	76.84↓	82.79↑	79.59↓	76↓	64.70↓
<b>Community Midwives</b>	100	91.42↓	97.22↑	82.05↓	89.47↑	89.74↑	84.61↓	62.85↓
<b>Support workers</b>	90.9	84↓	85.18↑	80.64↓	73.33↓	67.64↓	81.48	60.60↓
<b>Obstetric consultants</b>	100	90↓	90→	100↑	87.50↓	75↓	77.77↑	75.00↓
<b>All other obstetric doctors</b>	42.85	33.33↓	38.09↑	36↓	36→	44.4↑	47.36↑	47.36→
<b>Obstetric anaesthetic consultants</b>	100	77.27↓	77.27	95.23↑	90.47↓	85.71↓	80.95↓	66.66↓
<b>All other obstetric anaesthetic doctors</b>	100	91.6↓	90↓	90→	90→	90→	100↑	66.66↓

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

Staff Group	PROMPT in year compliance commencing January 2023 and the forecast (%) (reset to 0 in January 2023)											
	Jan	Feb	March	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Midwives	7.4	15.67↑	23.13↑	37.95↑	46.04↑	Drs Strikes	57.25	63.04	76.08	84.05	91.30	100
Support workers	12.5	18.75↑	25↑	33.33↑	51.85→		59.26	66.66	68.75	78.12	84.38	100
Obstetric consultants	22.2	22.2→	25↑	25→	33.33↑		50	62.50	75	87.50	100	100
All other obstetric doctors*	4.76	9.5↑	14.28↑	22.22↑	33.33↑		36.84	52.63	68.42	78.94	89.47	100
Obstetric anaesthetic consultants	18.18	33.33↑	38.09↑	33.33	42.85↑		52.38	61.90	71.42	80.95	90.47	100
All other obstetric anaesthetic doctors	0	0→	0→	10↑	20→		30	50	70	80	90	100

**Community skills and drills compliance and forecast from January 2023**

Staff Group	Community skills & drills in year compliance commencing March 2023 and the forecast (%) (reset to 0 in January 2023) Relaunched in July 2023											
	Jan	Feb	March	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Community midwives	0	0→	12.82↑	No training in place			28.2	43.58	56.41	74.35	87.17	100
Support workers	0	0→	0→				0	0	25	50	75	100

## Fetal Monitoring Training

Training compliance for fetal monitoring full day face to face training (%)																
Staff Group	Sept 22	Oct	Nov	Dec	Jan 23	Feb	March	April	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Midwives	3.57	14.2↑	21.42 ↑	28.6↑	35.65↑	34.32↓	41.9↑	51.09↑	51.09→	Drs strike	Drs strike	54.74	65.69	83.21	90.51	93.43
Obstetric consultants	10	30↑	30→	40↑	44↑	44→	50↑	55.5↑	55.5→			66.66	77.77	89	100	100
All other obstetric doctors	25	50↑	50→	50→	40↓	40→	40→	40→	33.3↓			41.66	58	75	91.6	100
Overall percentage	5.1	16.5↑	22.2↑	28.5↑	36.48↑	35.29↓	42.2↑	50.95↑	52.09↓			54.43	65.82	82.91	91.13	94.30

Competency assessment undertaken and passed for fetal monitoring within the last 12 months (combined K2 and/or app based test) (%)							
Staff Group	December 22	January 23	February 23	March 23	April 23	May 23	Jun 23
Midwives hospital	81.81	86.02 ↑	95.78 ↑	100 ↑	98.90 ↓	94.00 ↓	95.09 ↑
Midwives community	66.66	88.88 ↑	92.30 ↑	92.30 →	94.80 ↑	97.40 ↑	97.14 ↓
Obstetric consultants	88.88	88.88 →	100 ↑	100 ↑	100 ↑	66.66 ↓	77.77 ↑
All other obstetric doctors	100	100 →	80 ↓	80 →	70 ↓	50 ↓	75 ↑

## Safeguarding Training Compliance

Children's level 3 safeguarding training	Number of staff required	Percentage Compliant (%)			
		March	April	May	Jun
Maternity establishment	159	66.7	68.87 ↓	67.72 ↓	73.55 ↑
Neonatal unit	39	89.7	89.19 ↓	91.89 ↑	91.89 →
Obstetrics and Gynaecology medical staff	24	29.2	28.57 ↓	28.57 →	28.57 →
Paediatric medical staff	20	65	65 →	65 →	65 →

Adult level 3 safeguarding training	Number of staff required	Percentage Compliant (%)			
		March	April	May	Jun
Maternity establishment	76	60.5	67.53 ↑	65.05 ↓	71.00 ↑
Neonatal Unit	17	58.8	62.50 ↑	68.75 ↑	64.71 ↓

### **Safeguarding supervision**

Role	Supervision requirements	Number of staff required	Percentage compliant (%)			
			March	April	May	Jun
Midwifery community and specialists	Four times a year	61	62.6	68 ↑	74.2 ↑	77.42 ↑
Midwifery inpatient and specialists	Twice a year	107	38.6	45 ↑	51.9 ↑	53.21 ↑
Maternity Support workers	Twice a year	22	27.2	36.3 ↑	45.8 ↑	50.00 ↑
Overall compliance	n/a	190	45.7	50.9 ↑	58.4 ↑	61.58 ↑

### **Appendix F - Maternity Dashboard**

Local Maternity Dashboard 22-23				June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	Cumulative total
Clinical Activity	Target	Amber	Red													
Booked to Birth at BHNFT				227↓	242↑	256↑	254↓	299↑	256↓	265↑	294↑	234↓	226↓	218↓	261↑	3032
Number of BHNFT Bookings				201↓	195↓	206↑	183↓	251↑	225↓	221↓	262↑	202↓	202↑	203↑	258↑	2609
Booked elsewhere to Birth at BHNFT				36↓	40↑	48↑	69↑	48↓	31↓	44↑	46↑	38↓	39↑	28↓	14↓	481
Booked by BHNFT to Birth elsewhere				10→	7↓	10↑	13↑	8↓	15↑	14↓	11↓	6↓	9↑	10↑	10	123
Booked onto Continuity of Carer pathway				72↓	72→	84↑	80↓	109↑	91↓	93↑	107↑	86↓	80↓	76↓	111↑	1061
% of Continuity of Care	25-35%	15-25%	<15%	30.0%↓	32.0%↑	32.4%↑	32.3%↓	36.5%↑	34.3%↓	36.8%↑	37.6%↑	35.8%↓	35.4%↓	34.6%↑	40.8%↑	N/A
% of BAME booked onto Continuity of carer pathway	35%			50.0%↓	0.0%↓	13.3%↓	60.0%↑	25.0%↓	30%↑	38.5%↑	50.0%↑	47.0%↓	33.3%↓	2.0%↓	8.0%↑	N/A
% of women booked onto Continuity of Carer pathway <10th centile according to the deprivation index	35%			23.0%↑	14.0%↓	19.6%↑	35.5%↑	18.5%↓	24.6%↑	19.0%↓	40.0%↑	11.0%↓	28.3%↑	20.0%↓	36.0%↑	N/A
Total Women birthed				243↓	260↑	249↓	263↑	261↓	266↑	265↓	243↓	222↓	214↓	253↑	248↓	2987
Sets of Twins				4↓	3↓	2↓	1↓	2↑	2↑	8↑	7↓	2↓	2↑	1↓	3↑	37
Total Births				247↑	263↑	251↓	264↑	263↓	268↑	273↓	250↓	224↓	216↓	254↑	251↓	3024
Live Births				247↑	263↑	251↓	264↑	263↓	268↑	271↑	249↓	224↓	216↓	254↑	251↓	3021
Live births at term				217↓	241↑	238↓	245↑	242↓	247↑	231↓	222↓	207↓	195↓	235↑	236↑	2756
Planned home births - Number				1↑	1	0↓	1↑	2↑	1↓	1↓	0→	1↑	1	0↓	3↑	12
Number of times a second emergency theatre required.				0→	0→	3↑	0→	0→	2↑	0↓	0→	0	1↑	0↓	1↑	7
In-utero Transfers Out				2→	1↓	1→	2↑	4↑	3↓	3	1↓	5↑	3↓	0↓	8↑	33
Unit Closed For Admission				0→	0→	0→	0→	0→	0→	1↑	0↓	0→	1	2↑	0↓	4

<b>Clinical Outcomes</b>																
Normal Birth Rate	>57%			48.6%	46.4%	49.8%	47.3%	48.3%	51.5%	47.6%	56.8%	53.2%	55.1%	53.4%	52.0%	N/A
Induction of labour Rate- Ratified	≤32.8 %			25.9%	25.1%	30.90%	32.5%	35.7%	29.5%	28.7%	31.3%	32.0%	36.9%	30.0%	29.8%	N/A
Ventouse Rate	≤5.2 %			5.30%	8.0%	4.01%	4.1%	4.56%	4.9%	4.4%	3.3%	6.3%	2.8%	3.60%	4.40%	N/A
Forceps Rate	≤7.3 %			5.30%	4.9%	6.42%	5.7%	4.56%	5.2%	5.9%	7.0%	2.7%	5.6%	4.00%	7.30%	N/A
Total assisted vaginal births	≤12.4 %			10.69%	13.38%	10.44%	9.84%	8.74%	9.7%	9.9%	10.2%	9.0%	8.4%	12.30%	11.69%	N/A
Emergency LSCS Rate				27.20%	28.46%	23.29%	28.03%	28.73%	24.06%	26.79%	20.10%	13.51%	25.70%	27.66%	24.59%	N/A
Elective LSCS Rate				13.20%	11.92%	16.06%	14.77%	13.79%	15.03%	16.98%	12.75%	24.32%	12.14%	11.46%	11.69%	N/A
<b>Robson criteria eelative each group contribution is shown for the overall portion of the total caesarean rate CS rate (%) d</b>																
Group 1	Nulliparous women with a single cephalic pregnancy, >37 weeks gestation in spontaneous labour			4.04 ↓	9.43 ↑	8.08 ↓	4.0 ↓	10.10 ↑	3.03 ↓	7.07 ↑	7.50 ↑	2.5 ↓	3.75 ↑	7.07 ↑	5.56 ↓	N/A
Group 2a	Nulliparous women with a single cephalic pregnancy, >37 weeks gestation who either had (a) labour induced or were (b) delivered by LSCS before Labour			17.17 ↓	14.15 ↓	20.20 ↑	22.22 ↑	16.16 ↓	12.12 ↓	18.18 ↑	6.25 ↓	18.75 ↑	23.75 ↑	22.22 ↓	18.89 ↓	N/A
Group 2b				10.10 ↓	17.92 ↑	16.16 ↓	10.10 ↓	15.15 ↑	9.09 ↓	15.15 ↑	10 ↓	16.25 ↑	13.75 ↓	15.15 ↑	5.56 ↓	N/A
Group 5	All multiparous women with at least one previous uterine scar, with single cephalic pregnancy >37 weeks gestation			24.24 ↑	17.92 ↓	29.29 ↑	31.31 ↑	22.22 ↓	28.28 ↑	26.26 ↓	27.5 ↑	37.5 ↑	21.25 ↓	23.23 ↑	35.56 ↑	N/A
3rd / 4th Degree tears total	3.5%		>5 %	1.37%	3.28%	1.20%	0.66%	0.76%	1.82%	0.37%	2.17%	1.43%	2.33%	4.54%	2.53%	N/A
3rd / 4th Degree tears - Normal Birth Total	2.8%			0.84%	1.64%	0.00%	0.80%	1.57%	1.44%	0.765	0.88%	0.84%	1.69%	2.59%	1.55%	N/A
				1	2	0	0	2	2	1	1	1	2	4	2	12
3rd / 4th Degree tears - Assisted Birth Total	6.8%			3.84%	5.71%	10.74%	0%	0%	3.84%	0.0%	8.00%	5.00%	16.60%	1.94%	6.89%	N/A
				1	2	3	0	0	1	0	2	1	3	3	2	18
PPH ≥1500mls	(%)			1.64↓	2.69↑	2.81↑	3.40↑	2.66↓	2.63↓	4.15↑	2.49↓	4.05↑	3.73↓	3.95↑	3.22↓	N/A
Neonatal Indicators																

Admission to neonatal unit ≥ 37 weeks				3↓	3→	11↑	11↑	3↓	12↑	7↓	6↓	6→	6→	5↓	4↓	12
Admission to the NNU ≤ 26+6 weeks				2↑	0↓	1↑	0↓	0→	0→	1↑	2↑	0↓	0→	0→	0→	6
Preterm birth rate <37 weeks	≤8.3%			12.1%↑	7.6%↓	5.2%↓	7.6%↑	7.22%	7.5%↑	14.8%↑	11.6%↓	7.6%	9.7%↑	7.5%↓	6.0%↓	N/A
Preterm birth rate <34 weeks	≤2.5%			3.2%↑	3.8%↑	2.4%↓	1.5%↓	3.04%↑	1.9%	4.8%↑	6.4%↑	2.2%	2.8%↑	3.1%↑	2.0%↓	N/A
Preterm birth rate <28 weeks	≤0.5%			0.4%→	0.0%↓	0.4%↑	0.4%→	0.00%↓	0.0%→	0.4%↑	1.6%↑	0.0%↓	0.0%→	0.0%→	0.4%↑	N/A
Low birthweight rate at term (2.2kg).	≤3%			0.9%	0.4%	0.8%	1.1%	0.76%	0.0%	0.0%	0.0%	1.0%	0.5%	0.9%	0.4%	N/A
Right place of Birth	95%			99.58%↓	100%↑	99.60%↓	100%↑	100%→	100%→	99.60%↓	99.60%↓	100%↑	100%→	100%→	100%→	N/A
<b>Mortality</b>																
Neonatal deaths				1	0	0	0	0	1	0	0	0	0	0	0	2
Neonatal deaths excluding lethal abnormalities.				1	0	0	0	0	0	0	0	0	0	0	0	1
Stillbirths				0	0	2	0	0	0	2	1	0	0	0	0	5
Stillbirths - Antenatal				0	0	2	0	0	0	2	1	1	0	0	0	6
Stillbirths - Intrapartum				0	0	0	0	0	0	0	0	0	0	0	0	0
Stillbirths - excluding those with lethal abnormalities				0	0	1	0	0	0	2	1	0	0	0	0	4
Stillbirths at Term				0	0	0	0	0	0	0	0	0	0	0	0	0
Stillbirths at Term with a low birth weight				0	0	0	0	0	0	0	0	0	0	0	0	0
HSIB reportable births				0	1	0	0	0	0	0	0	0	0	0	0	1
<b>KPI's</b>																
Women Initiating Breast Feeding at Birth	≥75%			61.3%↓	60.1%↓	57.4%↓	64.2%↑	64.0%↓	56.4%↓	63.0%↑	59.0%↓	64.9%↑	54.2%↓	61.2%↑	67.7%↑	N/A
Breastfeeding rate at discharge				51.0%↓	61.0%↑	50.2%↓	58.9%↑	56.3%↑	50.4%↓	55.5%↑	55.1%↓	55.8%↑	49.1%↓	56.12%↑	61.29%↑	N/A
Bookings <10 weeks	>90%			76.6%↑	76.0%→	66.40%↓	71.6%↑	73.9%↑	71.9%↓	76.55%↑	79.8%↑	69.8%↓	77.2%↑	73.0%↓	76.0%↑	N/A
Smoking rates at Booking	≤6%			19.9%↑	15.3%↓	13.6%↓	12.6%↓	15.8%↑	11.3%↓	12.7%↑	14.1%↑	16.8%↑	16.3%↑	18.23%↑	11.2%↓	N/A
Smoking at 36 weeks gestation	≤6%			12.2%↓	11.2%↓	9.8%↓	10.2%↑	15.1%↑	11.3%↓	10.1%↓	19.5%↑	16.3%↓	10.0%↓	-	-	N/A



Women who receive CO testing at booking				-	-	-	-	-	-	-	-	-	-	88.67%	92.6%	N/A
Smoking Rates At Birth (SATOD)	4-6%	6-8%	>8 %	14.0% ↑	13.1% ↓	13.1% ↑	10.3% ↓	14.9% ↑	13.5% ↓	13.6% ↑	12.3% ↓	12.6% ↑	13.5% ↑	9.50% ↓	10.1% ↑	N/A
Carbon Monoxide monitoring at time of booking ≥ 4ppm	≤6%			18.5% ↑	15.7% ↓	9.4% ↓	9.4% ↓	15.4% ↑	12.6% ↓	10.1% ↓	9.7% ↓	13.3% ↑	9.7% ↓	12.78% ↑	9.6% ↓	N/A
Carbon Monoxide monitoring at 36 weeks ≥ 4 ppm	≤6%			10.4% ↓	9.8% ↓	10.7% ↑	10.4% ↓	9.4% ↓	11.3% ↑	10.11% ↓	7.9% ↓	9.0% ↑	10.2% ↑	-	-	N/A
Workforce																N/A
Midwife / Woman Ratio				1:26	1:26	1:26	1:26	1:28	1:28	1:28	1:28	1:28	1:28	1:28	1:28	N/A
1:1 care in labour				99.60% ↓	100% ↑	99.5% ↓	100% ↑	100% -	99% ↓	99% -	98.80% ↓	99% ↑	100% ↑	99.6% ↓	100% ↑	N/A

## Appendix G – CNST year 5

<b>Project aim:</b> NHS Resolution is operating year 5 of the CNST MIS which incentivises 10 key maternity safety actions.			<b>Project Lead:</b> Deputy Head of Midwifery		<b>Trust Board declaration of completion:</b> February 2024		Blue – completed and embedded Red – significant risk/off track Amber – in progress Green – on track		
Safety Action 1	Safety Action 2	Safety Action 3	Safety Action 4	Safety Action 5	Safety Action 6	Safety Action 7	Safety Action 8	Safety Action 9	Safety Action 10
<b>CNST Safety Actions</b>									
<b>SA1 PMRT (Perinatal Mortality review tool)</b>					Ongoing oversight in place no escalations or risks identified				
<b>SA2 MSDS Dataset</b>					No escalations or risks identified				
<b>SA3 Transitional Care services in place and ATAIN recommendations</b>					Ongoing work to implement a transitional care pathway which is aligned with the BAPM Transitional Care Framework for Practice. Benchmarking of the document this month				
<b>SA4 Clinical Workforce Planning</b>					No escalations or risks identified				
<b>SA5 Midwifery Workforce planning</b>					No escalations or risks identified.				
<b>SA6 Saving Babies Lives v 3</b>					National tool now available work has commenced on benchmarking. This tool will need to go to Board quarterly.				
<b>SA7 Working collaboratively with MNVP</b>					No escalations or risks identified.				
<b>SA8 Training (incorporating Core Competency Framework v2)</b>					Further clarification received. New risk identified due to Drs strikes of lack of MST training for fetal monitoring.				
<b>SA9 Safety Champions</b>					No escalations or risks identified. Perinatal Cultural Leaders programme starts in October 2023.				
<b>SA10 HSIB</b>					Ongoing oversight in place no escalations or risks identified				
<b>Key risks:</b> New risk added to the register 2919, dates rearranged further support will be required if further dates are cancelled					<b>Escalations/support required with:</b> None				

## **Appendix H- RCOG Roles and Responsibilities Framework**

Situations in which a consultant <b>MUST</b> attend.	*Situations in which a consultant must attend <u>unless</u> the most senior doctor present has documented evidence as being signed off as competent.
<ul style="list-style-type: none"> <li>High activity - e.g. 2nd theatre required</li> </ul>	<ul style="list-style-type: none"> <li>Any patient in obstetrics OR gynaecology with an EBL &gt;1.5litres and ongoing bleeding.</li> </ul>
<ul style="list-style-type: none"> <li>Unit closure</li> </ul>	<ul style="list-style-type: none"> <li>Trial of instrumental birth</li> </ul>
<ul style="list-style-type: none"> <li>Any return to theatre Obstetric or gynaecology</li> </ul>	<ul style="list-style-type: none"> <li>Vaginal twin birth</li> </ul>
<ul style="list-style-type: none"> <li>Team debrief</li> </ul>	<ul style="list-style-type: none"> <li>Caesarean birth at full dilatation.</li> </ul>
<ul style="list-style-type: none"> <li>Requested to do so</li> </ul>	<ul style="list-style-type: none"> <li>Caesarean birth for women with a BMI &gt;40</li> </ul>
<ul style="list-style-type: none"> <li>Early warning score protocol or sepsis screening tool that suggests critical deterioration where HDU / ITU care is likely to become necessary</li> </ul>	<ul style="list-style-type: none"> <li>Caesarean birth for transverse lie</li> </ul>
<ul style="list-style-type: none"> <li>Caesarean birth for major placenta praevia / abnormally invasive placenta</li> </ul>	<ul style="list-style-type: none"> <li>Caesarean birth at &lt;32/40</li> </ul>
<ul style="list-style-type: none"> <li>Caesarean birth for women with a BMI &gt;50</li> </ul>	<ul style="list-style-type: none"> <li>Vaginal breech birth</li> </ul>
<ul style="list-style-type: none"> <li>Caesarean birth &lt;28/40</li> </ul>	<p>* Situations in which the consultant must ATTEND unless the most senior doctor present has documented evidence as being signed off as competent. In these situations, the senior doctor and the consultant should decide in advance if the consultant should be INFORMED prior to the senior doctor undertaking the procedure.</p>
<ul style="list-style-type: none"> <li>Premature twins (&lt;30/40)</li> </ul>	
<ul style="list-style-type: none"> <li>4th degree perineal tear repair</li> </ul>	
<ul style="list-style-type: none"> <li>Unexpected intrapartum stillbirth</li> </ul>	
<ul style="list-style-type: none"> <li>Eclampsia</li> </ul>	
<ul style="list-style-type: none"> <li>Maternal collapse e.g. septic shock, massive abruption</li> </ul>	
<ul style="list-style-type: none"> <li>PPH &gt;2L where the haemorrhage is continuing</li> </ul>	
<ul style="list-style-type: none"> <li>Massive Obstetric Haemorrhage protocol has been instigated</li> </ul>	
<ul style="list-style-type: none"> <li>Any laparotomy Gynaecology</li> </ul>	

In May there were one episode where a consultant must attend and nine episode were a consultant should attend. In all circumstances a consultant was present when required. Therefore, no actions are required.

## Appendix I - Ockenden 7 Immediate and Essential Actions

All completed outstanding actions are following the LMNS visit. This is considered as “even better if” approach

<b>Project Aim:</b> To enact the 7 Immediate Essential Actions arising from The Ockenden Report	<b>Project Lead:</b> Head of Midwifery and Obstetric Lead	<p>Blue – completed and embedded</p> <p>Red – significant risk/off track</p> <p>Amber – in progress</p> <p>Green – Completed</p>
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IEA 1	IEA 2	IEA 3	IEA 4	IEA 5	IEA 6	IEA 7

Immediate and Essential Actions	Summary of Progress	
<b>IEA1 Enhanced Safety</b>	Work continues to approve a paper personalised care plan (PCSP) due to limited digital capacity.	
<b>IEA 2 Listening to Women and Families</b>	The remaining action is following the onsite visit to consider inviting the MVP to the triumvirate meetings.	
<b>IEA3 Staff training and working together</b>	<b>Action complete</b> and embedded. Oversight of MDT ward rounds is via the Birthing Centre Lead Report to Women’s Business and Governance Meetings.	
<b>IEA 4 Managing Complex Pregnancy</b>	The Tendable® app has not updated for Antenatal Clinic therefore ongoing oversight is not embedded for oversight of all women with a complex pregnancy must have a named consultant. This has been escalated to the Maternity and Neonatal Transformation group and remains unresolved.	
<b>IEA 5 Risk Assessment through Pregnancy</b>	<b>Action complete.</b> The Tendable® app has not updated for Antenatal Clinic therefore ongoing oversight is not embedded for oversight of a formal risk assessment undertaken at each contact.	
<b>IEA 6 Monitoring Fetal Wellbeing</b>	<b>Action complete.</b>	
<b>IEA 7 Informed Consent:</b>	To capture maternal choice offered the Tendable® audits in all clinical areas apart from Antenatal clinic has been updated to include relevant questions.	
<b>Key risks:</b> Lack of personalised care and support plan that women can directly input into.	<b>Escalations/support required with:</b> Tendable Ockenden updates are not in place for Antenatal Clinic. Progress a digital EPR solution at pace.	

## Appendix J- Ockenden 15 Immediate Actions

<b>Project Aim:</b> To enact the 15 Immediate Actions arising from The Ockenden Report						<b>Project Lead:</b> Head of Midwifery & Obstetric Lead				Blue – completed and embedded Amber – in progress Green – Completed Red – significant risk				
IA 1	IA 2	IA 3	IA 4	IA 5	IA 6	IA 7	IA 8	IA 9	IA 10	IA 11	IA 12	IA 13	IA 14	IA 15

Immediate Actions	Summary of Progress
<b>IA1 Workforce planning and sustainability</b>	There remains no nationally recognised labour ward coordinators module, the LMNS are exploring a local programme.
<b>IA 2 Safe Staffing</b>	A risk assessment and escalation protocol for periods of competing workload must be agreed at board level, due to clinical commitments this is yet to be undertaken.
<b>IA3 Escalation and Accountability</b>	See appendix H for RCOG roles and responsibilities oversight
<b>IA4 Clinical Governance Leadership</b>	See section 13 for escalations and oversight from the Maternity and Neonatal Transformation meeting.
<b>IA5 Clinical Governance- Incident Investigation and complaints</b>	The MVP have reviewed some anonymised maternity complaint responses and feedback has been sent to the complaints department.
<b>IA6 Learning from Maternal Deaths</b>	Actions complete and embedded with oversight of the LMNS.
<b>IA7 Multidisciplinary Training</b>	Awaiting confirmation of training content from the LMNS. The education team have escalated this to the South Yorkshire ICB project lead.
<b>IA8 Complex Antenatal Care</b>	The new outpatient matron is reviewing current trust guidance against national best practice.
<b>IA9 Preterm Birth</b>	Work remains ongoing via a QI project
<b>IA10 Labour and Birth</b>	The equipment for the centralised CTG monitoring system has been ordered.
<b>IA11 Obstetric Anaesthesia</b>	The obstetric anaesthetic documents have been approved.
<b>IA12 Postnatal Care</b>	Action completed
<b>IA13 Bereavement Care</b>	Bereavement champions have been appointed and training commenced on the 17 <sup>th</sup> July.
<b>IA14 Neonatal Care</b>	Currently there is risk (number 2310), due to the lack of compliance of staffing in line with national service specifications for the neonatal unit, mitigation is in place.
<b>IA15 Supporting Families</b>	Action completed
<b>Key risks:</b> IA14 Neonatal Care, Risk number 2310	<b>Escalations/support required with:</b> A risk assessment and escalation protocol for periods of competing workload in Trusts with a joint Obstetrics and Gynaecology rota must be agreed at board level is yet to be completed.

**Appendix K- Maternity and Neonatal Transformation Group CHAIR'S LOG: Chair's Key Issues and Assurance Model**

<b>Committee/Group:</b> Maternity and Neonatal Transformation Group		<b>Date:</b> Monday 3 July 2023	<b>Chair:</b> Jackie Murphy, Director of Quality & Nursing Dr Simon Enright, Medical Director	
<b>Ref</b>	<b>Agenda Item</b>	<b>Issue and Lead Officer</b>	<b>Receiving Body</b>	<b>Recommendation/ Assurance/ mandate to receiving body</b>
1	5.1	The neonatal team have been shortlisted for a HSJ and Nursing Times Award.	<b>Quality &amp; Governance Committee</b>	Celebration
2	5.1	The paediatric and QIS risk was highlighted on the report and JM commented that they were both on the risk register.	<b>Quality &amp; Governance Committee</b>	Information
3	10.1	MEOWS observations were not being recorded outside of maternity services and were unable to be digitised. Risk to be increased as more women were presenting at ED than expected.	<b>Quality &amp; Governance Committee</b>	Escalation
4	11	CNST safety action 8 – There is a risk that CNST safety action 6 will not be achieved due to the doctor's strike impacting MDT attendance. This has been added to the risk register – risk no. 2919. Further dates have been arranged, compliance continues to be monitored on a monthly basis. Re-escalation will be made if compliance will not be achieved by December.	<b>Quality &amp; Governance Committee</b>	Escalation
5	11.2	A risk has been identified around BAME, equity and equality within diabetes relating to Saving Babies Lives V3.	<b>Quality &amp; Governance Committee</b>	Information
6	18.1	Midwifery do not have a dedicated pharmacist, added to the risk register.  PPH continues to be monitored on the monthly dashboard and QI group. A further deep dive paper will be brought by Emma Hey in 3 months' time or sooner should any concerns arise	<b>Quality &amp; Governance Committee</b>	Escalation



Break



## 4. Governance

## 4.1. Board Assurance

### Framework/Corporate Risk Register

For Assurance

Presented by Angela Wendzicha



**REPORT TO THE BOARD OF DIRECTORS - Public** REF: **BoD: 23/08/03/4.1**

**SUBJECT:** **BOARD ASSURANCE FRAMEWORK/ CORPORATE RISK REGISTER**

**DATE:** 3 August 2023

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:** Steve Parsons, Interim Head of Corporate Governance & Angela Wendzicha, Interim Joint Director of Corporate Affairs

**SPONSORED BY:** Bob Kirton, Managing Director & Deputy Chief Executive Officer

**PRESENTED BY:** Angela Wendzicha, Interim Joint Director of Corporate Affairs

**STRATEGIC CONTEXT**

The Board is required to ensure there is in place a sound system of internal control and risk management, including the oversight and approval of the Board Assurance Framework (BAF) and Corporate Risk Register (CRR).

**EXECUTIVE SUMMARY**

The following report provides an update as a result of the reviews on the BAF and CRR during July 2023.

The risks have been reviewed in a series of meetings with the Executive Director leads, aiming to ensure that they accurately reflect the current position. This is a new process within the Trust, which will be further developed in conjunction with the Executive Team and continue as a regular arrangement supporting the review of risks. In addition, the BAF and the CRR have been discussed at the Executive Team Meeting, Quality and Governance Committee and Finance and Performance Committee during July 2023.

For ease of reference, all changes made to the documents since the last presentation are shown in red text.

**Board Assurance Framework (BAF)**

The following changes to the BAF are recommended to Board as follows:

- The creation of a new BAF risk (2878) related to the agreed strategic objective of ‘Best for Planet’ as agreed at the May Strategic Board meeting;
- The removal of BAF Risks (1791) and (2600) for management at Departmental level.

**Corporate Risk Register (CRR)**

Two new risks have been added to the CRR; one relating to the recently-experienced equipment failures that impacted on IT provision within the Trust; those risks are being actively managed and addressed and secondly relating to the operational disruption due to Digital System Infrastructure

failures.

During the July reviews, no significant changes have been identified by Committees to draw to the attention of the Board.

### **RECOMMENDATION**

The Board of Directors is invited to:

- Note the review of risk carried out since the last Board meeting, and the detailed changes made to risks in the BAF and CRR;
- Approve the addition of Risk 2878 to the BAF relating to sustainability work; and
- Note the addition of risks 2868 and 2897 to the CRR relating to IT infrastructure.

## 1. Introduction

The following report illustrates the position in relation to the BAF and CRR for July 2023 both of which have been reviewed in conjunction with the relevant Executive and risk leads.

## 2. Board Assurance Framework

- 2.1 Details of the current BAF Risks can be found at Appendix 1 with updates provided in red text for ease of reference. There are a total of 13 BAF Risk and the Board will note that there are two BAF Risks scored as Extreme (one at 15 and one at 16) and six scored as High (12). The scores for all BAF Risks have been reviewed with the relevant Executive lead, and following discussion at the Executive Team Meeting all scores have been deemed to reflect the current level of strategic risk.
- 2.2 The Board will recall the Strategic Board session in May 2023 whereby it was acknowledged that the BAF reflected risks to all Trust Strategic Objectives with the exception of 'Best for Planet'. To that end, the new BAF Risk (2878) has been included in the BAF to reflect the risk that the Trust will not achieve the net zero target by 2032. The proposed initial score is 12 with oversight by the Finance and Performance Committee under the Executive leadership of the Managing Director.
- 2.3 The table below illustrates the high level summary of the BAF Risks scoring 12 and above.

Risk	Previous Score (May 23)	Current Score (Jul 23)	-/+	Update
2592 (sits on BAF and CRR) – Inability to deliver constitutional and other regulatory	15	15	→	No change since May 23 BAF
2845 (sits on BAF and CRR) – Inability to improve the financial stability of the Trust over the next 2 to 5 years	16	16	→	No change since May 23 BAF

Risk	Previous Score (May 23)	Current Score (Jul 23)	-/+	Update
2527 – Risk of failure to develop effective partnerships	12	12	→	No change since May 23 BAF
1201 – Risk of non-recruitment to vacancies and retention of staff	12	12	→	No change since May 23 BAF
2557 – Risk of lack of space and adequate facilities on site	12	12	→	No change since May 23 BAF
2122 – Risk of computer	12	12	→	No change since

systems failing due to a cyber security incident				May 23 BAF
2605 – Risk regarding the Trust’s inability to anticipate evolving needs of the local population to reduce health inequalities	12	12	→	No change since May 23 BAF
Risk 2827 – Risk regarding the inability to achieve net zero	NA	12		New risk added to BAF

2.4 The reviews have identified changes and updates to the various risks, which have both updated the description of the risks, reflected the developments in controls that are in place, and identified where more actions can be taken to address gaps in control. The Board is reminded that, for some strategic risks, actions to address identified gaps in control will lie in whole or part with organisations other than the Trust; some may have formal partnership or working arrangements with the Trust, but others may not. It may therefore be necessary to accept a level of risk that reflects the approach and priorities of other organisations and further discussion is planned in order to agree a way of managing this.

### 3. Corporate Risk Register

3.1 Details of the nine current entries on the Corporate Risk Register are shown at Appendix 2, with all corporate risks currently being scored as Extreme (15 or over out of 25). All of the scores for continuing risks have been reviewed by the risk owner and by the Executive Team, with no changes recommended to the scores. No risks have been closed on the CRR following the last reviews. As with the BAF, detailed changes since the last report are shown in red text for ease of reference.

3.2 Two new risks have been added to the CRR since the last report to the Board as follows:

- Risk (2868) relating to the risk of interruption to the delivery of clinical services due to failures of the air conditioning used to prevent heat overload affecting information and communications technology; and
- Risk (2897) relating to the operational disruption from potential digital infrastructure failures.

3.3 The aforementioned new risks have been added following the Trust experiencing a digital infrastructure outage earlier in the year, and have been fully discussed by the Finance and Performance Committee. Active management of these risks is underway, with an internal review to learn lessons having been held and expert external advice being sought to minimise future risk.

3.4 Given that the Trust has experienced a significant amount of industrial action over the course of 2023, and that this seems likely to continue in the medium term, the risk currently expressed in Risk 2773 can be regarded as having materialised, rather than being a continuing (but uncertain) risk. Work is being undertaken to review this risk to reflect the changed circumstances.

3.5 The table below illustrates the high level summary of the CRR.

	<b>Corporate Risk (Risk scoring 15+)</b>	<b>Previous Score (May 23)</b>	<b>Current Score (Jul 23)</b>	<b>-/+</b>	<b>Update</b>
1	2592 <b>(sits on BAF and CRR)</b> – Inability to deliver constitutional and other regulatory performance or waiting time targets	15	15	→	No change in score since May 23 CRR
2	2243 – Risk regarding the aging fire alarm system	15	15	→	No change in score since May 23 CRR
3	2803 – risk to the delivery of effective haematology services due to a reduction in haematology consultants	16	16	→	No change in score since May 23 CRR
4	2877 - Risk to the provision of breast non-surgical oncology services due to the lack of substantive oncologists	16	16	→	No change in score since May 23 CRR
5	2773 – Risk of industrial action in relation to below inflation pay award	15	15	→	No change in score since May 23 CRR
6	1199 – Risk regarding inability to control workforce costs	16	16	→	No change in score since May 23 CRR
7	2845 – Inability to improve the financial stability of the Trust over the next two to five years	16	16	→	No change in score since May 23 CRR
8	2897 - Risk of major operational disruption due to digital system infrastructure failures	NA	15		New risk added to CRR
9	2868 - Risk of interruption to the delivery of clinical services due to ICT system failures due to air-conditioning failures	NA	16		New risk added to CRR

#### **4. Recommendations**

The Board is asked to:

- Note the review of risk carried out since the last Board meeting, and the detailed changes made to risks in the BAF and CRR;
- Approve the addition of Risk 2878 to the BAF relating to sustainability work; and
- Note the addition of Risks 2868 and 2897 to the CRR relating to IT infrastructure





**Barnsley Hospital**  
NHS Foundation Trust

# **BOARD ASSURANCE FRAMEWORK (BAF)**

## **JULY 2023**

Strategic Objectives 2022/23	Risk ID	High-Level Risk Detail	Sub-objective	Score	Risk Category (suggested)	Executive Owner	Status
Best for People	1201	Risk of non-recruitment to vacancies, retention of staff <b>and inadequate provision for staff development.</b>	We will make our Trust the best place to work	12	Workforce / Staff Engagement	Director of People	Current
Best for People	2596	<b>Risk of inadequate support for culture, leadership and organisational development</b>	We will make our Trust the best place to work	8	Workforce / Staff Engagement	Director of People	Current
Best for People	2598	Risk of inadequate health and wellbeing support for staff	We will make our Trust the best place to work	8	Workforce / Staff Engagement	Director of People	Current
Best for Patients and The Public	2592	Risk of patient harm due to inability to deliver constitutional and other regulatory performance or waiting time	We will provide the best possible care for our patients and service users	15	Clinical Safety /Patient Experience	Chief Operating Officer	Current
Best for Performance	2595	Risk regarding the potential disruption of digital transformation	We will meet our performance targets and continuously strive to deliver sustainable services	8	Clinical Safety	Director of ICT	Current
Best for Performance	2122	Risk of computer systems failing due to a cyber security incident	We will meet our performance targets and continuously strive to deliver sustainable services	12	Clinical Safety	Director of ICT	Current
Best for Performance	1713	Risk regarding inability to deliver the in-year financial plan	We will meet our performance targets and continuously strive to deliver sustainable services	4	Finance / Valuefor Money	Director of Finance	Current
Best for Performance	1791	Risk regarding insufficient cash funds to meet the operational requirements of the Trust	We will meet our performance targets and continuously strive to deliver sustainable services	4	Finance / Valuefor Money	Director of Finance	Closed
Best for Performance	2845	Inability to improve the financial stability of the Trust over the next 2 to 5 years	We will meet our performance targets and continuously strive to deliver sustainable services	16	Finance / Valuefor Money	Director of Finance	Current
Best for Performance	2557	Risk of lack of space and adequate facilities on-site to support the future configuration and safe delivery of services	We will meet our performance targets and continuously strive to deliver sustainable services	12	Clinical Safety /Patient Experience	Chief Operating Officer	Current
Best for Performance	2600	Risk regarding inability to deliver timely and fit for purpose capital investments and equipment replacements	We will meet our performance targets and continuously strive to deliver sustainable services	12	Clinical Safety /Patient Experience	Director of Finance	Closed
Best for Partner	2527	Risk of failure to develop effective partnerships	We will work with partners within the South Yorkshire integrated Care System to deliver improved and integrated patient pathways	12	Partnerships	Managing Director	Current
Best for Place	2605	Risk regarding failure by the Trust to take action to address health inequalities in line with local public health strategy, and/or effectively work with partners (PLACE and ICS) to reduce health inequalities to improve patient and population health outcomes	We will fulfil our ambition to be the heart of the Barnsley place partnership to improve patient services, support a reduction in health inequalities and improve population health	12	Clinical Safety /Patient Experience / Partnerships	Managing Director	Current
Best for Place	1693	Risk of inability to maintain a positive reputation for the Trust	We will fulfil our ambition to be the heart of the Barnsley place partnership to improve patient services, support a reduction in health inequalities and improve population health	6	Reputation	Director of Communications and Marketing	Current
Best for Planet	2827	Risk of the Trust impact on the environment	We will build on our sustainability work to date and reduce our impact on the environment.	12	Environmental	Managing Director	Current

Highlighted above are risks scoring 12+  
Highlighted above are risks scoring 15+  
Proposed for Closure  
NEW Proposed

## BAF Risk Profile

Risk profile					
Consequence →	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Likelihood ↓					
<b>5 Almost certain</b>			2592 - performance & targets		
<b>4 Likely</b>			2557 - lack of space 1201 - recruitment and retention	2845 – long-term financial stability	
<b>3 Possible</b>				2527 - effective partnerships 2122 - cyber security 2605 - health inequalities 2827 – Environmental risk	
<b>2 Unlikely</b>		1713 – in year financial plan	1693 - Trust Reputation	2596 - staff development 2598 – staff health and wellbeing 2595 - digital transformation	
<b>1 Rare</b>					

1 - 3	Low Risk
4 - 6	Moderate Risk
8 - 12	High Risk
15 - 25	Extreme Risk

### Risk Register Scoring

Initial Score	The score before any controls (mitigating actions) are put in place.
Current Score	The score after the risk has been mitigated (by controls) but with gaps in controls (things we are not able to do) identified.
Target Score	The score at which the Risk Management Group recommends the removal of the risk from the corporate risk register.

### Summary overview of Trust Risk Appetite Level 2023/24

Category	Relative Willingness to Accept Risk					
	Avoid 1	Minimal 2	Cautious 3	Open 3	Seek 4	Mature 5
Commercial						
Clinical safety						
Patient experience						
Clinical effectiveness						
Workforce/staff engagement						
Reputation						
Finance/value for money						
Regulatory/compliance						
Partnerships						
Innovation						
Environmental						

Assessment	Description of Potential Effect
<b>LOWEST THRESHOLD</b>	
<b>Zero Risk Appetite Score – 1</b> <b>AVOID</b>	The Trust Board seeks to <b>avoid risks under any circumstances</b> that may result in compromised quality and safety of staff and patients, reputational damage, financial loss or exposure, disruption in services, information systems of integrity or significant incidents of regulatory and/or legislative compliance.
<b>Low Risk Appetite Score – 2</b> <b>MINIMAL</b>	The Trust Board seeks to <b>avoid risks (expect in very exceptional circumstances)</b> that may result in compromised quality and safety of staff and patients, reputational damage, financial loss or exposure, disruption in services, information systems of integrity or significant incidents of regulatory and/or legislative compliance.
<b>Moderate Risk Appetite Score – 3</b> <b>CAUTIOUS / OPEN</b>	The Trust Board is willing to <b>accept some risks in certain circumstances</b> that may result in compromised quality and safety of staff and patients, reputational damage, financial loss or exposure, disruption in services, information systems of integrity or significant incidents of regulatory and/or legislative compliance.
<b>High Risk Appetite Score – 4</b> <b>SEEK</b>	The Trust Board is willing to <b>accept risks</b> that may result in compromised quality and safety of staff and patients, reputational damage, financial loss or exposure, disruption in services, information systems of integrity or significant incidents of regulatory and/or legislative compliance.
<b>UPPER THRESHOLD</b>	
<b>Very High-Risk Appetite Score – 5</b> <b>MATURE</b>	The Trust Board <b>accepts risks</b> that are likely to result in compromised quality and safety of staff and patients, reputational damage, financial loss or exposure, disruption in services, information systems of integrity or significant incidents of regulatory and/or legislative compliance.

## Risk Appetite and Tolerance Key

### Risk Appetite Scale

<b>Avoid</b> = Avoidance of risk and uncertainty
<b>Minimal</b> – Prefer ultra-safe delivery options with a low degree of inherent risk, which may only have a limited potential for reward
<b>Cautious</b> – Prefer ultra-safe delivery options with a low degree of residual risk, which may only have a limited potential for reward
<b>Open</b> – Will consider all potential delivery options and choose while also providing an acceptable level of reward
<b>Seek</b> – Innovative and choose options offering higher rewards despite greater inherent risk
<b>Mature</b> – Set high levels of risk appetite because controls, forward planning and horizon scanning and responsiveness of systems are effective

### Risk tolerance

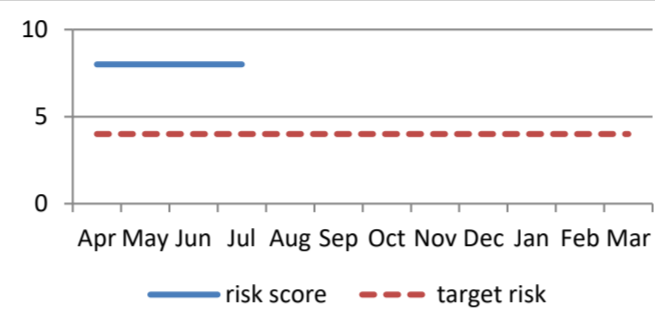
<b>Tolerate</b> – the likelihood and consequence of a particular risk happening is accepted;
<b>Treat</b> – work is carried out to reduce the likelihood or consequence of the risk (this is the most common action);
<b>Transfer</b> – shifting the responsibility or burden for loss to another party, e.g. the risk is insured against or subcontracted to another party;
<b>Terminate</b> – an informed decision not to become involved in a risk situation, e.g. terminate the activity
<b>Take the opportunity</b> - actively taking advantage, regarding the uncertainty as an opportunity to benefit

### Risk Appetite statements and levels pertaining to each strategic risk domain (full definitions in Appendix 1)

Risk domain	Risk Appetite level
Commercial	OPEN
Clinical Safety	MINIMAL
Patient Experience	CAUTIOUS
Clinical Effectiveness	MINIMAL
Workforce / Staff Engagement	OPEN
Reputation	CAUTIOUS
Finance / Value for Money	OPEN
Regulatory / Compliance	MINIMAL
Partnerships	SEEK
Innovation	SEEK
Environment	OPEN

CURRENT		BOARD ASSURANCE FRAMEWORK 2023/24							
Strategic Objective 2023/24: Best for People		Risk Ref:	Oversight Committee	Risk Owner	Current Risk Score	Target Risk Score	Linked Risks		
We will make our Trust the best place to work		1201	People Committee	Director of People	3x4	3x3	1769 - histopathologist shortages 2334 - nursing staff shortages 2572 - availability of consultant anaesthetist hours		
Risk Description		Risk Score Movement			Interdependencies				
<p><b>Risk of non-recruitment to vacancies, retention of staff and inadequate provision for staff development.</b></p> <p><i>There is a risk that if the Trust does not maintain a coherent and coordinated strategy and approach to recruitment, retention, succession planning, organisational and talent management due to lack of financial and human resources this will result in an inability to recruit, retain and motivate staff</i></p>					<p>Population health needs, service requirements (e.g. see histopathologist risk 1769), competing organisations, financial pressures, nurse staffing (see risk nursing staff shortages CRR risk 2334), dealing with national and local recruitment challenges and the impact on pressure on staff numbers, work-related stress, spend with agencies and quality of care provided.</p>				
Risk Appetite		Risk Tolerance							
Open (Workforce / Staff Engagement)		Treat							
Controls		Last Review Date	Next Review Date	Reviewed by	Control Gaps in				
1. Support the 5-year Trust Strategy Plan and the Annual Business Plan - contribute to the integrated workforce, financial and activity plan, from which the data is used to predict capacity, supply issues, etc. Bi-annual Ward establishment reviews in place in February and September by the Deputy Director of Nursing's office		Jul-23	Sep-23	E Lavery	None identified				
2. Workforce Planning Steering Group with representation from operational areas of the Trust (ADOs, apprenticeships, nursing, medical, etc.) has the CBU workforce planning packs to provide data for decision-making. The group monitors workforce KPIs including recruitment, supply, capacity and demand, etc.		Jul-23	Sep-23	E Lavery	None identified				
3. Staff Redeployment, Staff Recruitment & Retention, Flexible Retirement, Staff Internal Transfer Scheme, Health & Wellbeing, Flexible Working, Rostering, Family Friendly Policies and Procedures		Jul-23	Sep-23	E Lavery	Talent Management & Succession planning - this is an area of improvement that is under review. SMART action planning underway. New <b>Culture and Organisational Development Strategy</b> to include the Trust's talent management and succession planning framework <i>is currently under consultation with a view to present at People Committee in Sept 2023 for approval.</i>				
4. Alternative recruitment and selection search options in place to source candidates for hard to fill specialist posts.		Jul-23	Sep-23	E Lavery	<b>Lack of a recruitment and retention strategy and action plan for hard to fill medics posts – An Associate Medical Director 12 months fixed term appointment is currently out to recruitment and will be responsible for the development of the strategy.</b>				
5. Staff nurse recruitment action plan, including recruitment to Trainee Nurse Associate posts and careers pipeline for Nursing Associates to undertake Registered Nurse training through apprenticeship programmes. This action plan is overseen by the Nursing Workforce Group, which oversees nursing workforce numbers, student nurses, nursing vacancy gaps, international recruitment, and standardised newly qualified staff nurse recruitment process across the ICS.		Jul-23	Sep-23	E Lavery	Continuance of international recruitment reliant on successful pipeline.				
6. People Strategy - a review of the strategy and development of a People Plan has been completed and launched. This aligns with the national NHS People Plan and supports delivery of the Trust 5 Year Strategy and Best for People strategic goals. This focuses on staff retention, wellbeing and development.		Jul-23	Sep-23	E Lavery	None identified				
Assurances Received L1 Operational, L2 Board Oversight, L3 Independent		Received By		Assurance Rating	Gaps in Assurance				
1. L1 - Nurse Staffing Report		Sep-22	Q&G	Full	None identified				
3. L1 - 360 Assurance Rostering Audit Report		Jan-22	Audit Committee	Full	None identified				
4. L1 - Recruitment and Retention metrics Report		Dec-22	PEG	Full	None identified				
5. L1 - Workforce Insights Report		Apr-23	PC	Full	None identified				
6. L1 - CBU Workforce Plans		Jan-23	CBU Performance Review Meetings	Full	None identified				
Corrective Actions Required (include start date)					Action Due Date	Action Status	Action Owner	Forecast Completion Date	
1. Collaboration with other local NHS Trusts to understand the overall employment marketplace and take joint pre-emptive action where possible e.g. The Trust is part of the ICS approach to international recruitment					N/A	In progress	S Ned	On-going	
2. Talent Management and Succession planning framework - see workforce development risk on BAF					N/A	In progress	T Spackman	Sep-23	

CURRENT		BOARD ASSURANCE FRAMEWORK 2023/24							
Strategic Objective 2023/24: Best for People		Risk Ref:	Oversight Committee		Risk Owner	Current Risk Score	Target Risk Score	Linked Risks	
We will make our Trust the best place to work		2596	People Committee		Director of People	4x2	4x2	1201 - staff recruitment and retention 2598 - staff wellbeing	
Risk Description		Risk Score Movement			Interdependencies				
<p><b>Risk of inadequate support for culture, leadership and organisational development</b></p> <p>There is a risk that the Trust may fail to maintain a coherent and co-ordinated structure and approach to succession planning, staff development and leadership development</p>					<p>Dealing with national and local recruitment challenges and the impact on pressure on staff numbers, work-related stress, spend with agencies and quality of care provided. Also linked to the Trust's ability to retain staff. Use of agency staff reduces the development opportunities for substantive staff.</p>				
Risk Appetite		Risk Tolerance							
Open (Workforce/Staff Engagement)		Treat							
Controls		Last Review Date	Next Review Date	Reviewed by	Gaps in Control				
1. Appropriate staff development programmes in place e.g. Apprenticeship Schemes, Advanced Clinical Practitioner Training Programmes, Trainee Nurse Associate Training Programme. This will support development and upskilling.		Jul-23	Sep-23	E Lavery	None identified				
2. Nursing Workforce Development Programme. Current key actions on the plan include increased clinical placements and increased numbers of nurses and non-registered clinical support staff accessing apprenticeships and training through Universities and the Open University.		Jul-23	Sep-23	E Lavery	Local opportunities for non-registered staff continue to be developed through open university/university of Sheffield – degree apprenticeships				
3. People Strategy - a review of the strategy and development of a People Plan has been completed and launched. This aligns with the national NHS People Plan and supports the delivery of the Trust 5-Year Strategy and Best for People strategic goals. This focuses on staff retention, wellbeing leadership and development. The aim is to maximise effectiveness of staff at every level of the Trust by coordinating a range of activities which will promote their ability to deliver high quality services and patient care and by ensuring that structures are in place to enable their effective delivery.		Jul-23	Sep-23	E Lavery	<p>Talent Management &amp; Succession planning and leadership development - this is an area of improvement that is under review. SMART action planning underway. <b>New Culture and Organisational Development Strategy to include</b> the Trust's talent management, succession planning and leadership development framework <b>is currently under consultation with a view to present at People Committee in Sept 2023 for approval.</b></p> <p>Coherent Trust-wide learning from existing leadership development projects. Localised good performance and good practice may not be picked up across the Trust. Although it may not always be necessary or appropriate for all Trust-wide learning in this area to be consistent, as opposed to tailored to meet specific leadership development requirements, it should be more coherent and delivered with more purpose. Unwarranted variation without justification may be a gap rather than variation itself.</p>				
4. Training needs analysis model - annual programme focused on mandatory and statutory essential training, which supports staff development and capability.		Jul-23	Sep-23	E Lavery	None identified				
5. Appraisal and PDPs schedule - there is a clear process to meet Trust appraisal and PDP targets. Guidance and supporting documentation to improve the quality of appraisal conversation has been updated and rolled out.		Jul-23	Sep-23	E Lavery	None identified				
Assurances Received L1 Operational, L2 Board Oversight, L3 Independent		Last Received	Received By	Assurance Rating	Gaps in Assurance				
1. L1 - Workforce Insights Report		Apr-23	P Committees	Full	None identified				
3. L2 - Staff Survey		Mar-23	Trust Board Assurance Committees	Full	None identified				
4. L1 - Pulse checks		Feb-23	PEG	Full	None identified				
4. HHE Training Doctors Quality Assurance Report		TBC	Trust Board Assurance Committees	TBC	TBC				
Corrective Actions Required (include start date)						Action Due Date	Action Status	Action Owner	Forecast Completion Date
1. Delivery of the Nursing Workforce Development Programme.						N/A	In progress	B Hoskins	?
2. Talent Management & Succession planning & leadership development framework						N/A	In progress	T Spackman	Sep-23

CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24					
Strategic Objective 2023/24: Best for People	Risk Ref:	Oversight Committee	Risk Owner	Current Risk Score	Target Risk Score	Linked Risks
We will make our Trust the best place to work	2598	People Committee	Director of People	4x2	4x1	1201 - staff recruitment and retention
Risk Description	Risk Score Movement			Interdependencies		
<p><b>Risk of inadequate health and wellbeing support for staff</b></p> <p><i>There is a risk that the Trust may not have a robust health and wellbeing offer because we have not maintained a coherent and coordinated structure and approach leading to reduced staff morale, negative impact on health and wellbeing with an adverse impact on staff retention and recruitment.</i></p>				<p>The pandemic has placed unprecedented demand on health and care staff across all settings and disciplines, leading to significant levels of stress and anxiety. There is a concern that there may not be enough staff to ensure staff well-being or patient safety; this is a national concern and challenge.</p>		
Risk Appetite	Risk Tolerance					
Open (Workforce/Staff Engagement)	Treat					
Controls	Last Review Date	Next Review Date	Reviewed by	Gaps in Control		
1. The Occupational Health and EDI services have been re-organised to provide two distinct services(1. Occupational Health and 2. Wellbeing and Inclusion). This will enable a greater focus on the health and wellbeing offer to staff. Staff can access counselling and/or psychological support services, and can self-refer to occupational health where needed. The Trust has also introduced 'Wagestream' - a financial support product for staff to address any financial concerns. Quarterly People Pulse checks have commenced to better measure progress against key metrics from the staff survey, which includes the impact on staff wellness. New Culture metrics dashboard to measure staff experience and wellbeing and organisational culture has been approved at the People Committee in September 2022. A quarterly H&WB activity dashboard is also presented to the People & Engagement Group.	Jul-23	Sep-23	E Lavery	Lack of Workforce health and well-being organisational diagnostic to assess gaps in current provision and to benchmark service against areas of best practice. The NHSIE national H&WB <i>diagnostic self-assessment</i> framework <i>is completed. Findings and organisational action plan to be presented to People &amp; Engagement Group in August 23</i>		
2. People Strategy - a review of the strategy and development of a People Plan has been completed and launched. This aligns with the national NHS People Plan and supports delivery of the Trust 5-Year Strategy and Best for People strategic goals. This focuses on staff retention, wellbeing and development. The aim is to maximise the effectiveness of staff at every level of the Trust by coordinating a range of activities that will promote their ability to deliver high quality services and patient care and by ensuring that structures are in place to enable their effective delivery.	Jul-23	Sep-23	E Lavery	None identified		
3. The Trust is also working with the ICS to access wider sources of health and wellbeing support. the successful appointment of a Band 5 Specialist Staff Counsellor, EDI Lead for Health & Wellbeing Band 7 1.0wte, Healthy Lifestyles Checks Officer Band 4 1.0wte, and VIVUP on-site Staff Counsellor 0.2wte which has been funded through the ICS. The SYB ICS Mental Health & Wellbeing hub of online resources, materials and training courses has been made available to all staff. The Trust has also appointed an Occupational Psychologist post shared with Rotherham Trust in February 2023 for a period of 2 years funded by NHS national charities funds	Jul-23	Sep-23	E Lavery	None identified		
4. The Trust has approved the adoption of the Standards Framework for Counsellors & Counselling Services for BHNFT and partners to strengthen the wellbeing support offered. An agreement has also been reached to extend the Schwartz Rounds contract for an additional 3 years. The Schwartz Rounds steering group has been re-instated and the programme of Schwartz Rounds sessions agreed and commenced.	Jul-23	Sep-23	E Lavery	None identified		
5. Appointment of a Health and Wellbeing Guardian as approved by the Board to ensure dedicated oversight and assurance that the staff health and wellbeing agenda has a Board level champion. A non-executive director has commenced in the role on 01/10/21.	Jul-23	Sep-23	E Lavery	None identified		
Assurances Received L1 Operational, L2 Board Oversight, L3 Independent	Last Received	Received By	Assurance Rating	Gaps in Assurance		
1. L1 - Workforce Insights Report	Apr-23	P Committee	Full	None identified		
2. L1 - CBU Workforce Plans	Jan-23	CBU Performance Review Meetings	Full	None identified		
3. L2 – Staff Survey	Mar-23	Trust Board Assurance Committees	Full	None identified		
4. L1 – Pulse checks	Feb-23	PEG	Full	None identified		
2. 360 Assurance Health & Wellbeing Audit Report	Jan-23	Audit Committee	Full	None identified – significant assurance received		
Corrective Actions Required (include start date)	Action Due Date	Action Status	Action Owner	Forecast Completion Date		
1. Review NHS Workforce Health and Wellbeing Framework diagnostic tool and consider use of assessment to ascertain areas of focus. Also receive 360 Assurance internal audit report findings and act on recommendations into the Trust's health and wellbeing offer including the use of metrics to inform future action plan.	Sep-21	In progress	E Lavery	<b>Completed</b>		
2. Development of performance indicators against staff engagement and well-being initiatives to better measure impact on staff wellness and organisational culture.	Sep-21	In progress	S Ned	<b>Completed</b>		

CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24						
Strategic Objective 2023/24: Best for Patients and The Public	Risk Ref:	Oversight Committee	Risk Owner	Current Risk Score	Target Risk Score	Linked Risks	
We will provide the best possible care for our patients and service users	2592	Finance and Performance Committee	Chief Operating Officer	5x3	2x3	1201 - staff recruitment and retention 2557 - lack of space and facilities 2600 - failure to deliver capital investment and equipment replacement	
Risk Description	Risk Score Movement			Interdependencies			
<p><b><u>Risk of patient harm due to inability to deliver constitutional and other regulatory performance or waiting time targets</u></b></p> <p>There is a risk of failure or delay in patient diagnoses and/or treatment due to the inability of the Trust to deliver constitutional and other regulatory performance, or waiting time standards / targets</p>	<p>Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar</p> <p>— risk score — target risk</p>			<p>Uncertainties surrounding the current pandemic and its impact on service capacity and demand; system partners and their ability to meet the needs of their service users; safe staffing levels and challenges with recruitment in various services across the Trust; well and supported staff to be able to deliver the services; space and equipment to meet the needs of the services. Revised operational priorities for 2022/23 are aligned to but not reflective of constitutional target delivery. <b>The digital agenda impacts on administrative processes and data collection, robust review and updates are required to ensure the trust continues to capture the correct information and reports correctly.</b></p>			
Risk Appetite				Risk Tolerance			
Minimal				Treat			
Controls	Last Review Date	Next Review Date	Reviewed by	Gaps in Control			
1. The Trust has a rigorous Performance Management Framework which has been externally assured including weekly review of performance at the ET meeting. Monthly review of performance at the CBU performance meetings, and oversight from both assurance committees on a monthly basis.	Jul-23	Sep-23	B Kirton/ L Burnett	None identified			
2. Annual business plans that are aligned to service delivery are produced and signed off by the Executive. If there is a delivery failure, plans are produced by the CBU to address the matters and escalated to the ET	Jul-23	Sep-23	B Kirton/ L Burnett	Unknown future demand for services may lead to surge in referrals above available capacity. Staff absence and vacancies are the biggest risk. Future risk of industrial action by BMA and RCN which will reduce capacity			
3. Monitoring of activity of performance of NHSE/I (regulator) via systems meetings.	Jul-23	Sep-23	B Kirton/ L Burnett	None identified			
4. Renewed quality monitoring of the waiting list including clinically prioritisation of the patients who are waiting.	Jul-23	Sep-23	B Kirton/ L Burnett	Impact on Health inequalities			
5. Internally, the Trust report clinical incidents where there has been an impact to quality due to performance. There are thresholds set by NHSE that require immediately reporting when breach i.e. 12-hour trolley breach. These incidents feeding into governance meetings and the patient safety panel.	Jul-23	Sep-23	B Kirton/ L Burnett	None identified			
Assurances Received	Last Received	Received By	Assurance Rating	Gaps in Assurance			
L1 Operational, L2 Board Oversight, L3 Independent							
1. L2: - IPR report	Feb-23	F&P Committee	Full	None identified			
2. L2: - Progress reports - annual business plan	Apr-22	F&P Committee	Partial	Developing performance reporting at system level. Unknown future demand for services may lead to surge in referrals above available capacity. Staff absence and vacancies are the biggest risk.			
3. L3: - NHSI/E reports	Feb-23	Trust Board	Full	None identified			
4. L3: - Benchmarking reports through ICS	Feb-23	Trust Board	Full	None identified			
5. L1: - Reports against trajectories	Feb-23	F&P Committee	Partial	A number of actions to enable recovery require involvement of place & system and are not under the direct control of the Trust			
6. L2: - Quality Metric Reports	Feb-23	F&P Committee	Full	None identified			
7. L2: - Report to Trust Board - Activity Recovery Plans 2021/22 and further updates to assurance committees	Feb-23	Trust Board	Full	None identified			
Corrective Actions Required (include start date)				Action Due Date	Action Status	Action Owner	Forecast Completion Date
Control 4: Clinical exec leads to ensure appropriate process for monitoring risk of harm to patients on waiting lists (see risk 2605 for further detail). Started June 21.				Feb-21	complete	Dr S Enright	complete
Control 2 and Assurance 5: Adapt performance reporting so they provide the right assurances on what the Trust has committed to deliver. Started January 21. Incorporate system and place reporting when available				May-23	ongoing	L Burnett/ T Davidson	Oct-23
Control 2: Continue to increase endoscopy activity to enable recovery. Capacity gap identified in business planning & additional activity requirements discussed with finance director. Report bi-monthly to Executive team against recover trajectory and any mitigation				May-23	ongoing	S Garside	ongoing
Control 2 and Assurance 5 & 7: operational exec to ensure robust plans during periods of industrial action to ensure essential staff cover and report on impact to recovery trajectories				Apr 23	ongoing	L Burnett/ Dr S Enright	ongoing



CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24							
Strategic Objective 2023/24: Best for Performance	Risk Ref:	Oversight Committee		Risk Owner	Current Risk Score	Target Risk Score	Linked Risks	
We will meet our performance targets and continuously strive to deliver sustainable services	2595	Finance and Performance Committee		Director of ICT	4x2	4x1	1693 - adverse reputational damage to the Trust 713 - maintaining financial stability 2404 - compromised care for non Covid-19 patients 2098 - Transformation digital programme	
Risk Description	Risk Score Movement			Interdependencies				
<p><b>Risk regarding the potential disruption of digital transformation.</b></p> <p>The trust is committed to large digital transformation projects (Including Clinical Workspace, Clinical Narrative, Clinical Messaging and Paper to Digital Records replacing current paper notes), unless this programme of work is delivered safely and effectively there is a significant risk to clinical operational delivery.</p> <p>The materialisation of this risk could result in:</p> <ul style="list-style-type: none"> <li>- Poor understanding and misalignment of the changes to clinical processes resulting in harm to patients.</li> <li>- Poor Communication and engagement resulting in poor adoption of the change and escalating costs.</li> <li>- Potential implications to the overall management and board due to not understanding the full-term risks and impacts of the digital transformations.</li> <li>- Lack of Governance resulting in disruption in supporting clinical, administration and operational services and unsafe processes.</li> </ul>	<p>Legend: — risk score - - - target risk</p>			<p>BAF Risk 1693 - Trust Reputation, BAF Risks 1713 Financial Stability. BAF Risk 2404 Patient Care. NHS Long Term Plan Deliverables. ICT Strategy Delivery and SY+B Delivery.</p>				
Risk Appetite	Risk Tolerance							
Seek	Treat							
Controls	Last Review Date	Next Review Date	Reviewed by	Gaps in Control				
1. Effective governance via the Careflow Steering group involving strong executive leadership. Project Senior Responsible Owner (SRO) and Clinical Lead.	Jul-23	Sept-23	Director of ICT	Clinical Risks associated with a fragmented record split across multiple digital health care record systems.				
2. Effective training, project delivery, communications, engagement with all staff in line with an approved project initiation document.	Jul-23	Sept-23	Director of ICT	Potential impacts of external factors such as COVID-19 on workforce and therefore delivery (outside of the Trust's control)				
3. External review of processes and implementations via the Trust System Support Model (TSSM)	Jul-23	Sept-23	Director of ICT	None identified				
4. Digital Transformation Strategy	Jul-23	Sept-23	Director of ICT	It is not possible for the Strategy to manage unforeseen disruption and clinical risks.				
5. Business Cases for E-prescribing, Electronic Health Care Records and Careflow (Medway) Lorenzo replacement	Jul-23	Sept-23	Director of ICT	None identified				
6. Clinical Safety Officer Role in Place and Clear up to date Clinical safety assessments and hazard logs.	Jul-23	Sept-23	Clinical Reference Group/Director ICT	None identified				
7. Board and Senior Leaders Digital Strategic Sessions to understand what good digital implementations look like.	Jul-23	Sept-23	Board/Senior leaders Group	None identified				
Assurances Received L1 Operational, L2 Board Oversight, L3 Independent	Last Received	Received By	Assurance Rating	Gaps in Assurance				
1. L1 Digital Steering Group Chairs Log	Jul-23	F&P	Full	None identified				
2. L3 Significant Assurance 360 Assurance Report Transformation (New EPR) Rollout	Sep-21	Board	Full	None identified				
3. L1 F&P ICT Strategic Update - Digital Transformations in Delivery	Jul-23	F&P	Full	None identified				
4. Monthly F&P ICT Strategic Update – Digital Transformations in Delivery	Jul-23	F&P	Full	None identified				
5. Digital Maturity Assessment – To understand potential gaps in our capability	Jun-23	F&P	Full	None identified				
Corrective Actions Required (include start date)					Action Due Date	Action Status	Action Owner	Forecast Completion Date
Careful monitoring of the programme of digital transformation via all trust board committees.					On-going	N/A	Director of ICT	N/A

CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24						
Strategic Objective 2023/24: Best for Performance	Risk Ref:	Oversight Committee	Risk Owner	Current Risk Score	Target Risk Score	Linked Risks	
We will meet our performance targets and continuously strive to deliver sustainable services	2122	Finance and Performance Committee	Director of ICT	4x3	4x1	2416 – cyber-security during the pandemic 1693 - adverse reputational damage to the Trust 1713 - maintaining financial stability 2404 - compromised care for non Covid-19 patients 2098 - Transformation digital programme	
Risk Description	Risk Score Movement		Interdependencies				
<p>Risk regarding Cybersecurity and IT systems resilience</p> <p><i>If we do not protect the information we hold as a result of ineffective information governance and/or cyber security due to lack of resources there is a risk of the Trust's infrastructure being compromised resulting in the inability to deliver services and patient care resulting in poor outcomes and patient experience.</i></p>			<p>BAF Risk 1693 - Trust Reputation, BAF Risks 1713 Financial Stability. BAF Risk 2404 Patient Care. NHS Long Term Plan Deliverables. ICT Strategy Delivery and SY+B Delivery.</p>				
Risk Appetite			Risk Tolerance				
Minimal (Clinical Safety)			Treat				
Controls	Last Review Date	Next Review Date	Reviewed by	Gaps in Control			
1. Currently all clinical and business critical systems have external support. Minor non-critical systems are supported internally.	Jul-23	Sept-23	Director of ICT	IT systems and business as usual support continually gets more complex and there are limited resources to ensure mitigation of all risks.			
2. A regular review of assessment is carried out to ensure that business critical computer solutions are supported externally and a risk assessment is completed on minor unsupported solutions. A paper was received at ET to approve this approach.	Jul-23	Sept-23	Director of ICT	None identified			
3. Intrusion Detection, Firewalls, URL Filtering, Vulnerability Scanning, Penetration Testing, Anti-Virus, Anti-Malware and Patching strategies in place.	Jul-23	Sept-23	Director of ICT	There is no protections against a zero-day virus. A brand-new virus that cannot be detected by the various scanning techniques. Careful and consistent monitoring of systems need to be in place through start of the day checks			
4. CARECert – Cybersecurity Alerts – for example recent LOG4J alert and remedial actions report to F+P	Jul-23	Sept-23	Director of ICT	Full assurance from all suppliers has been sought. Some suppliers have provided workarounds but not supplied full patches.			
5. Annual Cybersecurity assessment completed by Certified 3 <sup>rd</sup> party to ensure all up to date measures are in place	Jul-23	Sept-23	Director of ICT	Not all recommendations in the report can be completed; it is a balance of funding/practicality/risk to ensure the most effective cybersecurity controls are implemented.			
Assurances Received L1 Operational, L2 Board Oversight, L3 Independent	Last Received	ReceivedBy	Assurance Rating	Gaps in Assurance			
1. L3 Covid-19 risk assessment of all cybersecurity and IT risks. Significant Assurance provided from 360 Assurance on out Data Protection Toolkit compliance position – Board approved position.	July 23	ET and F&P	Full	No dedicated cybersecurity personnel as recommended by NHS Digital 360 assurance report.			
2. Annual Board cybersecurity report including Penetration Testing Results	May-23	ET, F&P and Board	Full	None identified			
3. Data Protection and Security Toolkit	July 23	ET, F&P and Board	Partial	Only covers specific areas of cybersecurity.			
4. National Cybersecurity active monitoring and reporting frameworks	Mar-23	ICT Directorate	Partial	The highly technical reports are not shared with the Board and Sub-committees.			
Corrective Actions Required (include start date)				Action Due Date	Action Status	Action Owner	Forecast Completion Date
Bolster online defences and complete new penetration test.				01/05/2023	Complete.	ICT Director	Complete
Control 5. Complete full firewall installation and expert assessment from CAE Network Solutions				31/07/2022	Complete.	ICT Director	Complete
Control 1 and 4. Strategic update report to the finance and performance committee monthly to manage resources against priorities				Ongoing			
Control 3. Careful and consistent monitoring of systems need to be in place through start of the day checks and CareCert National Cybersecurity Monitoring				Ongoing			
Control 5. Ensure fully risk assessed gaps in cybersecurity action plan delivery.				Ongoing			

CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24						
Strategic Objective 2023/24: Best for Performance	Risk Ref:	Oversight Committee	Risk Owner	Current RiskScore	Target Risk Score	Linked Risks	
We will meet our performance targets and continuously strive to deliver sustainable services	1713	Finance and Performance Committee	Director of Finance	2x2	2x1	1943 - failing to deliver adequate CIP scheme 1791 - inefficient cash funds	
Risk Description	Risk Score Movement			Interdependencies			
<p><b>Risk regarding inability to deliver the in-year financial plan</b></p> <p>There is a risk of failing to deliver the in-year financial plan, including any required efficiency and clinical activity, in accordance with national and system arrangements. Including additional pressures posed by high levels of inflation and a weakening currency, with lower exchange rates, potentially higher interest rates and funding reductions.</p>				<p>The activity and demand within the system. The SY ICS financial position. The current financial framework in operation. Covid-19 and recovery pressures.</p>			
Risk Appetite	Risk Tolerance						
Open (Finance / Value for Money)	Treat						
Controls	Last Review Date	Next Review Date	Reviewed by	Gaps in Control			
1. Board owned financial plans	Jul-23	Sep-23	R Paskell	None identified, Board approved final 2022/23 plan in June			
2. Requirements identified through business planning and budget setting processes and prioritised based on current information	Jul-23	Sep-23	R Paskell	Allocation of system resources and inflationary pressures due to shortfalls in national uplifts are outside of the Trust's control			
3. Additional requirements must follow business case process	Jul-23	Sep-23	R Paskell	None identified - well established business case process			
4. Financial performance is reviewed and monitored at monthly CBU performance and Finance & Performance Committee meetings	Jul-23	Sep-23	R Paskell	None identified			
5. Efficiency and Productivity Group (EPG) established to identify, monitor and support delivery of E&P plans	Jul-23	Sep-23	R Paskell	Group is now meeting, however Covid-19 and recovery pressures continue to impact upon management time and ability to focus on cost management			
6. Barnsley place efficiency group established to identify, monitor and support delivery of system opportunities	Jul-23	Sep-23	R Paskell	Lack of Trust control over financial performance of external partners			
7. Identification of additional efficiency / spend reduction.	Jul-23	Sep-23	R Paskell	Covid-19 and recovery pressures impacting upon management time and ability to focus on cost management			
8. Continued work on opportunities arising from PLICS / Benchmarking and RightCare	Jul-23	Sep-23	R Paskell	Covid-19 and recovery pressures impacting upon management time and ability to focus on cost management			
9. Tight management of costs, with delegated authority limits, including review of agency usage	Jul-23	Sep-23	R Paskell	Covid-19 and recovery pressures impacting upon management time and ability to focus on cost management			
10. Continued discussions with SY ICB.	Jul-23	Sep-23	R Paskell	Lack of Trust control over financial performance of external partners. Allocation of system resources and inflationary pressures due to shortfalls in national uplifts are outside of the Trust's control			
Assurances Received L1 Operational, L2 Board Oversight, L3 Independent	Last Received	ReceivedBy	Assurance Rating	Gaps in Assurance			
L2 - Monitoring Progress Reports e.g. Finance paper to F&P, ICS performance papers to F&P	Apr-23	F&P	Partial	Pressures arising from Covid-19, recovery and the uncertainties surrounding the future financial framework present the greatest challenge to the Trust. Full assurance will not be able to be given until there is a resolution to these issues. Greater reassurance around the financial performance of partner organisations.			
Corrective Actions Required (include start date)				Action Due Date	Action Status	Action Owner	Forecast Completion Date
Gaps in control in relation to controls 5, 7, 8 & 9 – Efficiency and productivity paper, including reporting and governance arrangements to F&P				N/A	Completed	C Thickett	N/A
Gaps in control in relation to controls 2, 6 & 10, which are outside the Trust's control				N/A	N/A	N/A	N/A

CURRENT		BOARD ASSURANCE FRAMEWORK 2023/24						
Strategic Objective 2023/24: Best for Performance		Risk Ref:	Oversight Committee	Risk Owner	Current Risk Score	Target Risk Score	Linked Risks	
We will meet our performance targets and continuously strive to deliver sustainable services		2845	Finance and Performance Committee	Director of Finance	4x4	4x2	1943 - failing to deliver adequate CIP scheme 1713 - maintaining financial stability 1791 - Risk regarding insufficient cash funds to meet the operational requirements of the Trust	
<b>Risk Description</b>		<b>Risk Score Movement</b>			<b>Interdependencies</b>			
<p><b>Inability to improve the financial stability of the Trust over the next two to five years</b></p> <p>There is a risk that we will not be able to sustain services and deliver the Long Term Plan due to the underlying financial deficit in 2023/24 leading to financial instability.</p>								
<b>Risk Appetite</b>		<b>Risk Tolerance</b>						
Open (Finance / Value for Money)		Treat						
<b>Controls</b>		<b>Last Review Date</b>	<b>Next Review Date</b>	<b>Reviewed by</b>	<b>Gaps in Control</b>			
1. Board-owned financial plans		Jul-23	Sep-23	R Paskell	None identified, Board approved final 2022/23 plan in June 2022; 2023/24 draft plan approved in February 2023			
2. Achievement of the Trust's in-year financial plan and any control total (see risk 1713)		Jul-23	Sep-23	R Paskell	None identified, 2022/23 in-year financial plan and agreed system control total will be delivered			
3. Underlying financial performance is reviewed and monitored at Finance & Performance Committee meetings		Jul-23	Sep-23	R Paskell	None identified			
4. Delivery of the EPP programme recurrently		Jul-23	Sep-23	R Paskell	Recovery pressures, including industrial action, impacting upon management time and ability to focus on cost management			
5. Continued work on opportunities arising from PLICS / Benchmarking and RightCare.		Jul-23	Sep-23	R Paskell	Recovery pressures, including industrial action, impacting upon management time and ability to focus on cost management			
6. Continued discussions with SY ICB.		Jul-23	Sep-23	R Paskell	Lack of Trust control over financial performance of external partners. Allocation of system resources and inflationary pressures due to shortfalls in national uplifts are outside of the Trust's control			
7. Potential additional national and/or system resources become available		Jul-23	Sep-23	R Paskell	Long term revenue funding available remains unclear. Allocations now received and controlled via the ICB with some national funding available through a bidding process. Lack of Trust control over financial performance of external partners. Allocation of system resources and inflationary pressures due to shortfalls in national uplifts are outside of the Trust's control			
<b>Assurances Received</b> L1 Operational, L2 Board Oversight, L3 Independent		<b>Last Received</b>	<b>Received By</b>	<b>Assurance Rating</b>	<b>Gaps in Assurance</b>			
L2 - Monitoring Progress Reports e.g. Finance paper to F&P, ICS performance papers to F&P		Apr-23	F&P	Partial	Pressures arising from recovery and the uncertainties surrounding the future financial framework present the greatest challenge to the Trust. Full assurance will not be able to be given until there is a resolution to these issues. Greater reassurance around the financial performance of partner organisations and potential impact on the Trust.			
<b>Corrective Actions Required (include start date)</b>					<b>Action Due Date</b>	<b>Action Status</b>	<b>Action Owner</b>	<b>Forecast Completion Date</b>
Gaps in control in relation to controls 6 & 7, which are outside the Trust's control					N/A	N/A	N/A	N/A

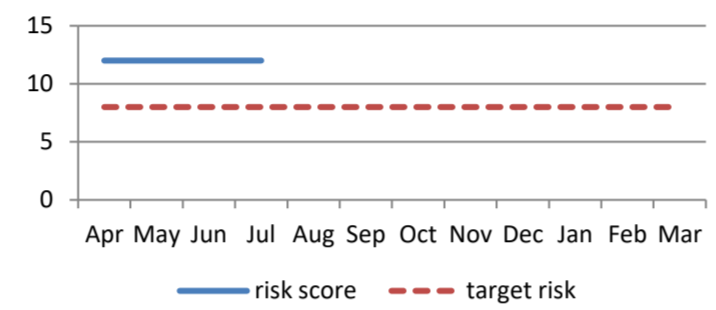
CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24						
Strategic Objective 2023/24: Best for Performance	Risk Ref:	Oversight Committee	Risk Owner	Current RiskScore	Target Risk Score	Linked Risks	
We will meet our performance targets and continuously strive to deliver sustainable services	2557	Finance and Performance Committee	Chief Operating Officer	4x3	3x2	2527 - ineffective partnership working 2404 - compromised care for non Covid-19 patients 1713 - maintaining financial stability against the financial plan 2598 - digital transformation programme	
Risk Description	Risk Score Movement		Interdependencies				
<p><b>Risk of lack of space and adequate facilities on site to support the future configuration and safe delivery of services</b></p> <p>There is a risk that future configuration of services will not be achieved due to the level of estates work and service developments requiring space resulting in displaced staff, compromised capital projects and unplanned expenses leading to potential adverse impact on clinical care and patient experience.</p>			<p>There are interdependencies with partnership working and the wider service demand for the region, as well as the ongoing Covid 19 pandemic and recovery plans. This risk is also interdependent on capital finance, digital transformation, and may impact on the trusts ability to deliver the services within the trust 5-year strategy</p>				
Risk Appetite			Risk Tolerance				
Cautious (Patient Experience)			Treat				
Controls	Last Review Date	Next Review Date	Reviewed by	Gaps in Control			
1. The sharing of plans with all staff groups alongside messages regarding improving services for patients to ensure staff understand the ongoing changes	Jul-23	Sep-23	L Burnett	None identified			
2. Offsite office accommodation has been procured to increase the ability to relocate non-clinical staff	Jul-23	Sep-23	L Burnett	None identified			
3. Home working is being promoted at all levels via departmental managers to enable shared desks and the release of space	Jul-23	Sep-23	L Burnett	None identified			
4. Space Utilisation Group	Jul-23	Sep-23	L Burnett	None identified			
5. Contracts and SLAs between the Trust and BFS	Jul-23	Sep-23	L Burnett	Review of <i>outpatient</i> pharmacy SLA			
6. EDMS Project (reduce paper in the Trust and in turn, release space)	Jul-23	Sep-23	T Davidson	Awaiting completion of project & space release			
7. Trust 5-year strategy	Jul-23	Sep-23	B Kirton	None identified			
8. Urgent care improvement plan, to increase same day emergency care, to provide navigator role and separate GP stream. All will reduce need for inpatient beds	Jul-23	Sep-23	L Burnett	None identified			
9. Planned care recovery plans to include expansion of day case surgery, ward enhanced recovery	Jul-23	Sep-23	L Burnett	Dependent on capital plans			
10. Trust Ops group (weekly operational team meeting, where space issues will be managed)	Jul-23	Sep-23	L Burnett	None identified			
11. Bed reconfiguration programme to increase medical bed capacity	Jul-23	Sep-23	L Burnett	Dependent on adjacent projects and capital plan delivery			
Assurances Received	Last Received	Received By	Assurance Rating	Gaps in Assurance			
L1 - Trust Ops regular agenda item	Jul-23	CBU Performance Meetings	Full	None identified			
L1 - Regular agenda item on ET	Jul-23	ET	Partial	There are services that will require additional space in year to deliver operational plans with no current space allocated			
L2 - BFS performance chairs log	Jul-23	F&P Committee	Partial	There are services that will require additional space in year to deliver operational plans with no current space allocated			
L3 - Item on agendas at Barnsley Place meetings, UECB, planned care & ICP	Jul-23	PPDG	Full	None identified at PLACE			
Corrective Actions Required (include start date)				Action Due Date	Action Status	Action Owner	Forecast Completion Date
Control 5: Director of Finance and Managing Director of BFS to review SLAs and contracts to ensure up to date and reflective of agreed arrangements				Jun-23	Complete	R McCubbin	Oct-23
Control 1. Director of Operations to provide Joint Partnership Forum with update of service change & estate plans to ensure staff communications				May-23	Complete	Lorraine Burnett	Ongoing
Control 2. Final services to move offsite				May-21	In Progress	R McCubbin/ E Lavery	Ongoing
Control 4. Space Utilisation Group to be recommenced				Jun-21	Complete	M Hall	Meeting monthly
Control 10. Formalise exception updates on space from weekly trust Ops to monthly CBU performance report				May-21	Complete	L Burnett	Report as required, risk, issue or completion
Control 2: Development of the community diagnostic centre				Apr-22	Move to phase 2	L Burnett/ R McCubbin	Sep-23
Control 8. <i>Increase agreed to medical bed base utilizing available ward areas following CCU move</i>				Sep-23	In Progress	L Burnett	Dec-23
Control 9. Theatre efficiency & productivity group established and planned care recovery action plans to ensure increase in day case rate & utilisation metrics.				Nov-22	complete	L Burnett	Meeting bi-weekly
Assurance L3: member of SY estates group and Barnsley capital group to explore longer term solutions through developing plan				Jun 23	ongoing	R McCubbin	Sep-23

CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24						
Strategic Objective 2023/24: Best for Partners	Risk Ref:	Oversight Committee	Risk Owner	Current Risk Score	Target Risk Score	Linked Risks	
We will work with partners within the South Yorkshire integrated Care System to deliver improved and integrated patient pathways	2527	Finance and Performance Committee	Managing Director	4x3	4x2	1693 - adverse reputational damage to the Trust	
Risk Description	Risk Score Movement			Interdependencies			
<p><b>Risk regarding ineffective partnership working and failure to deliver integrated care</b></p> <p>There is a risk that the Trust will not engage in shared decision-making at System and Place level and/or work collaboratively with partners to deliver and transform services at System and Place level due to lack of appetite and resources for developing strong working relationships leading to a negative impact on sustainability and quality of healthcare provision in the Trust and wider System.</p>				<p>Wider system pressures, partner organisations' capacity and ability to collaborate, Trust capacity and ability to collaborate, etc. This risk will also be impacted by national constitutional changes due by March 2022.</p>			
Risk Appetite				Risk Tolerance			
Seek (Partnerships)				Treat			
Controls	Last Review Date	Next Review Date	Reviewed by	Gaps in Control			
1. Trust vision, aims and objectives	Jul-23	Sep-23	B Kirton	None identified			
2. Communications and Engagement strategy (Trust approach for collaboration with partners, public, etc.)	Jul-23	Sep-23	B Kirton	none identified			
3. Membership of partnership forums in Barnsley Place and SYB ICS.	Jul-23	Sep-23	B Kirton	Ongoing understanding of the implications of the agreed legislative changes as ICB's took legal form from July 2022. There is an emerging governance structure that links through to ICB place teams that the Trust needs to input into and understand in terms of engagement and accountability			
4. Regular meetings with partners, Chair meetings and exec to exec working.	Jul-23	Sep-23	B Kirton	None identified			
5. Membership of networks and service level agreements	Jul-23	Sep-23	B Kirton	Some service level agreements remain unsigned, which will be addressed through the CBU's and finance			
Assurances Received L1 Operational, L2 Board Oversight, L3 Independent	Last Received	ReceivedBy	Assurance Rating	Gaps in Assurance			
1. L1 - regular ET agenda item regarding Barnsley and ICS meetings	Sep-21	ET	Partial	Concerns regarding intermediate care services			
2. L2 - Monthly Board updates regarding Barnsley Integrated Care Partnership and South Yorkshire and Bassetlaw ICS	Oct-21	Board	Full	None identified			
Corrective Actions Required (include start date)				Action Due Date	Action Status	Action Owner	Forecast Completion Date
Review of governance relating to services providing intermediate care via Rightcare Barnsley (Assurance 2). We are dependent on the ICB Place team as they are leading on the review of the service.				Feb-21	complete	L Burnett	Jun-23
Review of unsigned service level agreements and take any necessary actions to address the gap (Control 5). There are no material concerns at the present time				Apr-21	Overdue	C Thickett	Jun-23
Review of the legislative changes and emerging ICB governance (Control 3 and Assurance 2). The ICB place team have the final proposed governance structure and TOR for all the meetings to take to Board in February.				Complete	Complete	B Kirton	Complete

CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24						
Strategic Objective 2023/24: Best for Place	Risk Ref:	Oversight Committee	Risk Owner	Current Risk Score	Target Risk Score	Linked Risks	
We will fulfil our ambition to be the heart of the Barnsley place partnership to improve patient services, support a reduction in health inequalities and improve population health	2605	Quality and Governance Committee	Managing Director	4x3	3x3	2527 - ineffective partnership working 2592 - failure to deliver performance/targets	
<b>Risk Description</b>	<b>Risk Score Movement</b>			<b>Interdependencies</b>			
<p><b>Risk regarding failure by the Trust to take action to address health inequalities in line with local public health strategy, and/or effectively work with partners (PLACE and ICS) to reduce health inequalities to improve patient and population health outcomes</b></p> <p>There is a risk that we will not take appropriate action to address health inequalities in line with local public health strategy, which has six priorities: tobacco control, physical activity, oralhealth, food, alcohol and emotional resilience. There is also a risk that we may fail to work effectively with our PLACE and ICS partners to meaningfully reduce health inequalities, and improve patient and population health outcomes.</p>				<p>Wider system pressures, partner organisations' capacity and ability to collaborate, and partner's recognition of the importance of delivering on this agenda and making it a priority. Trust capacity and ability to collaborate. Alignment of partners priorities and strategies to improve population health. Developing role of ICS (future ICB) in management of population health and emergent strategy for health inequalities.</p>			
<b>Risk Appetite</b>				<b>Risk Tolerance</b>			
Minimal (Clinical Safety)				Treat			
<b>Controls</b>	<b>Last Review Rate</b>	<b>Next Review Date</b>	<b>Reviewed by</b>	<b>Gaps in Control</b>			
1. Continued engagement with commissioners and ICS developments in clinical service strategies to prioritise, resource and facilitate more action on prevention and health inequalities.	Jul-23	Sep-23	B Kirton Dr S Enright J Murphy A Snell	Inability to measure equity of access, experience and outcomes for all groups in our community down to an individual level. There is a need for consistency and equity across the ICS so there is an ask for an equitable approach which is in development.			
2. Partnership working at a more local level, including active participation in the Health Inequalities workstream, which will feed through the Integrated Care Governance (ICDG and up to the ICPG).	Jul-23	Sep-23	B Kirton Dr S Enright J Murphy A Snell	Insufficient granularity of plans to meet the needs of the population and the statutory obligations of each individual organisation. There is a need for a joined-up approach to be agreed across PLACE to ensure those people at the greatest risk of inequalities are able to access services to the same level of those that do not face barriers to accessing care. This requires close engagement with those living and working in these areas alongside the data analysis that is being undertaken.			
3. All patients on the existing planned care waiting lists and those being booked for new procedures, are regularly assessed against the national clinical prioritisation standards (FSSA) as a minimum, taking into consideration individual patient factors pertaining to health inequalities where possible.	Jul-23	Sep-23	B Kirton Dr S Enright J Murphy A Snell Dr J Bannister	Clinical Effectiveness Group re Clinical Prioritisation Process – FSSA Standards – was presented to CEG and approved  ADoO (CBU 2) joined the meeting to assure the Group that there is a clinical prioritisation process in place. Defined priority levels are written by the Royal College of Surgeons and the FSSA to help define what priority patients are on the waiting list. The Group was assured with the pathway after the discussion and after seeing the report that was included in the papers.			
4. Established population health management team that supports both the Trust, PLACE and is also linked to the ICS lead by a public health consultant.	Jul-23	Sep-23	B Kirton A Snell	None Identified			
5. Dedicated population health management team delivering Healthy Lives Programme covering tobacco and alcohol control.	Jul-23	Sep-23	B Kirton A Snell	None Identified			
6. 35 key actions to influence health inequalities around 3 key factors: establish new services, enhance existing services & develop as Anchor institution. All within the health Inequalities action plan, including using the vulnerability index to monitor access to care and an information sharing agreement with BMBC	Jul-23	Sep-23	B Kirton A Snell	Ongoing development and engagement regarding the vulnerability index to ensure fuller understanding of information and impact on trust processes across all business units, directors and Board  <b>Leadership fellow is ending at end of August 2023 returning us back to low capacity for the second key factor</b>			
<b>Assurances Received</b> L1 Operational, L2 Board Oversight, L3 Independent	<b>Last Received</b>	<b>Received By</b>	<b>Assurance Rating</b>	<b>Gaps in Assurance</b>			
1. L1: Control 3 re clinical prioritisation reporting via IPR	Ongoing	Executive Team	Partial	Clinical prioritisation process needs to be re-reviewed at the Clinical Effectiveness Group to ensure ongoing evaluation of effectiveness. <b>Progress made across all CBUs but still with specific services and pathways and yet to be Trust-wide. Pop health analyst and new corporate analyst to support this roll out.</b>			
2. L2: Presentation on Health Inequalities and the issues facing Barnsley, inc work to date and forward actions	Sep 22	Q&G Committee	Full	Quarterly updates on progress against the Improving Public Health and Reducing Health Inequalities Action Plan are provided to Q&G Committee, and this now includes action on the Cost of Living Crisis, including the establishment of a Trust CoLC working group.			
3. L2: Presentation on Health Inequalities and the issues facing Barnsley, inc work to date and forward actions	Jul 22	Board Strategic Focus Group	Full	Concerns given the economic downturn and its impact on to household income and the ability to live healthy lives consequently further increasing inequality. Workshop to explore with Trusts role in this in July 2022. The workshop went ahead and was aligned with a B2030 Board development session.			
4. L3: PLACE Plan - system updates presented at PLACE Plan Care Board	Apr 22	PLACE Plan Care Board	Full	Operational plan 2022/23 - work to the national direction around health inequalities, particularly elective recovery.			
<b>Corrective Actions Required (include start date)</b>				<b>Action Due Date</b>	<b>Action Status</b>	<b>Action Owner</b>	<b>Forecast Completion Date</b>
Control 6. BMBC and BHNFT to lead the development of a Place Anchor Network, including health and care partners and organisations from other key sectors such as education.				Nov-21	In progress	A Snell	Dec-23
<b>Control 6: The Trust is looking for funding for a place-based post to fill this gap funded by SYICS inequalities monies.</b>				TBC	Ongoing	A Snell	TBC
Control 2: Analysis of Barnsley demographics and its Index of Multiple Deprivation (IMD) profile. Started Oct 20.				Jan-21	Complete	A Snell	Complete
Control 2 and Assurance 4: Barnsley health inequalities plan based around the Stevens 8 urgent actions that is being built into the recovery plans for BHNFT and PLACE				Jul-21	complete	A Snell	Complete
Control 1: Development of a co-produced Health Inequalities priorities for the local integrated care system. Started Jan 21.				Sep-21	complete	A Snell	Complete
Control 3 and Assurance 1: Clinical Effectiveness Group to receive clinical prioritisation process for review. Future reviews to include novel local approaches in development.				Sep-21	Complete	Dr S Enright	Complete
Control 4. Recruitment of a public health analyst hosted by BHNFT but co-funded by Place partners, with 50% capacity supporting BHNFT public health approach and 50% supporting place population health management				Mar-22	Complete	A Snell	Complete
Control 6 and Assurance 3. BHNFT has established its Anchor Institution Network Group working across the domains of its Anchor Charter and has supported BHNFT Board and Barnsley 2030 development sessions linking anchor principles to health inequalities in Barnsley.				Mar-22	Complete	A Snell	Complete
Assurance 4: PHM team are conducting awareness sessions with teams and through the Trust governance to support the understanding of trust staff re health inequalities.				Ongoing	Complete	A Snell	Complete
Control 6. Leadership Fellow recruited to take the work forward on routine monitoring BHNFT activity against health inequality metrics and targeting BHNFT's core services to reduce health inequalities.				Mar-22	Complete	A Snell	Complete

CURRENT		BOARD ASSURANCE FRAMEWORK 2023/24								
Strategic Objective 2023/24: Best for Place		Risk Ref:	Oversight Committee	Risk Owner	Current Risk Score	Target Risk Score	Linked Risks			
We will fulfil our ambition to be the heart of the Barnsley place partnership to improve patient services, support a reduction in health inequalities and improve population health		1693	Finance and Performance Committee	Director of Communications and Marketing	3x2	3x2	2527 - ineffective partnership working 1865 – zero-day vulnerability			
<b>Risk Description</b>		<b>Consequence of Risk Occurring</b>			<b>Interdependencies</b>					
<p><b>Risk regarding adverse reputational damage to the Trust</b></p> <p>There is a risk of reputational damage through different routes of exposure to the Trust.</p>					<p>Wider system issues resulting in adverse publicity to other NHS service providers may result in increased media scrutiny of this Trust and / or its staff / services.</p>					
<b>Risk Appetite</b>					<b>Risk Tolerance</b>					
Cautious (reputation)					Treat					
<b>Controls</b>		<b>Last Review Date</b>	<b>Next Review Date</b>	<b>Reviewed by</b>	<b>Gaps in Control</b>					
Comprehensive communications planner to track and plan for positive and potential adverse publicity		Jul-23	Sep-23	E Parkes	None identified					
Monthly communications planner presented to the Executive Team		Jul-23	Sep-23	E Parkes	None identified					
The Trust has a number of processes in place for the effective management of its overall reputation		Jul-23	Sep-23	E Parkes	None identified					
Reactive statements prepared in advance for high risk matters		Jul-23	Sep-23	E Parkes	None identified					
Proactive positive stories placed to counter negative publicity. Stakeholder briefings produced to inform of negative publicity (internal and external)		Jul-23	Sep-23	E Parkes	None identified					
<b>Assurances Received</b> L1 Operational, L2 Board Oversight, L3 Independent		<b>Last Received</b>	<b>Received By</b>	<b>Assurance Rating</b>	<b>Gaps in Assurance</b>					
None identified										
<b>Corrective Actions Required (include start date)</b>					<b>Action Due Date</b>	<b>Action Status</b>	<b>Action Owner</b>	<b>Forecast Completion Date</b>		
N/A					N/A	N/A	N/A	N/A		



CURRENT		BOARD ASSURANCE FRAMEWORK 2023/24						
Strategic Objective 2023/24: Best for Planet	Risk Ref:	Oversight Committee	Risk Owner	Current Risk Score	Target Risk Score	Date to target score	Linked Risks	
We will build on our sustainability work to date and reduce our impact on the environment.	2827	Finance and Performance Committee	Managing Director	12	4x3	4x2		
Risk Description	Risk Score Movement			Interdependencies				
<p><b>Risk regarding the inability to achieve net zero</b></p> <p>There is risk that the Trust will not achieve the net zero target set by the interim date of 2028-2032 resulting in non-compliance with national targets, adverse reputational damage and possible environmental damage.</p>				<p>Grant Funding Govt directives / legislation</p>				
Risk Appetite				Risk Tolerance				
Open				Treat				
Controls	Last Review Date	Next Review Date	Reviewed by	Gaps in Control				
Green Plan	July 2023	Sept 2023	Sustainability Action Group, BFS Board, F&P, Trust Board/ M Sajard	Scope 3 emissions are not currently incorporated. As new methodologies are developed for carbon accounting the Net Zero Targets will be reset.				
Heat Decarbonisation Plan	July 2023	Sept 2023	Sustainability Action Group, BFS Board, F&P/ M Sajard	Delivery is linked to grant and capital funding				
The Trust meets local stakeholders through the Barnsley 2030 Group	July 2023	Sept 2023	Sustainability Group, Chairs Log, ET/ M Sajard	None identified				
Trust Sustainability Action Group and ICB Sustainability meetings take place every 6 weeks to co-ordinate the delivery of the Trust's strategic plans, monitor progress, address new and emerging changes.	July 2023	Sept 2023	Sustainability Action Group, Chairs Log, F&P/ M Sajard	None identified				
Effective engagement with staff and the public	July 2023	Sept 2023	Sustainability Action Group/ M Sajard	None identified				
Trust has secured funding and continues to seek funding to meet Net Zero targets.	July 2023	Sept 2023	Sustainability Action Group, Chair Log, F&P/ M Sajard	Funding of £3.72m was secured for phase 1 of our decarbonisation project. We were unsuccessful in the current round for engineering funding consultancy. We will continue to submit bids for further funding as and when they are announced.				
Assurances Received L1 Operational, L2 Board Oversight, L3 Independent	Last Received	Received By	Assurance Rating					
Independent sustainability audit gave an opinion of Significant Assurance.	15/12/22	ET	Significant rating					
Corrective Actions Required (include start date)				Action Due Date	Action Status	Action Owner	Forecast Completion Date	

<b>Risk domain</b>	<b>Risk appetite</b>	<b>Risk level</b>
Commercial	We will consider commercial opportunities as they arise noting that the Board's tolerance for risks relating to its commercial factors is limited to those events where there is little or no chance of impacting on the Trust's core purpose.	OPEN
Clinical Safety	The Trust has a risk averse appetite for risk which compromises the delivery of safe services and jeopardises compliance with our statutory duties for safety.	MINIMAL
Patient Experience	We will accept risks to patient and service user experience if they are consistent with the achievement of patient safety and quality improvements. We will only accept service redesign and divestment risks in the services we are commissioned to deliver if patient safety, quality care and service improvements are maintained.	CAUTIOUS
Clinical Effectiveness	The Trust has a risk averse appetite for risk which compromises the delivery of high-quality services and jeopardises compliance with our statutory duties for quality.	MINIMAL
Workforce / Staff Engagement	To address workforce and skill-mix shortfalls the Trust is prepared to work in new ways to recruit the right staff and to introduce new roles to meet recognised needs. We will not accept risks, nor any incidents or circumstances, which may compromise the safety of any staff members and patients or contradict our Trust values.	OPEN
Reputation	Tolerance for risk taking is limited to those events where there is little chance of any significant repercussions for the Trust's reputation should there be failure, with mitigation in place for any undue interest. The Board of Directors accept that some decisions made in the interest of change may have the potential to expose the organisation to additional public scrutiny or media interest. Proactive management of Trust communications may be considered to protect the organisation's reputation and maintain public confidence.	CAUTIOUS
Finance / Value for Money	We strive to deliver our services within the budgets set out in our financial plans and will only consider accepting or taking financial risks where this is required to mitigate risks to patient safety or quality of care. Where appropriate the Board will allocate resources to capitalise on potential opportunities and will seek to deliver best value for money.	OPEN
Regulatory / Compliance	The Trust has a risk-averse appetite for risks relating to compliance and regulatory requirements. Where the laws, regulations and standards are about the delivery of safe, high quality care, or the health and safety of the staff and public, we will make every effort to meet regulator expectations and comply with laws, regulations and standards that those regulators have set. The Board will seek assurance that the organisation has high levels of compliance in all areas other than where it has been specifically determined that the efforts required to achieve compliance would outweigh the potential adverse consequences.	MINIMAL
Partnerships	The Trust is committed to working with its stakeholder organisations to bring value and opportunity across current and future services through system-wide partnership. We are open to developing partnerships with organisations that are responsible and have the right set of values, maintaining the required level of compliance with our statutory duties.	SEEK
Innovation	The Trust has a risk tolerant appetite to risk where benefits, improvement and value for money are demonstrated. Innovation is encouraged at all levels within the organisation, where a commensurate level of improvement can be evidenced, and an acceptable level of management control is demonstrated. The Trust will never compromise patient safety while innovating service delivery.	SEEK
Environment	The Trust aims to make a significant sustainable and socially responsible contribution to society through its operational activities. It is prepared to take risks to develop the estate and enhance environmental sustainability supported by rigorous due diligence and risk mitigation.	OPEN



**Barnsley Hospital**  
NHS Foundation Trust

# **CORPORATE RISK REGISTER**

## **JULY 2023**

**Mission: To provide the best possible care for the people of Barnsley and beyond at all stages of their life**

## Summary Corporate Risk Register – July 2023

CRR Risk ID	Risk Description	Date added to CRR	Executive Lead	Current Score	Last Reviewed	Strategic Objectives 2022/23	Strategic Goals and Aims	CRR Page No.
<b>Risk domain: Regulation / Compliance</b>								
<b>Performance</b>								
2592	Risk of patient harm due to inability to deliver constitutional and other regulatory performance or waiting time targets	May-21	Managing Director	15	Jul-23	Best for Patients and the Public - we will provide the best possible care for our patients and service users	Patients and the Public/ Performance	Page 4
<b>Health and Safety</b>								
2243	Risk regarding the aging fire alarm system	Mar-22	Managing Director of BFS	15	Jul-23	Operational risk	Patients and the Public	Page 5
<b>Risk domain: Clinical Safety/ Clinical Effectiveness/ Workforce</b>								
<b>Service Delivery</b>								
2803	Risk to the delivery of effective haematology services due to a reduction in haematology consultants	Jan-23	Medical Director	16	Jul-23	Operational risk	Patients and the Public / People	Page 6
<b>Risk domain: Clinical Safety / Clinical Effectiveness / Workforce</b>								
<b>Service Delivery</b>								
2773	Risk of industrial action in relation to below inflation pay award	Mar-23	Director of People	15	Jul-23	Operational risk	Patients and the Public / People	Page 7
<b>Risk domain: Clinical Safety / Patient Experience</b>								
<b>Service Delivery</b>								
2877	Risk to the provision of breast non-surgical oncology services	May-23	Chief Operating Officer	16	Jul-23	Operational risk	Patients and the Public / People	Page 8
<b>Risk domain: Clinical Safety / Clinical Effectiveness/ Performance</b>								
<b>Service Delivery/ ICT</b>								
2897	<i>Risk of major operational disruption due to digital system infrastructure failures</i>	<i>Jul-23</i>	<i>Director of ICT</i>	<i>15</i>	<i>New</i>	<i>Operational risk</i>	Patients and the Public/ Performance	Page 9
<b>Risk domain: Clinical Safety / Clinical Effectiveness/ Performance</b>								
<b>Service Delivery/ ICT</b>								
2868	<i>Risk of interruption to the delivery of clinical services due to ICT system failures due to aircon failures</i>	<i>Jul-23</i>	<i>Director of ICT</i>	<i>16</i>	<i>New</i>	<i>Operational risk</i>	Patients and the Public/ Performance	Page 10
<b>Risk domain: Finance / Value for Money/ Workforce</b>								
<b>Workforce Costs</b>								
1199	Inability to control workforce costs leading to financial over-spend (Human Resources and Finance)	Nov-21	Director of People/ Director of Finance	16	Jul-23	Operational risk	Performance / People	Page 11
<b>Risk domain: Finance / Value for Money</b>								
<b>Financial Stability</b>								
2845	Inability to improve the financial stability of the Trust over the next two to five years	Jan-23	Director of Finance	16	Jul-23	Best for performance – we will meet our performance targets and continuously strive to deliver sustainable services	Patients and the Public / Performance/ Partner/ Place	Page 12

**Strategic Objectives:**

- Best for Patients and the Public – we will provide the best possible care for our patients and service users.
- Best for People – we will make our Trust the best place to work
- Best for Performance – we will meet our performance targets and continuously strive to deliver sustainable services
- Best for Partner – we will work with our partners within the South Yorkshire Integrated Care System to deliver improved and integrated patient pathways
- Best for Place – we will fulfil our ambition to be at the heart of the Barnsley place partnership to improve patient services, support a reduction in health inequalities and improve population health
- Best for Planet – we will build on our sustainability work to date and reduce our impact on the environment.

**Key**

**Risk Appetite Scale**

<b>Avoid</b> = Avoidance of risk and uncertainty
<b>Minimal</b> – Prefer ultra-safe delivery options with a low degree of inherent risk, which may only have a limited potential for reward
<b>Cautious</b> – Prefer ultra-safe delivery options with a low degree of residual risk, which may only have a limited potential for reward
<b>Open</b> – Will consider all potential delivery options and choose while also providing an acceptable level of reward
<b>Seek</b> – Innovative and choose options offering higher rewards despite greater inherent risk
<b>Mature</b> – Set high levels of risk appetite because controls, forward planning and horizon scanning and responsiveness of systems are effective

**Risk tolerance**

<b>Tolerate</b> – the likelihood and consequence of a particular risk happening is accepted;
<b>Treat</b> – work is carried out to reduce the likelihood or consequence of the risk (this is the most common action);
<b>Transfer</b> – shifting the responsibility or burden for loss to another party, e.g. the risk is insured against or subcontracted to another party;
<b>Terminate</b> – an informed decision not to become involved in a risk situation, e.g. terminate the activity
<b>Take the opportunity</b> - actively taking advantage, regarding the uncertainty as an opportunity to benefit

**Risk Appetite statements and levels pertaining to each strategic risk domain (full definitions in Appendix 1)**

<b>Risk domain</b>	<b>Risk Appetite level</b>
Commercial	OPEN
Clinical Safety	MINIMAL
Patient Experience	CAUTIOUS
Clinical Effectiveness	MINIMAL
Workforce / Staff Engagement	OPEN
Reputation	CAUTIOUS
Finance / Value for Money	OPEN
Regulatory / Compliance	CAUTIOUS
Partnerships	SEEK
Innovation	SEEK

Risk 2592: Risk of patient harm due to inability to deliver constitutional and other regulatory performance or waiting time targets	C = 3 L = 5	15	Low risk			Moderate risk			High risk				Extreme risk			
			1	2	3	4	5	6	8	9	10	12	15	16	20	25
												Initial score				
												Current score				
												Target score				
<b>Risk description:</b>																
There is a risk of failure or delay in patient diagnoses and/or treatment due to the inability of the Trust to deliver constitutional and other regulatory performance or waiting time standards / targets.												<b>Executive lead:</b> Managing Director				
												<b>Date added to CRR:</b> May 2021				
												<b>Last reviewed date:</b> <b>July 2023</b>				
												<b>Committee reviewed at:</b> Finance and Performance Committee				
<b>Consequence of risk occurring</b>																
The materialisation of this risk will impact patient care potentially resulting in poor outcomes and adverse harm, poor patient experience and breach of standards with associated financial penalties and reputational damage.																
<b>Risk Appetite</b>						<b>Risk Tolerance</b>										
Cautious						Treat										
<b>Controls</b>						<b>Gaps in controls</b>						<b>Further mitigating actions</b>				
The Trust has a rigorous Performance Management Framework which has been externally assured including weekly review of performance at the ET meeting. Monthly review of performance at the CBU performance meetings, and oversight from both assurance committees on a monthly basis.						None identified										
Annual business plans that are aligned to service delivery are produced and signed off by the Executive. If there is a delivery failure, plans are produced by the CBU to address the matters and escalated to the ET						Developing performance reporting at system level. Unknown future demand for services may lead to surge in referrals above available capacity. Staff absence and vacancies are the biggest risk.						capacity gap identified in business planning & additional activity requirements discussed with finance director. Operational planning to maintain safety during periods of industrial action.				
Monitoring of activity of performance of NHSE/I (regulator) via systems meetings.						None identified						Development of Acute Federation & Integrated Care Board				
Renewed quality monitoring of the waiting list including clinically prioritisation of the patients who are waiting						Impact on Health inequalities						Working to include health inequality data alongside waiting list management as per health inequalities action plan				
Internally, the Trust report clinical incidents where there has been an impact to quality due to performance. There are thresholds set by NHSE that require immediately reporting when breach i.e. 12-hour trolley breach. These incidents feeding into governance meetings and the patient safety panel.						None identified						Internal reporting has begun and patients waiting above 8 hours are reviewed by the CBU with appropriate escalation via patient safety processes				

Risk 2243: Risk regarding the aging fire alarm system	C = 5 L = 3	15	Low risk			Moderate risk			High risk				Extreme risk					
			1	2	3	4	5	6	8	9	10	12	15	16	20	25		
						Target score			Initial score					Current score				
<b>Risk description:</b>																		
Failure of fire alarm system (removing alarm protection from associated areas) causing temporary lack of early warning of fire in accordance with fire regulations.													<b>Executive lead:</b> Managing Director of BFS <b>Date added to CRR:</b> March 2022 <b>Last reviewed date:</b> <b>July 2023</b> <b>Committee reviewed at:</b> Health and Safety Group and Capital Monitoring Group					
<b>Consequence of risk occurring</b>																		
The materialisation of this risk could result in harm or death in the subsequent event of a fire.																		
<b>Risk Appetite</b>									<b>Risk Tolerance</b>									
Cautious									Treat									
<b>Controls</b>						<b>Gaps in controls</b>						<b>Further mitigating actions</b>						
System is maintained by the original installer and serviced regularly in accordance with current standards. As of 13/9/2022 all of the system is fully operational.						Availability of obsolete equipment – however, obsolete equipment is starting to become available as part of the replacement.						Maintenance in place, providing spare obsolete parts as appropriate. As project continues, more spares become available for older sections of system.						
Site engineers are available with further on call/specialist contract available 24/7.						None identified						On-call Estates Engineers and contract with the fire alarm maintainer.						
Temporary alternative arrangements for raising the alarm in place with associated SOP's and training given as appropriate should an area go off the system.						None identified												
Extra Security Patrols are available as required. Trained Fire Warden's in place across the site						None identified												
Firefighting equipment in place.						None identified												
Authorising Engineer (fire) aware of the strategy and fire risks for assurance and guidance purposes.						None identified						Regular review through the Fire Safety Group including the Fire Authorising Engineer.						
South Yorkshire Fire Service are aware of the position.						None identified						Contact details to be established for the fire service.						
Project to replace full alarm system commenced in April 2022. A programme has been fully prepared for the primary network, with detailed programme for individual zones being finalised as the project reaches the area due to the size of the project. Project anticipated to take circa 18 months.						None identified						Rolling programme of replacement in progress. Reports on progress received through Trust Capital Monitoring Group. Regular meetings held between Projects Team and Contractors as appropriate						





Risk 2773: Risk of industrial action in relation to below inflation pay award	C = 3 L = 5	15	Low risk			Moderate risk			High risk				Extreme risk						
			1	2	3	4	5	6	8	9	10	12	15	16	20	25			
												Initial score	Current score						
<b>Risk description:</b>																			
There is a risk of industrial action by trade unions following national cost of living pay award for 2022/23 announcement in July which is below the current inflation rate.												<b>Executive lead:</b> Director of People				<b>Date added to CRR:</b> May 2023			
												<b>Last reviewed date:</b> <i>July 2023</i>				<b>Committee reviewed at:</b> Quality and Governance Committee			
<b>Consequence of risk occurring</b>																			
The impact should the risk materialise would result in disruption to the delivery of services if Unions vote for strike, or action short of a strike, staff morale and staff financial health and well-being, potentially resulting in an increase in sickness absence further impacting on the delivery of services and quality of care.																			
<b>Risk Appetite</b>						<b>Risk Tolerance</b>													
Minimal						Treat													
<b>Controls</b>						<b>Gaps in controls</b>						<b>Further mitigating actions</b>							
Good partnership working and open dialogue with local Trade Union colleagues in place via Open Forum and Joint Partnership Forum to support critical workforce planning in the event of industrial action.						None identified													
Trust and ICS Mental Health and Wellbeing Hubs of resources available to all staff, including Vivup 24/7 telephone counselling service. On site nurse led occupational health service.						None identified													
Fast track referrals for sickness absence for stress. Utilisation of Trust Family Friendly Policies and flexible working/homeworking to retain staff						None identified													

Risk 2877: Risk to the provision of breast non-surgical oncology services	C = 4 L = 4	16	Low risk			Moderate risk			High risk				Extreme risk				
			1	2	3	4	5	6	8	9	10	12	15	16	20	25	
													Initial score				
													Current score				
<b>Risk description:</b>																	
There is a risk to the provision of breast non-surgical oncology services due to lack of substantive oncologists. The service is proved by Sheffield Teaching Hospitals NHS Foundation Trust at Weston Park Cancer Centre and regional partner district hospitals. STH oncology substantive consultant workforce has reduced over the last 2 years from 13 consultants to 8 consultants (5.7 WTE substantive plus 1 WTE acting) by December 2022. Following the loss of the two WTE locums and the 1 WTE acting consultants the service will be operating on 3.7 WTE from 1st April 2023.												<b>Executive lead:</b> Chief Operating Officer <b>Date added to CRR:</b> May 2023 <b>Last reviewed date:</b> <b>July 2023</b> <b>Committee reviewed at:</b> Quality and Governance Committee					
<b>Consequence of risk occurring</b>																	
The impact is to patient care and experience; potentially resulting in poor outcomes and reducing life expectancy. There are associated financial and reputational implications should this risk occur.																	
<b>Risk Appetite</b>								<b>Risk Tolerance</b>									
Minimal								Treat									
<b>Controls</b>				<b>Gaps in controls</b>				<b>Further mitigating actions</b>									
STH in conversations nationally for mutual aid and oncology support				None identified													
Regular STH weekly operational meetings to discuss activity and impact				None identified													
Review of DGH work load to potentially offer support to WPH with local action plans being developed.				None identified													

Risk 2897: Risk of major operational disruption due to digital system infrastructure failures	C = 5 L = 3	15	Low risk			Moderate risk			High risk				Extreme risk				
			1	2	3	4	5	6	8	9	10	12	15	16	20	25	
						Target score						Initial score	Current score				
<b>Risk description:</b>																	
<p>There is a risk that Clinical services will be disrupted due failure of the trust digital solutions and networking. This could be caused by any of the following:</p> <ol style="list-style-type: none"> <li>1. Power failure of both primary and redundant power supplies at the same time disconnecting the servers from the UPS and resulting in downtime.</li> <li>2. Major corruption of stored information due to power failures and electricity spikes.</li> <li>3. Fire or any other similar environmental hazards/ incidents resulting in equipment downtime.</li> </ol>													<b>Executive lead:</b> Director of ICT				
													<b>Date added to CRR:</b> July 2023				
													<b>Last reviewed date:</b> <b>New</b>				
													<b>Committee reviewed at:</b> Finance and Performance Committee				
<b>Consequence of risk occurring</b>																	
The materialisation of this risk could resulting in unknown harm to patients due to lack of clinical documentation, medication and OBS information.																	
<b>Risk Appetite</b>									<b>Risk Tolerance</b>								
Minimal									Treat								
<b>Controls</b>						<b>Gaps in controls</b>						<b>Further mitigating actions</b>					
There is a UPS in place and primary and redundant power supplies						There has been an incident that points to a single point of failure in the Power distribution Board.											
There is also a secondary data centre for restoring services						This will result in up to 24hrs of downtime to bring up.											
Full review from Sudlows Data Centre Experts to understand power and single point of failure risks. Full report expected end of July 23.						Further costs and works will need to be implemented to deliver the recommendations in the report, which could take considerable time.											

Risk 2868: Risk of interruption to the delivery of clinical services due to ICT system failures due to aircon failures	C = 4 L = 4	16	Low risk			Moderate risk			High risk				Extreme risk				
			1	2	3	4	5	6	8	9	10	12	15	16	20	25	
						Target score			Initial score						Current score		
<b>Risk description:</b>																	
There is a risk that computer systems will fail due to the increase in heat load in the computer room/data centre. This room hosts all Trust's primary servers, VMware environment and Core network where all the Clinical and Corporate Systems run i.e. Careflow EPR, Careflow Vitals, ICE, PACS, Winpath etc. The heat load has recently been increased due to the new critical care unit build. The two existing air conditioning units repeatedly fail as they are approximately 20 years old. Should this risk occur there would be a failure of major clinical digital solutions impacting on patient care and experience, Trust activity including service disruption and potential for adverse media attention.													<b>Executive lead:</b> Director of ICT <b>Date added to CRR:</b> July 2023 <b>Last reviewed date:</b> <b>New</b> <b>Committee reviewed at:</b> Finance and Performance Committee				
<b>Consequence of risk occurring</b>																	
The materialisation of this risk could impact on all of the trust Major Clinical Digital Solutions failing to work and will be off line whilst the Disaster recovery room is initiated.																	
<b>Risk Appetite</b>									<b>Risk Tolerance</b>								
Minimal									Treat								
<b>Controls</b>						<b>Gaps in controls</b>						<b>Further mitigating actions</b>					
Two additional small wall mounted units were installed approximately 5 years ago to run if one of the main units failed but these are now unable to cope with the extra heat demands placed upon them.						None identified											
Significant repairs have been undergone to overhaul the main aircon units to extend their operational lives and they are now operational.						None identified											
Two brand new temporary air conditioning units have been purchased. BFS are responsible for all mitigation controls as well as the air conditioning units						None identified											
New report has been commissioned from SUDLOWS Data Centre specialists to understand the risks and requirements for reduced risk.						The existing Main Aircon units are over 20 years old, so this will remain a significant risk until the SudLows report and recommendations have been implemented											

Risk 1199: Risk regarding inability to control workforce costs	C = 4 L = 4	16	Low risk			Moderate risk			High risk				Extreme risk			
			1	2	3	4	5	6	8	9	10	12	15	16	20	25
<b>Risk description:</b>																
There is a risk of excessive workforce cost beyond budgeted establishments which is caused by high sickness absence rate, high additional discretionary payments, poor job planning/rostering and high agency usage due to various factors including shortages of specialist medical staff.												<b>Executive lead:</b> Director of People				
												<b>Date added to CRR:</b> November 2021				
												<b>Last reviewed date:</b> <i>July 2023</i>				
												<b>Committee reviewed at:</b> People Committee and Finance & Performance Committee				
<b>Consequence of risk occurring</b>																
The materialisation of this risk could result in financial over-spend impacting on quality of services and compromising patient care																
<b>Risk Appetite</b>												<b>Risk Tolerance</b>				
Open												Treat				
<b>Controls</b>			<b>Gaps in controls</b>						<b>Further mitigating actions</b>							
Sickness absence reduction plan, including occupational health referrals and counselling, health & wellbeing activity dashboards, monitored by the People and Engagement Group			None identified													
Job planning and rostering (AHPs, nursing and medical staff) – better job planning and rostering will mean a reduction in agency spend			£200k has been provided to implement an Electronic Rostering System for doctors, and funding commitments meant a percentage of junior doctors' rosters needed to be delivered by March 2022 and this has been completed.						Roll out to juniors in General Medicine, Lower Surgery, Women's & Children's complete. Currently working on the build for Anaesthetics, then Emergency Medicine and higher surgery. Once all juniors complete will roll out leave management to SAS and Consultant levels.							
National Procurement Framework and associated policies – compliance with these means we do not go over the agency caps. Supported by the Executive Vacancy / Agency Control Panel			None identified													
Reporting of Workforce Dashboard within Performance Framework – monitoring tool which provides an overview of workforce KPIs, including sickness absence information			None identified													
Nursing establishment reviews in conjunction with Finance, Workforce and E-Rostering Leads.			None identified													
Weekly medical establishment reviews in conjunction with Finance and Workforce.			None identified													
Risks relating to shortages of specialist medical staff (Dermatologists, Histopathologists and Breast radiologists) are managed through CBU governance arrangements.			None identified													

Risk 2845: Inability to improve the financial stability of the Trust over the next two to five years	C = 4 L = 4	16	Low risk			Moderate risk			High risk				Extreme risk						
			1	2	3	4	5	6	8	9	10	12	15	16	20	25			
											Target score								
<b>Risk description:</b>																			
There is a risk that the underlying financial deficit is not addressed resulting in the Trust being unable to improve its financial sustainability and return to a breakeven position.															<b>Executive lead:</b> Director of Finance <b>Date added to CRR:</b> January 2023 <b>Last reviewed date:</b> <b>July 2023</b> <b>Committee reviewed at:</b> Finance & Performance Committee				
<b>Consequence of risk occurring</b>																			
The materialisation of this risk would adversely impact on the financial aspirations of the Trust, resulting in the need for further borrowing to support the continuity of services and possible reputational damage; whilst hampering the delivery of Long Term Plan (LTP) ambitions. It would also mean the Trust being unable to realise a back-to-balance position, without external funding.																			
<b>Risk Appetite</b>						<b>Risk Tolerance</b>													
Open						Treat													
<b>Controls</b>			<b>Gaps in controls</b>						<b>Further mitigating actions</b>										
Board-owned financial plans			None identified, Board approved final 2022/23 plan in June 2022; 2023/24 draft plan approved in February 2023																
Achievement of the Trust's in-year financial plan and any control total (see risk 1713)			None identified, 2022/23 in-year financial plan and agreed system control total will be delivered																
Underlying financial performance is reviewed and monitored at Finance & Performance Committee meetings			None identified																
Delivery of the EPP programme recurrently			Recovery pressures, including industrial action, impacting upon management time and ability to focus on cost management						Efficiency and productivity paper, including reporting and governance arrangements to F&P										
Continued work on opportunities arising from PLICS / Benchmarking and RightCare.			Recovery pressures, including industrial action, impacting upon management time and ability to focus on cost management																
Continued discussions with SY ICB.			Lack of Trust control over financial performance of external partners. Allocation of system resources and inflationary pressures due to shortfalls in national uplifts are outside of the Trust's control																
Potential additional national and/or system resources become available			Long term revenue funding available remains unclear. Allocations now received and controlled via the ICB with some national funding available through a bidding process.																

<b>Appendix 1</b>		
<b>Risk domain</b>	<b>Risk appetite</b>	<b>Risk level</b>
Commercial	We will consider commercial opportunities as they arise noting that the Board's tolerance for risks relating to its commercial factors is limited to those events where there is little or no chance of impacting on the Trust's core purpose.	OPEN
Clinical Safety	The Trust has a risk averse appetite for risk which compromises the delivery of safe services and jeopardises compliance with our statutory duties for safety.	MINIMAL
Patient Experience	We will accept risks to patient and service user experience if they are consistent with the achievement of patient safety and quality improvements. We will only accept service redesign and divestment risks in the services we are commissioned to deliver if patient safety, quality care and service improvements are maintained.	CAUTIOUS
Clinical Effectiveness	The Trust has a risk averse appetite for risk which compromises the delivery of high-quality services and jeopardises compliance with our statutory duties for quality.	MINIMAL
Workforce / Staff Engagement	To address workforce and skill-mix shortfalls the Trust is prepared to work in new ways to recruit the right staff and to introduce new roles to meet recognised needs. We will not accept risks, nor any incidents or circumstances, which may compromise the safety of any staff members and patients or contradict our Trust values.	OPEN
Reputation	Tolerance for risk taking is limited to those events where there is little chance of any significant repercussions for the Trust's reputation should there be failure, with mitigation in place for any undue interest. The Board of Directors accept that some decisions made in the interest of change may have the potential to expose the organisation to additional public scrutiny or media interest. Proactive management of Trust communications may be considered to protect the organisation's reputation and maintain public confidence.	CAUTIOUS
Finance / Value for Money	We strive to deliver our services within the budgets set out in our financial plans and will only consider accepting or taking financial risks where this is required to mitigate risks to patient safety or quality of care. Where appropriate the Board will allocate resources to capitalise on potential opportunities and will seek to deliver best value for money.	OPEN

<b>Appendix 1</b>		
<b>Risk domain</b>	<b>Risk appetite</b>	<b>Risk level</b>
Regulatory / Compliance	We are cautious when it comes to compliance and regulatory requirements. Where the laws, regulations and standards are about the delivery of safe, high quality care, or the health and safety of the staff and public, we will make every effort to meet regulator expectations and comply with laws, regulations and standards that those regulators have set. The Board will seek assurance that the organisation has high levels of compliance in all areas other than where it has been specifically determined that the efforts required to achieve compliance would outweigh the potential adverse consequences.	CAUTIOUS
Partnerships	The Trust is committed to working with its stakeholder organisations to bring value and opportunity across current and future services through system-wide partnership. We are open to developing partnerships with organisations that are responsible and have the right set of values, maintaining the required level of compliance with our statutory duties.	SEEK
Innovation	The Trust has a risk tolerant appetite to risk where benefits, improvement and value for money are demonstrated. Innovation is encouraged at all levels within the organisation, where a commensurate level of improvement can be evidenced, and an acceptable level of management control is demonstrated. The Trust will never compromise patient safety while innovating service delivery.	SEEK



## 5. System Working

## **5.1. Barnsley Place Board**

To Note

Presented by Sheena McDonnell and Bob Kirton

**5.1.1. Barnsley Place-Based Partnership -  
Health and Care Plan 2023/25: Joe  
Minton/Jamie Wike in attendance**

For Assurance

Presented by Sheena McDonnell and Bob Kirton

# Barnsley Place Based Partnership

## Health and Care Plan 2023-25



Barnsley – the place  
of possibilities.



# Welcome

Across South Yorkshire, and here in Barnsley, we want everyone to live happy and healthier lives for longer.

We know times are tough with the ongoing effects of Covid-19 and the rising cost of living. Our conversations with local people, communities and those that work or volunteer in health and care show that having access to high quality care and support is important. That's why we're working together as a partnership to make sure you have the support you need.

This plan was created by our newly formed Barnsley Place Based Partnership and will guide us up until 2025. You'll see below that the partnership is made up of a range of organisations - local NHS services, the local authority and the voluntary and community sector. As individual organisations we can't transform health and care alone. When we come together and work alongside local communities we know that we can make a bigger difference.

We are proud of the impact we have had so far working in partnership - this plan builds on that. It focuses on the things we can go better together:

- Providing more seamless care and avoiding duplication - you feel like you are in control of your care and you are clear and confident of who to contact and when.
- Supporting people to remain healthy - you feel able to do things to stay healthier and happier and feel less like things are being 'done to you'.
- Making the best use of the budget - you feel that you are getting the highest quality of service and the best care knowing that we have worked hard as a partnership to use the money that comes into Barnsley as effectively as we can.
- Be at the heart of making Barnsley the place of possibilities - you feel part of a healthy, learning, growing community whether you work or live in Barnsley.

We want this plan evolve through your involvement, because your health and wellbeing is important to us all. Let's work together for a happy and healthy Barnsley.

This plan contributes to the improvements described in the following:

- [South Yorkshire Integrated Care Partnership Strategy](#)
- [Barnsley 2030](#)
- [Barnsley Health and Wellbeing Strategy 2021 to 2030](#)
- [Barnsley Mental Health and Wellbeing Strategy 2022 to 2026](#)
- [Barnsley Children and Young People's Plan 2019 to 2022](#)
- [Barnsley SEND Strategy 2022 to 2025](#)
- [Tackling Health Inequalities in Barnsley](#)

## Barnsley Place Based Partnership



Brings together organisations involved in health and care from across the borough and is made up of representatives from Barnsley Council, Barnsley CVS, Barnsley Healthcare Federation, Barnsley Hospice, Barnsley Hospital NHS Foundation Trust, Healthwatch Barnsley, NHS South Yorkshire Integrated Care Board and South West Yorkshire Partnership NHS Foundation Trust.

# Our vision, aims and objectives

## Four aims of Integrated Care Systems

Tackle inequalities in outcomes, experience and access

Improve outcomes in population health and healthcare

Enhance productivity and value for money

Help the NHS support broader social and economic development

## Barnsley Health and Wellbeing Strategy vision

People of Barnsley are enabled to take control of their health and wellbeing and enjoy happy, healthy and longer lives, in safer and stronger communities, regardless of who they are and wherever they live.

## Objectives of Barnsley Place Based Partnership

Develop an integrated joined up health and care system where the people of Barnsley experience continuity of care – each partner delivering their part without duplication.

Shift the focus on treating patients with health problems to supporting the community to remain healthy in the first instance.

Embed integrated care that delivers the best value for the Barnsley pound.

Play a pivotal role in delivering our shared vision for Barnsley: the place of possibilities, set out in Barnsley 2030. A healthy, learning, growing and sustainable Barnsley.

# How we plan to improve health and reduce health inequalities

## Tier 1 Increase



The first layer of action is to increase the support we offer to address the key drivers of inequalities.

We will increase:

- Engagement with people and communities who have the least access to health and social care.
- Services and support aimed at raising health awareness; protecting health and wellbeing; and preventing illness.
- Relative investment in communities that have been historically underfunded – especially for preventive, mental health, domiciliary, community and primary care.
- The health awareness and activation so that people with greatest need are best equipped to protect and improve their own health.
- The skills and recruitment to our wider workforce so they support this.

## Tier 2 Improve



The second layer of action is to improve all care services in a way that they are targeted at those where we can make the most difference to reduce inequalities.

We will improve how:

- We understand the communities who experience poorer health outcomes and understand their experience of the health and care system.
- We develop the offer made to Barnsley communities to overcome existing barriers to access and engagement with health and care services.
- Decisions are made and services are targeted at greatest need first, thanks to a better understanding of the range of inequalities across communities.
- We resource, commission and develop the health and care system based on need, shifting away from demand or activity driven delivery.
- We measure inequalities and incorporate this into of performance monitoring to generate accountability and resourcing.

## Tier 3 Influence



The third layer is to influence those differences in health which are linked to things like housing conditions, the quality of green spaces and clean air, education and income.

We will influence:

- Social mobility by working more closely with partners in education, linking learning and development with our offer of good employment.
- The local economy by buying goods and services from it and investing in it, in ways that generate sustainable, inclusive economic growth in Barnsley and the region.
- The environment and climate by reviewing our policies and services and ensuring we develop to minimise harm and maximise benefit.
- How health and care is co-developed with communities with shared, distributed responsibility and power.
- Our role as large organisations at the heart of the local community using our resources to benefit the economy and environment, learning from others as we go.

## How the plan fits with Barnsley 2030

"Barnsley 2030 is our collective long-term vision and ambition for our borough. The strategy helps us to work creatively to improve our borough for everyone. It provides a framework for the ambitions and actions of our partners working across the area and it enables us all to believe in the possibilities of Barnsley". - Cllr Stephen Houghton

### Healthy Barnsley 2030 Ambitions



Everyone is able to enjoy a life in good physical and mental health.



Fewer people living poverty, and everyone has the resources they need to look after themselves and their families.



People can access the right support, at the right time and place and are able to tackle problems early.



Our diverse places are welcoming, supportive and adaptable.

### 2030 Board Commitments



Work as partners to drive forward a joint local healthcare system.



Develop services that supports people to get help early.



Empower local people to build capacity and resilience.

### What Barnsley organisations will do



Provide shared services to meet the needs of local people.



Work together to share best practice and knowledge.



Support and empower people to have a health and active lifestyle.



Create inclusive, quality job options which offer positive work and life balances.



# How might someone's experience be different through the changes in this plan?

**Roman is a 24 year old living with learning disabilities, he currently lives at home with his family. He has little social interaction outside home and would like to play sports.**

	<b>Roman's experience now</b>	<b>How Roman's experience could be in the future</b>
<b>Accessing support when I need it</b>	Roman is unsure where to get help and he and his family are struggling. He used to attend a day centre which is no longer open. He would like to spend his time mixing with people more and hopefully getting a job.	Roman sees some information in his local library about Creative Minds and a Good Mood Football League he would like to join. The library worker also gives him a leaflet about the job centre where dedicated help is available for people to get into work for the first time.
<b>Providing information about me</b>	Roman sees his GP when he needs to but isn't in touch with health or social care professionals on a regular basis.	Roman attends his GP practice for his annual physical health check, something which is available to him because he has a learning disability. As part of this, he works out an action plan to help him with the things that matter most to him - he's put in touch with stop smoking services and a healthy living group. His local community learning disability team support with developing easy read information so Roman can manage his own health needs as well as possible.
<b>Planning my care and support</b>	Roman doesn't have a care and support plan.	Roman sees a social worker at a community centre coffee morning and has an assessment under the Care Act 2014 and his parents have a carer's assessment. He is eligible for an individual budget for him and his family to build a support plan around a range of his individual needs.
<b>Building on my strengths</b>	Roman has little social contact with other people and often feels bored and restless.	Roman uses his individual budget to employ a personal assistant (PA) to accompany him to football sessions and trips to town. He is gaining more confidence in getting out and about and becoming less dependent on his parents. His PA also accompanies him to the job centre where he attends weekly groups about getting into a job, he enjoys this and is considering volunteer dog walking supported by the local learning disability services employment scheme.
<b>Meeting my needs</b>	Roman and his family try their best to find things for him to do but he is making little progress with his life and the family are stressed. His mum is struggling with anxiety about his future.	Roman's care and support plan is put in place. In his neighbourhood there is a welcome café run by the talking therapies team where his mum can drop in for advice. From this she accesses the talking therapies services for her own mental health and starts to cope with things better.
<b>Coordinating my care and support</b>	The family don't know anyone other than their GP so tend to go to the surgery when there are problems.	Roman and his family lead their own support with input and advice from a community worker around self directed support. There are cafes at the centre close to their home where they know they can go for a friendly face and practical input when needed. When Roman goes to his GP his health record is joined up with his support plan so everyone is on the same page. A 'hospital passport' can be developed with Roman in case he has to go into hospital, so that his needs can be met and the hospital staff know what is important to Roman.

# Looking back on 2022/23

Despite the many challenges in 2022-23 we have made significant progress as a partnership to improve and transform services for local residents. Below are some of the highlights throughout the year. In addition to these, progress has been made to: ensure more families can access early support; expand access to urgent community services; transform traditional hospital outpatient appointments so, where relevant, people are given advice and guidance and they initiate an appointment when they need one, based on their symptoms and individual circumstances; and increase GP appointments. Waiting times for treatment at Barnsley Hospital are amongst the lowest in our region thanks to the hard work of our clinical front-line teams across our partnership and support from the wider system.

## April to June 22

- We joined the national population health management development programme
- First Barnsley virtual recruitment fair
- PROTECT programme launched with general practices to optimise medicines for patients
- Launch of the Barnsley all age mental health strategy
- Changes made for bones, joints, muscles and spine services to reduce waiting times into trauma and orthopaedics
- 'How's Thi Ticker?' campaign to improve blood pressure control

## July to September 22

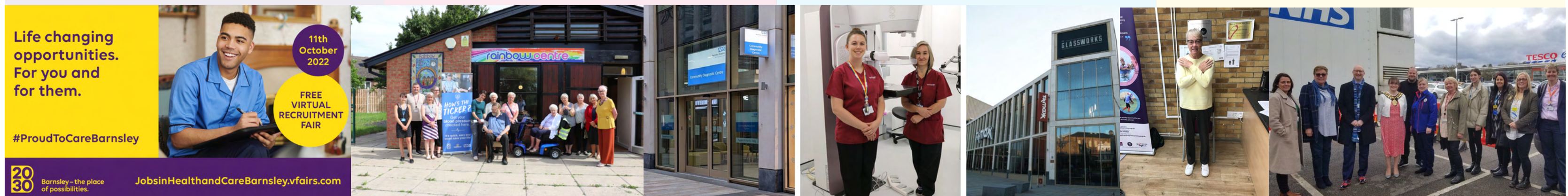
- Launch of the Community Diagnostics Centre in new Barnsley retail venue The Glass Works.
- Adult social care front door established to increase prevention and reduce the escalation of health issues
- First patients admitted onto the virtual wards in Barnsley
- Barnsley Support Hub opens its doors for people in mental health crisis
- Partners come together to agree actions to support residents with the cost of living crisis
- Integrated Personalised Care Team IMPACT expands access

## October to December 22

- Publication of the SEND strategy
- First cohort begins Proud to Care training
- 300 older people start the Stride digital pathway to better health
- First referrals to 'Just for you' delivered by Age UK
- Barnsley Mental Health, Learning Disabilities and Autism Partnership launch event
- Psychosocial Engagement Team service recognised as best practice service for suicide prevention

## January to March 23

- Funding secured for phase 2 of the Community Diagnostics Centre
- Launch of targeted lung health checks
- Barnsley Hospice rated outstanding by CQC
- A pilot scheme started to push 999 calls from Yorkshire Ambulance Service stack into RightCare
- Second wave of training in Strengths Based Practice for colleagues in Adult Social Care
- Barnsley Older People's Physical Activity Alliance shortlisted for Local Government Awards

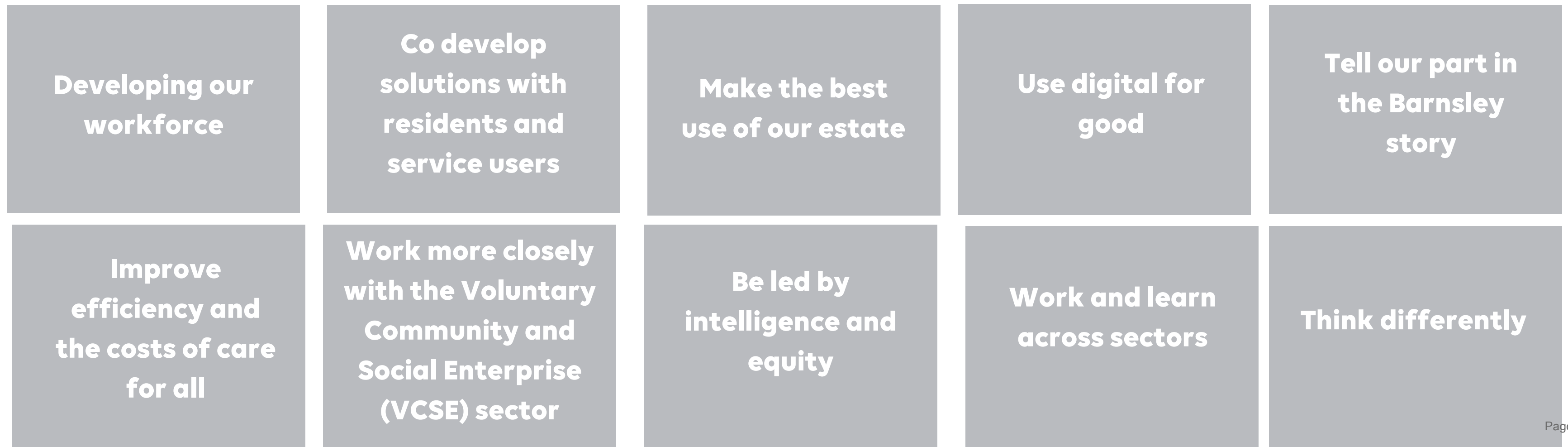


# Barnsley partnership's shared goals and enablers

## Priorities

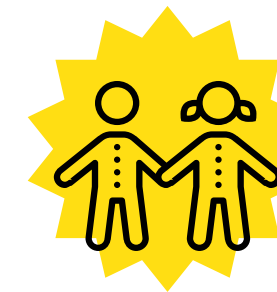


## Enablers



# Best start in life for children and young people

## Our priority for 2023 to 2025



**We will create family hubs to ensure that all our children, pre-birth to adulthood, are well supported by an integrated offer within their communities.**

### Why is it important?

The experiences we have early in our lives, particularly in our early childhood, have a huge impact on how we grow and develop, our physical and mental health, and our thoughts, feelings and behaviour. Ensuring Barnsley is a great place for a child to be born, is one of the key priorities for Barnsley's Health and Wellbeing Board.

Adverse childhood experiences, such as physical, emotional or sexual abuse, exposure to domestic violence, or living with someone who abuses alcohol or drugs for example, can have a damaging impact on a child or young person's development and their potential health and wellbeing throughout their lifetime. Those who have multiple experiences have an increased risk of heart disease, cancer, lung disease, liver disease, stroke, hypertension, diabetes, asthma, arthritis and mental health problems. Children living in deprived areas are more likely to have these adverse experiences compared with their more advantaged peers.

In Barnsley, a significant proportion of children and young people, 15 in every hundred, are growing up in households where no adults work and 22 in every hundred children and young people live in low income households.

Recently we have seen significant increases in demand for early help support, children in need and child protection. In Barnsley, there has been an increase in referrals where emotional health and wellbeing is the main concern.

There is no single, non-stigmatising point of access for family services that helps families to navigate the wide-ranging support they need. Families sometimes experience difficulty interacting with the vast range of services having to 'retell their story' to different teams and professionals.

### Where do we add value?

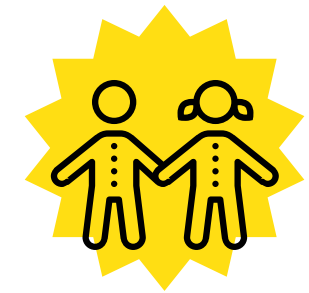
Across South Yorkshire, the Local Maternity and Neonatal System (LMNS) is working to develop the workforce and improve quality across maternity services, sharing best practice and resource to meet the NHS operational requirements.

This will improve the experience of families and prevent poor outcomes. The Barnsley Place Based Partnership can ensure a joined up approach across early years services, maternity and public health to deliver wrap around support.

The challenges that children and families experience are multiple and complex so require holistic support. As a partnership we are best placed to understand the needs and preferences of residents and bring together statutory providers, community organisations and leaders and other important stakeholders around a shared vision for better health and wellbeing.

Over the last few years we have strengthened the support available for children and young people with emotional and mental health needs through support teams in schools and single point of access. This has led to more people being supported earlier, reducing the demand on statutory services.

# Best start in life for children and young people



## Current state

Families have told us that they sometimes experience difficulty interacting with the complex range of services and have to 'retell their story' to different services and professionals. However, there is no single, non-stigmatising point of access for family services that helps families to navigate and receive the wide ranging support they need.

## Key issues

- A significant proportion of children and young people, 15 in every hundred, are growing up in households where no adults work, and 22 in every hundred children and young people live in low-income households.
- During the pandemic we have seen significant increases in demand for early help support, children in need and child protection.
- There are higher than average rates of children with an education, health and care plan (EHCP).

## Strategy alignment

- Ockenden Review and Better Births
- Ambition within the South Yorkshire Integrated Care Strategy
- NHS Long Term Plan Priority
- Start for Life programme
- Barnsley Children and Young People Strategy and Early Help Strategy
- Barnsley SEND Strategy

## Measure for success

- Increased early help assessments
- Reduced escalation to children's social care
- Increased continuity of carer in maternity
- Improved access to perinatal mental health services
- Improved access to mental health support for children and young people in line with the national ambition
- Increased access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

## Outcomes

- Improvements in school readiness and the gap between children from the most and least deprived communities
- Improved identification of, and provision for, children and young people with SEND but without an EHCP
- Reduced education health care plans (EHCPs) as a proportion of children receiving SEN support
- Reduced waiting times for child and adolescent mental health services
- Increased proportion of children with a healthy weight
- Reduced tooth extractions

## What we will deliver

Create family hubs	Deliver the improvement plan and written statement of actions on SEND	Review children and young people's mental health services to improve access to support	Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism	Address over reliance of reliever medications; and decrease the number of asthma attacks	Improved access to perinatal mental health services
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# A joined up approach to preventing ill health



## Our priority for 2023 to 2025

**We will offer every smoker in Barnsley support to stop, making every contact count, and increase the support we provide to help people to address the drivers of inequalities.**

### Why is it important?

Healthy life expectancy is reducing in Barnsley. More people are living in poor health and depend on health services for treatment, care and support. There is a growing gap between the most and least deprived communities. A significant proportion of ill-health is due to disease that is preventable.

As little as 10% of the population's health and wellbeing is linked to access to health care. Things like economic and environmental factors, such as poverty, good quality housing, good education and employment opportunities and access to green spaces, impact significantly on health and drive health inequalities. In Barnsley, our approach is holistic, to tackle risk factors that impact on the health of the population.

Around 1 in 5 adults in Barnsley are smokers (18.3%), according to the national annual population survey (2019). This is significantly higher than the England rate of 13.9%.

Smoking rates have been reducing over the last decade but remain high in some groups such as routine and manual workers, people with mental health and respiratory conditions and those who smoke during pregnancy.

Half of all smokers will die as a result of their addiction. Smoking and hypertension are the biggest contributors to premature mortality across the region. In 2018/19 alone, there were almost 4,000 hospital admissions of Barnsley residents for diseases that were totally or partly due to smoking.

Partners in Barnsley recognise that investing time and energy in prevention is essential to make long term demand for healthcare sustainable, even at a time when managing the every day operational demands feel incredibly challenging.

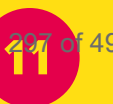
### Where do we add value?

Barnsley Tobacco Control Alliance is leading work across the borough on behalf of the Health and Wellbeing Board. Our vision is to create a smoke-free generation in Barnsley, where smoking prevalence is less than 5% and children and young people can grow up in a place free from tobacco. Through the Active in Barnsley Partnership, health and care providers are working to increase levels of physical activity across our population with the ambition for a healthy and proud Barnsley where active living is part of everyday life for everyone.

Providers and commissioners are individually responsible for supporting people who want to stop smoking to quit. As a partnership we can strengthen this by making smoking a priority so that every contact counts in giving people the opportunity and encouragement to stop smoking.

A strengthened approach to prevention recognises the wider factors that impact on someone's health, as well as smoking, and will ensure that opportunities for interventions are not missed as people move between health and care settings. A quality improvement and behavioural science approach will ensure that we can collectively maximise our impact from brief interventions for everyone accessing healthcare, through to high intensity interventions for those requiring more specialised support.

**We will increase the offer we make to the population to support them address the drivers of inequalities.**



# A joined up approach to preventing ill health



## Current state

Healthy life expectancy is reducing. More people are living in poor health, many will depend on health and care for treatment, care and support. There is a growing gap between the most and least deprived. A significant proportion of ill-health is due to disease that is preventable.

## Key issues

- High levels of deprivation impacting on the health and wellbeing of our population
- Smoking rates have been reducing over the last decade but remain high in some groups such as routine and manual workers
- Data recorded in general practice shows that smoking levels for people with mental health and respiratory conditions are significantly higher than the overall average
- 70% of smokers offered support to stop in general practice in the last two years
- High premature mortality for cardiovascular disease
- Significant variation in the number of smokers recorded versus the estimated numbers across GP practices
- Variation in treatment – blood pressure recording, blood pressure and cholesterol control

## What we will deliver

## Strategy alignment

- Bold ambition in the South Yorkshire Integrated Care Strategy
- NHS Long Term Plan Priority
- Barnsley Health and Wellbeing Strategy
- QUIT

## Measure for success

- Improved recording of smoking status
- Improvement in the proportion of people offered support to stop smoking
- Increased uptake of smoking cessation support
- Increased identification of hypertension and variability of estimated versus recorded prevalence between practices and along the social gradient
- Improved management of blood pressure and cholesterol
- Greater awareness of the risks of smoking, uncontrolled high blood pressure and cholesterol

## Outcomes

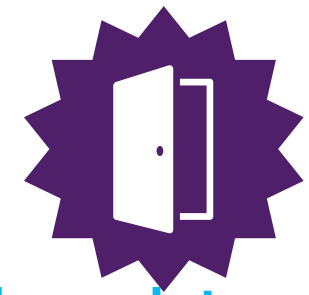
- Reduced smoking rate in adults and smoking during pregnancy and recorded at time of delivery
- Closing the gap between the general population and routine and manual workers
- Reduced incidence of strokes and heart attacks

<p>Complete a self-assessment against the Making Every Contact Count framework to identify gaps and opportunities to grow an holistic approach</p>	<p>Delivery of PROTECT – identifying potential missed diagnosis, improve lipid management, pharmacy first blood pressure monitoring</p>	<p>Provide more opportunities for physical activity including gym access, community fitness groups, active travel and healthy food</p>	<p>Ensure the various stop smoking service offers are linked up to tighten the net and make progress measurable across the person’s journey rather than individual service</p>	<p>Ensure a person’s smoking status is recorded at every admission to hospital and every attendance to GP, community care, social care</p>	<p>Measure and set targets for screening rates for smoking, initial very brief advice (VBA) and nicotine replacement therapy (NRT) rates, specialist referral rates, quit plan and successful quit rates</p>	<p>Develop a process for screening and referring or an in-reach service to priority areas (certain work places, social housing, sports stadiums)</p>	<p>Development of a local campaign to encourage smokers to stop smoking and change their behaviour</p>
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# Better and fair access

## Our priority for 2023 to 2025

**We will bring urgent care services closer together by developing "an urgent care front door" that is an alternative to A&E. This will enable people to access the right care when they need it – creating a better service for all.**



**We will improve access to care and support in the community for emotional and mental health needs, including addiction and substance use.**

### Why is it important?

Despite GP practices providing more appointments and increasing numbers of face to face appointments, the public report it is difficult to get an appointment with a GP and poor experience trying to make an appointment via telephone.

The long term trend is year on year increased in demand for emergency ambulances and A&E in Barnsley. This was interrupted by the pandemic but levels of attendances are now above what they were in 2019/20. Performance against targets such as the four hour target, ambulance response times and handovers suggests this level of demand is not sustainable.

Recent engagement with residents shows that access to services is the number one concern for the public.

Local analysis shows that a significant proportion of demand for urgent care services is linked to mental health, substance misuse and addiction and social challenges.

We know that there is a strong link between trauma and long term emotional and mental health needs.

Voluntary, community and social enterprise sector partners report that people from health inclusion groups, such as asylum seekers and refugees, find it particularly difficult to access and navigate health and care services because of barriers such as language.

### Where do we add value?

The pressures on A&E and urgent care providers in Barnsley continue to grow as the needs of our population continues to change and capacity of services is not matched to the demand.

We have been working together to:

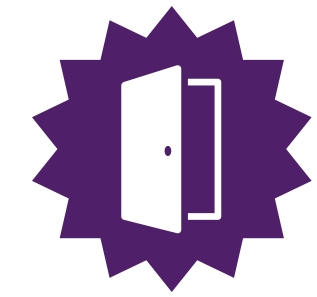
- expand the number of urgent out-of-hours GP appointments available
- provide direct access to the integrated multidisciplinary personalised care team (IMPACT) – this is Barnsley's social prescribing service that supports people with their health and wellbeing
- introduce physiotherapists and mental health practitioners in primary care
- re-establish GP presence in Barnsley Hospital A&E department
- create Barnsley Support Hub – this offers free mental health support in Barnsley town centre out of hours
- support people to start doing the things they love again and to stay in their own homes through dedicated reablement care

There is more to do and we know from feedback that we have received, sometimes residents are not aware or do not understand what services are available to them as an alternative to seeing a GP. We also know that sometimes people find it difficult to get the help they need for lots of different reasons including access to transport and communication barriers. By sharing data and insights we can identify and overcome these challenges.

**We will improve the existing services we provide so that care is itself a tool to reduce health inequalities.**



# Better and fair access



## Current state

Some people are accessing services that are not necessarily the most appropriate to their nature of need. Engagement with the public in Barnsley (through the work of the South Yorkshire Integrated Care Strategy) has shown that access to services is their top priority.

## Key issues

- GP practices report a significant proportion of appointments relate to mental health problems, high emergency call numbers and A&E attendances for mental health complaints or diagnosis
- Rising demand for same day urgent and emergency care resulting in longer response times from ambulances, handover delays, crowding the A&E department and longer waits to be seen and admitted and impacting on experience and outcomes.

## Strategy alignment

- Bold ambition in the South Yorkshire Integrated Care Strategy
- NHS Long Term Plan Priority
- NHS Operating Guidance
- Barnsley all age mental health strategy

## What we will deliver

Develop and implement an "urgent care front door" that will be an alternative to A&E

Listen to the needs of our communities beginning with those who experience poorer access to healthcare

Work with the voluntary and community sector to build capacity and capability for trauma informed support

Implement the new GP contract requirements linked to access

Strengthen the access offer from primary care (including community pharmacy) for all with a focus on Core20plus communities

Increase personalised care interventions

Strengthen joint working between substance misuse and mental health services

## Measure for success

- Increased number of people accessing services that can support their needs
- Improvement in community networks and non-health services strengthening community cohesion, support, and engagement
- Improved living conditions circumstances e.g. debt, housing sustainable employment
- Increased number of appointments in general practice including same day appointments
- Reduced appointments in general practice associated with mental health and social vulnerability
- Reduced A&E attendances associated with mental health and social vulnerability

## Outcomes

- Improved wellbeing and reduced social vulnerability
- Improved access to urgent and emergency care
- Reduced Did Not Attends (DNAs) associated with mental health and social vulnerability

# Coordinated care in the community

## Our priority for 2023 to 2025

**We will provide more proactive care and support for people who are frail.**

**We will help people to live as well as possible until they die and to die with dignity.**

### Why is it important?

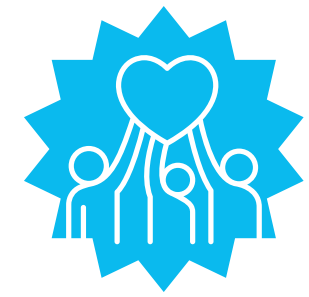
The frail population in Barnsley is growing at a greater rate than the population is ageing. People experiencing inequalities are more likely to experience frailty earlier in their life than expected and those with the greatest need often also have the greatest difficulty in accessing and receiving appropriate care and support.

Physical frailty can potentially be prevented or treated with things such as exercise, protein-calorie supplementation, vitamin D, and reducing the number of medications someone is prescribed or takes.

Across Barnsley approximately 11,500 people living with mild frailty or are pre-frail. Around 1,500 older people move into the frailty group each year. This happens when a person is in their early 60's on average. When this happens healthcare utilisation increases by between 100% (activity) and 300% (cost).

Compared to other areas, Barnsley sees a higher number of hospital episodes for frailty and dementia and year on year these have been increasing along with long lengths of stay (7 days+) in this group.

Barnsley sees particular high levels of people going to hospital because they have fallen, as well as multiple falls, and people being admitted to hospital at the end of their life. However, the proportion of people with end of life care planning in place in those who are frail is low at around only five in one hundred.



### Where do we add value?

The term frailty refers to a person's mental and physical resilience, or their ability to bounce back and recover from events like illness and injury. By its very definition, frailty is multi-factorial, and requires a multi-disciplinary, person centred and community oriented response, that can only be delivered by organisations working together.

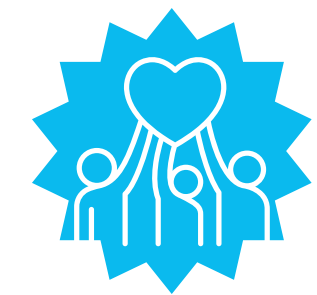
Similarly, good end of life care is holistic and involves effective communication between the individuals, those close to them and health and care professionals supporting them.

In the last year we have expanded urgent community response services, created virtual wards for frailty and tested a digital service for healthy ageing. We also piloted anticipatory care for older people by linking in with the voluntary and community sector to see how they could support older people with mild frailty.

Experience suggests that people at the early stages of frailty have an appetite for services that can support them to live healthier lives and that there is wealth of knowledge, talents and passion in community to help.

**We will improve existing core services we provide so that care is itself a tool to reduce inequalities.**

# Coordinated care in the community for frailty



## Current state

Increasing urgent and emergency care demand relating to growing frailty within our communities. Inpatients beds are often occupied by people with frailty and dementia who are at risk of de-conditioning and would be better supported at their home or place of residence.

## Key issues

- High levels of frailty in Barnsley – more incidences in younger people than neighbouring areas
- Higher number of hospital episodes for frailty and dementia than regional and national comparators
- Year on year increasing long lengths of stay in Barnsley (7+days) most evident for respiratory
- High rates of admission for falls and repeat falls
- High rates of admission to hospital at someone's end of life and low numbers of people with frailty and dementia with future care planning in place

## What we will deliver

## Strategy alignment

- NHS Long Term Plan – Healthy Ageing
- Health and social care integration

## Measure for success

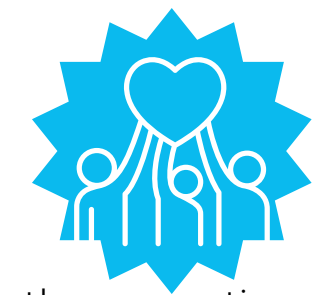
- Increased screening and assessment of frailty
- Improvements in assessment and treatment of falls, mental health in older people, dementia and bone health
- Increased utilisation of virtual ward capacity
- Increased referrals for preventative and early help interventions
- Increase capacity across the voluntary, community and social enterprise sector
- Increase capacity and capability within the workforce

## Outcomes

- Older people are supported to live independently in their own homes for longer
- Reduced unplanned care for older people
- Improved rehabilitation outcomes length of stay, (derby scores and patient experience measures)
- Reduction in the median age of people entering adult social care
- Improved health related quality of life for people with long term conditions and carers

Listen to the needs of older people beginning with those who experience poorer access to healthcare	Provide ageing well assessments to identify and treat potential health problems earlier	Create an anticipatory care register to be able to identify those with moderate to severe frailty to provide better planning and coordination of care across different services and teams	Review of Intermediate care model and pathways step up and step down beds including intensive recovery service	Undertake a review of dementia support with the voluntary and community sector with a focus on post diagnosis support	Continue our work with Think Local Act Personal to ensure that services are responsive to feedback	Continue to roll out strengths-based practice	Independent sector market development to meet the changing needs of our population
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# Coordinated care in the community for end of life



## Current state

Palliative and end of life care improves people's quality of life of and that of their families who are facing challenges associated with life-threatening illness. This also improves the quality of life of caregivers.

## Key issues

- There are more people needing end of life care and support who are not identifiable on supportive care registers
- People are more likely to be admitted to hospital in the last three months of their lives in Barnsley than in other parts of the country
- Bereavement is an increasingly recorded as a factor in suicides

## Strategy alignment

- National ambitions framework for palliative and end of life care
- Statutory duties for Integrated Care Boards

## Measure for success

- Earlier identification of people at end of life (last 12 months) – increase the proportion of deaths who are people on supportive care registers
- Improved recording of preferences for treatment, ceilings of care and place of death - increase proportion of deaths that are people with end of life care planning in place
- Personalised care planning in place with support to self-manage and symptom control – improved experience at end of life and people who die in place of choice
- Increased capability and capacity in the workforce to support palliative care and end of life – number of people who have completed training in end of life care

## Outcomes

- Improve care and support in the last year of life
- Reduced crisis care in the community for people at end of life – UCR to people at end of life
- Fewer hospital admissions in the last three months of life
- Improved equity of access to end of life care and support – proportion of people with end of life care in place from deprived communities and health inclusion groups
- Better utilised of current resources across the system – number of patients receiving hospice care

## What we will deliver

Implementation and roll out of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) tool across all partners agencies in Barnsley	Baseline and mapping exercise for children and young people, adult palliative care and end of life services (including access criteria) against the Ambitions for Palliative and End of Life Care	End of life and palliative care knowledge and skills framework and training needs analysis and training offer	End of life and palliative care workforce plan	Develop a network of organisations supporting people with bereavement and a long term service strategy	Participation in "Dying Matters" week
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# Improve impact on environment, economy and employment



## Our priority for 2023 to 2025

**We will establish a network of large organisations who are at the heart of Barnsley communities to improve our impact by the way we do our business**

### Why is it important?

The impact that the health and care sector has on health and wellbeing in ways other than the services it delivers is huge and can lead to a far-reaching benefit. The way we go about running these large businesses means we have a big impact on our local communities.

These organisations are sometimes called anchor institutions because they are 'rooted in place' and have significant assets and resources which can be used to influence the health and wellbeing of their local community.

Ensuring that we help to address and advocate for the links between the climate and health can lead to a better environment for the people of Barnsley. For example: choosing the right health technologies can reduce or even remove potentially large volumes of waste (e.g. the plastic waste from single-use PPE) and release of harmful gases (e.g. the anaesthetic gas desflurane). We can be a driving force behind the shift to renewable or even local energy and alternatives to private car use.

Ensuring that we support social mobility for Barnsley people will give more people who need the right opportunities for education and employment and, through it, better health. By strengthening health awareness and health and social care opportunities through local education and by making our recruitment and employment more accessible we can get more people into good jobs.

Ensuring that we understand our potential role in the local economy, we can help to build a more stable and inclusive economy, that is without poverty and that generates health and wellbeing through security. By looking at how we spend our money and buy our services, we can generate business and opportunity from and for health.

### Where do we add value?

In its 2021-2030 strategy, Barnsley's Health and Wellbeing Board has committed to reducing health inequalities across people's lifetime - helping to ensure every child is given the best start in life, everyone can access the resources they need to live a healthy life and to age well. It also highlights mental health and addressing things like housing, employment and education which impact on our health.

Barnsley 2030 "the place of possibilities" is the social and economic development plan for the borough which looks across all sectors and has four key themes – Learning, Growing, Sustainable and Healthy Barnsley.

There are health related commitments across the plan, with those specific to inequalities including reducing poverty, improving access to quality housing and affordable energy, improving learning and social connections, and improving access to healthy and active lives.

Collectively, health and care organisations in Barnsley: employ around 12,000 people and provide care and support to approximately 40,000 people every week; has a budget of around five hundred million pounds; and consume huge amounts of energy and food, produce huge volumes of waste and generate massive amounts of vehicle use. This all has an impact on the health of Barnsley and it all needs to be factored in when we consider how we do business.

**We will use our wider influence on the social, economic and environmental factors to tackle inequalities in Barnsley.**



# Improve impact on environment, economy and employment

## Current state

Whilst there is lots of good work ongoing, the approach to how we do business in the health and social care sector in Barnsley is still very varied and not all of our ways of working and interactions with environment, economy and society incorporate health and wellbeing in the same way the way we deliver our services does.

## Key issues

- We produce greater harm on the local climate and environment than we need to
- We spend more money in and procure more contracts from outside the local and regional economy than we could
- Our opportunities for employment can be made more accessible to and inclusive of people from the local communities in greatest need of good jobs

## Strategy alignment

- NHS: Chapter Two of the Long Term Plan; Greener NHS; Core20Plus5
- UK's Net Zero Strategy

## Measure for success

- Develop 'anchor institution' approaches and plans of partner organisations and as a network of health and social care partners
- Begin to measure of the number and size of contracts made locally
- Support for our workforce with protected characteristics, from inclusion groups and who are worst affected by the rise in the cost of living
- Develop an understanding of the make up of our workforce, including social gradient and representation of protected characteristics
- Review of environmental impact and actions to work within planetary boundaries

## Outcomes

- More health and social care money spent locally
- Greater support from the sector to the local economy and business
- Stronger links between and health and social care and education locally
- More good jobs and development for people from more deprived local communities
- A reduction in health and social care waste and harmful emissions
- Better public, active, low-emission and shared transport options for our staff and service users, and more alternative options (e.g. remote and community consultations and care)

## What we will deliver

Establish a Barnsley anchor network	Baseline mapping of where our contracts are made and our money is spent	Build partnerships with local schools, colleges and other partners in education	Listen to the needs of our communities beginning with those who experience poorer access to healthcare	Reduce waste and emissions from health and social care, and greater use of resilient and renewable energy
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# Developing our workforce

## Our priority for 2023 to 2025



**We will fill gaps in the health and care workforce by strengthening routes into careers and providing support for those with additional needs**

### Why is it important?

There are pressures across the workforce with significant gaps in some workforce groups: with increased sickness absence, more people leaving for jobs and careers outside of the sector or retiring early, and fewer people actively seeking jobs.

There are not enough staff which affects all staffing groups. Local analysis shows that there is a gap between the supply of workforce and workforce demand over the next five years. It has also shown that approximately a quarter of the workforce are approaching retirement age.

As a result of the pandemic there has been an increase in work related stress across many sectors and in the NHS it is reported that this has resulted in people leaving the workforce, particularly older experienced staff, and new starters.

Engagement with local communities has shown that there is a poor perception jobs in care. Like many other lower paid sectors, the cost of living crisis is expected to impact on the care workforce, making roles less attractive than entry level roles in retail, manufacturing and logistics.

Across Barnsley there are relatively high rates of economic inactivity, including people not working due to long term illness or disability. It is a priority of the South Yorkshire Integrated Care Partnership to reduce the gap in employment for people with physical disabilities and learning disabilities and to provide every care leaver the opportunity to work in health and care.

### Where do we add value?

The South Yorkshire Integrated Care Board workforce hub delivers a broad range of programme activities relating to future workforce, workforce wellbeing and human resources. This supports provider collaboratives, places, professional groups and individual employers. Working at this scale enables better planning of training places with higher education and allocation of workforce transformation funding.

Where we can add value as the Barnsley Place Based Partnership is working with communities, independent sector employers and employment support organisations to create routes into jobs, particularly entry level positions in health and care that do not require an extended period of study and higher level of qualification.

By working together we can support reshaping of the local workforce, including training and development to meet people's health needs as well as local challenges.

In 2022/23 we have successfully launched our Proud to Care training to employment. Whilst we have had a small number of learners we have seen the appetite of people to get into work despite some of the challenges they face. We have also learned there is a wealth of organisations, expertise and passion in Barnsley to support people furthest from employment into good jobs.

We have also seen our Project ECHO (Extension of Community Healthcare Outcomes) hub grow which provides training and learning across our health and care providers in Barnsley. This shows that our workforce are keen to keep learning and developing their practice to provide better care for our residents.



# Developing our workforce

## Current state

There are pressures across the workforce with significant gaps in some workforce groups: with increased sickness absence, more people leaving for jobs and careers outside of the sector or retiring early, and fewer people actively seeking jobs.

## Key issues

- Not enough staff across the system which affects all staffing groups but particularly clinical, clinical support staff and non clinical roles
- Increased work related stress and burnout
- Approximately a quarter of the workforce approaching retirement age
- Increase in the number of people leaving the workforce, particularly older experienced staff, and new starters
- Poor perception of care, cost of living crisis and ongoing national disputes on pay and conditions making health and care roles less attractive

## Outcomes

- The health and care workforce is more representative of local communities
- Fewer vacancies across the health and social care sector in Barnsley
- Improved staff engagement and satisfaction at work

## Strategy alignment

- NHS People Plan and Promise
- Health and Social Care Integration
- SY Integrated Care Strategy to reduce economic inactivity and the gap in employment for people with long term health conditions and learning disabilities

## Measure for success

- Recruitment via Proud to Care and Expression of interest
- Increased job applications and recruitment from deprived communities
- Increase the number of care leavers accessing apprenticeships and employment.
- Increase the number of students and apprentices in health and care including work experience, T-levels, nursing and allied health professional students and apprentices
- Increase the number of people returning to the health and care workforce through flexible working opportunities
- Reduced the number of leavers in the first five years of careers

## What we will deliver

Refresh the Barnsley Workforce Strategy and produce clear delivery plan	Review of joint recruitment activity and development of local strategy and Expression of Interest process	Develop and implement a communications strategy including social media presence to promote vacancies across health and care	Create a simplified job application process which is accessible to all communities across Barnsley	Grow the numbers of students on placement in Barnsley and develop new apprenticeships opportunities and local student pathways	Work with colleagues across South Yorkshire to grow a reservist model and test flexible working opportunities for early careers e.g. Allied Health Professional Staff Bank
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# Involvement and equality, diversity, inclusion



## Our priority for 2023 to 2025

**We will work alongside local people and communities to better understand and develop what matters to them**

### Why is it important?

At the heart of our role is the commitment to listen consistently to, and collectively act on, the experience and aspirations of local people and communities. This includes supporting people to sustain and improve their health and wellbeing, as well as involving people and communities in developing plans and priorities, and continually improving services.

Research has shown consistently that outcomes and experience of health and care are better where levels of engagement are higher.

Involving people and communities allows us to understand the services and the care that is on offer from the perspective of the people who use them, it can identify what is most helpful and what is most frustrating for them and how to make improvements.

Involvement gives people the power to manage their own health and make informed decisions about their care and treatment; and supporting them to improve their health and give them the best opportunity to lead the life that they want.

Accountability is one of the themes most apparent from the recent engagement in the South Yorkshire Integrated Care Strategy, alongside access, quality of care, improving mental health and wellbeing, and support to live well.

Our collective involvement work has also shown the importance of clear, consistent and regular communications that is accessible, ensuring that health and care services can be flexible and tailored to different people's needs and circumstances and the need to better involve carers and/or family members as equal partners in any planning and decision making that takes place.

### Where do we add value?

We have agreed principles across the Barnsley partnership to engage with people to inform our decisions and codevelop services.

- Have a strong local focus and work on both strengths and solutions with local communities
- Value equality and the diversity of local communities
- Make sure information is accessible and jargon free
- Ensure that everyone has a voice and we listen and learn from our staff and communities
- Involve the right people, at the right time and come to you
- Keep it simple and be honest about what you can influence
- Avoid repeating the same conversations
- Be open and transparent with what we know and what we have done and why



# Involvement and equality, diversity, inclusion

## Current state

We have made progress on the governance and planning of how we come together as a involvement, experience and equality, diversity and inclusion colleagues across Barnsley and with teams working across South Yorkshire.

## Key issues

- The recording of demographic data, protected characteristics and accessibility standards, is lower than it should be across some health and care services. This is often a combination of people not being asked some or all of the questions, or people not being comfortable in sharing the information. We know that recording and reporting on inclusion data is also challenging.
- We have lots of existing insights which we could make much more effective use of across the partnership and beyond . This include patient experience data.
- We want to focus on working alongside our diverse communities.
- We want to be better at, and put more focus on, working with local people and communities to produce plans and design services and solutions rather than just asking or informing them.

## What we will deliver

<p>We will work with communications colleagues to develop a new narrative and identity for the health and care partnership in Barnsley that creates a sense of place by September 2023</p>	<p>Contribute to a South Yorkshire insight bank which brings Barnsley insights into one place for analysis and sharing.</p>	<p>Roll out a partnership wide campaign to improve demographic data collection.</p>	<p>We will grow and develop existing networks, to increase reach and active involvement across our diverse communities</p>	<p>We will work with programme and project leads to advise on and develop people and communities involvement plans aligned to the three tiers health equity approach.</p>	<p>Primary care network people and communities involvement plan.</p>	<p>Training and development programme to support colleagues to produce and design interventions alongside people who will be using them.</p>
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## Strategy alignment

- Barnsley health and care communications strategy
- Barnsley 2030
- NHS South Yorkshire ‘Start with People’ involvement strategy

## Measure for success

- An increase in staff confidence to have the conversation about demographic data collection.
- Re-invigorated primary care patient participation groups in each GP practice, supported by a primary care network involvement plan.
- High satisfaction scores on all involvement activity e.g. clarity and availability of information to make informed decisions, I statements .
- An insight bank in place.
- Inclusion of insights into our dashboards.

# Estates

## Our priority for 2023 to 2025

**We will make the best use of our collective estate**

### Why is it important?

Good quality strategic estates planning is vital to making the most of greater cooperation and collaboration through our partnership to fully rationalise our estate, maximise use of facilities, deliver value for money and enhance people's experience when using health and care services.

It is vital that service and estates planning are joined up to ensure that the best estate is available to deliver the best health and care services and make wise, well founded investment decisions.

The estate is used to provide solutions with primary and community teams located in the same place to support multi-disciplinary team working, integrated service hubs across sectors, supporting care delivered closer to the communities where people live, supporting digital solutions and helping with workforce challenges of recruitment and retention.

The pandemic has had a significant impact on how the health and care buildings have been used to achieve social distancing, support remote working, provide "hot" clinics to provide access to services for people with infection and increase the number of planned operations and procedures to recover waiting lists.

The community diagnostics centre at the The Glass Works is an example of where alignment of clinical service and regeneration strategy came together leading to better access to services, providing residents with a more convenient way to receive ultrasound, x-ray, breast screening, phlebotomy and bone density scans.



### Where do we add value?

We are committed to improving equity of access to services, deliver more care in communities and joining up care for those most in need.

Across our estates there are many multi-purpose buildings where different partners run services, sometimes alongside services from other sectors.

The health and care estate is not always as well used as they could be and there are opportunities to improve this whilst enhancing the range of services delivered in our communities.

This can only be achieved by collaboration across services and organisations and co-development with residents and communities.



# Estates

## Current state

There is a lack of understanding and clarity on the estate held across Barnsley and how this can be used more effectively across partners and voluntary sector to meet the needs of our population. Lease arrangements sit with individual organisations and flexibility remains limited on some of the estate across Barnsley.

## Key issues

- There is a perception Barnsley estate is underused
- There is a lack of understanding of the estate portfolio across Barnsley
- There is a lack of strategic oversight of estate linked to place plans
- Some estate is not fit for purpose and is not flexible to meet service demands, pressures and change plans

## Outcomes

- Estate is used to capacity with plans for development clearly identified to access available funding sources.
- Estate is accessible and meets the needs of people across Barnsley, with one approach to health and care.

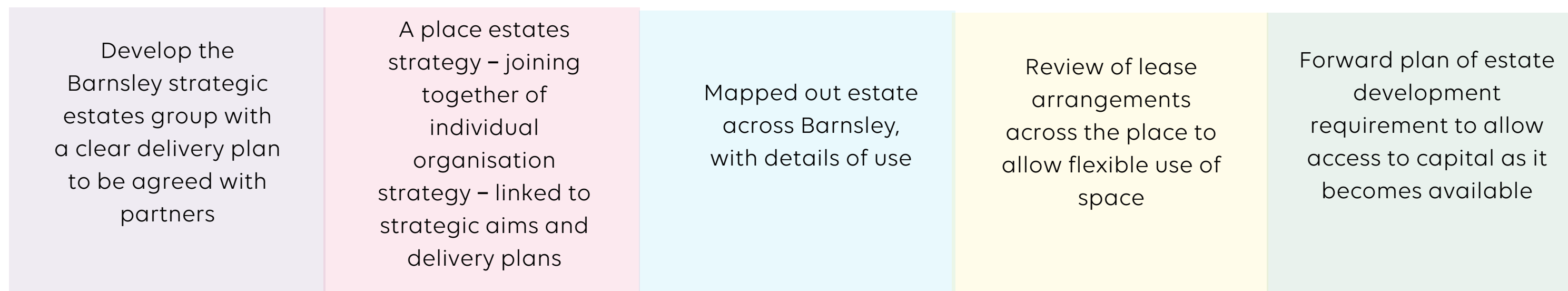
## Strategy alignment

- Government Estates Strategy

## Measure for success

- Estate use increases from current baseline measures
- Estate portfolios are understood across the partnership
- Estate is fit for purpose with development plans clearly identified to meet our strategic aims
- Estate is flexible in its use across clinical, care and voluntary sector services irrelevant of provider

## What we will deliver



# Digital and information

## Our priority for 2023 to 2025

**We will develop a Barnsley digital roadmap and deliver a shared care record solution**

### Why is it important?

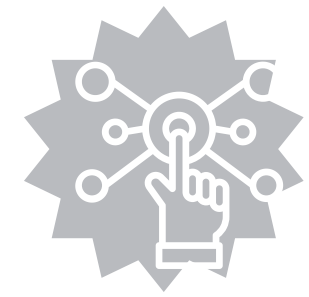
Digital transformation of health and social care is a top priority for the Department of Health and Social Care and NHS England. The long term sustainability of health and social care is dependent on having the right digital foundations in place.

Digital technologies have become an integral part of how people manage their health. They can help access personal health information, and support people to feel empowered and involved in self care. A large review of studies found that text messages can help people quit smoking. Automated text reminders alone increased quit rates by 50% to 60%. Apps can remind people to take their medications on time. Giving people access to their own records can help people understand their conditions, and empower them to take an active role in managing them. Several studies have shown that digital therapy is effective. Technology allows us to connect with others without being physically together.

In 2022/23 the Barnsley Partnership has been making the most out of SystmOne by using it to support shared care across organisations and settings. This means for example that hospital doctors and social workers can now view a person's clinical records from primary or community care with their consent to support better care planning.

We have been working with industry partners to deliver a BETA service evaluation of STRIDE which aims to help older people to live strong and independent lives for longer. New technologies have been deployed into care homes to prevent people falling and in primary and community care to support health checks for people with learning disabilities.

The NHS Pathways system has enabled healthcare teams to use the data and information in clinical records and other systems to identify people at risk, optimise and personalise their care.



### Where do we add value?

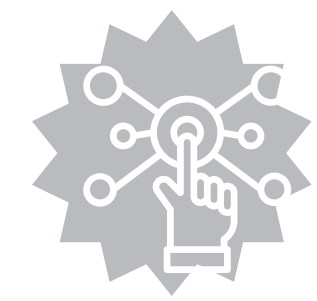
The vision of the Digital Barnsley Strategy is that Barnsley is a connected, smart town with a culture of innovation, collaboration and strong digital leadership.

The strategy helps in delivering all four main areas identified within the 2030 plan including a Healthy Barnsley by connecting health partners to provide better quality care, using digital to connect our communities and addressing digital exclusion to improve connectivity, reduce isolation and exclusion.

Working as a place partnership means that organisations strategies and plans are aligned to ensure that systems resources are allocated to shared priorities for services, patients and residents.

Collaboration will ensure that digital and technological solutions are can work together of across services and settings to deliver best value for money and provide a seamless service for patients.

Shared intelligence means one version of the truth and supports evidence based decision making so health and care in Barnsley is population health, prevention and inequalities led.



# Digital and information

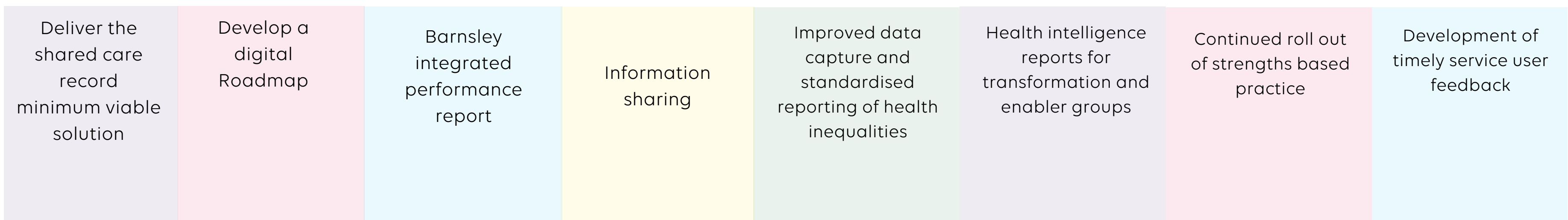
## Current state

- Established health intelligence group and joint working between partners
- Health intelligence reporting – regular dashboards, agile sprints and bespoke products
- Limited interoperability for direct care

## Key issues

- Information sharing between organisations – particular restrictions around primary care and commissioning datasets
- Lack of analyst capacity
- Ability to link data through a common identifier
- Lack of clear digital roadmap and strategy with could result in lack of interoperability or inefficient use of resources (e.g. technology enabled care)
- Clarity on the role of different organisations and teams

## What we will deliver



## Strategy alignment

- National information board – Paperless 2020
- NHS Operating Guidance
- Population health management
- Population health, health inequalities and prevention-led Integrated Care System in South Yorkshire

## Measure for success

- People not having to tell their story multiple times to health and care services
- Improved clinical safety
- Improved efficiency – reduced paper letters, repeat requests for tests and referrals
- Effective use of resources – intelligence led system

## Outcomes

- Number of organisations sharing and accessing information from the Yorkshire Shared Care Record
- Number of users accessing patient information through interoperability

# Working more closely with the (VCSE) sector



## Our priority for 2023 to 2025

We will strengthen our partnership with the voluntary, community and social enterprise sector

### Why is it important?

Barnsley's VCSE Sector is made up of a huge range of inspirational, passionate people who help our local people. The organisations and groups vary in size from international bodies to groups made up of a small number of people. They work hard to make sure they can enhance our services and help people of all ages in Barnsley live better lives. The diversity of the VCSE sector is a strength to be recognised and celebrated.

The sector brings specialist expertise and fresh perspectives to service delivery that is well placed to support people with complex and multiple needs. The VCSE sector has, and continues to, play an important role in keeping people connected.

Our VCSE Sector reaches deep into communities. They are vital.

In 2023, NHS South Yorkshire Integrated Board and the VCSE sector in South Yorkshire agreed a memorandum of understanding (MOU) that recognises and values the VCSE as a key partner within the health and care system, and sets out how the Integrated Care System and the VCSE will work together to improve health and care. This agreement builds on several years of work to bring together organisations into a network and VCSE alliance. The agreement pledges to embed VCSE participation in every level of our integrated care system.

The ethos of the VCSE Alliance is that there are opportunities to share work that is happening across Barnsley with the other places in South Yorkshire, and share where this is working at a regional level. As part of this, there are clear mechanisms to co-ordinate equitable VCSE involvement from Barnsley and the other places (Doncaster, Rotherham and Sheffield.)

### Where do we add value?

Health and care partners in Barnsley have supported the establishment of the Voluntary and Community Sector Strategy Group which has now developed into an engagement structure that all VCSE organisations can engage with. Through this process an Alliance has grown which brings Children's Services together with the children and young people's organisations in the sector.

We have been providing training for volunteers and organisations to support safeguarding and helping with governance and organisational support.

In 2021 we worked with organisations across the VCSE to form the Barnsley Older People's Physical Activity Alliance (BOPPPAA) to increase the provision of physical activity programmes that will improve the strength and balance of those over 50 living in Barnsley.

There are over 60-member organisations who make up BOPPPAA and they deliver over 170 physical activity sessions across the borough.

One activity which has proved popular is the Healthy Bones and Fall Management class which sees over 100 people attend regularly. One person who attended a class commented: "You get wary as you get older about doing things. This has really increased my confidence to be able to do things."

# Working more closely with the (VCSE) sector



## Current state

- Good working relationship with the VCSE through establishment of the Voluntary and Community Sector Strategy Group
- The VCSE is increasingly being recognised for the role it plays in support better health and wellbeing through offers such as social prescribing
- More people are being supported to get involved with groups and activities provided by VCSE organisations within communities

## Key issues

- There are around 250 groups registered on the Barnsley CVS database but it is estimated that there around 1,000 groups in total
- The VCSE can be competitively minded because it has needed to be. However collaboration is growing, particularly through alliances in Barnsley such as the Dementia Alliance, Migrant Partnership, Youth Alliance and Older People's Physical Activity Alliance
- The VCSE bring significant investment into Barnsley. However, our local lottery funding lags behind others
- It is important that VCSE capacity can meet the growing demands for its offer
- Sometimes VCSE organisations are not recognised for the level of training and specialist interventions that they deliver within care pathways and referral processes

## What we will deliver

Support the completion of State of the Sector research	Strengthen engagement with the VCSE sector through emerging structures and alliances	Build opportunities for VCSE organisations to work together	Support frontline knowledge and creativity in initiatives alongside other sectors	Identify and promote funding opportunities across the VCSE sector	Ensure the VCSE sector has a strong voice in initiatives alongside other sectors	Celebrate and promote the successes of the VCSE sector and volunteers
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## Strategy alignment

- Building Strong Integrated Care Systems (ICS) Everywhere: ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector
- Memorandum of Understanding between NHS South Yorkshire Integrated Care Board and the VCSE Alliance
- South Yorkshire Integrated Care Strategy Five Year Plan and System Development Plan 2022

## Measure for success

- Mapped out the VCSE sector across Barnsley
- Increased involvement and participation of VCSE representatives across programme boards and working groups
- Increase engagement and involvement from seldom heard communities through VCSE partners
- Increased capacity across the VCSE sector to support health and care priorities in Barnsley



# Operational planning – delivery focus

Area	Priority	Where
1. Urgent and emergency care	(1a) Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25 (1b) Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25 (1c) Reduce adult general and acute (G&A) bed occupancy to 92% or below	UEC Alliance and Places
2. Community health services	((2a) Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard (2b) Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals	UEC Alliance and Places Places and Primary Care Alliance
3. Primary care	(3a) Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need (3b) Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024 (3c) Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024 (3d) Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels	Primary Care Alliance and Places
4. Elective care	(4a) Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties) (4b) Deliver the system- specific activity target (agreed through the operational planning process)	Acute Federation
5. Cancer	(5a) Continue to reduce the number of patients waiting over 62 days (5b) Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days (5c) Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	Cancer Alliance
6. Diagnostics	(6a) Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95% (6b) Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition	Acute Federation
7. Maternity	((7a) Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury (7b) Increase fill rates against funded establishment for maternity staff	Local Maternity and Neonatal System
8. Use of resources	(8a) Deliver a balanced net system financial position for 2023/24	All building blocks
9. Workforce	(9a) Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise	All building blocks
10. Mental health	(10a) Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019) (10b) Increase the number of adults and older adults accessing IAPT treatment (10c) Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services (10d) Work towards eliminating inappropriate adult acute out of area placements (10e) Recover the dementia diagnosis rate to 66.7% (10f) Improve access to perinatal mental health services	MHLDA Alliance and Places
11. People with a learning disability and autistic people	(11a) Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024 (11b) Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit	MHLDA Alliance and Places
12. Prevention and health inequalities	((12a) Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024 (12b) Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60% (12c) Continue to address health inequalities and deliver on the Core20PLUS5 approach	Place and Prevention Programme

## 5.1.2. Barnsley Place-Based Partnership - Tackling Health Inequalities in Barnsley: Joe Minton/Jamie Wike in attendance

For Assurance

Presented by Bob Kirton

# Barnsley Place Based Partnership

## Tackling health inequalities in Barnsley

20  
30

Barnsley – the place  
of possibilities.



# 1. Introduction

Health Inequalities are unfair, avoidable and systematic differences in health and related needs, outcomes and services between different people and groups of people. These differences can be due to many factors, such as a person's social, economic or environmental circumstances – we know that greater deprivation in any of these factors is associated with a greater risk of becoming ill earlier and dying younger (Box 1). Certain characteristics are also associated with poorer health, often due to the exclusion people with these characteristics face – we know that people with certain ethnicities, sexual orientation, age and disabilities have a lesser chance of having as long and healthy a life as others.

*Box 1 Comparing life expectancy between England's most and least deprived communities*

In England, people from the most deprived 10% of the population have a life expectancy at birth that is between 7.7 and 9.4 years less than those from the most affluent 10% and will live between 18.4 to 19.7 years longer in ill health.<sup>1</sup>

These differences are apparent when we compare the population of Barnsley with the average population of England and even more so when we compare Barnsley to the most affluent parts of the country. These differences also occur when we look within Barnsley, where stark differences in health occur between different communities, groups and wards across the borough (Table 1 on page 3).

Due to social, economic and environmental circumstances and other characteristics outside of their control, real people living in Barnsley are likely to spend more of their day-to-day lives in poor-health than people in other areas of the UK and are more likely to die younger (Box 2).

*Box 2 Real stories from real people in Barnsley, describing how these inequalities affect lives*

Mary lives in Barnsley and finds it difficult to afford her energy and heating bills, especially in winter. This means her house gets cold which makes her osteoporosis (weak bones) and joint pains worse. The only way she can occasionally get warm is to go to her shed and put the small heater on in there. Things are now improving since Mary has been supported by Green Doctors for energy efficient ways to keep her house warm and with a Household Support Grant.

James lives in Barnsley and has had difficulty finding work which is made harder by problems with his legs, blood pressure and maintaining a healthy weight. He has become reliant on his sister for finances and to pay the bills which has put her under pressure. With a combination of support from health and wellbeing coaches and some leg-up financial support he is now getting healthy and has new employment opportunities.

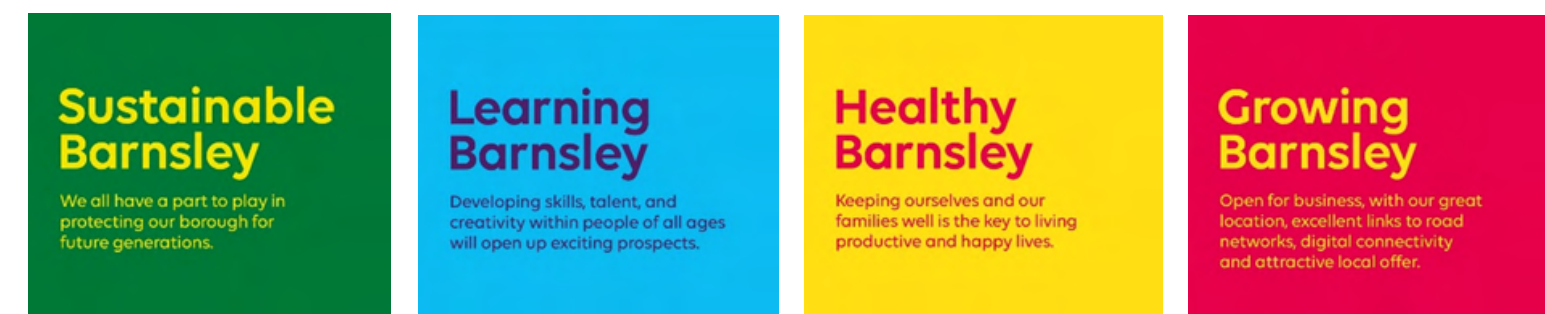
As well as causing suffering for the individuals, their families and communities, these avoidable differences pose a huge cost on societal, economic and health systems. The stalling and probable reduction in healthy life expectancy in England (Figure 3) is unsurprisingly associated with a growing need for healthcare – as investment and action in the cost-effective approaches to maintain health and wellbeing shrinks, the need for less cost-effective diagnostic and treatment services grows. It is estimated that over 40% of premature death in the UK and 40% of the demand for health services in England is attributable to preventive disease.<sup>2</sup> When wider costs are factored in, such as loss of workforce productivity, the overall economic burden of preventable and premature illness is staggering.

While many of the causes of these inequalities are more readily addressed through shifts in national policy and infrastructural changes (e.g. industry), there are things within our grasp locally – we are doing a lot and can do a lot more. This document outlines the current and planned approach that the Barnsley Place Partnership for health and care is taking at all levels to reduce health inequalities and help to improve health for everyone in the borough. The approach is structured across three tiers:

1. Introduce – which new services and sources of support are required to help us to address the key causes and drivers of inequalities;
2. Improve – what are the ways we can adapt and develop all services to reduce inequalities by supporting those in greatest need first;
3. Influence – how do we improve health and reduce inequalities through our wider impact on economy, society and environment.

In recognition of the wider determinants of health, the synergies between health and other key aspects of society, economy and environment the third tier includes collaboration across sectors which is essential for sustainable change, and encompasses the four themes of Barnsley 2030.<sup>3</sup>

*Figure 1. The four themes of Barnsley 2030, covering sustainable cross-sectoral development*



1. [The Health Foundation, Evidence hub: What drives health inequalities?](#)

2. [The Long-term Sustainability of the NHS and Adult Social Care Contents](#)

3. [Barnsley 2030](#)

# 2. Health inequalities in Barnsley

## 2.1 Life expectancy

Table 1 shows the life expectancy and healthy life expectancy at birth for people in Barnsley, the highest and lowest expectancy figures for wards across Barnsley, the average for England and the local authority areas with the highest expectancies in England. This presents some stark truths about the gap in health outcomes, including:

- People in Barnsley experience ill health sooner and for longer in than other parts of the UK, with 19 years difference in male healthy life expectancy between Barnsley and Rutland;
- People living in the Barnsley ward with the shortest life expectancy live almost eight years shorter than in those in the Barnsley ward with the highest life expectancy and nine (females) to ten (males) years shorter than the area of England with the longest life expectancy.

Table 1: Life expectancy / healthy life expectancy in Barnsley and England's average and highest<sup>4</sup>

	Life expectancy (years)		Healthy life expectancy (years)	
	Male	Female	Male	Female
<b>Barnsley</b>	77.1	81.1	55.9	60.1
<b>England</b>	79.1	83.0	62.6	63.1
<b>Barnsley highest</b>	(Penistone E) 83.1	(Penistone E) 86.1	Data unavailable at ward level	
<b>Barnsley lowest</b>	(Worsborough) 74.7	(Stairfoot) 78.6		
<b>England highest</b>	(Westminster) 84.7	(Ken' & Chelsea) 87.9	(Rutland) 74.7	(Workingham) 71.2

Sadly, things aren't improving. Figures 2 and 3 show the trend in life expectancy and healthy life expectancy in Barnsley, the region (Yorkshire and Humber) and nationally (England). These trends show a recent pre-pandemic reduction in both measures, which should cause the alarm bells to ring. They also show a persistent gap across both measures between Barnsley and both region and country – a gap that appears to be widening, especially in men.

These differences represent underlying and undue suffering for people, families and communities, suffering which all parts of the health, care and wider system can do more to address. They also represent a disutility for all sectors and development ambitions – beyond the suffering, they cause loss of productivity in school and work, and a disease burden that heightens the need for care services which already lack capacity and resource.

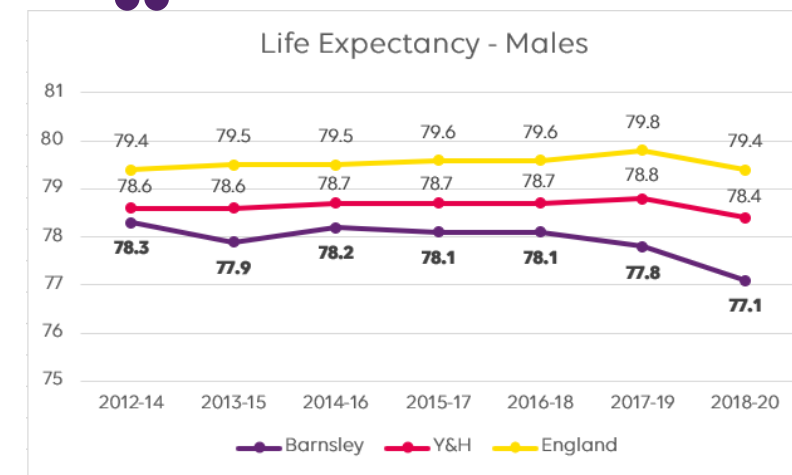
Figure 2. The life expectancy in Barnsley, Yorkshire and Humber and England. Barnsley ranks 19th shortest expectancy for all Local Authorities in England.

### Life expectancy of Males in Barnsley



**77.1 years (-0.7 years)**

2.3 years lower than England average



### Life expectancy of Females in Barnsley



**81.1 years (-0.7 years)**

2 years lower than England average

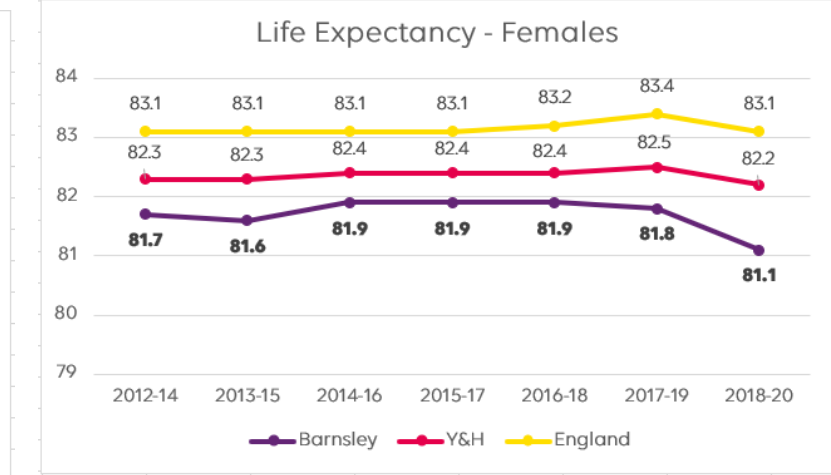


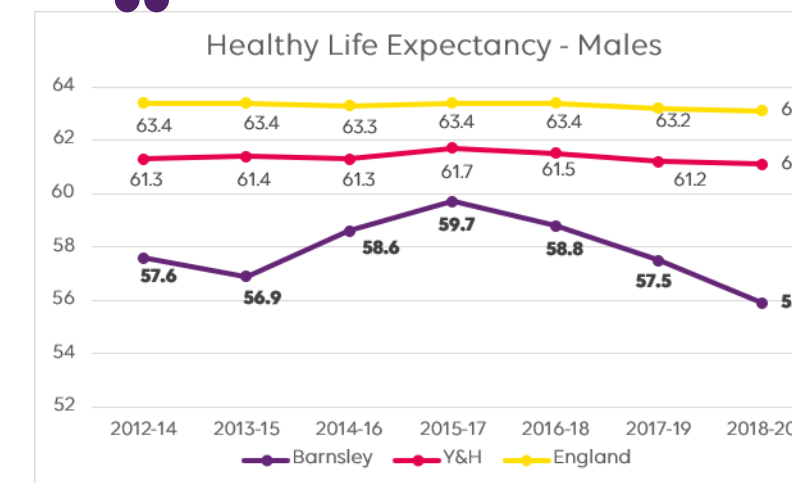
Figure 3: Health life expectancy in Barnsley, Yorkshire and England. For men, Barnsley ranks 4th shortest expectancy of all Local Authorities in England, and ranks 37th for women.

### Healthy life expectancy of Males in Barnsley



**55.9 years (-1.6 years)**

6.9 years lower than England average

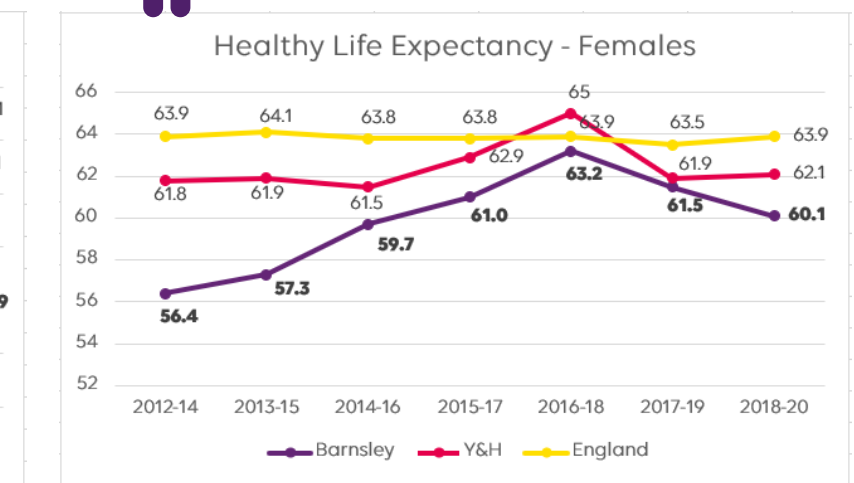


### Healthy life expectancy of Females in Barnsley



**60.1 years (-1.7 years)**

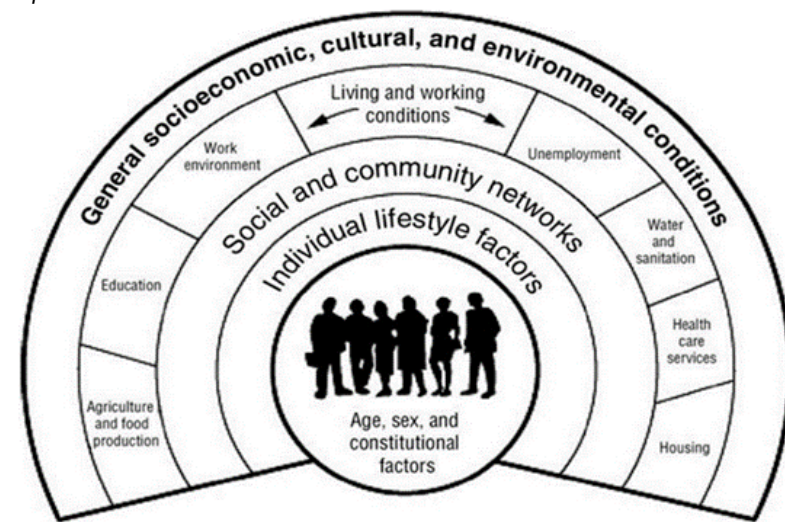
3.5 years lower than England average



## 2.2 Who is affected by health inequalities

Health inequalities affect all of us in one way or another. It is not a concept that is unique to a handful of “hard-to-reach” groups, but has a spectrum of impact across the whole population. Three overlapping factors that affect where we feature on the spectrum are who we are (demographic), our general circumstances (social, economic and environmental) and other protected characteristics that might make us susceptible to discrimination (e.g. inclusion groups). These are captured in what Dahlgren and Whitehead (1991) coined the social determinants of health (Figure 4).

Figure 4: The broad circumstances that together determine the quality of the health of an individual group of general population.<sup>5</sup>



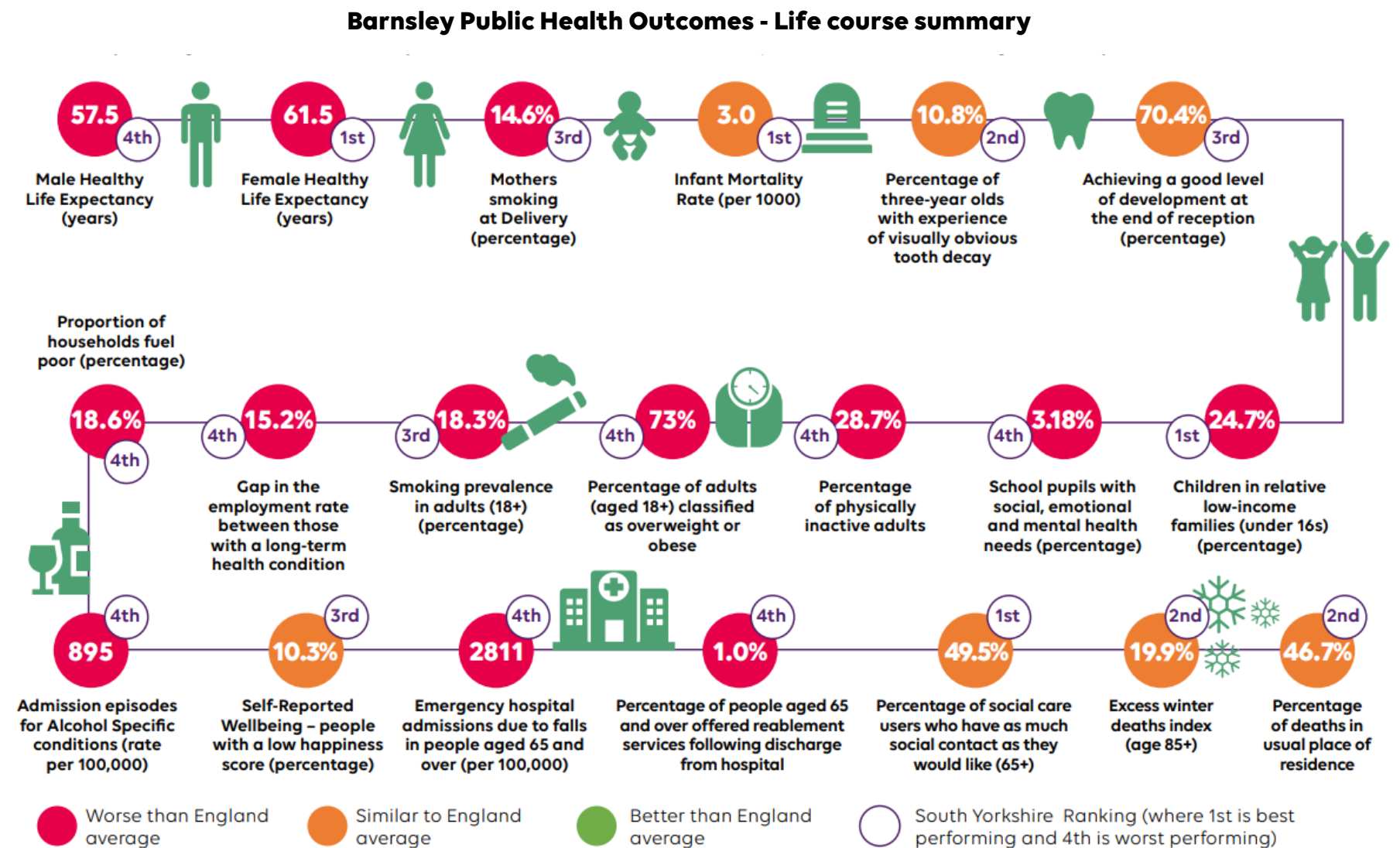
### 2.2.1 Demographics

This refers to the key statistical measures of individuals and groups such as age, gender, ethnicity and postcode area, although it can include a much broader set of characteristics, including those discussed in the next two subsections. Measurement and data are an important concept to introduce here, as these characteristics tend to be easily determined, routinely measured and readily accessible (which is often not the case for certain characteristics and inclusion groups).

Demographics overlap with the next two factors in a number of ways – e.g. people from Ethnic Minority communities in the UK are at a higher risk of more deprived socioeconomic circumstances and discrimination, and often have worse health outcomes (as seen during the COVID-19 pandemic<sup>6</sup>); older people are at a higher risk of social and digital exclusion, and not being able to afford necessary domiciliary or long term care<sup>7</sup>; the circumstances children are born into and the experiences especially of the first 1000 days of their life have a critical and lasting impact on their health and life.<sup>8</sup>

The life course is a good way to consider how certain demographic characteristics and stages in life have a part in determining health and wellbeing priorities, outcomes and needs (Fig 5). This can help inform how health systems understand the health of an individual or group and how to tailor / develop services and support to best meet the needs of people.

Figure 5. Key health outcomes for people across their life course in Barnsley in 2022 – including how they compare with the England average and whether they are improving or worsening.<sup>9</sup>



5. 2.1 Figure 1: the Dahlgren and Whitehead model of health determinants

6. Public Health England, Disparities in the risk and outcomes of COVID-19

7. Social exclusion of older persons: a scoping review and conceptual framework (European Journal of Ageing, 2017)

8. Unicef: The first 1,000 days of life: The brain's window of opportunity

9. Barnsley Health and Wellbeing Strategy 2021 - 2023: the place of possibilities

## 2.2.2 Barnsley 2021 census data<sup>10</sup>



Barnsley has a population of 244,600



Our population has increased by 5.8% since 2011 which is just below the national average increase



Our population aged 65 years and over has increased by 19.2% since 2021



Our population aged 15-64 years has increased by 2.2% since 2021



Our population aged under 15 years has increased by 6% since 2021



95.72% of the local population report English as their first language

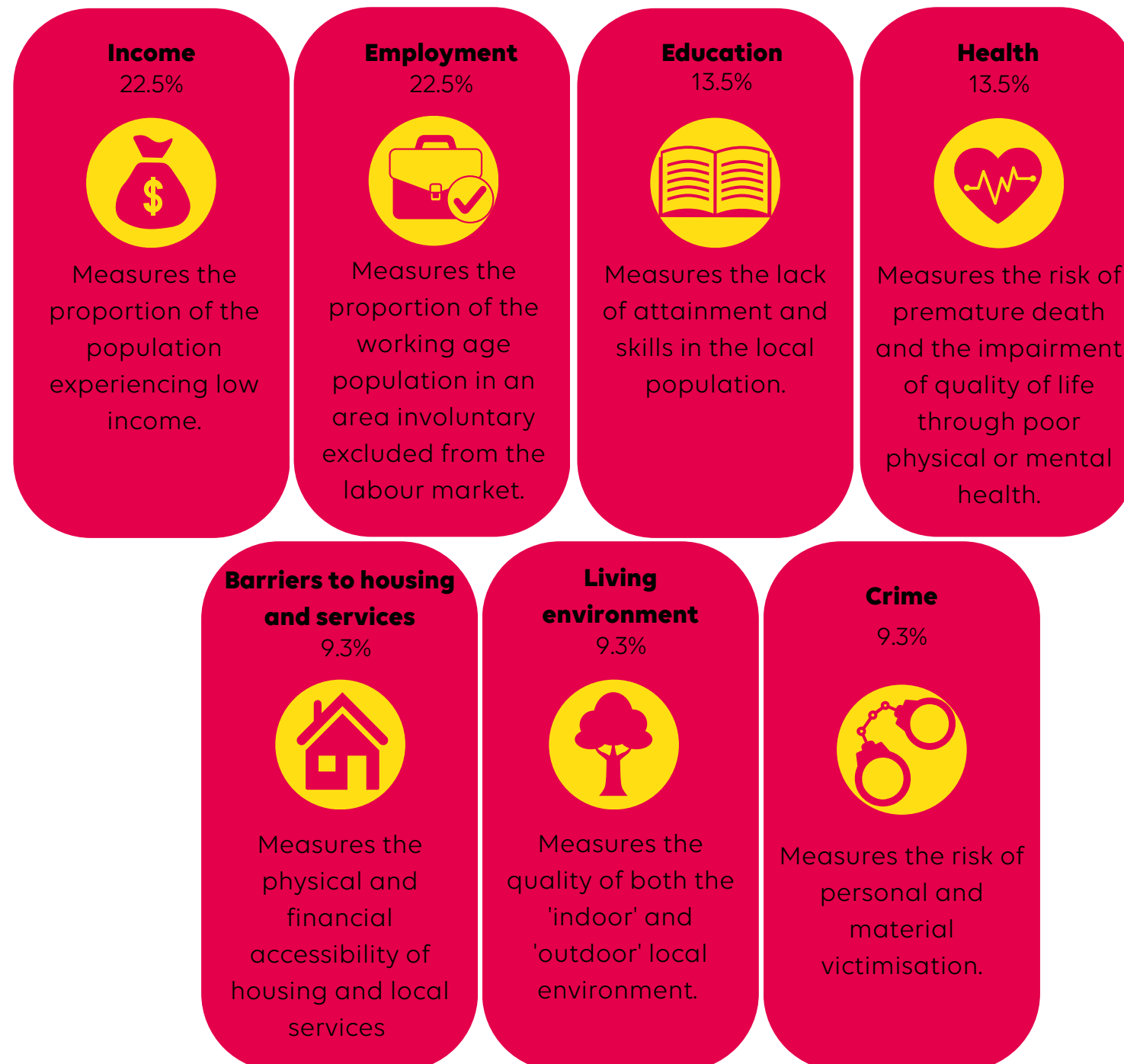


92.6% of the population identify themselves as White British (including English, Welsh, Scottish, Northern Irish or British), with the next largest ethnic group identified being Other White

## 2.2.3 Social, economic and environmental circumstances

These circumstances are incorporated into the indices of multiple deprivation (IMD) – the official measure of deprivation in England based on a composite of social, economic and environmental conditions of communities (down to lower super output areas). IMD includes seven domains: income; employment; health and disability; education, skills and training; crime; barriers to housing and services; and living environment.

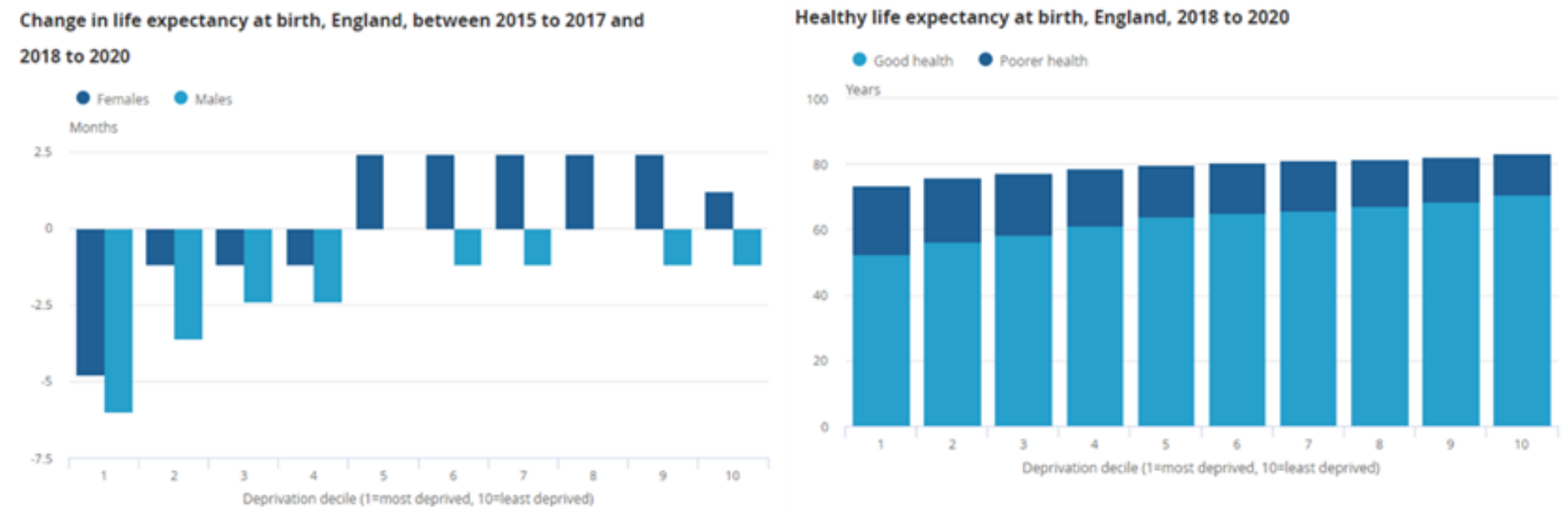
Figure 6. The English Indices of Deprivation explained with the % weightings that each domain is given (2019)<sup>11</sup>



As well as providing a holistic measure of deprivation IMD allows a structured, tried and tested way to monitor and evaluate the needs and service impact of local populations and inform development to reduce inequalities. IMD cuts the general population into five (quintiles) or ten (deciles) equal-sized groups, with the most deprived 20% or ten per cent respectively given an IMD score of one and the least deprived (most affluent) given a score of five or ten respectively.

Figure 7 presents the stark ONS analysis of life expectancy and healthy life expectancy in England against the gradient of deprivation by IMD decile. This clearly shows that with increasing deprivation people will live a shorter life and spend more time in ill health and that the worsening situation in England is affecting people with greater deprivation more than people who are more affluent.

Figure 7. Life expectancy and healthy life expectancy by deprivation (IMD decile) in England and the change in life expectancy between 2015/17 and 2018/20.<sup>12</sup>



Source: Office for National Statistics

Source: Office for National Statistics – Annual Population Survey, 2011

This data represents real people across the country and are as true for Barnsley as anywhere else. Underneath those rather bleak headlines, of life-expectancy and healthy life-expectancy falling and affecting the most deprived more, is a huge burden of disease, loss of productivity and need for health and social care services.

In many ways, the challenge that inequalities present and need to address them is greater for Barnsley than the average area of the country: we are the 38th most deprived local authority in England; and, whilst 10% of the national population fit into the most deprived decile (and 20% in the most deprived quintile), over 20% of the Barnsley population fit into the nation's most deprived decile (and over 40% in the most deprived quintile).

11. National statistics: English indices of deprivation 2019

12. Census 2021: Health state life expediencies by national deprivation deciles, England: 2018 to 2020



## 2.2.4 Specific characteristics and inclusion groups

There are a number of characteristics people might have that are associated with being subject to greater barriers, unfairness and discrimination. These include certain people who:

- are lesbian, gay, bisexual, transgender or queer (LGBTQ+)
- are from different ethnicities
- are a veteran or serving member of the armed forces
- have a physical or learning difficulty
- have mental health problems
- those from inclusion groups.

"Inclusion health is a 'catch-all' term used to describe people who are socially excluded, typically experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases). These experiences frequently lead to barriers in access to healthcare and extremely poor health outcomes. People belonging to inclusion health groups frequently suffer from multiple health issues, which can include mental and physical ill health and substance dependence issues. This leads to extremely poor health outcomes, often much worse than the general population, lower average age of death, and it contributes considerably to increasing health inequalities.

Inclusion health includes any population group that is socially excluded. This can include people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery, but can also include other socially excluded groups. There will be differences in needs within socially excluded groups (for example between men and women) and these differences must be understood and responded to appropriately."<sup>13</sup>

The very nature of inclusion groups and some of these other characteristics means it is hard to be sure from any data sources of the numbers of people represented in the local population and, therefore, of their health priorities and needs. This means that engagement is an important source of such intelligence from these groups.

However, we do know some things:



As of 17 November 2022, there were 316 asylum seekers living in dispersed accommodation across Barnsley, managed by Mears Group;



A recent mental health needs assessment found 1,828 people living with Serious Mental Illness (SMI) in Barnsley (according to GP registered conditions);



An estimated seven people sleep rough each night in Barnsley and, in 2020/21, 781 households are threatened with homelessness;



In 2021/22, approximately 15% of school children in Barnsley had a statutory plan or were receiving Special Educational Needs (SEN) support (previously school action and school action plus). There are around 35,000 pupils on roll in Barnsley school.



GP registers show 1,632 people with learning disability (all ages).



According to the Census 2021 data regarding sexual orientation, 91.57% people aged 16 years and over living in Barnsley are straight or heterosexual (versus 92.5% national average) and 5.83% did not answer (versus 7.5% national average).<sup>14</sup>



The council provides a Gypsy and Traveller site at Smithies Lane, off Wakefield Road, on the fringe of Barnsley town centre. There are currently 30 pitches on the site.

## 2.3 Health inequalities: illness and care

The relationship between health and life expectancy across the gradient of inequalities can also be seen when we look specifically at illness, including multimorbidity (having multiple long-term conditions). Generally, the number of people living with multimorbidity in England is rising, with more than one in four of the adult population now living with two or more conditions. Two key risk factors for this are age and deprivation, so much so that living with numerous and often complex health problems is becoming the norm for older people and those from disadvantaged communities.<sup>15</sup> Table 2 shows how the risk of multimorbidity changes with material wealth.

Table 2: Basic multi-morbidity (MM), complex multi-morbidity, functional limitation (MFL10+) and material determinants.<sup>16</sup>

	Basic MM		Complex MM		MFL10+	
	Odds ratio	95% CI	Odds ratio	95% CI	Odds ratio	95% CI
<b>Household wealth</b>						
High	1		1		1	
Medium	1.13	1.10-1.19	1.20	1.09-1.31	1.28	1.12-1.47
Low	1.47	1.34-1.61	1.73	1.52-1.96	1.90	1.59-2.26
<b>Subjective social status</b>						
High	1		1		1	
Medium	1.04	0.98-1.10	1.11	1.00-1.20	1.15	1.02-1.29
Low	1.14	1.04-1.24	1.21	1.07-1.35	1.37	1.26-1.70
<b>Occupation</b>						
Manager/prof.	1		1		1	
Intermediate	0.93	0.85-1.01	0.92	0.81-1.03	1.04	0.91-1.20
Semi/routine	1.07	1.04-1.24	1.03	0.92-1.15	1.28	1.14-1.46
<b>Education</b>						
A-level+	1		1		1	
0-Level or equiv.	0.93	0.86-1.00	0.92	0.81-1.03	0.89	0.80-1.02
Less than 0-Level	1.02	0.97-1.07	1.04	0.92-1.16	1.12	1.01-1.22

This is true for Barnsley, where we see a clear correlation between deprivation and multimorbidity (Fig. 8).

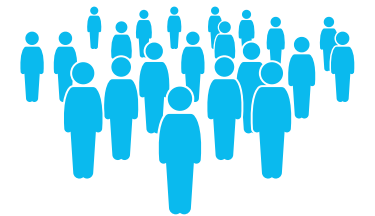
Unfortunately, we know that this is a vicious cycle for people, as the existence of one physical or mental health problem increases the risk of developing another physical or mental health problem and each long-term condition brings with other stresses than only health-related, including financial and social.

### Living with a chronic illness in Barnsley<sup>17</sup>

In Barnsley you are almost 20 times more likely to be living in one of the most deprived communities in England than in the least deprived



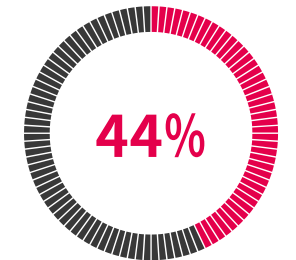
There are over 50,000 residents in Barnsley living in the most deprived 10% of communities in England



The difference in lifespan of the most and least deprived communities in England is approximately 10 years. Those most affluent can often live around 20 years longer without illness or disability.



Around 44% of adults in Barnsley are living with some form of chronic illness or disability.



Nearly 1 in 4 of Barnsley residents with chronic illness or disability live in the most deprived 10% of communities in England.



This is compared to less than 1 in 100 people in Barnsley who live in the least deprived area who live with a chronic illness or disability.



15. National Institute for Health and Care Research: Multiple long-term conditions: making sense of the evidence

16. Social determinants of multimorbidity and multiple functional limitations among the ageing population of England, 2002-2015

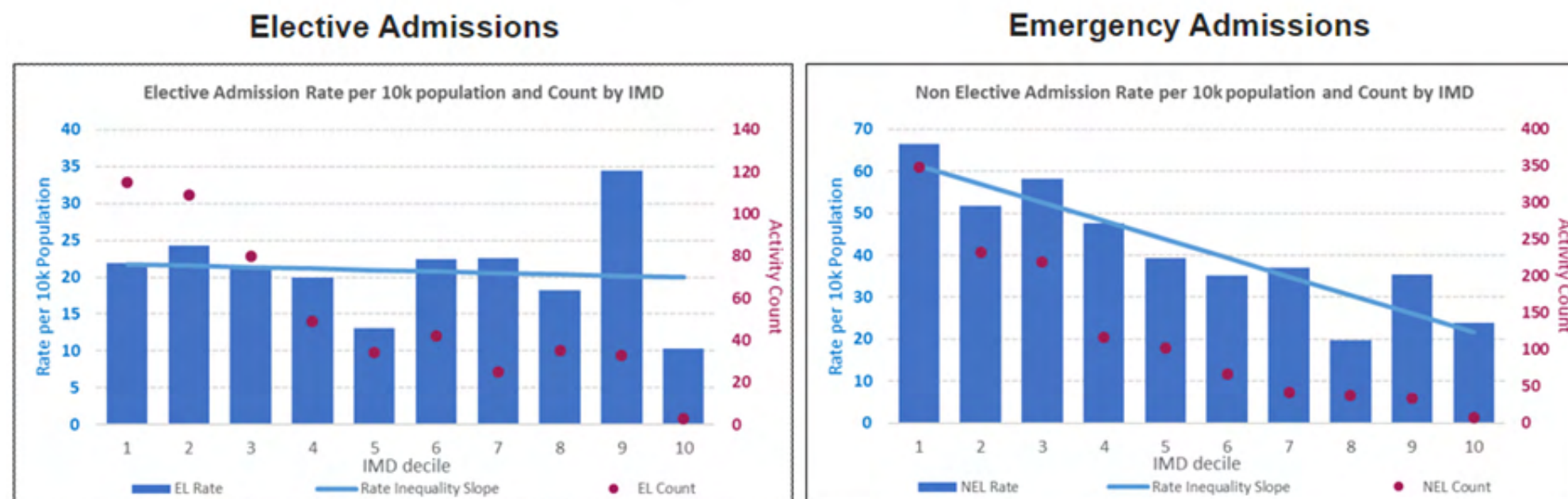
17. Based on local data regarding population size across IMD deciles combined with national evidence on multi-morbidity

Some of this association with deprivation is linked to the greater prevalence of “lifestyle” risk factors. For example, smoking prevalence is higher in more deprived groups of the population and that will increase the risk of premature illness and death for these people. However, this is only part of the story. We know that deprivation is a direct risk factor, with some evidence suggesting more than half the association between deprivation and multi-morbidity is not related to associated lifestyle risk factors and is the direct result of deprivation.<sup>18</sup>

It is fair to say that since greater deprivation brings greater levels of illness, the more deprived a person is the greater will be their *need* for health and social care. However, greater deprivation is also associated with poorer access to health and social care (as well as poorer access to other services). This is known as the inverse care law, a term coined by Julian Tudor Hart 50 years ago, and still very much true today.<sup>19</sup>

Local analysis (Fig. 9) is consistent with this, demonstrating an association between greater deprivation and both greater use of unplanned care services (i.e. increased attendance to A&E and increased emergency admissions) and lesser use of planned care (if considered as use per long-term condition).

Figure 9. An IMD snapshot of elective and emergency respiratory admissions to Barnsley Hospital NHS Foundation Trust. Similar patterns are seen in other specialities. (2019-20 data)



Rates of Elective Admissions per 10,000 population were broadly consistent across all IMD deciles whereas, if proportionate to need, they'd be greater with greater deprivation.

In the same period 66% of non-elective admissions for respiratory conditions were for residents from the three most deprived IMD deciles.

Deprivation is also associated with a less coherent referral pathway and uptake, local analysis shows:

- More affluent groups are more likely to access planned care via a GP referral and to attend their appointments
- More deprived groups are more likely to access planned care via emergency care (often a longer less reliable route involving multiple emergency attendances) and not attend appointments (often related to barriers to access)

Deprivation and other drivers of health inequalities are associated with a greater burden of illness and greater need for health and social care. It is also associated with poorer outcomes from illness and care – whether that is health outcomes from an episode of ill health or healthcare,<sup>20</sup> or socio-economic outcomes owing to the pre-existing fragility of the person's circumstances (e.g. no sick pay agreement in their contract of employment and no or low savings).

Note, there are very few people in Barnsley in IMD 10, hence the lower rate.  
Location of IMD 5 areas are closer to the border of Barnsley, so may access care outside of BHNFT.

18. [The Lancet Public Health: The effect of socioeconomic deprivation on the association between an extended measurement of unhealthy lifestyle factors and health outcomes](#)

19. [The Health Foundation: Tackling the inverse care law](#)

20. [National Library of Medicine: Socioeconomic deprivation and long-term outcomes after elective surgery](#)

# 3. Policy context

## 3.1 National

The three most relevant contemporary sources of national directive relating to the impact of inequalities in England and the health sector's actions to address them are the government's Levelling Up programme, NHS England's Core20PLUS5 and the NHS Operating Framework shaping delivery of the NHS Long Term Plan.

The government describes Levelling Up the United Kingdom<sup>21</sup> as "a moral, social and economic programme for the whole of government" that "comprises ... systems change" that will "spread opportunity more equally across the UK".

Although a lot of the White Paper is appropriately focused on other sectors and it is unfortunately unclear how many of the approaches it describes will reduce inequalities (health or otherwise), it does set out two specifically relevant "missions".

- Health: By 2030, the gap in Healthy Life Expectancy (HLE) between local areas where it is highest and lowest will have narrowed, and by 2035 HLE will rise by five years.
- Wellbeing: By 2030, well-being will have improved in every area of the UK, with the gap between top performing and other areas closing.

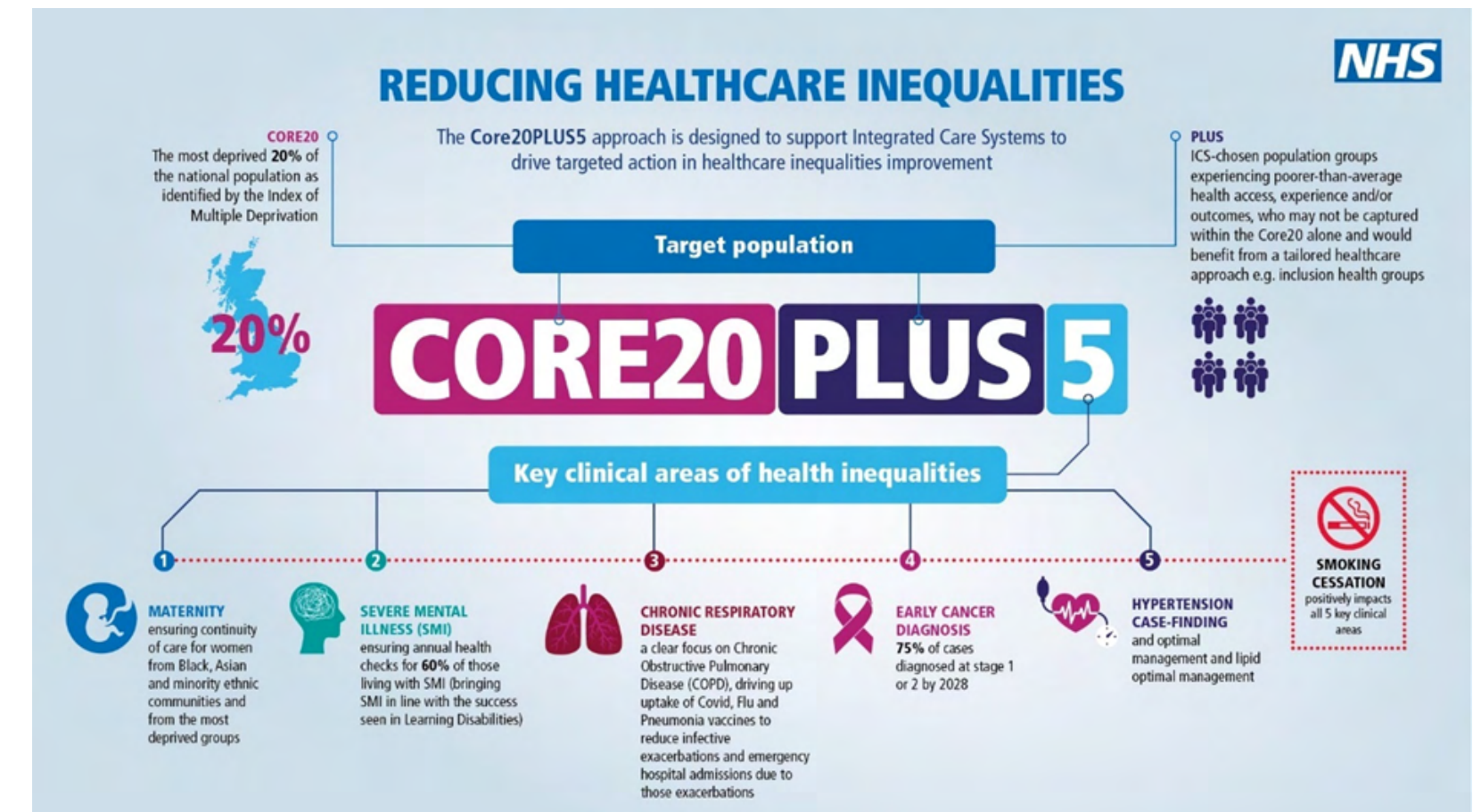
Core20PLUS5<sup>22</sup> is a national NHS England approach to inform action to reduce health inequalities. The "Core20PLUS" component helps to identify and frame the people, communities and populations to target (i.e. those most affected by health inequalities).

- Core20 refers to the most deprived 20% of the national population defined by IMD. As described earlier, unfortunately this accounts for over 40% of the population of Barnsley.
- PLUS refers to groups of the population determined locally as having greater need and being subject to greater inequalities. This might include other demographic characteristics and people from the inclusion groups and with protected or other specific characteristics discussed above.

The "5" component identifies the clinical areas which have greatest capacity to reduce health inequalities in the Core20PLUS target population and thus warrant the greatest (but not sole) focus.

For adults Core20PLUS5 (Figure 10), these are maternity with a focus of continuity of care, severe mental illness with a focus on health checks, chronic respiratory disease with a focus on vaccination to protect people with existing chronic respiratory disease, early cancer diagnosis and the diagnosis and control of hypertension.

Figure 10: Core20PLUS5 for adults

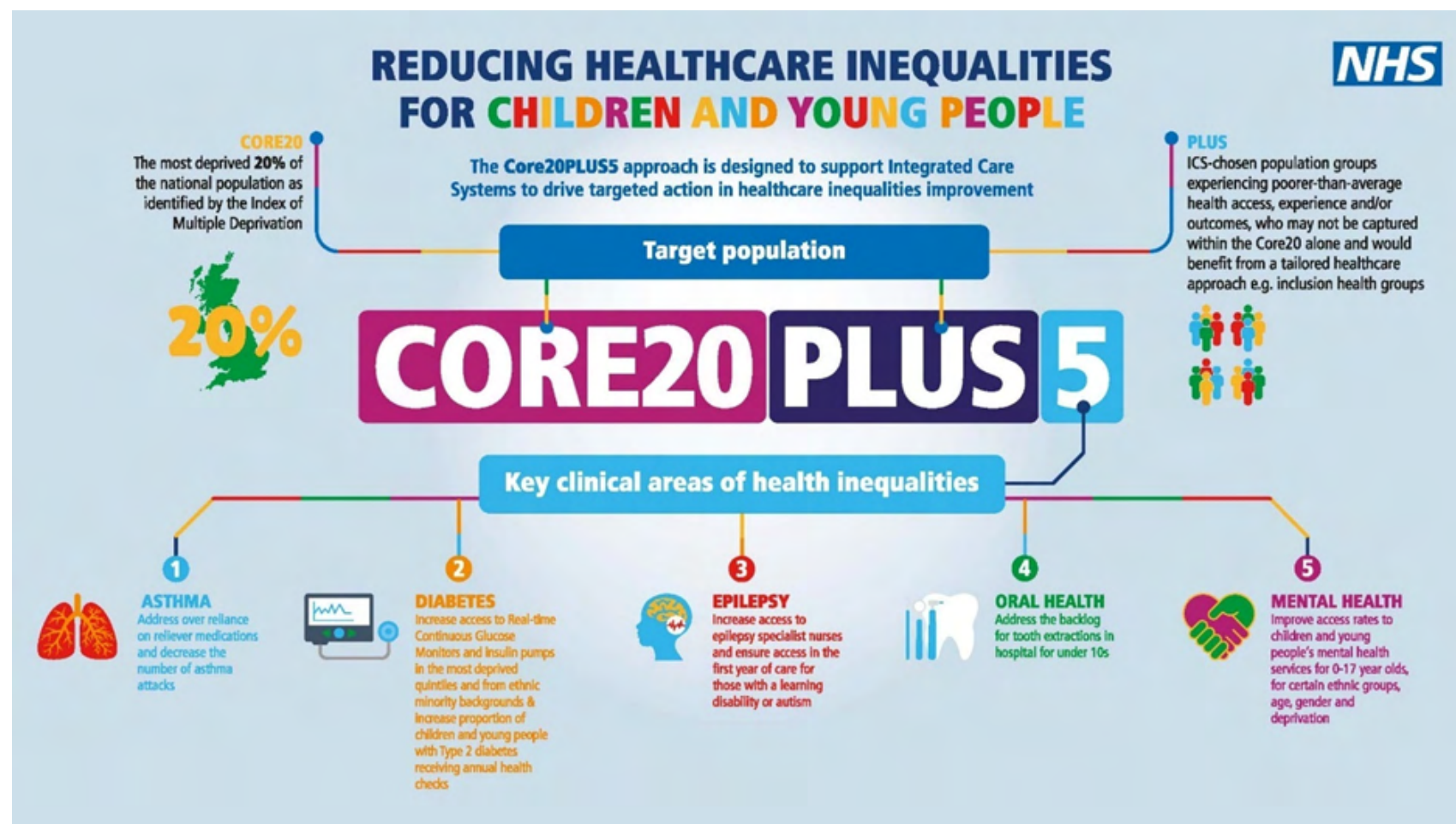


For children and young people<sup>23</sup> (Figure 11, overleaf), these are asthma to reduce reliance on medicines and reduce attacks, diabetes to increase glucose monitoring and NICE-based control, epilepsy to increase access to a speciality nurse service especially for people with learning difficulties and autism, oral health to reduce tooth extractions and mental health to improve access to care.

21. Policy paper: Levelling Up the United Kingdom  
22. Core20PLUS5 (adults) - an approach to reducing healthcare inequalities

23. Core20PLUS5 - An approach to reducing health inequalities for children and young people

Figure 11: Core20PLUS5 for children and young people



### 3.2 Regional

The South Yorkshire (SY) Integrated Care Partnership (ICP)<sup>25</sup> is a statutory part of the Integrated Care System (ICS) with membership across the range of stakeholders in health, including the Integrated Care Board and Local Authorities (similar in its membership to a local Health and Wellbeing Board).

The SY ICP's strategy, was published in February 2023, includes a four tier outcomes framework with a number of elements specific or related to health inequalities:

- At the top of the framework is the "vision and goals", which include closing the gap in healthy life expectancy between South Yorkshire and England by 2028/30, and reducing by 25% the gap between the most and least deprived groups across South Yorkshire;
- This is supported by "bold ambitions", including raising school readiness levels, moving towards a tobacco-free South Yorkshire, reducing overall economic inactivity and improving employment for people with long term health conditions, disabilities and care leavers, and becoming an anti-racist and inclusive health and care system;
- The final two tiers are the "shared outcomes" (with a range of indicators key to improving health outcomes and reducing inequalities) and measures of the "process and performance" that is required across health and related organisations to fulfil the framework.

Within the SY ICP and Board there is both an executive sponsor and named lead for health inequalities and work to reduce inequalities is coordinated by the Population Health Management Strategic Delivery Group which reports to the Systems Leadership Executive Group.



Chapter Two of the NHS Long Term Plan<sup>24</sup> published in 2019, described how it was going to take more action to reduce health inequalities. Since then, addressing health inequalities has been cited in a number of key actions and operating frameworks. The latest NHS Operating Framework published in October 2022, talk about three key approaches.

- Leadership that enables local systems and providers to improve the health of their people and patients and reduce health inequalities.
- Translating national strategy and policy to fit local circumstances, ensuring local health inequalities and priorities are addressed.
- Work with partners to build expertise & capability in delivering prevention and early intervention, using personalised approaches focused on inequalities.

24. NHS Long Term Plan  
25. South Yorkshire Integrated Care Board

### 3.3 Local

There are three key parts to the Barnsley place health and care system, each with its role in shaping the health of the local population, improving health and related outcomes and reducing health inequalities:

- The place-based integrated care partnership<sup>26</sup> which aims to deliver Barnsley's health and care plan – the 2022/23<sup>27</sup> refresh of the plan wove the thread of health equity through three of its priorities, including strengthening prevention, improving equity of access to care, and joining up support for those with greatest needs;
- In its 2021-2030 strategy<sup>28</sup>, Barnsley's Health and Wellbeing Board has committed to reducing health inequalities across the life-course, including helping to ensure every child is given the best start in life, everyone can access the resources they need to live a healthy life and to age well, it also specifically sites mental health and addressing the wider determinants of health inequalities (such as housing, employment and education);
- Barnsley 2030 “the place of possibilities” is the social, environmental and economic development plan for the borough which looks across all sectors and has four key themes (Figure 1) – Learning, Growing, Sustainable and Healthy Barnsley – there are health-related commitments across it all with those specific to inequalities including reducing poverty, improving access to quality housing and affordable energy, improving learning and social connections, and improving access to healthy and active lives.

Within the Barnsley Integrated Care Partnership and Board (Barnsley Place ICB) there is an executive sponsor for health inequalities and the cross-partners Barnsley Health Equity Group (BHEG) which coordinates the place-based approach to reducing health inequalities and reports into the place Delivery Group of the Barnsley Place ICB).



26 - [Barnsley Place, South Yorkshire Integrated Care Board](#)  
 27 - TBC  
 28 - [Barnsley Health and Wellbeing Strategy 2021 - 2023: the place of possibilities](#)

## 4. Our approach

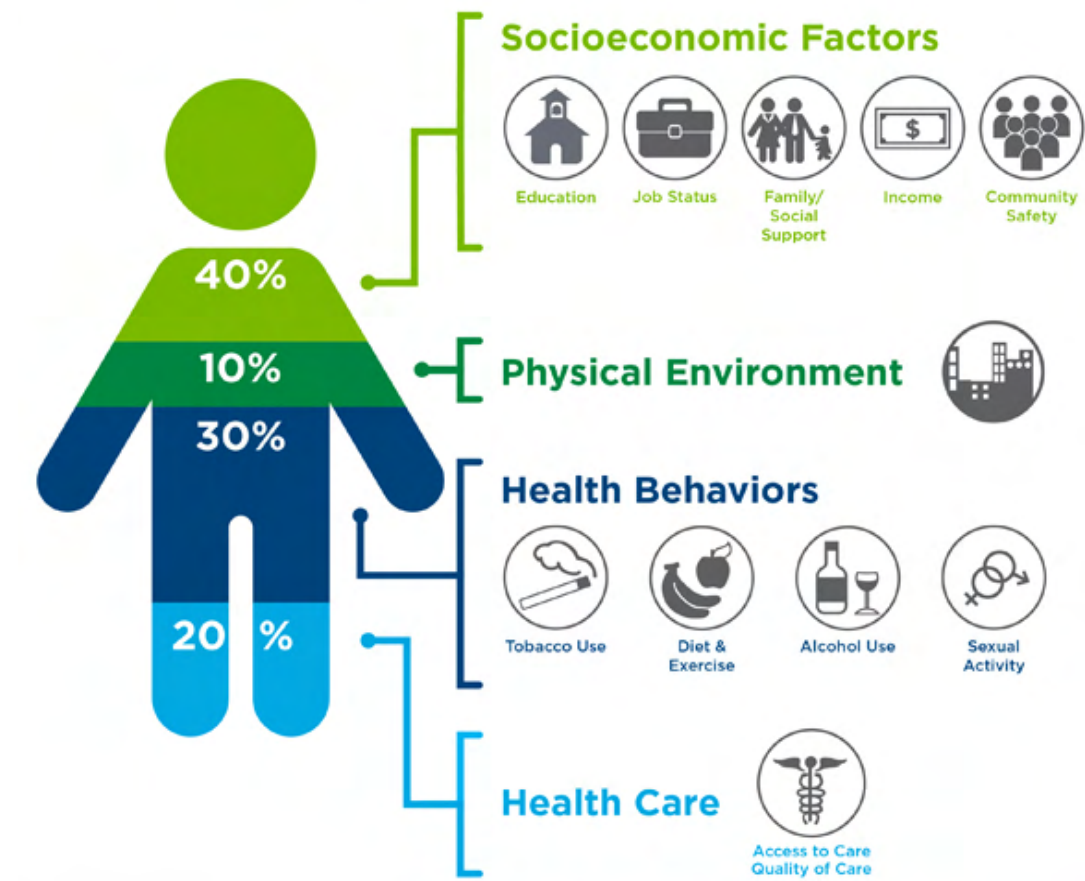
### 4.1 A framework for action

*“[The] link between social conditions and health is not a footnote to the ‘real’ concerns with health – health care and unhealthy behaviours – it should become the main focus.”<sup>29</sup>*

It is not reasonable nor sustainable to think that the NHS and wider health and care providers at any level – neighbourhood, place (Barnsley), system (South Yorkshire), regional (Yorkshire and Humber) or national (England) – can continue to manage health by delivering only care and acting only when health has “gone wrong”. In Barnsley we are working together to do more to improve health and reduce health inequalities in the local population. This requires action across all the determinants (Figure 12) and, where action is beyond the reach of the health and care sector, working across sectors and with wider partners to make progress.

Figure 12: What goes into your health? An illustration of the impact health care has on a person's health versus non-healthcare factors

### What Goes Into Your Health?




Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)



29 - [Institute of Health Equity: Fair Society, Healthy Lives](#)  
 30 - [The Community Cure for Health Care, The Bridgespan Group, 2016](#)

Under the guidance and coordination of BHEG, organisations across Barnsley's Integrated Care Partnership are aligning their approach to improving public health and reducing health inequalities using a three-tier framework.

**How we plan to improve health and reduce health inequalities**

**Tier 1**  

 Increasing services and support to address the key drivers of health inequalities, making every contact count, and co-developing these with people, for people.

**Tier 2**  

 Improving all health and care services in such a way that they are targeted to greatest need and reduce inequalities in care.

**Tier 3**  

 Influence the wider influences on health, by becoming the best anchor institutions and network we can be and advocating for health equity across all sectors.

This framework strikes a balance between “the whole” – acknowledging that what determines our health and wellbeing (and, therefore, the need for health and care services) covers almost all aspects of society, economy and environment – and that which is within the immediate grasp of an integrated care system.

Although in the context of this plan it is intended to guide and shape the approach of the Barnsley health and care system and its partners, it has been developed for use at any level – from service to system.

See Figure 13 on the next page for more detail on how the framework is being used and applied.



This framework has already been used to strengthen the approach to reduce inequalities across Barnsley and achieve alignment, integration and economies of scale.

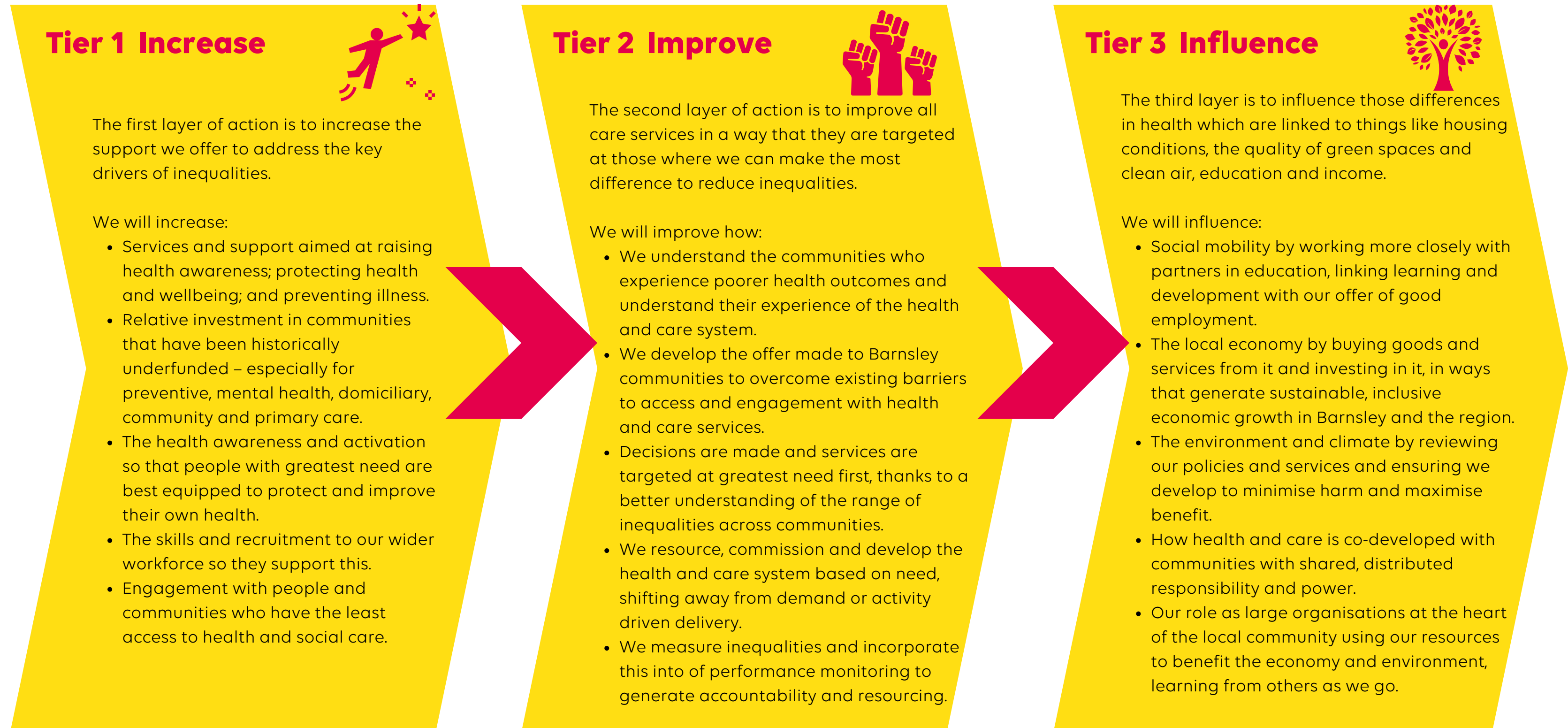
- Barnsley Hospital NHS Foundation Trust Board approved the framework as a tool to guide its approach and, in November 2021, published its first Action Plan to Improve Public Health and Reduce Health Inequalities.<sup>31</sup>
- Barnsley Metropolitan Borough Council have used the framework to develop an action plan and the Barnsley Inequality Toolkit ('Do Your BIT'), helping services identify how their work can help reduce inequalities.
- South West Yorkshire Foundation Trust have used the framework to guide a number of organisational shifts, most notably in stimulating its recently published Social Responsibility and Sustainability Strategy.<sup>32</sup>
- Barnsley's Primary Care Network have used tiers one and two to guide new care and coordination roles, expanding capacity to deliver prevention and guide care to greatest need.

31 - [Barnsley Board Meeting - December 2021](#)

31 - [South West Yorkshire Partnership NHS Foundation Trust - Social responsibility and sustainability strategy](#)

# How we plan to improve health and reduce health inequalities

Figure 13: Barnsley's integrated care framework for improving health and reducing health inequalities





## 4.2 Tier 1: Key questions and case studies

To ensure people have access to support that prevents them getting sick and reduces the drivers of inequality in their life, we can ask a number of questions of health and care services, organisations and partnerships.

- What could you introduce that doesn't already exist to strengthen prevention and/or reduce inequalities in your population and service users?
- Historically, which areas or services have historically been prioritised less than others resulting in inequalities?
- Do you have enough information about the drivers and causes of poor health and inequalities in your population and service users?
- Have you considered what underlying assumptions and biases you have when assessing the needs of your population, area or service?
- How effectively joined up and person-centred are the services that strengthen prevention and reduce inequalities?
- What engagement or resource commitments would help to sustainably reduce inequalities?

By addressing these questions, a number of services have been generated across Barnsley.

### Improving Heart Health in working-aged men

Hypertension is the third highest risk factor for death in Yorkshire and Humber. People are dying because of having undiagnosed and/or uncontrolled hypertension. In Barnsley, a priority group for blood pressure support is working-aged men living in Dearne and North. They have high rates of heart disease and yet a higher-than-average rate of missing blood pressure data in their GP records. "How's Thi Ticker?" is a local campaign and partnership initiative working across primary care, local authority, charities and businesses to increase blood pressure checks and treatment. Through marketing and engagement using the Public Health Support Service, priority groups are being supported in the community and, those found to have high blood pressure (around 30%), referred to local pharmacies.

#### What we have planned as part of Tier 1 action:

"How's Thi Ticker?" is funding Reds in the Community, Age UK and Dearne and District FC to build on the engagement and reach, and is further developing the partnership with community pharmacies Case Finding Service for early diagnosis and treatment.

### Supporting people with learning disabilities

People with learning disabilities usually have poorer physical and mental health than the average person and have a shorter life expectancy (18 years younger for women and 14 years younger for men). This is why Barnsley's Metropolitan Borough Council's Healthy Ageing Public Health Team and Barnsley's Primary Care Network have funded two new Care Coordinator roles to assist those with learning disabilities to overcome barriers they face to accessing primary care.

#### What we have planned as part of Tier 1 action:

The Care Coordinators are helping to provide a targeted and tailored approach to Health Checks for people with learning disabilities in Barnsley and have successfully offered a health check to over 75% of this group locally. They are also (with the support by NHS England) proactively identifying people with learning disabilities who are eligible for the Faecal Immunochemical Test for bowel cancer, breast and cervical screening services and supporting them to complete the test effectively.

### Holistic support and prevention

Smoking is the single biggest preventable cause of preventable death in the world. Barnsley has higher than the national average smoking prevalence, with higher rates in more deprived groups. Understanding this, Barnsley Hospital and the South Yorkshire and Bassetlaw team have established their QUIT programmes for tobacco control, in line with Barnsley's ambition to Make Smoking Invisible. QUIT is striving to identify all local people who are addicted to tobacco and support them to stop smoking for good, linking with equivalent services in the community.

#### What we have planned as part of Tier 1 action:

The success of QUIT has led to the subsequent funding and establishment at the hospital of the Alcohol Care Team and Barnsley Metropolitan Borough Council's Early Help Navigator service for children and families. These collectively make up our Healthy Lives Programme, which is expanding to strengthen support for patients and staff with housing problems, financial difficulties, unhealthy diets and physical inactivity.

### Award winning support to strengthen mental, physical and psychological wellbeing

Creative Minds is a charity that brings together over 120 community organisations together who work to provide creative stimulation and cultural activities that enables people to connect, find purpose and meaning through shared interests. Hosted by South West Yorkshire Partnership Trust, Creative Minds co-produces and delivers creative arts, sports and recreation and leisure activities. By bringing together NHS and community funding they pool resources and are able to extend the offer to more people living in Barnsley.

#### What we have planned as part of Tier 1 action:

Creative Minds will further strengthen the links and relationships in Barnsley to deliver collaborative projects that focus on things that matter to people positively impacting peoples health and wellbeing. The work they do is part of a growing evidence base that shows that by connecting communities we can address health inequalities and help people reach their potential.

## 4.3 Tier 2: Key questions and case studies

To ensure that Barnsley's health and social care partners do all they can to provide care and support to those with the greatest need first, services, organisations and the integrated care partnership as a whole can consider switching the old rhetoric around "hard to reach groups" in the local population to one that looks to answer the question of "why are our services often hardest to access for the people who need them most?"

Some of the questions below can help us continue to address this:

- Do we plan, commission, and prioritise based on existing demand or population need?
- Are there disparities between need and service use in certain communities and populations?
- Do we measure inequalities in service use and activity and consider narrowing gaps as a performance target?
- Which populations and communities have not been the focus of support for our services?
- Do some populations have easier / better access to our information and communications than others?
- What training for staff would build on their existing understanding of wider risks to peoples' health and wellbeing?
- How can we increase and co-produce engagement with excluded populations and those at greatest risk to encourage use of services earlier?
- How can we improve peoples' awareness of their own needs and build health literacy and expectations in the people at greatest risk?
- What opportunities are there for providing services in different locations that may improve access to priority groups?

### Measuring and reporting on health inequalities

BHEG has developed standard inequality metrics for health and social care providers and a common approach to presenting service data to identify inequalities. This is being rolled out across partners and incorporated into the performance reports.

#### What we have planned as part of Tier 2 action:

Recording of inequalities data for individuals needs to be strengthened as we take this further but measuring is only one step. To ensure this informs action requires its integration into the routine business of healthcare and analytical capacity with data access. We are recruiting a Barnsley population health analyst, supporting partners to use and apply the measurement, and working with South Yorkshire Integrated Care System colleagues to develop executive accountability and improve data sharing.

### More accessible care in the community

Barnsley has opened the Community Diagnostics Centre (CDC) in the town centre, increasing accessibility of care, integrating services with people's daily lives and investing in the local economy. The CDC has already received positive feedback from users and staff and national acclaim, and demonstrated a reduction in the rate of procedures to which people do not attend.

#### What we have planned as part of Tier 2 action:

Analysis of which local communities are benefiting most from this initiative is underway and will be used to inform planning for phase two of the CDC's development which will include expanding the diagnostic services available. Learning from the CDC will inform development of other community health and wellbeing offers funded by the place partnership, including consideration of integrating a health offer into libraries and other existing facilities that reach further into communities. CDC and related developments will also look to exploit partnerships to broaden its health promotion function.

### Targeting support for those most vulnerable and in greatest need

Barnsley Metropolitan Borough Council has developed "vulnerabilities index" that compiles the lists of people who were extremely vulnerable to Covid-19 infection and those who were considered socially vulnerable. This allowed the Barnsley Community Support Service to provide targeted support and to keep people safe. The index has been used target vaccines to higher risk groups, provide winter wellbeing services and identify people requiring financial support.

#### What we have planned as part of Tier 2 action:

With the clear understanding of the link between deprivation, greater health need and poorer access to care services and the demonstrated benefit of combining health data with wider social and economic data, Barnsley's Health Intelligence Group (BHIG) are building the Barnsley Index of Deprivation (BID). Based on IMD but with household-level information, this will support clinical and care decisions, improve planning care to incorporate a person's wider circumstances and inform service development to increase access for those with greatest need.

### **Continuity of care in maternity services**

Barnsley's maternity services has committed to target the gold standard of continuity of midwifery care for women from Minority Ethnic backgrounds and the 10% most deprived households. This means pregnant women will have the same midwifery team throughout their pregnancy, labour and post-natal period, improving the survival, health and experience of the mother and baby.

#### **What we have planned as part of Tier 2 action:**

This approach can provide learning for other health and social care services. The Barnsley maternity service is building on the success, strengthening the long-term impact it has on families by improving its health education to parents and exploring how to expand its continuity offer to other communities with the most to benefit.

### **Wellbeing for people with Severe Mental Illness (SMI)**

People living with SMI have a much higher prevalence of long-term conditions (LTC) and a much shorter life expectancy than those without. We have therefore been working to improve the local registers of people with SMI and use these to target Health Checks with these people to prevent, identify and improve management of LTC. As part of this work we have focused on delivering Health Checks with those who have previously disengaged with this offer. This has seen us launch a pilot where Clinical Health and Wellbeing coach has delivered this service in people's homes. Over 84% of people who were re-contacted with the offer took this up, with over 63% having this take place at home.

#### **What we have planned as part of Tier 2 action:**

The pilot was carried out at three GP practices in Barnsley by March 2023. We have now started rolling this out across practices in the Dearne Neighbourhood and plan to offer this to all practices by January 2024.

## **4.4 Tier 3: Key questions and case studies**

The impact that the health and care sector has on health and wellbeing by means other than the services it delivers is huge and can lead to a far-reaching benefit if due consideration is given by partners and collectively to how it goes about its business. To "give everything we've got" services, organisations and the wider health system needs to ask questions about more than just the care it delivers:

- What are our values and how do they permeate everything that we do?
- What is our impact on the climate and environment and how do we maximise benefit?
  - How much waste do we produce and how can we manage it?
  - How can we reduce emissions from travel and transport?
  - How can we help to generate green, resilient and sustainable utilities (e.g. energy, water)?
  - How can we use the most sustainable technologies (health and otherwise)?
- What is our impact on the local economy and how can we maximise benefit?
  - How can we procure and spend more locally and regionally?
  - How can we generate local production and supply of what we need?
  - How can we make local supply economically viable through scale?
- What is our impact on communities and society locally and regionally?
  - How can we engage with communities to ensure we are equitable?
  - How can we share and distribute responsibility and power?
  - How can our facilities, estates and assets provide social value?
  - How can we create social mobility through recruitment and staff development?
  - How can we make Barnsley the best place to be born?
  - How can we strengthen education and equal opportunity in Barnsley?
  - How can we make our organisations the best places to work?
- What is our impact through our influence on our partners, our suppliers, other sectors and through our reach into wider policy and development?

### **A strategy for social responsibility**

In 2021, South West Yorkshire Partnership Trust published its Social Responsibility and Sustainability Strategy which aims to use the levers it has to maximise the benefits to local people, communities and places, especially those facing challenge and disadvantage. The strategy builds on its core and current activities and role as an anchor institution.

#### **What we have planned as part of Tier 3 action:**

The anchor institutions in Barnsley have ambitious plans to work better together across all these areas and seek scale and impact. BMBC, BHNFT and SWYFT are committing to establish an executive-level anchor network to generate a shared understanding of what it means to be the best anchors in Barnsley, explore the greatest opportunities to benefit the local population and set their organisations on the right direction to make more lasting change and impact across society, economy and environment.

### **Safe housing for health and wellbeing**

People who are reporting difficulty in paying their fuel bill are four times more likely to suffer from mental ill-health. Children who live in cold housing are twice as likely to suffer from respiratory conditions while those who live in homes with damp are three times more likely. In 2021, Barnsley Council commissioned a Health Impact Assessment into 'The cost of private sector housing and prospective housing interventions in Barnsley Metropolitan Council.' The report concluded that there were over 21,000 Category 1 hazards in private sector housing stock.

#### **What we have planned as part of Tier 3 action:**

The assessment has already led to 970 interventions to improve housing for health. By responding to all recommendations, it is estimated that an initial cost of £30.2 million would result in annual savings to the NHS of £4.07 million per year and £28.3 million per year savings to wider society. More than the financial impact, if all serious housing hazards were addressed, 314 Quality Adjusted Life Years could be saved – more people would live longer in good health.

### **Pledging to make Barnsley an inclusive economy**

In 2022, BHEG took its analysis of health inequalities in Barnsley outside of the health sector. At a Barnsley 2030 Board development session, BHEG presented the principles behind health inequalities, the local context and a suite of evidence-based interventions to reduce inequalities to raise awareness and generate action and accountability for inequalities across sectors and the four themes of B2030. A number of pledges were made by board members, including steps to make every child active and alleviate poverty in Barnsley.

#### **What we have planned as part of Tier 3 action:**

Making every child active has become a core focus of Barnsley Metropolitan Borough Council and the Active in Barnsley Partnership. This is being developed through a number of cycle promotion work and active travel infrastructure development. The pledge to alleviate poverty has resulted in Barnsley's Inclusive Economy Board working to promote the real living wage across all employers, refresh the More and Better Jobs initiative and develop targeted work to support the economically inactive.

### **Supporting the apprenticeship levy**

The apprenticeship levy that our collective organisation get from central government is often under used and results in funds going back to central government instead of into the local economy. Barnsley Council has committed in its Apprenticeship Strategy to transfer up to 25% of its annual levy contribution to other organisations (equivalent to approximately £145,250 per year). The council began in 2022 to support the Yorkshire Ambulance Service (YAS) in this way. YAS tend to spend all its levy and Barnsley Metropolitan Borough Council has committed £70,000 to support it with a further 10 Level 3 Apprenticeships.

#### **What we have planned as part of Tier 3 action:**

Using wider sources of funding to build employment opportunities and respond to health needs is a win across all tiers. Sheffield Council has recently done so by transferring its levy to increase the domiciliary care workforce and improve the lives of frail and elderly. Barnsley is looking at how it can take a similar approach.

# 5. The way forward

There is lots of good and important work underway in Barnsley and there is lots more to do. The three sections below set out a proposed way to proceed with our work across the place partnership, including who in the Barnsley population we might aim to engage, in what ways we might support them and how we proceed. The ambitions set out in this document have been incorporated in Barnsley's Place Based Partnership's Health and Care plan 2023-25 to ensure this becomes embedded into everything we do.

## 5.1 Who

Barnsley Health Equity Group (BHEG) consider it important to understand health inequalities represent a gradient across the whole population, rather than only a means of identifying small groups of the population; and that addressing inequalities should be done in all health and social care, rather than only through specific services. However, it is also important to ensure that the Barnsley Health and Care Partnership is enabled to focus on those with greatest need and tailor certain services and approaches to meet them. This is especially true in light of the scarce resources and the scale of need there is to address.

To identify "who" should be considered a priority for reducing inequalities in Barnsley, BHEG recommends using Core20PLUS in three key ways.

1. Deprivation (aggregated to postcode). Core20 refers to people living in the nationally defined 20% most deprived communities, but BHEG recommends the place partnership focus on the 20% most deprived communities in Barnsley, which approximately equates to those in the nationally defined 10% most deprived communities (see section 2.2.2).
2. Deprivation (at household level). Barnsley Index of Deprivation (see Box 4) is a localised tool to incorporate deprivation into individual care decision making and planning. BHEG recommends the place partnership support its development and integration into all HSC services.
3. Specific characteristics and inclusion Groups (the "PLUS") – The identification of appropriate characteristics and inclusion group(s) should flex to changing needs in the population and depend on the service or approach in question. However, BHEG recommend the place partnership support ongoing work to improve engagement, co-development, services and identification (e.g. through registers, where appropriate) for people who would identify themselves as LGBTQ+, homeless or with insecure housing, minority ethnic, having a learning disability or autism, asylum seekers or refugees.

## 5.2 What

The place partnership cannot achieve all that is within its gift to reduce inequalities only through actions, initiatives and projects, as this is about a sector-wide shift in the way it works and influencing other sectors. However, to facilitate this, BHEG recommends a three-by-three level commitment.

At the organisation-level, BHEG recommends that every partner organisation:

1. Commit to reducing health inequalities by doing more across the three tiers of this plan and considers, where appropriate, creating an action plan;
2. Improve data capture and sharing on Core20PLUS characteristics and introduce a standardised measurement and reporting on inequalities in performance (see appendix 1);
3. Establish accountability, commitment and delivery mechanisms to reduce the gaps identified and share learning across the place partnership.

At the partnership-level, BHEG recommends that organisations work together to:

1. Help to create a tobacco-free Barnsley by ensuring all staff and every patient / service user contact is used to confirm smoking status, treat all smokers and refer to a specialist service, and target tobacco treatment (e.g. in social housing, A&E, mental health, workplaces);
2. Start an active conversation with Barnsley's Core20PLUS population, to learn from their experiences and needs and co-develop support mechanisms for their health and wellbeing;
3. Establish an anchor network across HSC organisations and wider partnerships (e.g. education) to identify opportunities to work at scale and sustainably.

At the health and social care alliances and transformation groups, BHEG recommends:

1. Providing all pre-school children and their families in the Core20PLUS populations with access to support in the community for the best start through health and wellbeing;
2. Delivering HSC to school- and working- aged people in the Core20PLUS populations, working through community organisations and places of work and learning to enable productivity;
3. Identifying frailty and multi-morbidity in older people in the Core20PLUS populations and providing care in the home and community.

## 5.3 How

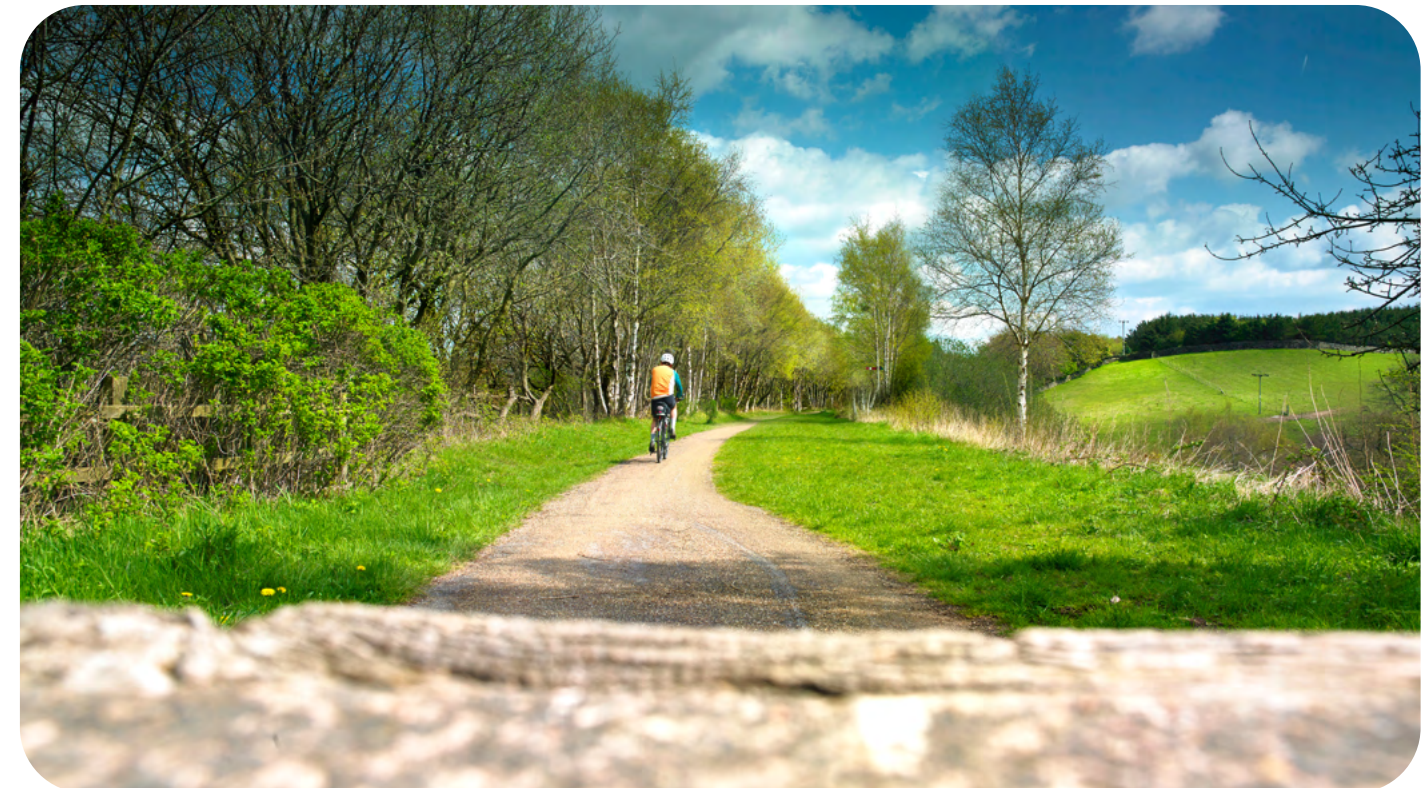
As we continue to strengthen Barnsley Place Partnership's approach to reducing health inequalities, we need to maintain a number of underlying principles and values:

1. Recognising this is the right thing to do to deliver quality care and services, to sustainably manage need for HSC and for the benefit of Barnsley residents;
2. Taking everyone along with us, so the local population, the workforce and any key stakeholders participate and share an understanding of why we are making these changes;
3. Making these commitments and reshaping the way we do things whilst being sympathetic to the hour-by-hour and day-by-day pressures on HSC services and the workforce;
4. Resourcing the right delivery mechanisms and services, generating capacity to guide the work to reduce inequalities and protecting the approach for sustainable change;
5. Challenging our decision making and ensuring we consider the impact on health inequalities in everything that we do.

BHEG will continue to support and guide this work and check in with organisations, the place partnership (directly reporting into the delivery group) and alliances / transformation groups to review progress and evaluate impact.

Where appropriate and felt good value for money, BHEG will also seek to grow capacity and expertise to strengthen and facilitate our work, drawing resources from within and without the partnership, including from the South Yorkshire ICB.

BHEG will also continue to advocate for this approach and build networks beyond Barnsley and beyond on health and care, to share learning and continue development where larger-scale approaches will increase impact.



# 6. Appendix 1

## Barnsley's approach to standardising how we measure and report on inequalities

In Barnsley we have developed three inequality measures that allow us to identify and compare inequality across a broad range of different areas of our health and care system. These measures will help us monitor changes in inequality over time and inform our improvement work. The three measures we have chosen to adopt are simple to produce and interpret, and can be used by different health and care organisations working across Barnsley to better understand the needs of Barnsley residents. The measures can be used to compare any two groups in the population for example, 'people living in the most deprived areas' and 'people living in the least deprived areas', or 'White British' and 'Other ethnic groups' or 'people with a learning difficulty' and 'people without a learning difficulty'.

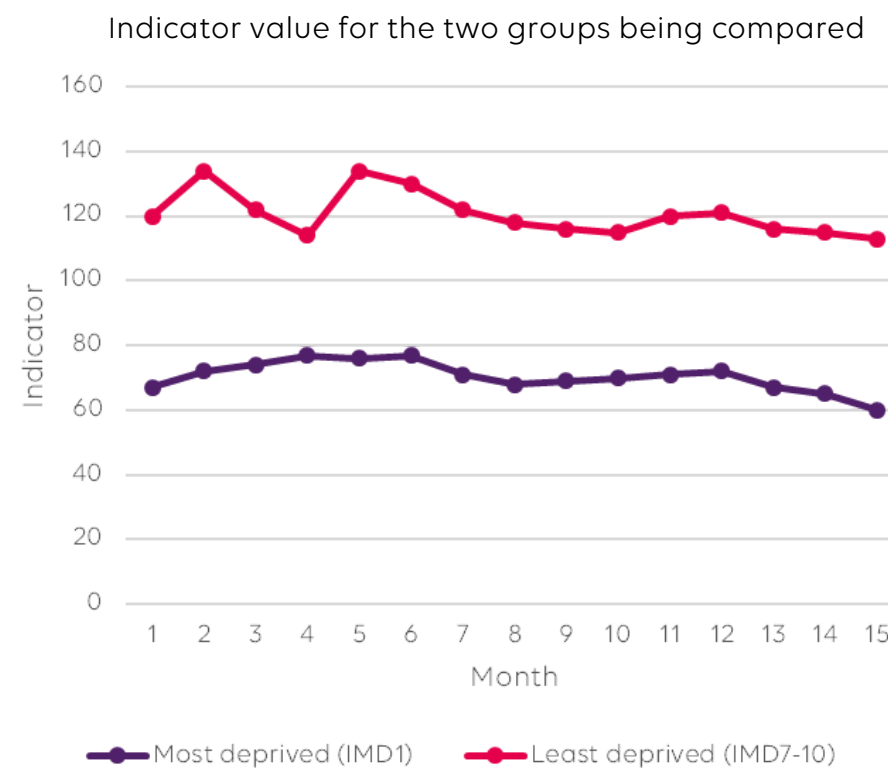
### Barnsley's three inequality measures

#### 1. Indicator value for the two groups being compared

To identify inequalities, we need to look for differences between two groups of people. For example, we might want to look at how the missed appointment rate differs between people living in the most deprived areas in Barnsley and the least deprived areas in Barnsley.

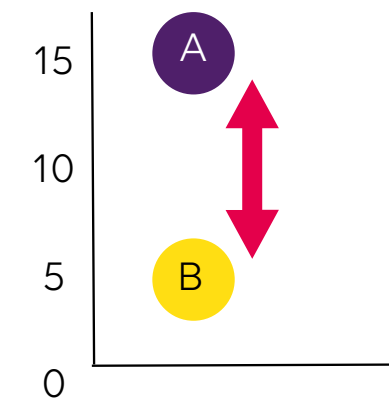
In this example our missed appointment rate measure would be our 'indicator' and our two groups would be those 'most deprived' and those 'least deprived'.

To identify if there is a difference in the missed appointment rate between these two groups, we would first need to record our indicator value for both groups as shown in the run chart on the right.



#### 2. Absolute difference

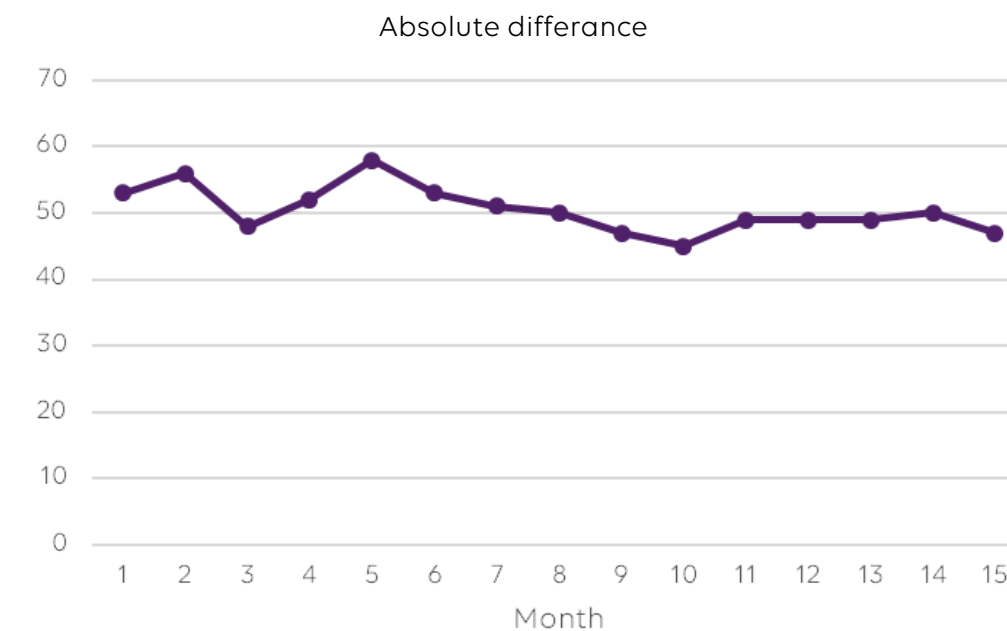
We can then calculate the absolute difference for each of the indicator values for the two groups. For example, if Group A has a missed appointment rate of 15 and Group B has a missed appointment rate of 5 then the absolute difference is 10 as in Figure 15.



**Absolute difference: 15 - 5 = 10**

You would record the absolute difference for all your indicator values as shown in the run chart below

This shows the difference between the groups you are comparing and how the difference is changing over time.



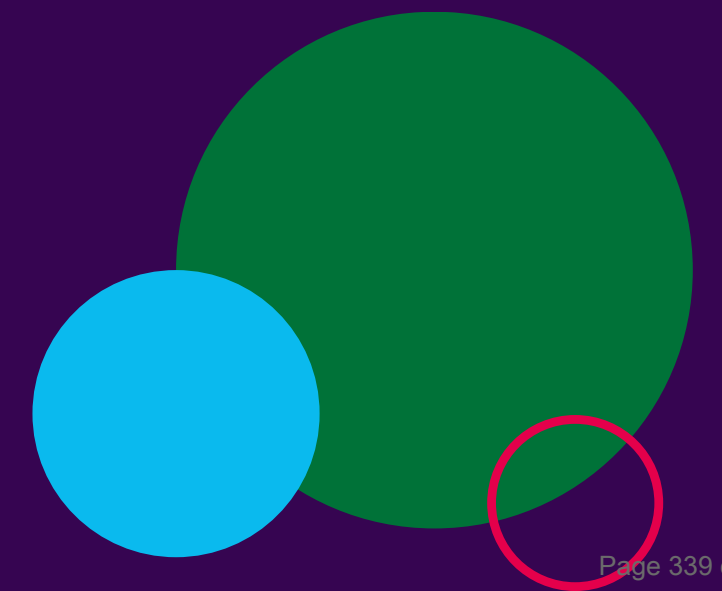
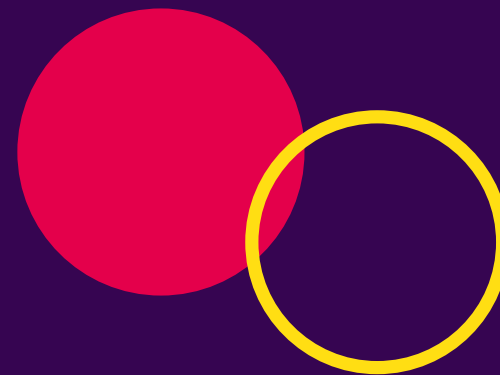
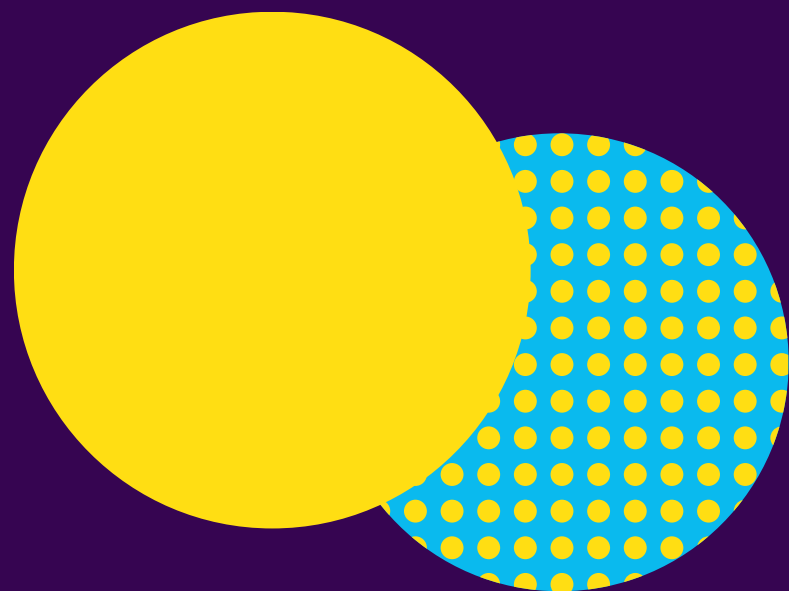
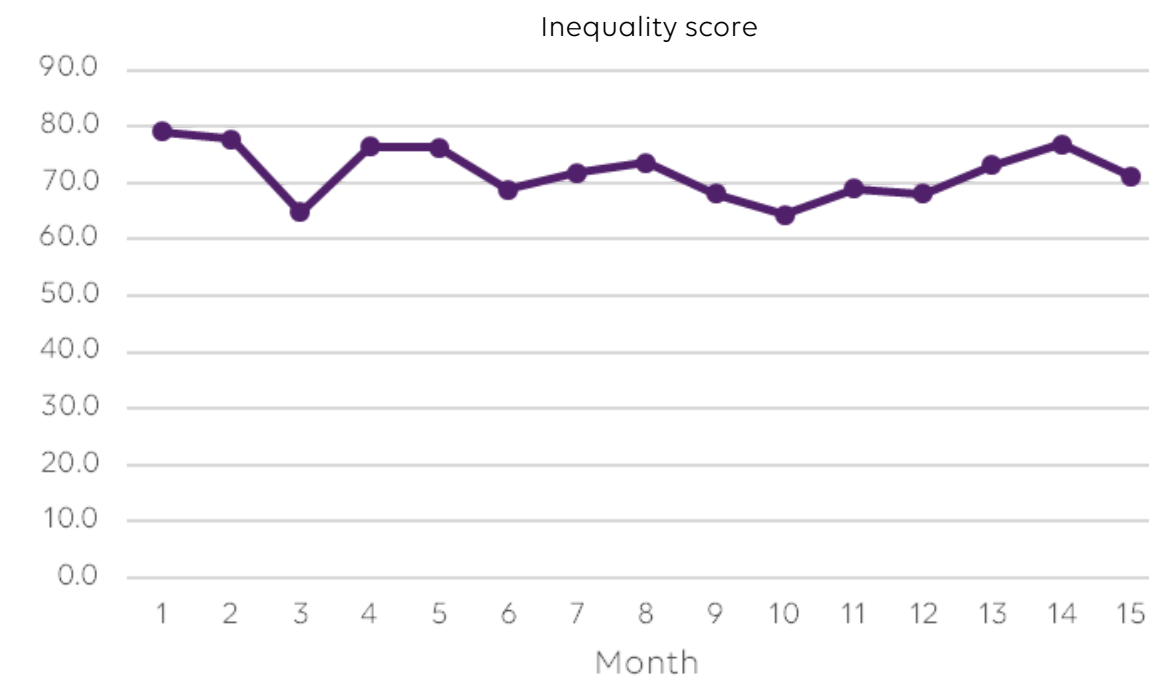
### 3. Inequality score

Finally using your indicator values you are also able to calculate an inequality score. The inequality score is the relative difference between the rate in the two groups, in the previous example this would be a score of 200. This means that the missed appointment rate is 200% greater in Group A than it is in Group B.



By recording the inequality score for all the indicator values, shown in the run chart below, we can start to test changes to see if we can make improvements to inequality scores over time.

By presenting inequality measures in a standard way using run charts we can compare different indicators and the levels of inequalities amongst these to help us show where the biggest inequalities are present to help focus our work in Barnsley.





**5.1.3. Barnsley Place-Based Partnership -  
Barnsley Place Plan 2023/25 Summary:  
Joe Minton/Jamie Wike in attendance  
For Assurance  
Presented by Bob Kirton**

# Barnsley Place Plan 2023 to 2025 Summary



## Why are these our priorities?

Demand for early help support, children in need and child protection continues to grow significantly. Our children's emotional health and wellbeing is our primary focus.

More people are living in poor health and depend on health services for treatment, care and support. A significant proportion of ill-health is due to disease that is preventable.

We are seeing more people in crisis and emergency services are stretched which means delivering the same high quality care every time is challenging. We need to look at alternative models of support to make sure everyone receives the same positive experience and outcomes.

We want to support people in the comfort of their own homes. Demand for hospital beds is increasing particularly amongst people with frailty and dementia. These people are at risk of deconditioning in hospital so would be better supported at home.

If health and care partners consider how they operate as businesses they can have more of a positive impact on our local environment, economy and employment which will ultimately improve peoples health and wellbeing.

## How will this support our communities?




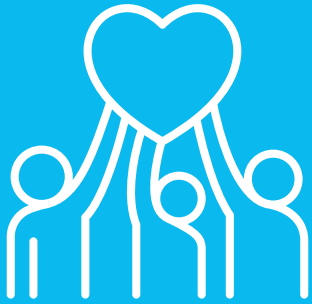

There will be an open and judgement free access point for families to ask questions and get the support they need to live happily and for their children to thrive.

There will be preventative support offered that will be based on people's needs and strengths. This will support communities no matter where they live in Barnsley.

We will shorten waiting times, allow more people to access GP appointments and reduce the number of delays people experience waiting for treatment.

We will build resilience in our people and help them live independently at home for longer by delivering more person-centred and community oriented support.

We will work with different sectors to increase education, training and employment opportunities. This will help build a more stable and inclusive economy and better local environment.

Priority	Objective	Deliverables	Measuring success
<p><b>Best start in life for children and young people</b></p> 	<p>We will to improve access and the connections between families, professionals, services, and providers, and put relationships at the heart of family support</p>	<ul style="list-style-type: none"> <li>• Create family hubs</li> <li>• Deliver SEND improvement plan and actions</li> <li>• Improve access to Children's and Young Peoples Mental Health Services</li> <li>• Increase children's access to epilepsy specialist nurses</li> <li>• Make sure children with a learning disability/autism receive access to care in first year</li> <li>• Improve asthma care for children</li> </ul>	<ul style="list-style-type: none"> <li>• Increase the number of parents and carers accessing family hub activities</li> <li>• Increase in the number of whole family early help assessments</li> <li>• Increase in the number of parents and carers reporting that they understand the family hubs offer by March 2025</li> <li>• Improved access to perinatal mental health services</li> <li>• Improve access to mental health support for children and young people in line with the national ambition</li> </ul>
<p><b>A joined-up approach to ill-health</b></p> 	<p>We will offer every smoker in Barnsley support to stop, making every contact count and increase the support we provide to help people to address the drivers of inequalities.</p>	<ul style="list-style-type: none"> <li>• Further embed the <u>Making Every Contact Count framework</u> across our services</li> <li>• Deliver the medicines optimisations programme PROTECT</li> <li>• Provide more opportunities for physical activity and healthy food</li> <li>• Link up stop smoking services to understand impacts on people</li> <li>• Establish screening and referral processes in locations outside of standard places of care</li> </ul>	<ul style="list-style-type: none"> <li>• Greater awareness of the risks of smoking, uncontrolled high blood pressure and cholesterol</li> <li>• Increased uptake of smoking cessation support</li> <li>• Increased identification of hypertension and reduced variation in identification rates in different locations</li> <li>• Improved management of blood pressure and pre-diabetes</li> </ul>
<p><b>Better and fair access</b></p> 	<p>We want to improve our services to make sure people can access the right care when they need it most.</p>	<ul style="list-style-type: none"> <li>• Develop and implement an Integrated Urgent Care Front door (secondary and primary care)</li> <li>• Work with voluntary and community organisations and social enterprises (VCSE) to build capacity and capability to deliver trauma informed support</li> <li>• Better support those with substance misuse problems by bringing together current support offers</li> <li>• Implement new GP contract requirements to recover access</li> </ul>	<ul style="list-style-type: none"> <li>• Improved A&amp;E waiting times</li> <li>• Reduced ambulance call out times and handover delays</li> <li>• Improved experience of booking GP appointments</li> <li>• Reduce the number of people attending A&amp;E for mental health related issues including alcohol and substance abuse</li> </ul>
<p><b>Coordinated care in the community</b></p> 	<p>We will provide more proactive care and support for people most at risk of poor health outcomes, help people to live as well as possible until they die and to die with dignity</p>	<ul style="list-style-type: none"> <li>• Provide ageing well assessments</li> <li>• Create an anticipatory care register</li> <li>• Work with the VCSE sector to provide post diagnosis support to those with dementia</li> <li>• Continue to shape services in response to Think Local Act Personal programme</li> <li>• Roll out ReSPECT across all partners in Barnsley</li> <li>• Support people with bereavement by establish a new network who will develop a long term strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Improved screening and assessment of frailty</li> <li>• Increased uptake of iAPT for older people in Barnsley</li> <li>• Increased utilisation of virtual ward capacity</li> <li>• Increased referrals for preventative and early help interventions</li> <li>• Increase capacity across the voluntary, community and social enterprise sector</li> <li>• Fewer hospital admissions in the last three months of life</li> <li>• Improved equity of access to end-of-life care and support</li> <li>• Increase the number of patients receiving hospice care</li> </ul>
<p><b>Improve impact on local environment, economy and employment</b></p> 	<p>We will establish a network of large organisations across health and social care to improve our impact by the way we do our business</p>	<ul style="list-style-type: none"> <li>• Complete mapping of where contacts are made and money is spent</li> <li>• Build partnerships with schools, colleges and other education providers</li> <li>• Develop an understanding of the make up of our workforce, including social gradient and representation of protected characteristics</li> </ul>	<ul style="list-style-type: none"> <li>• Workforce is more reflective of the population of Barnsley</li> <li>• More money is invested in the local supply chain</li> <li>• Continued working within planetary boundaries</li> <li>• Reduced waste and emissions and use more renewable energy</li> </ul>

## 5.2. Acute Federation: verbal

To Note

Presented by Richard Jenkins

## 5.3. Integrated Care Board Update including:

- ICB 5 Year Plan: Bob Kirton
- ICB Chief Executive Report

To Note

Presented by Richard Jenkins and Bob Kirton



<b>REPORT TO THE BOARD OF DIRECTORS</b>	REF:	<b>BoD: 23/08/03/5.3</b>
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<b>SUBJECT:</b>	<b>NHS 5 YEAR JOINT FORWARD VIEW</b>
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<b>DATE:</b>	3 August 2023
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<b>PURPOSE:</b>		<i>Tick as applicable</i>		<i>Tick as applicable</i>	
	<i>For decision/approval</i>			<i>Assurance</i>	
	<i>For review</i>	✓		<i>Governance</i>	✓
	<i>For information</i>	✓		<i>Strategy</i>	✓

<b>PREPARED BY:</b>	SYB ICS team
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<b>SPONSORED BY:</b>	Richard Jenkins, Chief Executive Officer
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<b>PRESENTED BY:</b>	Bob Kirton, Chief Delivery Officer/Deputy Chief Executive
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**STRATEGIC CONTEXT**

We will work with partners within the South Yorkshire Integrated Care System to deliver improved and integrated pathways.

**EXECUTIVE SUMMARY**

The purpose of the paper is to share the full 5 Year Joint Forward Plan (JFP) (attached) and provide an update on its development, the engagement approach and summary of its shared objectives and priorities across the lifetime of the plan.

The Integrated Care Partnership published its initial Integrated Care Strategy for South Yorkshire on 24 March 2023 with a commitment to continue to engage and involve people and communities as we translate it into delivery priorities and action.

NHS South Yorkshire together with Partner NHS Trusts and Foundation Trusts in South Yorkshire are required to develop an NHS Five Year Joint Forward Plan by the end of June 2023, align to our Integrated Care Strategy and Operational Plan for 2023/24.

NHS England published guidance for developing 5-year NHS Joint Forward Plans in December 2022 setting out how Integrated Care Boards together with their Partner NHS Trusts will arrange NHS services to meet both the physical and mental health needs of their local population in response to Joint Strategic Needs Assessment (JSNA) and Integrated Care Strategy.

A Joint Forward Plan Coordination Group was established in January 2023 bringing together places, provider collaboratives and alliances to coordinate the JFP following a distributed leadership approach.

Since January 2023 work has progressed at pace including:

- Revisiting South Yorkshire’s (JSNA). o Taking account of our Strategic Baseline Assessment (SBA). o Building on the engagement and involvement approach with

our citizens and working with Healthwatch and VCSE organisations.

- Ensuring all partners are sighted on our initial Integrated Care Strategy.
- Building on Strategies and Plans, including Health and Wellbeing Strategies, Place Integrated Health and Care Plans and our 2019 Five Year Strategic Plan
- Taking a distributed leadership approach across our places, provider collaboratives and alliances to develop an outline for our initial JFP.
- Sharing outputs with a focus on year 1 & 2 priorities and discussions around key enablers, workforce, digital, innovation and cross-cutting themes, prevention first, improving population health and reduce health inequalities in all that we do.
- Developing the full draft of our initial Joint Forward Plan.

The following JFP Objectives were identified, which are golden threads throughout and extend the lifetime of the Plan. These have been widely engaged on:

- Reducing health inequalities and a prevention first NHS.
- Improving access, quality & transforming care.
- Supporting and developing our entire workforce.
- Partnerships and collaboration to deliver our plan.
- Digital, data and technology and research and innovation.
- Making the best use of our collective resources.

Priorities in year 1 and 2 include improving timely access and quality of care, identified as what matters most to people and the national operational planning requirements.

Our draft JFP has been brought together to:

- Address the key issues that South Yorkshire citizens are telling us matter to them and identified as our key challenges, including improved access and quality.
- Act as a shared South Yorkshire delivery plan for how the NHS working with Local Authorities, VCSE and others will deliver the Integrated Care Strategy.
- Deliver on our immediate priorities to continue to recover services in a way that all our communities have equitable access to the care and support they need whilst supporting and developing our entire workforce.
- Continue being relentless and creative in both preventing ill health in the first place and our commitment to working in collaborations on the wider determinants of health to eliminating health inequalities in South Yorkshire.
- Progress in delivering key ambitions set out in the in the NHS Long Term Plan including maximising on innovation and continuing to transform the NHS for future generations.

To ensure we are able to focus our delivery on what matters most to people in local communities and do this in a way that delivers joined up integrated care locally, Place Partnerships have been refreshing their Integrated Health and Care Place plans to take account of the SY Strategy and JFP. These have been considered in our Place Committees and will be fundamental to delivery.

The draft JFP was shared with our Place Partnerships, each of our Health and Wellbeing Boards, our Provider Collaboratives and Alliances in early June for feedback. Feedback has been received and continues to be taken on board to shape the latest engagement draft, that is enclosed for consideration.

A series of system development sessions took place in May and June with leader of our health and care organisations (System Leadership Executive) and these have helped further shape and strengthen our JFP.

The South Yorkshire Integrated Care Partnership considered the draft JFP and emerging findings from our engagement work on 23rd May and the feedback has been used to further strengthen our JFP.

This draft was shared with NHS England on 30th June. This engagement draft will be available on our NHS South Yorkshire website to enable interested citizens to consider and feedback on a full draft over July 2023 and is published as the NHS is about to reach its 75 Year.

### **RECOMMENDATION**

The Board of Directors is asked to note and consider the report which is currently out to public consultation.





# NHS JOINT FORWARD PLAN FOR SOUTH YORKSHIRE

June 2023



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# Foreword

**It has been four years since the publication of the Strategic Five-Year Plan for South Yorkshire. Since then, a lot has changed and we have made good progress in taking forward our ambitions, whilst also managing the impact of the covid pandemic, operational and workforce pressures, periods of industrial action and more recently the impact of the cost of living crisis on our communities.**

It is within this challenging environment that we officially became an Integrated Care System, establishing our Integrated Care Board for South Yorkshire, followed by our Integrated Care Partnership, Chaired by our South Yorkshire Mayor.

We have a refreshed energy and renewed commitment to collaborate as partners and to work together differently with our local communities of Barnsley, Doncaster, Rotherham and Sheffield, our diverse voluntary, community and social enterprise sector and wider partners. Our shared aim is to address the wider determinants of health, eliminate health inequalities, improve population health outcomes and equity and support the physical and mental health and wellbeing needs of people living and working in South Yorkshire.

Together we published our initial Integrated Care Strategy in March 2023. In this we set out our commitment to continue to listen, engage and involve people and communities and those with lived experience, to shape the work we do and the priorities we set to go further faster to eliminate health inequalities.

The 'Marmot Review 10 Years on' report, published prior to the pandemic, found unprecedented declines in health nationally over the decade before Covid-19. We know improvement in health in the UK has slowed, inequalities have increased and health for the poorest people in society is now worse.

The Covid-19 pandemic exposed these deep inequalities, and it is evident that the current cost of living crisis is exacerbating these even further.

Our communities across South Yorkshire are no exception, we know that people here are dying younger than they should and living more years in poor health than they need to. Health inequalities show unfair and avoidable differences in health across our population, and between different groups within our communities. However, they are not inevitable, and they are preventable.

As an Integrated Care System our core purpose is not only to improve outcomes in health and healthcare for all, but to tackle these deep inequalities in outcomes, access and experience and to prioritise and target our resources to where there is greatest need to do so.

In our Integrated Care strategy, we are united in our goal to improve life expectancy and healthy life expectancy for people in South Yorkshire and narrow the gap between those living in our more affluent neighbourhoods and our poorer communities.

Our bold ambitions show where acting as a whole system we can have a positive impact and make a difference now and for the longer term, with our focus on children and young people and their development in early years. We know acting differently to accelerate prevention of disease and increase economic participation through a fair, inclusive and sustainable economy, and supporting our entire workforce, across health, care, and the voluntary sector, will help us to achieve this.



This Joint forward plan is our delivery plan for how the NHS working with Local Authorities, the voluntary sectors, and many others, will deliver on the ambitions set out in our Integrated Care Strategy and over the next five years meet the physical and mental health and wellbeing needs of our population and improve health equity. It has been informed and shaped by local people, those using health and care services and those working in them. We will continue to engage and involve as we start to deliver the plan.

Our immediate priority must be to continue to recover our services in a way that all our communities have equitable access to the care and support they need. This Joint Forward Plan sets out how we will deliver the NHS operational requirements for 2023-24. At the same time, we must continue to be both relentless and creative to prevent ill health in the first place and in our commitment to working in collaborations on the wider determinants of health to achieve our ambition of eliminating health inequalities in South Yorkshire. We must also continue the progress in delivering the key ambitions set out in the NHS Long Term Plan and continue transforming the NHS for future generations.

Our key areas of focus will be to prevent physical and mental ill health, take a personalised approach to keep people well in their communities for longer, promote selfcare, and deliver more joined up services to make it easier for people to access timely care and support.

To address health inequalities, we will need to collectively focus on those with the greatest needs in our most deprived communities so that they make the fastest improvements.

To enable this, we will need to allocate our resources differently, in line with the joint commitment in our Integrated Care Strategy, directed more towards preventative, service models and interventions, if we are to truly facilitate a transformation and really make a difference.

Our aim with this initial Joint Forward Plan is to create a strong platform on which to move forward confidently and collectively. We look forward to working with all of you to achieve the bold ambitions for our communities in South Yorkshire.

**Gavin Boyle**

Chief Executive Officer  
NHS South Yorkshire Integrated Care Board



# 1 Introduction

**This plan is our NHS Five Year Joint Forward Plan (JFP) for South Yorkshire. It has been developed by NHS South Yorkshire jointly with all NHS Trusts and Foundation Trusts in the South Yorkshire Integrated Care System and in collaboration with wider partners.**

The requirement of a JFP is set out in legislation under the Health and Care Act 2022. Guidance was published in December 2022 for Integrated Care Boards, NHS Trusts and Foundation Trusts to develop these plans to meet the physical and mental health needs of their populations.

Our Plan has been developed during a changing and challenging environment for NHS services. A time when our services and workforce are continuing to respond to the ongoing implications of the covid pandemic, managing increasing operational and workforce pressures, and periods of industrial action across the NHS and wider public sector. It is underpinned by a fresh look at the needs of our population and the insights from what patient, citizens and our health and care workforce across South Yorkshire, have told us matters to them.

Our Plan is aligned with our four Health and Wellbeing Board strategies in each of our Places of Barnsley, Doncaster, Rotherham and Sheffield and it also builds from our Integrated Health and Care Plans in each Place and our previous South Yorkshire Five Year Plan (2019 - 2024).

It is our response to the recently published Integrated Care Strategy for South Yorkshire, co-produced by the South Yorkshire Integrated Care Partnership (ICP). The ICP brings together Local Authorities, the South Yorkshire Combined Mayoral Authority, the NHS and Voluntary Community and Social Enterprise (VCSE) sector and the wider public sector. This is our South Yorkshire delivery plan for how the NHS, working with Local Authorities, VCSE and others, will deliver on the ambitions set out in the Integrated Care Strategy. It highlights and addresses how we will work with wider partners to tackle the key issues that South Yorkshire's citizens are telling us matter to them:

## • Accessibility

Being able to access care services in a timely and convenient way was the most commonly mentioned concern because it affects the quality of a patient's experience. This was felt particularly strongly in terms of demand for accessing GP services. Removing barriers to accessing information, support and services were mentioned by all.

## • Affordability

The costs of transport, parking, medication, treatments, as well as being able to live more healthily, were also mentioned universally. The cost of living challenge provides the context to these responses.

## • Agency

Many people want to be in control of their own care and want better access to the information, tools and capacity to manage this.

Our immediate priority must be to continue to recover our services in a way that all our communities have equitable access to the care and support they need. This means delivering on the national operational requirements for 2023/24. At the same time, we must continue to be both relentless and creative to prevent ill health in the first place and in our commitment to working in collaboration on the wider determinants of health to achieve our ambition of eliminating health inequalities for South Yorkshire.

We must also continue the progress made in delivering the key ambitions set out in the in the NHS Long Term Plan and continue transforming the NHS for future generations. We acknowledge the critical contribution of our workforce, the importance of strengthening our digital capabilities, use of data, intelligence and insights, and need to embrace research and innovation to enable this.

Our Plan starts with a summary of our initial Integrated Care Strategy and the ambition we have to reduce health inequalities and improve healthy life expectancy in South Yorkshire, and goes on to start to outline the NHS response and our shared delivery plans.



## 2 Initial Integrated Care Strategy for South Yorkshire

The South Yorkshire Integrated Care Partnership, chaired by the South Yorkshire Mayor, Oliver Coppard, was established in September 2022 and led the development of our initial Integrated Care Strategy.



Our initial Integrated Care Strategy was informed by a refresh of our South Yorkshire population health needs assessment (Joint Strategic Needs Assessment) and insights from what the public and patients have told us matters to them. It builds on all our existing strategies and plans, including our Health and Wellbeing Strategies, Place Health and Care Plans and our South Yorkshire Strategic Plan (2019-2024).

To ensure this strategy was informed by people living in South Yorkshire and what matters to them about their health and wellbeing, we took a phased approach to engaging with them. Working within the challenging timeline set nationally we started by understanding what matters to people living in South Yorkshire by gathering insight from a wide range of engagement and involvement activities undertaken in South Yorkshire in the last two years by our partners, from 284 different sources.

We then asked our communities a simple question to build on this:



The What Matters to You campaign took place over November and December 2022. Working with our local Healthwatches and voluntary, community and social enterprise sector (VCSE) we reached out to as many people as possible in South Yorkshire. This included our health and care workforce, children and young people, under-represented and socially excluded groups. More than 500 individuals and groups responded.

The insight work identified a need for more information about health prevention and the availability of different health and social care services, to make it easy for people to access them, to remove barriers and to provide people with the information, tools and capacity to manage their own care. These themes of awareness, access and agency were replicated in the responses to the 'What matters to you about your health and wellbeing?' question.

Individuals and groups said their highest priorities were access to and quality of care, improving mental health and wellbeing, support to live well, the wider determinants of health, and affordability, given the pressure on the cost of living. All of these themes were used to inform our initial Integrated Care Strategy and shape our NHS Joint Forward Plan.



2.1

# Our working vision, shared outcomes, bold ambitions and joint commitments

**Our initial Integrated Care Strategy sets out our working vision, goals, shared outcomes and a small set of bold ambitions and joint commitments.**

We want to see the people in all our communities, live healthier and longer lives, have fairer outcomes and timely, equitable access to quality health and care services and support. Our success here will ultimately be determined by improvements in Healthy Life Expectancy (HLE), narrowing the gap in HLE between the most and least deprived groups, eliminating inequalities in access and experience, and unwarranted variation.

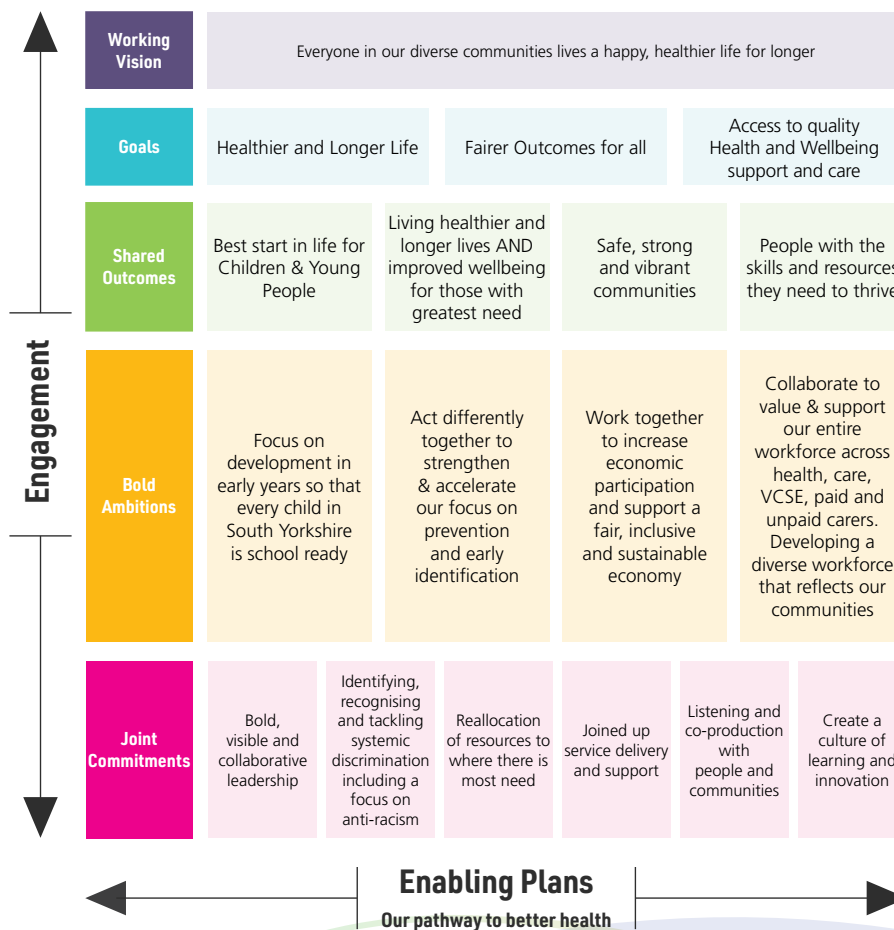
Our vision and goals are supported by four shared outcomes that are reflected in all of our Health and Wellbeing Strategies and support the life stages of starting well, living well and ageing well.

Our intention is not to duplicate but to focus on a small set of bold ambitions where partners have

agreed to align their collective power and influence to enable delivery at pace and scale.

To enable successful delivery we know we need to work with people and communities and our Voluntary Community and Social Enterprise sector as equal partners and strengthen our collaboration as partners. The delivery of our shared outcomes and bold ambitions will require collaborative effort to address the wider determinants of health, including the places people live and work, their housing and employment.

In our strategy we describe a series of joint commitments we are making to enable new ways of working to support delivery. We have also designed an Outcomes Framework to underpin our Integrated Care Strategy and monitor delivery.





# Bold Ambitions

## Our strategy to better health, recognises the work already ongoing and set out in strategies and plans for each of our Places across South Yorkshire.

The bold ambitions that we have collectively agreed to focus on are set out below. They are referred to throughout this plan where we have indicated areas of action that will support their delivery.

Working together to take forward our bold ambitions the plan is to:

- Establish a Working Group to support our Integrated Care Partnership
- Identify System Leads for each of our Bold Ambitions

- Hold a series of workshops to bring in new perspectives including lived experience and challenge ourselves
- Establish a set of think, do & act tanks to explore our joint commitments
- Review our enabling plans
- Maximise opportunities afforded by the Bloomberg Harvard City Leadership Programme and the Health Equity and Advisory Panel chaired by Professor Alan Walker

### 1 Focus on development in early years so that every child in South Yorkshire is school ready

Raise the level of school readiness in South Yorkshire and close the gap in those achieving a good level of development between those on free school meals and all children by 25% by 2028/30

### 2 Act differently together to strengthen and accelerate our focus on prevention and early identification

With a focus on the four main modifiable risk factors of smoking, healthy weight, alcohol and hypertension and early identification and management of the main causes of premature mortality in South Yorkshire. Specifically acting together to strengthen our focus on reducing smoking to reduce the levels to 5% by 2030

### 3 Work together to increase economic participation and support a fair, inclusive and sustainable economy

Reduce the economic inactivity rate in South Yorkshire to less than 20% across our Places by 2028/30

Reduce the gap in the employment rates of those with a physical or mental health long term condition (as well as those with a learning disability) and the overall employment rate by 25% by 2028/30

Enable all our young people that are care leavers to be offered the opportunity of good work within health and care by 2024

Establish a South Yorkshire Citizens Assembly for climate change and accelerate progress towards environmental statutory emissions and environmental targets

### 4 Collaborate to value and support our entire workforce across health, care, VCSE and paid and unpaid carers. Developing a diverse workforce that reflects our communities

Develop a Workforce Strategy that will enable us to collaborate across South Yorkshire to educate, develop and support our entire workforce

For our statutory partners to accelerate progress towards a workforce that is diverse and representative of all our communities

Contribute to South Yorkshire becoming an anti-racist and inclusive health and care system through everything we do and how we do it with our communities. Committing to real actions that will eradicate racism





# 3

## What did our Joint Strategic Needs Assessment (JSNA) and Strategic Baseline tell us?

During autumn 2022 we began a strategic baseline assessment and as part of this in December 2022, we went on to undertake a review of the health of South Yorkshire’s population. The findings from that review, alongside the findings from our engagement work, informed our Integrated Care strategy and this Joint Forward Plan. The key findings that have influenced this plan are:

### Key Health Outcomes

People of South Yorkshire are living shorter lives than they should. People living in our most deprived areas have both shorter lives and are living those years in poorer health.



Male life expectancy is 77.3 years (Eng 78.7 years)  
Female life expectancy is 80.9 years (Eng 82.7 years)



Gap in life expectancy between most and least deprived areas in South Yorkshire is for males 8.7 years, for females 7.6 years



Number of years lived in good health is 59.5 years for males and 60.2 years for females (a gap of 3.6 years compared to England)



Males and females living in the most deprived parts of South Yorkshire will live on average 19 years more in poor health compared to those in the least deprived



Our population	
<p>Our health as individuals and at population level are determined by a range of factors such as the environment in which we live, the opportunities we have and the health care we receive. To improve the health of our population we need to work collaboratively with all partners across South Yorkshire. We need to pay particular attention to the health outcomes experienced by certain population groups, such as those who live in the most deprived areas or are from ethnic minority populations as these are most at risk of experiencing inequalities in health.</p>	<p>37% of our residents live in the most deprived areas</p> <p>26% of our children live in families experiencing relative poverty.</p> <p>17% of our population are from an ethnic minority group.</p>
Mortality	
<p>The biggest underlying causes of deaths in South Yorkshire were heart disease, Covid-19, Dementia, lung cancer, Stroke and lower respiratory disease.</p>	<p>These conditions account for nearly 50% of all deaths in South Yorkshire.</p>
Morbidity	
<p>The biggest causes of living in poor health were attributable to musculoskeletal disease, mental disorders (including depression and anxiety), CVD and diabetes and neurological conditions.</p>	<p>These conditions alone accounted for over 45% of years lived with a disability or ill health.</p>
Prevention	
<p>Many of the risk factors associated with our main diseases can be changed through preventative and proactive care and support. Given that 16% of the South Yorkshire population smoke, 37% don't have their blood pressure controlled to target and 67% of residents are overweight or obese, we can have impact on these early deaths by focusing on our role in prevention.</p>	<p>20% of all deaths are attributable to tobacco; 14% to high blood pressure; 13% due to poor diet</p>
Early detection	
<p>Improving early detection and providing a diagnosis for our patients is key to ensuring everyone gets the right treatment at the right time.</p> <p>We are working with primary care to improve the diagnosis rates for people with dementia, hypertension and cancer.</p> <p>Those with serious mental illness and those with learning disabilities are more likely to have physical ill health and so early detection and prevention of these conditions through health check programmes are key.</p> <p>In order to improve early detection and diagnosis as well as supporting people to manage their health, we will improve access to primary care.</p>	<p>Dementia diagnosis rate is 69%, Cancer early stage diagnosis is 51% (target is 75%), hypertension diagnosis rate is 68% (target is 80% by 2048)</p> <p>People with severe mental illness die 15 to 20 years younger than the general population.</p> <p>Women with a learning disability die on average 18 years younger and men 14 years younger.</p> <p>In March 2019 we were offering 8,226,100 GP appointments in South Yorkshire. Our target for March 2024 is 9,426,146 (15% more) but our plan is to deliver 9,535,510 (16% more).</p>



Multi-morbidity	
<p>We are beginning to see an increase in the prevalence of multi-morbidity (i.e. having more than one long term condition) and an earlier onset, especially in the most deprived parts of South Yorkshire where the onset of multi-morbidity could be as much as 15 years earlier. Currently around a third of our residents have one or more long term conditions. For most long term conditions that require hospitalisation, you can expect a significant proportion of those to develop a secondary condition.</p>	<p>Percentage of patients (by disease) who have an additional long-term condition:</p> <p>Cancer 70%; CVD or CHD 92%; COPD 92%; Serious Mental Illness; Learning Disability 70%; Dementia 90%</p>
Impact of Covid-19	
<p>The pandemic had a significant impact on our elective admission rates as well as our waiting times for interventions.</p> <p>We also observed that there was an increase in the referrals to children's mental health services.</p>	<p>For SY trusts in March 2023, there were 1,522 people waiting more than 65 days for treatment.</p> <p>17% of our children aged 6 to 23 have a probable mental disorder.</p>
Inequalities	
<p>The wider determinants of health are a driver for healthcare service demand and there is an association where those in the most deprived areas have higher emergency admission rates, however, this pattern is reversed when looking at elective care provision, where those in the least deprived areas have higher access to elective care compared to the most deprived areas.</p> <p>Very poor health and lower average age of death is also often experienced by people who have become socially excluded as a result of multiple adverse events such as homelessness, addiction, racism, violence, crime and complex trauma (sometimes referred to as Inclusion groups).</p> <p>Inequitable access to health and care services and negative experiences can also be commonplace for these inclusion health groups due to multiple barriers, often related to the way healthcare services are delivered.</p> <p>Supporting mothers in their maternity care is fundamental to giving every child the best start in life. National data tells us that maternal mortality is four times higher for black women than white, we have approximately 2,300 births to mothers that are from Black and minority ethnic populations in South Yorkshire. The stillbirth rate in children born to mothers in the most deprived area is significantly higher than mothers in the least deprived areas. The full needs assessment can be found <a href="#">here</a>.</p>	<p>Emergency admission rates for those in most deprived areas is 14,500 per 100,000 population, for least deprived it's 8,700 per 100,000 population.</p> <p>Elective admission rates for most deprived is 10,800 per 100,000 population and for least deprived it's 12,300 per 100,000 population.</p> <p>Mortality in the homeless, prisoners, sex workers and those with substance use disorders is nearly eight times higher for men and 12 times higher for women compared to the general population.</p>



**Alongside reviewing our population health needs our strategic baseline assessment also helped us to understand our current position across South Yorkshire including:**

### **Delivery Focus**

An overview of what health and care services and support we are delivering and where, in our places and through our provider collaboratives and alliances.

### **Integrated Performance**

A closer look into the key aspects of performance, as highlighted through the System Oversight Framework, including, quality, experience, people, operational performance and finance. This includes understanding our waiting times, how people experience our services and our local position in relation to the national objectives in the NHSE Planning Guidance.

### **Enabling Strategies**

An understanding of our enabling strategies, where we have developed a joined-up approach for specific areas, including digital, environmental sustainability and working with people and communities.

### **Strategic Context**

An overview of our journey to date across South Yorkshire. How we are working together in partnership and collaboration to deliver integrated care and joined up services to improve health and healthcare outcomes for people and communities.

### **Looking ahead**

Setting out key considerations for the development of this Joint Forward Plan.

Through our baseline assessment and operational planning for 2023/24 a number of key areas of challenge have been identified for South Yorkshire. These align well with the areas people have told us really matter to them including access to and quality of care and support.



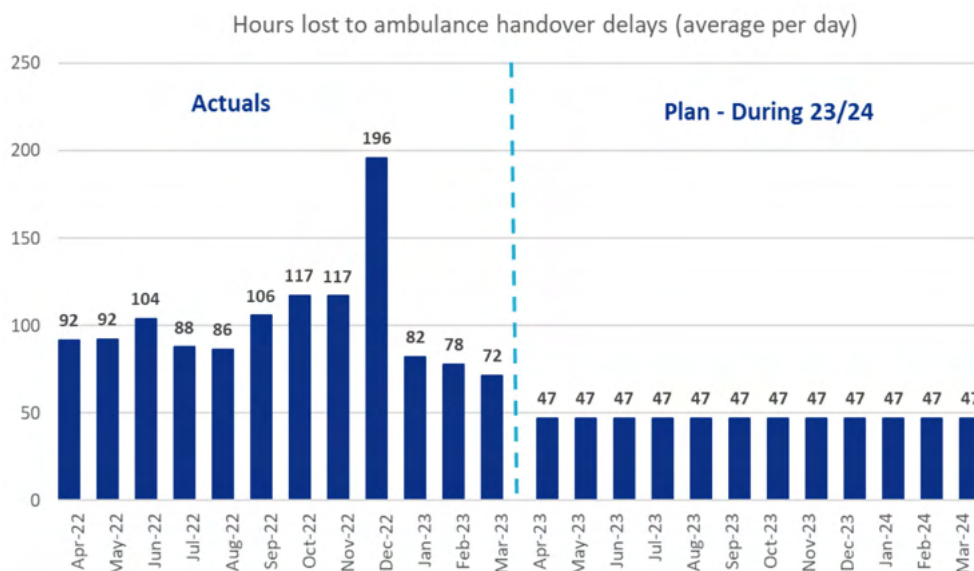


## Our challenges in meeting the NHS planning objectives:

On submission of our plans against the NHS planning objectives, several challenges were identified that impact on our population’s health, our delivery plans as well as our financial position. Four key challenges are outlined below.

### Challenge 1

#### A&E delays



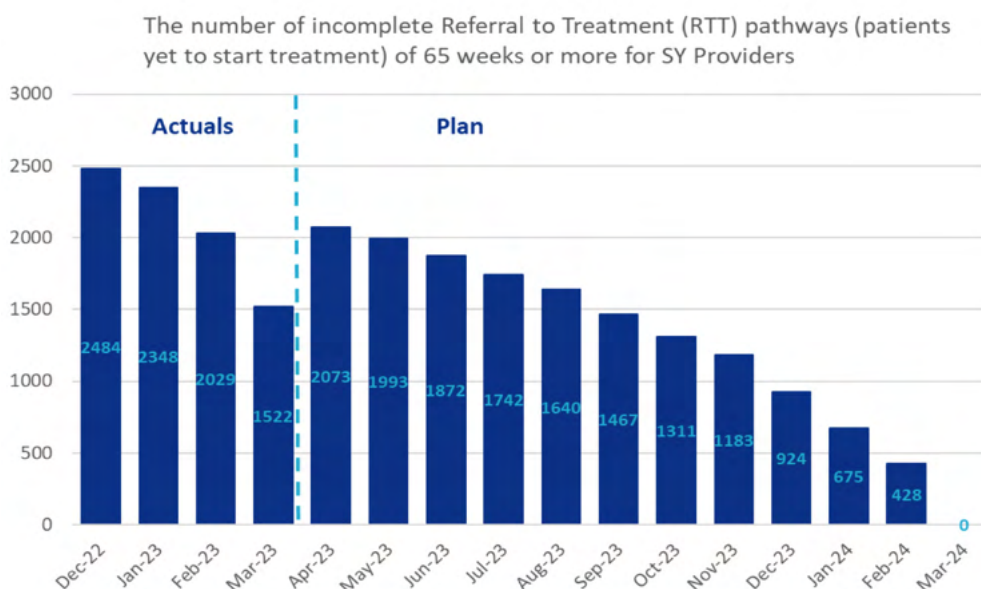
The improvement to the Category 2 Ambulance response times requires a multi-system response with significant transformation across all elements of the urgent and emergency care pathway (for example Urgent Community Response, reduction of ‘No Criteria to Reside’ patients, use of Virtual Wards). Currently 78 hours are lost in handover with ambulances which is impacting our category 2 response times (that is a response time within 18 minutes).

We aim to get this down to 47 hours. Other commitments:

- Significantly increase the number of patients that can be managed by virtual wards to 395
- Significantly increase the number of urgent community contacts provided to 4,273
- Reduce percentage of beds occupied by adult patients no longer meeting the criteria to reside to 13.8%

### Challenge 2

#### Waiting time pressures



Eliminating 65 week elective waits will be a challenge for the system given pressures, including continued industrial action. The required system response (including proactive management of mutual aid with a shared PTL, clinicians working across South Yorkshire in high demand specialties, use Model Hospital System and GIRFT) is planned with the Acute Federation.

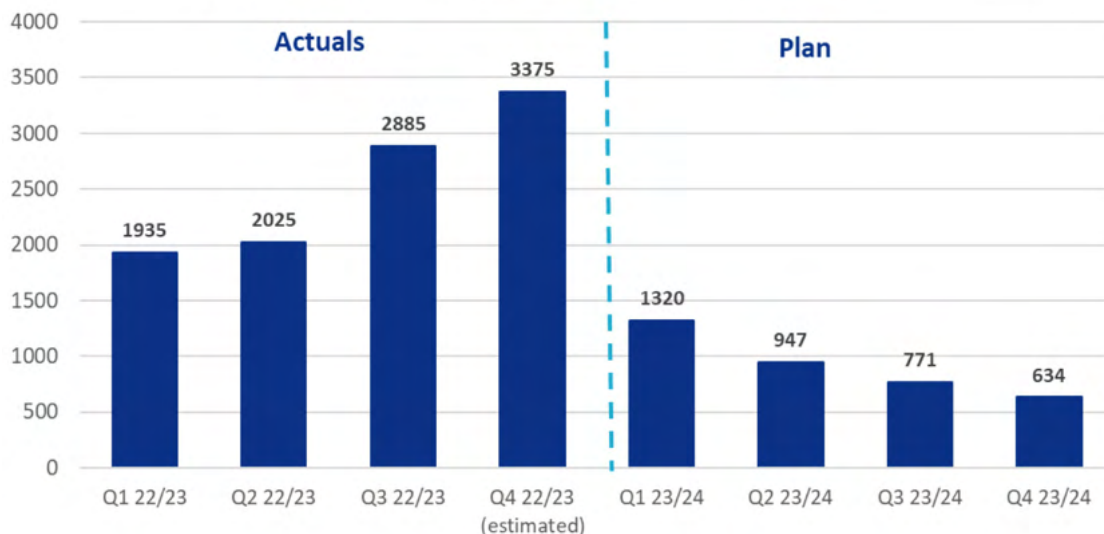
We have recently seen an improvement in the number of people waiting more than 65 weeks. We intend to meet the national ambition of zero people waiting more than 65 weeks by March 2024 (Except where patients choose to wait longer or in specific specialties).



### Challenge 3

#### Mental health out of area placements

Number of inappropriate Out of Area Placement bed days for adults that are either 'internal' or 'external' to the sending provider



Improving access to mental health support for children and young people and the reduction in inappropriate out of area placements remain a challenge. However, collective work across the ICB and the Mental Health, Learning Disability and Autism Provider Collaborative is planned to manage this risk.

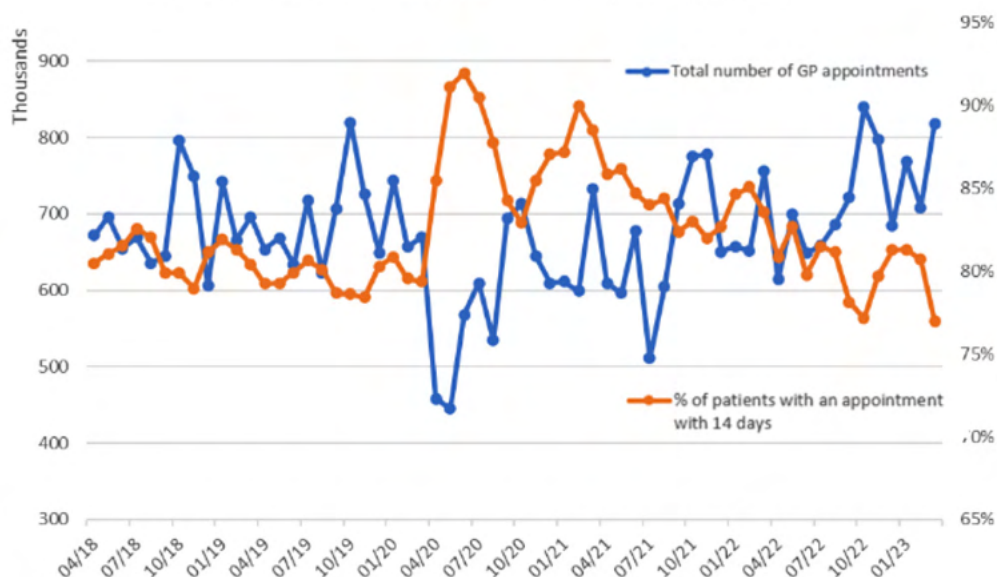
We have a significant challenge to reduce the Out of Area Placement Bed Days to 634 while we work towards the national ambition of 0. We also plan to:

- Significantly improve access for children and young people to mental health services to 16,629 individuals accessing services, closing the gap on the 20,448 a year national ambition for South Yorkshire.

### Challenge 4

#### Increasing primary care demand

Primary care demand and accessibility of appointments



There is increasing demand and pressure on primary care which is in turn impacting on patient's timely access to services. To tackle the 8am rush and to improve their experience of access, patients should no longer be asked to call back another day to book an appointment. Patients should know on the day they contact their practice how their request will be managed. Non-urgent needs, but which require a telephone or face-to-face appointment in General Practice, should be scheduled within 14 days.

In the last five years we have seen an increase of GP appointments by over 20%. Currently only 77% of patients can get an appointment within 14 days compared to over 80% across North East and Yorkshire. By the end of the year, we intend to deliver an increase of a further 10% more appointments in general practice as part of the national ambition to deliver 50 million more appointments in general practice.



# Baseline

## NHS Planning objectives baseline and scale of challenge with South Yorkshire.

Together with what people told us matters most to them in our engagement to inform our Integrated Care Strategy, these challenges provide a steer for the direction and priorities identified in this Joint Forward Plan.

	National Metrics	Baseline (When plan set)	Planned Target	Level of improvement required
Urgent and Emergency Care	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours.	61.9%	77.6%	15.7%
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24.	77.9 hours per day lost	47 hours per day lost	31 hours
	Reduce adult general and acute (G&A) bed occupancy to 92%.	90.6%	87.90%	2.7%
Mental Health	Improve access to mental health support for children and young people.	13,649	16,629	2,980
	Increase the number of adults and older adults accessing IAPT treatment.	31,964 (est.)	39,846	24.7%
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services.	12,909	16,708	29%
	Work towards eliminating inappropriate adult acute out of area placements.	2030	634	69%
	Recover the dementia diagnosis rate to 66.7%.	70.0%	70.2%	Maintain
	Improve access to perinatal mental health services.	990	1,619	64%
Community Health Services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard.	1950 contacts	4273 contacts	119%
	Continue on the trajectory to deliver 50 million more appointments in general practice.	8,644,876	9,535,510	10%
	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels.	2,677,493	2,564,254	Achieve 96%
Electives	System will be able to earn additional elective funding based on delivery against the equivalent value based activity target of 103% of the 19/20 baselines.	88%	106%	18%
	Eliminate waits of over 65 weeks for elective care.	2029	0	Reduction to 0
Cancer	Continue to reduce the number of patients waiting over 62 days.	604	388	36%
	Meet the cancer faster diagnosis standard of 75%.	72.8%	76.6%	3.9%
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks.	73.1%	88.7%	15.8%
Learning Disabilities	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check.	71.8%	80.50%	8.7%
	Reduce reliance on inpatient care, for those with a learning disability and/or autism.	36.2 (adult) & 17.3 (under 18s) /million	17.2 (adult) & 10.4 (under 18s) per million	19 (adult) & 6.9 (under 18s)

**Key:** **Pink** – Not planned to meet national target; **Blue** – will meet a similar target; **Green** – planning to meet national target.



# 4 Listening to our South Yorkshire communities and what matters to them

Building on the engagement to inform our initial Integrated Care Strategy, we made a commitment to ongoing engagement and to help inform our Joint Forward Plan we used what we had heard from our previous engagement alongside continuing the What Matters to You conversation.



To ensure we heard from a more diverse breadth of our South Yorkshire communities we commissioned Healthwatch Barnsley, Healthwatch Doncaster and Healthwatch Sheffield and Voluntary Action Rotherham to work with our underserved communities, with a focus on the most deprived communities in South Yorkshire (all of which are in the 20% most deprived nationally) as well as other groups from our communities who are known to suffer worse outcomes.

As well as this targeted approach we also created a survey for the general population and also commissioned a street survey of people across South Yorkshire who are demographically reflective of the South Yorkshire population. A question was included about whether people had responded to our 'What matters to you' campaign in November 2022 so that we were able to tell who was a new respondent and who was adding detail to their previously submitted response.

Total number of responses / participants

Public feedback survey (completed online)	120
Public feedback survey (completed face-to face)	1,011
Staff feedback survey	730
Participation in third sector led focus groups / community conversations	653
Organisational submission	1
<b>TOTAL</b>	<b>2,518</b>

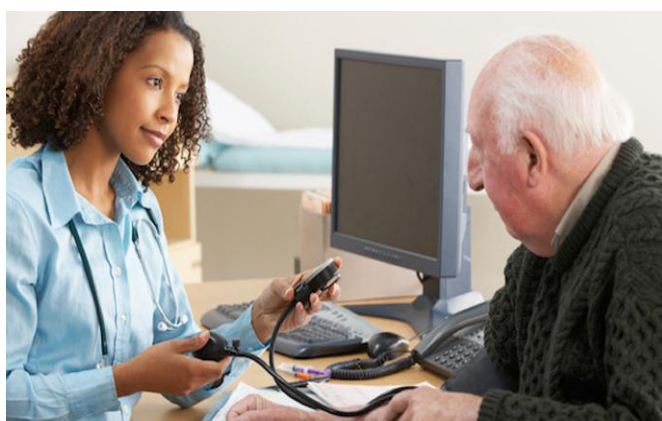






The voices heard in the responses received represented many of our underserved communities including:

- Asian women
- Children and young people
- Children leaving care
- Chinese community
- Deaf community
- Digitally excluded
- Domestic abuse champions
- LGBTQ+
- Low-income families
- Mental health support users
- Muslim women
- Older people
- People facing multiple disadvantage
- People living in areas of multiple deprivation
- People needing dementia support
- People seeking asylum in dispersed accommodation
- People seeking asylum in hotel accommodation
- People with lung conditions
- People with visual impairment
- Polish community
- Roma women
- Social housing tenants
- Trans community
- Victims of human trafficking
- West Indian community
- Young people facing substance abuse challenges



A company was employed to independently analyse the findings of our engagement. There are some common themes that are often mentioned among all audiences and which are referenced among all aspects of the insight sought, namely: what's important to people about their health; what barriers exist to accessing services and how quality of care can be improved. These are summarised as follows:

### • **Accessibility**

Being able to access care services in a timely and convenient way was the most commonly mentioned concern because it affects the quality of a patient's experience. This was felt particularly strongly in terms of demand for accessing GP services. Removing barriers to accessing information, support and services were mentioned by all.

### • **Affordability**

The costs of transport, parking, medication, treatments, as well as being able to live more healthily, were also mentioned universally. The cost of living challenge provides the context to these responses.

### • **Agency**

Many people want to be in control of their own care and want better access to the information, tools and capacity to manage this.

Throughout the Joint Forward Plan we have endeavoured to illustrate where our planned actions will address these issues identified by our citizens and communities. There are some elements such as the cost of public transport, where the NHS does not have direct control, but is committed to working with partners and ensuring that patients and families are aware of reimbursement schemes. The full involvement report can be found [here](#).

This is an engagement draft of our Plan and provides an opportunity for interested citizens to review the full draft. Going forward there is a commitment to ongoing involvement as we develop and implement more detailed plans.



# 5 How are we organised in South Yorkshire?

All the organisations operating in South Yorkshire are largely responsible for the commissioning and provision of NHS services to meet the physical and mental health needs of our population.

## Where we work



### 1.4 MILLION PEOPLE

(including 328,000 children and young people)



### 72k+ members of staff

**186**  
General Practices

**160**  
Opticians

**333** Community Pharmacies

**183**  
Dental Surgeries

### 36 Neighbourhoods

**1**  
Ambulance Trust

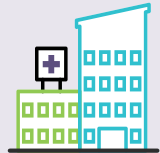
**4**  
Local Authorities

### 6,000+

Voluntary, Community and Social Enterprise Sector Organisations



**5**  
Acute Hospital NHS Trusts



### 4 PLACES

(each with a Health and Care Place Partnership)



### System Collaboratives and Alliances (see below)

**1** ▶ Integrated Care Partnership

**1** ▶ Integrated Care Board

**£3.9 billion** health and social care spend

**3** Community Mental Health and Community Trusts

Collaborative arrangements with academic partners, including the University of Sheffield, Sheffield Hallam University and the Academic Health Science Network



# South Yorkshire has a strong track record of delivery and a long history of collaboration

In South Yorkshire we have strong organisations delivering health and care services and support. This provides a robust foundation to integrate health and care. We have already started to break down organisational barriers so that we can wrap personalised care and support around people and their families to improve outcomes.

Place partnerships are already well established in each of our Places (Barnsley, Doncaster, Rotherham and Sheffield), bringing together health, local authority, our diverse voluntary community and social enterprise (VCSE) sector and wider partners. Acute and mental health providers are also continuing to foster collaboration through our developing and maturing provider collaboratives. Together we are increasingly collaborating as a whole system.

## System Development

In South Yorkshire we are embracing the opportunity to further develop as an Integrated Care System. Our journey commenced in 2016 when we established our first Sustainability and Transformation Partnership and thereafter we became one of the first non-statutory Integrated Care Systems in England in 2018.

Following the Health and Care Act 2022 through which Integrated Care Systems and Integrated Care Boards became statutory, we have harnessed the opportunity to work with local communities and bring together our Local Authorities, NHS organisations, Mayoral Combined Authority and VCSE to take collective responsibility for planning services, improving health and wellbeing and reducing health inequalities.



We are committed to onward system development and maturing our ways of working to create an enabling culture that fosters collaboration. To enable this developing system leadership, including clinical, care and professional leaders and organisational development capability have been identified as areas to enhance in the early years of our plan. Delivery of our plan will be challenging and require continued system development to be successful.

### As an Integrated Care System we are committed to our four core purposes:

- 1 Improving outcomes in population health and health care
- 2 Tackling inequalities in outcomes, experience and access
- 3 Enhancing productivity and value for money
- 4 Helping the NHS to support broader social and economic development



## We are comprised of two key components

### An Integrated Care Partnership

A statutory committee jointly convened by Local Government and the Integrated Care Board, to bring together the NHS with Local Authorities, Combined Authorities, the VCSE and wider partners.

#### In South Yorkshire

Our membership is drawn from our Health and Wellbeing Boards and NHS South Yorkshire. Oliver Coppard, Mayor of South Yorkshire Combined Mayoral Authority, became Chair of the ICP in September 2022 and Pearse Butler the Chair of NHS South Yorkshire is the ICP Vice Chair.

There is a clear ambition set out in the legislation for Integrated Care Systems and Integrated Care Partnerships to deepen the integration between health and social care through greater collaboration. During the life of this Joint Forward Plan NHS South Yorkshire will need to develop and evolve and work with partners to meet this ambition. ICBs are relatively new organisations and as such they have an opportunity to do things differently and the flexibility to work out how best to dispatch their duties.



### Integrated Care Board (ICB)

An NHS organisation responsible for planning, commissioning and funding NHS services, that fulfils a fundamental role to support and convene the system.

#### In South Yorkshire

NHS South Yorkshire was established in July 2022 with Partner Board Members, including Healthwatch, Mental Health and the Voluntary Care Sector representation.



5.1

# Our Places, Provider Collaboratives and Alliances

**In South Yorkshire we continue to build on our collaborative working arrangements in each of our Places, and through our Provider Collaboratives and Alliances.**

A key priority for the development of the South Yorkshire Integrated Care System is maturing ways of working across the system, including Place-based partnership arrangements, provider collaboratives and alliances. It is through these arrangements that we have organised ourselves to share responsibilities to deliver this NHS Joint Forward Plan. Delivery will require us to work differently together, to reduce duplication and realise the benefits of collaboration where we work across places, provider collaboratives and alliances.

For example, our work to improve access and reduce waiting times for elective and diagnostic pathways will be taken forward by our Acute Federation (Provider Collaborative), working with our Primary Care Alliance and our Place partnership arrangements. This will enable us to take a preventative, whole pathway approach considering early interventions and the pre-referral phase with wider primary care and VCSE partners and support people in the community whilst waiting. It will also help exploit the benefits of our hospitals working together to maximise the use of their collective capacity to minimise waits for patients, facilitate delivery of best practice care pathways and reduce unwarranted variation in health care.

In each of our communities of Barnsley, Doncaster, Rotherham and Sheffield we have well established Place-based health and care partnerships already working well together to provide joined up integrated health and social care, support and services.

Our places are all characterised by their strength based approaches to:

- Listening to, engaging with and involving communities to better understand their needs and facilitate co-design to create community owned solutions
- Integrating health, care and VCSE services and support, through the continued development of integrated neighbourhood teams to address both physical and mental health needs
- Focusing on those with the greatest needs to tackle health inequalities

You can read the individual Place Plans for [Barnsley](#); for [Doncaster](#); for [Rotherham](#) and for [Sheffield](#).



**Barnsley**



**Sheffield**



**Doncaster**



**Rotherham**



# South Yorkshire Mental Health Learning Disability and Autism Provider Collaborative

“A partnership driven by a commitment to improve outcomes and experience of mental health, learning disabilities and autism services for the population in South Yorkshire.”

The partners to the Collaborative are:

Rotherham, Doncaster and South Humber NHS Foundation Trust

Sheffield Children's NHS Foundation Trust

Sheffield Health and Social Care NHS Foundation Trust

South West Yorkshire Partnership NHS Foundation Trust

## Working with others in our Health and Care System

We aim to achieve:

### • Better access

Promoting inclusivity and creating services which improve access and quality of care to all members of our community.

### • Address health inequity

Working with communities to provide services where they are needed most and building on strengths to support people to live well.

### • Drive quality

Collaborating across the health and care system to deliver improved patient care, enhancing resilience, and sharing evidence based best practice and innovation.

### • Develop workforce

Collectively supporting and developing our people by working together to strengthen wellbeing, knowledge, skills and workforce planning.

### • Value for money

Working together to deliver better value for money by being efficient and innovative.

To achieve this, we seek to implement models that promote prevention and recovery and key strategic principles that underpin any change are that it must be:

- Evidence led
- Person centred and strengths based
- Trauma informed
- Outcomes focused

## Communication, Involvement and Co-production

We work in partnership with people with lived experience, our workforce, other South Yorkshire Alliance and Collaboratives, ICB partners, local authorities, VCSE, Yorkshire Ambulance Service, Education, South Yorkshire Police and many more.

We have dedicated support to help to develop our co-production approach and are working with our member trust Involvement Leads, place based Mental Health Alliances, VCSE colleagues and people with lived experience – building on the excellent work that has already happened on co-production in MHLDA.

## Specialised Commissioning Hub

NHS-Led provider collaboratives are regional partnerships of organisations that provide specialised mental health, learning disability and autism services. These partnerships were established across England as part of a national programme of work that sees the responsibility for the commissioning of specialised mental health services transfer from the NHS England and NHS Improvement (NHSE/I) specialised commissioning team to the new regional provider collaboratives.

The SYB specialised provider collaborative footprint covers Barnsley, Sheffield, Doncaster, Rotherham and Bassetlaw. There are three SYB NHS-led provider collaboratives, each hosted by a different NHS provider: child and adolescent mental health services (CAMHS) and adult eating disorders (AED), that both launched in October 2021 and Horizon, the SYB provider collaborative for adult secure care, that went live in 2022.

In SYB the specialised collaboratives are supported by a SYB Mental Health Provider Collaborative Specialised Commissioning Hub. The hub supports the three organisations that take on lead provider roles.

## Our Vision for the Future

As an important part of the South Yorkshire system, we aim to improve population health and healthcare, tackle health inequalities, add social and economic value, and enhance productivity and value for money. With this in mind we worked with partners to identify where we could add value by doing things once at system level across our providers and places. We recognise primacy of place, and our approach is to respect this whilst addressing unwarranted variation, working alongside the ICB teams for Mental Health Long Term Plan and Learning Disability & Autism Plan delivery. With partners we agreed that we would focus on the following areas of opportunity. We are in the early stages of developing our programme, but a summary is provided below.

## Quality Framework

Provider collaborative approach

Neurodiversity diagnosis and support for Adults and Children & Young People

Learning Disability, inpatient and complex placements (quality, location, cost)

Urgent & Emergency care - health based place of safety

Inpatients - Quality Transformation Programme and Bed Base (National work)

All age eating disorders - with ICB and Specialist Provider Commissioning Hub. Reshaping care model and commissioning approach with...

...Enablers

- Co-production culture
- Workforce joint approaches
- Addressing health inequalities
- Digital, data and insights

## How we work together

- We will collectively use our resources and expertise to improve experience and outcomes for all
- We will co-produce with people
- We will always demonstrate mutual respect trust open transparent communication and will act with integrity
- We will share responsibility, accountability, risk and reward
- We will be clinically driven and ensure services are locally owned
- We will reduce health inequalities and deliver inclusive care and support
- We will collectively support and develop our people



# Acute Hospital Provider Collaborative

## (Including acute, elective and diagnostics children's and specialist services)

This Clinical Strategy sets out the clinical services framework for the Acute Provider Federation in its role to support acute service development and delivery.

It is a framework which supports clinical teams to collaborate to provide the safest, highest quality, and most effective care. It aligns with and supports the wider work of the Integrated Care Board 5 year Joint Forward Plan and the South Yorkshire Integrated Care Partnership Strategy.

### Our purpose:



The full strategy document can be found here



### The five-year vision

Services at different hospitals across South Yorkshire play complementary roles as part of a <b>collaborative model</b>	Shared care to be developed further across primary and secondary care including Mental Health services	Life stages recognised as an important framework for end to end pathways, to support more proactive planning and working
Patients experience high standards of care, no matter which hospital they attend; with constant energy on driving down unwarranted variation	Standardisation for <b>better outcomes and patient experience</b> , and taking action on health inequalities	Patients can move seamlessly from one hospital to another in order to access specialist care or faster treatment

A networked workforce build the system for developing opportunities for clinicians to gain experience/support patient services across South Yorkshire

Resilience and sustainability priority criteria for the system future models of care incorporating new ways of working



Greater interoperability across the organisations so that our staff can seamlessly access and share electronic patient information and records

Best use of our **collective** estate to offer choice, access and state of the art facilities

Models of care that optimise new technologies, innovative ways of working and environmental sustainability, learn from new research evidence and change how, where and when we deliver services

### Strategic objectives

#### Maximising digital transformation and partnership approaches to innovation

- Look for new ways of delivering care, further use of research and technology to future-proof changes in care delivery including new diagnostics treatments, drugs and Artificial Intelligence
- Find ways to collaborate and help unlock barriers to collaboration, e.g. IT access, clinical information sharing, funding mechanisms
- Develop further partnerships with academic institutions industry and delivery partners to further research and innovation
- In designing new service models we will look to support the best use of our collective estate to offer choice, access and state of the art facilities

#### Delivering more coordinated care through maximising the opportunities for our collective workforce

- Through the clinical working groups proactively share opportunities to work collaboratively
- Ensure that clinical leadership development is part of the Acute Federation Organisational Development programme
- Develop system-wide training and education plans to support future models of care
- Support the standardisation of new roles
- Develop and share the learning and insight from collaborative pathways to encourage best practice and continued relationship building
- Develop further the relationships with academic institutions to support future workforce models
- Work together to maximise the retention of trainees offering a wide range of placements, job plans and career progression

#### Enabling clinically-led standardisation of best practice acute care across South Yorkshire and Bassetlaw

- Create the evidence base, criteria and clinical discussion on areas for collaborative concern and opportunity for development
- Bring together expert and wide clinical knowledge to support service improvement and develop future models of care
- Support the infrastructure to develop further patient and public involvement
- Enable the spread of best practice and provide benchmarks for services
- Develop models that provide clarity on services provided at Place and at wider scale across South Yorkshire and Bassetlaw

### Examples of collaborative working

- **South Yorkshire and Bassetlaw Cancer Alliance:** There are many examples of joint working and redesigned services/pathways across cancer sites that are system-wide, from prevention and screening, inpatient pathways for specialist and non-specialist cancers, through to palliative and End of Life care.
- **The Children and Young People's Alliance** has supporting networks that focus on the acutely ill child, surgery and anaesthetics and wider collaborative working.
- **South Yorkshire Integrated Stroke Delivery Network** has evolved with successes in shared clinical pathways/protocols, involvement and support to patients and their families workforce capacity support, developments in video triage, use of Artificial Intelligence and work on health inequalities.
- **The South Yorkshire Pathology Network** has achieved the national vision to consolidate and optimise local workforce, capacity and support a future model for networked delivery.
- **South Yorkshire Integrated Care Board Networks** are in place e.g. in respiratory, cardiology and dermatology to optimise end to end pathways from primary prevention to tertiary care and are working to improve access to cardiac rehabilitation services, improve cardiovascular disease detection and prevention and achieve early diagnosis and treatment of heart failure
- **2022/23 priorities:** We will continue to prioritise rheumatology, urology, gastrointestinal bleeds, elective and diagnostics recovery. This will happen alongside acute paediatrics, with system-wide clinical working groups addressing end to end pathway opportunities and challenges, from immediate priority areas to future models of care.



**Alliances:** Alliance arrangements have also been developed where partners across whole pathway or sectors come together to integrate and improve services and outcomes. These include:

## Primary Care Alliance

**(including general practice, pharmacists, dentists and optometrists)**

The Primary Care Provider Alliance membership is drawn from all four primary care provider groups and creates a vehicle for planning and leading the strategic direction of Primary Care in its widest sense, co-ordinating service transformation and large-scale delivery solutions across South Yorkshire.

## Urgent and Emergency Care (UEC) Alliance

The Urgent and Emergency Care Alliance provides strategic direction for assuring the delivery of high quality urgent and emergency care through a whole system approach and working in partnership, which will ensure that the implementation of the UEC recovery plan is supported by all relevant partners.

## Children and Young People's Alliance (CYPA)

The Children and Young People's Alliance brings together providers from across all sectors (acute, primary care, mental health, community services, housing, police, education, voluntary organisations, faith based groups) to address areas of local and national priority, with the aim of improving health outcomes and reducing inequalities for children and young people aged 0-25 years.

## Voluntary, Community and Social Enterprise Sector Alliance (VCSE)

The VCSE Alliance is a South Yorkshire-wide network of VCSE organisations that aims to develop an equitable partnership with the health and care system and maximise its potential across strategy, delivery, engagement and insight. It will enable VCSE organisations to participate in the Integrated Care System including networking, information exchange and co-design opportunities on shared priorities in relation to both physical and mental health and wellbeing.

## Cancer Alliance - South Yorkshire and Bassetlaw

Cancer Alliance is a partnership of organisations aiming to ensure the best possible cancer care across Sheffield, Doncaster, Rotherham, Barnsley, Bassetlaw and north Derbyshire. Our local SYB Cancer Alliance comprises a wide range of partners, including NHS organisations, local councils, voluntary sector organisations, charities, universities and patient groups. Our vision is to work together to develop services based around the whole person, their physical, mental health and wellbeing, not just their cancer, for every stage of support they may need. The Alliance aims to share best practice, optimise services, pilot innovative approaches to reduce health inequalities

## Local Maternity and Neonatal Network (LMNS)

The South Yorkshire Local Maternity and Neonatal System (LMNS) is the Maternity arm of NHS South Yorkshire. Our vision is for maternity services across South Yorkshire to become safer, more personalised, kinder, and more family friendly; where every woman or birthing person has access to information to enable them to make decisions about their care; and where they and their baby can access support that is centred on their individual needs and circumstances.







**Networks:** There are nationally mandated Clinical Networks and Delivery Networks that operate in South Yorkshire, including:

## Respiratory Clinical Network

The respiratory clinical network is responsible for design, guidance and promotion of optimal respiratory care pathways, which will ensure more people who are diagnosed with a respiratory condition receive high-quality care from diagnosis to acute care, rehabilitation and beyond, building on the priority areas of the NHS Long Term Plan for respiratory disease.

## Cardiac Clinical Network

The Cardiac Clinical Network is responsible for working with stakeholders across the cardiac pathway to improve performance and outcomes for cardiac patients throughout South Yorkshire.



## Integrated Stroke Delivery Network (ISDN)

The Integrated Stroke Delivery Network aims to improve the quality of stroke care across South Yorkshire leading to better clinical outcomes, patient experience and patient safety. A whole pathway approach will be taken from prevention through to life after stroke.



## Integrated Stroke Delivery Network (ISDN)

The South Yorkshire ISDN was launched in November 2020 and works with partners to prevent stroke, improve diagnosis and improve access to treatment in 24/7 specialist stroke units. In 2023/24 South Yorkshire ISDN and its partner organisations will complete and evaluate the Pre Hospital Stroke Video Triage Project. This project aims to pilot video triage being used by paramedics in the field to consult with hyper acute stroke teams to facilitate patients being conveyed to the right place, in the right time so that they can receive the right treatment. South Yorkshire received £100k for this project in 2022/23 and are one of nine pilot sites. If the evaluation shows this to be of benefit we will work to embed this into clinical practice across the whole region.



## Developing role of NHS South Yorkshire as an Integrated Care Board

NHS South Yorkshire was established in July 2022 and plays a fundamental role to support and convene the system.

### Taking on new responsibilities, including delegation of primary care and specialised services to NHS South Yorkshire.

During 2022/23 NHS South Yorkshire became responsible for commissioning almost all NHS services to meet the physical and mental health needs of our local population in South Yorkshire, except for pharmacy, optometry (POD) dental and specialised services. In line with national guidance the responsibility for commissioning pharmacy, optometry, dental and specialised services will now change. The responsibility for both has historically been with NHS England and will now be delegated to NHS South Yorkshire.

The delegation means that NHS South Yorkshire will be responsible for commissioning the totality of all four primary care contractor groups, including General Practice, community pharmacy, optometry and dental services from 1 April 2023.

**See primary care section.**

The NHS England Yorkshire and the Humber Specialised Commissioning and Health and Justice Team currently commission a diverse range of specialist services, including those provided at specialist tertiary centres, within prison settings and specialised inpatient mental health units. The plan is to work through joint collaborative commissioning approaches during 2023/24 to manage the change for these services. **See specialised services section.**

### Shared role for oversight of NHS Trusts and Foundation Trusts through a Memorandum of Understanding with NHS England and the Integrated Care Board

South Yorkshire ICB will seek to provide the highest quality services to our patients. In order to support delivery of this ambition, the ICB has worked with NHS England to develop a Performance and Improvement Framework (PIF), which sets out the means by which we will conduct assurance and oversight within our system. It ensures that we:

- i. Are clear about accountability for delivery;
- ii. Provide oversight up to system level;
- iii. Co-ordinate improvement and sharing of good practice, and
- iv. Are clear about assurance mechanisms.

The PIF is based around the six domains in the NHS Oversight Framework; aligns with the ICB System Delivery Group infrastructure; and sets out the accountabilities, roles, responsibilities and assurance process for individual Foundation Trusts, Provider Collaboratives and Place Partnerships.



# 6 What are we going to do to support delivery of our Strategy?

To support delivery of our initial Integrated Care Strategy, the national objectives set out in the NHS Planning Guidance for 2023/24 and our statutory requirements we have identified a number of areas of focus that underpin and are fundamental to delivery of our Joint Forward Plan.

The objectives are all essential areas of focus across the breadth of our plan if we are to deliver the detailed delivery plans set out in our Joint Forward Plan.

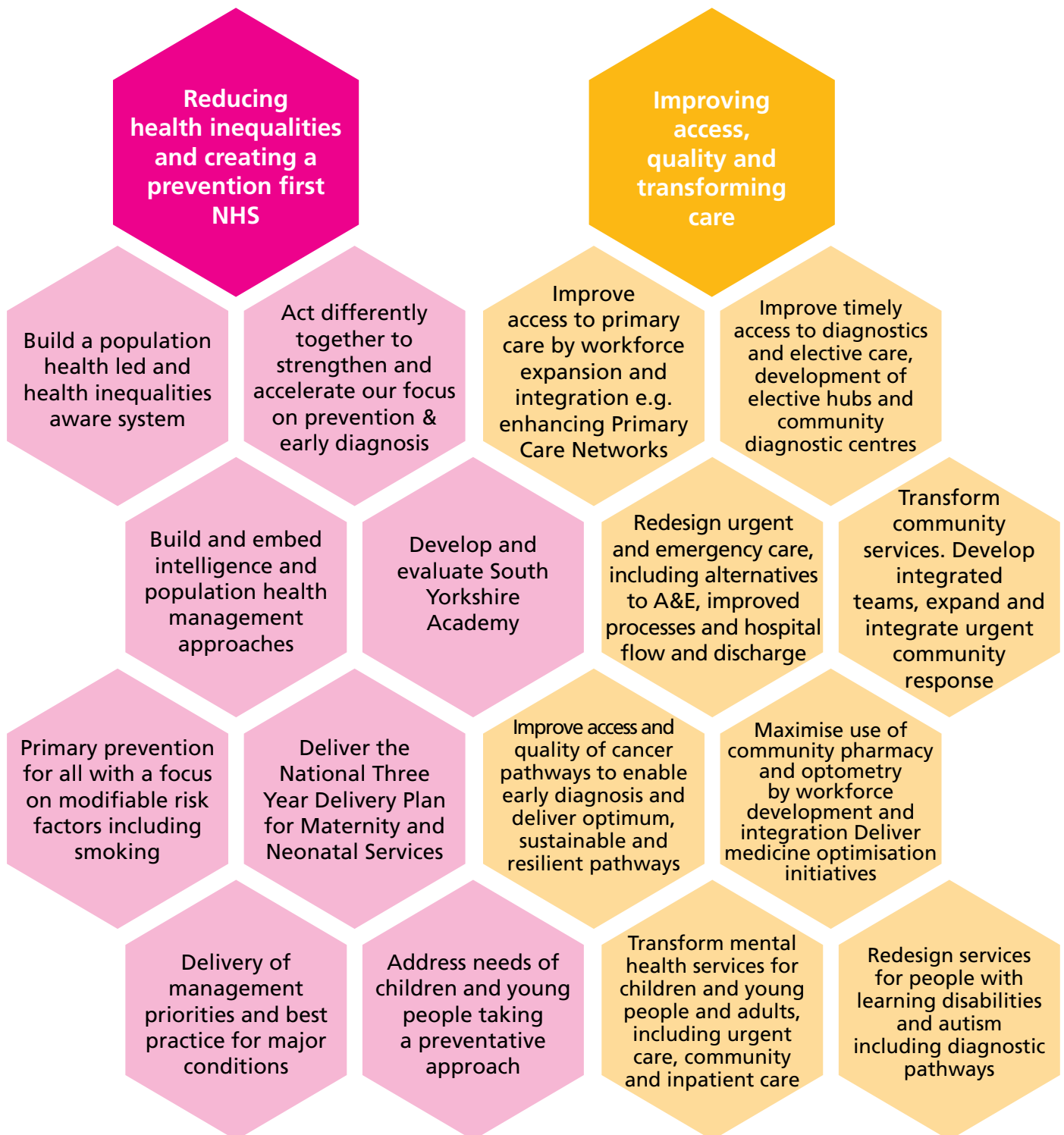
By focusing on these we will also contribute to delivery of our Integrated Care Strategy.





In addition to the objectives set out above, this Joint Forward Plan sets out specific areas of focus for the NHS, the outcomes we are striving to deliver, and more detailed transformation plans across a range of programme areas and key enablers.

The following diagrams provide a summary of the areas covered in our plan and is followed by a summary of the key outcomes we have identified.





# South Yorkshire Joint Forward Plan

## - Summary



**Taking a preventative, population health approach and reducing health inequalities in all we do by focusing on those with greater needs**

**Improving access, quality and transforming care**

**Working in partnership with people and communities and Voluntary, Community & Social Enterprise (VCSE)**

Improving maternity services and services for children and young people (0-25 years).

Improving access to Primary Care (GPs, Primary Care Networks (PCNs), community pharmacists, optometrists and dentists).

Transforming Community Services (Including proactive integrated community teams, delivery of urgent community response and expansion of virtual wards.).

Recovering urgent and emergency care, including developing alternatives to A&E, improving processes, hospital flow and discharge.

Recovering & optimising cancer, elective and diagnostic pathways, implementing best practice and reducing variation.

Improving access and transforming mental health services for children and young people and adults.

Improving access and redesigning specialist services for those with learning disabilities and autism.

**Supporting and developing our entire workforce**

**Maximising opportunities and benefits of digital, data and technology and research and innovation**

**Making best use of our collective resources**



# South Yorkshire Joint Forward Plan

## - Outcomes

This Joint Forward Plan is a key delivery vehicle for our Integrated Care Strategy and has the same ultimate vision and goals, and so the approach we are taking is to build on our existing Outcomes Framework (OF) to include the key measures and metrics that align to the JFP objectives and priorities.

The following diagram summarises the outcomes we have identified, the indicators will also have an inequalities lens applied to them. These will be monitored alongside our Integrated Care Strategy outcomes as well as our key performance indicators relating to the operational planning objectives.

### NHS South Yorkshire - Outcomes





# Phasing in our Joint Forward Plan

## Our plan is to take a phased approach to delivery.

Our immediate priority is to continue to recover our services in a way that all our communities have equitable access to the care and support they need. Whilst continuing to be both relentless and creative to prevent ill health in the first place, and in our commitment to working in collaboration on the wider determinants of health to achieve our ambition of reducing health inequalities in South Yorkshire. We will also continue to progress delivery of the key ambitions in the NHS Long Term Plan to transform the NHS for future generations. Below sets out the shape of our plan in years 1-2 and 3-5. More detail can be found in subsequent sections of the plan.

Year 1 - 2



- Developing a population health led and health inequalities aware system, including building our South Yorkshire Population Health Academy to help enable and support our workforce with the skills, tools and capability to do this
- Refreshing and building intelligence and population health management approaches and engagement mechanisms working with VCSE
- Acting differently together to strengthen and accelerate our focus on prevention and early identification focusing on those with greatest needs
- Focusing on smoking and delivery of the South Yorkshire QUIT Programme connecting with and building on our tobacco control work
- Taking a personalised, preventative approach to long term conditions, implementing management priorities and addressing multi morbidity
- Developing our workforce strategy to support, develop and expand our workforce
- Delivering our Digital Strategy and developing a data and intelligence strategy
- Delivery of the three year Delivery Plan for Maternity and Neonatal Services
- Addressing needs of children and young people by implementing Children and Young People's Transformation Programme (CYP)
- Focusing on immediate actions to recover services, to improve timely access to primary care, diagnostic, elective and cancer pathways, mental health and learning disability services for children and young people and adults, and urgent and emergency care, including delivery of integrated community services, urgent community response and expanding virtual wards
- Delivering the national objectives in the Operational Planning Guidance for 2023/24 and 2024/25

Year 3 - 5



- Embedding population health management approaches to become a mature population health led system
- Continuing to collaborate with partners, focusing on prevention and early identification for those with greatest needs
- Embedding a primary prevention for all approach and working with people and communities to codesign sustainable prevention programmes
- Complete delivery of the three year Delivery Plan for Maternity and Neonatal Services and CYP Transformation Programme
- Deliver new service models that integrate primary, community and hospital services enabled by our Provider Collaboratives and Alliances
- Embed quality improvement, taking an evidence based approach to improve quality of care and health outcomes to reduce inequalities in access, experience and outcomes, address unwarranted variation in care pathways and further contribute to addressing health inequalities.
- Continue to transform and redesign mental health services and learning disability and autism services to improve access and quality of care
- Continue delivery of annual Operational Planning Requirements beyond 2024/25 and NHS universal commitments in NHS Long Term Plan



# 6.1

## Focus on improving population health and reducing health inequalities

Taking a prevention focused population health approach and addressing health inequalities in all that we do.

### Measurable outcomes

Link directly to our system goals to:

- **Reduce mortality amenable to healthcare**
- **Patient and family experience reported measures**
- **Inequality in access, experience and outcomes**
- **Outcomes of CORE20PLUS5 national framework - adults and children**

### Our plans

**Our overall aim is to become a population health and prevention led ICS, using data and intelligence to strategically influence and inform our priorities and decisions. We aim:**

- To embed a culture change across the organisation so we have a clear focus on the needs of our population with prevention and reducing inequalities at the heart of what we do to improve health equity.
- To identify opportunities to work at scale where it makes the biggest impact and best use of resources
- To adopt a primary prevention for all approach and signposting those in hospital to primary prevention and support services that are already available
- To focus on improving access and quality of care and reducing inequality in access, experience and outcomes, working with people, communities and VCSE partners and adopting a co-production approach involving people in service redesign
- To focus on multi-morbidity, rather than individual diseases and taking a personalised approach to treatment plans

- To respond to the impact of wider social and commercial determinants on communities and individuals alongside our partners, including where people live and work, their housing and employment. Working together to address these wider determinants to aid delivery of our bold ambition to accelerate and strengthen our focus on prevention
- To work collaboratively and deliver on the CORE20PLUS5 framework
- To develop workforce awareness and education tools and resources for population health, prevention and health inequalities through the South Yorkshire Population Health Academy
- To embed population health management approaches to inform decision making on priorities and where money is spent in responding to greatest need in line with our joint commitment
- To develop and mobilise an Intelligence Function across the ICS that allows us to better understand and respond to the wider determinants of health
- To move towards a 'thriving' level of digital maturity for Population Health Management to support the use of data and intelligence tools to drive change and transformation, enabling the organisation to be 'data-confident'

### South Yorkshire Population Health Academy

In early 2022 South Yorkshire launched its own Population Health Academy for Population Health and Health Inequalities as a platform to connect people working across all sectors of our health, care and VCSE system to raise awareness and share knowledge. The academy has delivered a number of masterclasses which has given our workforce a better understanding of our population's health needs in our communities. The academy will develop the confidence and capability of our workforce to enable cultural change to facilitate better collaboration and integration with the intent of reducing health inequalities.





## Key National Expectations

### The Operational Planning requirements for 2023/24 include

- Continue to narrow health inequalities in recovery, access, outcomes and experience adults and CYP and Quality and Safety in maternity services
- Elective recovery plans set out recovery of services inclusively, outlining the actions, interventions, and impact to address HIs
- Prevention and effective LTC management is key to improving population health ICB to develop plan for primary and secondary prevention
- Continue to address HIs and deliver on CORE20PLUS5 approach adult and children
- Confirmation that an Equality and Health Inequalities Impact Assessment has been completed and published, or a date given when it will be published by, for elective recovery plans locally
- ICSs and trusts have published board papers that include an analysis of waiting times disaggregated by ethnicity and deprivation

### Reducing Healthcare inequalities five priority actions

- Restoring NHS services inclusively
- Mitigating against 'digital exclusion'
- Ensuring datasets are complete and timely
- Accelerating preventative programmes
- Strengthening leadership and accountability

### The NHS Long Term plan requirements include

- Preventing illness and tackling health inequalities
- Reducing local health inequalities and unwarranted variation
- Focused on prevention
- Engaged with Local Authorities
- Driving innovation
- A proactive approach to prevention and reducing health inequalities

**Priorities for year 1 and 2 - These priorities aim to develop and strengthen the foundations and building blocks of our strategic approach in South Yorkshire to becoming a population health led system. They focus on creating the environment, relationships and infrastructure.**

#### Becoming population health led

Implement the South Yorkshire Population Health Academy to raise awareness and visibility of population health and health inequalities

External independent evaluation of the Academy to be undertaken in year 2

Proactively work with Places and partners to adopt PHM approaches and deliver at scale transformation that improves our population health, physical and mental health and reduces health inequalities

Delivery of the CORE20PLUS5 adults and children through innovative and integrated ways of working that delivers on the requirements of the national framework and demonstrate impact of interventions through the outcomes dashboard

#### Becoming prevention led

Develop health and wellbeing support offers using make every contact count opportunities that optimise outcomes for our population and patients as part of our primary prevention for all

Continuing leadership and implementation of the ICB prevention priorities and programmes, measure outcomes to demonstrate impact of interventions through the Outcomes Dashboard

Mobilise the Voluntary, Community and Social Enterprise Sector (VCSE) Memorandum of Understanding to establish how we can best engage with our areas of greatest need in prevention approaches

#### Becoming intelligence led

With partners establish and agree ways of working as an intelligent system across the ICS

Build and embed intelligence and population health management approaches across our system, including a [data platform](#)

Develop and implement PHM digital tools and capability that will transform the way we design and deliver multi-disciplinary patient care focused on improving outcomes

# Ensuring the best start in life - Maternity

## Outcomes

- Neonatal mortality and stillbirth rate
- Percentage of mothers that reported smoking at time of delivery
- Maternal mortality rate (by ethnicity)
- The rate of premature births
- The admission rates of babies aged under 14 days
- Neonatal brain injury (TBC)
- Prevalence of breastfeeding

## Our plans

- To continue to engage with service users via our Maternity Voices Partnerships and reach out more broadly working with VCSE to engage with our diverse communities to inform our plans and enable co production
- To fully restore services and improve access including access to all vaccinations
- To personalise our offer by embedding personalised care and support plans
- To take a preventative approach, including implementing a diabetes prevention programme, offering smoke free pregnancy support, maternal mental health and wellbeing support and family support for women with complex social situations, addressing the wider social determinant of health
- To continue to develop and implement plans to increase breast feeding
- To implement our Equity and Equality Action Plan (2022 – 2027) to reduce health inequalities including via community hubs in the areas of greatest need
- To deliver workforce plans developed in response to Ockenden
- To transform delivery through continued implementation of continuity of carer
- To digitally enable maternity services and delivery of new models of care including continuity of carer and family hubs
- To implement maternal medicines networks for those with complex needs
- To improve and standardise pelvic health services
- To consider sustainability, promote the positive impact of breast feeding on climate change and understand the environmental impact of etinox

## Maternity and Neonatal Network Equity & Equality Action Plan

The South Yorkshire Local Maternity and Neonatal Network Equity & Equality Action Plan was co-produced in 2022 and reflects and responds to the health inequalities and risk factors in our population and sets out clearly our areas for action aligned to this Joint Forward Plan.

[Equity and Equality Action Plan 2022-27](#)

## Early Years Pilot

Successfully securing funding in June 2023, this new pilot will build on the ambition for all children to have the best start in life supporting their development in early years by introducing an innovative model of delivery supporting preventative intervention during pregnancy. Delivery will focus on our most deprived neighbourhoods in each place and be primarily through VCSE applying a holistic family intervention model radically moving away from silo working and single service offers. This new model will connect with our developing Family Hubs and the interventions provided by Midwifery Services and the Healthy Child Programme. Collectively contributing to the delivery of our bold ambition focused on development in early years.



## Ensuring the best start in life - Maternity

### Key National Expectations

#### The Operational Planning requirements for 2023/24 include

- Delivery of actions identified in final Ockenden report
- Ensuring every woman receives personalised and safe care, a personalised care plan and is supported to make informed choices
- Implementing the local equity action plans to reduce inequalities in access and outcomes for those that experience the greatest inequalities
- Progress towards the national safety ambition to reduce still birth, neonatal mortality, maternal mortality and serious intrapartum brain injury
- Increasing fill rates against funded establishments for maternity staff

#### The NHS Long Term plan requirements include

- Implementing continuity of carer as the default model for all women
- Implementing all elements of Saving Babies Lives
- Preventing pre term birth; implementing preterm birth clinics and improving neonatal optimisation
- Improving smoking cessation services, delivering smoke free pregnancy pathways
- Improving digital care records
- Implementing maternal mental health services
- Achieving Unicef Baby Friendly Initiative (BFI) Accreditation

### Three year delivery plan for maternity and neonatal services

#### Theme 1: Listening to and working with women and families with compassion

- Care that is personalised, Improve equity for mothers and babies, Work with service users to improve care

#### Theme 2: Growing, retaining and supporting our workforce

- Grow our workforce, Value and retain our workforce, Invest in skills

#### Theme 3: Developing and sustaining a culture of safety, learning and support

- Develop a positive safety culture, Learn and improve, Support and oversight

#### Theme 4: Standards and structures the underpin safer, more personalised, and more equitable care

- Standards to ensure best practice, Data to inform learning, Make better use of digital technology in maternity and neonatal services

### Maternity - Priorities Year 1 & 2

**To contribute to our bold ambition** to raise the level of school readiness in South Yorkshire and close the gap in those achieving a good level of development between those on free school meals and all children by 25% by 2028/30

#### Delivery of Themes 1 and 3

**Personalised care and support planning** - Co produce and standardise personalised care and support plan offer

Implement the **Equity and Equality** Action Plan 2022/27 to reduce health inequalities, including delivery of smoking in pregnancy pathways linked into QUIT Programme

Work with our MNVPs and Neonatal ODN

#### Delivery of Theme 2

##### Workforce strategy and redesign

Workforce expansion including midwifery apprenticeships and MSc shortened course for Nurses

**Support Retention** through recruiting pastoral leads in each organisation, enhancing midwifery ambassadors

##### Continuity of carer

Expansion of continuity of carer for those with greatest needs

#### Delivery of Theme 4

##### Implement Perinatal Quality Surveillance Model (PQSM)

Reduce still birth, neonatal mortality, maternal mortality and serious intrapartum brain injury

Reduce pre term birth; through preterm birth clinics and improving neonatal optimisation

#### Working with Partners & New Service Developments Family hubs

Work with CYP Alliances and Places to deliver family hubs

##### Optimise neonatal service delivery

Including procuring equipment to support neonatal optimisation and to manage brain injury

##### New service developments

Culturally sensitive genetics services

Standardised pelvic health services

# Addressing the needs of children and young people (0-25 yrs)

## Measurable outcomes

- **Unplanned admission rates for asthma, diabetes and epilepsy in under 19s**
- **Hospital tooth extractions due to decay for children**
- **Elective waiting times for children**
- **School absenteeism**

## Our plans

- Focusing on development in early years is a bold ambition in our Integrated Care Strategy.
- The National Children and Young People’s Transformation Programme sets out areas the NHS can directly contribute to this and work with others to enable delivery.
- Our plans include working with VCSE partners to engage children and young people and their families to ensure they have a voice to inform plans and enable involvement.
- Strengthening our South Yorkshire CYP Alliance, working with partners in early years, education, primary, community integrated teams, social prescribers and VCSE.
- To work in partnership with our Local Maternity Network (LMNS) and places in the development of family/community hubs, co locating services in areas of greatest need.
- To work in partnership with places and MHLDA Provider Collaborative to expand mental health services for children and young people to improve access and reduce waits and to understand needs of children and young people with autism and address diagnostic waits for neurodiversity assessments.
- Taking a preventative and personalised approach to improvements in asthma, diabetes, epilepsy and obesity through South Yorkshire Groups in line with CORE20PLUS5 approach, including a diabetes pilot for those with greatest needs to use rtCGM or insulin pumps.
- Supporting delivery of the Core20connectors pilot to reduce the number of children under the age of 10 years requiring tooth extractions.
- Support the model of paediatricians linked to schools where cultural differences inhibit access to services, enabling assessments at school.
- Support the South Yorkshire pilot service working with CYP with complications of excess weight.
- To link with established organisational groups to support improvements in transitions with a specific focus on the diabetes transitions pathway.
- Support The Healthier Together website providing health & wellbeing information for CYP, parents, carers and professionals.
- To work with our UEC Alliance and MHLDA Provider Collaborative to ensure integrated urgent emergency care meets the needs of children and young people to reduce hospital admissions.
- Support delivery of a violence reduction youth navigator pilot, taking a joined-up approach with partners to support young people’s mental health and wellbeing to address life challenges.
- To work with partners to develop a vision, care model and funding model for palliative care and end of life care to meet national standards
- To maximise the opportunity afforded by our Acute Federation Provider Collaborative being selected as one of nine provider collaborative innovators nationally to build an integrated operational delivery model to deliver outstanding care for children and young people.
- Workforce development plans, including the introduction of physician associates.

## Health Equity Collaborative

Barnardo’s and the Institute of Health Equity, led by Prof Sir Michael Marmot, are partnering with South Yorkshire to shape the way ICSs create health and address health inequalities among children and young people. The vision is to guarantee a basic state of health and wellbeing for all children, regardless of circumstance. The aim is for ICSs to give equal weight to children and young people’s health creation, as to their health and care service integration: the most cost-effective way to achieve health equity and reduce health inequalities. The focus is on health creation, incorporating the role of the VCSE sector in understanding and acting on the wider determinants of health.



## Addressing the needs of Children and Young People (0-25 years)

### Key National Expectations

#### The Operational Planning requirements for 2023/24 include

- A number of requirements in the operational planning guidance are relevant for children and young people, including improving access to primary care, reduce waiting times for planned hospital care, mental health services and community therapy waits e.g. autism and ADHD assessments
- Continuing to deliver against the five strategic priorities for tackling health inequalities, consider the needs of children and young people and reflect the CORE20PLUS5 now adapted for children and young people in plans
- Specifically improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)

#### The NHS Long Term plan requirements include

- The Long Term Plan set out the need for more NHS action on prevention and health inequalities, including addressing obesity for children and young people and taking action to improve their health and wellbeing. It had a specific focus on enabling a strong start in life. It also extended the age range to 25 years to reduce inequalities and improve outcomes in aspects of care such as transitions, special educational needs, looked after young people/care leavers and ensuring access to mental health services.

#### The National Children and Young People's Transformation Programme

- Based on the commitments in the Long Term Plan the National Programme seeks to improve outcomes and reduce health inequalities for all those aged 0-25. This includes:
  - Reduce infant mortality rates
  - Expanding mental health services for children and young people
  - Personalised care and involvement of children and young people
  - Improvements for long term conditions, such as asthma, diabetes and epilepsy
  - Improved cancer outcomes and experience
  - Understanding the needs of children with autism
  - NHS services that keep children well, including through technology
  - Reducing hospital admissions by providing joined up care
  - Improve transition to adult services and move to 0-25 years

### Addressing needs of children and young people (0-25) priorities for year 1 and 2

**To contribute to our bold ambition** to raise the level of school readiness in South Yorkshire and close the gap in those achieving a good level of development between those on free school meals and all children by 25% by 2028/30

#### Involving children and young people

Working with VCSE and children and young people to ensure they have a voice and facilitate involvement

#### Health Equity Collaborative

Participate in the Sir Michael Marmot and Barnardo's Health Equity Collaborative to develop a Health Equity Framework and toolkit to address inequalities

#### Long Term Conditions

Take a preventative and personalised approach to improvements in asthma, diabetes, epilepsy and obesity, in line with core 20+ Framework

#### New service models and pilots

Core20 connectors pilot to reduce tooth extractions  
 New delivery model linking paediatricians to schools to  
 Continued development of The Healthier Together website  
 Work with UEC Alliance to ensure integrated emergency care meets needs of children and young people

#### Children & Young People's Mental Health

Work with Mental Health and Learning Disability Provider Collaborative to expand mental health services for children and young people and understand the needs of those with autism, including neurodiversity assessment pathways

#### Family hubs

Work with Local Maternity and Neonatal Network and Places to deliver family hubs

# Strengthen our focus on prevention, early identification and improve management of Long Term Conditions

## Measurable outcomes

- The percentage of adults who smoke
- Hospital admissions for alcohol-specific conditions
- Percentage of adults that are obese
- The rate of deaths in the under 75s from major diseases
- Rate of emergency admissions for major diseases
- The prevalence of multi-morbidity in patients with Long Term Conditions
- Proportion of people feeling supported to manage their condition

## Our plans

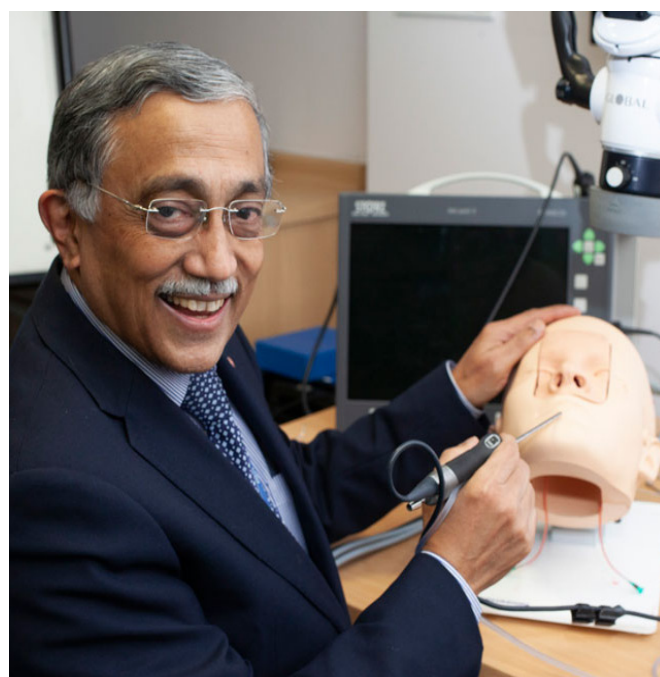
**Our needs assessment identifies that the main risks associated with our biggest diseases are largely modifiable or preventable, in response to this our plans include:**

- To focus on the primary prevention and having impact on the modifiable risk factors smoking, healthy weight (diet and physical activity), alcohol and hypertension, particularly clustered unhealthy behaviours.
- To extend this to work with partners (including VSCE) to address the wider determinants of health, e.g. addressing housing issues, air pollution and mitigating impact of the cost of living.
- To respond to the changing burden of disease as identified in our needs assessment with a focus on multi morbidity, primary prevention, early identification, and good quality clinical care to prevent early onset of disease and delay further acquisition of LTCs.
- To take a holistic approach to encompass mental health and wellbeing alongside physical health conditions to respond to increasing mental health needs.
- To a focus on early identification and care (monitoring, control and management) of the main causes of our premature mortality, cardiovascular, respiratory and early diagnosis of cancer, targeting those with greatest needs.

- This will include improving early detection of causes e.g. high blood pressure, lipids and taking action.
- To promote patient involvement and support patient self management and recovery, including rehabilitation prior to cancer therapy and rehabilitation for those with cardiac and respiratory conditions and stroke to delay onset of multi morbidity and frailty.
- To embed innovation and new models of care personalisation approaches to treatment plans and the development of a 'Year of Care' model to coordinate multi-disciplinary care including VCSE.

## We need to embed secondary and tertiary prevention opportunities into our LTC management:

- To deliver primary, secondary and tertiary prevention through NHS services
- To widen access so more patients are eligible for interventions
- To ensure that the models of care available are optimal and quality assured
- To support patients to have the information and tools to self-manage their care and prevent a co-morbidity from occurring
- Improve patient support and compliance with care plans by supporting those who may need enhanced support





## Strengthen our focus on prevention, early identification and improve management of Long Term Conditions

### Key National Expectations - Major Conditions Strategy Expected Summer 2023

#### The Operational Planning requirements for 2023/24 include

- Increasing percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
- Increasing percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20% on lipid lowering therapies to 60%
- Self-referral routes to weight management services
- Continue to address health inequalities and deliver on the CORE20PLUS5
- Accelerating preventative programmes; covering flu and Covid-19 vaccinations; annual health checks for people with severe mental illness (SMI) and learning disabilities; supporting the continuity of maternity carers and targeting long-term condition diagnosis and management.
- Effective management of LTC as a continuation of delivery of the NHS LTP working with clinical and delivery networks.

#### The NHS Long Term plan requirements include

- Delivering better care for major health conditions (cardiovascular disease, stroke care, diabetes, respiratory disease) by improving detection and care and implementing new models of care, providing education, rehabilitation and exercise programmes include remote and digital models.
- Make sure that smoking status is assessed on admission to hospital and that every smoker who has a stay overnight is offered advice, support and treatment to stop smoking
- Make sure that smoking status is assessed for every pregnant person and that every smoker is offered with support and treatment to help stop smoking. Partners and household members who smoke will also be offered support to stop.
- Help people using outpatient services for conditions that are made worse by smoking (for example cancer) to quit smoking
- Make sure more people can access support to help control their diabetes
- Support more people to attend weight management services, especially those who are obese and have another condition e.g. high blood pressure
- Make sure that people admitted to hospital with alcohol related problems can be cared for by specialist Alcohol Care Teams
- Continue to use antibiotics sensibly
- Provide digital tools to enable more people to access online NHS services and support self-management and empowering people to better manage their conditions

### South Yorkshire Health Inequalities Event held in Rotherham

Rotherham Council hosted an event at Rotherham United's New York Stadium in February where members of the Health and Wellbeing Boards across South Yorkshire, the Integrated Care Partnership (ICP) and Integrated Care Board (ICB), came together to hear examples of current work to address health inequalities, explore areas of potential collaboration and identify opportunities to work on a South Yorkshire footprint.

Keynote speakers included experts and regional leaders, Prof Chris Bentley, Former Director of Public Health in South Yorkshire and Head of the Health Inequalities National Support Team, and Oliver Coppard, Mayor of the South Yorkshire Mayoral Combined Authority, and chair of the SY Integrated Care Partnership, as well as local leads on health inequalities. Professor Chris Whitty, Chief Medical Officer for England, was one of the speakers who joined remotely to give a presentation and led a discussion about prevention in healthcare. The afternoon was used to action plan and identify opportunities for joint working and the output has informed this Joint Forward Plan.

### Barnsley Older People Physical Activity Alliance

The Barnsley Older People Physical Activity Alliance (BOPPAA) was commissioned by Barnsley Council to develop a coordinated approach to improve strength and balance, emotional wellbeing and resilience of older people in Barnsley.

During 2022 the BOPPAA, led by Age UK Barnsley working with communities in collaboration with NHS, private and VCSE partners increased the number of physical activity sessions by 40%.

### Doncaster Primary Care Mental Health Hubs

The role of Mental Health and Wellbeing Practitioners in Primary Care Mental Health Hubs is already making a difference in Doncaster. These roles are working as part of an integrated team offering support and regular engagement with people living with mental health conditions supporting them with access to information and tools to manage their own condition and enabling them to regain their independence.



## Strengthen our focus on prevention, early identification and improve management of Long Term Conditions Priorities Year 1 & 2

**To contribute to our bold ambition** to reduce the percentage of our adults that smoke to 5%

Primary Prevention – focusing on modifiable risk factors	Early identification of Long Term Conditions (LTCs)	Optimal models of care delivery	Support for Self-Management
<p><b>Smoking</b> Improve treatment of tobacco dependency within secondary care Trusts.</p> <p>Develop QUIT pathways for community mental health.</p> <p>Build on and strengthen connections with place based tobacco control work.</p> <p><b>Healthy weight and physical activity:</b> Taking a compassionate approach to review obesity pathways and tier 3 weight management services.</p> <p>Identifying opportunities to integrate physical activity into pathways.</p> <p><b>Alcohol:</b> Improve impact of Alcohol Care Teams and Alcohol Pathway Quality Improvement Programmes on alcohol dependency for patients and their families.</p>	<p>Ensure delivery and increase uptake of health checks with a focus for those with Serious Mental Illness and Learning disabilities.</p> <p>Increase the prevention, detection and management of cardiovascular risk factors e.g. hypertension and cholesterol especially in those people in the areas of highest deprivation.</p> <p>Improve access to diagnostics for those most likely to have undetected disease, including: spirometry for respiratory disease, diabetes, urgent stroke and Cancer.</p>	<p><b>Multi-morbidity:</b> Taking a preventative, personalised and integrated approach to care, embed evidenced based innovation and deliver new models of care that optimise LTC management. To prevent or delay onset of additional LTCs.</p> <p>Taking a holistic approach to encompass mental health and wellbeing alongside physical health conditions to respond to increasing mental health needs.</p> <p><b>Rehabilitation:</b> Increase access to quality assured programme of education and exercise-based rehabilitation and increase completion rates for Pulmonary Rehab and Cardiac Rehab. Roll out of the Integrated Community Stroke Rehab model.</p>	<p>Develop and embed collaboration and co-production with VCSE and social prescribing in LTC.</p> <p>Develop digital tools and a support offer for people with long term conditions to increase uptake of self-management offers. Building on existing infrastructure and working with partners to develop new innovative approaches.</p> <p>To support people with the information and tools to manage their own and live healthier lives.</p>

### SY QUIT Programme

The South Yorkshire QUIT Programme is an innovative programme to make the effective treatment for tobacco addiction part of the routine care offered by all our hospitals. It recognises that smoking is an addiction, not a lifestyle choice and is a preventable illness we have effective treatments for. It has been developed in partnership with Yorkshire Cancer Research and through collaboration with our Local Authority commissioned Community Stop Smoking Services it provides onward referrals for those wishing to quit and to date has enabled over 1,200 people to quit smoking.

South Yorkshire is one of the only ICBs in the England to have established Tobacco Treatment services within all Secondary Care settings and in recognition of the ICBs commitment to reducing smoking prevalence £1.8m of Health Inequalities money was allocated to the programme to sustain the level of investment previously supported by Yorkshire Cancer Research. Strengthening and accelerating our approach working with partners, increasing connectivity with our tobacco control work will be key to delivering on our bold ambition to reduce smoking in South Yorkshire.

### Supporting Cost of living and reducing inequalities

In January, the Sheffield place team allocated grants of £5-20k to 28 VCS organisations to tackle the wider determinants of health. The groups work in areas of greatest deprivation, with the homeless, asylum seekers and refugees, women experiencing abuse, people with disabilities, and more. The grants were to alleviate the impact of the cost of living crisis as VCS has the reach, skills and knowledge on how to support people living in poverty. Over the next 5 years we will build on the relationship with the VCSE and our most deprived communities by embedding a model of co-production, which enables us to empower local communities to work in partnership to design a neighbourhood model which spans across the wider determinants of health, and creates an environment of community power so local communities have the influence to design services to best meet their needs.



# Focus on quality, access and transforming care

## Primary Care

(GP Practices, Primary Care Networks, Community Pharmacy, Optometrists and Dentists)

### Measurable outcomes

- **Patient satisfaction with accessing GP services**
- **Patient satisfaction with accessing NHS dental services**
- **Units of dental activity in adults and children**
- **Number of GP practice appointments**
- **Annual health checks for those with SMI or LD**

### Our plans

- Access to and quality of services were identified as what matters most to people in South Yorkshire and a key priority in our plan is to improve access to primary care, with particular emphasis on General Practice, ensuring every patient can benefit from new technologies for communicating and accessing care, developing acute same day urgent care for acute problems and planned care pathways to improve access and deliver personalised ongoing management (see LTC section).
- Our plans include all primary care contractor groups, GP practices, Community Pharmacy, Optometrists and Dentists, creating integrated neighbourhood teams, building on and expanding the clinical roles increasingly employed in Primary Care Networks (PCNs), ensuring that every PCN additional clinical roles through the national ARRS scheme. These roles will increase the number of appointments available to patients in a GP setting, meeting our share of the promised 50m extra appointments (National).
- We will further develop our Workforce Training Hub to provide good quality support, mentorship, training opportunities for existing clinicians and create an environment for learning and development that attracts and retains our new and increasingly diverse workforce in primary care, not only in GP practices but across wider primary care also. Where we do not have access to relevant training and university courses within SY we will work with our educational providers to create the potential to 'grow our own' health and care workforce for the future.
- Our plans will enable delivery in layers of scale, through integrated neighbourhood teams, MDTs established with wider primary care participation, working with VCSE Sector, developing social prescribing and care navigators so that they work across all primary care providers.
- Implementation of the recommendations made in the recent Fuller stocktake including the transformation of primary care led by integrated neighbourhood teams.
- Our wider PC providers will be an equal contributor as we focus on what we can and must deliver in the first two years of this plan. For optometry these plans include optimising minor eye condition schemes, workforce development to include independent prescribing and rolling out Eyecare Electronic Referral System (EeRS) to enable direct referral to Ophthalmology and image transfer.
- For community pharmacy these plans include optimising delivery of discharge medicines service by Trusts, maximising the use of NHS mail to improve communication between GP and Pharmacy, ensuring every GP practice uses the Community Pharmacy Consultation Service whilst we support our Pharmacy teams with workforce development, creating opportunities for development of independent prescribers and recognise the skills of the pharmacy team and the location of pharmacy premises close to local communities when we undertake our review of locally commissioned services.
- For dental our plans will focus on restoring activity to greater than it was in 2019 and enabling equitable access, experience and outcomes aligned to CORE20PLUS5 and population need. To do this we will work with HEE to develop a sustainable and appropriately trained dental workforce.
- We are working to provide better diagnostics, physiotherapy and out of hospital clinics, some which will support patient self referral, and ultimately this requires our population to understand what is on offer and how best to access and use it. Our communications with our SY population will therefore focus on developing an understanding of the many new roles and services, delivered in different settings, possibly by a different professional than they are used to.
- Our plans for services and workforce growth could be limited by the restrictions of some of our premises, to try to avoid this we will look to innovative ways of providing access to and delivery of services. We will promote the NHS App and 'digital' consultations with a GP or the most appropriate professional, building on existing developments in our places.



## Key National Expectations - (NB – GP Access recover plan expected end of March 23)

### The Operational Planning requirements for 2023/24 include

- Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
- Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
- Continue the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
- Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
- Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
- Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
- Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
- Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%

### The NHS Long Term plan requirements include

- More healthcare staff working in and with GP practices, enabling people to get an appointment with the right professional depending on their needs.
- More GPs, nurses and 20,000 additional pharmacists, physiotherapists, paramedics, physician associates and social prescribing link workers
- Expansion in the number of services available in local GP practices including better services to diagnose people, physiotherapy and outpatient clinics that have previously only been available in hospital
- NHS App and 'digital' GP consultations

### Other

- Next steps for integrating primary care: Fuller Stocktake report
- GP Access Recovery Plan (published May 2023)
  - Empower patients by improving the NHS App functionality, increasing self referral pathways and expanding community pharmacy
  - Implement new modern general practice access approach, including new telephony and digital access, care navigation and continuity, rapid assessment and response
  - Build capacity, by growing multidisciplinary teams, expanding GP speciality training, focusing on retention and return of GPs and ensuring primary care is prioritised in new housing developments.
  - Reduce bureaucracy, by improving the primary-secondary care interface, building on the Bureaucracy busting concordat, streamlining the investment & impact fund, reducing indicators to free up resources.

## Primary Care (GP Practices, Primary Care Networks, Community Pharmacy, Optometrists and Dentists) Priorities Year 1 & 2

Improving access	Workforce development	Integration & new service models
<p><b>Improving Access</b></p> <p>Develop and implement plans that are in line with the recommendations set out in the GP Access and Recovery Action Plan to improve access, including use of technology, expanding the workforce across primary care to create additional appointments and developing acute/same day urgent and planned care pathways.</p>	<p><b>Workforce expansion</b></p> <p>Building Integrated Neighbourhood Teams, expanding clinical roles in Primary Care by maximising recruitment through the ARRS scheme</p> <p>Expanding role of Community Pharmacy through delivering Pharmacy First</p> <hr/> <p><b>Workforce Training</b></p> <p>Further develop the Workforce Training Hub to provide support, mentorship and training for primary care workforce</p> <p>Increase training in care navigation</p>	<p><b>Integration</b></p> <p>Work with community services to implement recommendations in Fuller Stocktake Improving the primary-secondary care interface</p> <hr/> <p><b>Community Pharmacy</b></p> <p>Optimise delivery of discharge medicines service, maximise use of NHS mail and ensure GP practices use Community Pharmacy Consultation Service</p> <hr/> <p><b>Optometry</b></p> <p>Optimise minor eye condition schemes, workforce development and electronic referrals to enable direct referral to Ophthalmology and image transfer</p> <hr/> <p><b>Dental</b></p> <p>Continue to implement service restoration plans</p>

# Integrated Pharmacy and Medicines Optimisation

## Measurable outcomes

- Antibiotic prescribing rates
- Hypertension diagnoses
- SABA prescribing

## Our plans

- Access to high quality services was the main theme in our engagement work and is a key focus of our Joint Forward Plan. This includes broadening our access offer through maximising the use of community pharmacy and fully utilising their skills. The provision of aseptic shared services will be examined to maximise access to treatment close to home. Improving access for all, including those in our CORE20PLUS5 communities to contribute to reducing health inequalities.
- It also includes supporting our prevention workstreams for hypertension and hyperlipidemia, working with general practice to reach patients and enable early identification, including our CORE20PLUS5 communities. Respiratory work is being undertaken across Places to better manage COPD and asthma patients.

- Workforce planning will improve access to professional supported medicines optimisation for all patients.
- Plans also include reducing avoidable harm from medicines by establishing a network of medicines safety officers, improving discharge processes, and reducing opioid and other controlled drug prescribing.
- Our plans also include financial sustainability, medicines value initiatives, reducing duplication of services across the ICS, improving recruitment and retention, support for home care and mental health provision for integrated pharmacy and medicines optimisation.
- Environmental sustainability has also been integrated into the medicines and guidance commissioning process. This includes the reduction in use of short acting MDI inhalers and a refresh of emphasis on products of limited use as per NHSE guidance.



## Diabetes Medicines Optimisation

Across South Yorkshire there is variation in practices achievements in delivering the 8 care processes and in the control of blood glucose (HbA1C). A risk stratification tool has been introduced in Rotherham to identify diabetes patients most at risk of an adverse diabetes event. The medicines optimisation team are working closely with the Rotherham GP federation to deliver several pilot innovative diabetes programmes to improve diabetes care and reduce variation.

## Integrated Pharmacy and Medicines Optimisation

### Key National Expectations

#### The Operational Planning requirements for 2023/24 include

- Increase pharmacy participation in the Community Pharmacist Consultation service
- Improve Discharge Medicines Service utilisation
- Increased productivity by fully using existing skills, adapting skills mix and accelerating the introduction of new roles e.g. Independent prescribers, supporting roles, and pharmacy technicians
- Introducing cross sector roles for pharmacy professionals
- Improve mental health pharmacy provision for those not in a mental health setting
- Level up digital infrastructure and drive greater interoperability between partners.

#### The NHS Long Term plan requirements include

- Support primary and secondary prevention priorities and the effective management of long term conditions e.g.: Preventing heart attacks, strokes, management of diabetes and dementia cases
- In community pharmacy, make greater use of community pharmacists' skills and opportunities to engage patients
- Ensure that the workforce is put on a sustainable footing for the long term, including publication of an NHS Long Term Workforce Plan

### Integrated Pharmacy and Medicines Optimisation Priorities for Year 1 and 2

#### Reduce avoidable harm from medicines

Including green bag scheme, recruitment of ICB Medicines Safety Officer and support implementation of Discharge Medicines Services from all Trusts

#### Delivery of antimicrobial resistance (AMR) priorities

Improve management of urinary tract infections  
Prescribing – Antimicrobial Stewardship Leadership  
Reduce risk of Healthcare Associated Infections (HCAI)

#### Pharmacy Expertise

Making best use of expertise of pharmacy professions  
Optimise engagement and referrals to the community pharmacy consultation service by GPs, NHS 111 and UEC providers.  
Optimise delivery of BP Service

#### Embed pharmacy and medicines optimisation support across clinical workstreams

Including implementation of national initiatives, e.g. hypertension case finding

#### Collaboration to reduce unwarranted variation and duplication

Review monitored dosage system utilisation. SABA reduction scheme

#### Pharmacy Workforce Transformation

Baseline current position and develop workforce plan to respond to immediate needs and plan for longer term  
Support implementation of Community Pharmacy Independent Prescriber Pathfinder Programme

#### Medicines value initiative

Deliver CQUIN and agreed incentive schemes



### Care Homes

Working with data supplied by Yorkshire Ambulance Service and Rotherham Council, care homes that have the highest ambulance call out rates and hospital admission have been identified. These care homes are being targeted for support from the medicines management care home team and are offered earlier participation in the multi-disciplinary hydration training project.

Work is underway across South Yorkshire to embed the Enhanced Health in Care Homes Framework. In Doncaster this includes implementation of iDCR (integrated Doncaster Care Record), embedding NHS mail and a falls assessment app to increase use of Urgent Community Response, initially piloted in 22/23 this will be rolled out after demonstrating a reduction on 999 calls and conveyance.



# Supporting people in the community (Integrated Community Services)

See also Primary Care Section and Urgent and Emergency Care Section

## Measurable outcomes

- **Unplanned hospitalisation for chronic ambulatory care sensitive conditions**
- **Numbers of people dying at home vs hospital vs hospice or care home**
- **Admissions for falls in older people**
- **Proportion of older people who were still at home 91 days after discharge from hospital into reablement services**

## Our plans

- Plans in every place have a focus on supporting people in the community. They include
  - proactive integrated/neighbourhood community teams joining up primary, community, physical and mental health services, social prescribing and VCSE support.
  - integration and delivery of Urgent Community Response (UCR) services and digital developments to understand capacity and patient flows.
- Collectively our plans to support people in the community will
  - Increase capability and capacity in the community to support selfcare,
  - reduce frailty and multimorbidity through proactive and preventative personalised approaches (to prevent, reduce and delay acquisition of LTCs)
  - prevent escalation and crisis by working in partnership around the person
  - Ensure timely response to crisis to avoid admissions wherever possible and
  - enable timely discharge where an admission is necessary.
- Our plans include taking preventative, proactive and holistic approaches in the community by integrated teams, whilst also ensuring responsiveness to escalating need and crisis management.
- They include transforming community services to improve timely access for all, especially those with greatest needs, our CORE20PLUS5 communities and inclusion groups.
- This includes ensuring effective waiting list management and case management, productivity and efficiency, maximising use of technology and expansion plans.
- Workforce planning for community sector expansion and ongoing training including advanced practice, joint working with PCNs, and building skills to support increased acuity in community settings linked to expansion of virtual wards and hospital at home.
- Developing a robust community workforce is vital to enable integration vertically into pathways to and from acute care, and horizontally into community pathways with primary care, social care and VCSE partners. Working together supports delivery of proportionate levels of care according to individual physical and mental health needs.
- Social care providers are key partners in supporting people in their communities.
- Plans include greater use of technologies to support care at home, and enable independence and specific work on improving access to dietetics, falls prevention etc.
- Plans also include development of intermediate care services in line with guidance
- Consideration also needs to be given to continuing healthcare, in line with the recently published NHS Framework
- Continued delivery of enhanced health in care homes (EHICH).
- Development of a palliative and end of life care forum for South Yorkshire to coordinate work to deliver the National Palliative and end of life care delivery plan.
- Continuing to deliver sustainability plans for community services.

## Supporting people in the community (Integrated Community Services)

### Key National Expectations

#### The Operational Planning requirements for 2023/24 include

- Consistently meet or exceed 70% 2 hour urgent community response (UCR) standard
  - Increase referrals into UCR from key routes focussing on maximising referrals from 111 and 999 (alignment with JFP UEC Plan)
- Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals. By September 2023:
  - Direct referrals from community optometrists to ophthalmology services for all urgent and elective eye consultations
  - Self referral routes to falls response services, MSK services, audiology including hearing aid provision, weight management services, community podiatry and wheelchair and community equipment services.

#### The NHS Long Term plan requirements include

- A new offer of urgent community response and recovery including:
  - expansion of community and intermediate care services to prevent unnecessary admissions to hospital and ensure timely transfer
  - Reablement care delivered within 2 days of referral
  - Urgent response and recovery delivered by flexible MDT team
  - Extra recovery, reablement and rehabilitation support
- Creation of fully integrated community based healthcare
  - Ongoing training of multidisciplinary teams in primary and community hubs
  - Community hospital hubs
  - Pharmacy - NHS111 direct booking to community pharmacies, and pharmacy schemes for those not requiring primary medical services (see JFP Medicines)
- Support to people in care homes including roll out of enhanced care in care homes
- Supporting people to age well, taking a population health management approach, establishing integrated primary and community teams and falls prevention
- Digitisation of community services
- Improving care to people with dementia and delirium (See JFP for Mental Health)
- Personalised care via personalised care model, personal health budgets and improving end of life care
- Roll out of the Integrated Community Stroke Rehab model

#### Additional Requirements

- continued recovery of community services and new developments including virtual wards and workforce development to enable this.

### Supporting people in the community (Integrated Community Services) priorities for year 1 and 2

Integrated Neighbourhood Teams	Community Services Transformation	Urgent Community Response	Palliative and end of life care
<p>Continue development of integrated neighbourhood teams including primary and community services, embedding prevention, proactive, holistic and anticipatory care approaches to meet both physical and mental health needs.</p> <p>To enable better communication between professionals and to ensure people have the information and tools to manage their own health.</p>	<p>Transformation of community services, enabling new direct access pathways and increasing productivity.</p> <p>Respond to new intermediate care guidance once published (anticipated during 2023/24)</p>	<p>Integration of urgent community response services including digital developments and integration of urgent community response, expansion of virtual wards, links to CAS, end of life care and care homes to reduce unnecessary hospital admissions</p>	<p>Continue to deliver the requirements set out in the national palliative and end of life care delivery plan.</p> <p>Establish SY Palliative and End of Life Care Forum.</p> <p>Implement ReSPECT across South Yorkshire</p>



# Urgent and emergency care

See also Primary Care Section and Integrated Community Services Section

## Measurable outcomes

- **Patient experience of A&E services**
- **Staff experience for A&E Departments and 111/999**
- **Mortality attributable to A&E pressures**
- **Preventing harm metrics (TBC)**

## Our plans

- Access to services and quality were identified as what matters most to people in South Yorkshire and a key priority in our plan is to improve access to urgent and emergency care, by simplifying access points, integrating urgent care delivery, increasing workforce and capacity, and improving patient flow through hospitals.
- To improve access and ease pressure on our urgent and emergency care services that result in increased waiting times for patients in A&E our plans include:
- Continuing to strengthen our Urgent and Emergency Care Alliance
- Maximising workforce capacity, utilising skill mix, expanding roles and recruiting additional staff, developing a flexible and integrated workforce for UEC services.
- Aligning plans to improve urgent and emergency care including development of integrated neighbourhood teams by primary and community services and support alternative pathways to A&E via CAS and urgent community response. Enable the expansion of virtual wards to support people in the community as an alternative to hospital admission.
- Reviewing our directory of services (DOS) to expand alternative pathways.
- Increase clinical support in YAS to reduce conveyances.
- For partners to work together to address challenges in ambulance handovers with improvements to be made aligned to national standard to assist with the recovery of ambulance responses to patients.
- For the UEC Alliance to align Acute Trust escalation policies with YAS escalation policies to enable early action to be taken to address challenges.

- To implement a range of initiatives to increase capacity in the community to innovatively support patients and address delays in discharge from hospital, including expansion of virtual wards, working with local authorities, social services and VCSE partners.
- To explore new delivery models including virtual emergency department.
- To work with partners to support high frequency users of A&E, including those with complex needs, drug alcohol dependencies and those that are homeless.
- To work with MHLDA Provider Collaborative to align developments to improve crisis support and urgent and emergency care for mental health conditions.
- To work with academic partners to explore inequalities in access to care and opportunities to address this for specific groups to reduce health inequalities.
- To work with our Children and Young People's Alliance to include children in plans to improve access to integrated urgent and emergency care.
- To reduce avoidable conveyances to hospital through delivering care at home or accessing alternative pathways to reduce hospital admissions.
- Partners are also reviewing their sustainability plans, including YAS and have identified a potential longer term opportunity to develop a low emission fleet.

## UEC Innovation Awards

In partnership with the UEC Alliance, the South Yorkshire Innovation Hub delivered a UEC innovation award programme that awarded c£225,000 to four projects to test innovative ideas to improve care for people living in South Yorkshire and relieve pressures on urgent and emergency care services. Projects funded included the establishment of a social and wellbeing hub at Sheffield Walk in Centre, a discharge medicine delivery service, a frailty virtual ward to facilitate care closer to home, and a moving with dignity project to support more timely discharge. The outcomes of these innovation awards are being evaluated in order to use the lessons learnt to help deliver our priorities for improving urgent and emergency care.

## Urgent and emergency care

### Key National Expectations

#### The Operational Planning requirements for 2023/24 include

- Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25.
- Improve category 2 ambulance response times to an average of 30 mins across 2023/24, with further improvement in 2024/25.
- Reduce adult general and acute bed occupancy to 92% or below
- Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard (aligned with JFP Integrated Community Services plan)

#### The NHS Long Term plan requirements include

- To embed a single multidisciplinary Clinical Assessment Service (CAS) within integrated NHS 111, ambulance dispatch and GP out of hours services from 2019/20 to support patients to navigate services
- To fully implement Urgent Treatment Centres to deliver a consistent offer for out-of-hospital urgent care, with the option of appointments booked through a call to NHS 111
- To ensure coverage of integrated urgent care services, accessible via 11 or online 24/7
- All Hospitals with a major A&E Department to
  - Provide SDEC services (12 hours a day 7 days a week)
  - Deliver an acute frailty service for at least 70 hours a week
  - Record all patient activity in A&E, urgent treatment centres and SDEC within 30 minutes of arrival
  - Further reduce delayed hospital discharges
  - Use CAS as a single point of access for all for integrated urgent care and discharge from hospital

#### The delivery plan to recover urgent and emergency care includes

- Increasing capacity in hospitals, ambulances and improving flow
- Growing the workforce and enabling flexibility
- Improving discharge, scaling up intermediate care and social services
- Expanding and integrating out of hospital care including virtual wards
- Making it easier to access the right care

### Urgent and Emergency Care priorities for year 1 and 2

#### Improve patient access to A&E Alternatives

Review current pathways and develop improvement plans to improve A&E performance

Collaborative with integrated community services programme to continue to deliver urgent community response and alternative pathways to A&E

#### Improve operational processes at the front door of hospitals.

Work together to develop plans to reduce handover delays at ED

Develop and deliver plans for a consistent approach and provision of hospital based same day emergency care (SDEC)

Develop UEC Integrated Framework memorandum of understanding

Ensure admission avoidance provision is consistently in place

Deliver plans to support high intensity users

#### Improve flow of hospitals

Review current discharge processes and implement improvement plans to reduce delays.

Deliver '100 day discharge challenges' deliverables

Work with integrated community services, including social care, to ensure sufficient capacity and maximise the use of and support expansion of virtual wards and support developments of intermediate care



# Planned hospital services (elective and diagnostics)

## Measurable outcomes

- **Slope index of inequality in elective admissions by deprivation decile**
- **Waiting times for diagnostics and elective care**
- **Hospital readmission rate within 30 days of discharge**

## Our plans

- Our plans have an immediate focus on recovering elective and diagnostic pathways to reduce waiting times for patients with a specific focus on orthopaedics, ophthalmology, ear nose and throat and general surgery.
- The Acute Federation is also implementing a Clinical Strategy to deliver improvements in the quality of care, reduce unwarranted variation between providers, address inequalities in access and improve resilience and efficiency. This means continuing joint work on urology, rheumatology and gastrointestinal bleeds and developing a methodology for clinical service improvement across providers. Looking at how to develop a networked workforce for resilience and sustainability, increasing interoperability between providers, maximising collective use of estate and embracing innovation and new technology.
- There are a number of planned quality improvements including elective hubs modelled on GIRFT and Royal College best practice, a Sheffield Elective Orthopaedic Centre (SEOC) at Royal Hallamshire Hospital (RHH) and Montagu Elective Orthopaedic Centre (MEOC).
- There are also plans to expand the Community Diagnostics Centres (CDCs) at Montagu Hospital, Barnsley Glassworks and Badsley Moor, Rotherham which are well located to improve access and to contribute to reducing health inequalities. They are already providing additional diagnostic capacity with plans for expansion; they are also supporting workforce development plans via apprenticeships and local recruitment.
- A new endoscopy unit at the Royal Hallamshire Hospital, Sheffield has provided three more Royal College of Physician-accredited endoscopy rooms, increasing capacity in 23/24 and further in 24/25 as staff expansion occurs.
- Broader plans to develop a diagnostic workforce strategy, including academy training models to increase imaging and endoscopy staff, improve and standardise training quality, upskill (clinical and non-clinical staff) and improve retention.
- Plans to enable digital transformation and connectivity to join up services, improve access to data for health and care staff and patients, increase safety, improve experience and reduce inequity.
- Work to improve communication with healthcare professionals, enable patient choice and patient centred care, use of virtual consultations and patient initiated follow-up to reduce DNAs and free up capacity for those in need.
- Clinical decision support software, RPA and AI to aid referral optimisation, waiting list management
- Text validation and patient portal development to support two way communication with patients to improve safety and inform prioritisation of patients on waiting lists.
- Digital exclusion will be considered in all elective and diagnostic service improvements.
- Utilisation of GIRFT, HVLC, BADS and Model Health System data to benchmark services, share learning from high performers and increase day case rates, OP and theatre utilisation and reduce readmission rates and length of stay
- Taking a preventative whole pathway approach using guidance e.g. Best MSK, Optometrist First.
- Implementation of Active Wait programme co-developed by MSK patients, Sheffield Teaching Hospital, Sheffield Hallam University and the Advanced Wellbeing Research Centre.
- Ensuring information and tools are available to enable people to manage their own health condition and self care
- Work to disaggregate waiting lists by ethnicity, deprivation and health inclusion groups to better understand those accessing services and those underserved, ensuring board level oversight.
- Estates design based on latest guidance which includes sustainability applied to all developments

## Planned hospital services (elective and diagnostics)

### Key National Expectations

#### The Operational Planning requirements for 2023/24 include

- **Elective Recovery:**
  - No waits for elective over 65 weeks by March 2024
  - Around 30% more elective activity than 2019/20
  - 85% utilisation – daycase and theatres
  - Reduce outpatient follow-ups by 25% (from 2019/20)
  - Use alternative providers for long wait
- **Diagnostic Recovery:**
  - Diagnostic activity levels to address elective, cancer backlogs, early cancer diagnosis and the diagnostic waiting time ambition
  - Increase the % of patients that receive a diagnostic test within 6 weeks (March 25 ambition of 95%)
  - Maximise the use of CDCs (community diagnostic centres)
  - GP direct access for imaging
  - 10% improvements in pathology & imaging productivity in line with optimal rates for tests
  - Delivery of diagnostic elements to achieve FDS

#### The NHS Long Term plan requirements include

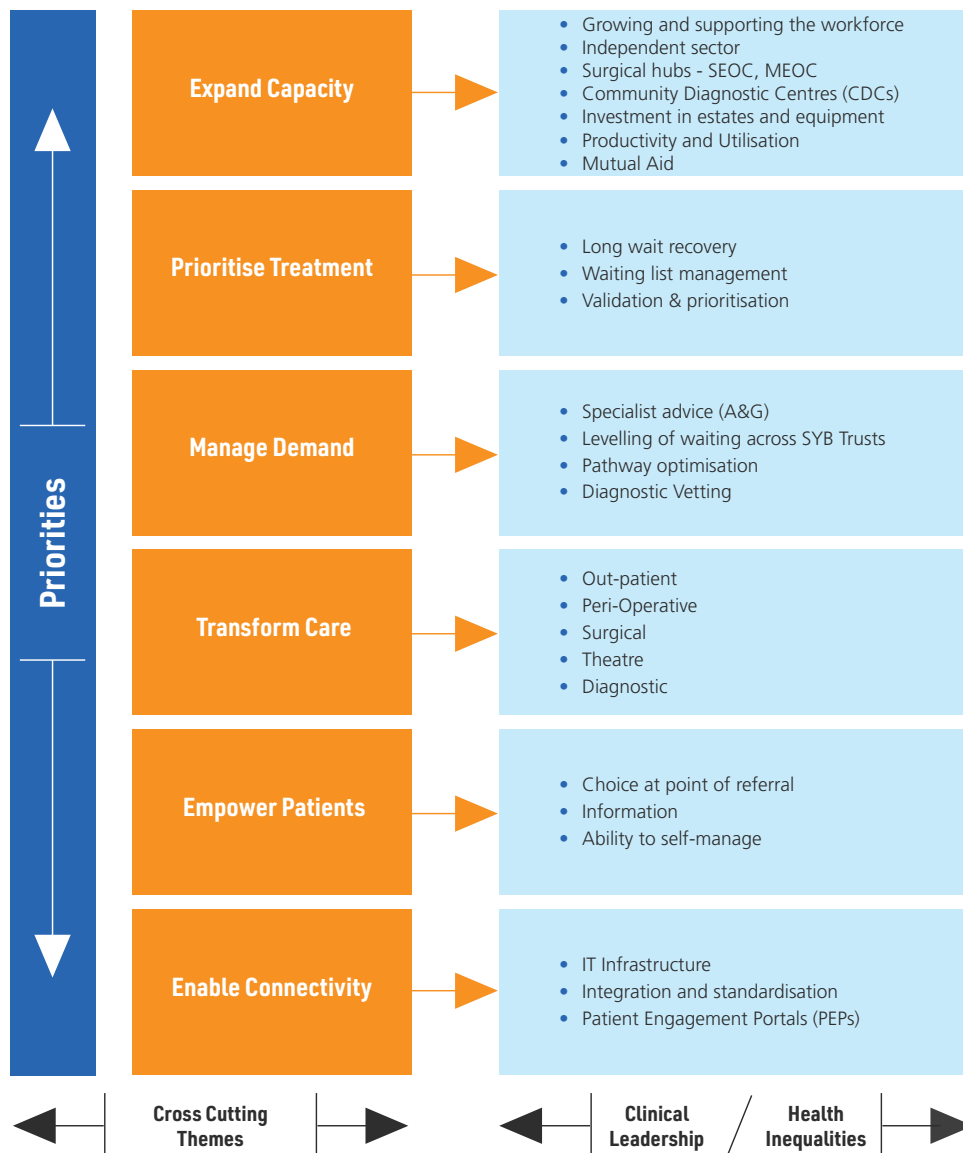
- Patient choice at the point of referral and personalised care
- Redesigning and digitally enabling services, including virtual outpatient consultations, straight to test, and specialist advice and guidance
- The development of pathology and imaging networks
- Investing in equipment and staff to expand diagnostics, including pathway development and community diagnostic centres to support cancer best practice pathways
- Enable delivery of multiple successive tests in one visit
- Digital investments, to progress open standards infrastructure to rapidly transfer images to specialist clinician for interpretation/reporting
- Implement decision support software and AI
- Extend use of molecular diagnostics; offer genomic testing to all with cancer it would be of clinical benefit and extend participation in research
- Linking and correlating genomics, clinical data and data from patients
- Include use of Independent Sector provision
- Other, GIRFT, HVLC, Sir Mike Richards Diagnostic Review, model hospital

### Barnsley Glassworks Community Diagnostic Centre CDC

A pioneering Community Diagnostic Centre (CDC) opened in Barnsley in 2022. Barnsley's CDC is the first of its kind to be sited in a town centre mixed retail and leisure facility. In phase 1 the offer has included phlebotomy, ultrasound, breast screening and DEXA diagnostic services. The new service offer is already contributing to increased breast screening uptake and reduced DNAs. Plans are now underway to expand the CDC with the addition of CT and MRI and cardio respiratory diagnostics. The convenient and accessible location in the heart of Barnsley will not only provide greater capacity for these diagnostic services but it is hoped will encourage attendance and contribute to enabling earlier detection of disease and addressing health inequalities. The development of the CDC has created local jobs, offered apprenticeships and contributed to the local economy including progressive procurement approaches and encouraging footfall into the town centre, all demonstrating the NHS contribution to wider social and economic development.



# Elective and Diagnostic Recovery Plan



## Montagu Community Diagnostic Centre

The development of a Community Diagnostic Centre at Montagu Hospital in Mexborough commenced in late 2021, by securing CT and MRI mobile scanners to increase diagnostic capacity to address waiting lists. Montagu Hospital is in the Dearne Valley, a relatively deprived area and is well located for Barnsley, Rotherham and Doncaster. In 2022 £9 million was secured to expand the CDC to include an endoscopy suite, with training facilities, multifunctional clinic rooms and non-obstetric ultrasound. In 2023 a further case was supported to build an imaging suite, including CT, MRI and ultrasound scanning facilities to significantly increase the diagnostic capacity to reduce waiting times, meet future demand and support the development of our diagnostic workforce for the future. The CDC will be on the same site as the Montagu Elective Orthopaedic Hub, providing joint opportunities to improve diagnostic and elective pathways.

## Planned Care (elective and diagnostics) priorities for year 1 and 2

### Continued elective recovery

Develop and deliver an elective recovery plan.

Utilise funding to expand the workforce, invest in physical assets/estates, utilise the independent sector and optimise pathways.

Design and implement elective hubs.

Sheffield Elective Orthopaedic Centre phase 1 April 2023 and phase 2 August 2023.

Montagu Elective Orthopaedic Centre to open Dec. 2023

Clinical prioritisation and ongoing validation work

Continue to develop system management approaches to facilitate mutual aid to address long waiters

Outpatient transformation, including implementation and expansion of PIFU pathways

### Continued diagnostic recovery

Utilise funding to expand the workforce, invest in physical assets/estates, utilise the independent sector and optimise pathways.

Continue to develop and deliver diagnostic workforce strategy.

Consolidate delivery through and expand Community Diagnostic Centre (CDC) diagnostic capacity at Montagu, Barnsley Glassworks and Badsley Moor, Rotherham. Maximise the opportunities to align with the Montagu Elective Orthopaedic Centre.

Continue to share best practice, undertake capacity and demand reviews to understand opportunities for improvement and deliver pathway transformation including straight to test

Implement clinical decision making software, RPA and artificial intelligence

### Pathway improvement and utilisation

Using GIRFT, HVLC, BADs and Model Health System data to benchmark services and share learning to increase day case rates, outpatients and theatre utilisation and reduce readmission rates and length of stay.

Work with place partnerships and other partners e.g. Primary Care Alliance and wider primary care, to take a preventative whole pathway approach using speciality guidance



## Elective Centres

### The Montagu Elective Orthopaedic Centre (MEOC)

Is the product of a collaboration between Barnsley Hospital NHS Foundation Trust, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and The Rotherham NHS Foundation Trust. An investment of £14.9 million will create a state-of-the-art hub in Mexborough with two theatres and 12 beds. Construction commenced in June 2023 and clinical service design and recruitment is underway for a scheduled opening in January 2024. This centre is expected to provide around 3,400 high-volume low complexity orthopaedic procedures per year once it is fully operational. It will help reduce surgical waiting times for patients requiring orthopaedic procedures and release capacity at the host hospitals for other elective waiting list work.

### Sheffield and Doncaster Elective Centres

Following an investment of £5.5 million capital funding, phase 1 of the Sheffield Elective Orthopaedic Centre (SEOC) opened in April 2023 at the Royal Hallamshire Hospital with the theatre assessment unit admitting all elective orthopaedic inpatients and day case patients and two additional theatres.

The facility will be the new home for elective lower limb, foot and ankle, shoulder and elbow and knee surgery, with emergency orthopaedic and trauma care, spinal and limb reconstruction continuing to be delivered at the Northern General Hospital. New ward facilities and an enhanced care unit will follow in August 2023 and investment to increase staff numbers is ongoing.

# Cancer services

## Measurable outcomes

- Percentage of cancers diagnosed at stage 1 and 2
- Five-year survival rate from all cancers
- Premature mortality rate for cancer

## Our plans

Cancer is one of the main causes of premature mortality in South Yorkshire. The main risks associated with cancer are largely modifiable and are common with other major disease groups. Our plans therefore include working with partners on modifiable risk factors to promote both primary prevention and embed secondary prevention. Our plan is led by business intelligence to ensure a focus on reducing inequalities, clinically led and co-produced with our Patient Advisory Board to ensure experience is on a par with clinical outcomes.

### Utilising a targeted behavioural science approach, we will with and through our VCSE and our communities to:

- Address health inequalities, by targeting those most at risk of cancer
- Raise awareness of the early signs and symptoms of cancer
- Promote case finding and surveillance of those patients at familial risk of cancer
- Understand barriers to the uptake of screening / case finding and timely access to services in order to co-design services around these communities



### Access to services and quality of care were identified as what matters most to people. A key priority is to improve access to and quality of cancer services. This includes:

- Working with primary care to facilitate timely access for those with cancer symptoms, including non-site specific and promoting direct access to diagnostics
- Ensuring there is sufficient diagnostic capacity, including via community diagnostic centres and subsequent elective capacity to ensure timely diagnosis and treatment
- Consistently delivering best practice timed cancer pathways in all our places to ensure equity and reduce anxiety through rapidly confirming a diagnosis. Embedding patient facing care navigator roles
- Embracing the use of technology, to enable care closer to home, redesign services to reduce visits with 'one stop shops' and maximise opportunities for innovation.
- Growing and supporting the workforce, including specific oncology roles, whilst enabling skill mix, role expansion, recruitment, ongoing training and support.
- Working through our clinical and patient led Quality Oversight Group to drive continuous quality improvements and address unwarranted variation in outcomes.
- Building resilience and ensure sustainable services. This includes developing a new model for non surgical oncology that is informed by what matters to people and staff and enhances research capabilities
- Enhancing pre-habilitation and rehabilitation; supporting patients to gain the optimal outcome from their cancer treatment; and promote prevention / management of other long-term conditions.
- Developing a strategic partnership with Macmillan to redesign personalised care packages around 'what matters to me', including mental health and wellbeing
- Recognising and supporting people living with cancer, and other long term conditions, in the community including both their physical and mental health needs ensuring they have the information and tools to manage their own health
- Build on the work underway to accelerate and embed the use of genomic medicine, enabling the development of innovative new service models to deliver the recently published strategy for embedding genomic medicine in the NHS

## Key National Expectations

### The Operational Planning requirements for 2023/24 include

- Increase the proportion of patients diagnosed with cancer at an early stage (stage 1 or 2)
- Reduce the number of patients waiting more than 62 days for cancer treatment to less than 432 by March 2024
- Delivery of the Faster Diagnosis Standard (75% of patients receiving a cancer or non-cancer diagnosis within 28 days of referral by March 2024)
- Increase the proportion of patients referred on the lower gastrointestinal cancer pathway who have a FIT test recorded to 80% by March 2024

### The NHS Long Term plan requirements include

- Increasing the proportion of patients diagnosed at early stages 1 and 2 to 75% by 2028
- Improve 1 year survival
- An additional 2,000 people surviving 5 years within South Yorkshire & Bassetlaw

### The National Cancer Programme expectations also include

- A population health management approach with plans to address health inequalities that enable delivery of the CORE20PLUS5
- Delivery of best practice timed pathways to facilitate faster diagnosis and treatment
- Maximising the use of community diagnostic centres for cancer pathways and ensuring there is sufficient treatment capacity
- Addressing variation in treatment to improve outcomes
- Delivery of personalised care
- Adoption of innovations at pace and scale, including for example Targeted Lung Health Checks and GRAIL

## Nudge the odds

SYB Cancer Alliance established a project to roll out a targeted Behaviour Science approach using nudge interventions and messaging to individuals in areas where attendance at cancer screening programmes was low, areas of high deprivation and within underrepresented population groups, such as those from an Asian, Romanian, Gypsy and Traveller community, to encourage individuals to attend cancer screening programmes. Initially aimed at cervical screening the learning is now being applied to Bowel and Breast cancer screening programmes.

The delivery of the intervention resulted in an increase in patients who have taken up the routine offer of screening in the practices that have adopted the nudge interventions. Phase 2 includes working with VCSE to encourage individuals with worrying cancer signs and symptoms to contact their GP practice. There is early evidence that the nudge interventions have encouraged attendance in primary care and early cancer detected in one of the trial areas.

Phase 3 is looking at creating a Behavioural Science Academy aimed at bringing the nudge theory and messaging to wider health areas other than cancer through a PHM approach.

For more detail:

[NHS England Actionable Insights guidance](#)



## Cancer priorities for year 1 and 2

### Nudge the odds

To reduce health inequalities and enable early diagnosis

Raise cancer awareness, identifying those that would benefit most from targeted behavioural science interventions, screening and case finding

Expand targeted lung health checks (TLHC)

Case finding including lynch, development of regional HPB and liver surveillance group

Prepare for implementation of GRAIL

Support timely presentation and primary care pathways, working with VCSE and aligning plans for local comms with national cancer campaigns

Embed FIT pathway in Lower GI referrals  
Roll out teledermatology

Optimise utilisation of CtheSigns to ensure timely and effective referral management and expand use to other community practitioners

Support third round of Innovation Grants and evaluate previous rounds.

Review the evidence for 'pinpoint'

### Strive for excellence

To develop optimum, sustainable and resilient cancer pathways

Enhance clinical leadership and improvement capability in Clinical Delivery Groups and develop improvement plans for Lower GI, Urology, Skin and Breast. Implement best practice timed pathways for lower GI and prostate. Implement GIRFT recommendations to reduce treatment variations.

Embed non site specific cancer pathways and navigators

Work with Acute Federation to understand demand and capacity to inform future treatment needs and continue to shape Community Diagnostic Centres.

Non Surgical Oncology service redesign

Continued repatriation of SACT delivery

Review of specialised services capital investment

Scope future model for SDEC & acute oncology

Agree five year linac replacement programme. Invest in artificial intelligence to support radiotherapy planning and autocontouring.

Reestablish children's radiotherapy service

Reopen teenage cancer unit

### Tip the balance

To embed embody personalised care throughout our work; put patient experience on a par with clinical outcomes; and ensuring secondary prevention is core business

Ensure personalised care interventions, including personalised care support planning based on holistic needs assessment and end of treatment summary are available for all. Addressing both physical and mental health and well

Fully implement PIFU pathways for all suitable patients in breast, prostate, colorectal

Deliver Cancer Alliance psychological support developments.

Work through Macmillan strategic partnership to redesign personalised care packages around 'what matters to me'

Test new models of prehab/rehabilitation



## Cancer innovation awards

The SYB Cancer Alliance, the South Yorkshire Innovation Hub and YHAHSN deliver a Cancer Innovation Award scheme in partnership in South Yorkshire. The awards are designed to support innovative ideas to help achieve South Yorkshire's cancer priorities, in particular around improved access to diagnostics, reducing health inequalities and personalised care and support. Thanks to the success of the first two years of the awards programme, the innovation award will be expanded in 2023-24 to encourage ideas that help address priorities set out within the Joint Forward Plan and community-based approaches to early intervention and prevention.

# Improving Mental Health Services

## Measurable outcomes

- **Excess under 75 mortality rates in adults with SMI**
- **Hospital admissions as a result of self harm in young people (10-24yrs) and all ages**
- **Suicide rates by sex**
- **Admission rates for those with SMI and another long term condition**
- **Patient reported experience and outcomes (TBC)**
- **Gap employment rate for those with SMI**
- **Smoking prevalence for those with SMI**
- **Dementia diagnosis rate in those aged 65**
- **Prescribing of anti-psychotic medication in people with dementia but without a diagnosis of psychosis.**

## Our plans

- Mental Health and Wellbeing and access to mental health services were identified in our engagement work. Our plans to transform mental health services, in line with the NHS Mental Health Implementation Plan 2019/20 - 2023/24, Long Term plan and 2023/24 operational requirements, support delivery of our Integrated Care Strategy and include a focus on:
  - Perinatal and Maternal Mental health (including access) working with our Local Maternity Network
  - Children and Young People's Mental Health (including access, Mental Health Support Teams in Schools (MHST), new roles in Primary Care, crisis and eating disorders)
  - Reviewing the all-age eating disorder offer from community to specialised services (working across the whole pathway in a phased approach)
  - Urgent and Emergency Care
    - Adult Crisis Services (including crisis alternatives, Mental Health Response Vehicle (MHRV), crisis lines (phone and text) and suicide prevention/bereavement)
    - Urgent and emergency care – transforming health-based place of safety (S136)
- Community Mental Health Transformation including Early Intervention in Psychosis (EIP), Individual Placement and Support (IPS), physical health checks and rough sleeping
- Delivery of the Inpatient Quality Transformation Programme
- Redesign and reconfigure pathways around specialist services, crisis support and inpatient provision for those with learning disabilities and autism (see next section for details)
- Improving Autism Pathways and focus on early intervention and support including:
  - Neurodiversity (ADHD and Autism) diagnosis access and experience
  - Complex placements/inpatient care for people with learning disability and autistic people
- Improving Health Inequalities and tackling the causes of morbidity and preventable deaths for people with SMI and Learning Disabilities (see following section)
- Continued delegation of specialised mental health services including specialist perinatal
- Taking a preventative approach, enabling early intervention and delivery of CORE20PLUS5 e.g. by ensuring annual health checks for 60% of those with SMI and improving access for children and young people's mental health services for different cohorts e.g. ethnic groups
- Deliver priorities for specialised mental health provision, e.g. for secure adults increase low security, reducing medium security and procure a Specialist Community Forensic Team. For CAMHS potential procurement of an Eating Disorder Admissions Avoidance and Supported Discharge service. For adult eating disorders, transformation investment into specialist roles to encourage effective flow and aid discharge
- Review pathways with a quality improvement approach and align delivery with research and innovation opportunities.
- Working across all our plans to improve communication with mental health care professionals and ensure sufficient information and tools are available to enable people to manage their own mental and physical health.





## Improving Mental Health Services

### Key National Expectations

#### The Operational Planning requirements for 2023/24 include

- Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
- Increase the number of adults and older adults accessing IAPT treatment
- 5% year on year increase in the number of adults and older adults supported by community mental health services
- Work towards eliminating inappropriate adult acute care out of area placements
- Recover the dementia diagnosis rate to 66.7%
- Improve access to perinatal mental health
- Take a quality improvement approach to address health inequalities (CORE20 Plus)

#### The NHS Long Term plan requirements – Implementation Plan for Mental Health

- Access to specialist community perinatal mental health
- Access for children and young people to mental health services (0-25) including eating disorder services and crisis support
- Adult community mental health provision, including IAPT access, IAPT for LTCs and achievement of IAPT treatment and recovery standards
- Adult severe mental illness (SMI), delivery of integrated primary and community care, SMI physical health checks, individual placement and support and delivery of Early Intervention in Psychosis (EIP) standard
- Mental health crisis care, for children and young people and adults, 24/7 provision via 111, crisis alternatives, mental health liaison including in ambulance control
- Reduce adult acute out of area placements, therapeutic mental health inpatient care
- Increase dementia diagnosis rate to 66.7%
- Suicide prevention and bereavement support services
- Problem gambling support, national clinic implementation
- Improve data quality and maximise opportunities of digitilisation
- Achievement of Mental Health Investment Standard

#### The Parallel Pandemic: Covid and Mental Health, July 2022

- Identified the negative impact of the pandemic on mental across England, particularly in the North.

#### Children and Young People’s Mental Health Services GIRFT Programme National Specialty Report, April 2022

- Identifies an approx. 50% increase in mental health conditions in 1-5 year olds from 2017 to 2020 and almost doubling number of children requiring urgent treatment for eating disorders.

### Improving mental health services for children and young people, adults and older adults priorities for year 1 and 2

Perinatal, Maternal Mental Health (including access)	Children and Young People’s (CYP) Mental Health (MH)	Urgent Emergency Care	Community Mental Health (CMH) Transformation	Inpatient Quality Transformation Programme
Develop and embed maternal mental health model and integrate with perinatal mental health services	Implement CYP Mental Health Strategic Plan including expanding crisis support, increasing access, further expansion of Mental Health Support Teams in Schools (MHST) and roles in primary care and review of eating disorder pathways/models	Development of crisis alternative services, further roll out of the Mental Health Response Vehicle (MHRV) crisis lines (phone and text) and suicide prevention / bereavement support  Develop system model and to transform health based place of safety (HBPOS (s136))	Delivery of plans to transform CMH Teams for those with SMI, integration with primary care, workforce development, physical health needs focus, expansion of provision and employment support.  Development of new personalised models of care.  Targeted work on: Adult Eating Disorders Personality Disorder and Community Rehabilitation	Continue to implement learning on closed cultures. Implementation of national programme as it develops and guidance for providing acute inpatient services

# Redesigning services for those with learning disabilities and autism

## Measurable outcomes

- **The gap in life expectancy between people with LD and the general population;**
- **Suicide rates for those with Neurodiversity**
- **Admission rates into MH inpatient settings for people with LDA**
- **Gap employment rate for those with neurodiversity**
- **Level of school exclusion (TBC)**
- **Patient (and families) reported experience and outcomes**

## Our plans

- Access to and the quality of services and supporting mental health and wellbeing were identified as what matters most to people in our engagement and a key priority in our plan is to improve access to services and support for people with a learning disability and/or autism.
- This includes reducing waiting times for children and young people and adults for specialist services, digital flagging and workforce upskilling to enable reasonable adjustments across other services and facilitating access through key workers.
- Our needs assessment identifies that there are significant health inequalities faced by people with a learning disability and people who are autistic, as does the LeDer Programme. There is a Strategic LDA Health Inequalities Group overseeing a range of programmes to address these, working with VCSE and people with lived experience in coproduction to design, deliver and evaluate developments.
- For example, improving uptake of annual physical health checks (for SMI & LD) and targeting and upscaling nudge interventions to increase screening uptake for those with LD reducing the disparity in uptake for breast and bowel screening.

- Working in partnership with our Parent Carer Forums and VCSE to develop and deliver programmes with a focus on prevention, early identification and supporting and enabling people in their communities. For example, autism in schools, early identification training and Employment is For Everyone Movement, which supports our bold ambition in our Integrated Care Strategy to support people who are autistic or people with a learning disability into work or meaningful activities.
- There is a key focus on quality improvements, through the MHLDA Quality Improvement Programme and the Learning from Deaths Programme.
- There are plans to redesign and reconfigure pathways around specialist services, crisis support and enhanced community provision and strengthen local protocols around DSR/CETR's to ensure we are identifying around population who are at risk of crisis and admission to prevent admission and deliver better quality of care
- Working in collaboration with the workforce hub to develop and expand the workforce to enable delivery, including work to upskill around autism.
- The work to reduce out of area placements and enable access and support to services locally will reduce journeys and subsequent environment impact.





## Redesigning services for those with Learning Disabilities and Autism

### Key National Expectations

#### The Operational Planning requirements for 2023/24 include

- Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024.
- Increase size and improve accuracy of GP Learning Disability Registers.
- Reduce reliance on inpatient care, improve the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are in an inpatient unit
- Develop integrated, workforce plans for the learning disability and autism workforce to support delivery of requirements
- Test and implement improvement in autism diagnostic assessment pathways including actions to reduce waiting times.
- Take a quality improvement approach to address health inequalities (CORE20 Plus)

#### The NHS Long Term plan requirements include

- Reducing reliance on mental health inpatient care, reduce avoidable admissions, enable shorter lengths of stay and end out of area placements.
- Develop intensive support, forensic and crisis services in line with the national model a 7 day specialist multidisciplinary service and crisis care.
- Expand C&YP keyworker services to ensure every child with a Learning Disability and/or Autism with complex needs can access a keyworker
- Tackle the causes of morbidity and preventable deaths in people with a learning disability and for autistic people
- Increase number of people having an annual health checks (AHC) including the implementation of Autism only annual health checks
- Expand STOMP STAMP to stop the overmedication
- Delivery of LeDeR completing reviews, applying learning
- Implement Learning Disability Improvement Standards
- Reducing autism waiting times for adults and C&YP
- Improve access and offers for autism pre and post diagnostic support
- Improve understanding of the needs of people with learning disabilities and autism, including delivery of Oliver McGowan Mandatory Training
- Digital flags on summary care records to be implemented to ensure reasonable adjustments are flagged

### Redesigning services for those with learning disabilities and autism priorities for year 1 and 2

#### Review and Reconfigure Pathways and Services to meet the needs of the LDA population

Review of LDA Specialist Services pathways and provision

Strengthening community infrastructure including better identification of people at risk of admission and ensuring appropriate accommodation and care and support including provision of a safe place/ crisis beds to prevent admission.

#### Improving Autism Pathways and focus on early intervention and support.

Review of current neurodiverse assessment pathways and provision

Strengthening our Autism Pre and Post Diagnostic support offers and building on the Autism in Schools Programme to support education

Expansion of the C&YP Keyworking Function to support Children and families as well as supporting the wider system.

#### Addressing health inequalities and the causes of morbidity and preventable deaths

Continue to embed the Learning from LeDeR and implementing policy requirements

Improving access to national screening programmes and health checks.

Rollout of Oliver McGowan Mandatory Training

### Improving Neurodiverse Assessment Pathways and Support

Improving neurodiverse assessment pathways is a key priority, for children and young people and adults across South Yorkshire.

For example, in Doncaster there is a well established Community Paediatric Group, bringing together multi-agency professionals and families to review pathways.

During the Summer of 2023 the intention is to put the co produced plans into action with pathway changes influenced by people and their families.

In Sheffield national funding was secured to continue the Autism in Schools Project, with an increased number of schools involved to improve support for neurodiverse children and young people. This includes support groups and resources for school staff and improvements to the school environment.

# Specialised services

## Measurable outcomes

- Number of patients accessing thrombectomy
- Stillbirth and neonatal mortality rate
- Cancer 5 year survival rate
- Reduced rate of growth in new referrals to renal dialysis units

## Our plans

- The Yorkshire and the Humber Specialised Commissioning and Health and Justice Team currently commission a diverse range of services, including those provided at specialist tertiary centres, within prison settings and specialised inpatient mental health units.

- Our plan is to work through joint collaborative commissioning approaches, set out in Roadmap for integrating specialised services within Integrated Care Boards, in May 2022. To explore ways to deliver new service models to integrate specialised services into care pathways. This will enable us to work together to improve access to specialised services, ensuring care as close to home as possible and build upon our clinical engagement to expand new models of service delivery through network approaches
- There is a commitment and intent for future delegation of specialised services that as such we will enter into Joint Working arrangements between the region and NHS South Yorkshire from April 2024.
- Across Yorkshire and the Humber a number of areas of focus have been agreed by ICBs for 2023/24 and they are set out on the next page.



## Specialised services

### Key National Expectations

#### The Operational Planning requirements for 2023/24 include

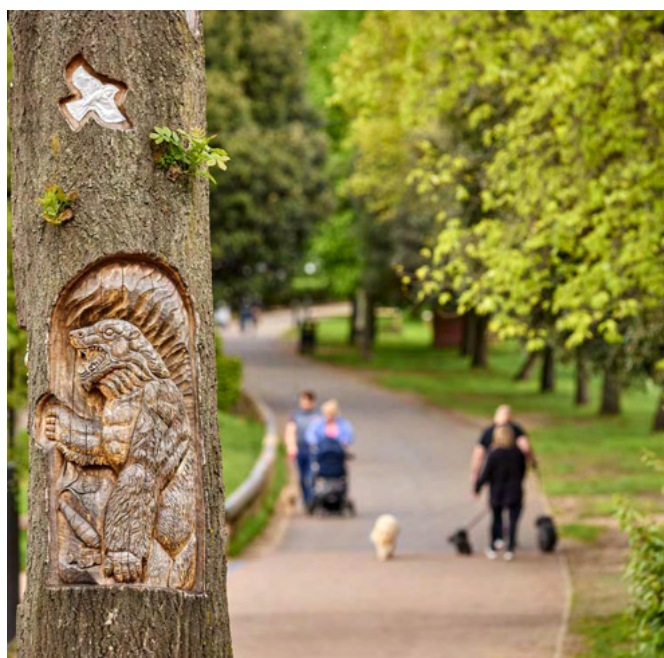
- Specialised services have a key part to play in the recovery of elective care and cancer pathways.

#### The NHS Long Term plan requirements include

- Specialised services have an important part to play in the delivery of the long-term plan ambitions.
- Specialised services are key components of broader care pathways
- E.g. mechanical thrombectomy as part of the stroke care pathway and as such have a key part to play in transforming care pathways to improve access and quality of care, reduce inequalities in access, outcomes and experience and unwarranted variation in delivery.

### Specialist Services Yorkshire and the Humber Priorities for 2023/24

Healthy childhood	Cardiovascular	Cardiovascular	Cancer	Other	Other
<p><b>Neonatal Care</b></p> <p>To work with the Yorkshire and Humber Neonatal Operational Delivery Network and Local Maternity and Neonatal Networks (LMNS) to deliver the 5-year plans for the implementation of the national Neonatal Critical Care Review to reduce neonatal mortality.</p>	<p><b>Mechanical Thrombectomy for Stroke</b></p> <p>To improve access to Mechanical Thrombectomy across the region by optimising the use of current in-hours services.</p>	<p><b>Renal Dialysis</b></p> <p>Working through the Y&amp;H Renal Network actively reduce the need for renal dialysis by actively focussing on interventional and alternative treatments.</p>	<p><b>Radiotherapy and Chemotherapy</b></p> <p>To work with providers of Paediatric Radiotherapy, Chemotherapy, Oncology Services, and Cancer Alliances to develop new and sustainable service models</p>	<p><b>Adult Critical Care</b></p> <p>Develop an Adult Critical Care Transfer Service that will support best use of critical care capacity across the Yorkshire and the Humber.</p>	<p><b>Neurorehabilitation</b></p> <p>To review current provision and develop plans for an integrated offer to increase equitable access, improve coordination and reduce out of area placements.</p>



### Mechanical Thrombectomy

Thrombectomy, also known as mechanical clot retrieval, is the surgical removal of a blood clot in an artery and is used to treat some strokes caused by a blood clot (ischaemic stroke) and it aims to restore blood flow to the brain. Through 2023/24 partners in South Yorkshire will work to expand the regional Mechanical Thrombectomy service and develop a robust plan for expansion into weekends. We will aim to implement the expansion by summer 2024 which will improve access and mean that more patients across the region can benefit from this life saving and brain saving treatment. This will help to improve patient outcomes and reduce current inequalities in access.



# Continuous quality improvement and embracing innovation and research

## Our plans

- Our refreshed needs assessment outlines that health inequalities are widening and in response to this we must act differently and adopt innovative new models of care and technologies. Innovative technologies have the potential to improve access and address health inequalities. We recognise that innovation and improvement are cross cutting themes and as such are threaded throughout this plan, with innovation and improvement fundamentally linked to digital transformation see the section on digital.
- We will embrace innovation and discharge our statutory duty to promote innovation including:
  - Working with stakeholders to identify innovation needs and priorities
  - Linking with partners and the Academic Health Science Network (AHSN) to advance innovation and promote local adoption and spread to enable equitable access to innovations that address inequalities in care and outcomes at scale, that are cost effective or cost saving across health and care, drive economic development through ideas and solutions that have commercial potential.
  - Working with others to create a culture in which transformation can flourish, enabling our workforce to embrace innovation and for us to become a learning innovating system. This supports delivery of our joint commitment in our Integrated Care Strategy, to create a culture of learning and innovation.
- We will work closely with South Yorkshire's flourishing research and innovation system, recognising that real strength will come from working collaboratively with the different assets in our region. For example, the universities in our region renowned for their health and care research, the health and wellbeing focused innovation district at the Olympic Legacy Park, and the MedTech accelerators based in South Yorkshire. As well as working with the UK's first National Centre for Child Health Technology.
- Our plans to embrace research and discharge our duty in respect of research include developing our ability to facilitate and promote research. In NHS South Yorkshire this means developing our plans to:
  - Enable systematic use of evidence,
  - Consider research when commissioning,
  - Encourage providers to support and be involved in research delivery,
  - Recognise the research workforce in workforce planning, and
  - Support collaboration across local National Institute for Health and Care Research (NIHR) networks.
- NHS South Yorkshire has made a commitment to lead the adoption of a recognised Quality, Service Improvement and Redesign methodology (QSIR), which will include effective programme management arrangements to support delivery of our transformation and improvement programmes.

## Research and Innovation Forum

The South Yorkshire Innovation Hub convenes a Research and Innovation Forum that brings together health and care staff, researchers and academics, and innovators and YHAHSN to share ideas and develop partnerships in key areas of clinical priority for addressing health inequality. The Research and Innovation Forum launched in 2022, and has since then brought people together to discuss the development of the South Yorkshire research and innovation strategy, and how we can address inequalities and improve outcomes in CVD and respiratory conditions. Going forward, the Forum will continue to bring together colleagues from across South Yorkshire to ensure research and innovation are brought to bear on our big health and care priorities and build close partnerships with the academic and innovation expertise we have in the region.

## Continuous quality improvement and embracing innovation and research

### Key National Expectations

#### The Operational Planning requirements for 2023/24 include

- A requirement to combine transformation with continuous improvement, connecting innovation and improvement as complementary approaches.
- An expectation to make use of change methodologies, such as innovation and improvement tools and techniques as advocated by NHS England.
- An expectation that plans to prevent ill health will be updated, to be incorporated in Joint Forward Plans, paying due regard to the NHS LTP (see below).
- A reference to the ICBs statutory duties to promote innovation in provision of health services and in respect of research, facilitating and promoting research on matters relevant to health.

#### The NHS Long Term plan requirements include

- An expectation that plans will be updated to prevent ill health including a continued focus on CVD prevention, diabetes and smoking cessation, with plans to be built on successful innovation and partnership working e.g. Covid-19 vaccination programme.

#### Accelerated Access Collaborative Commitments

- To make the NHS the best place in the world to undertake research
- Every patient will be supported to take part in research that is appropriate for them and every NHS organisation will be involved in clinical research

#### NHS Improvement Approach Guidance (to be published in 2023)

- Will set out the five pillars required for a culture of continuous improvement

### Continuous Quality Improvement

#### Continuous quality improvement and embracing innovation and research priorities year 1 and 2

The priorities identified in year 1 and 2 focus on developing the infrastructure and capability to enable us to strengthen our quality improvement approach and embrace innovation and research and will overtime contribute to the outcomes described across other programme areas

Identify opportunities for innovation	Build a shared research & innovation strategy	Establish system governance	Quality Improvement Approach
<p>Work collaboratively to identify opportunities for innovation and adopt proven innovation</p> <p>Create the opportunity to innovate through delivery of:</p> <ul style="list-style-type: none"> <li>a scale and spread programme</li> <li>a research and innovation forum</li> </ul>	<p>Work collaboratively with research and innovation communities to bring world leading expertise to bear on health and care priorities and develop a research and innovation strategy</p>	<p>For research and innovation by developing the Digital, Research and Innovation System Delivery Group</p>	<p>Implement the five pillars in the NHS Improvement Approach:</p> <ul style="list-style-type: none"> <li>• Building a shared purpose &amp; vision</li> <li>• Building improvement capability</li> <li>• Developing leadership behaviours for improvement</li> <li>• Investing in culture and people and</li> <li>• Embedding a quality management system</li> </ul> <p>Implement QSIR training to all staff.</p> <p>Implement a standardised programme management approach across the ICB</p> <p>Implement a South Yorkshire networked approach to Quality Improvement building on and connecting the networks across South Yorkshire and beyond</p>



# Quality Surveillance Oversight and Improvement

## Our plans

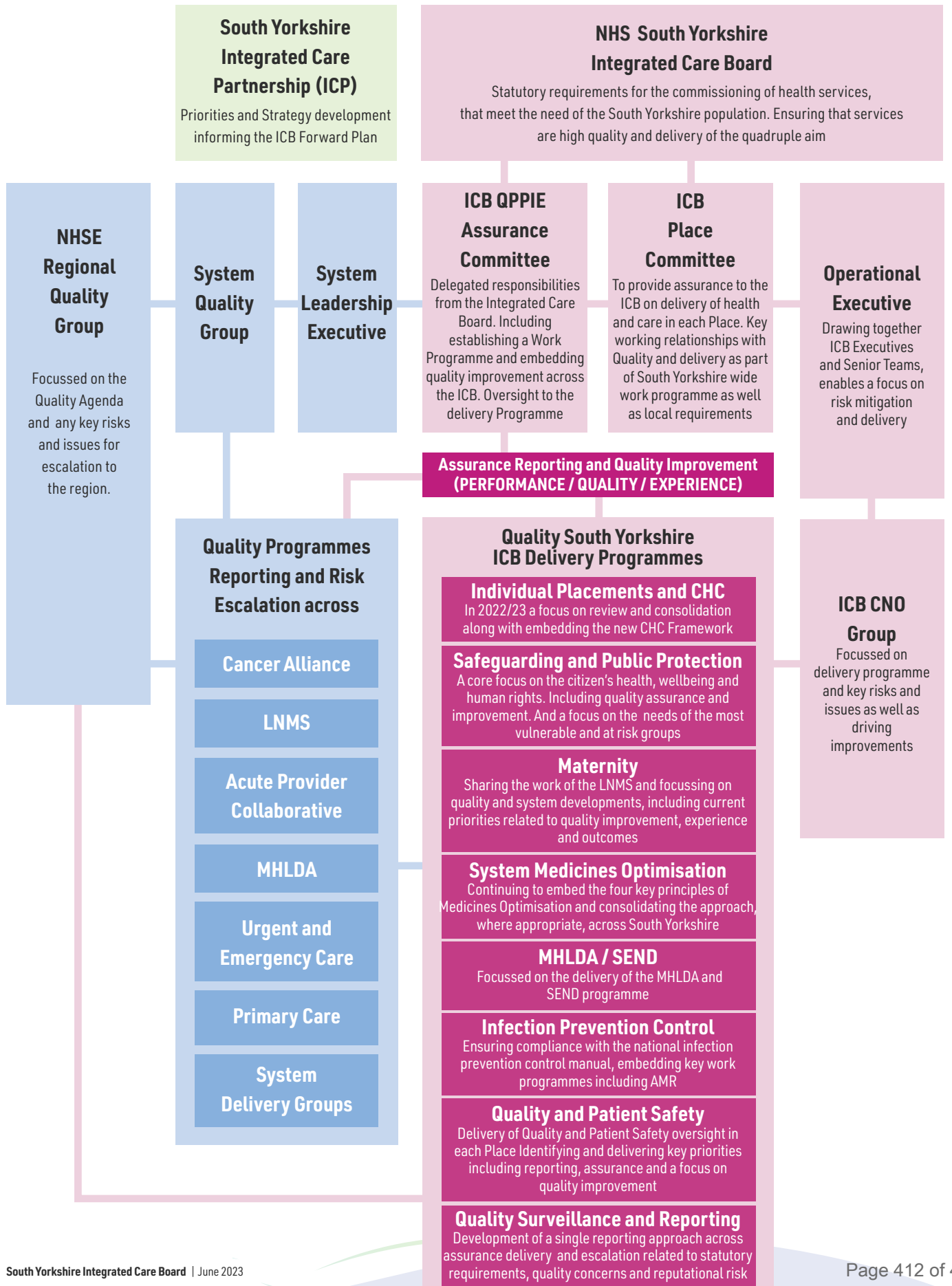
- Access to high quality care and support is one of the key themes from our engagement work and in response to this we identified it as a goal in our initial Integrated Care Strategy.
- Our Integrated Care Strategy sets out the following principles in relation to quality:
  - We will work together to develop detailed clear standards defining what high quality care and outcomes look like, based on what matters to people and communities
  - Create a shared understanding of accountabilities for the delivery of quality and safety across the system.
  - Focus our resource and embed effective quality governance arrangements appropriately
  - Core to our approach will be to reduce health inequalities and minimise variations in the quality of care and outcomes across South Yorkshire to inform our ongoing improvement
  - Embed a single, consistent approach to measuring quality and safety using KPIs triangulated with intelligence and professional insight
  - Celebrate where we have got things right and share this learning widely to continue our development journey
  - Focus on adopting innovation, embedding research and monitoring care and outcomes to provide progressive, high-quality health and care policy
- Following the transition to NHS South Yorkshire the ICB has established a robust quality governance framework, with Executive Clinical Leadership from ICB Executive Chief Nursing Officer and Medical Director, with the Executive Chief Nurse having statutory accountability on behalf of the Board for Safeguarding Children and Adults, SEND, CHC (continuing healthcare provision, LEDER and MCA (Mental Capacity Act).
- The Safeguarding Accountability and Assurance Framework (2022) clearly sets out the safeguarding roles and responsibilities of all individuals working in providers of NHS-funded care settings and NHS commissioning organisations. NHS responsibilities for safeguarding are outlined in a range of legislative requirements.
- The duties for the delivery of the quality, safeguarding and safety agenda are being discharged through distributed leadership across the system and at place through the place based Chief Nurses with each holding lead responsibilities.
- This together with our approach to continuous quality improvement will enable us to dispatch our duty to continually improve the quality of care and outcomes.







# Quality surveillance



## Our plans

- In line with our bold ambition in our Integrated Care Strategy we aim to value and support our entire workforce across health, care, VCSE and paid and unpaid carers. This involves developing a diverse workforce that reflects our communities.
  - Fundamental to all our shared outcomes is the need for a resilient, skilled, sustainable and flexible workforce.
- The South Yorkshire workforce hub co-ordinates a range of enabling programmes which support service alliances / collaboratives and partner organisations to plan, recruit, develop, optimise and retain our People.
- In addition to the breadth of our enabling programmes, we work closely with Place and professional networks to support depth of support to targeted parts of our workforce.

Priorities	Outline Plans (To be informed by NHS Long Term Workforce Plan)
<b>Integrated Working</b>	<ul style="list-style-type: none"> <li>Strengthen partnership working</li> <li>Reduce barriers created by boundaries</li> <li>Increase number of integrated roles</li> </ul>
<b>Developing System Workforce Planning Skills</b>	<ul style="list-style-type: none"> <li>Develop system-wide workforce planning skills</li> <li>Produce appropriate whole workforce baseline, through dashboard</li> <li>Provide a tool kit for effective workforce planning</li> </ul>
<b>South Yorkshire Careers and Employability</b>	<ul style="list-style-type: none"> <li>Produce a South Yorkshire platform for careers/vacancies</li> <li>Strengthen links with education providers</li> <li>Increase opportunities for all of our communities to join workforce</li> </ul>
<b>Education and Training</b>	<ul style="list-style-type: none"> <li>Develop strategies for all components of education and training</li> <li>Deliver joint training, where possible</li> <li>Expand adoption of apprentice workforce</li> </ul>
<b>Supporting Capacity</b>	<ul style="list-style-type: none"> <li>Further expand collaborative staff banks</li> <li>Implement digital staff and training passports</li> <li>Use non-health workforce to support capacity</li> </ul>
<b>New Role Development</b>	<ul style="list-style-type: none"> <li>Provide a portfolio of impact on roles in service</li> <li>Expand ARRS roles across other sectors</li> </ul>
<b>Retaining our workforce</b>	<ul style="list-style-type: none"> <li>Improve data to support retention activities</li> <li>Improved sharing of best practice across all sectors</li> <li>Strengthen engagement for all sectors</li> </ul>
<b>Looking after our people</b>	<ul style="list-style-type: none"> <li>Wellbeing offers will be extended across whole workforce</li> <li>Support and develop Wellbeing Champion and Guardian roles</li> <li>Implement 'Growing Occupation Health' project</li> </ul>
<b>Equality, Diversity and Inclusion</b>	<ul style="list-style-type: none"> <li>Implement recommendations to be an anti-racist region in line with our bold ambition</li> <li>Improve recruitment to ensure workforce is representative</li> <li>Increase the number of diverse leaders across the system</li> </ul>
<b>Streamlining employment processes</b>	<ul style="list-style-type: none"> <li>Align and streamline recruitment processes</li> <li>Reduced inefficiencies in systems and practices</li> <li>Adapt recruitment process to expand opportunities for widening access to jobs</li> </ul>



## Supporting and Developing our Workforce

### Key National Expectations

#### The Operational Planning requirements:

- **Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise**  
Make this a link
- **Improve recruitment rates** into health and care by standardising processes, widening participation, and development and introduction of new roles in clinical pathways
- **Support the wider health and care workforce** to support operational planning and expected elective recovery, understanding that all health and care workforce are integral to the patient pathway

#### Long Term Plan and NHS People Plan

The national NHS workforce strategy for delivering the Long-Term Plan was set out in the People Plan in July 2020. This set out area of focus under four pillars:

- Looking after our people – with quality health and wellbeing support for everyone
- Belonging in the NHS – with a particular focus on tackling the discrimination that some staff face
- New ways of working and delivering care – making effective use of the full range of our people’s skills and experience
- Growing for the future – how we recruit and keep our people, and welcome back colleagues who want to return.

In South Yorkshire we operate a Workforce Hub which co-ordinates delivery of a range of enabling programmes that support networks and partner organisations to collaborate in delivery of People Plan aims. This includes working closely with NHS England to support alignment of transformation activities.

Our activities over coming months will be informed by publication of a new national NHS Long Term Workforce Plan due in Spring 2023, and ongoing engagement with local leaders.

In South Yorkshire we recognise the importance of integrated working across all sectors to ensure effective care pathways for our patients, and to reduce health inequalities. As a result, where possible our enabling programmes are offered beyond NHS and into care and voluntary sector across South Yorkshire. This includes working closely with South Yorkshire Mayoral Combined Authority (SYMCA) to maximise outcomes from public sector investment in skills and employment.

## Our Workforce in South Yorkshire

**10,000**

additional social care posts needed across SY by 2035, compounded by current turnover of 32%

**%**

growth in NHS workforce over last 3 years

**4.5 m**

hours of work per year provided by employed VCSE and volunteer workforce

**6%**

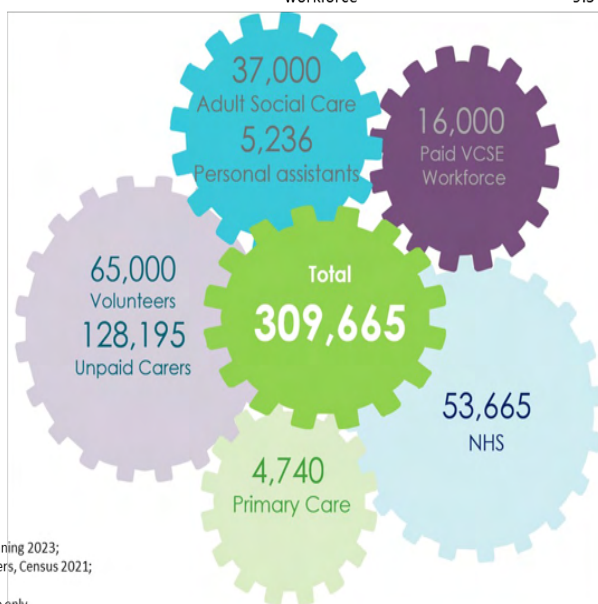
staff sickness across NHS  
Whilst average days lost for Social care is approx. 9.5 days



Diversity within the workforce across South Yorkshire is amongst the lowest in the country

Sector	Male	Female
NHS	20%	80%
Primary Care		
Adult Social Care	15%	85%

Sector	Age 55+	Under 55
NHS	17%	83%
Primary Care	31%	69%
Adult Social Care	29%	71%



Sector	BAME	White
NHS	19%	81%
Primary Care		
Adult Social Care	8%	92%

Sector	Vacancy rate
NHS	8%
Primary Care	
Adult Social Care	9%

Sector	Turnover rate
NHS	9%
Primary Care	
Adult Social Care	32%

Data Sources: NHS & Ambulance/Primary Care – SY Operational Planning 2023; Social Care and Personal Assistants, Skills for Care 2022; Unpaid Carers, Census 2021; Volunteers, VCSE SY Report 2023  
Data for Primary Care relates to available General Practice workforce only.



## Summary of Year 1 and 2 Priorities (Subject to publication of NHS Workforce Plan and engagement with South Yorkshire People Leaders)

### 1 Integrated Working

We will ensure the system is developed to maximise collaboration and put workforce at the heart of every conversation. We will continue to strengthen our support to current workstreams and engagement and commit to implement integrated roles, and reduce duplication where possible.

### 2 Developing system workforce planning skills

We will support the development of workforce skills across the system. Recognising that effective modelling and planning is key to ensuring all of our service needs are met, we will provide a toolkit that will help our system to better plan for the workforce of the future. We will also commit to developing a South Yorkshire baseline for all our workforce, through delivery of a dashboard that provides relevant and timely information and data.

### 3 South Yorkshire Careers and Employability

We will develop a South Yorkshire platform where we can hold information relating to careers, vacancies and opportunities. We will work closely with schools, further education colleges and universities to promote employment within South Yorkshire, encouraging the next generation, as well as ensuring we develop opportunities for all, within our communities.

### 4 Education and Training

We will develop strategies and plans to extend upskilling, apprenticeships, leadership, pre-registration and entry level roles, taking advantage of opportunities for joint training and innovation wherever possible. We will ensure coverage of the apprenticeship offer across a variety of networks, including non-clinical roles.

### 5 Supporting Capacity

We will further develop additional capacity to support all of our services across South Yorkshire, developing collaborative banks, and maximising opportunities within volunteering services, reservists, retire and return and other contingent workforce. We will commit to supporting the implementation of staff and training passports, to enable easier movement of staff across the system.

### 6 New Role Development

We will continue to develop and consider how new roles will support the delivery of all of our services across South Yorkshire. We will develop a portfolio of roles that allow services to understand the benefits these new roles bring. We will continue to support the expansion of additional roles (ARRS) across other sectors

### 7 Retaining our workforce

We will support all organisations, networks, alliances and places to ensure focus is given to valuing and retaining our workforce. We will share interventions that are developed across the system to reduce the amount of people who leave health and care careers.

### 8 Looking after our people

We will ensure that our health and wellbeing offers are extended and promoted to all that work across health and care, supporting wellbeing champions, and growing occupational health support. We want to ensure all our people are valued and have the best support we can provide

### 9 Equality Diversity and Inclusion

We will work collaboratively to recognise improvements in how we support diversity, including a focus on anti-racism, and making our workforce more representative of the communities we serve. We will look at how we improve the profile of our workforce, and how we develop more diverse leaders across our system.

### 10 Streamlining employment processes

Where possible, we will align and streamline people processes, policies and systems to reduce duplication and ensure commonality across organisations. We will support the review of current practices to reduce inefficiencies, and consider initiatives that will expand opportunities for people to join our workforce.

To fulfil our role as anchor institutions to increase local employment, including supporting those furthest from the labour market as described in our bold ambition.

To address one of the key wider determinants, the need for good, stable employment.

# 8 Digital data and technology

## Our principles

Our plans are guided by the principles in our Digital Strategy for South Yorkshire:

- **Think Big, Start Small, Scale Fast** - We will adopt an iterative development approach to satisfy our users through early and continuous delivery of digital services and products, promoting sustainable development and utilising methodologies such as Agile and the Government Service Standard.
- **User Needs and Collaboration** - We will work collaboratively and transparently across South Yorkshire and with other partners across Yorkshire and Humber and nationally to meet the public and workforce users' needs, ensure we design for inclusion.
- **Ownership of Digital Priorities** - We will work with our partners to collectively develop, iterate, and own the digital roadmap for South Yorkshire including Places, Organisations and Alliances/collaboratives.
- **Maturity and Innovation** - We will seek to Improve digital maturity across South Yorkshire but allow organisations and Places to go 'further, faster' through innovation through a spirit of compromise, iterative delivery and use of common standards.
- **Technical Standards** - We will seek to contribute to and adopt (as far as possible) published technical, interoperability and data standards (including health and social care information standards) professional standards bodies, and national bodies such as NHS England. We will collectively own and maintain a Standards roadmap for South Yorkshire.
- **Appropriate Delivery Responsibility** - We will work in partnership across our system but lead delivery where it is appropriate to do so. We will also act as system conveners and provide subject matter expertise to support realisation of digital transformation throughout this plan.
- **Re-use and Extend, Leveraging SY ICS** - We will converge to form a set of strategic

partnerships and platforms to leverage South Yorkshire's value as a system, manage cost-demand pressures, and ensure better integration and interoperability. We will seek to re-use and extend existing services where they meet shared user needs within South Yorkshire rather than procure new.

- **Off-the-shelf Delivery** - We will define and use standardised approaches to ensure all South Yorkshire partners can benefit from any digital procurement or sourcing activity within the region. We will identify legally compliant opportunities to extend services across South Yorkshire, e.g. electronic patient record replacement.

## Our plans

- Our plans for 2023/24 and beyond will enable delivery of the requirements in the Operational Planning Guidance for 23/24 and the NHS Long Term Plan across the domains of 'What Good Looks Like Framework (WGLL), which sets out guidance to digitise, connect and transform services.
- In addition, we will utilise other national guidance and work closely with local partnerships and places to established our plans.



**What Good Looks Like Domains**

## Summary of Year 1 and 2 delivery priorities across Digital, Data and Technology

### 1 South Yorkshire ICS data and insights strategy

Utilising user-centred design techniques, we will build a data and insights strategy and associated delivery plan in line with system requirements.

This will include creation of an ICS Data and Insight Alliance, which will bring together data leads from across the system to co-create analytical products and build a data-literate system, in line with national guidance.

This will be underpinned by a collaborative analytical environment within which the ICB and partners can co-create insights and products from linked datasets, including patient and public qualitative data and utilise advanced analytical techniques. Outputs will underpin decision-making across the system related to real-time operational delivery, care pathway development, population health and reducing health inequalities, supporting prevention and early identification as per our priority to be intelligence led.

### 2 Digital, Data and Technology Workforce

We aim to provide the digital tools, training and skills for staff to work safely and effectively, building a digitally literate, resilient, and capable workforce, in line with the **Government Skills and Capability Framework**. This will ensure we support professional development within DDaT and promote South Yorkshire as an attractive place to work.

### 3 Digital Services for Our Public

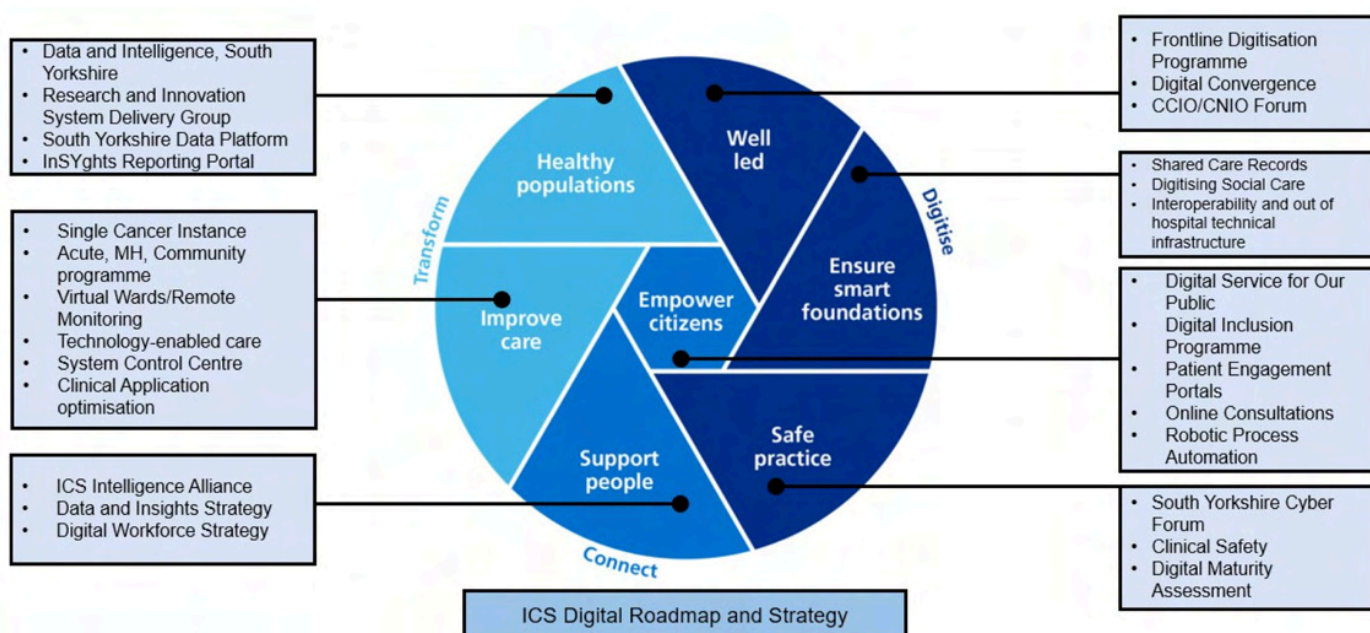
Provision of a system-wide approach to the use of digital communication, sitting inside the NHS App, which provides our public with access to local health services, guidance, alerts, signposting and the ability to submit electronic observations/screening (e.g. blood pressure readings in the home), in order to empower our public to take an active role in their health and well-being. This will be underpinned by a strong Digital Inclusion programme.

### 4 Integrating Digital Health and Care

We aim to digitally transform health and care through improved user experience, information sharing and convergence of digital tooling (where appropriate to do so) to provide better, joined up and personalised care, and to support frictionless movement of health and care staff around our system. In addition, we will work to improve the availability of technology away from traditional clinical settings.

### 5 Safe Practice and Infrastructure

We will work to ensure infrastructure for staff and the public is always available, cyber secure by design, efficient and meets expectations, providing a resilient working environment for today and the future. This will be through the development of an ICS Clinical Safety Function and South Yorkshire Cyber Security Forum and associated Cyber Security Action Plan.

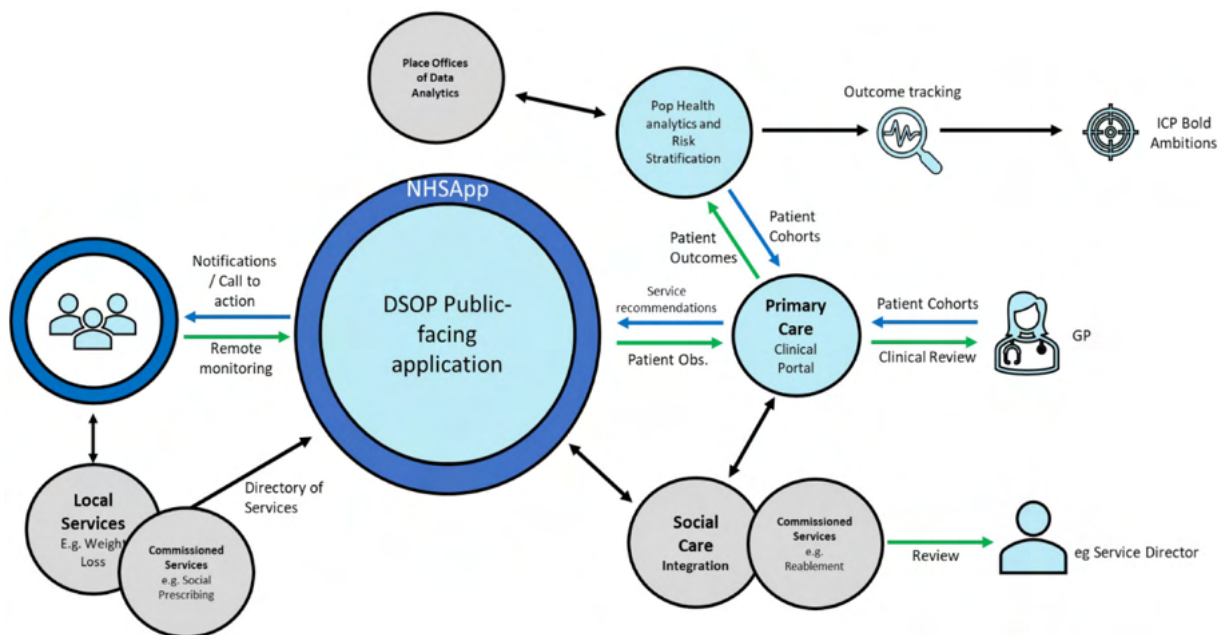


Our programmes of work, linked to the What Good Looks Like Domains.

## Digital, Data and Technology – Case Studies

### 1 Population Health in Action

Combing tooling across population health analytics through our South Yorkshire Data Platform, health and care clinical applications, public-facing digital channels (Digital Services for Our Public, DSOP), and linking directories of services, we will be able to profile the health and care needs of our population and create calls to action for both our clinicians and public to proactively manage health and well-being, supporting 'left-shift'. In addition, continuous flow of accurate health and care data will support evaluation of health and care delivery and tracking of outcomes associated with the bold ambitions of our Integrated Care Partnership Strategy. Identifying the needs of our public will be supported through development of 'Offices of Data Analytics' across our Places, as part of the wider ICS Data and Insight Alliance.

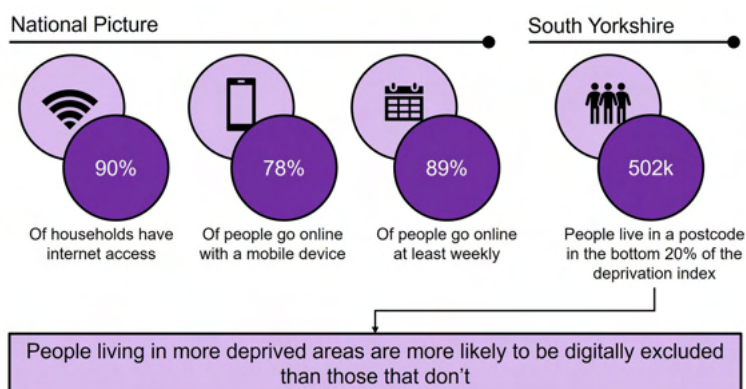


### 2 Improving Digital Inclusion

The people most likely to benefit from more effective access to health and care services through digital channels are often those that are least likely to be online. As a result, the key to the success of any public-facing digital offering is taking into account the needs and requirements of people who may be digitally excluded. Local health and care services must work in partnership, alongside others such as the voluntary sector, to improve digital inclusion.

In South Yorkshire, a review of residents across South Yorkshire was conducted to identify recommendations to improve digital inclusion across the system. In addition, there are dedicated digital inclusion programmes at Place, which are closely linked to work to reduce health inequalities and respond to the cost of living crisis.

A survey has been developed to understand more about data poverty and skills needed across our public, and proactive engagement is taking place with the likely-to-be-excluded communities to understand their support requirements. Flexible digital support arrangements are planned to complement formal digital skills courses that are already available. Finally, strong links have already been established among communication teams to improve how public information is shared, and partnerships are being built with local businesses, colleges and voluntary groups to increase reach.



National context, adapted from 2019 national digital inclusion guide

## Key National Expectations

### The Operational Planning requirements for 2023/24 include the following

- Establish board governance that regularly reviews digital and data strategy, cyber security, services, delivery and risks, underpinned by metrics and targets
- Invest in and build multidisciplinary teams with clinical, operational, informatics, design and technical expertise to deliver your digital and data ambitions
- Ensure progress towards net zero carbon, sustainability and resilience ambitions by meeting the Sustainable ICT and Digital Services Strategy (2020 to 2025)
- Extend the use and scope of your electronic care record systems, ensuring greater clinical functionality and links to diagnostic systems and electronic prescribing and medicines administration (ePMA)
- Comply with the requirements in the Data Security and Protection Toolkit which incorporates the Cyber Essentials Framework. Establish a process for managing cyber risk with a cyber improvement strategy. Have a cyber security function, including a senior information risk owner and data protection officer (DPO)
- Ensure both new and existing clinical systems and tools meet clinical safety standards as set out by the Digital Technology and Assessment Criteria (DTAC)
- Ensure compliant with NHS national contract provisions related to technology-enabled delivery
- Create and encourage a digital first approach and share innovative improvement ideas from frontline health and care staff
- Support all staff to attain a basic level of data, digital and cyber security literacy, followed by continuing professional development
- Develop and monitor a single, coherent strategy for citizen engagement and citizen-facing digital services that is led by and has been co-designed with citizens
- Make use of national tools and services (the NHS website, NHS login and the NHS App) and local digital services that provide a consistent user experience
- Use digital communication tools to enable self-service pathways such as self-triage, referral, condition management, advice and guidance.
- Have a clear digital inclusion strategy
- Use data and digital solutions to redesign care pathways across organisational boundaries to give patients the right care in the most appropriate setting
- Lead the delivery and development of an ICS-wide intelligence platform with a fully linked, longitudinal data set (including primary, secondary, mental health, social care and community data) to enable population segmentation, risk stratification and population health management
- Contribute to the ICS-wide population health management platform and use this intelligence to inform local care planning

### The NHS Long Term plan requirements include

- Create digital access to NHS services to help patients and carers manage their health
- Ensure clinicians can access and interact with patient records and care plans wherever they are
- Use decision support and artificial intelligence (AI) to help clinicians in applying best practice, eliminate unwarranted variation across the whole pathway of care, and support patients in managing their health and condition
- Use predictive techniques to support local health systems to plan for healthcare
- Use intuitive tools to capture data as a by-product of care in ways that empower clinicians and reduce the administrative burden
- Protect patients' privacy and give them control over their medical record
- Link clinical, genomic and other data to support the development of new treatments to improve the NHS, making data captured for care available for clinical research, and publish, as open data, aggregate metrics about NHS performance and services
- Ensure NHS systems and NHS data are secure through implementation of security, monitoring systems and staff education
- Mandate and rigorously enforce technology standards (as described in The Future of Healthcare) to ensure data is interoperable and accessible
- Encourage a world leading health IT industry in England with a supportive environment for software developers and innovators.





# 9 Making best use of our resources Estates

## Our plans

- An Estate Strategy was developed by NHS South Yorkshire during 2021/22. The Strategy is working towards ensuring that we have modern, fit for purpose, sustainable and high-quality estate for the people in South Yorkshire. The plans underpinning its delivery demonstrate how our estate can be improved over time, for the benefit of patients, staff and the local community. We have an estates challenge on the Doncaster Royal Infirmary site and we are reviewing our approach to funding and options for the site.
- Our plan is to increasingly move from a functional approach to managing estate, to one which looks at the whole estate across South Yorkshire, building on the 'One Public Estate' approach and principles.
- Our plans include
  - taking collaborative and innovative approaches to estates management, maintenance and efficiency and strategic development and investment. such as our approach to community elective and diagnostic hubs.
  - Supporting delivery of our clinical strategies and joint plans to maximise use of our assets through greater utilisation of existing estate, co-locating with other agencies and services where possible, creating a better patient environment and reducing the carbon emissions linked to our estate.
  - Making best use of our collective assets, including working with our communities to ensure that we plan and deliver integrated services that are in the right places.

## Key National Expectations

### The Operational Planning requirements for 2023/24 include the following

- A number of requirements where estates can contribute by supporting delivery of clinical services and new service models in fit for purpose modern estate that is well located to improve access and contribute to reducing health inequalities in access and impro

### The NHS Long Term plan requirements include

- As part of its focus on reducing waste and increasing time to care the Long Term Plan outlined that the NHS will improve the way it uses its land, buildings and equipment. To improve quality and productivity, energy efficiency and dispose of unnecessary land to enable reinvestment.

### National reports with implications for estates include:

- The Carter Report (efficiencies and reduction of non-clinical space)
- Naylor Report (addressing estates in poor condition with high backlog maintenance, disposals of surplus estate and reinvestment)
- Fuller Report (investment in primary care)

## Estates priorities for year 1 and 2

### Primary Care Capital and Community Care

Progress business cases and delivery plans for primary care capital developments to maximise potential benefits including social value. Ensuring the estate within the primary and community care setting are suitable for service provision.

### Space utilisation and fitness for purpose

Identify surplus and void space in existing estate and work with clinical workstreams and partners to develop plans to utilise to meet population health needs and contribute social value. Ensuring the estate is fit-for-purpose and addressing backlog maintenance to enable the delivery of healthcare services.

### Sustainability and Decarbonising estate

Review Green Plans across existing estate and identify opportunities to decarbonise. See contributing to environmental sustainability section.

# Procurement

## Our plans

- System partners are working together to reduce unwarranted variation and release efficiency savings including reducing procurement and supply chain costs.
- In South Yorkshire we have delivered 85% of the recommended Procurement Target Operating Model objectives set by NHS England, the second highest in the country
- Our work together as partners includes
  - Standardisation of the Standing Financial Instructions (SFIs) across the eight SY ICS organisations (SY ICB and seven provider Trusts)
  - Joint e-Tendering and Contract Management platform - Atamis, across the eight SY ICS organisation (SY ICB and seven provider Trusts)
  - Joint Work Planning Tool across 80% of SY ICS organisation – with final 20% onboarding in Q1 of 2023/24
- Delivery of Cost Improvement Plan (CIP) savings in 2021/22 totalling £685k and supporting all Trust CIP plans.
- Established a Consumables Resilience Group which manages, mitigates and works to prevent supply disruption issues which supports clinical staff to deliver uninterrupted high-quality patient care
- Facilitating mutual aid
- Social Values and Net Zero introduced to all tenders at a weighting of at least 10%
- Inventory Management Solution being implemented in two of the Acute Trusts with a view to developing business cases for remaining Trusts.
- Introducing Value Based Procurement by promoting innovation and reducing costs in the whole patient pathway

## Key National Expectations

### The Operational Planning requirements for 2023/24 include the following

- The guidance is clear that plans should set out measures to release efficiency savings, including reducing procurement and supply chain costs by realising the opportunities for specific products and services.
- There is also an expectation to improve inventory management. NHS Supply Chain will lead the implementation of an inventory management and point of care solution.

### The NHS Long Term plan requirements include

- As part of its focus on reducing waste and increasing time to care the NHS Long Term Plan included the need to release procurement savings by aggregation of volumes and standardising specifications.

### National reports with implications for estates include:

- The Carter Report (efficiencies and optimising non-clinical resources)

## Procurement priorities for year 1 and 2

### Review of collaborative procurement arrangements

To review and further develop arrangements to build on work to date to refresh and realign governance arrangements

**Continue collaborative work as partners**, including full roll out of joint work planning tool, delivery of cost improvement plans, embedding Consumables Resilience Group, facilitating mutual aid, developing a case to roll out an inventory management solution and introducing Value Based Procurement approach.



# Financial Resources

## Our plans

- Our nearer term work in finance includes;
  - Better understanding organisation financial performance - 2022/2023 plan to actual outturn; and 2022/2023 outturn to 2023/2024 plan.
  - A common approach to monitoring the actual cost of excess inflation
  - Learning from CIP and place allocative efficiency by sharing plans and approaches
  - A common approach to in year reporting on CIP and place allocative efficiency to ensure we understand progress
  - Using the DBHT driver of the deficit specification and report, as an opportunity for shared learning.
  - Identifying further approaches to joint savings between collaboratives and alliances.
  - Review and implement review and implement an approach to Financial Recovery
  - Track performance against ERF and try and assess local versus national impacts on performance
- Our wider capability work on finance includes;
  - Better tracking and understanding “failure demand” in different care contexts, by linking together and reviewing high cost episodic care.
  - Working in partnership with system providers on creating the economic case for “left shift” in terms of social and economic value.
  - Reviewing where institutional barriers and funding approaches limit our ability to deliver transformation and integration and propose changes to remove those limitations.

## Key National Context and Local Approach/Delivery

### The Financial Outturn for 2022/23 was delivered

- The system reported break even for the year with the ICB reporting a £19m deficit to offset the provider deficit of £19m. This included the receipt in March of £9.9m of additional income from NHSE.

### The Financial Settlement and Plan for 2023/24 is very challenging

- The system submitted a balanced plan to NHSE on 4 May. The plan contains significant risks. There is a high level of efficiency of £241.2m. This represents 1.7% of allocation at place, 3.6% of allocation in total for the ICB and 4.1% of provider turnover. Total efficiency represents 8.1% of allocation.

### It is highly likely that the 2023/24 Settlement will define the level of challenge for the next five years

- The ability of the ICB and its hosted providers to deliver an 8.1% efficiency rate will be exceptionally challenging and estimates of the underlying position of the system financial position were in excess of £200m in advance of the 2023/24 planning round. The current models of care are not affordable and we will need to change how we work to deliver within our resources over the period of the Joint Forward Plan.

### “Failure Demand”/Allocative Efficiency and Upstream Investment

- In order to live with our means and meet the ambitions of the joint forward plan we will need to address inefficiency in a very rigorous way to enable investment in preventative and “left shift” measures.

## Our priorities for year 1 and 2

### Reassessment of the Underlying Position

To review and further develop our understanding of the South Yorkshire underlying position, the drivers of the deficit and the opportunities for financial improvement.

### Financial Recovery Planning

To review and implement an approach to Financial Recovery which enables us to live with our allocation and resources.

### Working Differently – Prevention and “Left Shift”

To deliver an approach to “failure demand”, left shift and remove barriers to integration.

# 10 Partnership working to deliver our plan

## Our plans

- At its formation NHS South Yorkshire made a commitment to listen consistently to, and collectively act on, the experience and aspirations of local people and communities, articulated within our Start with People: South Yorkshire Strategy. We will work with all of our NHS partners in South Yorkshire to ensure that citizen voice is embedded in all of our work, including involvement in the programme priorities identified within the Joint Forward Plan, and we will use a range of approaches for this.
- We will work with all of our NHS partners in South Yorkshire to ensure that citizen voice is embedded in all of our work, including involvement in the programme priorities identified within the Joint Forward Plan, and we will use a range of approaches for this.
- We will work with our partners to create a network/ community of practice of those working in citizen involvement in the NHS to ensure we don't overwhelm our citizens and we have a coordinated and where possible standardised approach.
- From the 10 principles that underpin NHS involvement, we have identified outcomes and outputs and formed an action plan for NHS South Yorkshire. The actions we have identified can be broadly aligned to the following overarching priorities for citizen involvement:
  - Put the voices of people and communities at the centre of decision-making.
  - Embed mechanisms to enable citizen involvement to play a key role in the system focus on tackling health inequalities.
  - Work with people and communities on the priorities identified within the Joint Forward Plan.



## Involving Children and Young People

The South Yorkshire and Bassetlaw Children and Young People's Alliance are committed to ensuring that the voices of children and young people are front and centre in their decision making, and undertook to co-create with young people how they want to ensure this takes place. Initially two online sessions for up to 50 children and young people from across SYB already involved in participation / engagement activities in Healthcare took place to ensure the voices of the children and young people would be heard clearly and would lead to the development of future ways of working and principles for involving young people. A follow up session was then held to agree on a delivery model for young people's participation, based on what had been heard from the young people. The chosen model is called Core and Connect, it sees one organisation leading the CYP youth voice work, connecting with all young people engaged in participation work and ensuring the views of as many YP as possible are gathered with remuneration given to the CYP groups for their work. Core and connect supports all NHS South Yorkshire work requiring youth voices and is used to help represent the views of children and young people at the various system and organisational Board meetings.

# Working with people and communities

## Key National Expectations

- As well as a commitment to citizen involvement, all NHS partners have a legal responsibility to involve patients and the public in their work.
- The main duties on NHS bodies to make arrangements to involve the public are all set out in the National Health Services Act 2006, as amended by the Health and Care Act 2022: Section 13Q [Public involvement and consultation](#); Section 14Z32-64 [General functions for Integrated Care Boards](#); Section 242 for [NHS Trusts and Foundation Trusts](#); and a requirement to involve the public is also included as a service condition in the [NHS Standard Contract for providers](#).
- Working in partnership with people and communities statutory guidance is guidance is for integrated care boards, NHS trusts, foundation trusts and NHS England. It supports effective partnership working with people and communities to improve services and meet the public involvement legal duties.

## Priorities for 2023/24 - See more detailed plan in appendix and on our website for more information

- **Put the voices of people and communities at the centre of decision-making.**  
This includes: Working with system partners on a coordinated and where possible standardised approach to citizen involvement. Developing a 'start with people' minded workforce. Ensuring governance, assurance processes and systems all support this aim. Improving communication and feedback to our communities to build understanding and trust.

- **Embed mechanisms to enable citizen involvement to play a key role in the system focus on tackling health inequalities.**  
This includes: Working with the VCSE, Healthwatch and partners on an approach for ongoing insight capturing, particularly from our underserved communities, to ensure we understand our communities' needs and empowering our people and communities Ensuring systems and processes are in place for a continuous involvement cycle where citizens can talk to us at any point, in any way, and we will listen and gather their insights and use them to inform our work.

Developing opportunities for coproduction and working hand in hand with our communities to tackle system priorities.

- **Work with people and communities on the priorities identified within the Joint Forward Plan.**  
This includes: Ensuring our future plans involve our citizens, using appropriate involvement levels and approaches, including coproduction and working in partnership with our communities.

As an example, programmes we are anticipating supporting in system or place include potential pathway redesign work for autism, dementia, end of life care, frailty, and cancer; and potential consultations around GP practice changes and improvements to primary care.

## Involving people in the development of new health centres

A number of locations in South Yorkshire have recently received capital funding allocations for new health buildings. In Sheffield proposals to build three new GP health centres were given the go ahead at NHS South Yorkshire's board meeting in February 2023.

NHS South Yorkshire consulted with people on behalf of nine GP practices that were proposing to move into new health centres in areas that need them most, bringing together GP and other services under one roof. Through working in partnership with local community organisations, undertaking street interviews, holding 17 public meetings, and contacting over 50,000 patients directly, over 5,000 responses were received from local people reflecting the local communities that would be affected. The feedback was used to help inform practices' decisions on whether they wanted to continue with the plans and move into a new centre. After considering public views it was agreed that three of the four developments would go ahead and the plans are now moving forward.

NHS South Yorkshire will be involving local communities in the design of buildings including disability stakeholder groups and young people to make sure the final designs are accessible for people with additional needs, such as those with dementia and autistic spectrum disorders. The ongoing citizen involvement in these developments has attracted national praise.

# Working with Voluntary Community and Social Enterprise sector (VCSE)

## Our plans

- Our needs assessment identifies that people die earlier, live longer with a health condition and that health inequalities are stark and widening in South Yorkshire. Our plans to address this include maximising the potential of partnership working with the VCSE.
- The VCSE sector is experienced at supporting people with the wider determinants of health, psycho social factors and those most socially excluded or at risk of inequalities. The VCSE sector also holds community assets and is experienced at enabling strength based approaches.
- A VCSE and ICS Memorandum of Understanding signed in March 2023 sets out our vision that underpins our approach to partnership working: An equitable partnership embedding the VCSE at all levels of the ICS, that recognises and values the sector across strategy, delivery, engagement and insight.
- A VCSE and ICS strategy is in development, building on the vision and commitments made in the Memorandum of Understanding. We will:
  - Continue to iterate the Alliance model to underpin effective partnership working across the system.
  - Take forward our enabling priorities to **embed** VCSE participation, **engage** through strengthening community connections and insights, and **invest** well maximising all potential opportunities and resources.
  - Prioritise opportunities for collaboration on delivery. These include sustaining, strengthening and developing new opportunities in **social prescribing**. Our Places have successfully delivered innovative social prescribing provision, and recent innovations include the launch of a new pilot across South Yorkshire in our stroke pathway, and increasing access to green social prescribing through participation in a national test and learn programme.

We will work to identify sustainable approaches, level up community provision and tackle opportunities and challenges.

We will also strengthen cross sector **volunteering** through development of a volunteering plan with shared priorities to improve equitable access to volunteering, develop pathways to career progression and employment, support wellbeing, and support capacity. Finally, we will identify **new collaborative opportunities** across the system e.g. testing new collaborative and investment approaches in partnership with the Cancer Alliance.

- Our VCSE is a key partner is supporting all four of our bold ambitions and the key areas that matter to our public e.g. access to services, quality and agency within the Integrated Care Partnership Strategy. We will ensure that the sector is embedded in opportunities to take this forward.

## Green Social Prescribing

As one of seven national test and learn sites for embedding and scaling green social prescribing, we have built on the successful social prescribing pathways delivered in our Places and worked with VCSE as key partners. Sheffield and Rotherham Wildlife Trust is our green VCSE lead, working with Place partners to engage communities, build insight, and create a learning community of stakeholders. South Yorkshire Community Foundation has worked as our grants management partner, supporting investment with Place partners into 39 VCSE organisations to increase and diversify community access to South Yorkshires rich green and blue assets.





## Key National Expectations

### The Operational Planning requirements for 2023/24 include the following

- A number of requirements where partnership working with VCSE could aid delivery including:
- Continued recruitment of additional roles (Additional Roles Reimbursement Scheme, ARRS) by the end of March 2024
- Addressing health inequalities and delivering the Core20PLUS5 approach

### The NHS Long Term plan requirements include

- A recurrent expectation throughout the Long Term Plan is to develop relationships with the voluntary sector to enable delivery, improve health outcomes and reduce health inequalities.

### Integrated Care System (ICS)- Guidance on partnership working with VCSE sets out

- The need to identify the VCSE sector as a key strategic partner with an important contribution to make in shaping, improving and delivering services, developing and implementing plans to tackle the wider determinants of health
- An expectation that VCSE partnership should be embedded in how the ICS operates, including through involvement in governance structures in population health management and service redesign work, and in system workforce, leadership and organisational development plans
- ICBs are expected to have developed a formal agreement for engaging and embedding the VCSE sector in system-level governance and decision-making arrangements, ideally by working through a VCSE alliance to reflect the diversity of the sector.
- These arrangements should build on the involvement of VCSE partners in relevant forums at place and neighbourhood level.

## Working with VCSE and developing VCSE Alliance priorities for year 1 and 2

### Embed VCSE participation

Implement the VCSE and ICS Memorandum of Understanding and the VCSE Participation Payments Policy

Work with System Delivery Groups, Provider Collaboratives and Alliances to identify opportunities for VCSE involvement

Coordinate and strengthen work with the VCSE to shape new strategies and plans across the breadth of the system and including a VCSE strategy

Develop a system volunteering strategy that builds on and harnesses the strengths of the VCSE

Continue to innovate in social prescribing and identify new opportunities for partnership delivery with the VCSE

### Strengthen connections and insights between VCSE and ICS

Strengthen communications and information sharing between NHS and VCSE partners

Further develop the interface between NHS, ICB communication and engagement work and VCSE to strengthen the VCSE partnership role in engagement, qualitative insights and co design.

Continue to iterate the VCSE Alliance model

### Maximise VCSE investment opportunities

Shape commissioning and investment approaches to maximise VCSE partnership potential, including developing guiding principles, new models and mechanisms and new opportunities for commissioning and investment.

Identify and develop external funding investment and leverage opportunities to support a thriving sector.

Identify and develop non financial resource sharing opportunities

## Working with partners to address the needs of victims of abuse

### Our plans

- Prior to the new duty 28 areas in England including South Yorkshire were identified as having high incidences of violence and crime and as a result were requested to make arrangements for Violence Reduction Units (VRUs).
- South Yorkshire has a Violence Reduction Unit managed by the OPCC with an Executive Board whose membership includes SY Police, Probation, Youth Justice, SY Fire and Rescue and the four Local Authorities.
- The new duty does not require an area with established governance to set up something new, but it is required to ensure that it meets the new duty. The established VRU in South Yorkshire will be reviewed and renamed SVD, Serious Violence Duty to ensure the new duty is met.
- South Yorkshire has four Place Safer Partnerships and a Countywide Community Safety Partnership that will also support delivery of the new duty.
- Oversight and assurance for the new duty is directly under the Home Office and the OPCC, it is not anticipated that ICB's will need to provide assurance or monitoring requirements to NHSE. However, many of the safeguarding assurance requirements such as Violence against women, Domestic Violence and Domestic Homicides all link to the new duty and would be good practice to share initiatives through the Safeguarding assurance route.
- In response to the guidance to produce a Strategic Plan by 31st January 2024, the SY VRU already has a response strategy in place which includes actions for a variety of partners and this will be reviewed to meet this expectation.

### Key National Expectations

- The Government Introduced the Serious Violence Duty Preventing and reducing serious violence Statutory Guidance for responsible authorities (SVD) through the Police, Crime, Sentencing and Courts Act 2022.
- The extended new duty came into force on 31 January 2023. The definition of 'serious violence' now includes domestic abuse and sexual offences. This places a duty on specific organisations, known as the 'specified authorities', to plan and collaborate to prevent serious violence in their area.
- The SVD is intended to create the right conditions for authorities to collaborate and communicate, using existing partnerships where possible to share information and take coordinated action.
- The local policing body, in South Yorkshire the Police and Crime Commissioner (OPCC), is expected to perform a central convening body for their area, administer funding for the Duty to the specified authorities and monitor progress. The final guidance, funding arrangements and Implementation assessment/support offer have been finalised and shared with the OPCC in the second half of December 2022.
- By March 2023 areas need to identify an existing or new partnership to deliver the duty and identify a named lead responsible officers for each specified authority.
- The specified authorities are:
  - SY Police
  - Criminal Justice – Probation Service and Youth Offending Services
  - SY Fire and Rescue
  - Health – Integrated Care Board
  - Local Authorities – Leads from the four SY Metropolitan Authorities
  - Three other groups are required to co-operate with Specified Authorities when needed:
    - Prisons
    - Youth Custody Establishments
    - Education
- The guidance states the need to produce a Strategic Plan to address serious violence informed by the findings of the SNA. This also needs to be delivered by 31 January 2024

### Priority for Year 1

Build on SY Violence Reduction to establish Serious Violence Duty Executive Board to ensure new duties are met



# Maximising our role as anchor institutions

Maximising our role as anchor institutes to support wider socio economic development.

## Our plans

- Anchor institutions institutes are described as organisations whose long term sustainability is tied to the wellbeing of the populations they serve
  - The NHS, Local Authorities, Universities and other large employing organisations in South Yorkshire are traditionally described as ‘anchor institutes’. They are largescale employers, purchasers of goods and services, land owners and have relatively fixed assets. However primary care networks working with VCSE also have the potential to act as anchor institutions
  - Anchor institutes are well placed to make a difference, address the wider determinants and can have a significant influence on health and wellbeing
  - In South Yorkshire we made a commitment in our Integrated Care Strategy to harness the role of our anchor institutions to maximise our collective contribution
- Our plans include
    - Scoping the development of an anchor charter to describe the role and expectations of an anchor institute
    - Working together as NHS organisations and with our partners to maximise our role as large scale employers to widen access to good quality work, support the health and wellbeing of our staff and develop the health and care workforce of the future. To deliver our bold ambitions to value our entire workforce and support the development of an inclusive, sustainable economy in South Yorkshire.
    - Scoping the development of an anchor network to develop the charter, share learning and identify opportunities to collaborate
    - Further developing our joint procurement approaches, delivering progressive local procurement that adds social value



## Key National Expectations

### The Operational Planning requirements for 2023/24 include the following

- A number of requirements where maximising our potential as anchor institutes could contribute including improving retention and staff attendance through a systematic focus on all elements of the NHS People Promise.

### The NHS Long Term plan requirements include

- Setting out the role of the NHS as an anchor institute, as a large employer and procurer of services with a key role creating social value in communities.

### Other

- One of the core purposes of the ICS is to help the NHS support broader social and economic development. The NHS can deliver its role as an anchor institute by
  - Widening access to good quality work – being an inclusive employer
  - Purchasing for social benefit: Purchasing supplies and services from organisations that embed social value to make positive environmental, social and economic impacts
  - Using buildings and spaces to support communities: Widening access to community spaces, working with partners to support high-quality, affordable housing, supporting the local economy and regeneration.
  - Reducing our environmental impact: Taking action to reduce carbon emissions, reduce waste and protect and enhance the environment.
  - Working closely with communities and local partners: Collaborating with communities and work with other anchors to increase and scale impact

## Maximising our potential as anchor institutions – supporting wider socio economic development – priorities for year 1 and 2

### Anchor Network

Increase understanding of anchor institutions and the significant role they have to contribute to health and wellbeing directly with staff and by contributing to address the wider determinants.

Scope potential to develop an Anchor Network to support delivery of our Integrated Care Strategy.

### Anchor Charter

Scope development of an Anchor charter that sets out the role and expectations of anchor institutes.



# Environmental Sustainability and Net Zero

## Our plans

- Plans to improve population health help to address climate change, the effects of climate change are often felt most by those with the greatest needs. Hence climate action helps to address health inequalities, e.g. cleaner air, improved housing.
- Our Sustainability and Green Plan for the South Yorkshire Integrated Care Board was published in September 2022 and sets out in detail our plans to deliver sustainable healthcare and meet the targets for net zero.
- Plans include direct interventions within estates and facilities, travel and transport, supply chain, procurement and adaptations and medicines. Together with enabling actions, including sustainable models of care, workforce, networks and leadership and funding and finance mechanisms.

- Plans include developing a sustainability network and network of green champions, rolling out an e learning module and carbon literacy training, to upskill staff and enabling inclusion in policies.
- Working with partners, including the South Yorkshire Mayoral Combined Authority on the plans to develop a citizen’s assembly on the climate change emergency, as identified as a bold ambition in our Integrated Care Strategy.
- Learn from and link into national work to encourage innovation and research to achieve more sustainable ways of delivering care.
- Local research in collaboration with Sheffield Children’s Hospital to educate children and young people on good asthma care that is environmentally friendly.
- Plans include initiatives testing the use of reusable instruments, e.g. coils



## Improving our Impact on the Local Environment

The Barnsley Place Based Partnership is committed to exploring how it can operate in a way which positively impacts on our local environment.

Barnsley Hospital has been an early adopter in introducing reusable, eco-friendly operating theatre gowns and caps.

This initiative is part of the Hospital’s commitment to achieving NHS England’s net zero targets and improving its impact on the climate and environment.

To combat the harmful environmental impacts of single-use personal protective equipment (PPE), Barnsley Hospital has created a pilot study in partnership with laundry provider Elis to introduce reusable PPE.

Following the successful results of this pilot, including engagement and feedback from staff, they’re now switching from single-use disposable theatre caps and gowns to environmentally friendly, reusable alternatives made from cloth.

The theatre caps will also be personalised with staff names and roles.

## Key National Expectations

### The Operational Planning requirements for 2023/24 include the following

- A number of requirements set out in the Operating Planning guidance, such as delivering diagnostic activity and eliminating waits for elective care require new ways of working, and with this there are opportunities to contribute to the environmental sustainability agenda, e.g. delivering 'one stop shop' care pathways and care closer to home to reduce journeys and emissions.

### The NHS Long Term plan requirements include

- A range of requirements in the long term plan make a contribution to environmental sustainability, including boosting out of hospital care, digitally enabling care and delivery closer to home reducing patient travel.
- Taking a preventative and population health management approach, aligns well with planet health.

### Delivering a Net Zero NHS (October 2020)

- This sets out a national roadmap to deliver
  - Net zero for emissions the NHS controls directly (the NHS Carbon Footprint) by 2040, with an ambition to reach an 80% reduction by 2028 to 2032
  - Net zero for emissions the NHS can influence (the NHS Carbon Footprint Plus) by 2045, with an ambition to reach an 80% reduction by 2036 to 2039

## Contributing to the environmental sustainability agenda together priorities for year 1 and 2

### Outcomes

- Energy consumption and transition to renewable sources
- NHS Fleet related emissions
- SABA use in asthma patients and use of DPI inhalers where clinically safe
- Emissions from Entonox

### Direct Actions

Development of heat decarbonisation plans by all NHS Trusts

All Trusts to enact specific direct actions including, those to deliver Estates NZ delivery plan, considering use of nitrous oxide, audit/leak test Entonox manifold cylinders, eliminating use of desflurane, and developing plans to transition owned and leased fleet to ultra low or zero emission vehicles

Evaluate reusable PPE projects and carry out feasibility study to inform scaling up plans

Look at initiatives to promote circular economy and campaign for reduced packaging related waste in the supply chain

All NHS organisations to transition to energy efficient LED lighting

Deliver medicines optimisation initiatives e.g. reduce wastage & promote low carbon inhalers

Apply principles of sustainable procurement –applying social value model and supporting suppliers with carbon reduction plan requirements (see procurement section)

Scope out and develop collaboration opportunities with, VCSE to work together on shared sustainability and net zero priorities. Embed and scale up Green Social Prescribing across the system

Scope out how we can work with and support the MCA and LA on implementing their active travel strategy for SY

### Enabling Actions

Work to increase uptake of 'Building a Net Zero NHS' e-learning modules

Continue to build Green Champion Network

Work with digital programme to develop plans to implement Sustainable ICT and Digital Services Strategy

Take Digital first approach where it's possible and practical

Pilot national toolkits for low carbon virtual ward pathways, sustainable ED, green theatres checklist

Support Digital first principle, wherever possible

Contribute to the development of robust Equality Impact Assessment processes, that will aid socially responsible decision making across our organisation and partners



# 11 Delivery risks

**Delivery of our Joint Forward Plan will be challenging with a number of areas of key risk identified to be mitigated including:**

Workforce risks	>	Mitigating actions
<ul style="list-style-type: none"><li>Increasing workforce pressures across all sectors results in high staff absence and turnover rates.</li><li>Unable to plan effectively for future workforce based on short term funding arrangements.</li><li>Organisational changes disrupt existing programmes.</li><li>Limited or ringfenced funding to support workforce transformation and redesign, and variation in pay across sectors, restricts integrated working.</li><li>Attraction of South Yorkshire communities into health and care careers does not maximise skills of people from diverse backgrounds.</li><li>Workforce transformation and redesign activities duplicate or are not aligned to system priorities.</li></ul>		<p>Acceleration and amplification of existing programmes and development of long term South Yorkshire Workforce Strategy in partnership with NHS England with a focus on the following priorities:</p> <ul style="list-style-type: none"><li>Integrated working</li><li>Developing system workforce plans</li><li>South Yorkshire careers and employability</li><li>Education and training</li><li>Supporting capacity</li><li>New role development</li><li>Retaining our workforce</li><li>Looking after our people</li><li>Equality, diversity and inclusion</li><li>Streamlining our employment processes</li></ul>
Financial risks	>	Mitigating actions
<ul style="list-style-type: none"><li>Risk of managing the current significantly challenging financial position with</li><li>substantial efficiency requirements across all 2023/24 plans that will be challenging to deliver</li><li>Uncertain financial framework for beyond 2023/24</li></ul>		<ul style="list-style-type: none"><li>Organisation and systemwide financial monitoring arrangements to enable all to be sighted on progress and take action where necessary</li><li>Continued dialogue with national colleagues to inform future financial framework for beyond 2023/24</li></ul>
Operational risks	>	Mitigating actions
<ul style="list-style-type: none"><li>Risk of plan delivery within increasingly operationally challenging environment</li><li>Risks of operationally balancing delivery of priorities identified in this plan with operational capacity to deliver, including managing ICB changes in 2023/24</li></ul>		<ul style="list-style-type: none"><li>Continue to identify operational risks at organisational level and at system level to enable collaboration and partnership working to aid management</li><li>Capacity planning to match available capacity with delivery of key priorities</li></ul>
Strategic risks	>	Mitigating actions
<ul style="list-style-type: none"><li>Risk of being able to realise the benefits from the legislative change set out in the Health and Care Act 2022</li><li>Risk of balancing immediate operational pressures with mid/longer term ambitions set out in our plan</li></ul>		<ul style="list-style-type: none"><li>Continue system development to create a culture of collaboration and partnership working to maximise the benefits from the Integrated Care System</li><li>Ongoing dialog with national colleagues</li><li>Ensure plans to respond to operational requirements are cognisant with mid to longer term ambitions, including addressing health inequalities by focusing on those with greatest need</li></ul>





# Chief Executive Report

Integrated Care Board Meeting

5 July 2023

<b>Author(s)</b>	Gavin Boyle, SY ICB Chief Executive
<b>Sponsor Director</b>	Gavin Boyle, SY ICB Chief Executive
<b>Purpose of Paper</b>	
The purpose of the report is to provide an update from the Chief Executive on key matters to members of the Integrated Care Board.	
<b>Key Issues / Points to Note</b>	
Key issues to note are contained within the attached report from the Chief Executive.	
<b>Is your report for Approval / Consideration / Noting</b>	
To note.	
<b>Recommendations / Action Required by the Board</b>	
The Board is asked to note the content of the report.	
<b>Board Assurance Framework</b>	
The Board Assurance Framework is in development.	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
No	
<b>Have you carried out an Equality Impact Assessment and is it attached?</b>	
No	
<b>Have you involved patients, carers and the public in the preparation of the report?</b>	
No	

# Chief Executive Report

## Integrated Care Board Meeting

5 July 2023

### 1. Purpose

This paper provides an update from the Chief Executive of NHS South Yorkshire on the work of the ICB and system partners for May and June 2023.

### 2. Integrated Care System Update

#### 2.1 Five Year Forward Plan

The NHS South Yorkshire Joint Forward Plan was submitted to NHS England on 1 July 2023. This sets out the how the NHS in South Yorkshire will meet its aims to:

- Reduce health inequalities.
- Promote good health and prevent disease.
- Improve access to services, quality, and outcomes.
- Support and the development our entire health, care, and community workforce.
- Build on our partnerships and work with others to deliver our plan.
- Harness digital, data and technology and research and innovation to achieve our aims.
- Make the best use of our collective resources.

This is the NHS's contribution to the ambitions set out in our initial South Yorkshire Integrated Care Strategy published in March 2023.

This plan has been informed by a refresh of our South Yorkshire population health needs assessment (Joint Strategic Needs Assessment, or JSNA), insights from what patients and the public have told us matters to them and is aligned to the Health and Wellbeing strategies in each of our Places of Barnsley, Rotherham, Doncaster, and Sheffield.

As part of the forward plan development, we have engaged with our communities, building on the 'What matters to you' conversation started at the end of last year. More than 2,000 people across South Yorkshire, including those from often less well served communities, NHS and care staff, and the public have shared their views. The main themes from the engagement work are again access to services, accessible information and affordability including transport. The public continue to be invited to provide feedback on the plan, which is available to view on the [NHS South Yorkshire website](#).



## **2.3 Children and Young People's Alliance Update**

The second conference for the SY Children and Young People's Alliance took place in early June with attendance by over 200 people representing many of the organisations that make up the South Yorkshire Integrated Care Partnership. Reducing health inequalities was a key theme from the conference agenda and there was a commitment to enabling children and young people in South Yorkshire to have the best start in life.

South Yorkshire Mayor Oliver Coppard opened the conference and the day was hosted by Ruth Brown, CEO of Sheffield Children's Foundation Trust. Dr Luke Roberts spoke about diversity in the system to address inequalities and Professor Sir Michael Marmot spoke virtually about how he wants to work with us in South Yorkshire to develop tools and strategies that we can all use to address health inequalities in the region. Abigail Knight, from Barnardo's, also spoke about how they are supporting South Yorkshire to create and develop a children and young people's health equity framework and toolkit.

## **2.4 Voluntary, Community and Social Enterprise Sector Trends**

A report on the contribution of voluntary, community and social enterprise sector in Yorkshire and Humber has been published. The report, produced by academics at Durham University and supported by health and care partners across the region, captures the impact the VCSE sector has.

In South Yorkshire the report lays out there are 2,900 organisations, 16,000 employees and 63,000 regular volunteers who collectively produce 4.5 million hours of work valued at between £45m and £63m. There are 2.1 VCSE organisations per 1,000 resident population. It is estimated that there are about a further 3,700 unregistered informal groups.

The VCSE sector in South Yorkshire is keen to make a strong contribution to health, personal, social and community wellbeing – and this report shows that it is already achieving that. The social impact measures used in this study indicate that from the energy it invests in activities, the VCSE sector in South Yorkshire produced nearly £2.5 billion in social impact in 2022.

This means that for every 1,000 residents in South Yorkshire the VCSE sector contribute £2.12m of value, the highest amount in the region. A full South Yorkshire press release and briefing linking to the report will be shared later this month to coincide with the release across the region. The full report and summary is available [here](#)

## **2.5 NHS South Yorkshire**

### **2.5.1 NHS 75<sup>th</sup> Birthday**

The NHS turns 75 today (5 July 2023), a significant milestone, with NHS South Yorkshire and providers across the system celebrating with staff, patients and wider communities. The ICB will host '75<sup>th</sup> birthday Tea Parties' across the four place bases,

giving staff the opportunity to come together and reflect on the NHS over the years. Some other activities taking place across South Yorkshire include:

- Rotherham Doncaster and South Humber are holding a 5k Parkrun for staff and staff standing in the shape of '75' to be pictured using drone photography
- Sheffield Children's are also holding a Parkrun event and are planning a Research Exhibition in the Winter Gardens in Sheffield City Centre on Saturday 22 July 2023.
- Doncaster and Bassetlaw Teaching Hospitals were at Yorkshire Wildlife Park as part of a thank you and celebration event exclusively for members of the Trust on Saturday 1 July.
- The Rotherham NHS Foundation Trust will bury a time capsule with reflections of the NHS over the years.

It is also one year since the launch of the NHS South Yorkshire Integrated Care Board on 1 July 2022. To mark this, Appendix A looks back at the work and achievements across the Integrated Care System during that time.

## **2.5.2 Quality, Service Improvement and Redesign (QSIR) Programme**

The QSIR programme continues to be rolled out across NHS South Yorkshire with nearly 300 staff members now completing the fundamentals session. The first cohort QSIR practitioners have completed their five-day programme looking at ways to apply improvement science to delivering better patient care across South Yorkshire. QSIR has a purpose to build improvement and capacity in teams, organisations, and systems to help them improve services to enhance patient care.

## **2.5.3 GP Access Recovery Plan**

NHS England has published a [GP Access Recovery Plan](#) focussing efforts on taking pressure off teams, and supporting general practice to manage the '8am rush', and restore patient satisfaction with improved experience of access. This plan provides the details of how the NHS will support practices and primary care networks to deliver on the requirements of the 2023/24 GP contract. Many of the themes with the plan were covered at the South Yorkshire primary care summit in May, which supported the development of the long-term strategy for primary and community services in the region.

## **2.5.4 Industrial Action**

Industrial action continues to take place in South Yorkshire despite the NHS Staff Council accepting, by majority, the Government offer for staff on the Agenda for Change contract, which will be paid in June 2023.

Further industrial action took place by doctors in training recently across three days between 14 – 17 June 2023. The British Medical Association have suggested they will continue this type of action every month, though a renewed mandate will be needed in August to do so. Unite staff at Yorkshire Ambulance Service took action in early June for eight hours.

At the time of writing Royal College of Nursing continue to ballot members again for a further mandate and consultants are undertaking their first ballot since industrial action began more than six months ago. Consultants, through the BMA, have suggested a two-day period of action will take place if the mandate is achieved.

NHS South Yorkshire has been continuing to provide support through its Incident Control Centre, which has operated at all times while action is taken in line with our Category 1 response status.

### **3. NHS South Yorkshire Place Updates**

#### **3.1 Sheffield**

Sheffield Teaching Hospitals is one of the key partners in a three-year project to develop a £4m digital health hub which will support patients across South Yorkshire. The South Yorkshire Digital Health Hub will drive the development of innovative digital technologies to improve the way diseases are treated and diagnosed by using cutting-edge research using data from smartphones, wearables, new sensors, combining this with NHS data and using artificial intelligence to develop new clinical tools.

Also, NHS South Yorkshire supported the installation of the 'This is us' local art workshop project, exhibited at the Central Library in Sheffield City Centre in May, exploring people's lived experiences of accessing mental health services.

#### **3.2 Doncaster**

Doncaster and Bassetlaw Teaching Hospitals has recently opened a specialist facility, the Serenity Suite, dedicated to providing solace and support for families who have experienced the loss of an infant during childbirth. The Serenity Suite forms part of the larger charity campaign by Doncaster and Bassetlaw Teaching Hospitals Charity, 'The Serenity Appeal', which aims to raise £150,000 to bolster maternity bereavement services at the Trust. Separately, as part of larger Community Diagnostic Centre developments at Doncaster and Bassetlaw Teaching Hospitals, a purpose built £2.5m Pain Management Unit has been created at Montagu Hospital.

#### **3.3 Rotherham**

Rotherham Doncaster and South Humber NHS Foundation Trust RDaSH has launched a Professional Nurse Advocate (PNA) Strategy to support the workforce by facilitating nurses to lead and deliver quality improvement initiatives through restorative supervision, in response to service demands and changing patient requirements.

#### **3.4 Barnsley**

Barnsley Hospital has recently been awarded £2.4m to redevelop and reconfigure some wards to maximise bed availability and aid flow. This is part of a wider £250m national Additional Capacity Targeted Investment Fund to support urgent and emergency care recovery.

Elsewhere, the digital mental health support service, Kooth, for children and young people is now available in Barnsley. Available for those 11 years old and over, and in other parts of South Yorkshire, the service now provides access to one-to-one text-based sessions with experienced counsellors and wellbeing practitioners.

## **4. Covid-19, and Vaccination**

### **4.1 Coronavirus (Covid-19): The South Yorkshire position and vaccinations**

A formal letter from Amanda Pritchard, NHS England Chief Executive, has confirmed that England has now stepped down from Level 3 critical incident. This follows the World Health Organisation announcement in May that they no longer consider Covid-19 to be a global health emergency.

On 30 June the NHS completed the Covid-19 spring booster vaccine programme to those at highest risk from severe illness. This includes people aged 75 and over people with a weakened immune system, and residents of care homes for older adults.

## **5. General Updates**

### **5.1 NHS Workforce Equality, Diversity and Inclusion Improvement Plan**

On 8 June 2023 NHS England published the first [NHS workforce equality, diversity and inclusion \(EDI\) improvement plan](#) which sets out six measurable actions for NHS organisations to address inequalities across the nine protected characteristics.

The EDI improvement plan will support the upcoming long-term workforce plan by improving the culture of our workplaces and the experiences of our workforce, to boost staff retention and attract diverse new talent to the NHS.

### **5.2 Hewitt Review**

The Government has formally responded to the Hewitt Review, which was published earlier this year by former Secretary of State Patricia Hewitt, at the request of the Government. The Government has reiterated its support for the ICSs and the work of integrated care boards, and the importance of the work as system conveners. The Government cited ongoing work in response to the Review's many recommendations.

### **5.3 Local Government Chronicle Awards 2023**

All four South Yorkshire local authorities have been recognised at the Local Government Chronicle Awards 2023. All our councils combined came out on top in the Public/Public Partnership Award for the excellent work through Chillypep, in supporting children, young people and families affected or bereaved by suicide. Sheffield City Council, who won the Public Health Award for their work on the tobacco control programme and Barnsley Metropolitan Borough Council was awarded prestigious 'Council of the Year' award.

Barnsley Hospital NHS Foundation Trust has also been recognised at the Healthcare Estates and Facilities Management Awards (HEFMA) for their work on the Community

Diagnostic Centre (CDC) at Barnsley Glassworks. This recognition highlights the innovative design and successful implementation of the CDC, positioning it as a leading example of modern healthcare infrastructure and innovative diagnostics.

**Gavin Boyle**

**Chief Executive NHS South Yorkshire Integrated Care Board**

**Date: 5 July 2023**

## Appendix A

### **A look back at the first year of the South Yorkshire integrated care system since the Integrated Care Board was created.**

July marks the first-year anniversary of partners working across health and care in the public and voluntary and community sectors joining forces across South Yorkshire as a statutory integrated care system.

We have had a strong foundation of collaboration across South Yorkshire. Our first year operating in a statutory capacity has really focused our attentions on the importance of why we come together and the impact we can make alongside local communities.

ICSs depend on that collaboration with a focus on places and local populations as the driving forces for improvement. They reach beyond the NHS to bring together local authorities, VCSE organisations and other local partners to focus on:

- improving outcomes in population health and healthcare
- tackling inequalities in outcomes, experience and access
- enhancing productivity and value for money
- helping the NHS support broader social and economic development.

There has been fantastic progress by partners across the ICS throughout year in the context of another challenging year. The recovery from the impact of the pandemic and the cost-of-living crisis experienced by many of our communities. Here are just a few examples of the progress of the ICS over the past twelve months.

#### **July 2022**

We started off the year with the first people coming through the doors of the new community diagnostic centre at the Glass Works in Barnsley. The state-of-the-art centre was made possible by the £3m funding coming into the ICS over three years to develop new and existing diagnostic facilities in Barnsley, Doncaster, Rotherham and Sheffield.

The official opening was attended by Professor Sir Mike Richards, the author of the NHS Diagnostic Services Review 2020, which led to the national programme to increase diagnostic capacity and particularly to make clinical investigations more accessible.

Barnsley blazed a trail as the first diagnostic centre in the country to be based in a town centre, making access easier and quicker for people. Fast forward a year on and over 40,000 tests and scans have been carried out. The feedback from people using and working at the centre has been excellent and the services have been expanded to improve access further. It is a great example of the NHS working hand in hand with the local authority and responding to feedback from local people.

July also saw the launch of the 'Jobs for Everyone' programme across South Yorkshire, educating primary school children in over 40 schools about careers in health and social care. It set out to introduce around 2,700 pupils to roles that are

different to doctors and nurses while dispelling gender stereotypes It's also about raising awareness around the multitude of roles in health and social care – moving beyond just doctors and nurses to learn about radiographers, dietitians or phlebotomists or carers for example, as well as non-clinical roles.

We are committed to building our future NHS and social care workforce by attracting our future workforce from our local communities. We also want young people to know who we are, what we do and to be enthused by the fabulous, varied and rewarding careers we can offer them.

### **August 2022**

In August Oliver Coppard, Mayor of South Yorkshire, was appointed as Chair of the South Yorkshire Integrated Care Partnership - the ICP being one of the two core elements of the ICS alongside NHS South Yorkshire. Oliver outlined his personal ambition is for South Yorkshire to become the healthiest region in the UK. His aspiration is that within a generation our health outcomes will match anywhere in the country, noting that better health is essential for the thriving economy and sustainable, prosperous communities we want in South Yorkshire.

To turn these ambitions into reality, the ICP launched its integrated care strategy in March 2023 with a vision for everyone in our diverse communities to live happy, healthier lives for longer.

August also saw the opening of an out-of-hours hub to support Barnsley people in a mental health crisis and run by VCSE organisation Mental Health Matters. The VCSE sector in South Yorkshire is a strategic partner in the ICS through its work as an alliance and the mental health hub is just one of many examples of where trusted community voices and organisations support people when they need it most. The hub provides improved access for people at risk of or in a mental health crisis. It offers a safe, comfortable environment where people can call in without the need for a referral or an appointment.

Individuals can visit for a chat or access support from trained professionals. The service also offers help in creating staying well and crisis plans and supports visitors to access other organisations that may be useful to them. The impact is already being seen by the numbers of people who feel confident to visit the hub and the reduction in the number of people feeling they can be supported there rather than going to A&E.

### **September 2022**

Partners from across the ICS came together again in September to run the Covid-19 autumn booster vaccine campaign. From the beginning of September around 250,000 South Yorkshire people aged 75 or over, together with other groups vulnerable to Covid-19, were invited to book in their autumn booster vaccine. Frontline health and care workers, immunosuppressed people, and people aged 75 or over were able to get the first ever variant-targeted vaccine on the NHS.

The launch of autumn boosters started in our 328 care homes, with the South Yorkshire NHS vaccine teams from GP practices, pharmacies, community and hospital teams all working together to ensure those most vulnerable received their vaccine in the run-up to the winter period.

## **October 2022**

South Yorkshire was to take part in the Bloomberg Harvard City Leadership Initiative. Sheffield and South Yorkshire is taking part with 10 other cities/mayoralities alongside Monterrey in Mexico, Helsinki in Finland and a number of North American cities. The idea is to provide civic leaders with the resources, support, and expertise they need to help them implement innovative strategies to solve their biggest problems. The Mayor has chosen Health Inequity as the focus for SY. This chimes so well with the work we are doing together through the Integrated Care Partnership.

Throughout the year this work has continued to develop, with a group of 40 colleagues across the ICP supporting the work and eight colleagues from ICP partners being chosen to work closely with Bloomberg Harvard. The team have made a commitment to build out a programme that ensures our 0-5's have a safe space to sleep as a foundational base for being able to thrive.

A new life-changing transition to employment programme for young people with learning disabilities and autism, was launched in Rotherham with the ICS and Rotherham Council in October. DFN Project SEARCH is a transition to work programme in the UK for students with learning disabilities and autism with ambitions to get 10,000 young adults with learning disabilities and autism into full-time paid jobs over the next decade.

The pioneering programme involves total workplace immersion at its very best, facilitating a seamless combination of classroom instruction, career exploration, and hands-on skills training. Typically, 70% of interns secure employment against the national average of just 5.6%. Our ICS Workforce Hub, DFN Project SEARCH, Rotherham Opportunities College (ROC), and Rotherham Council have formed a collaborative partnership to give young people in the area with learning disabilities and autism vital work-based learning opportunities within the ICS, to help them to secure meaningful paid employment.

## **November 2022**

Colleagues from across the ICS came together in November to mark the graduation from the first Inclusive Cultures programme across South Yorkshire. The two-way mentoring programme was established to positively disrupt the traditional norms around hierarchy, culture and power that contribute to racism and to create a strategic cultural and systemic change.

It provides an opportunity for aspiring leaders from a Black, Asian and ethnic minority background to mentor senior leaders in our system; helping them to understand their lived experience of working in South Yorkshire. As it's a reciprocal mentoring programme, the aspiring leaders get to spend a bit of time with a senior colleague helping them to develop their thinking about their own careers and the established leaders learn how to lead differently in a more inclusive way.

The graduation gave an opportunity to hear the powerful stories of those involved. Aspiring leaders talked about the compromises they'd made to 'fit in' and their strategies for coping with often discrete discrimination, both deliberate and



unintentional. Their stories reflected the facts. If you're from an ethnic minority you're three times more likely to find yourself in a formal disciplinary process than a white colleague; applying for jobs - 14% will make it from shortlist to appointment, it's 23% for white applicants. Even training is affected, with 50% of white colleagues getting the benefit of non-mandatory training and only 37% if you're Black, Asian or from another minority ethnic group.

Inequality is just plain and simple unfair – no one should feel they have to change who they are just to 'fit in' or be valued less for the work they do. One of our core aims is to tackle health inequality – our collective workforce, all 72,000 of them, are part of our communities too – we've got to get it right for them to be able get it right for the public. If we can develop a culture and way of working which is genuinely inclusive then this will be better for everyone, whether that's colleagues with protected characteristics or anyone of us.

In November we also welcomed Ed Rose, Director of Delivery at the NHS Cancer Programme, to meet colleagues from the South Yorkshire & Bassetlaw Cancer Alliance as part of a series of fact-finding visits to determine how cancer alliances are established and operate locally. Some of the pioneering work being undertaken by our cancer alliance was showcased, including the development of a Behavioural Science Academy following the Nudge the Odds campaign which demonstrated improvements in screening uptake in groups who previously had not attended.

Ed visited Doncaster to find out about the hugely successful Targeted Lung Health Checks programme 74% of cancers are being diagnosed at an early stage compared to less than 30% in the general population and the implementation of a one-stop clinic for prostate cancer run by Doncaster and Bassetlaw Hospital Foundation Trust. The programme also included the Advanced Wellbeing and Research Centre in Sheffield where he heard about the development of a prehab and rehabilitation programme.

We also highlighted the work strategic partners which included Yorkshire Cancer Research, Macmillan, Cancer Research UK, Yorkshire and Humber Academic Health Science Network, Weston Park Cancer Charity and Sheffield University to talk about the collaborative programmes that have been developed with cancer alliance to target inequalities, improve quality of care and promote innovations to improve cancer outcomes.

## **December 2022**

In December we were delighted to announce the launch of South Yorkshire's own Academy for Population Health and Health Inequalities developed in partnership with Health Education England. The academy has been created to connect people working in health, care and voluntary sector to help build the knowledge, skills and confidence to address inequalities and improve the health of the people of South Yorkshire.

The academy offers useful resources and information, runs dedicated programmes and learning events. The academy also hosts communities of practice, which are open to everyone working and volunteering in health, care and VCSE organisations – bringing them together to share best practice and develop knowledge and expertise. This is a great opportunity for our one workforce across South Yorkshire.

### **January 2023**

We were particularly pleased that in January we were successful in being one of only three ICSs across the country to be chosen to join a collaborative with the UK's largest children's charity, Barnardo's, and the UCL Institute of Health Equity to tackle the health challenges facing the children and young people. The three organisations will work together to develop new tools, resources and programmes to provide practical solutions to ensure children and young people in the region are not held back by social and environmental factors which can affect health. This includes income, housing or educational status.

In South Yorkshire we have a proud heritage of coal mining, factory workers and a rich diversity of people. However, economic and population changes now mean that 40% of our children and young people are living with poverty. We also know that many children living in poverty will be diagnosed with chronic disease, such as diabetes, in later life.

Being part of this collaborative will allow us to better understand our population, where there is need and what good provision looks like. By viewing our services through the eyes of our children and their families, can we help to make meaningful change happen. We know that building back communities is essential for developing a positive healthy heritage to pass on to the next generation. So, we're looking forward to working with Barnardo's and all partners to bring about real change.

### **February 2023**

We took another significant step towards our ambitions in February with the announcement of the final £6m funding for the new National Centre for Child Health Technology (NCCHT) at Sheffield Olympic Legacy Park, a global first centre which will develop the world's most advanced and integrated healthcare system for children and young people.

The funding from South Yorkshire Mayoral Combined Authority (SYMCA) will form part of the total capital of £20m to start development of the NCCHT, which is expected to bring significant value to the region over ten years. It will create 84 high-value jobs within the centre and support a further 5,100 jobs throughout Sheffield Olympic Legacy Park. As part of this work Sheffield Children's NHS Foundation Trust is developing the centre in partnership with Sheffield City Council.

Plans for the NCCHT include workshops and clinical spaces, with work focusing on developing technologies to address key national strategic priorities in child health including prevention and health inequalities, children's mental health, obesity, long term conditions, children's cancer, and children's disability.

The centre will incorporate the Creativity and Manufacturing Zone to develop the most advanced child health technologies in the world, the Advanced Rehabilitation Centre, a centre for immersive technologies and robotics, a healthy living and prevention centre, a state-of-the-art test bed facility for rapid technology assessment in real-world settings, an advanced telecommunications centre and facilities for business growth, development and knowledge transfer.

The pandemic brought some challenging child health issues back into stark focus –

childhood obesity, mental health, access to healthcare for children with complex health needs and collectively the need to ensure that we protect children as they develop. The NCCHT will play a central role in ensuring that we advance the way we develop sustainable and transformational healthcare and drive prevention for children to ensure the future is bright.

In February we also welcomed the announcement that investment had been confirmed to create a £14.9m theatre facility within Mexborough's Montagu Hospital. Working in partnership with Barnsley Hospital NHS Foundation Trust and The Rotherham Hospital Foundation Trust, colleagues at Doncaster and Bassetlaw Teaching Hospitals are leading the programme to implement a new, dedicated orthopaedic hub for the people of South Yorkshire, which will offer hip and knee replacement procedures alongside foot and ankle, hand and wrist, and shoulder day case surgery.

In the first year of operation the centre will undertake some 2,200 orthopaedic procedures on behalf of the three partner trusts, equating to about 40% of the orthopaedic waiting list.

### **March 2023**

The South Yorkshire Integrated Care Partnership (ICP) launched the integrated care partnership strategy in March. Developed together by the South Yorkshire Mayoral Combined Authority, NHS providers, local councils and voluntary and community organisations, the strategy focuses on enabling everyone in South Yorkshire's diverse communities to live happy, healthier lives for longer.

The strategy outlines the ambition to achieve the best start in life for children & young people; living healthier and longer lives; improved wellbeing for those with greatest need; safe, strong and vibrant communities; and people with the skills and resources they need to thrive. By working together the ICP takes a leading role in these challenges and to improve the health and wellbeing of those who live and work in South Yorkshire.

Importantly the strategy was driven by feedback from our local communities and our health and care workforce in its broadest sense. Throughout November and December 2022, we reached out to as many people as possible in South Yorkshire, including our health and care workforce, children and young people, under-represented and socially excluded groups, and asked 'What matters to you about your health and wellbeing?' to ensure our communities have a voice in this strategy. People told us there is a need for improved access to services, more information about health prevention and to provide people with the information, tools and capacity to manage their own care.

There's a lot in the strategy but with the focus to ensure every child has the best start in life and is supported to be 'school ready' when the time comes. We know that too many children, around 100,000, in South Yorkshire live in poverty. Deprivation plays a huge part in poor health and fewer opportunities. But there are clear measures in the strategy so we can track our progress and be accountable to our communities for its delivery.

### **April 2023**

In April colleagues from the ICS visited the Houses of Parliament to talk to the Natural

Environment and Health All Party Parliamentary Group (APPG) about South Yorkshire and Bassetlaw's experience and successes in green social prescribing. Green social prescribing is the practice of supporting people to engage in nature-based interventions and activities, and for the past two years South Yorkshire and Bassetlaw has been a test and learn site in the £5.77m cross-governmental project 'Preventing and tackling mental ill health through green social prescribing'.

We showcased the mental health benefits of green prescribing with some powerful individual stories and showcases from some of our fantastic voluntary sector partners including Sheffield and Rotherham Wildlife Trust, YAWR Services (Rotherham) and Manor and Castle Development Trust (Sheffield).

South Yorkshire and Bassetlaw set an ambition to increase universal access to green social prescribing and also to specifically engage people adversely impacted by Covid 19 and at risk of health inequalities. We, therefore, aimed to particularly engage Black, Asian and Minority Ethnic communities, young people, people who are clinically vulnerable to Covid-19 and people living in our most deprived communities.

Understanding the impact of these programmes is essential and we put a big focus on evaluation and learning, working with Sheffield Hallam University to capture our system journey as well as participating in the national evaluation. We know that around 2,240 people directly benefitted from the programme last year, and within that, a high proportion of people were engaged across the full spectrum of mental health conditions and our target groups. Looking ahead partners across the ICS committed to green prescribing and continuing to deliver, learn and grow for the future.

### **May 2023**

In May we hosted the first South Yorkshire-wide Diabetes Summit, bringing together local health and care organisations to tackle the issues the region is facing around diabetes in South Yorkshire. The 'Prevention is Better than the Cure' diabetes summit brought together those working in diabetes to focus on including prevention, inequalities and improving the experience of care for those with Type 1 and Type 2 diabetes.

Diabetes doesn't affect us equally. We have communities in the region where we need a more targeted approach to prevent those most at risk from developing diabetes in the future. We know people are facing inequalities in terms of both access to the diabetes prevention programme and the care process, and sadly, we also see inequalities in terms of diabetes-related amputations across South Yorkshire.

A new maternity delivery suite was officially opened the Doncaster Royal Infirmary's in May. The suite and triage area has been completely updated and modernised over several months with a £2.5 million investment. The refurbishment includes a full refit of the suite's birthing rooms, as well as a new welcoming reception and waiting area. The triage department is prepared to cater for all expecting families and the suite also has a dedicated obstetric observation area which is fully equipped to support women who need additional observations. The opening of the suite marks the Doncaster and Bassetlaw Teaching Hospital Trust's first-ever midwifery-led birth centre. Whilst these services have been around for a while, this is the first time that Doncaster's maternity department has had the required infrastructure to provide them.

## **June 2023**

June saw the second Children and Young People's (CYP) Alliance conference in Barnsley, with over 200 delegates representing many of the organisations from across the ICS. The vision of the CYP alliance is to amplify the voice of children and young people across the system, ensuring they have a voice to tell us what they would like to see done differently in service provision and how can we provide the best health and care services for them.

Reducing health inequalities was a key theme from the conference agenda and South Yorkshire Mayor Oliver Coppard opened proceedings with a commitment to enabling children and young people in South Yorkshire to have the best start in life. We also heard from the different places across South Yorkshire and the work they are undertaking locally around best start in life, Dr Luke Roberts talked through diversity in the system to address inequalities and Professor Sir Michael Marmot spoke virtually about how he wants to work with us in South Yorkshire to develop tools and strategies that we can all use to address health inequalities in the region.

We end the year with national recognition of the work of colleagues working together across South Yorkshire in their work, in part, to improve health and reduce inequalities. The Local Government Chronicle awards saw three national awards coming to our region. Barnsley Council were awarded the prestigious council of the year award. Part of the judging process saw judges visit Barnsley and specifically the community diagnostic centre in the Glass Works in the borough's town centre. Sheffield City Council won the public health award for the Sheffield tobacco control programme 2017-2022.

Finally, South Yorkshire partners were recognised for pioneering a suicide prevention toolkit called 'Walk with Us' which was launched in 2022. South Yorkshire local authorities, NHS, South Yorkshire Police and voluntary and community sector organisations, have been working together to develop a consistent approach to suicide prevention, informed by the experiences of those living within the region. The 'Walk with Us' toolkit was co-produced with for children and young people bereaved by suicide and took home the award in the Public/Public Partnership category.

Chilypep, (the Children and Young People's Empowerment Project charity) worked with children, young people and families affected or bereaved by suicide to produce this fantastic resource. The South Yorkshire Suicide Prevention Programme is a true partnership between multiple stakeholders all passionately driven to reduce deaths by suicide and support those affected or bereaved by suicide.

## **The next 12 months**

At the start of July we will publish the Joint Forward Plan, which sets out what we will do over the next five years to meet the needs of our communities and how we will build on the work of the integrated care strategy. In helping build a strong and vibrant integrated care system we will continue to make a difference to the lives of all our communities.

## 5.4. Joint Strategic Partnership Update

For Assurance

Presented by Bob Kirton



<b>REPORT TO THE BOARD OF DIRECTORS - Public</b>	REF:	<b>BoD: 23/08/03/5.4</b>
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<b>SUBJECT:</b>	<b>JOINT STRATEGIC PARTNERSHIP UPDATE</b>
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<b>DATE:</b>	3 August 2023
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<b>PURPOSE:</b>	<i>For decision/approval</i>	<small>Tick as applicable</small>	<i>Assurance</i>	<small>Tick as applicable</small>
	<i>For review</i>		<i>Governance</i>	✓
	<i>For information</i>	✓	<i>Strategy</i>	✓

<b>PREPARED BY:</b>	Bob Kirton, Chief Delivery Officer/Deputy Chief Executive
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<b>SPONSORED BY:</b>	Richard Jenkins, Chief Executive
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<b>PRESENTED BY:</b>	Bob Kirton, Chief Delivery Officer/Deputy Chief Executive
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**STRATEGIC CONTEXT**

We will work further on developing and agreeing our partnership models and continue work with local trusts to sustain local services for the people of Barnsley and beyond.

The paper demonstrates how The Rotherham NHS FT and Barnsley Hospital NHS FT can work together in partnership with the ambition of improving the quality and sustainability of services.

**EXECUTIVE SUMMARY**

The Rotherham NHS FT and Barnsley Hospital NHS FT appointed a Joint CEO and agreed to develop a Joint Work Programme.

This paper revisits the information provided at previous Board meetings and also provides an update on the initiatives within the partnership work plan. The specific areas covered include:

1. Governance arrangements including an update of how the arrangements are progressing
2. A recap on the major programmes comprising three areas of work and progress to date.

**RECOMMENDATION**

The Board of Directors is asked to note the progress on the work programme and also note that the governance arrangements are starting to embed.

## 1 Background

- 1.1 The Rotherham NHS Foundation Trust (TRFT) and Barnsley Hospital NHS Foundation Trust (BHNFT) have previously agreed to a strategic partnership, facilitated by a Joint Chief Executive.
- 1.2 The Trusts created a Joint Strategic Partnership Group (JSPG), comprising both Chairs, a Non-Executive Director from each Trust, both Deputy Chief Executives and the Joint Chief Executive. This group meets quarterly and works on behalf of both Trust Boards to have oversight on the development and delivery of a joint partnership programme.
- 1.3 One of the first tasks of the group was to develop an initial Joint Work Programme during Q3 of 2022/23. The draft work programme was submitted for consideration and approval to both Trust Boards in March 2023. This paper provides an update on progress against the agreed deliverables.

## 2 Joint Working to date

- 2.1 The two Trusts already had a close working relationship with a number of opportunities for collaborative working and sharing best practice already happening, along with several formal partnerships regionally that either one of, or both Trusts are part of. Several types of joint work have been undertaken and are illustrative of the benefits to date and the likely types of benefits that will accrue from the development of the partnership.
- 2.2 The NHS now requires organisations to be actively involved in partnership working across sectors, places and systems. TRFT and BHNFT are both heavily engaged in place-based working and are key members of the Acute Federation Provider Collaborative. However, the opportunities that have and will continue to arise from the bilateral partnership are likely to be additional to and easier to realise than the wider partnership programmes. Demonstration of bilateral models may prove to be a valuable test bed for later adoption by other Acute Federation Trusts.
- 2.3 Each Trust has developed a new Strategy over the last year and each has incorporated the partnership work as a key strand of their strategic approach.
- 2.4 The major challenges facing the NHS currently – not least elective recovery, restoration of the 4-hour emergency care standard and financial efficiency – are likely not achievable by Trusts in isolation. The joint working approach will be an important component of success for both Trusts.

## 3 Development and Delivery of the Joint Work Programme

- 3.1 The work programme (Appendix 1) was produced through a structured and thorough engagement approach involving both Executive Teams, with helpful advice received through prior discussion at the JSPG. In April 2023, a **Joint Senior Leaders** event took place, which included a workshop where colleagues were placed with their counterparts from the other organisation to discuss further joint working opportunities. The outputs of this session are now feeding into ongoing discussions between divisional and corporate colleagues across the respective trusts.



- 3.2 As shared previously at each Trust Board, the various individual pieces of work have been grouped into three major themes:
- Governance
  - Major programmes
  - Smaller projects
- 3.3 Updates on the major programmes and smaller projects are also provided within Appendix 1.

#### 4 Theme 1: Governance

- 4.1 This theme covers the governance and formal structures necessary to ensure delivery of the programme. It includes the minimum necessary governance for the programme and underpins the delivery of the other two themes. It supports the developing working relationships between teams from the two trusts. Appendix 1 outlines the actual and proposed meeting dates for the agreed governance forums. The following have been agreed in addition to the existing JSPG.
- 4.2 A monthly **Joint Executive Delivery Group (JEDG)** has been established to focus on the oversight of delivery of the new programme and any existing partnership arrangements as these become Business as Usual e.g. the joint Gastroenterology Service. The JEDG leads on developing new areas of partnership and future iterations of the partnership programme for JSPG consideration, with JEDG providing progress reports to JSPG. JEDG will be chaired by the Joint CEO with the DCEOs, Medical Directors, Chief Operating Officers (COOs), Assistant Directors of Strategy, Planning and Delivery from both trusts and the Director of Strategy, Planning and Performance from TRFT as members. Other colleagues will be called on as and when needed, depending on particular areas of focus and discussion. Terms of Reference have been approved at JSPG. The JEDG has met monthly since April 2023, with the third meeting having taken place on 19<sup>th</sup> June 2023.
- 4.3 On a quarterly basis, a **Joint Executive Team Meeting**, with membership consisting of both Trust Executive Teams, now takes place to facilitate ongoing relationship building and shared approaches. The meeting is designed to encourage sharing of best practice in order to facilitate learning between the two trusts, as well as collaborative discussion about the trusts' approaches to different local and national issues. The utility and frequency of the meetings will be kept under review. The inaugural meeting of the Joint Executive Team took place on 21<sup>st</sup> June 2023.
- 4.4 It was agreed that on a six-monthly basis, the two **Senior Leadership Team** meetings will be held jointly to focus on the work programme and other matters of shared interest. High profile external speakers will be arranged to provide new perspectives on important issues and to inspire the leaders of both organisations. Both trusts tested this approach in 2022 before the full formalisation of the partnership, holding a Michael West session across both senior teams. This was hugely beneficial and successful to all participants, and enabled the leadership teams of both trusts to understand how constructive the partnership could be, particularly through allowing relationships to develop between teams over time. The first meeting of the Senior Leadership Team took place in April 2023, with the second planned to take place in autumn 2023.
- 4.5 **Bilateral meetings of the senior operational teams.** TRFT has a structure of six

Divisions whilst BHNFT has three Clinical Business Units (CBUs). Each of these entities has a similar triumvirate leadership team (or quadrumvirate for some). Matched Divisions and CBUs have started to come together in a facilitated manner to consider opportunities for mutual support and to develop a pipeline for future iterations of joint work, building on the Joint Senior Leaders event referenced above.

## 5 Theme 2: Major programmes

5.1 Three major programmes of work have been identified to take forward – a Clinical Services Review, a Joint Leadership Development Programme and Commercial Opportunities.

**5.1.1 Clinical Services Review:** This programme of work will be a systematic review of clinical services in both Trusts using a shared methodology that has previously been developed and used at different times by the two Trusts. The outputs will be used to drive strategic thinking and decisions for teams to develop, deliver and maintain high quality, safe and sustainable services. The reviews are now complete at Barnsley and are in progress at Rotherham (noting that Rotherham had completed their last set of reviews approximately 6 months ago and are therefore updating the previous reviews which is not an extensive exercise.) Once these are finalised, they will be shared with the Joint Executive Delivery Group for discussion in order to identify specific learnings, shared challenges and potential opportunities to collaborate and support each other, both at a macro level but also on particular issues within individual specialties.

Alongside this, having successfully delivered the Joint Gastroenterology Service, we are moving forward in identifying other specialties where working together would provide significant benefit to one trust. This is a significant piece of work and we have therefore identified dedicated project management resources to support our operational and clinical teams over the coming months. Scoping to date has identified Haematology and Dermatology as two services which should be within the early scope of this programme. Initial discussions have taken place between our service management and clinical teams to start this work, with Haematology now in progress.

**5.1.2 Joint Leadership Development:** Both Trusts recognise that effective, empowered and valued leadership is the key to this partnership succeeding, as well as to both Trusts delivering on their own objectives and ambitions. In order to support our teams with this, we have agreed a programme of work focusing entirely on leadership development within our organisations, leveraging the combined size and differences between the Trusts to implement innovative shared approaches to development. Through these approaches, it is expected that good partnership behaviours and relationships will be fostered which will amplify the partnership opportunities in the future.

A Joint Development Programme for Divisional/CBU leadership teams has been subject to a competitive tender exercise which closed on the 26<sup>th</sup> June 2023. The programme will be focused on the leadership behaviours and skills needed to thrive in the new partnership approaches plus the more conventional internal management and leadership approaches. By having the

teams from both Trusts developing together, it is anticipated that the range of approaches and shared learning will be augmented. The programme is expected to run through Q2 through to Q4 of 2023-24.

The two Trusts also submitted a joint bid for Graduate Management Trainees across a range of management disciplines. These bids are mandated to come from at least two organisations. The calibre of candidates on these programmes is usually high and is therefore anticipated to provide a pipeline of future senior leaders. The partnership was successful in their bids and four graduate trainees are due to commence in September 2023.

As well as these initiatives already underway, going forward the Trusts will collaborate on scoping approaches to leadership development for defined key groups, for example Ward Managers, Clinical Leads and Service Managers. The critical mass and shared learning approaches that a joint approach would bring are likely to be advantageous to both Trusts in recruiting, retaining and developing a pipeline of high quality management.

To take a more direct approach to a shared learning ethos, both Trusts are also keen to consider innovative rotational posts for management colleagues, analogous to the rotational approaches traditionally used for medical staff. This would expose managers to different approaches and experiences in two Trusts and in different services over a number of years, and should provide a broad basis for developing towards higher roles.

**5.1.3 Commercial:** The Trusts will consider whether there would be financially advantageous approaches available through utilisation of Barnsley Facilities Services, the wholly-owned subsidiary (WOS) of BHNFT. These considerations will not involve taking any NHS employed staff into BFS or a similar WOS.

## 6 Theme 3: Smaller projects work

6.1 This theme captures our smaller, more discrete opportunities which nevertheless, in the aggregate, will provide considerable benefits to both organisations. These pieces of work would not necessarily individually require PMO support and are viewed as suitable to be owned and delivered by the relevant corporate or operational teams. They include the ongoing maturation of existing approaches e.g. procurement as well as new areas for exploration e.g. corporate affairs. The following paragraphs provide an update on the specific areas which have progressed since the update to the Board of Directors a few months ago.

**6.1.1 Joint roles:** The two trusts already share an existing Joint Head of Procurement post, as well as a number of other shared posts (including the Joint Chief Executive). Over the last few months, an Interim Joint Director of Corporate Affairs role has been developed, with the postholder commencing in April 2023. More recently, it has been agreed that the Chief Pharmacist at TRFT will be supporting Barnsley on an interim and short-term basis. Whilst there is no intention of Joint roles becoming the default, consideration will be made when vacancies occur of whether joint arrangements may be sensible, for a variety of reasons.

**6.1.2 Health informatics:** There has been some specific work in recent weeks to connect our two Health Informatics teams who deliver reporting and analysis products for each trust, particularly given the successful approach Rotherham has had over the last few years. For example, both teams have shared their Executive Team Weekly Performance Reports to compare and contrast the data that is reviewed and the insights that are drawn. In addition, the Rotherham Business Intelligence team have offered support to Barnsley around the national Theatres Utilisation submission, given there are potential opportunities to learn from each with this relatively new return.

**6.1.3 Website development:** The Trusts have jointly commissioned a supplier to revise the external website for each Trust, delivering procurement efficiencies and ensuring standardisation of contractual expectations as well as more consistency with the end products. The websites will both be going live during July 2023, with the next step then being to undertake further work on the internal websites for both organisations.

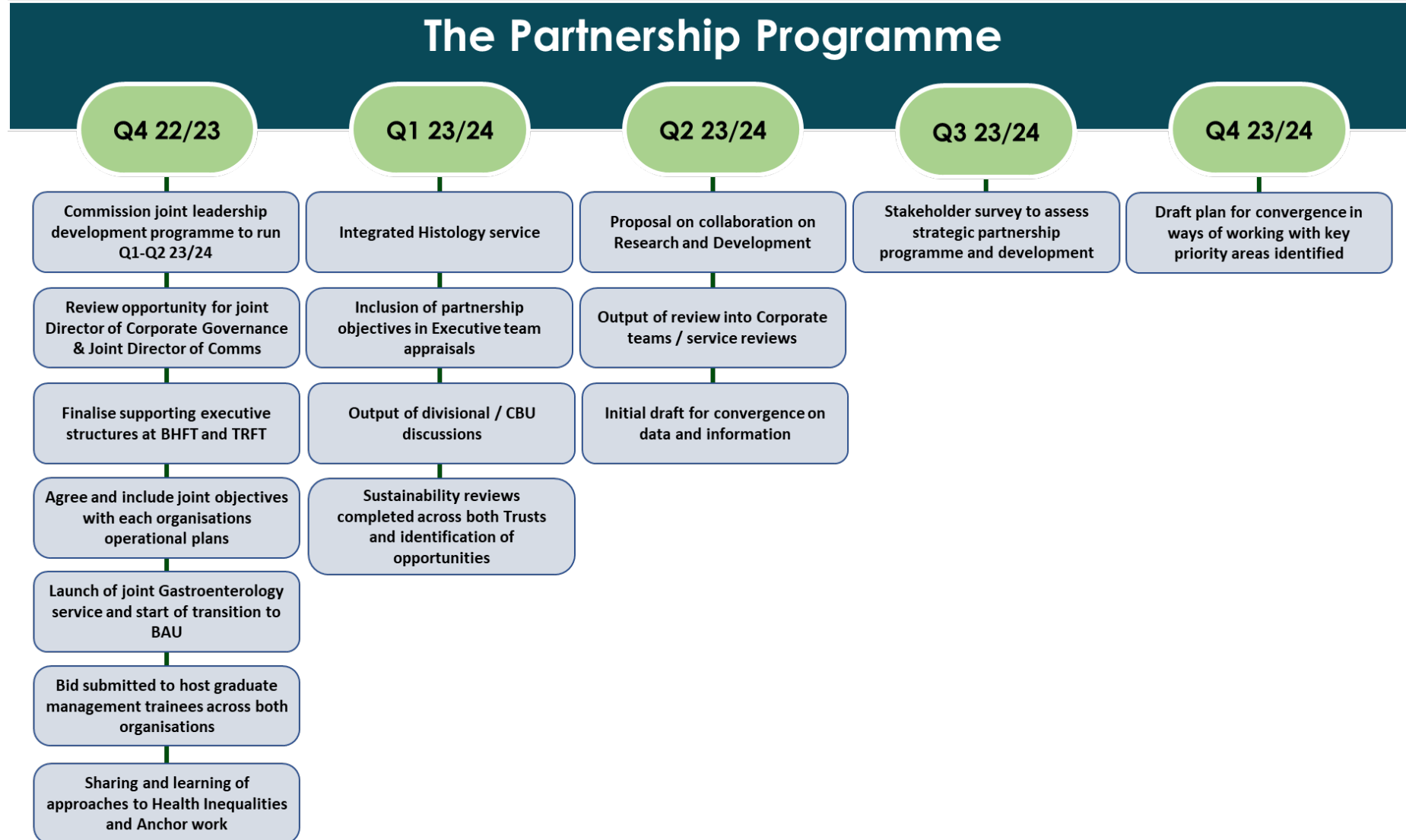
## 7 Conclusions

7.1 The two Trusts have developed a number of formal and informal approaches to partnership which have facilitated good working relationships across multiple areas and levels in the partnership, and over the last few months there has been some significant progress, particularly with regards to the formal governance structure. The agreed work programme is intended to systematically and formally build on those good foundations through a diverse set of workstreams focussed on supporting each organisation to progress important areas around quality of services for patients, becoming better employers in a supply-limited NHS workforce environment, supporting delivery of operational standards and contributing to more effective use of public money. The programme runs through to the end of the 2023-24 year, at which point a further set of proposals for subsequent years will be developed. This will be based on an objective assessment of the learning identified from our first full year of partnership working.

## 8 Recommendations

8.1 The Board of Directors is asked to note the progress on the work programme and also note that the governance arrangements are starting to embed.

# Partnership Forward Plan



# Partnership Programme Delivery

## Joint Leadership Development

Scope finalised and now out to tender.

## Joint Director of Corporate Affairs

Now in place. Arrangements commenced in February 23 for an initial 6 month period

## Director of Communications

On going discussions. Informal relationship and support in place

## Health Inequalities

Public Health consultant started at TRFT who is working with colleague at BHFT and ensuring collaborative work programmes.

## Joint Objectives

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

## Gastroenterology Service

Programme progressing well with a wide range of benefits already realised.

## Integrated Histology Service

Service went live in April 23

## Graduate Trainees

Successful application across both organisation with 4 trainees allocated to the two Trusts.

## Sustainability Reviews

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

**Ongoing Divisional/CBU Collaborative Working**

# Partnership Programme Meetings

2023/24	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Joint Strategic Partnership Forum		●		●		●		●		●		●
Joint Executive Delivery Group	●		●		●		●		●		●	
Joint Executive Team			●			●			●			●
Joint Senior Leaders Session	●						●					

## 6. For Information



## 6.1. Chair Report

For Information

Presented by Sheena McDonnell



<b>REPORT TO THE BOARD OF DIRECTORS - Public</b>	REF:	<b>BoD: 23/08/03/6.1</b>
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<b>SUBJECT:</b>	<b>CHAIR'S REPORT</b>
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<b>DATE:</b>	3 August 2023
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<b>PURPOSE:</b>		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>		<i>Assurance</i>	✓
	<i>For review</i>	✓	<i>Governance</i>	
	<i>For information</i>	✓	<i>Strategy</i>	

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

To report events, meetings publications and decisions that the Chair would like to bring to the Board's attention.

**EXECUTIVE SUMMARY**

This report is intended to give a brief outline of some of the key activities undertaken as Chair since the last meeting and highlight several items of interest. The items are not reported in any order of priority.

**RECOMMENDATIONS**

The Board of Directors is asked to receive and note this report.

### 1.1 Heart Displays

During Covid, many of our brilliant volunteers and members of the Barnsley communities knitted pairs of hearts to enable people who couldn't receive visitors at the time to stay connected to their loved ones. With one heart being kept by the person in hospital and the other by the family at home. We had several hearts left over and one of our brilliant colleagues Sue Burgan took it upon herself to make these wonderful heart displays with the pairs of hearts and we have been gifting them to teams across the trust by way of a thankyou and lasting reminder of the fortitude displayed throughout Covid.



### 1.2 Brilliant Awards

I regularly get the opportunity to give out our brilliant awards to our colleagues, individuals and teams who have been nominated by their line managers, peers, or the public. This month has been no exception with presentations taking place in the occupational therapy team and on ward 18 for a healthcare assistant who introduced a patient focussed approach based on identifying '3 things about you' which will help with delivering appropriate care not only on ward 18 but across the trust.



## Best for Performance



### 2.1 NHS 75 Year Anniversary

It can't have gone unnoticed that last month was the 75<sup>th</sup> anniversary of the NHS and what a brilliant opportunity to recognise the progress that has been made in relation to healthcare over that time and to recognise and thank our colleagues for all their hard work in delivering good quality care and support to the people of Barnsley and beyond. Many of our colleagues and volunteers were invited to an afternoon tea hosted by Barnsley College in recognition of their contribution to the NHS.

### 2.2 Recovery

Our focus on recovery continues however severely hampered by the amount of industrial action that has taken place. This is now having a cumulative impact on recovery of waiting lists and while performance to date has been in line with expected targets the achievement of further targets to reduce targets is likely to be impacted. With no sign of a resolution in sight and a further junior doctors strike planned for August it is difficult to have any certainty around planned reductions in waiting list numbers.

## Best for Patients and the Public



### 3.1 Charity

This month saw us officially opening the charity hub which has been fully fitted out following a grant from NHS charities together. The hub is in a prominent spot in the hospital and our charity volunteers have been doing an amazing job directing members of the public and colleagues towards the hub so they can hear a little bit more about what the charity does and how to raise funds for the charity. Having the charity allows to go above and beyond our normal offer for people using hospital services or working for us. The hub will also host our pantry which is designed to support people who may just need a helping hand with groceries and essential items during the cost of living crisis.



#### 4.1 Place Board

This group continues to meet with partners from across health and care systems including primary care, the Voluntary and Community sectors, and the Local Authority. The meetings are held in public, and questions are invited from members of the public. The most recent meeting in July focussed on a deep dive into engagement and involvement, the forward plan and the ambitious pathways to work commission.

#### 4.2 Integrated Care Partnership (ICP)

The Integrated Care Partnership has been focussed particularly on the role of culture in relation to health and wellbeing as well as updates from the voluntary and community alliance and the health equity advisory panel. I have continued to develop as part of the team of 8 with Bloomberg and Harvard a proposal to develop a localised approach in place around “a safe space to sleep”. Goldthorpe has been identified as the place to pilot the approach in Barnsley and other places have been identified to run in parallel across South Yorkshire.

#### 5.1 Good Food Barnsley

Our Governors and board members recently met up with Good Food Barnsley to hear about the brilliant work that they do supporting access to food networks across Barnsley and the opportunities we can consider to forge closer working relationships that would benefit our colleagues and those patients and their families who use our services here at the hospital.

#### 5.2 Barnsley College student excellence awards

Kevin Clifford and I were delighted to attend the Barnsley College student excellence awards and present an equality and diversity award to a young woman who was excelling in e-sports a traditionally male dominated area. The evening was brilliant, and we had lots of opportunities to hear the inspirational stories of students' achievements as well as lots of displays of their work in theatre, dance and performing arts.



**Sheena McDonnell**  
**Chair**  
**August 2023**

## 6.2. Chief Executive Report

For Information

Presented by Richard Jenkins



<b>REPORT TO THE BOARD OF DIRECTORS - Public</b>	REF:	<b>BoD: 23/08/03/6.2</b>
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<b>SUBJECT:</b>	<b>CHIEF EXECUTIVE'S REPORT</b>
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<b>DATE:</b>	3 August 2023
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<b>PURPOSE:</b>		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>		<i>Assurance</i>	✓
	<i>For review</i>	✓	<i>Governance</i>	
	<i>For information</i>	✓	<i>Strategy</i>	

<b>PREPARED BY:</b>	Emma Parkes, Director of Marketing & Communications
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<b>SPONSORED BY:</b>	Richard Jenkins, Chief Executive
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<b>PRESENTED BY:</b>	Richard Jenkins, Chief Executive
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**STRATEGIC CONTEXT**

To report particular events, meetings publications and decisions that the Chief Executive would like to bring to the Board's attention.

**EXECUTIVE SUMMARY**

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

**RECOMMENDATIONS**

The Board of Directors is asked to receive and note this report.





## 1.0 Operational Update

The Trust continued to experience significant operational pressures, as have other Trusts regionally and nationally. Industrial action has been an operational challenge from both an elective and non-elective perspective, however, teams and services have shown high levels of resilience to maintain good levels of patient care.

Following a period of sustained improvement in April and May 2023, performance against the national 4-hour access target (76% by March 2024) has taken a dip in June 2023 (69.2%). There has been some strong clinical engagement in both ED and the wards to support patient flow, underpinned by the 'Back to Basics' workstream. The Trust continues to work proactively to minimise discharge delays and reduce pressures. Some closures of care home facilities have led to more delays in discharges recently.

### 1.1 Elective Recovery Update

The Trust is compliant with the national ambition in terms of no patients waiting over 78 weeks for their definitive treatment and remains confident in achieving the next milestone of no patients waiting over 65 weeks by April 2024. To support this some of the more challenged services are developing detailed 65-week projections in order to proactively implement recovery plans if required.

From a diagnostic perspective, the national ambition is to have no more than 5% of patients waiting over six weeks for their diagnostic test by March 2025. The Trust anticipates achieving the national ambition in 2023 with performance around this level already. Local challenges and areas of focus are endoscopy services, which have been impacted as a consequence of recent industrial action.

Cancer performance against the range of key national indicators continues to be largely compliant, with the exception of the 62-day referral to treatment indicator. As well as improving patient pathways, the Trust continues to focus on further reducing the number of long wait patients.

### 1.2 Care Quality Commission (CQC) 2022 Urgent and Emergency Care Survey

The 2022 CQC Urgent and Emergency Care Survey, conducted in September and October, identifies NHS trusts where patients report experiences of care that are better, or worse, than expected, the analysis method used in this report allows for an overall picture of performance across the urgent and emergency care survey as a whole. It supplements the approach used in trust level benchmark reporting.

Each trust has been categorised into one of five statistical bands: 'much better than expected', 'better than expected', 'about the same', 'worse than expected' or 'much worse than expected'. I am delighted to report that Barnsley Hospital NHS Foundation Trust is one of only two of the circa 120 Trusts that has been rated as 'Better than expected'. No Trusts were rated as 'Much Better than Expected'. Further information can be found here: [2022 Urgent and Emergency Care Survey, Outliers Report](#).

This result reflects well on our teams who have been working under significant pressure. Whilst the results are strong in relation to peers, there are areas that can be improved further.

### 1.3 Industrial Action

The Trust continued to plan and implement contingency arrangements for Industrial action throughout June and July. For each period of action, the Trust developed detailed plans to support Wards and Departments and to maintain the flow of patients through the hospital and patient safety during the strike action. We continue to work together with our local union representatives to plan how services will operate during any period of disruption.

Thank you to our colleagues who supported the significant amount of planning and preparation for industrial action and those colleagues who undertook additional or alternative duties during the action to support the Trust.

Once again, I would like to reassure the public that they should continue to come forward for emergency services as normal during future industrial action. Barnsley Hospital is committed to provide essential services, and to keep disruption in affected services to a minimum.

A decision has been taken nationally to award a 6% pay increase to medical staff with an additional payment to junior doctors. The British Medical Association has rejected this and is continuing its action. Two strikes are planned for August – junior doctors from 11<sup>th</sup> to 15<sup>th</sup> and consultants 24<sup>th</sup> to 25<sup>th</sup>. Junior doctors will need a further ballot before any further strikes can occur which in practice means the earliest next strikes will be mid-September onwards.

The impact of the strikes on patient care and activity remains a concern despite the effective contingency arrangements that have been in place. Given there is no resolution in sight, ongoing monthly strikes will risk the Trust's ability to recover waiting times.

**Best for Patients and the Public**



### 2.1 Quality Data Provider Scheme

Barnsley Hospital has been recognised as a Quality Data Provider for 2022/23. The 'Quality Data Provider' scheme has been devised to offer hospitals public recognition for achieving excellence in supporting the promotion of patient safety standards through their compliance with the mandatory National Joint Registry (NJR) data submission quality audit process.

The scheme benefits hospitals and ultimately future patients by recognising and rewarding best practice; increasing engagement and awareness of the importance in quality data collection and helps embed the ethos that better data informs and enables the NJR to develop improved patient outcomes.

As well as being a fundamental driver to inform improved quality of care for patients, registry data provides an important source of evidence for regulators, such as the Care Quality Commission, to inform their judgements about services.

The NJR, which covers England, Wales, Northern Ireland, the Isle of Man, and Guernsey, collects information on hip, knee, ankle, elbow and shoulder joint replacement surgery, across both the NHS and independent sector and is the largest orthopaedic registry in the world.

## Best for People

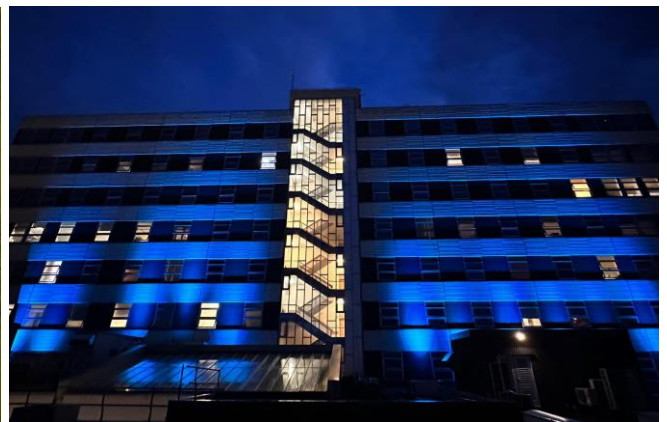
### 3.0 NHS 75

The NHS marked 75 years of service on 5 July.

The NHS has certainly faced challenges over the years and continues its ongoing recovery following the pandemic. Through it all, our staff have demonstrated resilience and commitment. Some of them in Barnsley have put in incredibly long service, others have won national accolades. We have generations of Barnsley families who have worked in the huge range of NHS careers.

We marked all these achievements and more with a series of events for the 75th birthday. Among them was a celebratory tea at Barnsley College, bringing together inspirational staff and volunteers which I had the pleasure of attending. We produced a wide range of case studies, media articles and social media shorts on our colleagues at the hospital which were showcased throughout July.

I would like to extend my thanks to Barnsley Hospital Charity and the Trust's Communications Team who arranged the series of events and showcases of our hospital and our colleagues to mark the occasion.



## Best Partner

The Trust continues to work with partners locally, regionally and at a national level to deliver a co-ordinated and consistent approach to the effective management of services.

### 4.0 Barnsley Hospital NHS Foundation Trust and The Rotherham NHS Foundation Trust partnership

On 21 June, the Executive Teams from both Trusts attended a joint Executive Team meeting. The session provided a valuable opportunity to share best practice and to further strengthen existing peer to peer colleague relationships. A joint development programme for senior

management teams will commence in the near future. The Chief Pharmacist from Rotherham is providing short term cover at Barnsley

#### 4.1 Montagu Elective Orthopaedic Centre

Construction works have officially begun on the Montagu Elective Orthopaedic Centre (MEOC) at Montagu Hospital in Mexborough.

Barnsley Hospital is working in partnership with The Rotherham NHS Foundation Trust (TRFT) and Doncaster and Bassetlaw Teaching Hospitals (DBTH) to implement a new, dedicated orthopaedic hub for the people of South Yorkshire, with health professionals undertaking a range of procedures. The unit will augment the existing facilities in South Yorkshire

Known currently as the Montagu Elective Orthopaedic Centre (MEOC), the facility will feature two state-of-the-art theatre units, two anaesthetic rooms and a recovery suite, in addition to 12 inpatient beds. Construction is being overseen by a project team which includes colleagues from all three participating NHS trusts.

The project is expected to take approximately six months to complete. Following final checks, it is envisaged that the Montagu Elective Orthopaedic Centre will welcome its first patients in January 2024.

#### 5.0 Executive Team changes

I'm pleased to announce that Sarah Moppett has been appointed into the role of Director of Nursing, Midwifery and AHPs and will start in post 1<sup>st</sup> October. The role has been renamed to more accurately encompass the areas of leadership. Sarah is joining us from South Warwickshire and has previously had acting nursing director roles. Becky Hoskins, substantively Deputy Director of Nursing and Quality, will act into the Director role until Sarah joins the Trust.

A number of changes have been made to the executive team roles recently:

- Bob Kirton's role has been renamed **Managing Director** to better reflect the duties of the role.
- Lorraine Burnett has moved role from Director of Operations to **Chief Operating Officer** and the former role removed.
- Steve Ned is now **Director of People** at the Trust having transitioned from Joint Director of Workforce across Rotherham and Barnsley. This change is aligned to the expanding range of work focussed on people issues.
- Angela Wendzicha is **Interim Joint Director of Corporate Affairs** across Barnsley and Rotherham.

**Dr Richard Jenkins**  
**Chief Executive**  
**August 2023**

## 6.3. NHS Horizon Report

For Information

Presented by Emma Parkes



**REPORT TO THE  
BOARD OF DIRECTORS**

REF:

**BoD: 23/08/03/6.3**

**SUBJECT:** NHS HORIZON REPORT

**DATE:** 3 August 2023

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

**PREPARED BY:** Emma Parkes, Director of Communications & Marketing

**SPONSORED BY:** Dr Richard Jenkins, Chief Executive

**PRESENTED BY:** Emma Parkes, Director of Communications & Marketing

**STRATEGIC CONTEXT**

To provide a brief overview of NHS Choices reviews and ratings together with information on relative key developments, news and initiatives across the national and regional healthcare landscape which may impact or influence the Trust’s strategic direction.

**EXECUTIVE SUMMARY**

Summary of content:

- NHS Feedback Ratings
- Industrial Action Update
- New Emergency Department project commences in Doncaster
- Action to Improve Women’s Health
- Study to explore antibiotic prescribing in primary care
- NHS to offer shingles vaccine to nearly one million more people

**RECOMMENDATIONS**

The Board of Directors is asked to receive the contents of this report for information.

<b>Subject:</b> INTELLIGENCE REPORT	<b>Ref:</b>	<b>BoD:</b> 23/08/03/6.3
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\*please note that this is not an exhaustive report, submissions welcome to emmaparkes1@nhs.net

## SUBJECT

### **Superb care from the Rheumatology department - ★★★★★**

I have been a patient for many years and it is thanks to this department that I am able to cope with my condition and live a relatively normal life. This is an excellent team that really listens and cares about its patients. The consultant is really kind, well organised and responsive. She is very impressive. The consultant nurse is of the highest quality and a great support. She is very knowledgeable, approachable and goes out of her way to solve problems. All of the staff are helpful and helpful. I. have every faith in this team and feel that their clinical practice is at the highest level, up-to-date and involves you every step of the way. I recommend them highly to anyone needing rheumatology care. Thank you to all of the team.

### **A great listener - ★★★★★**

The rheumatology nurse I saw today was friendly, knowledgeable, understanding and a patient listener. She answered my questions and helped with my concerns. I have always had every confidence in BDGH from the birth of my first child in 1968 right up to present day, whether it be for myself or my family.

### **How a Progressive Hospital Department Should be Run ★★★★★**

Got my NHS Digital Letter confirming my appointment, turned up at 8.30am for a 9.00am appointment with a consultant. Weighed and height measured at 8.45am, consultation at 8.50 am on my way home at 9.05am. I was treated with courtesy, respect and dignity. I was also treated with kindness. Well done General Surgery, let's see how long I have to wait for my operation, they have a long way to catch up courtesy of the junior doctor's industrial action, 90,000 cancelled appointments I believe and that's just the first three days of industrial action. Again thank you.

### **Outstanding Practice ★★★★★**

The kindness and compassion shown by all of the staff who looked after me cannot be taught or learned from textbooks; it is intrinsic and from a pure heart. People say that the NHS is broken but I strongly disagree. Whilst there are people like these working in the heart of it and caring for patients with such love, it will never be defeated no matter what is thrown at it. I am so proud and privileged to have been cared for at Barnsley Hospital and wanted to take the time to tell you how wonderful it truly is.

### **Fantastic support ★★★★★**

I recently had an open abdominal myomectomy and they consultants that completed the surgery were fantastic and followed me up on the ward days after the surgery The staff on the gynaecology inpatient ward were the loveliest and compassionate professionals I have had the opportunity to meet Nothing was too much and they were very supportive during my recovery

### **Disappointed ★★★**

Because of a cancellation I received an appointment on July 3rd for 3.30 pm on that day. Received it on my phone at 3pm and when I looked it had been sent the day before from the hospital on July 2nd but didn't come through to me till the day after so therefore too late to attend. In other words was missed. I am very upset and disappointed cause I am desperate to be seen and my G.P. had referred me for the second time cause she knew I was upset.

### **Shambolic Mess ★**

## SUBJECT

After attending my pre-assessment appointment I was sent to the Cardiology Department for an ECG. I handed over the slip of paper to the person who runs the front of house desk and took my place in the queue. There were three patients in front of me. Those three patients were dealt with, then another three patients came and were seen and so on. I asked the receptionist if they wanted me to come back another time to which the receptionist replied "who are you" I stated my name date of birth which the receptionist keyed into the system and told me my paperwork had been lost, there were three of us waiting to be seen when I arrived , so presumably three pieces of paper. I know that the receptionist was busy showing colleagues pictures of her new puppy, having a laugh with some colleagues but obviously not keeping an eye on the waiting room. After around ten minutes they finally found the slip of paper and sent me for my appointment, where I walked past the group of specially trained clinicians who are trained to carry out ECG's and into the treatment room where I was seen by a student. If I turn on the television I am likely to see senior NHS Executives telling all and sundry how the NHS workforce are exhausted and are in need of a pay rise, not in my experience today. Three or four highly skilled clinicians drinking tea or coffee whilst their student carries out what I would describe as a very good job.

### **Industrial Action Update**

Junior doctors have confirmed their fifth round of industrial action from 7 am on 11 August until 06.59 am on 15 August. The action will be their last under the current strike mandate. The BMA is re-balloting its members for further industrial action. The poll closes on 31 August.

Medical consultants are set to walk out for two days on 24 and 25 August, following the first two-day stoppage last week.

### **New Emergency Department project commences in Doncaster**

Construction has begun on the planned new emergency department to enhance the capacity and allow children's service to be housed in the same place, as well as also enabling the return of 24/7 urgent and emergency care at Bassetlaw Hospital.

The newbuild will be located opposite the hospital's main entrance in place of the old car park, with shared staffing expected to help alleviate an issue dating back to 2017 where children needing overnight care had to be transferred to Doncaster Royal Infirmary. The emergency department and the new paediatric service will launch next summer.

### **Government announces action to improve women's health**

A dedicated women's health area that will include important information on a wide array of subjects has been added to the NHS website.

The new area of the website will centralise crucial insight on more than 100 topics, ranging from a new hormone replacement therapy hub, all the way to information on gynaecological conditions, pregnancy, cancer, fertility issues and heart health.

Alongside this, the government has also announced it will develop a new AI tool to identify concerning trends in maternity units. The public will be able to look up information on NHS-led IVF treatment in their area with a new tool on the government's website.

Each region is also set to benefit from a women's health hub, with each integrated care board set to receive £595,000 to work against local needs, totalling £25m of national investment.

### **Study to explore antibiotic prescribing in primary care with new funding**



## SUBJECT

The health will receive £3m of new funding for a trial aiming to improve the provision of antibiotics in primary care.

The study will centre around the most common bacterial infection in the NHS – urinary tract infections (UTIs). Up to 50% of bacteria which cause UTIs are resistant to at least one form of antibiotic, thus meaning some treatments do not work against UTIs at all.

This, in turn, leads to people being sicker for longer and more severely, and with some suggestions indicating that it may lead to more deaths than cancer by 2050, anti-microbial resistance is a considered a threat to public health.

As part of the five-year study, researchers from the University of Bristol will work with partners in the NHS and the UK Health Security Agency to develop a new method of encouraging clinicians to look at different treatments and evaluate the impact on overall AMR. The team will use randomised controlled trials to explore the efficacy of different treatments and will investigate the groups most affected by AMR. The results of differences in age, race and financial situation will also be analysed.

### **NHS to offer shingles vaccine to nearly one million more people**

Nearly a million more people will have the opportunity to get vaccinated against shingles this autumn, NHS England has announced.

The changes, which account for 900,000 people, mean that those who are severely immunocompromised and over the age of 50 will be eligible for two doses of the shingles vaccine.

By the start of September, those reaching ages 65 and 70 will also be able to get the jab after their birthdays, with the health service planning to expand this cohort to include those 60 and over by September 2028.

The news comes off the back of a recommendation from the Joint Committee of Vaccination and Immunisation which cited clinical trial data that showed the shingles vaccine was safe and highly effective for this group of people, and thus should be made more widely available.

While not contagious, shingles develops in people who have previously been infected with chickenpox, with the dormant virus sometimes being triggered by certain medicines, illness or stress. Shingles can occur at any time but risk often scales with old age and weakened immune systems. Severe cases can result in hearing loss, blindness, nerve pain and potentially death, however the vaccine significantly reduces the likelihood of people developing shingles and suffering from particularly extreme symptoms.

## 6.4. 2023/24 Work Plan

To Note

Presented by Sheena McDonnell



<b>REPORT TO THE BOARD OF DIRECTORS - Public</b>		REF:	<b>BoD: 23/02/02/6.4</b>	
<b>SUBJECT:</b>	<b>2023/24 BOARD WORK PLAN</b>			
<b>DATE:</b>	3 August 2023			
<b>PURPOSE:</b>		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>		<i>Assurance</i>	
	<i>For review</i>	✓	<i>Governance</i>	✓
	<i>For information</i>		<i>Strategy</i>	
<b>PREPARED BY:</b>	Lindsay Watson, Corporate Governance Manager			
<b>SPONSORED BY:</b>	Sheena McDonnell, Chair			
<b>PRESENTED BY:</b>	Sheena McDonnell, Chair			
<b>STRATEGIC CONTEXT</b>				
<p>This report is presented to the Board of Directors to support the Trust Objectives and to ensure that the Board received the right reports at the designated time.</p>				
<b>EXECUTIVE SUMMARY</b>				
<p>The forward planner sets out the information to be represented to the Board the action tracker/matters raised each year.</p> <p>The forward is an evolving document and will be reviewed and updated on a regular basis and presented at each Board meeting.</p>				
<b>RECOMMENDATIONS</b>				
<p>The Board is requested note the Public Board Work Plan for the period April 2023 – March 2024 for information.</p>				

## Board of Directors Public Work Plan: April 2023 - March 2024

Standing Agenda Item	Executive Lead	Presenter of the report	Action	06.04.23	01.06.23 (Nick Mapstone)	03.08.23	05.10.23	07.12.23	01.02.24
<b>Introduction</b>									
Apologies & Welcome	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Declarations of Interest	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Quoracy	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Minutes of the previous meeting	Sheena McDonnell Chair	Sheena McDonnell Chair	Approve	✓	✓	✓	✓	✓	✓
Action log	Sheena McDonnell Chair	Sheena McDonnell Chair	Review	✓	✓	✓	✓	✓	✓
Patient/Staff Story	TBC Director of Nursing & Quality	TBC Director of Nursing & Quality	Note	✓	✓	✓	✓	✓	✓
<b>Culture</b>									
Freedom to Speak Up Reflection and Planning Tool	Steve Ned Director of Workforce	Theresa Rastall Freedom to Speak up Guardian	Assurance		✓			✓	
Freedom to Speak up Strategy 2022 - 2027 (approved by People Committee in April 2023)	Steve Ned Director of Workforce	Theresa Rastall Freedom to Speak up Guardian	Assurance		✓				
NHS Staff Survey 2022	Steve Ned Director of Workforce	Steve Ned Director of Workforce	Assurance	✓					
Annual Guardian of Safe Working	Simon Enright Medical Director	Simon Enright Medical Director	Assurance				✓		
<b>Assurance</b>									
Chairs log: Quality and Governance Committee(Q&G)	TBC Director of Nursing & Quality	Kevin Clifford Chair of Q&G/ Non-Executive Director	Assurance/ Approval	✓ (22/2 & 29/3)	✓ (26/4 & 24/5)	✓ (28/6 & 26/7)	✓ (30/8 & 27/9) Annual Effectiveness Review	✓ (25/10 & 29/11)	✓ (20/12 & 24/1/24)
Safeguarding Annual Report (following	TBC Director of Nursing & Quality	TBC Director of Nursing & Quality/			✓				

Standing Agenda Item	Executive Lead	Presenter of the report	Action	06.04.23	01.06.23 (Nick Mapstone)	03.08.23	05.10.23	07.12.23	01.02.24
presentation at Q&G in March 2023)		Kevin Clifford Chair of Q&G/ Non-Executive Director							
Analysis/debrief capturing the lessons learned from the recent industrial action (discussed at the BoD on 6/4/23, date tbc)	Simon Enright Medical Director/ TBC Director of Nursing & Quality	Simon Enright Medical Director/ TBC Director of Nursing & Quality	Assurance						
Infection Prevention and Control Annual Report & Annual Programme	TBC Director of Nursing & Quality	TBC Director of Nursing & Quality	Assurance/ Approval		✓				
Annual End-of-Life Report	TBC Director of Nursing & Quality	TBC Director of Nursing & Quality	Assurance				✓		
Care Partner Policy	TBC Director of Nursing & Quality	TBC Director of Nursing & Quality	Assurance		✓				
Health and Safety Management Policy (presented to Q&G in June 2023)	Bob Kirton Chief Delivery Officer/Deputy CEO	Bob Kirton Chief Delivery Officer/Deputy CEO	Assurance/ Approval			✓			
FireCode Statement (presented to Q&G in June 2023)	Bob Kirton Chief Delivery Officer/Deputy CEO	Bob Kirton Chief Delivery Officer/Deputy CEO	Assurance/ Approval			✓			
Chairs Log: Finance & Performance (F&P)	Chris Thickett Director of Finance	Stephen Radford Chair of F&P/ Non-Executive Director	Assurance	✓ (23/2 & 30/3)	✓ (27/8 & 25/5)	✓ (29/6 & 27/7)	✓ (31/8 & 28/9) Annual Effectiveness Review	✓ (26/10 & 30/11)	✓ (21/12 & 25/1/24)
Cyber Security Annual Report	Tom Davidson Director of ICT	Tom Davidson Director of ICT	Assurance		✓				
	Tom Davidson Director of ICT	Tom Davidson Director of ICT	Assurance		✓				

Standing Agenda Item	Executive Lead	Presenter of the report	Action	06.04.23	01.06.23 (Nick Mapstone)	03.08.23	05.10.23	07.12.23	01.02.24
Cyber Security Update (June 2023)	Tom Davidson Director of ICT	Tom Davidson Director of ICT	Assurance		✓				
Information Governance Annual Report	Tom Davidson Director of ICT	Tom Davidson Director of ICT	Approval			✓			
Data Protection Toolkit (F&P June 2023)									
Chairs Log: People Committee	Steve Ned Director of Workforce	Sue Ellis Chair of People/ Non-Executive Director	Assurance	✓ (28/3)	✓ (25/4)	✓ (27/6)	✓ (26/9) Annual Effectiveness Review	✓ (28/11)	✓ (23/1/24)
Equality Delivery System (EDS) Report (presented March 2023 Committee)	Steve Ned Director of Workforce	Steve Ned Director of Workforce	Assurance /Approval		✓				
Chairs Log: Audit Committee	Chris Thickett Director of Finance	Nick Mapstone Chair of Audit Committee Non-Executive Director	Assurance		✓ (25/4)	✓ (12/6 & 12/7)		✓ (11/10) Annual Effectiveness Review	✓ (17/1/24)
Chairs Log: Barnsley Facilities Services (BFS)	Rob McCubbin Managing Director of BFS	David Plotts Director of BFS Non-Executive Director	Assurance	✓	✓	✓	✓	✓	✓
Executive Team Report and Chair's Log	Richard Jenkins Chief Executive	Richard Jenkins Chief Executive	Assurance	✓	✓	✓	✓	✓	✓
Complaints Annual Report	TBC Director of Nursing & Quality	TBC Director of Nursing & Quality	Assurance/ Approval			✓			
<b>Performance</b>									
Integrated Performance Report (IPR)	Bob Kirton	Lorraine Burnett Director of Operations	Assurance	✓	✓	✓	✓	✓	✓

Standing Agenda Item	Executive Lead	Presenter of the report	Action	06.04.23	01.06.23 (Nick Mapstone)	03.08.23	05.10.23	07.12.23	01.02.24
	Chief Delivery Officer/Deputy CEO								
Trust Objectives 2023/24 Sign-Off	Bob Kirton Chief Delivery Officer/ Deputy CEO	Bob Kirton Chief Delivery Officer/ Deputy CEO	Review /Endorse	✓					
Trust Objectives 2022/23 End of Year Report	Bob Kirton Chief Delivery Officer/ Deputy CEO	Bob Kirton Chief Delivery Officer/ Deputy CEO Gavin Brownnett Associate Director of Strategy and Planning	Assurance		✓				
Trust Objectives 2023/24	Bob Kirton Chief Delivery Officer/ Deputy CEO	Bob Kirton Chief Delivery Officer/ Deputy CEO Gavin Brownnett Associate Director of Strategy and Planning	Assurance			✓ Q1		✓ Q2	✓ Q3
Winter Plans	Bob Kirton Chief Delivery Officer/Deputy CEO/ Lorraine Burnett Director of Operations	Bob Kirton Chief Delivery Officer/Deputy CEO/ Lorraine Burnett Director of Operations	Assurance				✓		
Quarterly Mortality Report	Simon Enright Medical Director	Simon Enright Medical Director	Assurance			✓			✓
Maternity Services Board Measures Minimum Data Set (Ockenden Report)	TBC Director of Nursing & Quality	Becky Hoskins Deputy Director of Nursing & Quality Sara Collier-Hield Head of Midwifery	Assurance	✓	✓	✓	✓	✓	✓
Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme(MIS)	TBC Director of Nursing & Quality	TBC Director of Nursing & Quality	Assurance						✓
Annual Report of Workforce, Race and Equality Standard	Steve Ned Director of Workforce	Steve Ned Director of Workforce	Assurance				✓		
Annual Workforce Disability Equality Standard	Steve Ned Director of Workforce	Steve Ned Director of Workforce	Assurance				✓		

Standing Agenda Item	Executive Lead	Presenter of the report	Action	06.04.23	01.06.23 (Nick Mapstone)	03.08.23	05.10.23	07.12.23	01.02.24
Annual Fit and Proper Person Test 2022/23	Sheena McDonnell Chair	Steve Ned Director of Workforce	Assurance				✓		
Annual Health and Safety Report	Bob Kirton Chief Delivery Officer/Deputy CEO	Bob Kirton Chief Delivery Officer/Deputy CEO	Assurance				✓		
Annual NHSE Emergency Core Prep Standards	Bob Kirton Chief Delivery Officer/Deputy CEO	Mike Lees Head of Resilience & Security	Assurance					✓	
Annual Doctors Appraisal & Revalidation Report	Simon Enright Medical Director	Simon Enright Medical Director	Assurance				✓		
Health Education England Self-Assessment Return – <b>TBC</b>	TBC Director of Nursing/ Simon Enright Medical Director	TBC Director of Nursing/ Simon Enright Medical Director	Assurance						
Annual Safe Guarding Children and Adults Report 2021/22	TBC Director of Nursing & Quality	TBC Director of Nursing & Quality	Assurance						✓
<b>Governance</b>									
Constitution Review	Angela Wendzicha Interim Director of Corporate Governance	Angela Wendzicha Interim Director of Corporate Governance	Approve					✓	
Board Assurance Framework (BAF)/Corporate Risk Register	Angela Wendzicha Interim Director of Corporate Governance	Angela Wendzicha Interim Director of Corporate Governance	Assurance	✓	✓	✓		✓	✓
Board Code of Conduct	Angela Wendzicha Interim Director of Corporate Governance	Angela Wendzicha Interim Director of Corporate Governance	Assurance					✓	
Bi-annual report of the use of the Trust seal (bi-annual)	Angela Wendzicha Interim Director of Corporate Governance	Angela Wendzicha Interim Director of Corporate Governance	Assurance				✓		
Annual Submission of the Board of Directors Register of Interest	Angela Wendzicha Interim Director of Corporate Governance	Angela Wendzicha Interim Director of Corporate Governance	Assurance	✓					
Annual review of: • Standing orders (SOs) • Standing Financial Instructions (SFIs)	Chris Thickett Director of Finance /	Chris Thickett Director of Finance/	Assurance					✓	



Standing Agenda Item	Executive Lead	Presenter of the report	Action	06.04.23	01.06.23 (Nick Mapstone)	03.08.23	05.10.23	07.12.23	01.02.24
• Scheme of Delegation	Angela Wendzicha Interim Director of Corporate Governance	Angela Wendzicha Interim Director of Corporate Governance							
Terms of Reference for: • Audit • Q&G • F&P • People Committee	Angela Wendzicha Interim Director of Corporate Governance	Angela Wendzicha Interim Director of Corporate Governance	Assurance				✓		
Quality Accounts 2022/23	TBC Director of Nursing & Quality	TBC Director of Nursing & Quality	Assurance		✓				
<b>Benefits Realisation Papers Schedule of Return</b>									
Community Diagnostics Centre (Phase 1)	Bob Kirton Chief Delivery Officer/ Deputy Chief Executive	Bob Kirton Chief Delivery Officer/ Deputy Chief Executive / Loraine Burnett Director of Operations	Review/ Approve	✓					
O Block Phase 2 (Gynaecology Specialist Services Antenatal/Postnatal Ward)	Bob Kirton Chief Delivery Officer/ Deputy Chief Executive	Bob Kirton Chief Delivery Officer/ Deputy Chief Executive / Loraine Burnett Director of Operations	Review/ Approve		✓				
EPR Replacement Medway	Tom Davidson Director of ICT/ Chris Thickett Director of Finance	Tom Davidson Director of ICT/ Chris Thickett Director of Finance	Review/ Approve	✓					
<b>System Working</b>									
Barnsley Place Board (Verbal) including:	Sheena McDonnell Chair	Sheena McDonnell Chair Bob Kirton Chief Delivery Officer/ Deputy Chief Executive	Note	✓	✓	✓	✓	✓	✓
Barnsley Place Based Partnership: • Health and Care Plan 2023/25	Bob Kirton Chief Delivery Officer/ Deputy Chief Executive	Bob Kirton Chief Delivery Officer/ Deputy Chief Executive				✓			

Standing Agenda Item	Executive Lead	Presenter of the report	Action	06.04.23	01.06.23 (Nick Mapstone)	03.08.23	05.10.23	07.12.23	01.02.24
<ul style="list-style-type: none"> <li>Tackling Health Inequalities in Barnsley</li> <li>Barnsley Place Plan 2023/25 Summary</li> </ul>		Jo Minton Associate Director, Strategy PHM and Partnerships							
Acute Federation (Verbal) including South Yorkshire & Bassetlaw (SY&B) Highlight Report	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Integrated Care Board Update (Verbal) including Integrated Care Board Chief Executive Report	Richard Jenkins Chief Executive/ Bob Kirton Chief Delivery Officer/ Deputy Chief Executive	Richard Jenkins Chief Executive/ Bob Kirton Chief Delivery Officer/ Deputy Chief Executive	Note	✓	✓	✓	✓	✓	✓
Joint Strategy Partnership Update	Bob Kirton Chief Delivery Officer/ Deputy Chief Executive	Bob Kirton Chief Delivery Officer/ Deputy Chief Executive	Assurance			✓			
<b>For Information</b>									
Chair Report	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
CEO Report	Richard Jenkins Chief Executive	Richard Jenkins Chief Executive	Note	✓	✓	✓	✓	✓	✓
NHS Horizon Report (formally Intelligence Report)	Emma Parkes Director of Communications & Marketing	Emma Parkes Director of Communications & Marketing	Assurance	✓	✓	✓	✓	✓	✓
Work Plan 2023 - 2024	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
<b>Any other Business</b>									
Questions from the Governors regarding the Business of the Meeting	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Questions from the Public regarding the Business of the Meeting	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓

Standing Agenda Item	Executive Lead	Presenter of the report	Action	06.04.23	01.06.23 (Nick Mapstone)	03.08.23	05.10.23	07.12.23	01.02.24
Board Observation Feedback	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	Jackie Murphy	Nick Mapstone	Tom Davidson	Hadar Zaman	Chris Thickett	Sue Ellis

**Strategic Objectives:**

Best for Patients and the Public	We will provide the best possible care for our patients and service users. We will treat people with compassion, dignity and respect, listen and engage, focus on quality, invest, support and innovate.
Best for People	We will make our Trust the best place to work by ensuring a caring, supportive, fair and equitable culture for all.
Best for Performance	We will meet our performance targets, and continuously strive to deliver sustainable services.
Best Partner	We will work with partners within South Yorkshire Integrated Care System to deliver improved and integrated patient pathways.
Best for Place	We will fulfil our ambition to be at the heart of the Barnsley place partnership to improve patient services, support a reduction in health inequalities and improve population health.
Best for Planet	We will build on our sustainability work to date and reduce our impact on the environment.

## 7. Any Other Business

## 7.1. Any other Business

To Note

Presented by Sheena McDonnell

## 7.2. Questions from the Governors regarding the Business of the Meeting

To Note

Presented by Sheena McDonnell

## 7.3. Questions from the Public regarding the Business of the Meeting

To Note

Presented by Sheena McDonnell

Members of the public may request that they address a question to the Board of Directors. Any member of the public wishing to do so must advise the Corporate Governance Manager at least 24 hours before commencement of the meeting, stating their name and the nature of the question. These questions shall be brought to the attention of the Chair before the commencement of the meeting and the decision as to whether any question will or will not be allowed to be put to the Board of Directors by any member of the public will lie with the Chair whose decision will be final.

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



Date of next meeting: Thursday 5  
October 2023 at 09.30 am