



# Council of Governors Meeting

<b>Schedule</b>	Wednesday 26 July 2023, 3:00 PM — 5:00 PM BST
<b>Venue</b>	Ribgy Suite, Metrodome Leisure Complex, Queens Road, Barnsley S71 1AN/On line via Zoom
<b>Notes for Participants</b>	The meeting is scheduled in hybrid format; joining details if attending via zoom have been circulated in the diary invite previously sent.
<b>Organiser</b>	Angela Wendzicha

## Agenda

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3:00 PM	1. Introduction	(2 mins)	1
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3:02 PM	1.1. Welcome and Apologies To Note - Presented by Sheena McDonnell	(2 mins)	2
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3:04 PM	1.2. Declarations of Interest To Note - Presented by Sheena McDonnell	(2 mins)	3
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3:06 PM	1.3. Quoracy To Note - Presented by Sheena McDonnell	(2 mins)	4
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3:08 PM	1.4. Minutes of previous meeting held on 12 April 2023 For Approval - Presented by Sheena McDonnell	(2 mins)	5
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3:10 PM	1.5. Action Log To Review - Presented by Sheena McDonnell	(2 mins)	16
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	2. Governance		18
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3:12 PM	2.1. CEO Update Chairs Update Lead Governors Update Non-Executive Updates For Assurance	(30 mins)	19
3:42 PM	2.2. Corporate Governance Report For Assurance - Presented by Angela Wendzicha	(15 mins)	36
	2.3. Election of Lead and Deputy Lead Governor: Verbal For Approval - Presented by Angela Wendzicha		40
	3. Reports from the Board of Directors		41
3:57 PM	3.1. Public Board of Directors Agenda: 1 June 2023 For Assurance - Presented by Sheena McDonnell	(3 mins)	42
4:00 PM	3.2. Public Board of Directors Minutes: 6 April 2023 For Assurance - Presented by Sheena McDonnell	(3 mins)	49
	4. Updates from Partner Governors To Note		63
4:03 PM	4.1. Partner & Local Authority Governor Feedback: • JTUC • Barnsley College • Sheffield Hallam • Sheffield Medical School To Note	(5 mins)	64
4:08 PM	4.2. Issues Raised by Governors To Note - Presented by Sheena McDonnell	(2 mins)	65
	5. Governor Engagement		66



4:10 PM	5.1. Update regarding Chilypep - presented by Rob Lawson/Tom Wood	(5 mins)	67
4:15 PM	6. Information Only	(10 mins)	71
	6.1. Integrated Performance Report (May 2023) To Note - Presented by Sheena McDonnell		72
	6.2. Q&G Chairs Log (28th June 2023) To Note - Presented by Sheena McDonnell		106
	6.3. F&P Chairs Log (29th June 2023) To Note - Presented by Sheena McDonnell		111
	6.4. People Chairs Log (27th June 2023) To Note - Presented by Sheena McDonnell		120
4:25 PM	6.5. 2023/24 Workplan To Note - Presented by Sheena McDonnell	(5 mins)	126
4:30 PM	7. Any Other Business To Note - Presented by Sheena McDonnell	(10 mins)	127
	7.1. To Discuss any other Matters of Business including Matters raised by the Public To Note - Presented by Sheena McDonnell		128
	To resolve that representatives of the press and other members of the public be excluded from this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with 8.13.2 and 8.13.3 of the Trust's Constitution.		129
4:40 PM	8. Introductory Matters For Assurance	(5 mins)	130



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	8.1. Minutes of previous PRIVATE Meeting held on 12 April 2023 For Assurance - Presented by Sheena McDonnell	131
	8.2. PRIVATE Action Log - Nil Return For Assurance - Presented by Sheena McDonnell	134
4:45 PM	9. Governance (5 mins)	135
	9.1. Trust Agenda Board Meeting held in PRIVATE: 1 June 2023 For Assurance - Presented by Sheena McDonnell	136
4:50 PM	10. Other Business (10 mins)	141
	10.1. 2023/24 Workplan- private business To Review - Presented by Sheena McDonnell	142
	10.2. To Discuss any other private business To Note - Presented by Sheena McDonnell	143

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# 1. Introduction

# 1.1. Welcome and Apologies

To Note

Presented by Sheena McDonnell

## **1.2. Declarations of Interest**

To Note

Presented by Sheena McDonnell

## 1.3. Quoracy

To Note

Presented by Sheena McDonnell

## 1.4. Minutes of previous meeting held on 12 April 2023

For Approval

Presented by Sheena McDonnell



**COUNCIL OF GOVERNORS MEETING**  
**Minutes of the meeting held on 12 April 2023 via Zoom**

**PRESENT:**

Sheena McDonnell	Trust Chair
Graham Worsdale	Lead Public Governor
Annie Moody	Public Governor
Phil Hall	Public Governor
Ann Wilson	Public Governor
Chris Millington	Public Governor
Adriana Rrustemi	Public Governor
Thomas Wood	Public Governor
Robert Lawson	Public Governor
Lisa Kelly	Public Governor
Philip Carr	Public Governor
Margaret Sheard	Public Governor
Phil Hall	Public Governor
Jon Maskil	Staff Governor
Rebecca Makinson	Staff Governor
Martin Jackson	Partner Governor
David Akeroyd	Partner Governor
Jenny Platts	Local Authority Governor

**IN ATTENDANCE:**

Richard Jenkins	Chief Executive
Nick Mapstone	Non-Executive Director
Stephen Radford	Non-Executive Director
Kevin Clifford	Non-Executive Director
Nahim Ruhi-Khan	Non-Executive Director
David Plotts	Non-Executive Director
Gary Francis	Non-Executive Director
Sue Ellis	Non- Executive Director
Hadar Zaman	Associate Non-Executive Director
Angela Wendzicha	Director of Corporate Affairs
Steven Ned	Director of Workforce
Andrea Spencer	Membership and Engagement Officer (minutes)

**APOLOGIES:**

Malcolm Gibson	Public Governor
Neil Murphy	Associate Non-Executive Director
Michelle Marshall	Partner Governor
Alan Parker	Public Governor
Paul Ardron	Partner Governor
Joanne Smith	Staff Governor

23/01	<p><b>Welcome and Apologies</b></p> <p>Sheena McDonnell, Trust Chair, welcomed everyone to the meeting in particular the new public and staff Governors. Apologies were noted as above.</p>	
23/02	<p><b>Declarations of Interest</b></p> <p>Angela Wendzicha, Interim Director of Corporate Affairs advised that she had a standing declaration of interest due to her joint role at Barnsley and Rotherham. Sheena accepted the declaration and confirmed the same applied to Richard Jenkins, Chief Executive, for his role across both Barnsley and Rotherham.</p>	
23/03	<p><b>Quoracy</b></p> <p>Sheena McDonnell confirmed the meeting was quorate.</p>	
23/04	<p><b>Minutes of the Previous Meeting and Matters Arising</b></p> <p>The minutes of the meeting held on 22 February 2023 were reviewed and accepted as a correct and accurate record of events.</p>	
23/05	<p><b>Action Log</b></p> <p>The action log was Nil return.</p> <p>Sheena confirmed that a recent survey had taken place where the Council of Governors were invited to answer questions about the Council of Governor meeting format. The majority of Governors had responded to the survey with results indicating that a pause would be welcome after each Non-Executive Director update. Sheena confirmed that the meeting would therefore adhere to the new format and reiterated that the Trust would continue to seek feedback and comments about improving the overall meeting experience. The survey had also shown that a mixture of on-line and in person meetings would be preferred in the future.</p>	
23/06	<p><b>CEO Update/Chairs Update/Lead Governor Update/Non-Executive Updates</b></p> <p><b>Richard Jenkins, CEO presented an update as outlined below:</b></p> <ul style="list-style-type: none"> <li>• The emergency care standard had recently been re-launched with focus on the 4-hour wait time. The relaunch would present a challenge to the whole system including A&amp;E, the wards and community teams, as no one department could reach the 4-hour target without the support of the other departments and teams.</li> <li>• The national ask was to reach 76% of the emergency care standard by March 2024, Barnsley Trust had set a target of 76% by October 2023.</li> <li>• Elective care had achieved zero 78 week waits and were working toward a 65 week wait target. Other Trusts within the region were struggling and Barnsley had been offering assistance where feasible. Richard advised that prior to the pandemic, an 18-week wait was unusual, and the current statistics were marker points on a longer journey to recovery.</li> <li>• At year end the Cancer target of no more than 50 people waiting longer than 62 days was achieved, with approximately 30 people remaining.</li> <li>• Diagnostic waiting times were under 6 weeks for imaging with challenges</li> </ul>	

remaining within endoscopy.

- The accounts for 2022-23 had recently been closed. The planned deficit was £8.8m whereas the actual was £5.1m. Planning for 2023-24 had commenced with a planned deficit of £13.1m which included a 4% cost improvement. The whole South Yorkshire system had approximately a £110m deficit, partially driven by excess inflation with £50-60m due to Trust costs being higher than intended. Further work would be done by the various Trusts to determine any additional actions to help reduce the deficit. The final submission was expected to take place on the 4 May 2023 with emphasis around the plan being deliverable.
- Regarding the recent industrial action, Richard confirmed that the majority of staff were Agenda for Change staff where the Government and Union had reached an agreement which was currently going to member vote. Until the vote was complete, industrial action had been paused with results of the ballot due in the coming weeks.
- Junior medical staff had been striking, with consultants and other staff covering the roles of the junior doctors. The only derogation in place was for a major incident external to the Trust. Richard commented that all staff had done a terrific job in planning for and covering the industrial action.
- Richard referred to an email previously sent to Governors regarding non-surgical oncology for breast cancer. Barnsley worked with partners such as Sheffield to create patient treatment plans which included chemotherapy and radiotherapy at Sheffield. Sheffield Teaching Hospital had suffered a progressive loss of consultant oncologists over the past 2 years which equated to a third of the team. Sheffield had been working hard to recruit and had also escalated the problem to the regional NHS centres, however, with no immediate resolution. Therefore, the current plan would be to continue the service with a longer wait to be seen. Current guidance was for women referred on or after 1 April to be seen at the beginning of June at the earliest. Richard confirmed that these women would have had their surgical treatment and the wait would be for chemotherapy or radiotherapy. Richard wanted to advise the Council of Governors that the recovery would not be immediate as recruiting new staff members could take several months. Governors would be updated frequently.

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

- The recent Intensive Care Unit opening was a great success, with coverage across local and national media.
- The recent staff survey results were very positive and a further update was being provided at this meeting.
- New Governors were welcomed to the meeting, Lisa Kelly, Robert Lawson, Philip Carr, Thomas Wood and Rebecca Makinson.
- The Trust was conducting annual appraisals of the Non-Executive and Executive Directors with involvement of the Lead Governor at the Non-Executive Director appraisals and all Governors for the Chairs appraisal.
- A Cost of Living Group was active at the Trust and a pantry had been set up with investment from the hospital charity. Also, food provision parcels were being provided for those patients who may require it on discharge.
- The strategic partnership group with Rotherham continued to hold regular meetings to track progress against the action plan that has previously been seen by Governors at a COG meeting.
- Place Board meetings were open for the public to attend and or view online if they preferred.
- The strategy for the Integrated Care Partnership had recently been



launched with conversations and plans ongoing.

Chris Millington, Public Governor, referred to recent appointment times at the Rotherham Oncology Department, where waiting times were frequently 1.5 hours (including when the appointment was early morning), and asked if Richard was aware of the problem. Richard thanked Chris for the information and confirmed he was not aware of the situation. Richard resolved to look into the issue raised and respond.

**ACTION-** Richard to provide feedback around the waiting times discussed at Rotherham Oncology.

Jenny Platts, Local Authority Governor, asked if there had been analysis into the reason for the large loss of staff at Sheffield Oncology. Richard commented that there was a national shortage of Oncologists and the immediate focus for Sheffield had centred around filling the vacant posts. However, Richard did not know the reasons for the national or local shortage.

Jenny commended the recent work of the Trust when providing food parcels to those in need on discharge.

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

- Graham welcomed the new Governors to the meeting.
- The recent Insight meeting was very informative and was now available to watch as a play back.
- A visit was planned to the CDC (Community Diagnostic Centre) on 18 May at 10am, anyone wanting to attend to please confirm to Andrea Spencer.
- Graham noted that it was great to see so many Governors at the new ICU opening event.
- Graham had attended an Acute Federation meeting in March with the Chairs and Lead Governors from each Trust. The meeting was informative, and notes of the meeting would be circulated to the Governors.
- The recent Board of Directors meeting had taken place in a face-to-face environment, Graham reminded Governors that they were welcome to attend and were able to ask questions of the Board either personally or via Graham.
- The next Insight meeting was scheduled for 28 June and would focus on the Virtual Ward. Graham invited ideas from the Governors for future meeting topics.
- Governors were reminded to place their vote for a Heart Award recipient from the short list provided. Votes were required by Tuesday 18 May.

Annie Moody, Public Governor, asked for clarification around the Heart Award nomination list.

**ACTION** – Graham to email Governors the Acute Federation notes

**ACTION** – Andrea to clarify the shortlist for the Heart Awards.

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

- A report had been received from Jessica Philips, Guardian of Safe Working Hours which involved looking at Junior Doctor working hours, the work patterns and challenges faced. The majority of excess hours were reported

RJ/ACS

GW/ACS  
ACS

within the Orthopaedics and Medicine Teams with a review undertaken each time to analyse the resulting shift pattern and rota. An annual report would be presented to Board in due course.

- The Annual Employee Relations Report had been received which looked at Trust disciplinary and grievance cases, the numbers of which had decreased significantly. The decrease had occurred since 2 pieces of work had concluded. One of which was focused on positive culture, learning and promoting a positive working atmosphere. Secondly, training had been offered from lawyers supporting the Trust around how an investigation should be undertaken and also how to determine at an early stage if a case was a disciplinary and grievance procedure.
- The Equality Delivery System work had been received – there was a revised scheme on the following 3 domains: Commissioned or provide service, Workforce Health and Wellbeing and Inclusive Leadership.
- The full chairs log was available within the papers for the meeting.

Chris Millington, asked Sue for clarification around comments he had heard in relation to nurses working within the hospital being exhausted due to working 12-hour shifts. Chris asked if the comments were fact or fiction.

Sue confirmed that 12-hour shifts were offered which would be due to staff preference or driven by how a shift needed to be covered. The roster system in place allowed staff to roster themselves as opposed to being allocated a shift by their manager.

Martin Jackson, Partner Governor, confirmed that 12- and 13-hour shifts could be worked and was down to personal choice. If an individual wished to work long shifts their working week would be 3 days whereas normal 8-hour shifts would span 5 days.

Sue confirmed that the recent staff survey showed that flexible working at Barnsley was seen as a major benefit and a positive aspect of working at the Trust. Staffing levels at Barnsley were close to capacity with a review due to take place.

Nick Mapstone, NED, commented that recent research found no evidence to link working longer shifts with poorer outcomes or poorer patient experience. An additional benefit to long shifts meant there were only 2 hand overs as opposed to 3, therefore increasing patient safety and reducing risk.

Robert Lawson, Public Governor, asked if the Trust was subject to the 48-hour working time directive. Sue Ellis confirmed all employees were subject to the 48-hour working directive unless they chose to opt out of it.

A recent initiative related to Health and Wellbeing was to re-introduce Schwartz rounds which provided a safe place for individual staff members to speak about anything affecting their department. These were due to be re-introduced. In addition, an occupational psychologist had been appointed to look at patterns and cultural reasons which may be impacting staff. The role was new, and feedback would be presented to the People Committee in the near future.

Chris thanked the group for the assurance received around the matter of staff working hours.

Graham confirmed that Governors had previously attended some of the Schwartz round meetings and would hope that Governors could be involved again.

Sheena confirmed that the initiative could be open to Governors again as

observers.

**ACTION** – Confirm to Governors when the Schwartz rounds will commence and ask for Governor interest.

**ACS**

**Kevin Clifford, Non- Executive Director, provided the following information from the Q&G Committee:**

- Kevin confirmed that the Quality Account requirement had been amended slightly.
- The Patient Experience briefing paper was expected, and it was hoped that the paper could be brought to future Council of Governor meetings.
- The Q&G committee had not felt fully assured due to recent operational pressures and a reduction in some of the quality indicators historically referenced. Assurance had been sought from the Board around these areas with feedback and actions received from the Director of Nursing.
- Staffing pressures were also assessed, some of which were related to spreading a limited staff resource even thinner and peaks in sickness or maternity leave where cover could be difficult to find.
- Kevin had recently attended the NSEI (National Maternity and Neonatal summit) from which work would be ongoing with a response to the recent Ockenden and Kirkup reports.
- Kevin had been asked for assurance from the Governors relating to the issues reported at another Trust where a staff nurse has been implicated in the deaths of several babies. Kevin sought to assure the group that a death of a child was reported to the Coroner as well as numerous other reporting channels where the death would be picked up, such as HSIB who review the death of every child. Internally, the Trust clinicians can raise concerns around staff and process. As with any death within the Trust, there were multiple reporting channels and systems that would pick up any adverse fluctuation. Q&G discuss the mortality figures every 2 months. In addition, the Trust had a medical examiner to review each death as well as the Coroner.

Annie Moody, Public Governor, thanked Kevin for the information and assurance provided.

Chris Millington asked for an update around pharmacy. Kevin confirmed the area was under review and further information would follow. Sheena confirmed there had been investment and improvement work within the area. Richard added that improvement had been made, the Trust were aware of the issues and works would continue to improve. It was hoped that progress would be made over the next 6 months.

Gary Francis, NED, wanted to note that the medical examiner referred to by Kevin was an external entity. Therefore, from an assurance perspective there was an added level of assurance.

Martin Jackson, wanted to clarify that pharmacy did not stand alone within the Trust and were just one part of a complete process. For the pharmacy team to fulfil their role effectively there was a reliance on other teams within the Trust to complete their roles efficiently.

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

	<ul style="list-style-type: none"> <li>• The last financial year was ended at £5.1m – ahead of the budgeted deficit.</li> <li>• The Trust was on track with regards to the efficiency programme at 4 %. 48 schemes were used to deliver £12m of efficiency. Nearly 90% were recurrent.</li> <li>• There was a 4% efficiency target in place again which would be difficult to achieve.</li> <li>• The 4-hour target was at 60% in February reflecting an improvement.</li> <li>• Bed occupancy was still up in the 90's against a target of 85%.</li> <li>• Ambulance hand overs were down against target.</li> <li>• The theatre utilisation target was 85% and currently was running at 79%</li> <li>• Staff turnover was still around 11% which was higher than desired.</li> <li>• A digital maturity assessment had been conducted.</li> <li>• Digital capital spend was on target.</li> <li>• A report around the EPR – (Electronic Patient Record) phase 1 had been received and confirmed the benefits expected had been achieved.</li> <li>• A business case had been considered and approved for re-configuring existing wards to accommodate 40 additional beds on a permanent basis with a flex capacity up to 56.</li> </ul> <p>Chris Millington asked for assurance regarding Theatre utilisation figures. Stephen confirmed the benchmark set by NHS England was 85% and the Trust was currently at 79%. A quality team was looking at this and the steps required to meet 85%.</p> <p>Chris noted that the CDC (Community Diagnostic Centre) was dealing with circa 50 thousand people since opening, these people have therefore not attended the Hospital site. Chris asked how the Trust would quantify the benefit. Stephen advised that the work was already underway with patient feedback surveys, measuring DNA (did not attend) and staff feedback.</p> <p>Sheena observed that the new format of pausing after each presentation had been useful for Governors and thanked the Governors for the suggestion.</p>	
23/07	<p><b>Register of Interest (Governors)</b></p> <p>Angela Wendizcha, asked Governors to submit any amendments to the Register of Interest document contained within the meeting pack to Andrea Spencer so that any amendments or additions could be made.</p>	
23/08	<p><b>Risk Management (CRR and BAF)</b></p> <p>Angela advised Governors that the version presented was the year end version. The next version would be slightly different and would be discussed at Board and the Assurance committees. The update would be provided after May.</p>	
23/09	<p><b>Council of Governors Effectiveness Review</b></p> <p>Angela confirmed that an annual effectiveness review would be conducted, the survey referred to earlier in the meeting would be incorporated into the review and there would be a review with regards to the effectiveness of the Council of Governors and the current terms of reference. More documentation and information would follow.</p>	

23/10	<p><b>Self-assessment against Monitors NHS Foundation Trust Code of Governance</b></p> <p>Angela noted that the self-assessment would no longer be required from April 2023 onwards. The assessment referred specifically to Governor training for which a list showing training completed would be produced and presented at the next Council of Governors.</p>	
23/11	<p><b>Staff Survey</b></p> <p>Steven Ned, Director of Workforce, presented the Staff Survey Results for 2022.</p> <p>Steven introduced the report which showed the Trusts results against similar organisations across the country. Barnsley was categorised as an Acute and Acute Community Organisation with some results dating back to 2018. From 2021 onwards, the survey questions were aligned to the People Promise. This sets out (in the words of NHS staff) the things that would most improve their working experience and was made up of the following seven elements: We are compassionate and inclusive, we are recognised and rewarded, we have a voice that counts, we are safe and healthy, we are always learning, we are flexible and we are part of a team. There were then 2 additional criteria: to measure staff engagement and staff morale. Steven confirmed that the full details of the Trust's results compared to comparator organisations were included within the meeting papers.</p> <p>A summary of the staff survey 2022:</p> <ul style="list-style-type: none"> <li>• The Trust received 2092 completed questionnaires – equivalent to a response rate of 56%. The benchmark median response rate was 44%. However, historically the Trust had received a higher number of responses and were keen to increase the number for 2023.</li> <li>• The survey was paper based which allowed line managers to reiterate the importance of the staff survey to their teams.</li> <li>• Regarding the People Promise, Barnsley were better than the average in all the categories. From an Acute and Acute &amp; Community Trust perspective, Barnsley results were the best in Yorkshire and Humber, and when compared to the wider NHS region of the North East, Yorkshire and Humber, Barnsley were the second-best Acute Trust. As a Trust the aim was to become the best within the region.</li> <li>• The results were very good, however, there were still areas to improve on.</li> <li>• Th Barnsley Trust were the top scorer within the comparison group when looking at the principles of 'Working Flexibly' and 'We are Team'.</li> <li>• The compassionate leadership results showed Barnsley to have achieved the highest score.</li> </ul> <p>Each CBU had since been provided with the results.</p> <p>Areas within the Trust that required more attention would be analysed further and a corporate action plan would be implemented based on the results. The plan would include Executive Directors working more closely within the identified areas to encourage shared learning and improvement.</p> <p>Chris Millington asked how the great results would be publicised to the people of Barnsley. Steve confirmed that the Trust communication and recruitment strategies would begin to incorporate the results as part of their message.</p> <p>Graham Worsdale, asked how the action plans would be measured and by</p>	

	<p>who. Steve confirmed that the executive team would take the lead with regards to the CBUs including performance and support meetings.</p> <p>Sue Ellis confirmed the People Committee would be aware of the planned meetings so that a general overview could be maintained and remain in-line with the ethos of the People Committee. A separate and similar process would be undertaken with regards to action planning for BFS.</p> <p>Robert Lawson, asked how the Trust results fared from an NHS perspective. Steve confirmed that the full set of results from the NHS had not been received yet but would share them as and when they became available.</p> <p>Richard Jenkins added that to compare results across different types of Trust was difficult. Not all Trusts had A&amp;E facilities, therefore, the most valid comparison would be with other Acute Trusts. The aim was to strive for higher and even better results. Richard encouraged the group to refer to the documents where the progress of the Trust over the past few years was highlighted and showed a positive trend.</p> <p>Sheena thanked Steve for the presentation and offered congratulations to the entire team at the Trust and asked Governors to spread the positive news about the staff survey results within their networks.</p>	
<b>23/12</b>	<p><b>Public Board of Directors Agenda: 6 April 2023</b></p> <p>The agenda from the Board of Directors meeting held on 6 April 2023 was received and noted.</p>	
<b>23/13</b>	<p><b>Public Board of Directors Minutes: 2 February 2023</b></p> <p>The minutes from the Board of Directors meeting held on 2 February 2023 was received and noted.</p>	
<b>23/14</b>	<p><b>Partner &amp; Local Authority Governor Feedback</b></p> <p>David Akeroyd, Barnsley College, advised that recruitment would be taking place to secure a new College Principle.</p> <p>Jenny Platts, Local Authority Governor, provided information received from the Barnsley Place Board. Highlights of which were:</p> <ul style="list-style-type: none"> <li>• £2.5m received to support adult social care discharge</li> <li>• Targeted lung health checks programme was underway</li> <li>• Improving capacity of discharge to assess</li> <li>• Shortening of 999 response times</li> </ul> <p>Sheena thanked Jenny for the informative update.</p> <p>Chris Millington thanked Jenny for sharing the important information.</p> <p>Sheena confirmed that Jenny Platts would be stepping down as the local authority Governor in May and wanted to extend thanks to Jenny for her contribution.</p>	
<b>23/15</b>	<p><b>Issues Raised by Governors</b></p>	

	No issues were raised.	
<b>23/16</b>	<b>2023/24 Workplan</b>  The workplan for 2023-24 was received and it was noted that the plan was in draft. A final version would be presented at the next Council of Governors meeting.	
<b>23/17</b>	<b>Integrated Performance Report, Q&amp;G Chairs Log, F&amp;P Chairs Log, People Chairs Log, Audit Committee.</b>  The documents were provided for information and to note. The Governors agreed to accept and note the reports.	
<b>23/18</b>	<b>Any Other Business</b>  There were no other matters of business.	
<b>23/19</b>	<b>Date and Time of Next Meeting</b>  The next Council of Governors meeting will take place on 14 June 2023	

## 1.5. Action Log

To Review

Presented by Sheena McDonnell



**Action Log from Council of Governors 12 April 2023**

<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>
12 Apr 2023	CEO Update	Acute Federation Meeting Notes to be sent to Governors	Andrea Spencer	14-Jun	Email with notes sent to Governors 25 April	Completed
12 Apr 2023	CEO Governor Update	Richard to provide feedback around the waiting times discussed at Rotherham Oncology.	Richard Jenkins	14-Jun	Verbal update will be provided at the meeting.	In Progress.
12 Apr 2023	Lead Governor Update	Shortlist for Heart Awards to be clarified	Andrea Spencer	14-Jun	Clarification received from Comms and Governors informed	Completed

## 2. Governance

2.1. CEO Update

Chairs Update

Lead Governors Update

Non-Executive Updates

For Assurance



# COUNCIL OF GOVERNORS

26 July 2023





## Operational Performance

- Emergency care standard
  - Target 76% by October at latest
  - Latest full week 74.6%
- Elective
  - Main challenge is 65 week waits for end of year
  - Supporting other Trusts, particularly Sheffield
  - 18 week RTT 73.7%
  - Day case rates and theatre productivity improved
- Cancer
  - 2WW target achieved in July
  - Variable delivery across basket of other targets
- Diagnostics
  - Improving with March 2025 target achieved at 3.9%

## Industrial action

- Junior Medical Staff
  - Ongoing strikes, progressive impact through longer periods and inclusion of weekends
  - 6% pay rise and £1250 non-consolidated payment implemented nationally but not accepted by BMA
  - Further Mandate needed by BMA to continue action past August.
- Consultant Medical staff
  - First strike concluded, second planned end August.
  - Variable number striking but overall lower percentage than Juniors
  - 6% pay rise implemented nationally but not accepted by BMA
- Safety managed effectively but accumulating impact on lost activity and opportunity cost to teams through efforts to ensure safe arrangements.
- Relationships with medical staff maintained.



## CQC

### Two recent CQC inspections:

- Maternity
  - Ockenden related as part of a national approach
  - Draft report received and returned for factual accuracy corrections
  - Final report likely in August
- Medicine Management and Pharmacy
  - Trust opted in to a pilot of a new CQC approach
  - Report received for factual accuracy
  - Action plan in place
  - Chief Pharmacist support from Rotherham

## Changes to Executive Team

- Jackie Murphy has retired as Director of Nursing and Quality
- Becky Hoskins will be Acting Director of Nursing and Quality until October
- Sarah Moppett appointed as new Director of Nursing, Midwifery and AHPs to start 1<sup>st</sup> October
- Steve Ned, Director of People (formerly Joint Director of Workforce)
- Bob Kirton's role changed to Managing Director inclusive of the Deputy CEO role
- Lorraine Burnett changed to Chief Operating Officer





## Partnership

- Barnsley and Rotherham Trusts
  - Agreed partnership programme
    - Joint development programme for senior leaders
    - Shared gastroenterology service led by Barnsley
    - Support to Barnsley Haematology service from Rotherham team
    - Shared roles e.g. procurement, corporate affairs and chief pharmacist (interim)
  - Peer support and reviews
  - Joint influence at Acute Federation and ICB



# Sheena McDonnell -Trust Chair



## **New Governors**

### **Partnerships:**

Acute Federation

Place

Integrated Care Partnership – South Yorkshire

Strategic Partnership Group with Rotherham

### **NHS 75 years**

### **Intensive Care Update**

### **Harvard Bloomberg City Collaboration Programme**

### **Industrial Action Impact**

### **Governance Conference**

### **Director of Nursing, Midwifery and Allied Health Professionals**



# Graham Worsdale - Lead Governor



- Appraisal of NEDs and Trust Chair
- Visit to Community Diagnostic Centre
- Trust Annual Quality Report
- Buddy system between Governors and NEDs
- Board of Director Meeting
- Interviews for the Director of Nursing



# NED update - Kevin Clifford: Q&G Committee

## Issues from Q&G Committee held in May / June:

- Improving Public Health and Reducing Inequalities Update
- Mortality Report / Excess Deaths in Barnsley Presentation
- Learning Disability and Autism Annual Report 2022/23
- Patient Safety and Harm Group (Falls, Pressure Ulcers)
- Mental Health Annual Report
- Patient Experience , Engagement and Insight Group – Care Partner Policy
- Always Event Implementation Update



# NED update - Kevin Clifford: Q&G Committee

## Issues from Q&G Committee held in May / June:

- Clinical Effectiveness Group
- Infection Prevention and Control Annual Report / Policy for Respiratory Viruses
- Staffing Reports
- Maternity Services Board Minimum Dataset
- Medicines Management / Draft Action Plan following CQC Medicines Optimisation Visit
- Health and Safety – H&S Management Policy, Fire Code Statement, Violence and Aggression Update
- Annual Effectiveness Reports



# NED update – Stephen Radford: F&P Committee

<h2>Finance</h2>	<ul style="list-style-type: none"> <li>• <b>Final budget</b> was approved under delegated authority on the 4<sup>th</sup> May and submitted to ICS. £11.2m budget deficit for the year after taking into account 4% efficiency. Balanced at ICS level</li> <li>• <b>Finance Month 1 &amp;2</b>, on track in the year to date with a consolidated deficit of £1.27m against a planned deficit of £1.75m giving a favourable variance of £0.5m. No clawback of ERF assumed, though we are not reaching the right level of activity represents a financial risk</li> </ul>
<h2>ICT Update</h2>	<ul style="list-style-type: none"> <li>• <b>External Cybersecurity Incident:</b> Capita, an ICT supplier to the Trust was subject a cyberattack in April 2023. The Trust has been assured that its data was not affected</li> <li>• <b>Major Power Outage:</b> A major outage of all our Virtual Server Hardware in the Trust due to power failure of the main and redundant power sources including the battery backup. It took 4 hours for IT systems to be restored. This is being investigated by BFS/ ICT and an action plan is being prepared.</li> <li>• <b>Annual Information Governance Report - 2022/23:</b> This was approved by the F&amp; P Committee regarding the Trust’s annual Information Governance position</li> <li>• <b>Annual Cyber Security Report - 2022/23:</b> This was approved by the F&amp; P Committee. From this report, the Committee obtained assurance of BHNFTs’ strong stance in respect to cybersecurity</li> </ul>
<h2>Integrated Performance June 23 Report</h2>	<ul style="list-style-type: none"> <li>• Continued impact of strike action by Junior Doctors &amp; RCN and high bed occupancy (95.8%)</li> <li>• Improvement on UEC 4 hour wait target – 78.7%, ranked 6th in England &amp; ambulance hand-over times. Waiting list increased to 21550 &amp; 180 patients waiting longer than 52 wk.</li> <li>• Overall cancer 2-week wait time at 91.0% and slightly below the 93.0% target.</li> <li>• RTT remained static, but significant improvement against Diagnostic 6 week wait times target</li> <li>• Staff turnover rate increased to 10.7% and the sickness absence rate at 5.5% from 5.6%</li> </ul>



# NED update – Nick Mapstone: Audit Committee

## Issue

### Internal audit plan 2023/24

The Committee received 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. 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.

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* opinion. These include strengthening fraud risks; introducing off-site storage of data; and maintaining a register of medical devices that hold patient information.

Management has agreed actions to address these audit findings.

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



# NED update – Nick Mapstone: Audit Committee

## **Local counter fraud service**

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

## **Losses and special payments**

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

## **Annual review of the effectiveness of the Audit Committee**

The Committee approved the its annual effectiveness report.





# NED update – Sue Ellis: People Committee

People Committee Meeting held June 27<sup>th</sup>

Key highlights as per the Chair log:

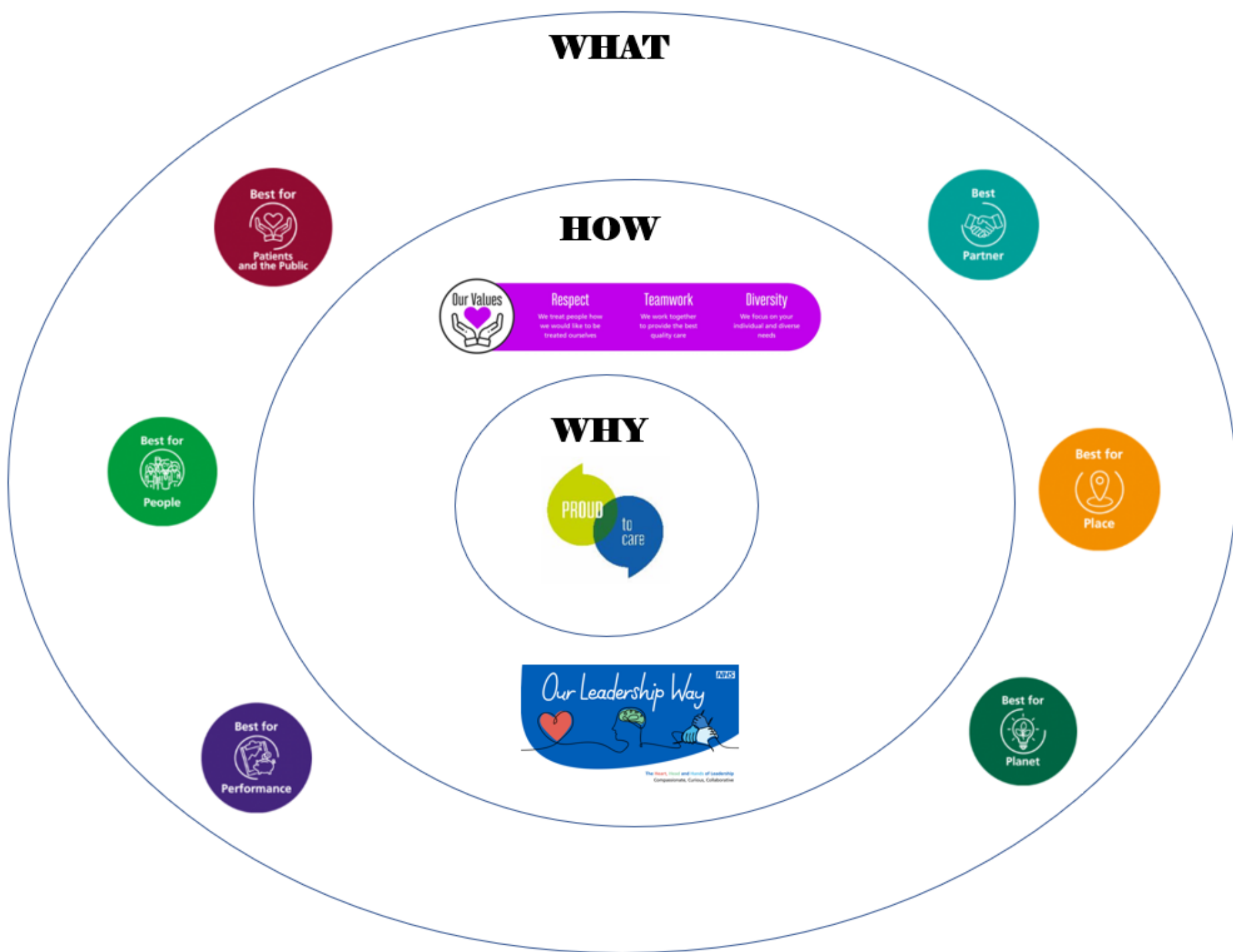
- Creating Positive Culture and OD Strategy- these initiatives tying together well – 2 power point slides attached
- Regular Workforce Insight Report
- Update on Workforce Planning Process including Outcome Measures
- Deep dive into Mandatory Training and Compliance Activity, which resulted in identifying need for more effort
- Two awards: NHS Pastoral Care Quality Award for International Nurses, and National Interim Quality Mark for Preceptorship Nursing
- Staff Survey Corporate Action Plan - reporting to the Board
- 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



# NED update – Sue Ellis: People Committee

## Proud to care conference - September Purpose and Objectives

- **Purpose**
- To align, engage and inspire our people with our Values
- Help make the Trust the Best place to work
- **Objectives**
- Engage our people with the People Promise and Values of Respect, Teamwork and Diversity
- Share our cultural aspirations
- Provide clarity as to what we need from our leaders
- Inform colleagues about resources available to support them



## 2.2. Corporate Governance Report

For Assurance

Presented by Angela Wendzicha



<b>REPORT TO THE COUNCIL OF GOVERNORS - <i>Public</i></b>	<b>CoG: 23/07/26/2.2</b>
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<b>SUBJECT:</b>	<b>Corporate Governance Update</b>
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<b>DATE:</b>	<b>26 JULY 2023</b>
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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>	Steve Parsons, Interim Head of Corporate Governance
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<b>SPONSORED BY:</b>	Sheena McDonnell, Chair
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<b>PRESENTED BY:</b>	Angela Wendzicha, Interim Joint Director of Corporate Affairs
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<b>STRATEGIC CONTEXT</b>
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N/A

<b>EXECUTIVE SUMMARY</b>
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This report provides an update to the Council of Governors on corporate governance developments that could affect the Council's role. Attention is drawn to-

- a. The request for nominations for two Public Governors to serve on the Council's Nominations Committee;
- b. The intention to provide training on the impact of changes made in the *Code of Governance for NHS Provider Trusts*, and the recently-published Addendum to Your Statutory Duties – System Working and Collaboration: Role of the Foundation Trust Council of Governors.

<b>RECOMMENDATION</b>
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The Council of Governors is asked to receive and note this report.

## **Introduction**

The following report updates the Council of Governor on some key themes and developments in corporate governance within the Trust.

### **1. Council of Governors Nomination Committee**

In accordance with the current Trust Constitution, the Council of Governors establish a Nominations Committee, which supports the Council in its key statutory responsibilities related to the appointment and performance of the Chair and the Non-Executive Directors. The Nominations Committee comprises the Chair, three Public Governors, one Staff Governor and two other appointed Governors.

There are currently vacancies for two Public Governors to serve on the Committee. These arise as a result of two colleagues who served on the Committee and have now retired from the Council.

Public Governors are now invited to submit expressions of interest in becoming a member of the Nominations Committee. In line with the Terms of Reference for the Committee, expressions of interest received will be reviewed by the Trust Chair and the Committee, with recommendations for appointment being made to the September meeting of Council for approval.

The Council of Governors are asked to note that a review of the Committee's Terms of Reference will be undertaken in the next few months. The outcomes, and any proposed amendments, will be reported to the Council for consideration in due course.

### **2. Forward work-plan for Council**

As part of a wider piece of work that is being undertaken for all key governance meetings, we are reviewing the forward work-plan for the Council: the aim being to ensure that the work-plan supports Council in discharging its responsibilities in a timely way, and lines up appropriately with the business expected to be considered by the Board.

It is currently expected that the revised work-plan will be presented to Council at its next meeting.

### **3. System governance**

The Trust continues to participate in the evolving governance of the South Yorkshire Integrated Care System, including through our engagement with Barnsley Place-Based Partnership and the Acute Federation. The Board is regularly updated on the activities at the various levels of the system; and Board Committees also link to system activities as appropriate.

We are also continuing to work in partnership with Rotherham NHSFT, with the Joint Strategic Partnership. A report of activities within the Partnership will be presented to Trust Board in August and shared with the Governors.

### **4. Training for the updates in the *Code of Governance for NHS Provider Trusts***

Council has previously been updated on the changes introduced in NHS provider governance through the changes in the Provider Licence and the replacement of the former *Code of Governance for NHS Foundation Trusts* with a wider Code applicable to all providers, and reflective of the recent legislative changes. These were supported by the publication of an Addendum to *Your Statutory Duties: a guide for NHS Foundation Trust Governors*, to reflect the impact of the changes in law on the role and work of Governors.

We intend to arrange training for Governors, to support them in the discharge of these responsibilities in the changed environment, later in the year. Details will be provided when arrangements are nearer completion.

## 2.3. Election of Lead and Deputy Lead

**Governor: Verbal**

For Approval

Presented by Angela Wendzicha



### **3. Reports from the Board of Directors**

# 3.1. Public Board of Directors Agenda: 1 June 2023

For Assurance

Presented by Sheena McDonnell



<b>REPORT TO THE COUNCIL OF GOVERNORS - <i>Public</i></b>	REF:	<b>COG: 23/07/26/3.1</b>
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<b>SUBJECT:</b>	<b>Public Board of Directors Agenda: 1 June 2023</b>
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<b>DATE:</b>	<b>26 JULY 2023</b>
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<b>PURPOSE:</b>	<i>For decision/approval</i>	<small>Tick as applicable</small>	<i>Assurance</i>	<small>Tick as applicable</small>	
	<i>For review</i>		<i>Governance</i>	✓	
	<i>For information</i>	✓	<i>Strategy</i>	✓	

<b>PREPARED BY:</b>	Sheena McDonnell, Chair
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<b>SPONSORED BY:</b>	Sheena McDonnell, Chair
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<b>PRESENTED BY:</b>	Sheena McDonnell, Chair
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<b>STRATEGIC CONTEXT</b>
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<b>EXECUTIVE SUMMARY</b>
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The June Board agenda provides the Council of Governors with an overview of the items of discussion, noting or agreement at the Board of Directors Meeting.

<b>RECOMMENDATION</b>
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The Council of Governors is asked to receive and note this report.



# Board of Directors: Public

<b>Schedule</b>	Thursday 1 June 2023, 9:30 AM — 12:00 PM BST
<b>Venue</b>	Barnsley College, Business Centre, Room CBC01
<b>Notes for Participants</b>	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
	1.1. Welcome and Apologies Apologies: Sheena McDonnell, Bob Kirton, Sue Ellis, Emma Parkes To Note - Presented by Nick Mapstone		2
	1.2. Declarations of Interest To Note - Presented by Nick Mapstone		3
	1.3. Minutes of the Meeting held on 6 April 2023 To Review/Approve - Presented by Nick Mapstone		4
	1.4. Action Log To Review - Presented by Nick Mapstone		17
	1.5. Patient Story To Note - Presented by Nick Mapstone and Jackie Murphy		19
9:50 AM	2. Culture	(15 mins)	21

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	2.1. Freedom to Speak up Reflection and Planning Tool: Sue Todd in attendance For Assurance/Review - Presented by Steve Ned	22
	2.2. Freedom to Speak up Strategy 2022 - 2027: Sue Todd in attendance For Assurance/Review - Presented by Steve Ned	48
10:05 AM	3. Assurance (20 mins)	56
	3.1. People Committee Chair's Log: 25 April 2023 • Equality Delivery System Report For Assurance - Presented by Gary Francis and Steve Ned	57
	3.2. Audit Committee Chair's Log: 25 April 2023 For Assurance - Presented by Nick Mapstone	99
	3.3. Quality and Governance Committee Chair's Log: 26 April/24 May 2023 • Safeguarding Annual Report • Infection Prevent and Control Annual Report 2022/23 & Annual Programme 2023/24 • Care Partner Policy For Assurance/Approval - Presented by Kevin Clifford and Jackie Murphy	103
	3.4. Finance & Performance Committee Chair's Log: 27 April/25 May 2023 • Cyber Security Annual Report • Information Governance Annual Report 2022/23 • Nursing Establishment Review Autumn 2022 For Assurance - Presented by Stephen Radford and Jackie Murphy	203
	3.5. Barnsley Facilities Services Chair's Log For Assurance - Presented by David Plotts	278



	3.6. Executive Team Report and Chair's Log		285
	For Assurance - Presented by Richard Jenkins		
10:25 AM	4. Performance	(20 mins)	292
	4.1. Integrated Performance Report		293
	For Assurance - Presented by Lorraine Burnett		
	4.2. Trust Objectives 2022/23 End of Year Report		326
	For Assurance - Presented by Lorraine Burnett		
	4.3. Maternity Services Board Measures Minimum Data Set: Rebecca Bustani in attendance		348
	For Assurance - Presented by Jackie Murphy		
10:45 AM	5. Governance	(10 mins)	379
	5.1. Board Assurance Framework/Corporate Risk Register		380
	For Assurance - Presented by Angela Wendzicha		
10:55 AM	6. Business Case/Benefits Paper	(15 mins)	417
	6.1. O Block Phase 2 (Gynaecology Specialist Services Antenatal/Postnatal Ward)		418
	For Assurance - Presented by Jackie Murphy		
11:10 AM	Break	(10 mins)	432
11:20 AM	7. System Working	(15 mins)	433
	7.1. Barnsley Place Board: verbal		434
	To Note - Presented by Richard Jenkins		



	7.2. Acute Federation: verbal		435
	To Note - Presented by Richard Jenkins		
	7.3. Integrated Care Board Update including ICB Chief Executive Report		436
	To Note - Presented by Richard Jenkins		
11:35 AM	8. For Information	(15 mins)	443
	8.1. Chair Report		444
	To Note - Presented by Nick Mapstone		
	8.2. Chief Executive Report		448
	To Note - Presented by Richard Jenkins		
	8.3. Intelligence Report		487
	For Information - Presented by Richard Jenkins		
	8.4. 2023/24 Work Plan		492
	To Note - Presented by Nick Mapstone		
11:50 AM	9. Any Other Business	(10 mins)	501
	9.1. Questions from the Governors regarding the Business of the Meeting		502
	To Note - Presented by Nick Mapstone		
	9.2. Questions from the Public regarding the Business of the Meeting		503
	To Note - Presented by Nick Mapstone		



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.

504

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 3 August 2023 at 09.30 am

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505



## 3.2. Public Board of Directors Minutes: 6 April 2023

For Assurance

Presented by Sheena McDonnell



<b>REPORT TO THE COUNCIL OF GOVERNORS - <i>Public</i></b>	REF:	<b>CoG:23/07/26/3.2</b>
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<b>SUBJECT:</b>	<b>Public Board Minutes: 6 April 2023</b>
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<b>DATE:</b>	26 JULY 2023
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<b>PURPOSE:</b>	<i>For decision/approval</i>	<small>Tick as applicable</small>	<i>Assurance</i>	<small>Tick as applicable</small>
	<i>For review</i>		<i>Governance</i>	✓
	<i>For information</i>	✓	<i>Strategy</i>	✓

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

**EXECUTIVE SUMMARY**

The minutes from Board of Directors held on 6 April 2023 provide the Council of Governors with an overview of the items of discussion, noting or agreement at the Board of Directors Meeting.

**RECOMMENDATION**

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

**Minutes of the meeting of the Board of Directors Public Session  
Thursday 6 April 2023, Lecture Theatre 1 & 2/video conferencing (zoom)**

<b>PRESENT:</b>	Sheena McDonnell	Chair
	Richard Jenkins	Chief Executive
	Bob Kirton	Chief Delivery Officer/Deputy Chief Executive
	Simon Enright	Medical Director
	Chris Thickett	Director of Finance
	Jackie Murphy	Director of Nursing & Quality
	Steve Ned	Director of Workforce
	Stephen Radford	Non-Executive Director
	Sue Ellis	Non-Executive Director
	Nick Mapstone	Non-Executive Director (via zoom)
	Kevin Clifford	Non-Executive Director
	David Plotts	Non-Executive Director
	Gary Francis	Non-Executive Director
	Hadar Zaman	Associate Non-Executive Director
	Nahim Ruhi-Khan	Associate Non-Executive Director
	Neil Murphy	Associate Non-Executive Director
<b>IN ATTENDANCE:</b>	Lorraine Burnett	Director of Operations
	Tom Davidson	Director of ICT
	Emma Parkes	Director of Communications & Marketing
	Angela Wendzicha	Interim Director of Corporate Affairs
	Graham Worsdale	Lead Governor, Council of Governors
	Lindsay Watson	Corporate Governance Manager ( <i>minute taker</i> )
	Sara Collier-Hield	Head of Midwifery, (min ref: 23/06 & 23/07)
<b>OBSERVER:</b>	Robert Lawson	Public Governor

	<b>INTRODUCTION</b>	
<b>BoD 23/01</b>	<b>Welcome and Apologies</b>  Sheena McDonnell welcomed members and attendees to the public session of the Board of Directors (BoD) meeting. A warm welcome was given to Robert Slater, Public Governor.	
<b>BoD 23/02</b>	<b>Declarations of Interest</b>  The standing declarations of interest were noted from Richard Jenkins, Chief Executive Officer, Steve Ned, Director of Workforce and Angela Wendzicha, Interim Director of Corporate Affairs for their joint roles between Barnsley Hospital NHS Foundation Trust (BHNFT) and The Rotherham NHS Foundation Trust (TRFT). Standing declarations of interest were also noted from Sue Ellis and David Plotts, who are Directors of Barnsley Facilities Services (BFS).	
<b>BoD 23/03</b>	<b>Quoracy</b>  Sheena McDonnell confirmed that the meeting was quorate.	
<b>BoD 23/04</b>	<b>Minutes of the Meeting held on 2 February 2023</b>  The minutes from the meeting held on 2 February 2023 were reviewed and approved as an accurate record of events.	

<b>BoD 23/05</b>	<b>Action Log</b>  All outstanding actions from the previous meetings were reviewed with satisfactory updates noted.	
<b>BoD 23/06</b>	<b>Patient Story</b>  Jackie Murphy introduced the patient's story which was shared via video technology, noting the patient had given her consent for the story to be heard. Sara Collier-Hield was also in attendance.  The patient shared her birth story and the experiences she had; explaining how anxious she had felt when attending the hospital and felt that her wishes, including her birth plan, were not considered or listened to. There were instances where informed consent was not carried out; one example was during birth the patient was informed that a clip was required to be placed on the baby's scalp to monitor the heart rate and ensure their well-being. This was not fully explained to the patient, and it was later apparent a screw had been inserted as opposed to the clip.  The patient felt that the care given had been impersonal and that there was a lack of empathy. There was a lack of support and guidance postnatally, in particular with regard to breastfeeding support. The patient expressed her gratitude to the member of the security team that she met on discharge; the staff member showed compassion and helped escort her out of the hospital.  Sheena McDonnell and Board members recognised the importance of communication between staff and patients, agreeing on how vitally important it is to keep the patients informed at all times. Following the experiences described, the Board was assured plans had been implemented both operationally and strategically to improve the care provided within the Maternity Department. A number of initiatives had been implemented to raise awareness in terms of respecting women's choices, additional mandatory training sessions were implemented for staff and work continues with the Maternity Voice Partnership (MVP), to listen to feedback and embrace learning with both local and national stories. The Trust will continue to ensure improvements are made to improve patients' pathways and experiences.  On behalf of the Trust, Sheena McDonnell acknowledged how stressful and distressing this was for the patient and her family, and sincerely thanked her for sharing the powerful and moving story. The Board also expressed their appreciation in having the confidence to share her experiences.	
<b>BoD 23/07</b>	<b>Maternity Services Board Measures Minimum Data Set</b>  <i>The agenda was slightly taken out of order.</i>  Sara Collier-Hield introduced the report which was noted and received by the Board. Arising from the report the following key points were highlighted: <ul style="list-style-type: none"> <li>• One new case had been notified to the Perinatal Mortality Review Tool (PMRT), no new cases were referred to Healthcare Safety Investigation Branch (HSIB).</li> <li>• One new Serious Incident (SI) had been declared in February; relating to a</li> </ul>	

	<p>preterm birth in the Emergency Department (ED). There are two ongoing High Level Reviews (HRLs) and one ongoing SI; all of which are complete and awaiting approval by the quadrumvirate.</p> <ul style="list-style-type: none"> <li>• Nine incidents were graded as moderate harm or above; four related to postnatal readmission, no initial themes had been identified.</li> <li>• Training Compliance: Due to operational pressures and sickness, Practice Obstetric Multi-Professional Training (PROMPT) was postponed; all staff have been reallocated training dates. Fetal monitoring compliance with the competency assessment for midwifery staffing is reported above 90% and 100% for Consultants.</li> <li>• Safe staffing: Current midwives vacancy rate is 4.34 wte, 5.4 positions have been offered but as yet, staff have not commenced in post. There are currently 5.64 wte maternity leave and sickness absence reported at 7.9%. The six-monthly Midwifery Staffing Report will be presented to the Board next month which will provide a full update on the staffing position. Consultant interviews have been held; a verbal offer was made and confirmation is awaited.</li> <li>• Maternity Dashboard: Improvements are seen for women booking less than 10 weeks gestation.</li> <li>• Continuity of Carer (CoC): The Trust has been chosen as one of three sites to take part in a service evaluation. The Head of Midwifery is to attend a workshop at City University Hospital on 18 April 2023.</li> <li>• Clinical Negligence Scheme for Trusts (CNST) was endorsed by the BoD on 5 January 2023, confirmation is awaited that the Trust has fulfilled the requirements.</li> <li>• There are currently six out-of-date guidelines, as compared to 50 this time last year. Following a request made by the Quality &amp; Governance (Q&amp;G) Committee, a detailed breakdown will be provided at the next Committee in April 2023.</li> </ul> <p>In response to a query regarding the effectiveness of the return to work interviews; Sara Collier-Hield assured the Board full discussions are held at the monthly CBU Governance meetings, noting there is a vast amount of pastoral and health and well-being support available for staff.</p> <p>A question was raised regarding the NHS three-year delivery plan which sets a target to reduce deaths by half as compared to previous data; how is the Trust performing against these targets? <b>Action:</b> data to be included in the next report.</p> <p>With regards to the Friends and Family Test (FFT) responses, reference was made to the breastfeeding rate at discharge, currently reported at 55% against a target of 75%. Sara Collier-Hield informed a number of initiatives had been implemented to ensure improvements are made, including the addition of an Infant Feeding Midwife to support the implementation of the feeding strategy, along with encouraging skin-to-skin contact at birth. The Board was made aware that further funding is available within the Borough to support the initiative, this is currently being reviewed to confirm the amount available for the Trust.</p>	SCH
	<b>CULTURE</b>	
BoD 23/08	<p><b>NHS Staff Survey 2022</b></p> <p>Steve Ned presented the final NHS Staff Survey Results for 2022, as received from the National Staff Survey Co-ordinator Centre, following national publication</p>	

	<p>on 9 March 2023. The results are reported against the seven People Promise elements and against two of the themes reported in the previous years; Staff Engagement and Morale. The people promise elements are: We are compassionate and inclusive; We are recognised and rewarded; We each have a voice that counts; We are safe and healthy; We are always learning; We work flexibly and We are a team.</p> <p>A total of 2,092 completed questionnaires had been returned, with a response rate of 56%. The Trust is benchmarked against 124 Acute and Acute/Community Trusts Group, with a median response rate of 44%. A higher than average score was achieved in all People Promise elements and the two additional themes. In two areas; We work flexibly and We are a team, the Trust scored the best overall within the comparator group. Out of nine themes measured, the Trust was above average for all categories which is a remarkable achievement given the operational pressures and challenges faced, providing an opportunity to celebrate the success.</p> <p>The results were shared internally with the Executive Team (ET), Senior Leaders and the People Committee. At the Senior Leaders session, discussions were held on compassionate leadership to encompass themes as to how the Trust can improve further as an organisation.</p> <p>A question was raised as to what key areas the Trust needs to focus on following receipt of the survey; Steve Ned informed of a national deterioration in staff feeling unrewarded. An action plan has been implemented, aligned to the key themes, that identifies areas where additional support is required, noting each area has been allocated an Executive Director as the responsible lead.</p> <p>On behalf of the Board, Sheena McDonnell welcomed the progress that was being made and noted the fantastic results of the 2022 NHS National Staff Survey. The Board acknowledged and thanked colleagues across the Trust for their hard work and support during a difficult and challenging period.</p>	
	<p><b>ASSURANCE</b></p>	
<p><b>BoD 23/09</b></p>	<p><b>People Committee Chair's Log</b></p> <p>Sue Ellis presented the chair's log from the meeting held on 28 March 2023 which was noted and received by the Board. A number of reports were presented including; the six-monthly Guardian of Safe Working Hours, Annual Employee Relations and a verbal update on the current industrial action position.</p> <p>The Board was made aware, due to changes in the Freedom to Speak up Guardian, the report will be presented at the June meeting.</p> <p>In response to a comment raised regarding culture; Sue Ellis informed the Head of Leadership &amp; Organisational Strategy is currently working on developing an Organisational Department Strategy, and suggested including this on a future Board Strategic Focus Session. <b>Action:</b> add to the Strategic Session work plan.</p>	<p>LJW</p>
<p><b>BoD 23/10</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 22 February and 29 March 2023 which were noted and received by the Board. A number of reports had been presented including the Quality Account Requirements for</p>	

	<p>2022/23, Patient Experience, Engagement and Insight Group (PEEIG) Always Events Update and the annual Safeguarding Report.</p> <p>The Committee had held a wide-ranging discussion given the operational pressures and staffing challenges currently experienced. This included staffing shortages and challenges to recruit, additional pressures faced as a result of high patient acuity and the impact of the recent industrial action by a number of professionals. The Board was informed no harm had been caused to patients and assurance was provided that the quality implications are being closely monitored by the Committee, escalating any concerns as appropriate.</p>	
<b>BoD 23/11</b>	<p><b>Finance and Performance Committee Chair's Log</b></p> <p>Stephen Radford presented the chair's logs from the meetings held on 23 February and 30 March 2023 which were noted and received by the Board. A number of reports were presented including benefits realisation reports on the Community Diagnostic Centre (CDC)/Electronic Patient Record (EPR) Replacement; Bed Configuration 2023/24 Business Case (BC) and the 2023/24 Financial Plan.</p> <p>The Committee received and approved the BC, which will provide an additional 40 beds with the ability to flex capacity up to 56 beds. An update will be provided to the Board at the Strategic Session in May. <b>Action:</b> add to the Strategic Session agenda for 4 May 2023.</p> <p>Gary Francis and Hadar Zaman noted their support of the additional beds, commenting from an Infection Prevention &amp; Control (IPC) perspective; this would create a suitable facility for decamping in terms of patient safety and quality of care.</p> <p>Nick Mapstone was also in support of the BC however commented this may present a financial risk. Chris Thickett advised following a review of the ways of working and costs in the system, this identified a number of areas where capacity could be increased. All costs are being monitored through the Efficiency Productivity Programme Group (EPPG), with involvement from Executive Team (ET) and Clinical Business Units (CBUs).</p>	LJW
<b>BoD 23/12</b>	<p><b>Barnsley Facilities Services Chair's Log</b></p> <p>Sue Ellis presented the chair's log from the meetings held in February and March 2023 which were noted and received.</p> <p>The Board was pleased to hear Darren Nunn, Portering Manager was presented with the Unsung Heroes Award. The Board formally acknowledged and congratulated Darren Nunn on this achievement.</p> <p>The Board also noted Rob McCubbin, who had been appointed as the Managing Director for BFS, is due to commence in post on 10 April 2023.</p>	
<b>BoD 23/13</b>	<p><b>Executive Team Report &amp; Chair's Log</b></p> <p>Richard Jenkins presented the chair's log from the ET meetings held throughout February and March 2023, advising no matters required escalation to the Board.</p>	
	<b>PERFORMANCE</b>	
<b>BoD</b>	<b>Integrated Performance Report (IPR)</b>	

23/14

Lorraine Burnett introduced the IPR for February 2023 which provided an overview of performance and challenges throughout the Trust. The Trust continued to experience a number of operational and staffing challenges, along with the impact of the recent Royal College of Nursing (RCN) and British Medical Association (BMA) industrial action.

**Performance:** The Trust continues to not meet the constitutional standards that were in place pre-Covid-19. However, a number of internal key objectives for the year had been set in terms of recovery which had all been achieved. There are currently no patients waiting in excess of 78 weeks, 62-day cancer had significantly reduced to less than 40 and diagnostic waits are noted to have reduced, reported at just above the target of 5%.

Performance against the four-hour standards is reported at 60%, a combination of type 1 – 3 performance. In response to a query raised regarding the performance types; Lorraine Burnett explained as the Trust can only deliver against type 1 performance (a Consultant led 24-hour service with full resuscitation facilities and accommodation for the reception of Accident and Emergency (A&E) patients) when comparing against this data set, the Trust is in the top quartile, 41 out of 110 providers.

David Plotts commented on the number of patients waiting over 52 weeks, currently reported at 110; he asked how realistic it is for the Trust to reduce this to zero. Lorraine Burnett advised a large amount of work is ongoing with the CBU triumvirates to reduce the recovery plan, advising work is ongoing with partners in South Yorkshire to consider the options for mutual aid, to help reduce the long waits.

Richard Jenkins stated it would be disappointing for the Trust not to achieve this target by the end of March 2023 and informed that pre-pandemic, there was no 52-week breaches.

Nick Mapstone referenced the recent team brief session which highlighted the “back to basics project”, and was interested to hear the process underpinning this project, along with management arrangements in place to deliver. Lorraine Burnett provided a brief overview of the initiatives in place to improve performance; including the implementation of weekly meetings with ED to gain an understanding of the things impacting performance.

Bob Kirton raised the importance of ensuring all CBU colleagues are aware and understand the Trust acknowledges the pressures they are facing. The Board was informed ET is committed to working together to provide adequate health and well-being support to colleagues and to ensure patient safety/high quality of care is maintained.

In response to a query regarding the General Practitioners (GPs) in ED; Lorraine Burnett confirmed GP presence has been available in ED for a while, which is provided jointly with the GP Federation. A working group is taking place in Barnsley to review the pathways to see if anything further can be implemented to prevent type 3 attendances, (minor injury units/walk in centres) at the Trust.



	The Board noted and received the report.	
<b>BoD 23/15</b>	<p><b>Trust Objectives 2023/24</b></p> <p>Bob Kirton presented the Trust Objectives for 2023/24, which had been aligned to the six 'best for' strategic goal priorities as set out in the Trust Strategy.</p> <p>A large amount of engagement work had been undertaken with Senior Leaders, Council of Governors (CoG) and the ET, to outline specific objectives for the coming year; setting out the ambitions and SMART metrics, actions and milestones by which these will be delivered and measured.</p> <p>Once approved, these will be communicated internally and externally through the usual methods including Trust-wide posters, the hub/external sites, social media and the Barnsley Hospital News. They will be launched at Team Brief and presented to all key stakeholders including Trust Governors, local partners and at external stakeholder meetings. The objectives will also be incorporated into the annual appraisal process to support discussions between staff and line managers.</p> <p>Bob Kirton acknowledged and thanked Gavin Brownnett, Associate Director of Strategy and Planning for his support.</p> <p>The Board received and formally ratified the Trust Objectives for 2023/24, and received the report as an assurance of progress in the development of the Trust Objectives.</p>	
	<b>GOVERNANCE</b>	
<b>BoD 23/16</b>	<p><b>Board Assurance Framework (BAF)/Corporate Risk Register (CRR)</b></p> <p>Angela Wendzicha introduced the BAF and CRR providing an update on the latest position, informing both documents had recently been presented at the ET meeting and Assurance Committees. Arising from the report the following key points were raised:</p> <p><b>BAF:</b> There are currently two extreme risks (15+) and six high-level risks (12+). The Board was made aware of a new risk; risk 2845 regarding the inability to improve the financial stability of the Trust over the next 2 to 5 years, which had been scored at 16.</p> <p>The Head of Internal Audit recently highlighted gaps in the BAF risks relating to the Strategic Objective 'Best for Planet'. After discussion at the Risk Management Group (RMG) and the Sustainability Group, the ask of the BoD is to consider the addition of a potential new risk regarding the inability to achieve the net zero emissions target by the interim date of 2028-2032.</p> <p><b>CRR:</b> One new risk has been added since the last presentation; risk 2773 regarding the risk of industrial action. Following review, the risk has been increased from 12 to 15.</p> <p>Two risks had been de-escalated; risk 2813 regarding the current maternity information systems do not readily provide the information required for dashboards and external reporting, and risk 2825 regarding the risk to patient safety due to the lack of mobile signal on the Respiratory Care Unit</p>	

	<p>The Board was made aware the Strategic Focus Session scheduled on 4 May 2023 will include a risk appetite session, which will be co-presented with 360 Assurance. Following a wide-ranging discussion, the following was noted:</p> <ul style="list-style-type: none"> <li>• The Board received and approved risk 2845 regarding future financial stability to be added to the BAF.</li> <li>• The Board received and approved risk 2773 regarding industrial action to be added to the CRR.</li> <li>• The addition of the potential risk, regarding the Trust's ability to reach net zero emissions target, linked to the Strategic Objective 'Best for Planet', would be deferred for discussion at the Strategic Session in May. <b>Action:</b> discuss at the strategic session on 4 May 2023.</li> </ul>	AW
<b>BoD 23/17</b>	<p><b>Annual Submission of the Board of Directors Conflicts of Interest Register</b></p> <p>Angela Wendzicha presented the Annual Register of Interests for the Board of Directors for 2022/23.</p> <p>Following a discussion on the annual declarations of interest submission, a few minor amendments were required. Subject to these, the document was received and ratified by the Board. A revised register will be circulated following the amendments. <b>Action:</b> register to be circulated to Board colleagues.</p> <p>In accordance with NHS England Guidance, the register is available on Civica Declare; an online portal for the declaration of Gifts, Hospitality, Commercial Sponsorship and Conflicts of Interest; <a href="https://mydeclarations.co.uk">Declarations (mydeclarations.co.uk)</a>. The declaration section displays a list of declarations, which can be filtered and viewed as required.</p>	LJW
	<b>BUSINESS CASE/BENEFITS PAPER</b>	
<b>BoD 23/18</b>	<p><b>Electronic Patient Record (EPR) Replacement Medway Benefits Realisation Report</b></p> <p>Bob Kirton introduced the report providing an overview of benefits and successes for the Trust following the implementation of EPR. The overall report is positive noting progress made with all projects was successfully delivered with the exception of the single digital record benefits. This will be delivered in August 2023 with the implementation of clinical workspace.</p> <p>The Board noted and received the updates, acknowledging all colleagues involved for their hard work and support.</p>	
<b>BoD 23/19</b>	<p><b>Barnsley Glassworks Community Diagnostics Centre Phase 1 Benefits Realisation Report</b></p> <p>Bob Kirton introduced the report which provided an overview of benefits for the Trust. The benefits of the centre include additional capacity on site for the 2 week wait appointments, in-patient imaging to support patient flow and discharge and support for the recovery process across the organisation and the region. The business case for Phase 2 of the project had been submitted and approved in October 2022, which is underway.</p> <p>The Board formally acknowledged and thanked all partners, Barnsley Facilities Services and all colleagues involved with the project, for their hard work and continued support to the Trust.</p>	

	<b>FOR INFORMATION</b>	
<b>BoD 23/20</b>	<p><b>Chair's Report</b></p> <p>Sheena McDonnell introduced the Chair's report which provided a summary of events, meetings, publications and decisions that require bringing to the attention of the Board. The report referenced the opening of the new ITU, CDC and welcomed four new Governors to the Trust.</p> <p>The Board noted and received the report.</p>	
<b>BoD 23/21</b>	<p><b>Chief Executive Report</b></p> <p>Richard Jenkins presented the Chief Executive's Report providing information on several internal, regional and national matters that had occurred following the last Board meeting.</p> <p><b>Industrial action:</b> The next Junior Doctors (JD) industrial action is planned to take place from 7.00 am Tuesday 11 – 7.00 am Saturday 15 April 2023. This period covers 96 hours days/nights, immediately after a Bank Holiday. Although the Trust will face significant disruptions, the Board was assured robust plans are being implemented to mitigate the risks to ensure patient safety and quality of care are maintained, despite no areas of derogation.</p> <p>Simon Enright advised minor amendments are being made to the plans and approach taken during the last industrial action in March 2023. Staffing levels have been reviewed pre/post-industrial action and additional staffing had been put in place. The Gold and Silver Tactical Command meetings will be reinstated.</p> <p>The Board was made aware during the last strike, patient safety and the flow of patients through the Hospital were maintained. No safety issues had been raised at the weekly Patient Safety Panel (PSP). A strike planning meeting had been held earlier this morning, where representatives from each CBU provided an overview, noting safe staffing levels are reported despite challenging times:</p> <ul style="list-style-type: none"> <li>• CBU1: reported adequate rota cover for days/nights.</li> <li>• CBU2: elective activity will be cancelled; cancer and urgent trauma lists will be maintained.</li> <li>• CBU3: despite challenges with staffing due to annual leave, rotas are reported at minimal levels, no concerns to escalate.</li> </ul> <p>The Trust acknowledged the levels of support offered by a number of non-medical clinical colleagues including Nurse Practitioners, Pharmacy and Physician Associates.</p> <p>In response to a question regarding the impact on out-patient appointments; Lorraine Burnett advised activity will be cancelled only when necessary, noting priority appointments such as cancer, 2-week waits, patients will be seen within the timeframe.</p> <p>Emma Parkes confirmed the Communications Team will be providing information both internally/externally, via social media platforms, GP Colleagues as well as at a regional level at the ICB. The Board was made aware this may cause a</p>	

	<p>significant amount of media and political attention. Simon Enright informed a request had been made recently at the Q&amp;G Committee, for an analysis/debrief to be undertaken, capturing the lessons learned from these unique events. This request had been upheld, and an update will be provided to the Committee in due course. The report will also be presented to the Board for information. <b>Action:</b> add to the work plan.</p> <p>Despite the Trust not being as safe as normal times due to the inevitable reduction in staff, creating a greater degree of risk, the Board was assured adequate planning is in place to ensure patient safety and care is maintained as much as possible.</p> <p>Sheena McDonnell, on behalf of the Board, thanked the ET and Senior Leaders for their support during these unprecedented times.</p>	LJW
<b>BoD 23/22</b>	<p><b>Intelligence Report</b></p> <p>Emma Parkes presented the intelligence report which provided an overview of NHS Choices reviews, reviews of strategic developments and national/regional initiatives.</p> <p>David Plotts commented on the opening of the new Intensive Care Unit (ICU) and congratulated the Communications Team for publicising the event. In response to a query regarding promoting the Trust as an attractive place to work; Emma Parkes informed work is underway to revamp the website, which includes improvements to the way communication messages are published. As part of the Annual General Meeting (AGM) in September, this will form part of the celebrations.</p> <p>Sheena McDonnell noted work is ongoing to develop supplemental information, promoting the benefits of working at the Trust.</p>	
<b>BoD 23/23</b>	<p><b>Barnsley Integrated Care Partnership Group (ICPG) (Verbal)</b></p> <p>Bob Kirton provided a verbal update with regards to the ICPG. The Integrated Care Board (ICB) Strategy was launched at the end of March 2023 and is now available within the public domain. The strategy had been established by an engagement approach with communities and partners, with a particular focus on health and well-being. Further information is available on the Barnsley Metropolitan Borough Councils' (BMBC) website.</p>	
<b>BoD 23/24</b>	<p><b>Acute Federation (AF) Update</b></p> <p>Richard Jenkins provided a verbal update on the recent progress of the AF. The key focus of work is to review the priorities for the year ahead and the development of a Clinical Strategic Framework. Upon completion, this will be presented at a future Strategic Focus Session. <b>Action:</b> add to the Strategic Focus Session work plan.</p>	LJW
<b>BoD 23/25</b>	<p><b>Integrated Care Board (ICB) Update including Chief Executive Report</b></p> <p>The South Yorkshire ICB update from the Chief Executive had been included for information.</p>	
<b>BoD 23/25</b>	<p><b>2023/24 Work Plan</b></p> <p>The annual work plan, which sets out the work structure for the year ahead, was</p>	

	included for information purposes. <b>Action:</b> updates will be made to the Freedom to Speak Up Guardian.	LJW
	<b>ANY OTHER BUSINESS</b>	
<b>BoD 23/26</b>	<p><b>Questions from the Governors regarding the Business of the Meeting</b></p> <p>On behalf of the Council of Governors (CoG), Trust Members and Constituents, Graham Worsdale, as Lead Governor raised the following questions/comments:</p> <p><b>Maternity Services Board Minimum Data Set - Serious Incident declared in February 2023:</b> The Board was asked, given the recent media coverage focussing on maternity services and concerns on excess deaths, can the Trust provide assurance this will not occur in Barnsley. Jackie Murphy advised a number of mitigations had been implemented including immediate learning and actions identified following the SI and the establishment of a Maternity and Neonatal Transformation Group. Weekly meetings are held with the Maternity Team to review the incidents considered as moderate harm or above, which are scrutinised on a case-by-case basis and escalated as appropriate. All SIs are also discussed and reviewed at the weekly PSP, attended by the Director of Nursing &amp; Quality and the Medical Director along with a number of other internal professional bodies.</p> <p>Kevin Clifford informed every incident is referred and reviewed by HSIB, along with quarterly meetings taking place.</p> <p><b>Pressure Ulcer/Falls increase:</b> Can assurance be provided the Trust is taking the appropriate action to the reported increase? Kevin Clifford advised regular reports are presented at the Q&amp;G Committee where the increases and concerns are actively monitored, advising any concerns are escalated to the Board as appropriate. Data reported at the meeting last month had shown an improving position.</p> <p>The Trust had undertaken a deep dive on a number of quality metrics which identified a number of concerns around pressure ulcers, skin damage, falls and IPC. This indicates the Trust is not able to provide an exemplary level of care and as a Trust, we aim for outstanding. As a result of this, Jackie Murphy informed Quality Forums had been established to look in depth at the concerns identified.</p> <p><b>CDC Visit:</b> Graham Worsdale advised the CoG have a visit arranged, the invitation was opened up to BoD.</p> <p>The Board thanked Graham Worsdale and the CoG for the questions raised at the meeting today.</p>	
<b>BoD 23/27</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 for the attention of the Board.</p>	
<b>BoD 23/28</b>	<p><b>Date of next meeting</b></p> <p>The next meeting of the Board of Directors Public Session will be held on Thursday 1 June 2023, at 9.30 am.</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.	
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## 4. Updates from Partner Governors

To Note

## 4.1. Partner & Local Authority Governor

Feedback:

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

To Note



## 4.2. Issues Raised by Governors

To Note

Presented by Sheena McDonnell

## 5. Governor Engagement

5.1. Update regarding Chilypep -  
presented by Rob Lawson/Tom Wood

## **Barnsley Hospital Governors, Patient Experience team and Young Commissioners session**

**On 11th May 2023, Barnsley Young Commissioners (ESCAPE) had a visit from the Barnsley Hospital Governors and Patient Experience team.**

**The Governors are individuals who volunteer their time to the Barnsley Hospital Governor role. They represent at Counsellor Governor level. A Governor's role is to hold the Trust's non-executive directors to account for the performance of the board and to represent the interests of members and the Barnsley public.**

- Having a say in the hospital's future plans**
- Improving access and patient communications**
- Providing consultation and involvement**
- Focusing on environmental issues and hospital resources**

**The aim was for the Hospital Governor volunteers and Patient experience team to build effective partnership and understand young people's experiences around accessing services at Barnsley Hospital, mental health and health through planned activities and informal discussions.**

**The Patient Experience Team listens to service users about the issues they may face when attending the hospital and/or Community Diagnostic Centre (based in Glassworks in the town Centre) and work with services across these areas to make improvements where they can.**

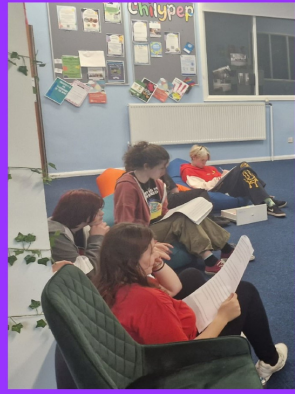
**The session started with introductions (names and pronouns) and then an icebreaker.**

**We then heard from Cassidy who shared her experience of care with us. After this Kenzie facilitated a presentation around the mental health first aid kit and what their own kit includes in relation to things that support their mental health.**

**After this, we had a dinner break as the pizza had already arrived!**

**Following the pizza break, the Governors, Patient experience team and Young Commissioners regrouped for the second half of the session, where we did the 'In My Shoes' activity. In this activity, volunteers and young people sat in a circle and took turns reading real-life, anonymised experiences that young people have had with local mental health services in Barnsley.**





**"Thanks very much for last week. All who attended really enjoyed it, as did I"**  
**Andrea Spencer,**  
**Membership and Engagement Officer**



Join us today, have your say.~





**General topics young people discussed around their health and mental health experiences at Barnsley Hospital:**

**Bed space for carers**

**Discharge letters not being sent or lost which meant lots of following up**

**Person centered approach to care**

**Cross over of children's to adult ward at 18 and feeling better placed on the Children's ward**

**Blood tests to take place prior to suggesting anxiety for heart palpitations, and work with the patient to understand why it may be anxiety**

**It was important for things such as ADHD to be recognised by professionals prior to waiting for diagnosis and that a supportive approach around this can be considered if young people are in hospital for other health and mental health related issues**

**Young Commissioners gave the Governor's and Patient Experience team a copy of their most recent consultation report. This can be downloaded here: <https://chilypep.org.uk/young-peoples-training-resources/mental-health-emotional-wellbeing/>**

**The Mental Health Nursing consultation report will be included in the next Council of Governors meeting which is scheduled for the 26 July 2023. Governor's Tom and Rob will also update the council regarding their meeting at Chilypep.**

**Discussions around the Young Commissioners assessing the Barnsley Children's A&E and Haven room under the You're Welcome Standards took place.**

## 6. Information Only

# 6.1. Integrated Performance Report (May 2023)

To Note

Presented by Sheena McDonnell





<b>REPORT TO COUNCIL OF GOVERNORS</b>		<b>REF:</b>	<b>COG: 23/07/26/6.1</b>	
<b>SUBJECT:</b>	<b>Integrated Performance Report: May 2023</b>			
<b>DATE:</b>	26 July 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>	<b>Lorraine Burnett - Director of Operations</b>			
<b>SPONSORED BY:</b>	<b>Bob Kirton – Chief Delivery Officer</b>			
<b>PRESENTED BY:</b>	<b>Lorraine Burnett - Director of Operations</b>			

**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**

There have been 3 bank holiday weekends in May which has impacted on planned activity, with Mondays typically being busy days for theatre and diagnostic activity.

**Patients:**  
 The number of falls is average and all areas remain with normal variation within their SPC charts with the exception of DCU.  
 There were six harmful falls, moderate or above. Three harmful falls occurred on ward 21.

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 three serious incidents declared in the month.  
 – sub-optimal care of a deteriorating patient (incident occurred in April 2023)  
 – potentially avoidable inpatient fall resulting in a fractured neck of femur (incident occurred in March 2023)  
 – Hospital acquired infection (incident occurred in May 2023)

There were two incidents involving death.  
 One incident regarding hospital-acquired C-difficile; this is recorded as a cause of death. Duty of candour has commenced and an investigation is underway.  
 One incident involving a cardiac arrest. Duty of candour has commenced and an investigation is underway.

There were four incidents resulting in severe harm.  
 Three inpatient falls; two resulted in a fractured neck of femur and one resulted in a fractured hip. Duty of candour has commenced in all events and investigations are underway. One maternity incident involving an intrauterine fetal death. Following discussion at the Trust's Patient

Safety Panel; it was concluded that the incident would be investigated via the Serious Incident process. The family have been informed and are happy to be involved in the investigation.

#### Infection control

- There were no hospital acquired MRSA Bacteraemia identified during May 2023.
- Three cases of hospital acquired Clostridioides difficile were identified during May 2023, these were attributed as follows:
  - 1 case attributed to the Short Stay Unit.
  - 1 case attributed to the Intensive Care Unit.
  - 1 case attributed to the Acorn Rehabilitation Unit

#### People:

##### Appraisal

Data shown is reporting on the second month in the new appraisal window.

##### Turnover

The Trust compares favourably to the ICB and nationally remains within the first quartile for nurses, AHPs and support to nurses

##### Sickness

High 4% Long term sickness absence. Trust sickness absence performance is 4th out of 5 acute trusts in the ICB.

##### Mandatory Training

Overall compliance has remained fairly static. 91 training DNA's in May. Actions New AfC pay step progression process launched in April 2023 should help improve compliance as staff eligible for uplift must be compliant

#### 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 78.7% against the England performance of 60.4%. the 'back to basics' campaign is supporting improvements and all staff are reminded of the need to reduce the waits in the emergency department.

##### RTT

73.4% performance which benchmarks well against other providers in England. There are 34 patients waiting 65-weeks and above, of these 15 have confirmed TCI dates. The majority of 52+ week waits sit in T&O (85), Orthodontics (49), OMFS (51) and General Surgery (26).

##### Diagnostics

Barnsley performance is 5.8% of patients waiting longer than 6 weeks for a diagnostic test with England performance in April (latest published data) at 27.6%

##### Cancer

The trust is delivering the 28 day faster diagnosis above the national target.

In April the trust achieved the 62 day GP referral to treatment target

The number of patients on the cancer waiting list above 62 days continues to reduce. As at w/b 19<sup>th</sup> June there were 3 patients above 104 days and 34 patients above 62 days.

#### Finance

As at month 2 the Trust has a consolidated year to date deficit of £1.273m against a planned deficit of £1.750m giving a favourable variance of £0.477m.

Total income is £0.579m adverse to plan, mainly due to the under performance on the non-ERF variable elements of NHS clinical income contracts, with non-NHS clinical income also under performing

Cash balances have decreased from last month by £1.112m and is £1.192m below plan, both of which are mainly due to timings of payments to creditors, capital programme and receipt of NHS income.

Capital expenditure for the year is £0.782m, which is £0.652m below plan.

### **Elective Recovery**

A detailed paper was reported to Finance & Performance committee this month. The trust continues to deliver on the national operational priorities related to reduction in long waits. Further work is planned to increase the overall activity levels in day case, inpatient electives and first outpatients as current levels are below the 103% that was included in 2023/24 planning guidance. However these levels are currently affected by ongoing industrial action and the need to prioritise urgent and emergency care.

### **RECOMMENDATIONS**

To approve the Integrated Performance Report for May 2023.



# Barnsley Hospital Integrated Performance Report

Reporting Period: May 2023

## Assurance



Consistently  
hit  
target



Hit and miss  
target subject  
to random



Consistently  
fail  
target

## Performance



Special Cause  
Concerning  
variation



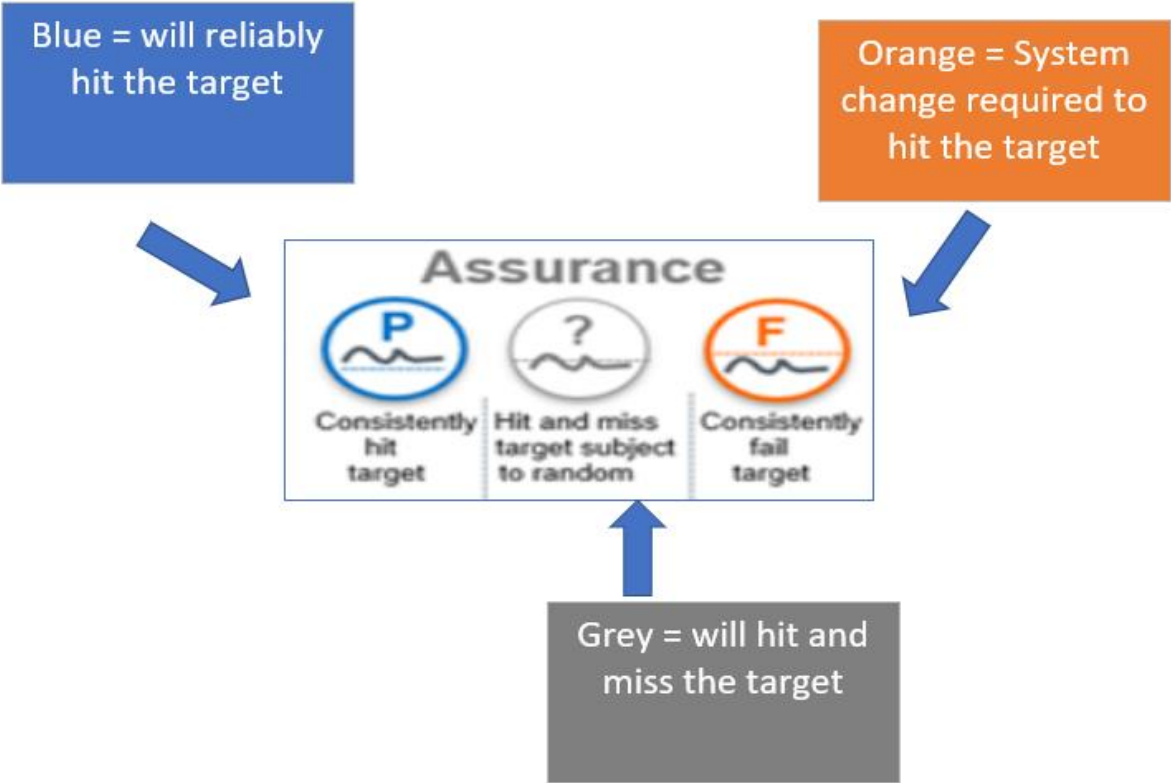
Special Cause  
Improving  
variation



Common  
Cause

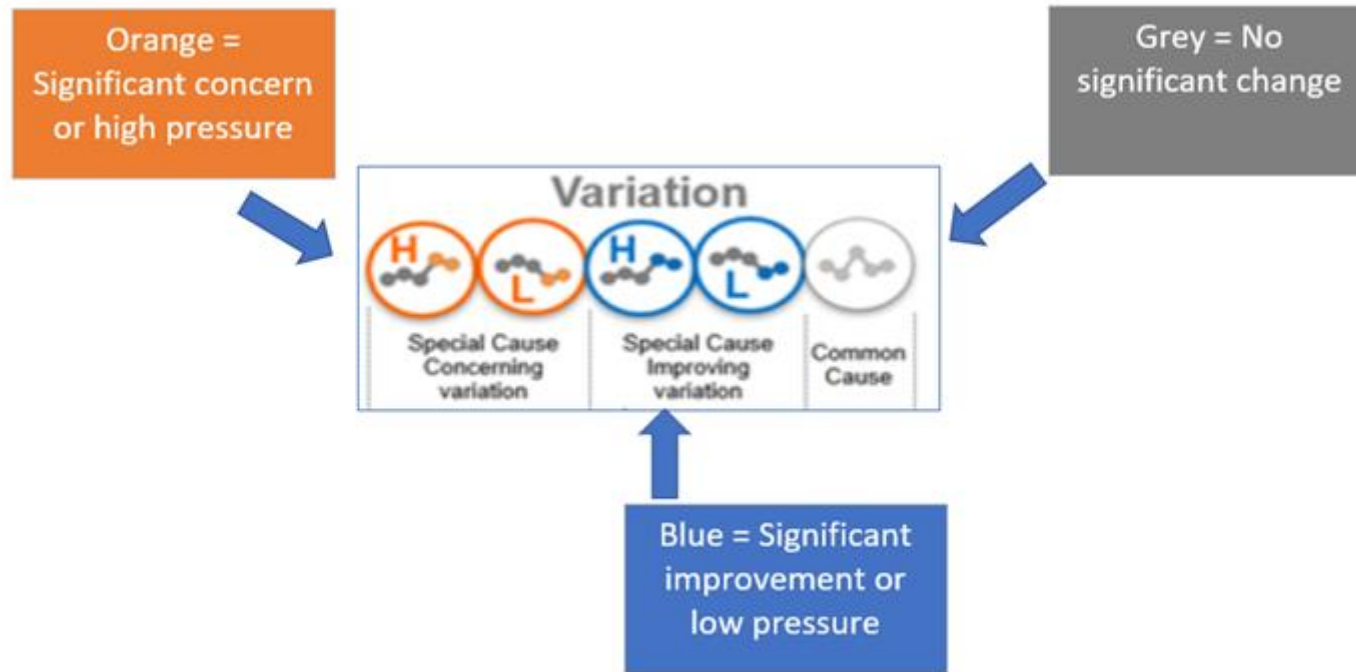
# High Level Assurance

## Can we reliably hit the target?



# 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).

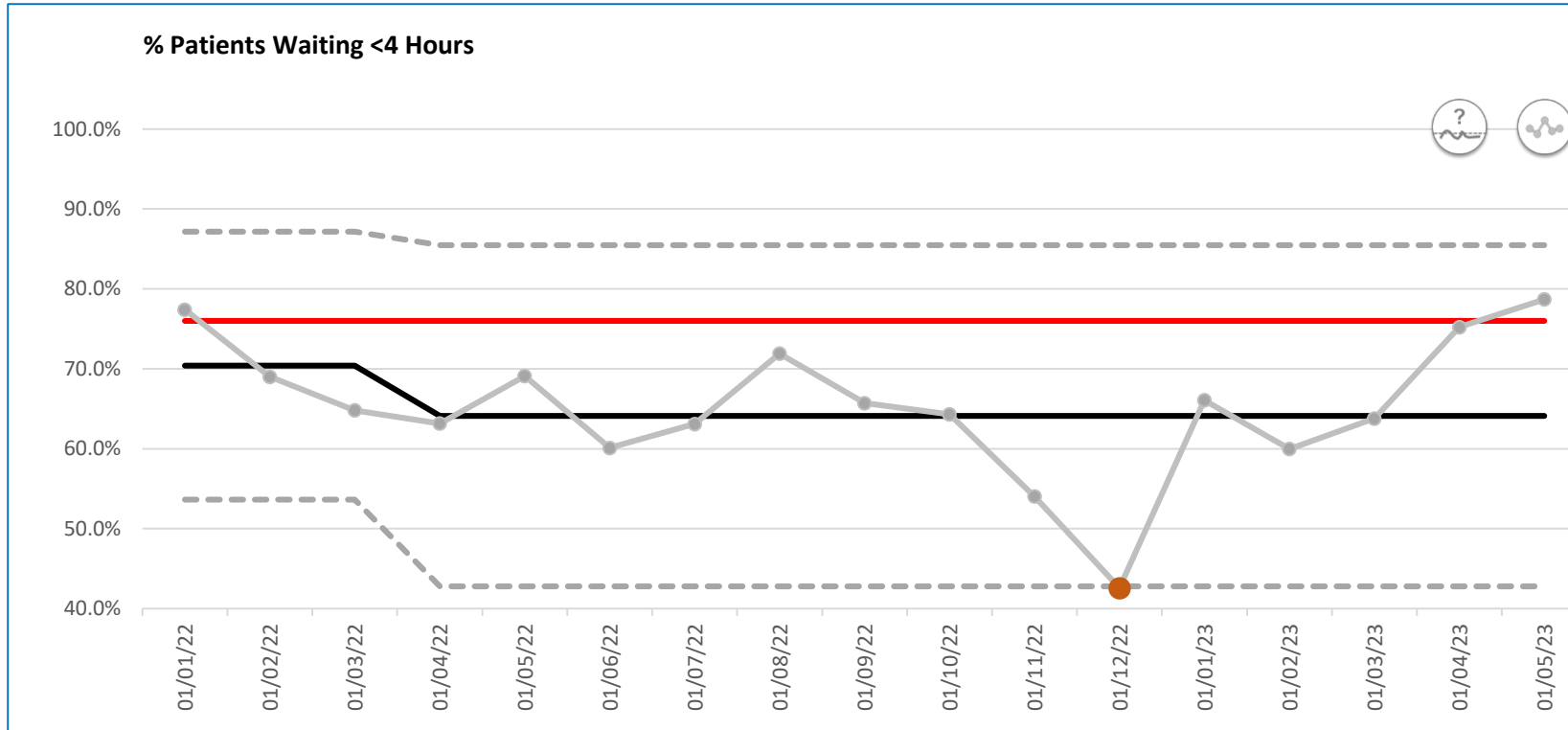
**Means and process limits are calculated from the most recent data step change.**

KPI	Latest month	Measure	Target	Assurance	Performance	Mean	Lower process limit	Upper process limit
Serious Incidents	May 23	3	0			2	-2	6
Incidents Involving Death	May 23	2	0			1	-2	5
Incidents Involving Severe Harm	May 23	4	0			2	-2	6
Never Events	May 23	0	0			0	0	0
Falls	May 23	107	90			101	71	132
Falls Resulting in moderate harm or above	May 23	6	21			2	-3	7
Pressure Ulcers category 2 (Lapses in care)	Apr 23	14	4			12	2	23
Pressure Ulcers category deep tissue Injury	Apr 23	2	4			6	-1	14
Hand washing	May 23	91%	95%			96%	85%	108%
Q - Hospital Acquired Clostridioides difficile	May 23	3.0	2.8			3.5	-3.5	10.5
Q - Hospital Acquired MRSA Bacteraemia	May 23	0	0			0	0	1
Number of complaints	May 23	26				24	4	45
Complaints closed within standard	May 23	61.9%	90.0%			68.6%	36.1%	101.2%
Complaints re-opened	May 23	0	0			0	-1	2
FFT Trustwide Positivity	May 23	96.9%				90.7%	83.0%	98.4%

KPI	Latest month	Measure	Target	Assurance	Performance	Mean	Lower process limit	Upper process limit
% Patients Waiting <4 Hours	May 23	78.7%	76.0%			64.1%	42.8%	85.5%
RTT Incomplete Pathways	Apr 23	73.4%	92.0%			78.9%	75.8%	82.0%
RTT 52 Week Breaches	Apr 23	180	0			102	72	133
RTT Total Waiting List Size	Apr 23	21550	14500			19246	18161	20332
% Diagnostic patients waiting more than 6 weeks	May 23	5.8%	1.0%			11.0%	0.5%	21.5%
% Cancelled Operations	May 23	0.7%	0.8%			0.8%	-0.2%	1.9%
DNA Rates - Total	May 23	7.4%	6.9%			8.3%	7.0%	9.6%
Average Length of Stay - Elective - Spell	May 23	3.0	3.5			3.1	1.9	4.3
Average Length of Stay - Non-Elective - Spell	May 23	3.7	3.5			3.8	3.2	4.3
Bed Occupancy General and Acute % Overnight	May 23	95.8%	85.0%					
Staff Turnover	May 23	10.9%	12.0%			11.8%	11.2%	12.4%
Appraisals - Combined	May 23	27.8%	90.0%			62.0%	12.9%	111.1%
Mandatory Training	May 23	87.3%	90.0%			87.2%	85.1%	89.2%
Sickness Absence	May 23	5.5%	4.5%			6.2%	4.6%	7.8%

KPI	Latest month	Measure	Target	Assurance	Performance	Mean	Lower process limit	Upper process limit
Theatre Utilisation - Main	May 23	83.8%	90.0%			82.9%	77.8%	88.0%
Theatre Utilisation - Day	May 23	77.4%	90.0%			73.4%	64.5%	82.3%
Theatre Utilisation - Trauma	May 23	90.9%	90.0%			87.7%	74.4%	101.0%
BADS	May 23	92.6%	90.0%			85.9%	79.0%	92.8%
Total Number of Ambulances	May 23	2047	-			1989		
% Less than 30 mins	May 23	90.7%	95.0%			71.4%		
% Greater than 30 mins	May 23	5.1%	-			13.6%		
% Over 60 mins	May 23	1.2%	-			6.0%		

KPI	Latest month	Measure	Target	Assurance	Variation	Mean	Lower process limit	Upper process limit
All Cancer 2 Week Waits	Apr 23	91%	93%			93%	85%	100%
Breast Symptomatic	Apr 23	91%	93%			91%	81%	101%
31 Day - Diagnostic to 1st Treatment	Apr 23	97%	96%			94%	85%	103%
31 Day - Subsequent Treatment (Surgery)	Apr 23	100%	94%			90%	66%	114%
31 Day - Subsequent Treatment (Drugs)	Apr 23	100%	98%			99%	93%	105%
38 Day - Inter Provider Transfer	Apr 23	66%	85%			56%	37%	75%
62 Day - Urgent GP Referral to Treatment	Apr 23	91%	85%			70%	47%	92%
62 Day - Screening Programme	Apr 23	90%	90%			83%	53%	114%
62 Day - Consultant Upgrades	Apr 23	78%	85%			84%	62%	107%
28 Day - Two Week Wait	Apr 23	76%	75%			72%	62%	82%
28 Day - Breast Symptomatic	Apr 23	99%	75%			98%	89%	106%
28 Day - Screening	Apr 23	64%	75%			67%	39%	94%



**May 2023**

**78.7%**

**Variance Type**

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

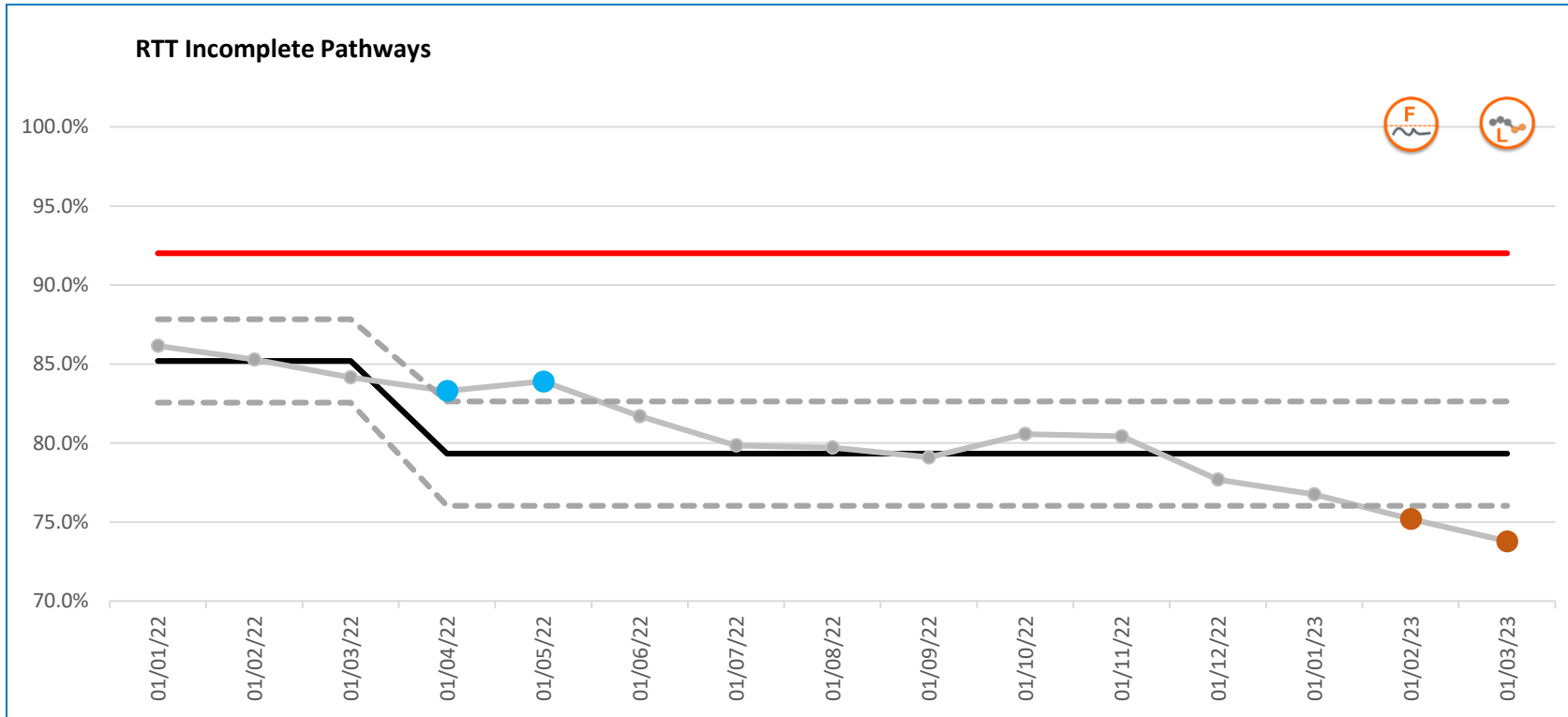
**Target**

76%

**Target Achievement**

Metric is consistently failing the target

Background	What the chart tells us:	Issues	Actions	Context
<b>Emergency Department patients waiting &lt;4 Hours</b>	Remains below target and will not reach the target without system and/or process change. 23/24 NHSE target is 76% attendances admitted or discharged within 4 hours.	Patient acuity . Less experienced workforce. Timely bed availability. 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.	Length of stay remains above target leading to high bed occupancy. Work to increase medical bed capacity has commenced April 2023.  <b>May 2023</b> Barnsley 78.7% England 60.4% Page 86 of 143 Ranking: England 6/109, North East & Yorkshire 3/19



**April 2023**

**73.4%**

**Variance Type**

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

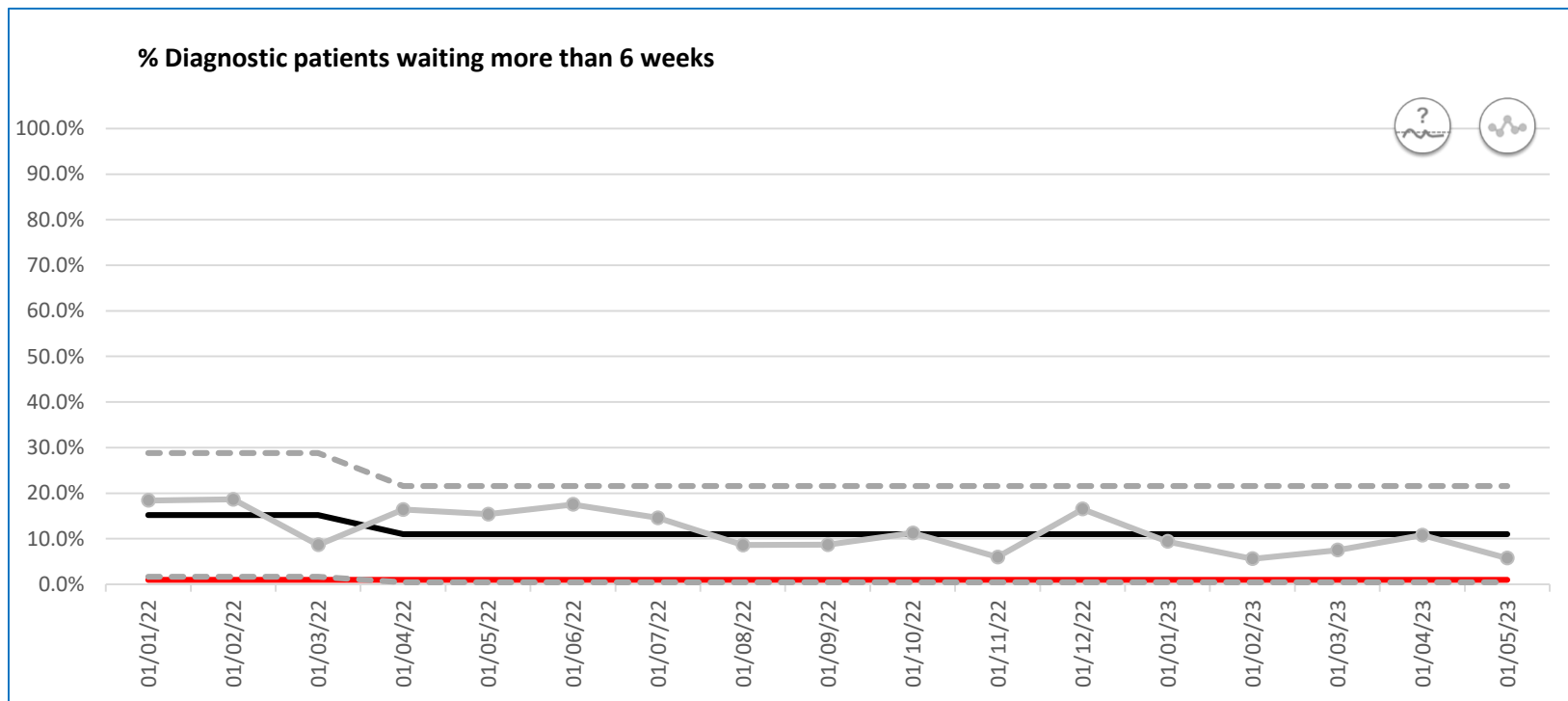
**Target**

92%

**Target Achievement**

Metric is consistently failing the target

Background	What the chart tells us:	Issues	Actions	Context
<b>RTT Incomplete Pathways</b>	Remains below target and will not reach the target without system and/or process change.	Working across South Yorkshire to support long waiting patients through mutual aid requests to achieve 0 patients waiting >65 weeks by March 2024.  Working to deliver >100% pre-pandemic activity to reduce backlog.	Bi-weekly oversight meetings and theatre improvement group to increase productivity. Forward planning for patients >60 weeks. 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>April 2023</b> Barnsley 73.4% England 57.7%  Ranking: England 37/170 North East & Yorkshire 7/26



**May 2023**

**5.8%**

**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**

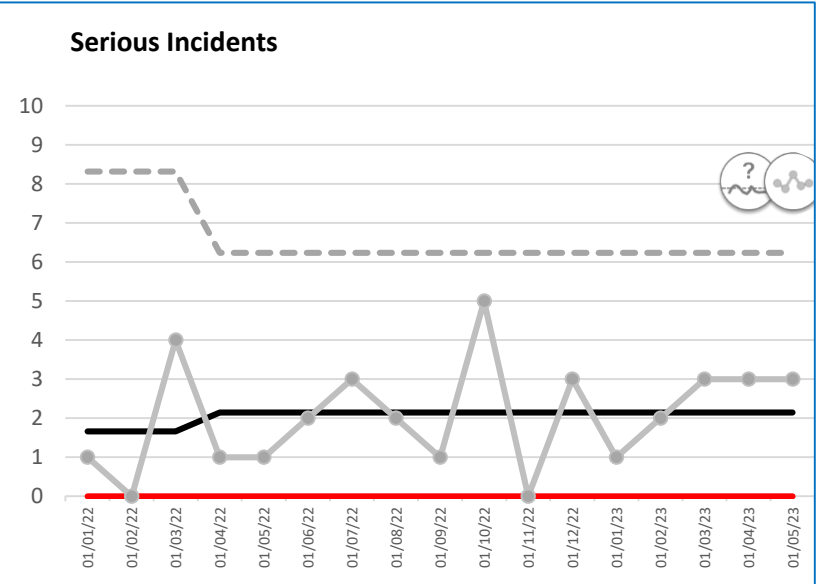
0.0%

**Target Achievement**

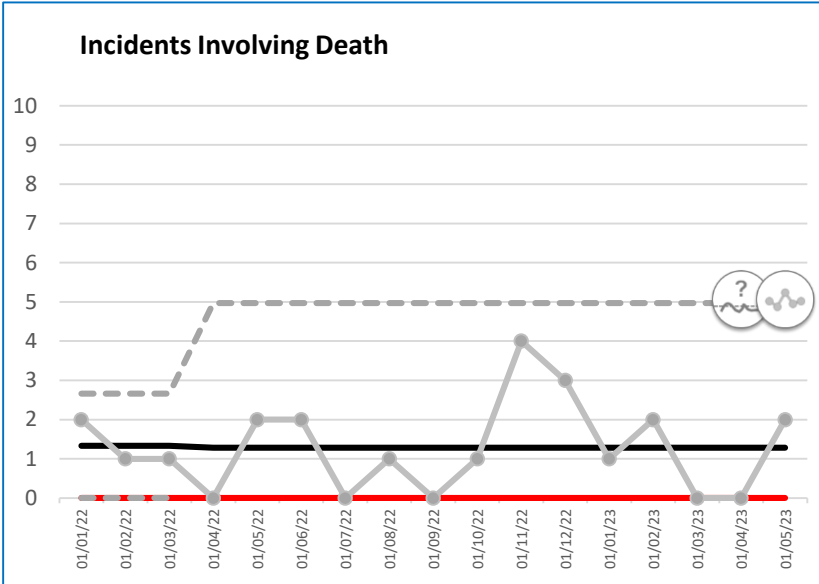
Metric is consistently failing the target

Background	What the chart tells us:	Issues	Actions	Context
<b>Diagnostics</b>	There is a sequential improvement but will not hit target without continued action.	Prioritisation of cancer & urgent work, including 'carve out slots' held for those on cancer pathway. Loss of endoscopy activity due to industrial action.	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 commenced on phase 2 community diagnostic centre (CDC) due for completion summer 2023. Online booking for phlebotomy and increased activity at CDC.	<b>April 2023</b> Barnsley 10.8% England 27.6% Ranking: England 233/424 North East & Yorkshire 36/65

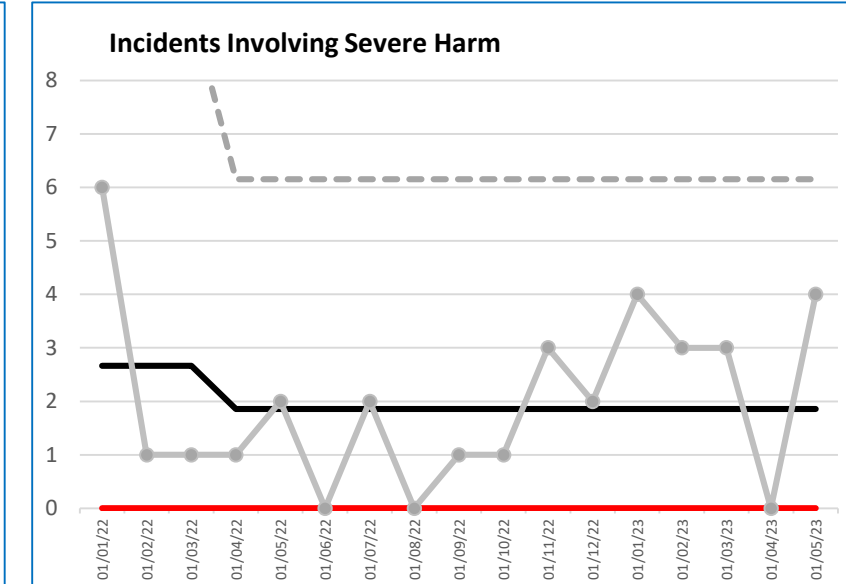




May 2023	Target	Variance Type
3	0	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)

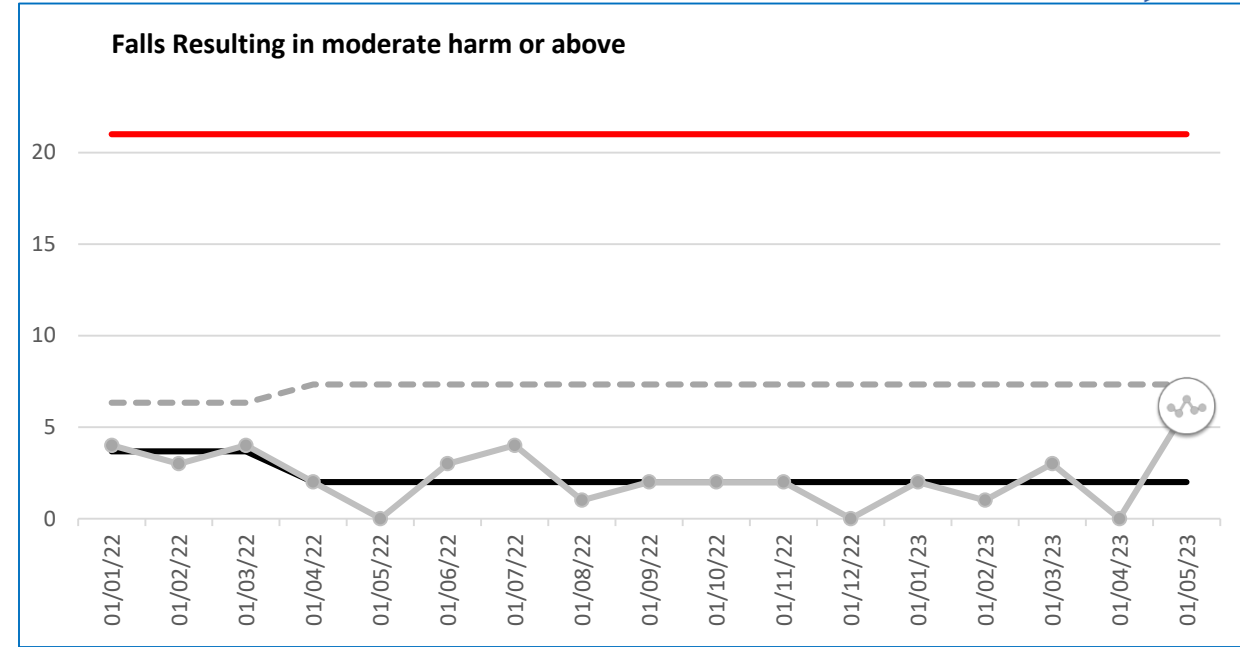
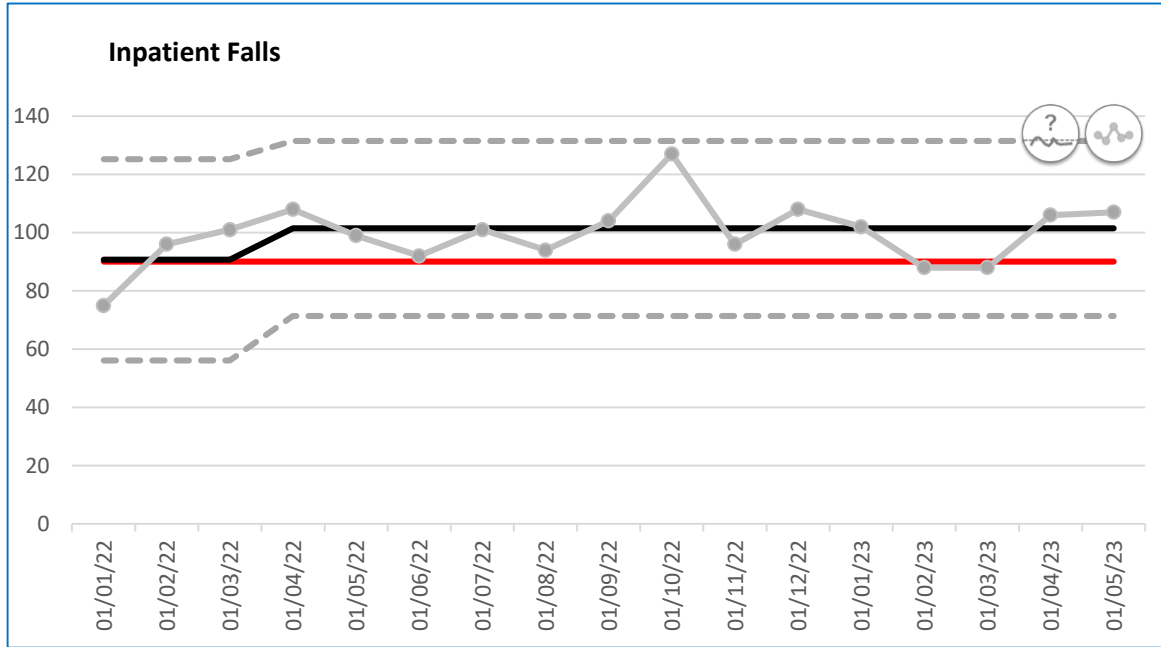


May 2023	Target	Variance Type
2	0	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)



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

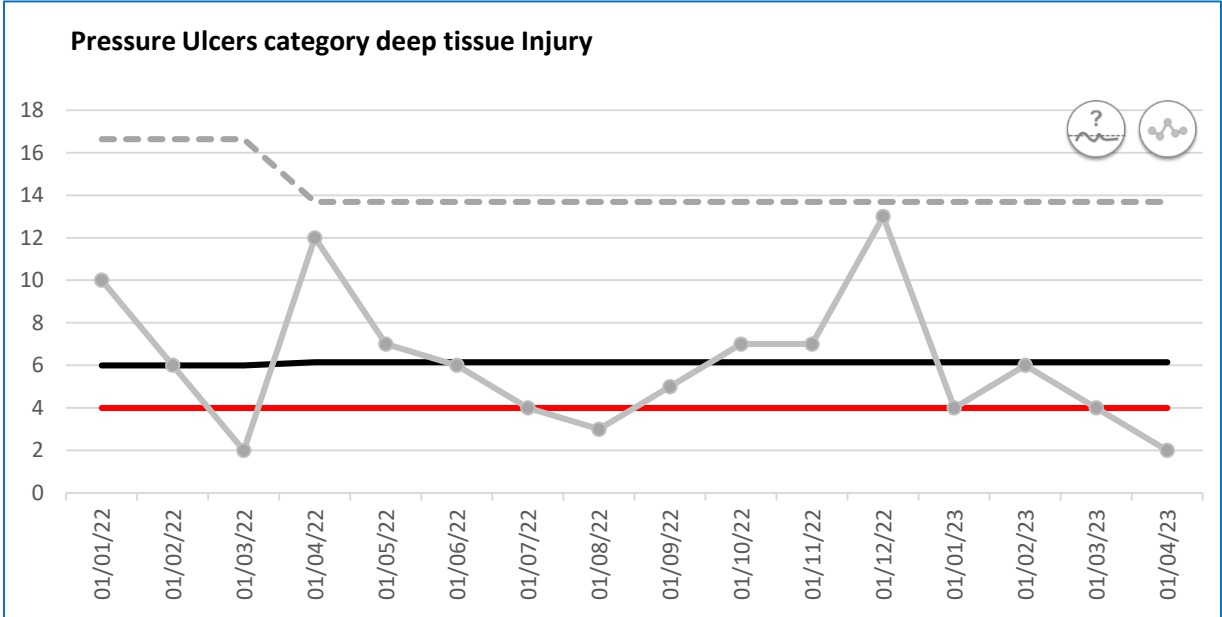
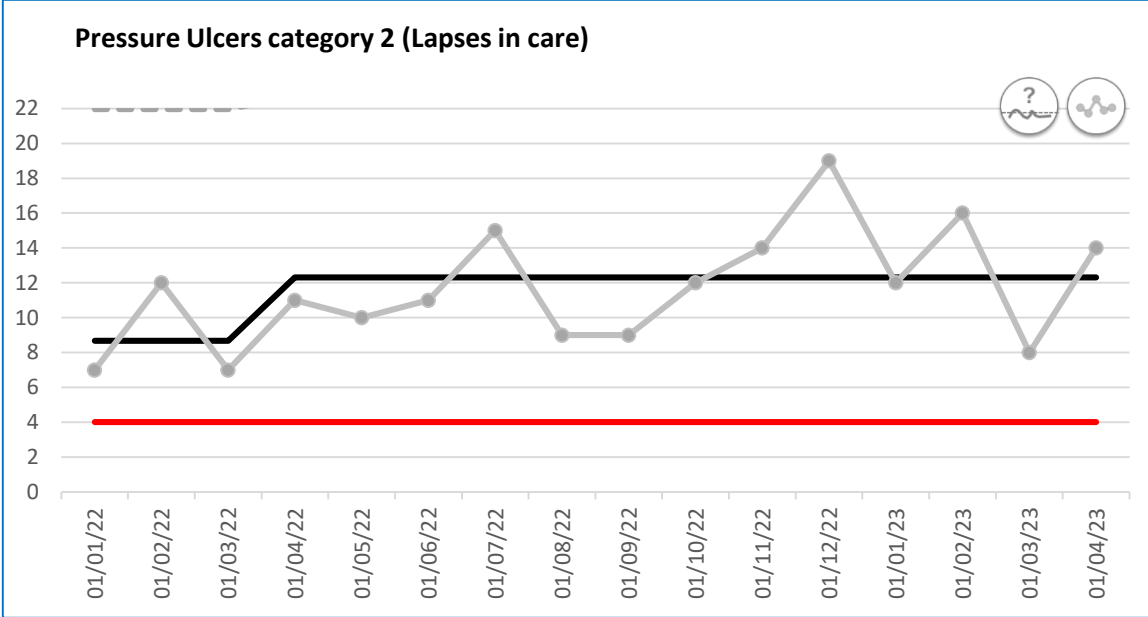
Background	What the chart tells us:	Issues	Actions	Context
<b>Serious Incidents</b>	There were three serious incidents declared in the month.		2023/9739 – sub-optimal care of a deteriorating patient (incident occurred in April 2023) 2023/9737 – potentially avoidable inpatient fall resulting in a fractured neck of femur (incident occurred in March 2023) 2023/9306 – Hospital acquired infection (incident occurred in May 2023)	
<b>Incidents under investigation involving death of a patient</b>	There were two incidents involving death.		One incident regarding hospital-acquired C-difficile; this is recorded as a cause of death. Duty of candour has commenced and an investigation is underway. One incident involving a cardiac arrest. Duty of candour has commenced and an investigation is underway.	
<b>Incidents under investigation involving severe harm</b>	There were four incidents resulting in severe harm.		Three inpatient falls; two resulted in a fractured neck of femur and one resulted in a fractured hip. Duty of candour has commenced in all events and investigations are underway. One maternity incident involving an intrauterine fetal death. Following discussion at the Trust’s Patient Safety Panel; it was concluded that the incident would be investigated via the Serious Incident process. The family have been informed and are happy to be involved in the investigation.	



May 2023	Target	Variance Type
107	90	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
6	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>	<p>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.</p> <p>Six harmful falls, moderate or above. Three harmful falls occurred on ward 21.</p>	Additional patients in ward areas.	<p>All harmful falls – cold debriefs completed and early learning adopted. No themes between the falls on ward 21.</p> <p>QI projects are ongoing to reduce the number of falls.</p> <p>Discussion at Falls Prevention Group in what measures can support in reducing falls.</p> <p>Three improvement trajectories regarding inpatient falls, falls in ED and harmful falls .</p> <p>Practice Educators in ward areas supporting staff in education and prevention of falls.</p>	Page 90 of 143

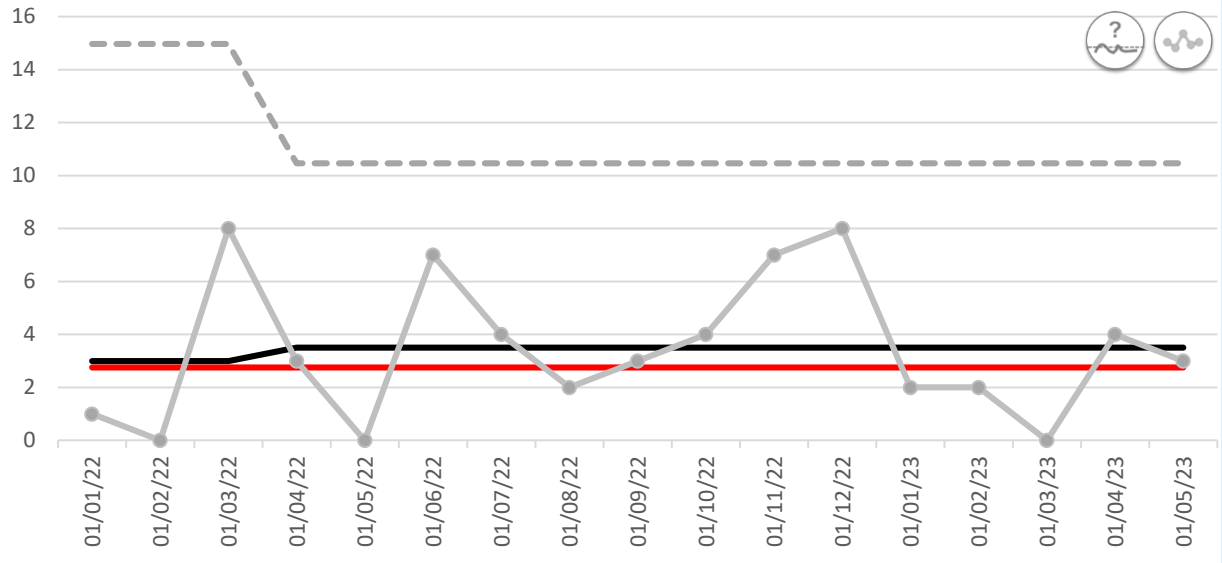


April 2023	Target	Variance Type
14	4	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)

April 2023	Target	Variance Type
2	4	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)

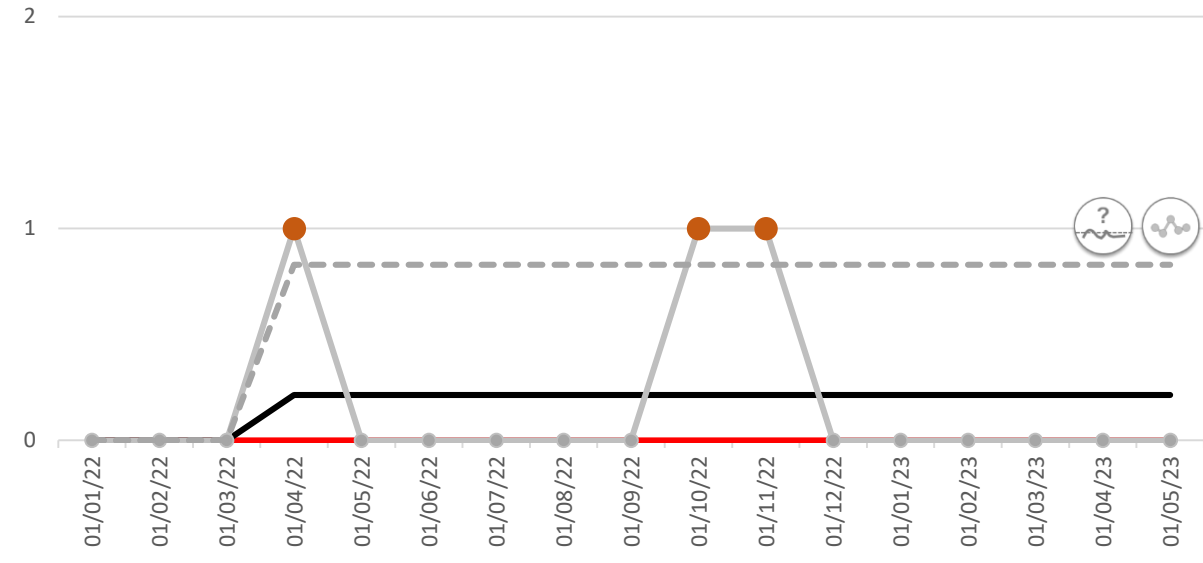
Background	What the chart tells us:	Issues	Actions	Context
<b>Pressure Ulcers</b>	There has been an increase in the number of category 2 pressure ulcers and DTI's in April	Ward 30 have had an increase of Pressure ulcers developing.	Quality improvement project in ED with the Repose companions continues. 35 Repose Companions will be in ED by July 2023. Tissue Viability Nurses will continue to work closely with Matrons, Lead Nurses and Practice Educators to provide training. Ward 30 will also have some focused training.	Page 91 of 143

Q - Hospital Acquired Clostridioides difficile



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

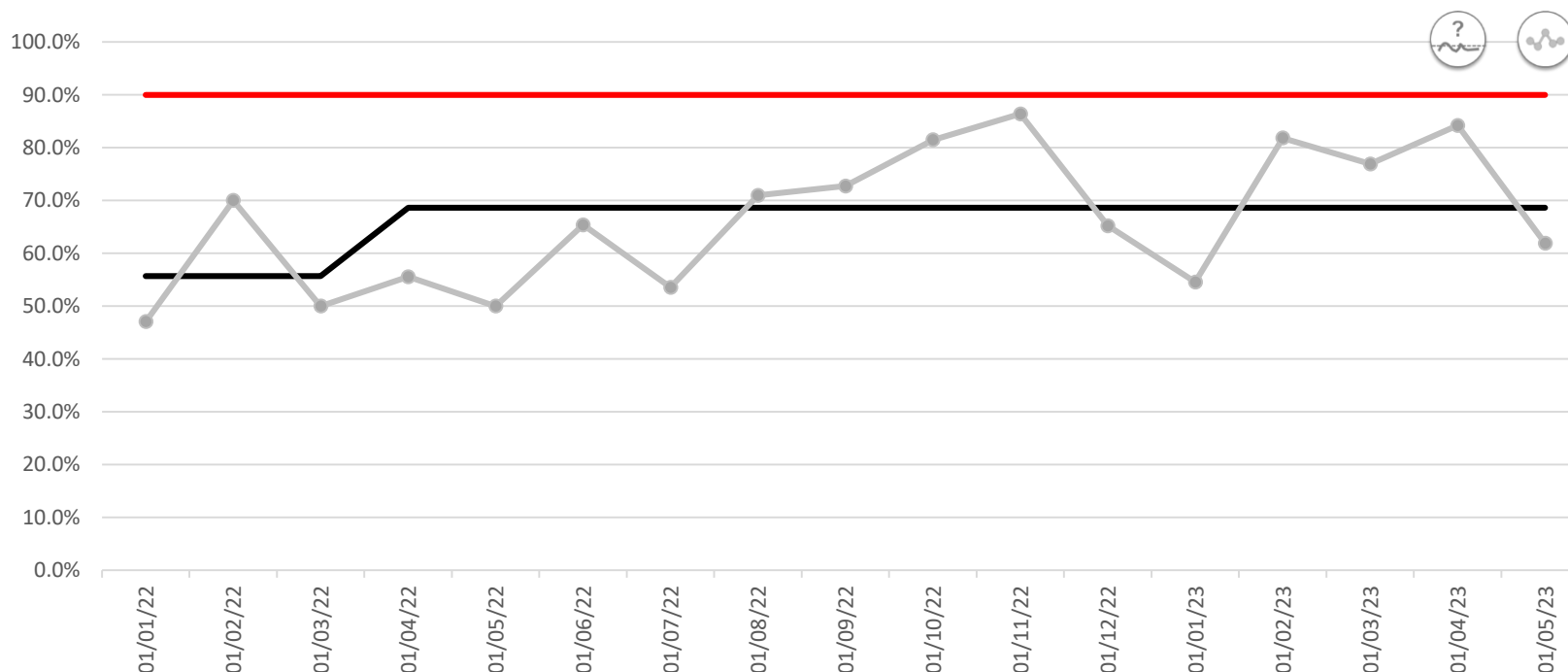
Q- Hospital Acquired MRSA Bacteraemia



May 2023	Target	Variance Type
0	0	Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

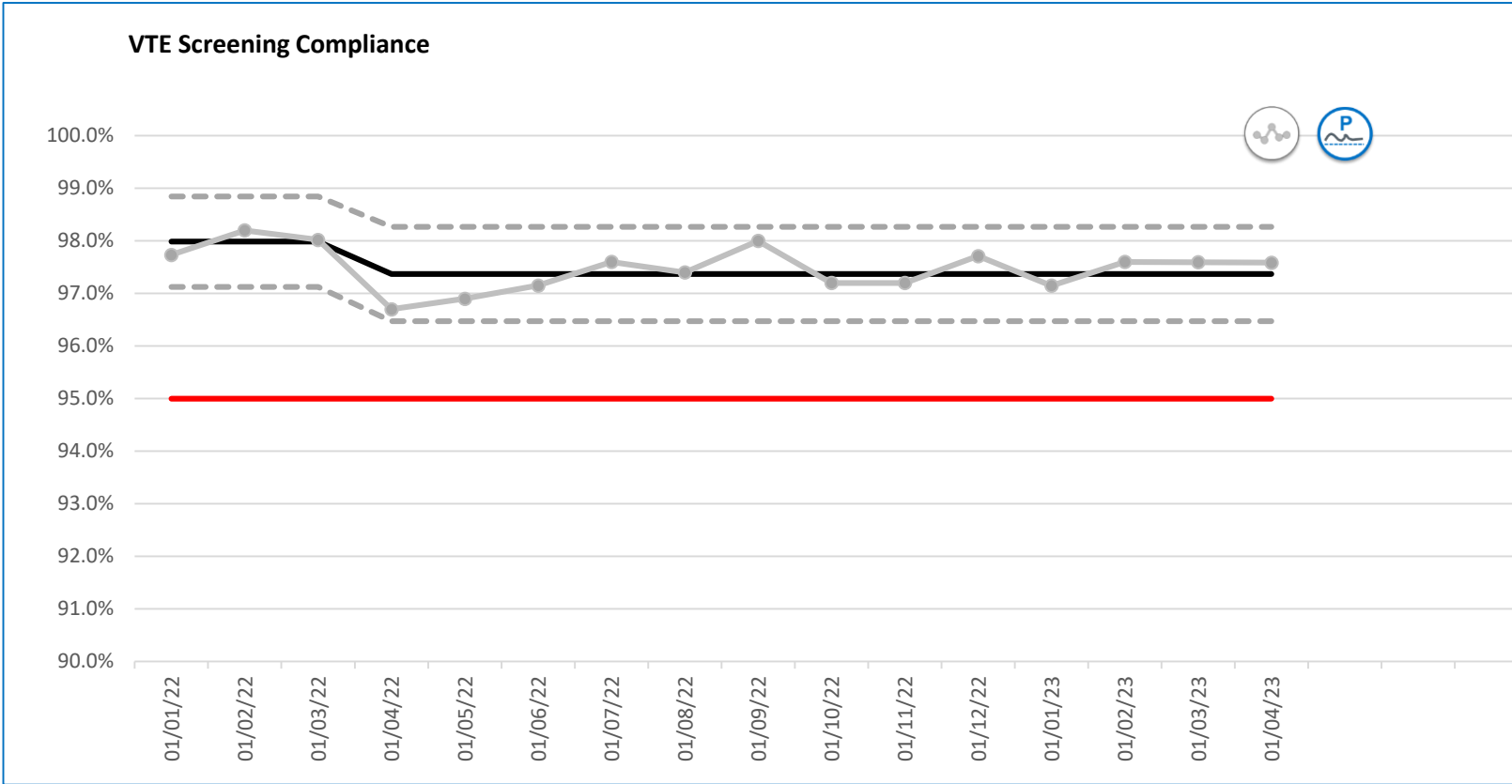
Background	What the chart tells us:	Issues	Actions	Context
Infections	<ul style="list-style-type: none"> <li>There were no hospital acquired MRSA Bacteraemia identified during May 2023.</li> <li>Three cases of hospital acquired Clostridioides difficile were identified during May 2023, these were attributed as follows:                             <ul style="list-style-type: none"> <li>- 1 case attributed to the Short Stay Unit.</li> <li>- 1 case attributed to the Intensive Care Unit.</li> <li>- 1 case attributed to the Acorn Rehabilitation Unit.</li> </ul> </li> </ul>			

Complaints closed within standard



<b>May 2023</b>
<b>61.9%</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 62% closed within initial target and an average of 47 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. There were eight complaints which failed to achieve the 40 working day KPI:</p> <ul style="list-style-type: none"> <li>* Three complaint investigations were delayed due to waiting for statements</li> <li>* Two complaints were delayed, due to complainant raising new issues.</li> <li>* Three complaints were delayed in Trust Headquarters</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 93 of 143</p>



**April 2023**

**97.6%**

**Variance Type**

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

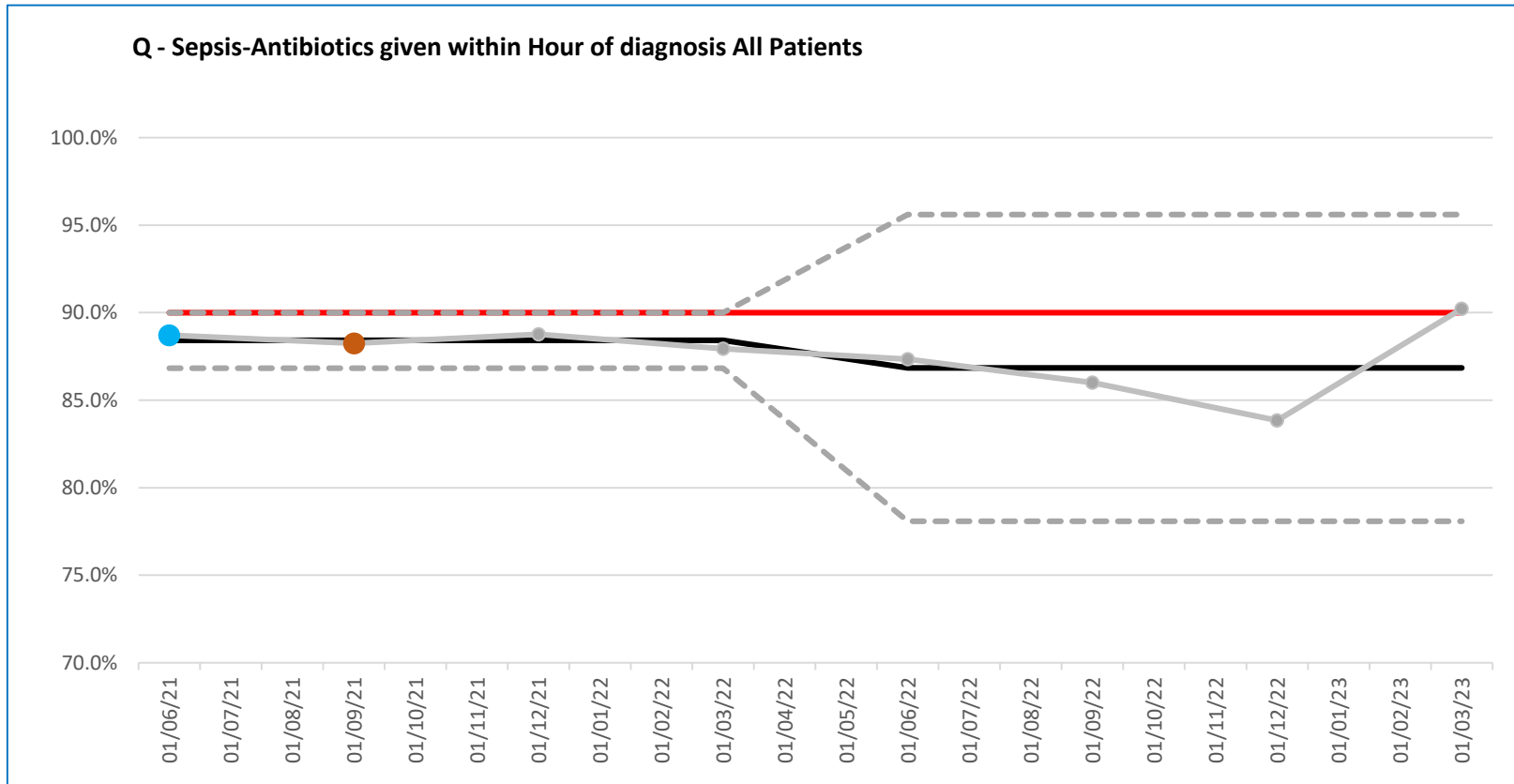
**Target**

95%

**Target Achievement**

Consistently passing target.

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



**Q4 2022/23**

**90%**

**Variance Type**

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

**Target**

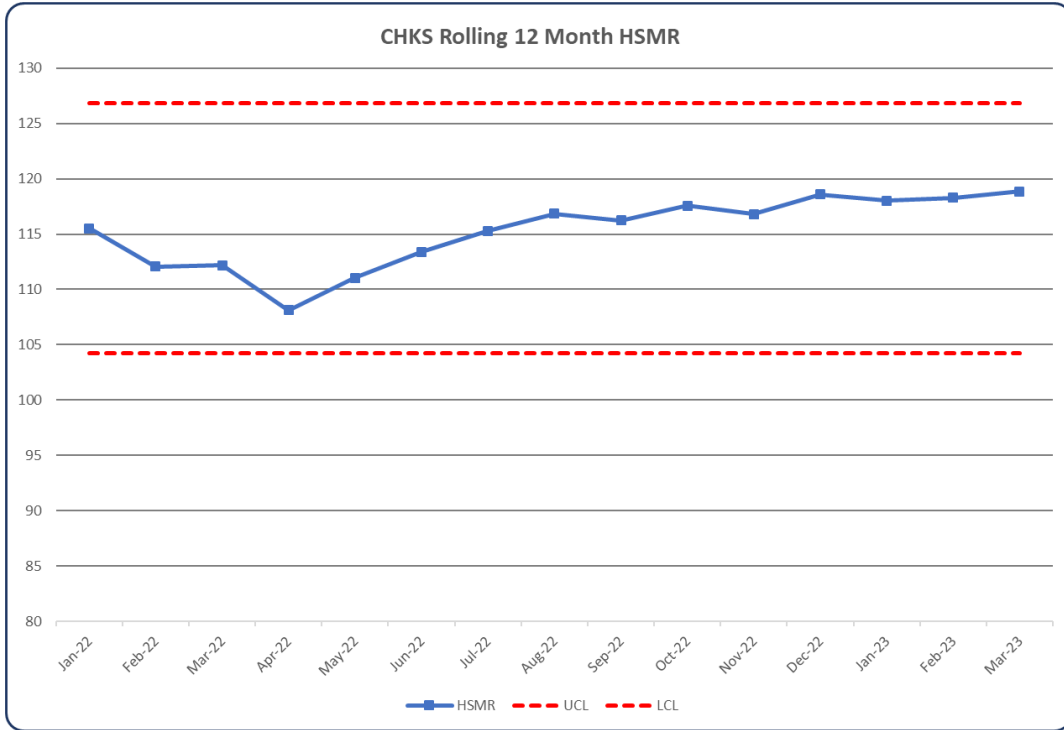
90%

**Target Achievement**

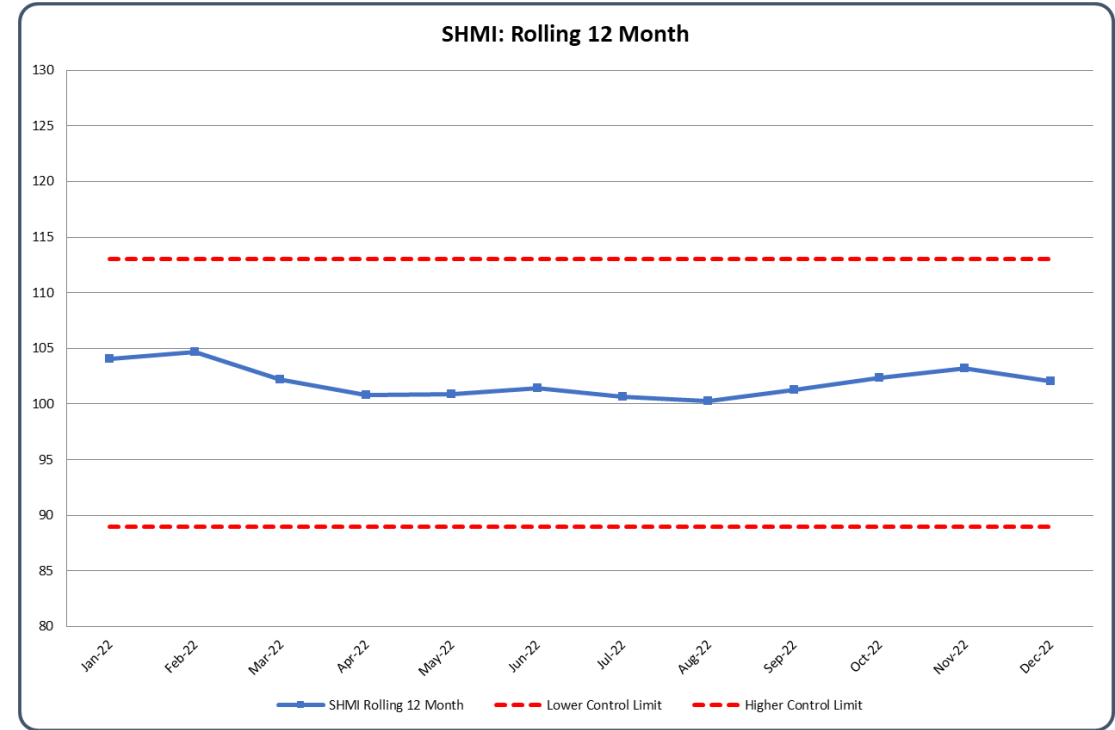
Will hit and miss the target.

Background	What the chart tells us	Issues	Actions	Context
Sepsis is a National Quality Requirement in the NHS Standard Contract 2022/23	Trustwide achieved 90%.	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 March 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

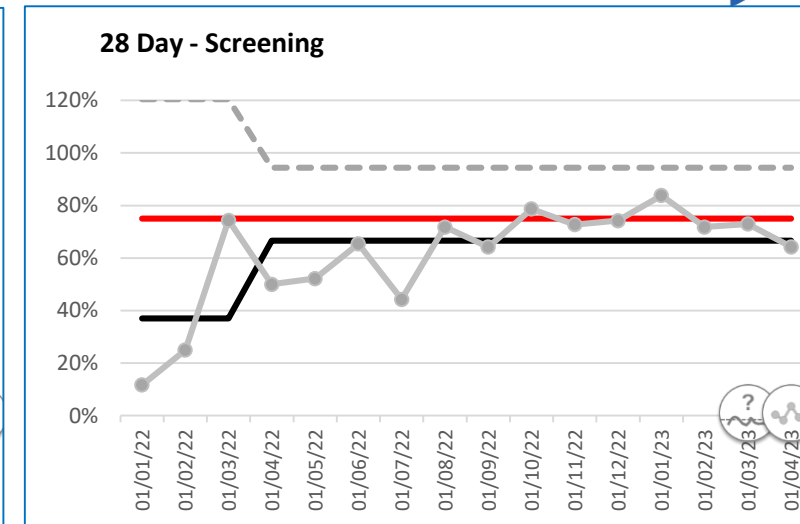
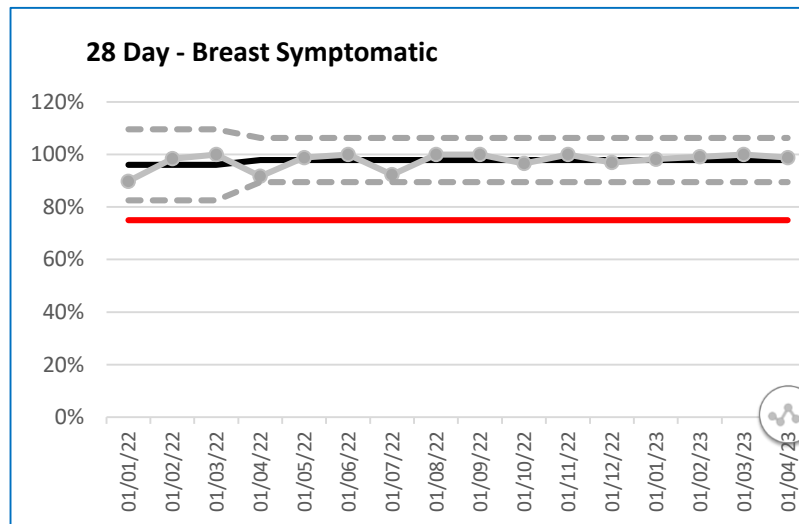
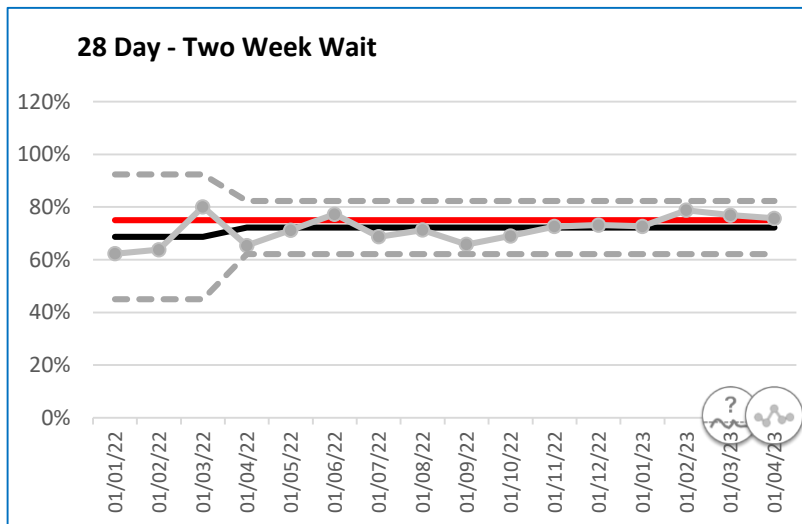


## Commentary

HSMR Rolling 12 Month: April 2022 – March 2023 **118.87**

SHMI Latest reporting period: January 2022 - December 2022 **102.08**



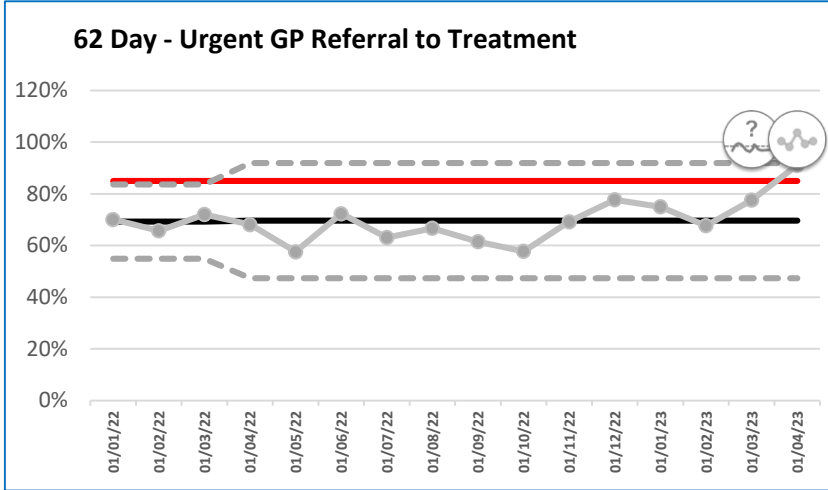


April 2023	Target	Variance Type
<b>75%</b>	<b>75%</b>	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)

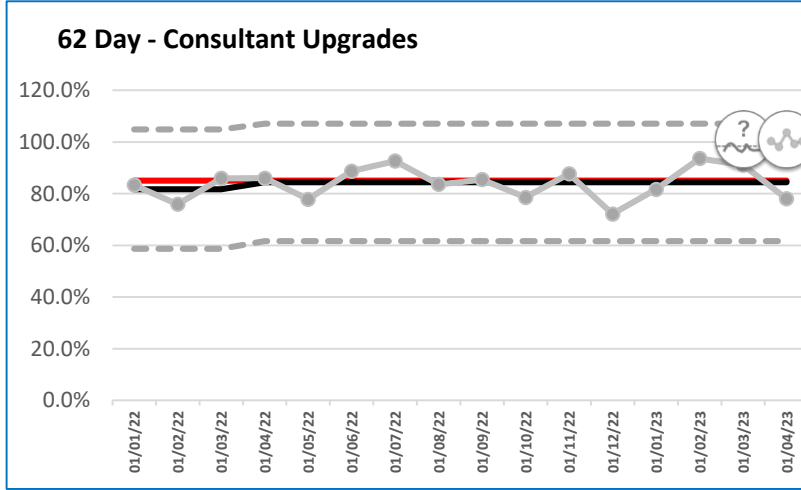
April 2023	Target	Variance Type
<b>99%</b>	<b>75%</b>	Common cause variation, no significant change. The system will consistently PASS.

April 2023	Target	Variance Type
<b>64%</b>	<b>75%</b>	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)

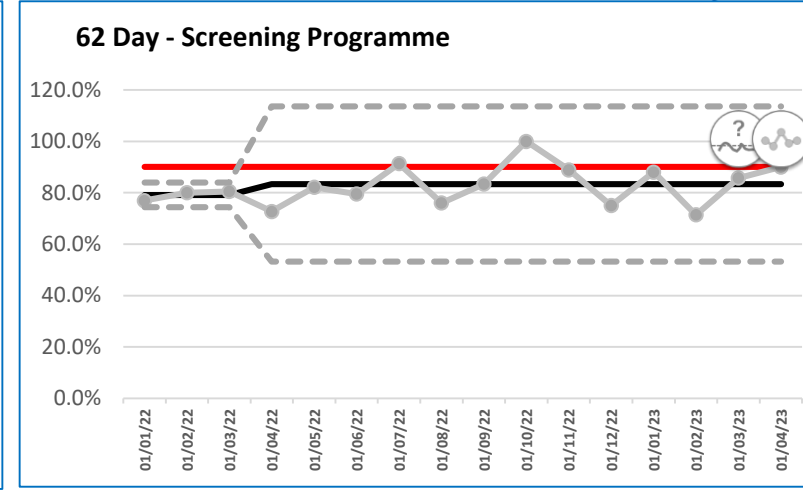
Background	What the chart tells us	Issues	Actions	Context
<p><b>Cancer - 28 Days</b></p> <ul style="list-style-type: none"> <li>2 Weeks Waits</li> <li>Breast Symptomatic</li> <li>Screening</li> </ul>	Performance variation has reduced and the target is being met.	<p>Workforce gaps, specifically histopathology, increasing turnaround times for results. Increased referrals for some tumour sites.</p> <p>Patient choice to delay 1st appointment.</p>	<p>Changes to booking have improved time to 1st appointment.</p> <p>Straight to test have reduced pathway timings.</p>	



April 2023	Target	Variance Type
91%	85%	Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

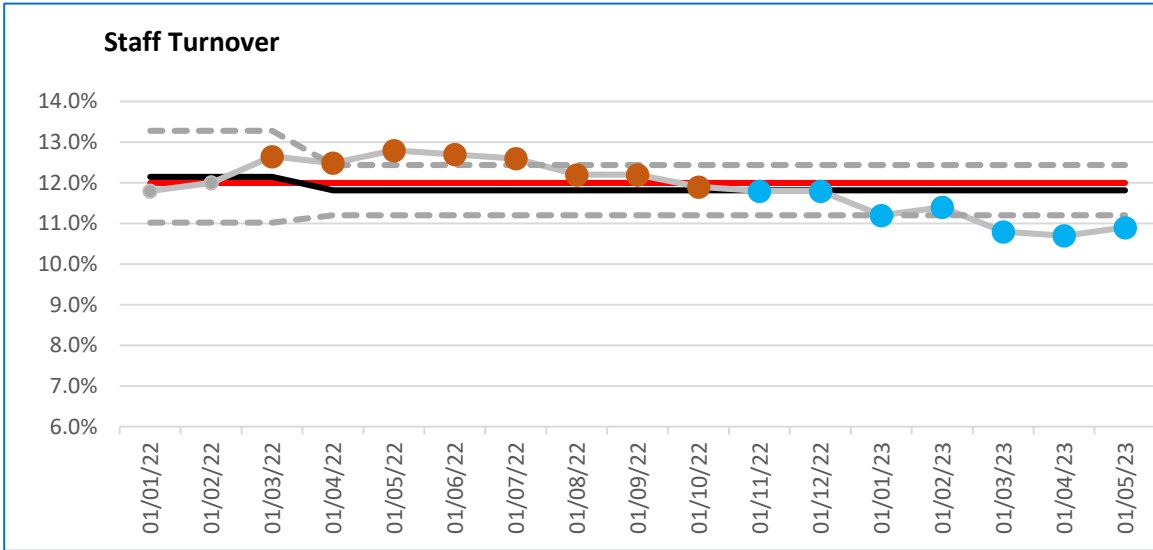


April 2023	Target	Variance Type
78%	85%	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)



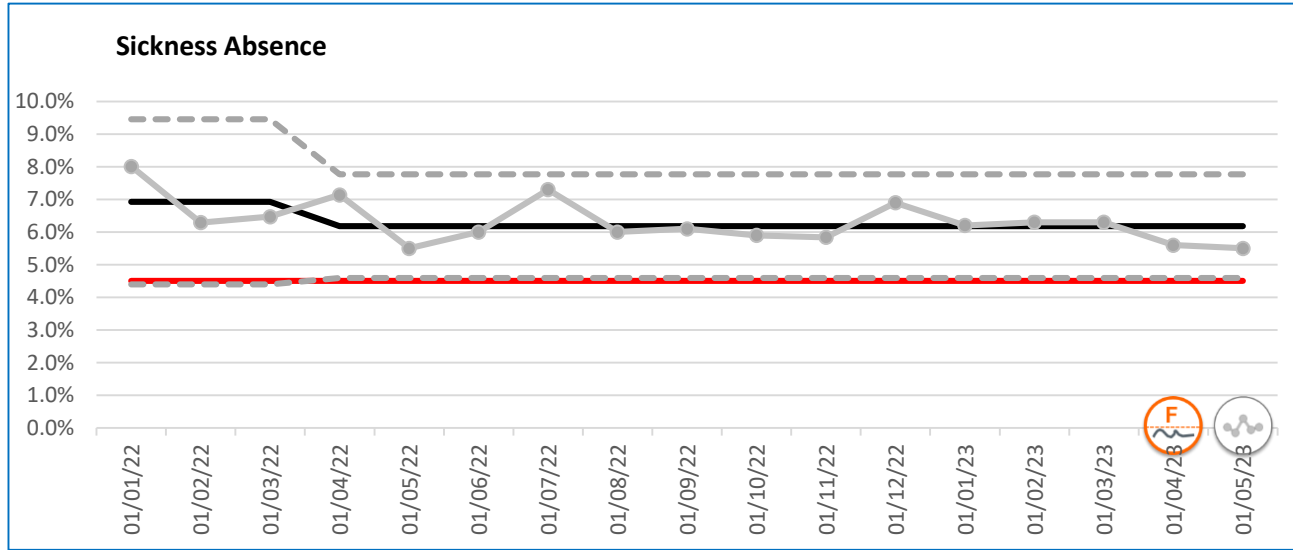
April 2023	Target	Variance Type
90%	90%	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)

Background	What the chart tells us	Issues	Actions	Context
<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. Robust escalation process and cancer tracking processes in place. 62 day GP referral to treatment target achieved in April 2023.	Requirement to continue work with partners to ensure pathways are optimised and patients aware of urgent timings at referral to reduce cancellation of appointments.



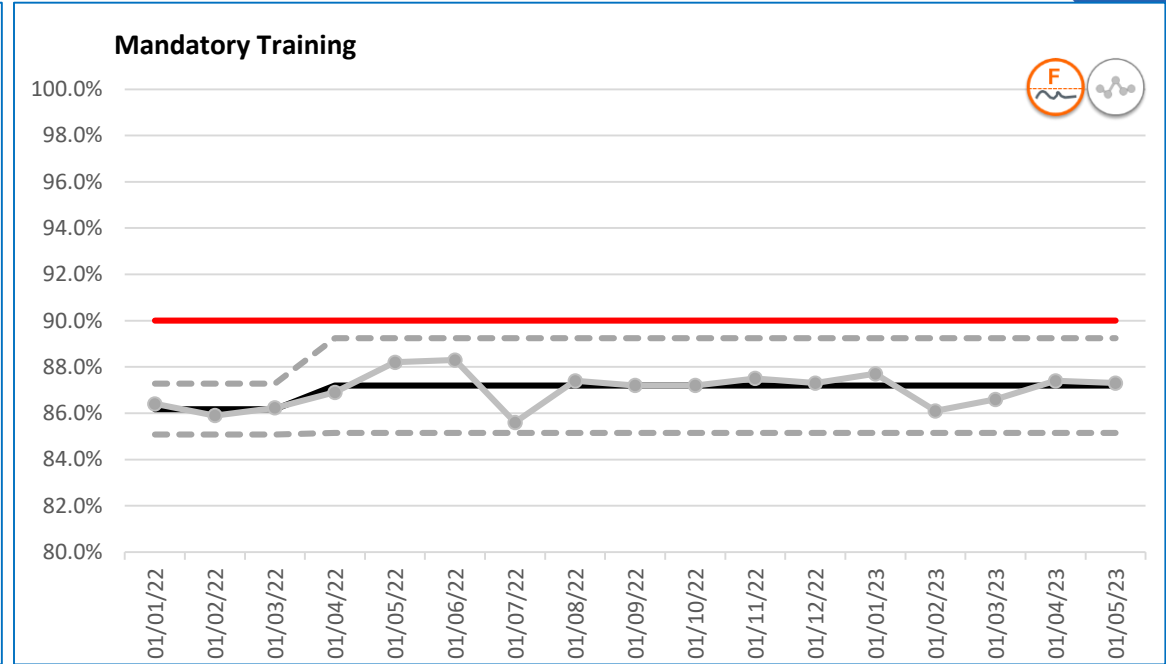
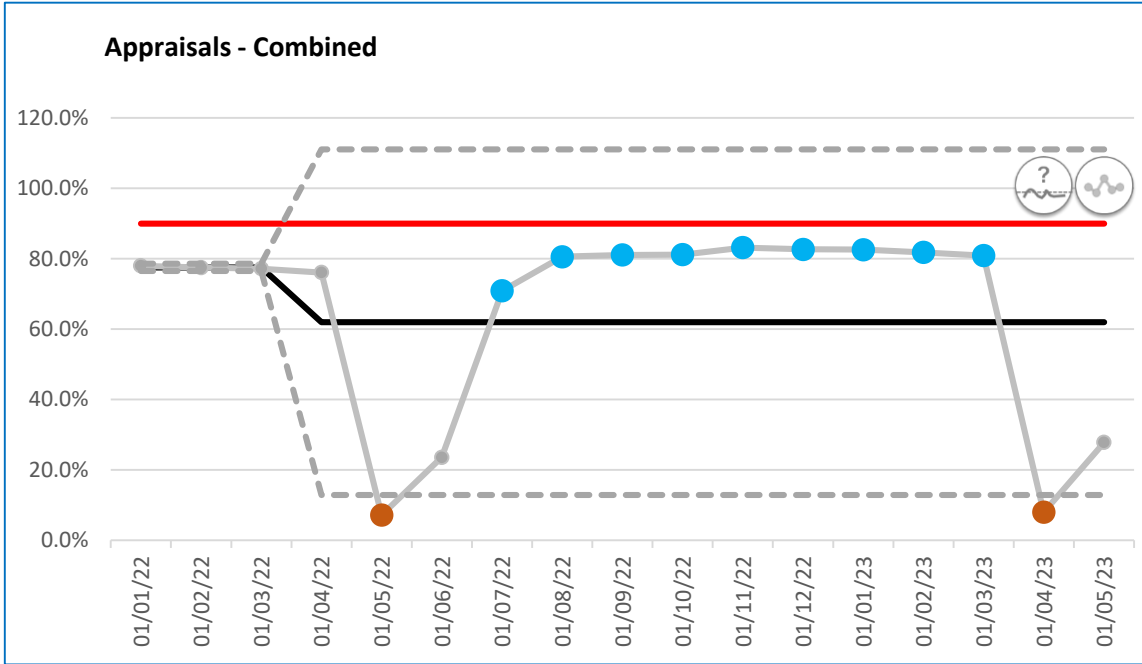
May 2023	Target	Variance Type
10.9%	10% - 12%	Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

Staff Turnover	
<b>Issues</b>	Continued low return of ESR exit questionnaires from leavers.
<b>Actions</b>	Managers to instigate earlier payroll termination to trigger more timely ESR notification to leavers.
<b>Context</b>	The Trust compares favourably to the ICB and nationally remains within the first quartile for nurses, AHPs and support to nurses.



May 2023	Target	Variance Type
5.5%	4.5%	Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Sickness Absence	
<b>Issues</b>	High 4% Long term sickness absence
<b>Actions</b>	NHSE attendance challenge toolkit & action plan completed.
<b>Context</b>	Trust sickness absence performance is 4th out of 5 acute trusts in the ICB. Page 99 of 143



May 2023	Target	Variance Type
<b>27.8%</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).

May 2023	Target	Variance Type
<b>87.3%</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 second month in the new appraisal window open 1st April to 30th June.

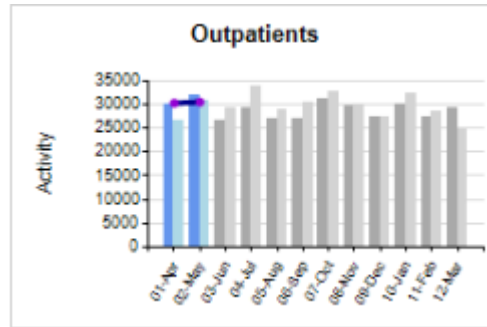
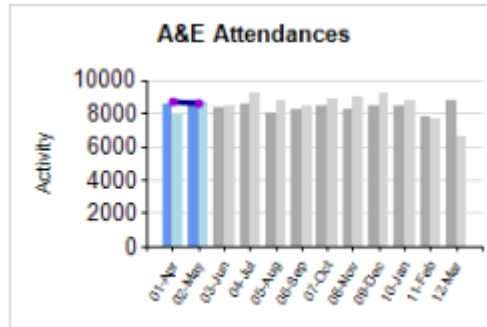
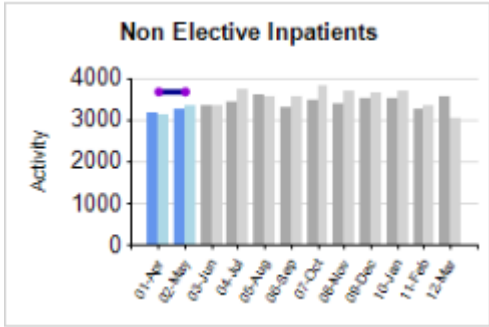
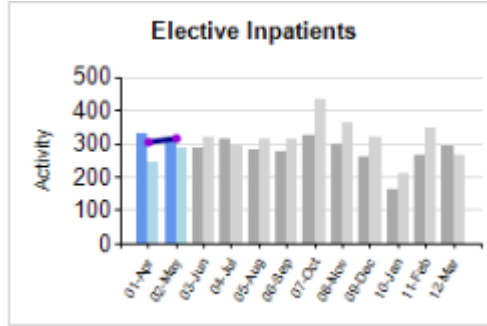
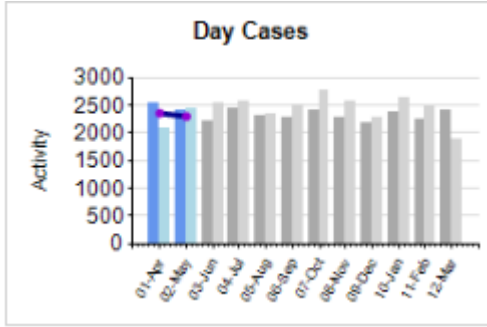
Mandatory Training	
<b>Issues</b>	91 training DNA's in May.
<b>Actions</b>	New AfC pay step progression process launched in April 2023 should help improve compliance as staff eligible for uplift must be compliant with MAST.
<b>Context</b>	Overall compliance has remained fairly static

**2023/24 Year to Date Activity.**

	19/20 Actuals	2023/24 Plan	2023/24 Actuals	Variance	%
Elective Daycases	4,656	4,935	4,503	(432)	-9%
Elective Inpatients	623	642	527	(115)	-18%
<b>Elective Total</b>	<b>5,279</b>	<b>5,577</b>	<b>5,030</b>	<b>(547)</b>	<b>-10%</b>
Non Elective	7,363	6,397	6,467	70	1%
<b>Non Elective Total</b>	<b>7,363</b>	<b>6,397</b>	<b>6,467</b>	<b>70</b>	<b>1%</b>
Maternity Pathway	1,065	1,063	973	(90)	-8%
<b>Maternity Pathway Total</b>	<b>1,065</b>	<b>1,063</b>	<b>973</b>	<b>(90)</b>	<b>-8%</b>
A&E Att.	17,351	17,338	16,585	(753)	-4%
<b>A&amp;E Total</b>	<b>17,351</b>	<b>17,338</b>	<b>16,585</b>	<b>(753)</b>	<b>-4%</b>
Outpatients	60,747	62,001	57,195	(4,806)	-8%
<b>Outpatients Total</b>	<b>60,747</b>	<b>62,001</b>	<b>57,195</b>	<b>(4,806)</b>	<b>-8%</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

Placeholder for commentary text.

## Finance Performance

### May 23 Summary

RAG Rating Summary Performance:		
Finance	Planned Financial Position	As at month 2 the Trust has a consolidated year to date deficit of £1.273m against a planned deficit of £1.750m giving a favourable variance of £0.477m. NHS England and Improvement (NHSE/I) adjusted financial performance after taking into account income and depreciation in respect of donated assets (£6k) and granted assets £19k, is a deficit of £1.260m with a favourable variance of £0.490m.
	Income	Total income is £0.579m adverse to plan, mainly due to the under performance on the non-ERF variable elements of NHS clinical income contracts, with non-NHS clinical income also under performing.
	Planned Cash Position	Cash balances have decreased from last month by £1.112m and is £1.192m below plan, both of which are mainly due to timings of payments to creditors, capital programme and receipt of NHS income.
	Capital Plan	Capital expenditure for the year is £0.782m, which is £0.652m 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	312	286	(26)	-8.33%	642	527	(115)	-17.91%	<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 2 the Trust has a consolidated year to date deficit of £1.273m against a planned deficit of £1.750m giving a favourable variance of £0.477m. NHS England (NHSE) adjusted financial performance after taking into account income and depreciation in respect of donated assets (£6k) and granted assets £19k, is a deficit of £1.260m with a favourable variance of £0.490m.</li> <li>The plan was set aligned to the national NHSE/I 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 2 position assumes no clawback of these monies even though actual activity levels are below the required levels which represents a £0.8m risk.</li> <li>In-month activity is 10.57% greater than last month, however it is 5.10% below plan for the month with inpatients, A&amp;E and other adverse to plan in month. 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 £0.579m adverse to plan, mainly due to the under performance on the non-ERF variable elements of NHS clinical income contracts, with non-NHS clinical income also under performing.</li> <li>Pay costs are above plan due to the increased costs of covering industrial action, managing Covid patients and increased staff absence; which also hampered the ability to deliver efficiencies. Non-pay costs are below plan mainly due to not delivering contract activity levels.</li> <li>Non Operating Items are £0.164m above plan due interest receivable being higher than expected due to higher interest rates.</li> </ul>	
Day cases	2,395	2,432	37	1.54%	4,935	4,503	(432)	-8.75%		
Non-elective inpatients	3,237	3,336	99	3.06%	6,398	6,473	75	1.17%		
Outpatients	23,885	24,556	671	2.81%	46,442	45,667	(775)	-1.67%		
A&E	8,811	8,690	(121)	-1.37%	17,338	16,585	(753)	-4.34%		
Other (excludes direct access tests)	18,212	14,651	(3,561)	-19.55%	34,646	28,991	(5,655)	-16.32%		
<b>Total activity</b>	<b>56,852</b>	<b>53,951</b>	<b>(2,901)</b>	<b>-5.10%</b>	<b>110,401</b>	<b>102,746</b>	<b>(7,655)</b>	<b>-6.93%</b>		
<b>INCOME</b>										
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>		<b>£'000</b>	<b>£'000</b>	<b>£'000</b>			
Elective inpatients	1,054	943	(111)	-10.53%	2,166	1,748	(418)	-19.30%		
Day Cases	1,789	1,944	155	8.66%	3,685	3,520	(165)	-4.48%		
Outpatients	3,524	3,405	(119)	-3.38%	6,971	6,319	(652)	-9.35%		
Non-elective inpatients	8,192	8,335	143	1.75%	16,154	16,549	395	2.45%		
A&E	1,537	1,550	13	0.85%	3,023	2,964	(59)	-1.95%		
Other Clinical	7,423	7,503	80	1.08%	15,138	15,457	319	2.11%		
Other	2,379	2,390	11	0.46%	4,758	4,759	1	0.02%		
<b>Total income</b>	<b>25,898</b>	<b>26,070</b>	<b>172</b>	<b>0.66%</b>	<b>51,895</b>	<b>51,316</b>	<b>(579)</b>	<b>-1.12%</b>		
<b>OPERATING COSTS</b>										
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>		<b>£'000</b>	<b>£'000</b>	<b>£'000</b>			
Pay	(18,139)	(18,783)	(644)	-3.55%	(36,435)	(37,928)	(1,493)	-4.10%		
Drugs	(1,661)	(1,435)	226	13.61%	(3,322)	(2,811)	511	15.38%		
Non-Pay	(5,827)	(5,477)	350	6.01%	(12,273)	(10,399)	1,874	15.27%		
<b>Total Costs</b>	<b>(25,627)</b>	<b>(25,695)</b>	<b>(68)</b>	<b>-0.27%</b>	<b>(52,030)</b>	<b>(51,138)</b>	<b>892</b>	<b>1.71%</b>		
<b>EBITDA</b>										
	<b>271</b>	<b>375</b>	<b>104</b>	<b>38.38%</b>	<b>(135)</b>	<b>178</b>	<b>313</b>	<b>-231.85%</b>		
Depreciation	(631)	(631)	0	0.00%	(1,259)	(1,259)	0	0.00%		
Non Operating Items	(178)	(102)	76	42.70%	(356)	(192)	164	46.07%		
<b>Surplus / (Deficit)</b>	<b>(538)</b>	<b>(358)</b>	<b>180</b>	<b>33.46%</b>	<b>(1,750)</b>	<b>(1,273)</b>	<b>477</b>	<b>27.26%</b>		
<b>NHSE/I adjusted financial performance</b>										
	<b>(538)</b>	<b>(344)</b>	<b>194</b>	<b>36.06%</b>	<b>(1,750)</b>	<b>(1,260)</b>	<b>490</b>	<b>28.00%</b>		



## Finance Performance

### Performance - Financial Overview

	Month Plan	Month Actual	Variance	Variance %	Plan YTD	Actual YTD	Variance	Variance %	Commentary
	£'000	£'000	£'000		£'000	£'000	£'000		
<b>Capital Programme</b>									
Capital Spend - internally funded	(507)	(174)	333	65.68%	(930)	(473)	457	49.14%	<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.</li> </ul>
Capital Spend - externally funded	(252)	(289)	(37)		(504)	(309)	195		
<b>Statement of Financial Position (SOFP)</b>									
Inventory					2,273	1,787	486	-21.37%	<ul style="list-style-type: none"> <li>Inventories are below plan due to reductions in pharmacy drug stocks.</li> <li>Receivables are above plan due to accruing for NHS income.</li> <li>Payables are above plan mainly due to timings of payments to creditors and accruals.</li> <li>Other net liabilities are below plan mainly due income classed as deferred being lower than expected.</li> </ul>
Receivables					15,065	15,452	(387)	2.57%	
Payables (includes accruals)					(56,945)	(55,605)	(1,340)	2.35%	
Other Net Liabilities					(7,243)	(6,657)	(586)	8.08%	
<b>Cash &amp; Loan Funding</b>					£'000	£'000	£'000		
Cash					37,700	36,508	(1,192)	-3.16%	<ul style="list-style-type: none"> <li>Cash balances have decreased from last month by £1.112m and is £1.192m below plan, both of which are mainly due to timings of payments to creditors, capital programme and receipt of NHS income.</li> </ul>
Loan Funding					0	0	0		
<b>KPIs</b>									
EBITDA %	1.05%	1.44%	0.39%	37.46%	-0.26%	0.35%	0.61%	-233.34%	<ul style="list-style-type: none"> <li>The code requires all valid invoices to be paid by the due date or within 30 days of receipt of the invoice, whichever is later. Performance is above the target 95% of invoices, in terms of value and volume.</li> </ul>
Surplus / (Deficit) %	-2.08%	-1.37%	0.70%		-3.37%	-2.48%	0.89%		
Better Payment Practice Code (BPPC)									
Number of invoices paid within target					95.0%	97.7%	2.70%	2.84%	
Value of invoices paid within target					95.0%	97.9%	2.91%	3.06%	

## 6.2. Q&G Chairs Log (28th June 2023)

To Note

Presented by Sheena McDonnell



**REPORT TO THE COUNCIL OF GOVERNORS** REF: **COG: 23/07/26/6.2**

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

**DATE:** 26 July 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
- 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 Council of Governors is asked to:-

1. Receive and review the attached Log; and
2. Approve the Reports as noted in the Log.

<b>Subject:</b> QUALITY AND GOVERNANCE CHAIR'S LOG	<b>Ref:</b> COG: 23/07/26/6.2
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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>It is further recommended that the report is approved by the Board of Directors at the meeting on 3 August 2023.</p>	Board of Directors	Assurance and Approval
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 progress with the new Critical Care Unit receiving the all-clear for IPC issues and were 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 closure of the now-defunct individual policies.</p>	Board of Directors	Assurance and Approval

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 that Nursing is fully established. The Committee also congratulated the staff involved in Preceptorship for Newly Qualified Nurses and for 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 on 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

## 6.3. F&P Chairs Log (29th June 2023)

To Note

Presented by Sheena McDonnell



<b>REPORT TO THE COUNCIL OF GOVERNORS</b>	REF:	<b>F&amp;P: 23/07/26/6.3</b>
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<b>SUBJECT:</b>	<b>FINANCE AND PERFORMANCE CHAIR'S LOG</b>
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<b>DATE:</b>	26 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>	✓
	<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
- Main Theatres & Theatre Arrivals Business Case
- 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 Council of Governors is asked to receive and review the attached log.



<b>Subject:</b>	<b>Finance and Performance Committee Chair's Log</b>	<b>Ref:</b>	<b>F&amp;P: 23/07/26/6.3</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 114 of 143</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>Main Theatres &amp; Theatre Arrivals Business Case</b>	<p>The Finance and Performance Committee received the business case for the provision of additional theatre capacity to support the Trust’s recovery agenda. In the business case, five options were considered against six investment objectives. From this analysis, option four “Create an additional laminar flow theatre in main theatres and co-located with Theatre Arrivals” was identified as the preferred option. The Committee noted:</p> <ul style="list-style-type: none"> <li>The development will transform theatres and deliver a wide range of benefits such as operational resilience, preserving elective activity and income, the release of the critical estate within the Trust</li> <li>Redevelopment cost has a baseline capital estimate of £4.5m and an circa £2m has been included in the capital budget for 2023-24</li> </ul> <p>The F&amp;P Committee reviewed the business case and approved the recommended option 4, and supported of the business case being presented and discussed at the Trust Board.</p>	Board of Directors	For Review and Approval
<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

Agenda Item	Issue	Receiving Body	Recommendation / Assurance / mandate
<b>CBU Performance Annual Effectiveness 2022-23 &amp; TOR</b>	The F&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&P Committee.	Board of Directors	For Information and Assurance
<b>IG Performance Annual Effectiveness 2022-23 &amp; TOR</b>	The F&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&P Committee.	Board of Directors	For Information and Assurance

## 6.4. People Chairs Log (27th June 2023)

To Note

Presented by Sheena McDonnell





<b>REPORT TO THE COUNCIL OF GOVERNORS</b>	REF:	<b>COG:23/07/26/6.4</b>
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<b>SUBJECT:</b>	<b>PEOPLE COMMITTEE ASSURANCE REPORT</b>
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<b>DATE:</b>	26 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>	✓
	<i>For review</i>		<i>Governance</i>	✓
	<i>For information</i>	✓	<i>Strategy</i>	

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

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

**EXECUTIVE SUMMARY**

The People Committee met on Tuesday 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 Council of Governors 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> COG:23/07/26/6.4
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**CHAIR'S LOG: Chair's Key Issues and Assurance Model**

<b>Committee / Group:</b> People Committee (Q&G)	<b>Date:</b> 27 <sup>th</sup> 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

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
3	Mandatory Training and Compliance Activity	The report was presented by Theresa Rastall Head of 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.	Board of Directors	Assurance
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	Two Significant National Awards: <ul style="list-style-type: none"> <li>NHS Pastoral care quality award for international nurses</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	Board of Directors	Assurance

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
	<ul style="list-style-type: none"> <li>National Interim Quality mark for preceptorship nursing</li> </ul>	<p>International Nurses' Recruitment. The recruitment commenced in 2021 and a total of 235 colleagues have been recruited by December 2023. The award recognises 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	Approval of Two new HR policies:	The recovery of an overpayment in salary policy was presented by Luke Steeples HR Business Partner. The	Board of Directors	Assurance

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
	<ul style="list-style-type: none"> <li>• Recovery of Overpayment of Salary'</li> <li>• Hybrid Working and Homeworking</li> </ul>	<p>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>		
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

## 6.5. 2023/24 Workplan

To Note

Presented by Sheena McDonnell

## 7. Any Other Business

To Note

Presented by Sheena McDonnell

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

To Note

Presented by Sheena McDonnell



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