



Board of Directors: Public

Schedule	Thursday 6 April 2023, 9:30 AM — 12:00 PM BST
Description	Lecture Theatre 1 & 2, Education Centre, Barnsley Hospital NHS Foundation Trust
Organiser	Lindsay Watson

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	Members of the public may request that they address a question to the Board of Directors. Any member of the public wishing to do so must advise the Corporate Governance Manager at least 24 hours before commencement of the meeting, stating their name and the nature of the question. These questions shall be brought to the attention of the Chair before the commencement of the meeting and the decision as to whether any question will or will not be allowed to be put to the Board of Directors by any member of the public will lie with the Chair whose decision will be final.	294
	In accordance with the Trust's Standing Orders and Constitution, to resolve that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.	



Date of next meeting: Thursday 1 June 2023 at 09.30
am, Lecture Theatre 1 & 2, Education Centre, Barnsley
Hospital NHS Foundation Trust

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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 the Meeting held on 2 February 2023

To Review/Approve

Presented by Sheena McDonnell



**Minutes of the meeting of the Board of Directors Public Session
Thursday 2 February 2023 at 9.30 am, via zoom**

The meeting was not held in a public place. In the interests of maintaining transparency and openness during Covid-19, the meeting was live-streamed via YouTube.

PRESENT:	Mrs S McDonnell	Chair
	Dr R Jenkins	Chief Executive
	Mr B Kirton	Chief Delivery Officer/Deputy Chief Executive
	Dr S Enright	Medical Director
	Mr C Thickett	Director of Finance
	Mrs J Murphy	Director of Nursing & Quality
	Mr S Ned	Director of Workforce
	Mr S Radford	Non-Executive Director
	Mrs S Ellis	Non-Executive Director
	Mr N Mapstone	Non-Executive Director
	Mr D Plotts	Non-Executive Director
	Dr G Francis	Non-Executive Director
	Mr H Zaman	Associate Non-Executive Director
	Ms N Ruhi-Khan	Associate Non-Executive Director
IN ATTENDANCE:	Ms L Burnett	Director of Operations
	Mr T Davidson	Director of ICT
	Ms E Parkes	Director of Communications & Marketing
	Mrs A Wendzicha	Interim Director of Corporate Affairs
	Miss L Watson	Corporate Governance Manager (<i>minute taker</i>)
	Mrs S Collier-Hield	Head of Midwifery, CBU 3, min ref 23/150
	Mrs W Lowder	Executive Place Director, Barnsley, min ref 23/158
OBSERVING:	Ms C Hassell	Managing Director, Acute Federation
APOLOGIES:	Mr K Clifford	Non-Executive Director
	Mr N Murphy	Associate Non-Executive Director

	INTRODUCTION	
BoD 23/139	<p>Welcome & Apologies</p> <p>Mrs McDonnell welcomed members and attendees to the public session of the Board of Directors (BoD) meeting. A warm welcome was given to Mrs Wendzicha, Interim Director of Corporate Governance who had commenced in post on 1 February 2023, and to Ms Hassell, Managing Director of the Acute Federation, who was in attendance to observe.</p> <p>Apologies were noted as above.</p>	
BoD 23/140	<p>Declarations of Conflicts of Interest</p> <p>The standing declarations of interest were noted from Dr R Jenkins, Chief Executive Officer, Mr S Ned, Director of Workforce and Mrs A Wendzicha, Interim Director of</p>	

	<p>Corporate Affairs for their joint roles between Barnsley Hospital NHS Foundation Trust (BHNFT) and The Rotherham NHS Foundation Trust (TRFT). Standing declarations of interest was also noted from Mrs S Ellis, Director of Barnsley Facilities Services (BFS).</p> <p>The Board was asked that should any further conflicts of interest become apparent throughout the meeting, these should be highlighted appropriately.</p>	
BoD 23/141	<p>Quoracy</p> <p>Mrs McDonnell confirmed the meeting was quorate.</p>	
BoD 23/142	<p>Minutes of the last Meeting</p> <p>Subject to a minor amendment, the minutes from the meeting held on 1 December 2022 were reviewed and approved as an accurate record.</p>	
BoD 23/143	<p>Action Log</p> <p>All outstanding actions from the previous meetings were reviewed with satisfactory updates noted.</p>	
BoD 23/144	<p>Patient Story</p> <p>Mrs Murphy introduced the patient's story which had been shared with the Board before the meeting. Although consent had been provided, the patient had expressed for the story not to be shared within the public domain, therefore the story will be discussed in further detail at the Private Board meeting later this morning.</p> <p>The video related to a patient cared for in the intermediate care facility and due to the onset of chest pain, required transferring to the Emergency Department (ED) for further assessment/medical intervention. The description portrayed by the family described how the patient had not been cared for with compassion, dignity and empathy. When the patient was treated and fit for discharge, delays had also been experienced due to a shortage of ambulances.</p> <p>The Board was informed mitigations had been implemented to ensure lessons had been learned. This included the video being shared with colleagues in ED as part of ongoing learning, a review of communication between staff and patients relating to pressure area care/pain relief and ensuring risk assessments are in place for vulnerable patients, to ensure patient experience and safety remained a top priority despite the current operational pressures faced.</p> <p>The Board acknowledged the concerns described by the patient and recognised the importance of communication between staff, service users and their families.</p>	
	ASSURANCE	
BoD 23/145	<p>Audit Committee Chair's Log</p> <p>Mr Mapstone presented the chair's log from the meeting held on 18 January 2023 which was noted and received by the Board.</p>	

	<p>A total of seven internal audit reports had been completed; four gave a <i>significant assurance</i> opinion. The Committee noted the internal audit on employment checks for agency staff relating to the Medical and Nursing Directorate had received <i>limited assurance</i> opinion. The Board was told the outcome of the audit had been scrutinised by the Committee, noting there were no matters which required escalating for the attention of the Board.</p>	
<p>BoD 23/146</p>	<p>People Committee</p> <p>Mrs Ellis presented the chair’s log from the meeting held on 24 January 2023 which was noted and received by the Board.</p> <p>The Committee received the annual workforce planning review report for 2021/22, providing an update on the review process and a summary of the Clinical Business Units (CBU) workforce priorities. Following discussion, the Committee agreed that further information should be included within the report, requesting a further update be presented in six months.</p> <p>Gender Pay Gap Report 2022/Action Plan</p> <p>Mr Ned presented the Gender Pay Gap Report 2022 and Action Plan, with the recommendation for the Board to endorse the report for publication on the Trust’s website by the reporting deadline of 30 March 2023, in line with the statutory reporting requirements.</p> <p>Across the workforce the Trust’s gender pay gap is reported at 37%, noting a slight decrease when compared to the same reporting period last year. The overall median gender pay gap is reported at 24%; 18% for Medical and Dental staff and 6% for all other staff. A robust action plan and mitigations to help close the gender pay gap had been established, which included the development of a high-level talent management approach and the expansion of the Trust’s internal coaching and mentoring capability both of which are part of the Organisational Development (OD) Strategy.</p> <p>In response to a query raised regarding the Clinical Excellence Award figures which had been recorded over four years, Mr Ned agreed to review these figures before publication. Action: <i>Gender Pay Gap Report to be sense checked.</i></p> <p>Subject to the above checks and minor amendments, the Board formally received and endorsed the report for publication, by the reporting deadline of 30 March 2023.</p>	<p>SN</p>
<p>BoD 23/147</p>	<p>Quality and Governance (Q&G) Committee Chair’s Log</p> <p>Mrs Murphy presented the chair’s log from the meeting held on 25 January 2023 which was noted and received by the Board.</p> <p>As part of setting the Trusts Objectives for last year, the target to reduce communication complaints by 10% was discussed by the Committee. Following a robust discussion, it was deemed this was an unrealistic target to achieve and was having a detrimental effect on the Red, Amber and Green (RAG) ratings for the quality section. Due to the impact of Covid-19, customer care training had been suspended but as a result of operational pressures and challenges, this had never</p>	

	<p>resumed. Following a wide-ranging discussion, the Committee agreed this “red rating” metric was not a true picture, requesting approval from Board for the objective metric to be removed.</p> <p>The Board agreed this would be discussed under agenda item 3.2: Trust Objectives 2022/23 progress report.</p>	
<p>BoD 23/148</p>	<p>Finance and Performance (F&P) Committee Chair’s Log</p> <p>Mr Radford presented the chair’s log from the meeting held on 26 January 2023 which was noted and received by the Board. The following points were highlighted:</p> <ul style="list-style-type: none"> • Under delegated authority from the Board, the Minimum Digital Foundation (MDF) Investment Agreement (IA) was endorsed by the Committee. The Board was informed that the agreement for year one had been submitted. • The Mexborough Elective Orthopaedic Centre Business Case was presented and approved by the Committee, with a recommendation for Board approval. • The Trust remained on track against the budgeted position, with an adjusted forecast of £8.2m deficit, consistent with last month’s forecast and plan for the year. • The Committee noted that following a detailed review of the Efficiency and Productivity Programme (EPP), the recurrency ratio had been revised to 90%. • The monthly Information and Communications Technology (ICT) report was presented, noting the Robotic Process Automation (RBA) is now live. <p>Mr Thickett informed from a system perspective the gap in terms of the planned position between now and the end of the financial year requires resolving. Although the Trust is tracking ahead of plan, the forecast position had not been amended. It is likely this change at Month 10 to effectively continue the trajectory of being ahead of plan, as part of the Trust’s contribution to close the £25m system gap. The Board was made aware that as a system, this will remain at a breakeven position by the end of the financial year.</p> <p>Mr Davidson reflected on the success of the RBA, acknowledging all staff involved with the project for their hard work and support.</p>	
<p>BoD 23/149</p>	<p>Barnsley Facilities Services (BFS) Chair’s Log</p> <p>Mrs Ellis presented the chair’s log from the BFS Board meetings held on 10 December 2022 and January 2023 which was noted and received.</p> <p>BFS Board approved the rollout of the Careflow Medicines Management (CMM) Electronic Prescribing Medicines Administration (EPMA), before the development of the advanced electronic signature functionality, based on recommendations by the Trust’s Chief Pharmacist. This is being piloted in several clinical areas, noting good progress has been made.</p> <p>In response to a query raised by Mr Radford regarding the delays encountered with the Critical Care Unit (CCU) development; Mrs Ellis informed handover is expected within two weeks. Mrs Parkes commented that a pre-patient launch will be scheduled for early March 2023 and will advise the Board of the date when confirmed.</p>	

	<p>With regards to the rollout of the EPMA, Dr Francis asked if there was sufficient staff to provide support to the practitioners. Mr Davidson assured the Board adequate support is provided. The first outpatient Inflammatory Bowel Disease (IBD) clinic went live yesterday, facilitated by the Electronic Prescribing Lead Pharmacist, where no concerns had been raised. All Consultants and individuals with prescribing rights are fully trained prior to implementation, with “floor walking” support provided to address any issues on the day.</p> <p>The Board was informed that the Clinical Lead and Lead Pharmacist are the Project Leads, noting ICT are working closely with them to ensure additional support is provided should this be required.</p>	
<p>BoD 23/150</p>	<p>Maternity Services Board Measures Minimum Data Set</p> <p><i>The agenda was slightly taken out of order to accommodate presenters attending the meeting.</i></p> <p>Mrs Collier-Hield presented the report providing an update on the Maternity Services Board Measures Minimum Data Set following full scrutiny at the Assurance Committee. Arising from the report the following key points were raised:</p> <ul style="list-style-type: none"> • No new cases had been referred to Healthcare Safety Investigation Branch (HSIB), nor declared as high-level reviews/Serious incidents (HLR/SI). There are three ongoing HRLs and two ongoing SIs. • Perinatal Mortality Review Tool (PMRT); thematic issues identified from the last six months had been included within the report highlighting women not being offered referral to smoking cessation services, concerns with fetal heart rate monitoring and ensuring all high-risk women must have a full obstetric review following booking and a clear plan of care documented. A robust action plan had been implemented and completed. • Ten incidents had been graded as moderate harm or above, duty of candour was completed in all cases. The top themes are term admissions to the Neonatal Unit (NNU) and postnatal readmission of the mother to the unit. A number of mitigations had been undertaken including a revision of the hypertension guidelines. • Work is ongoing to improve compliance for safeguarding training and supervision compliance. The Maternity Services are working with the safeguarding team to improve the reporting mechanisms for safeguarding level three, understanding that individual compliance is over a three-year period. The Trust will focus on ensuring all midwives are fully compliant during this year. Compliance with infection control level two had decreased, this had been included in the mandatory training as of January 2023. Face to face PROMPT training recommences in January 2023 and a full-day fetal monitoring training was reinstated in September 2022. • Vacancy rate for midwives reported at 1.26 wte Band 5/6. A midwifery apprentice had been appointed and will commence in March 2023, funded by Local Maternity Neonatal Systems (LMNS). • Seven friends and family test (FFT) responses had been submitted. A new overarching maternity patient experience action plan had been developed which was well received at the Patient and Experience Group (PEG) • At the end of December 2022, 31 guidelines are reported to be out of date. Work is in progress with the triumvirate to ensure improvements are made. 	

	<ul style="list-style-type: none"> The declaration form confirming full compliance with the 10 safety actions for the Clinical Negligence Scheme for Trusts (CNST) had been endorsed by the Board on 5 January 2023. The declaration form had been submitted on behalf of the Trust. <p>A query was raised regarding the fetal heart rate monitoring; following a wide-ranging discussion Mrs Collier-Hield advised several mitigations had been implemented including a continuous audit of fetal heart rate monitoring, increased training for staff and procurement of new equipment to ensure improvements are made. It was agreed further updates relating to progress would be provided at future meetings. Action: include fetal heart monitoring progress updates within the monthly report.</p> <p>Dr Jenkins referred to the out of date guidelines and training compliance; following discussion it was agreed that further discussions to address this issue would be held outside the Board meeting. Action: meeting to be arranged to address the out-of-date guidelines/training compliance.</p> <p>Mrs Murphy assured the Board work is ongoing to address the issue with out of date guidelines, along with governance arrangements relating to maternity services, and informed a quadrumvirate meeting had recently been held, with a further meeting planned for mid-February 2023 as a “check and challenge”.</p> <p>With regards to a question raised regarding the Consultant vacancy, Mrs Collier-Hield will confirm if the recruitment process had commenced. Action: confirm if the Consultant Advert is live, and inform Dr Francis.</p> <p>On behalf of the Board, Mrs McDonnell thanked Mrs Collier-Hield for the comprehensive report which was noted and received.</p>	<p>JM/ SCH</p> <p>JM</p> <p>JM/ SCH</p>
<p>BoD 23/151</p>	<p>Executive Team Report and Chair’s Log</p> <p>Dr Jenkins presented the chair’s log from the ET meetings held throughout December 2022 and January 2023, advising no matters required escalation to the Board.</p>	
	<p>PERFORMANCE</p>	
<p>BoD 23/152</p>	<p>Integrated Performance Report (IPR)</p> <p>Mrs Burnett introduced the IPR report for December 2022 which provided an overview of performance and challenges throughout the Trust.</p> <p>The Trust continued to experience challenges as a result of operational pressures and recent industrial action. One of the main challenges experienced is in providing mutual aid and the Trust is working collaboratively as a system to provide support to other providers in the area.</p> <p>The command and control structures had been activated with a number of mitigations in place to address the concerns; including stepping down the elective programme and the use of additional beds on a number of wards to accommodate the increase in demand. A reduction in the performance metrics was reported as the Trust focussed on patient safety and supporting the health and wellbeing of staff.</p>	

	<p>Improvements had been noted in the reduction of cancer pathways with a key focus being the number of patients waiting over 62 days; the Trust is working towards having no more than 25 patients waiting by the end of March 2023. The Trust is noted to have one of the strongest performances across South Yorkshire.</p> <p>In response to a query raised regarding sickness absence data, Mr Ned confirmed further scrutiny will take place at the People and Engagement Group (PEG) and the People Committee. Dr Jenkins commented that the Executive Team (ET) had recently received and endorsed a revised Family Friendly Policy, which in turn could have a positive impact on sickness absence.</p> <p>The Board was assured plans are in place by the Senior Nursing Team, Management and Site Teams to mitigate and manage the risks accordingly, ensuring patient safety and high quality of care is being provided during these difficult times.</p> <p>The report was received and noted by the Board.</p>	
<p>BoD 23/153</p>	<p>Trust Objectives 2022/23 Progress Report</p> <p>Mr Kirton introduced the report providing an overview of progress made during quarter three, following full scrutiny at the Assurance Committees. The key highlight within the report is the Trust's support of a caring and supportive culture including the Equality, Diversity and Inclusion agenda.</p> <p>One area of concern is the number of formal complaints received relating to communication and failings in compassionate care. This area continued to increase and is not reducing in line with the ambitions set, despite the turnaround time and quality of complaint responses improving.</p> <p>As discussed earlier in the agenda, Mrs McDonnell referred to the recommendation to remove two key performance indicators (KPIs) related to the quality priorities; customer care training and complaints. Following an in-depth discussion, the Board endorsed the recommendation for the removal of the KPI related to complaints reduction. For assurance, Mrs Murphy was asked to review the customer care training approach and provide an update at a future Board meeting prior to removing the KPI from the objectives. Action: <i>Customer care training approach to be reviewed and presented back to the Board for assurance.</i></p> <p>The Board noted and received the report as assurance against the Trust Objectives.</p>	<p>JM</p>
<p>BoD 23/154</p>	<p>Quarterly Mortality Report</p> <p>Dr Enright introduced the Mortality Report for quarter three and the following key points were noted:</p> <ul style="list-style-type: none"> • Crude mortality: latest analysed data reports year to date is 26.42. • SHMI: latest rolling month to July 2022 is 100.66 (classified as expected). • HSMR: latest data from CHKS is to September 2022 and reports 116.22 for the preceding 12-month period (classified as within limits). <p>The Board noted and received the quarterly update.</p>	

	GOVERNANCE	
BoD 23/155	<p>Board Assurance Framework/Corporate Risk Register</p> <p>Mrs Wendzicha introduced the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) providing an update on the latest position. Both documents had recently been presented at the recent ET meeting and Assurance Committees</p> <p>BAF: There are 13 risks on the BAF, all of which had been mapped against the 2022/23 objectives. The Board was made aware of a new strategic risk that had been opened, regarding the inability to improve financial stability over the next two - five years. Following consideration, the Board approved the risk to be escalated onto BAF.</p> <p>CRR: Two new risks had been added since the last presentation:</p> <ul style="list-style-type: none"> • Risk 2803 regarding the risk of delivering an effective haematology service due to a reduction in Haematology Consultants; following discussion by ET on 4 January 2023, it was agreed the risk would be included on the CRR. • Risk 2845 regarding an inability to improve the financial stability of the Trust over the next two - five years; following discussion by ET on 18 January 2023, it was agreed the risk would be included on the CRR. <p>Following review, risk 2605 regarding anticipating evolving care needs to reduce Health Inequalities had been de-escalated and scored 12 (high risk).</p> <p>Mr Mapstone expressed concerns relating to the description of risk 2592 regarding the inability to deliver constitutional standards; Mrs Wendzicha advised part of her role will be to support the articulation of risks and population of controls going forward.</p> <p>The Board noted and received the report.</p>	
BoD 23/156	<p>Standards of Business Conduct and Managing Conflict of Interest Policy</p> <p>Mrs Wendzicha introduced the revised policy following approval at the Audit Committee in January 2023, which is aligned with the national policy published by NHS England.</p> <p>The Board reviewed and approved the revised policy, with the agreement that the next review would be in two years, or earlier should NHSE or other statutory legislation be reviewed.</p>	
BoD 23/157	<p>Business Case: Mexborough Elective Orthopaedic Centre</p> <p>Mr Kirton introduced the business case providing an overview of the Mexborough Elective Orthopaedic Centre (MEOC). The Board was made aware the business case had recently been endorsed in principle by the centre.</p> <p>The centre is a dedicated facility that is designed to see and treat orthopaedic patients on a “green site”, across partner organisations within the South Yorkshire Integrated Care Board (SYB ICB); Doncaster & Bassetlaw Teaching Hospitals (DBTH), Barnsley Hospital NHS Foundation Trust (BHNFT) and The Rotherham</p>	

	<p>Hospital NHS Foundation Trust (TRFT). The development is being led by DBTH working in partnership with colleagues from BHNFT and TRFT.</p> <p>It is proposed the facility will be open five days per week, with two dedicated theatres and the overall elective capacity will be allocated as 50% DBTH and 25% each for BHNFT and TRFT. This will be reviewed on an annual basis based on the demands of the waiting lists across the various organisations.</p> <p>The Board expressed that this was an excellent opportunity for all providers noting some of the benefits would include:</p> <ul style="list-style-type: none"> • Creating a dedicated elective orthopaedic hub to reduce waiting times. • Release capacity on the host organisations to support elective recovery across potentially different services . • Strategically located close to the Dearne area of Barnsley – will support access to care and reducing health inequalities. • Support to winter planning element going forward in terms of orthopaedic services • Strategic alignment to the Trust objectives in terms of partnerships <p>The Board noted and received the business case and direction of travel, endorsed the partnership working agreement between the three Trusts and supported the capital spend associated with the business case, whilst recognising further work is required in terms of the revenue.</p>	
<p>BoD 23/158</p>	<p>Integrated Care Board (ICB)</p> <p><i>The agenda was slightly taken out of order to accommodate presenters attending the meeting.</i></p> <p>Mr Kirton introduced the paper and welcomed Mrs Lowder, Executive Place Director for Barnsley to the meeting. The Board was informed to enable the delivery of integrated population health and care services within Barnsley, the following documents required ratification:</p> <ul style="list-style-type: none"> • Place Agreement: this is a revised version of the previous agreement which provides an overarching framework for the continued development of a place-based partnership for Barnsley. • Partnership Board Terms of Reference: <ul style="list-style-type: none"> ○ Barnsley Place Partnership Board ○ Barnsley ICB Place Committee ○ Sub-committees and Sub-groups of the Place Partnership Board <p>The Board received and ratified the key governance documents which underpin the Barnsley Place Partnership.</p>	
<p>BoD 23/159</p>	<p>Barnsley Hospital NHS Foundation Trust Children’s Services Developments</p> <p>Mr Kirton introduced the paper providing an overview of the benefits achieved following the development of the Children’s Services. The update also linked with the staff story; Clinical Assessment Unit/Paediatrics Emergency Department Development presented to Board in December 2022.</p>	

	<p>The key benefits include; pathway improvements leading to an improved experience for children and families, environmental improvements for both service users and staff, co-location of Children's ED and Children's Assessment Unit (CAU) creating a streamlined pathway for accessing emergency care, reduction in bed base and a reduction in in-patient admissions through the establishment of a 24/7 CAU.</p> <p>The Board received the update noting the progress, positive developments and ongoing work on the developments.</p> <p>The Board formally acknowledged and thanked the Paediatric Team, CBU 3 and members of ET for their hard work and support to the development.</p>	
	FOR INFORMATION	
BoD 23/160	<p>Chair's Report</p> <p>Mrs 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.</p> <p>The Board noted and received the report.</p>	
BoD 23/161	<p>Chief Executive Report</p> <p>Dr 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>The Board noted and received the report.</p>	
BoD 23/162	<p>Intelligence Report</p> <p>Ms Parkes presented the report providing an overview of NHS Choices reviews; reviews of strategic developments; and national and regional initiatives.</p> <p>The Board noted and received the report.</p>	
BoD 23/163	<p>Barnsley Integrated Care Partnership Group (ICPG) Update</p> <p>Mrs McDonnell advised no matters required escalation to the Board.</p>	
BoD 23/164	<p>Acute Federation (AF) Update</p> <p>Dr Jenkins provided a verbal regarding the AF. Ms Hassell had been appointed as the Managing Director for the AF and commenced her post in January 2023.</p> <p>A number of development sessions to explore the development and to implement a formal structure had been held during the last 12 months. The key focus of work for 2023/24 will be the development of a work programme plan and to ensure the clinical strategy work remains on track and completed by the end of the year.</p> <p>Ms Hassell thanked the Board and said she looked forward to working with colleagues in the future.</p>	

BoD 23/165	2021/22 Work Plan The work plan, which sets out the work structure for the year ahead, was included for information purposes. The Joint Partnership Programme between BHNFT and TRFT will be added to the Board of Directors Private/Strategic Session scheduled on 3 March 2023.	
BoD 23/166	ANY OTHER BUSINESS No further business was escalated to the Board for discussion.	
BoD 23/167	Questions from Governors regarding the Business of the Meeting No questions had been submitted on behalf of the Council of Governors.	
BoD 23/168	Questions from the Public regarding the Business of the Meeting Before the meeting, a statement had been published on the Trust's website inviting questions from members of the public. No questions had been submitted.	
BoD 23/169	Date and Time of Next Meeting The next meeting of the Board of Directors Public Session will be held on Thursday 6 April 2023. 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.	

1.5. Action Log

To Review

Presented by Sheena McDonnell

Board of Directors Public Action Log

Meeting Date	Agenda	Action	Assigned To	Progress / Notes	Due Date	Status
2 Feb 2023	Gender Pay Gap Report 2022/Action Plan	In response to a query raised regarding the Clinical Excellence Award figures which had been recorded over four years, Mr Ned agreed to review these figures before publication.	Steve Ned	The highlighted figure (the number of award recipients for 2021) has been checked and verified. The increase is due to the equal distribution method used for awarding CEA's (compared to previous years where there has been a competitive process).	30 Mar 2023	Complete
2 Feb 2023	Maternity Services Board Measures Minimum Data Set	Consultant Vacancy: check if the recruitment process had commenced.	Jackie Murphy, Sara Collier-Hield	Recruitment Commenced.	6 Apr 2023	Complete
2 Feb 2023	Maternity Services Board Measures Minimum Data Set	Fetal heart rate monitoring: updates to be included within the monthly report.	Jackie Murphy, Sara Collier-Hield	Included within the monthly report.	6 Apr 2023	Complete
2 Feb 2023	Maternity Services Board Measures Minimum Data Set	Dr Jenkins referred to the out of date guidelines and training compliance; following discussion it was agreed that further discussions to address this issue would be held outside the Board meeting. Action: meeting to be arranged to address the out-of-date guidelines/training compliance.	Jackie Murphy	Meeting has been held; the number of out of date guidelines has been reduced to six.	6 Apr 2023	Complete
2 Feb 2023	Trust Objectives 2022/23 Progress Report	Mrs Murphy was asked to review the customer care training approach and provide an update at a future Board meeting, prior to removing the KPI from the objectives. Action: Customer care training is to be reviewed and presented back to the Board for assurance.	Jackie Murphy	Over 100 people have undertaken customer care training from January 2022 to February 2023. The difficulty has been delivering face to face training, however adaptations have been made delivering the training to teams.	29-Mar-23	Complete

1.6. Patient Story

To Note

Presented by Jackie Murphy

2. Culture

2.1. NHS Staff Survey 2022

For Assurance

Presented by Steve Ned



REPORT TO THE BOARD OF DIRECTORS - Public	REF:	BoD: 23/04/06/2.1
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SUBJECT:	NATIONAL STAFF SURVEY RESULTS - 2022
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DATE:	6 April 2023
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PURPOSE:	<i>For decision/approval</i>	<small>Tick as applicable</small>	<i>Assurance</i>	<small>Tick as applicable</small>
	<i>For review</i>		<i>Governance</i>	✓
	<i>For information</i>	✓	<i>Strategy</i>	✓

PREPARED BY:	Steven Ned, Director of Workforce
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SPONSORED BY:	Steven Ned, Director of Workforce
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PRESENTED BY:	Steven Ned, Director of Workforce
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STRATEGIC CONTEXT

Best for People: We will make our Trust the best place to work by focusing on staff engagement and experience, in particular we will measure our impact through the National Staff Survey which, from 2021, has been aligned to the national People Promise which, in the words of NHS staff, sets out the things that would most improve their working experience.

EXECUTIVE SUMMARY

The Board of Directors has previously received a version of our staff survey results as measured by comparing our results to the results of other organisations that used Picker as their survey provider. This paper sets out the final 2022 NHS Staff survey report as received from the National Staff Survey co-ordination centre. These are the final, public results for the staff survey for 2022 and was published nationally on 9th March, 2023. This paper has previously been considered by the Board in confidential session due to the embargo on publication until 9th March, 2023. Full details of the Trust’s results compared to comparator organisations (Acute and Acute and Community Trusts) and internal benchmarks can be found here:

<https://cms.nhsstaffsurveys.com/app/reports/2022/RFF-benchmark-2022.pdf>

<https://cms.nhsstaffsurveys.com/app/reports/2022/RFF-breakdown-2022.pdf>

This is a high-level summary of the results of the staff survey results for Barnsley Hospital NHS Foundation Trust. Detailed results have been shared with Clinical Business Units and departments to enable them to share the results with colleagues and work with them to develop action plans to address any issues arising from the survey. The results have also been presented to the Trust’s People Committee who will monitor the overall Trust action plan to address the findings of the staff survey.

At a headline level, the results for the 2022 staff survey are positive with the Trust scoring higher

than average in all the People Promise elements and the 2 additional themes (staff engagement and morale). In two areas 'we work flexibly' and 'we are a team' the Trust has scored as best overall within our comparator group. The Trust has the highest staff survey scores for Acute and Acute and Community Trusts in Yorkshire and the Humber and 2nd highest in the same comparator group for the North East, Yorkshire and the Humber.

RECOMMENDATION

The Board of Directors is asked to note the final results of the 2022 National Staff Survey.



Staff Survey Results

Steven Ned – Director of Workforce



Barnsley Hospital NHS Foundation Trust

NHS Staff Survey Benchmark report 2022



About this report

This benchmark report for Barnsley Hospital NHS Foundation Trust contains results for the 2022 NHS Staff Survey, and historical results back to 2018 where possible. These results are presented in the context of best, average and worst results for similar organisations where appropriate*. Data in this report are weighted** to allow for fair comparisons between organisations.

Please note: Results for Q1, Q10a, Q24d, Q25a-c, Q26a-c, Q27, Q28, Q29, Q30a, Q31a-b, Q32a-b and Q33 are not weighted or benchmarked because these questions ask for demographic or factual information.

Full details of how the data are calculated and weighted are included in the Technical Document, available to download from our results website.

How results are reported

For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the People Promise. This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:



In support of this, the results of the NHS Staff Survey are measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale). The reporting also includes sub-scores, which feed into the People Promise elements and themes. The next slide shows how the People Promise elements, themes and subscores are related and mapped to individual survey questions.

*The data included in this report are weighted to the national benchmarking groups. The figures in this report may be different to the figures produced by your contractor.

**Please see Appendix C for a note on the revision to 2019 historical benchmarking for Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, and Community Trust benchmarking groups.

People Promise elements	Sub-scores	Questions
We are compassionate and inclusive	Compassionate culture	Q6a, Q23a, Q23b, Q23c, Q23d
	Compassionate leadership	Q9f, Q9g, Q9h, Q9i
	Diversity and equality	Q15, Q16a, Q16b, Q20
	Inclusion	Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	No sub-score	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
	Raising concerns	Q19a, Q19b, Q23e, Q23f
We are safe and healthy	Health and safety climate	Q3g, Q3h, Q3i, Q5a Q11a, Q13d, Q14d
	Burnout	Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
	Negative experiences	Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
We are always learning	Development	Q22a, Q22b, Q22c, Q22d, Q22e
	Appraisals	Q21a*, Q21b, Q21c, Q21d *Q21a is a filter question and therefore influences the sub-score without being a directly scored question.
We work flexibly	Support for work-life balance	Q6b, Q6c, Q6d
	Flexible working	Q4d
We are a team	Team working	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
	Line management	Q9a, Q9b, Q9c, Q9d
Themes	Sub-scores	Questions
Staff Engagement	Motivation	Q2a, Q2b, Q2c
	Involvement	Q3c, Q3d, Q3f
	Advocacy	Q23a, Q23c, Q23d
Morale	Thinking about leaving	Q24a, Q24b, Q24c
	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Questions not linked to the People Promise elements or themes

Barnsley Hospital NHS Foundation Trust

2022 NHS Staff Survey



Organisation details

Completed questionnaires **2092**

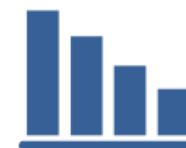
2022 response rate **56%**

Survey details

Survey mode **Paper**

This organisation is benchmarked against:

Acute and Acute & Community Trusts



2022 benchmarking group details

Organisations in group: 124

Median response rate: 44%

No. of completed questionnaires: 431292

People Promise Elements and Themes: Overview

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



We are
compassionate
and inclusive

We are recognised
and rewarded

We each have a
voice that counts

We are safe and
healthy

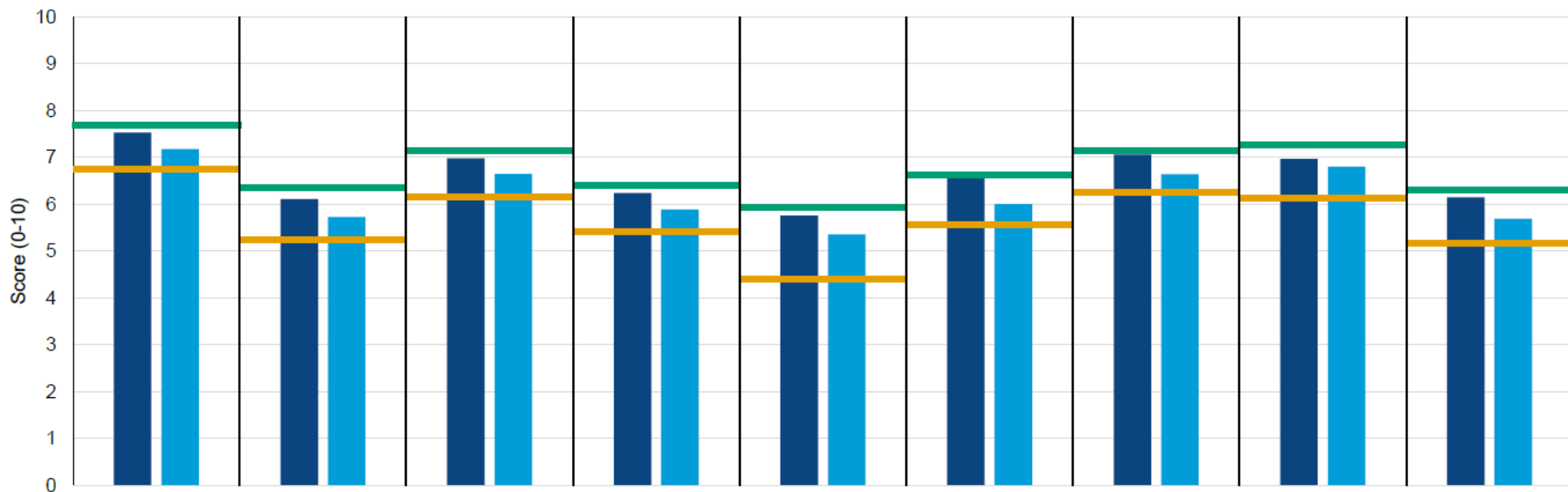
We are always
learning

We work flexibly

We are a team

Staff Engagement

Morale



Your org	7.5	6.1	7.0	6.2	5.8	6.6	7.1	7.0	6.1
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2

Responses

2086

2088

2050

2049

1991

2067

2083

2086

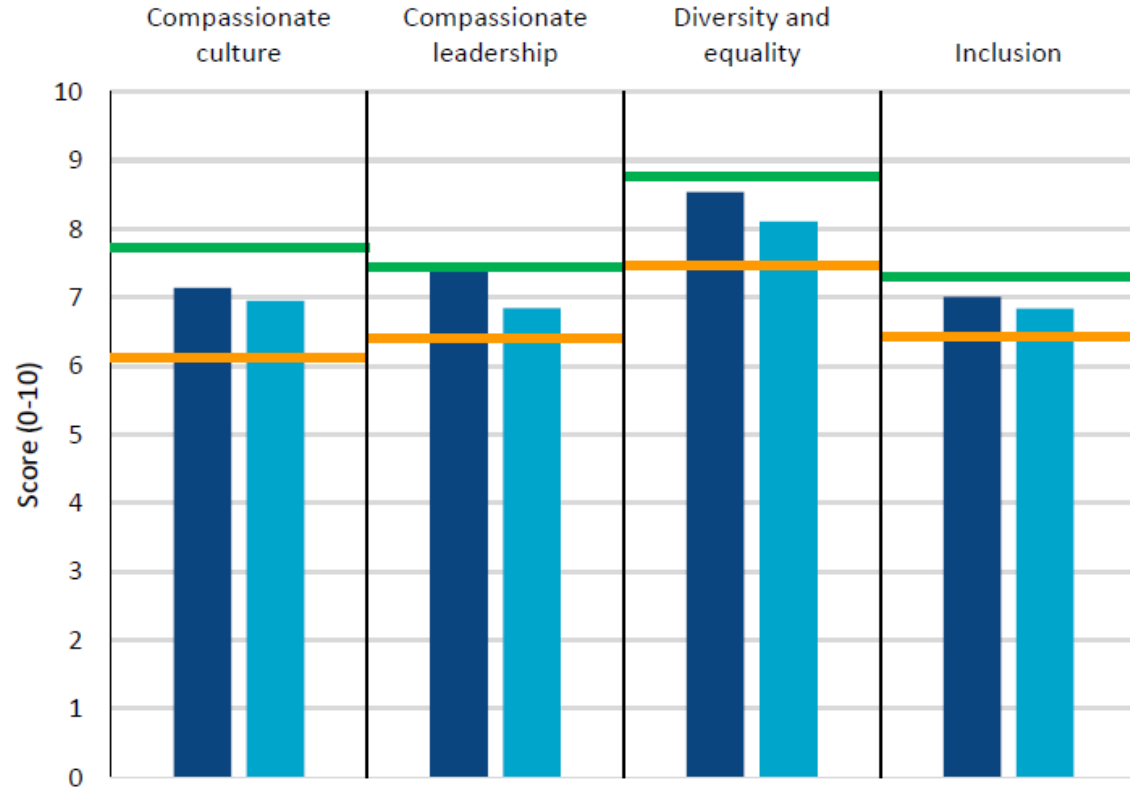
2087

Page 29 of 295

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



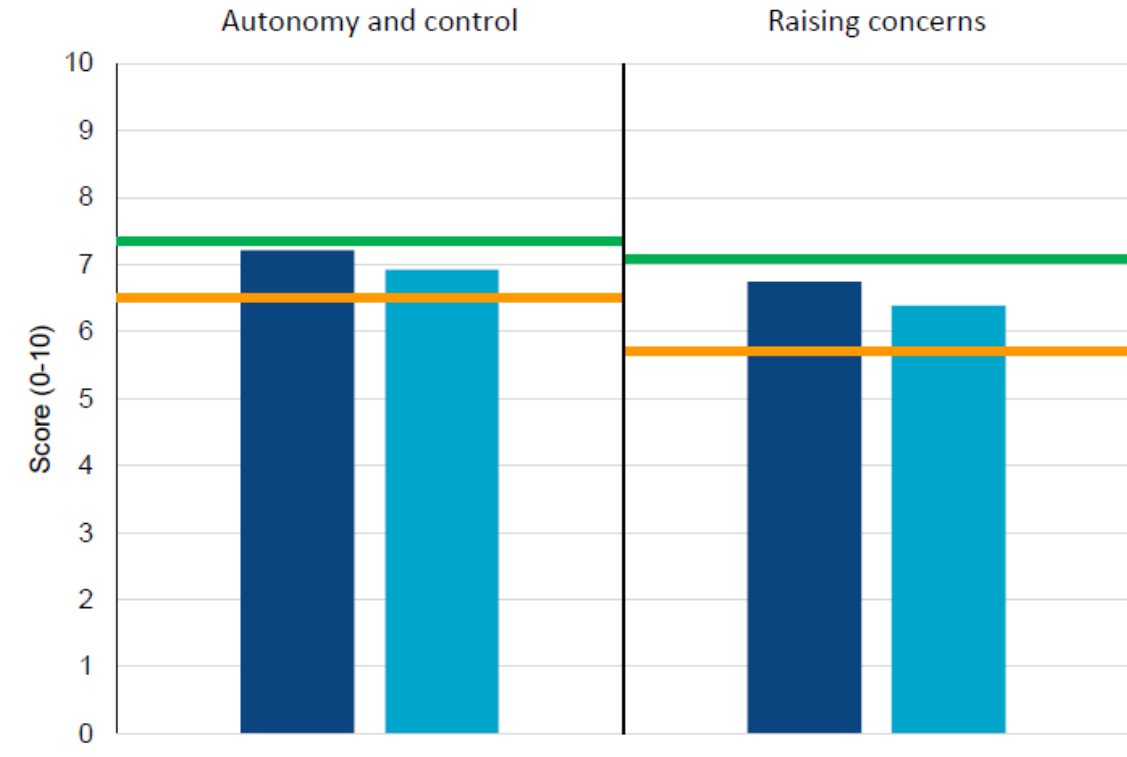
Promise element 1: We are compassionate and inclusive



Your org	7.1	7.4	8.5	7.0
Best	7.7	7.4	8.8	7.3
Average	7.0	6.8	8.1	6.8
Worst	6.1	6.4	7.5	6.4
Responses	2067	2083	2077	2081



Promise element 3: We each have a voice that counts

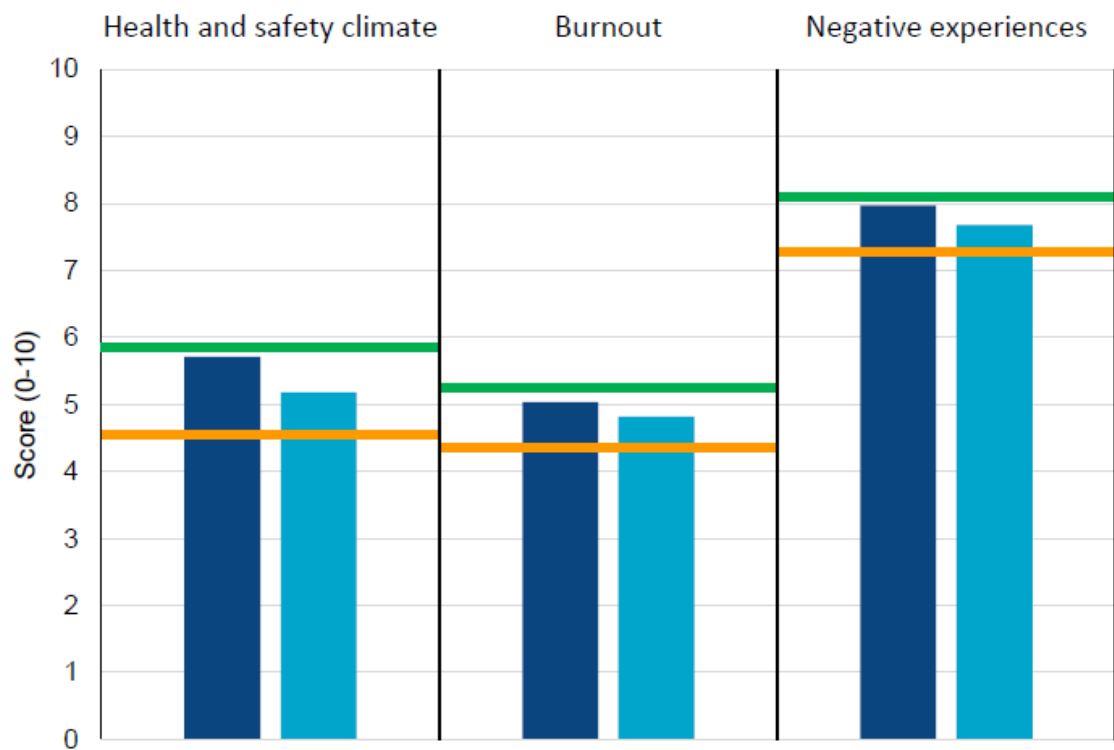


Your org	7.2	6.7
Best	7.3	7.1
Average	6.9	6.4
Worst	6.5	5.7
Responses	2084	2057

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 4: We are safe and healthy



Your org	5.7	5.0	8.0
Best	5.9	5.3	8.1
Average	5.2	4.8	7.7
Worst	4.6	4.4	7.3
Responses	2084	2079	2065



Promise element 5: We are always learning

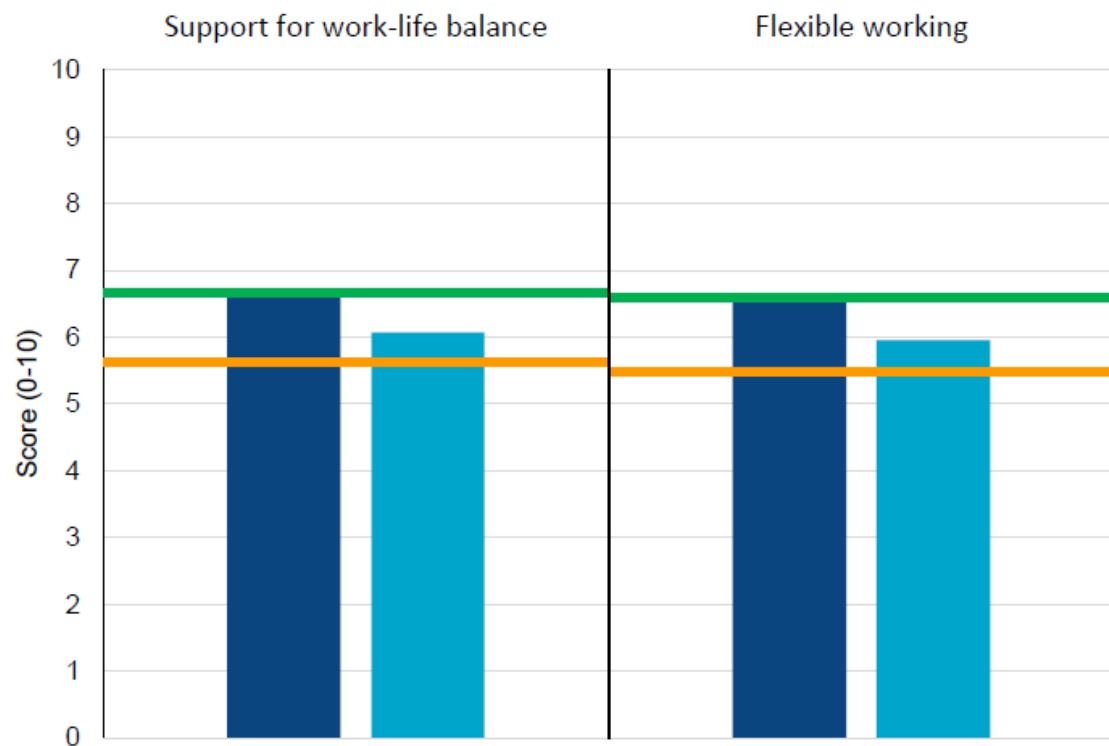


Your org	6.7	4.8
Best	6.8	5.1
Average	6.3	4.4
Worst	5.9	2.9
Responses	2059	2019

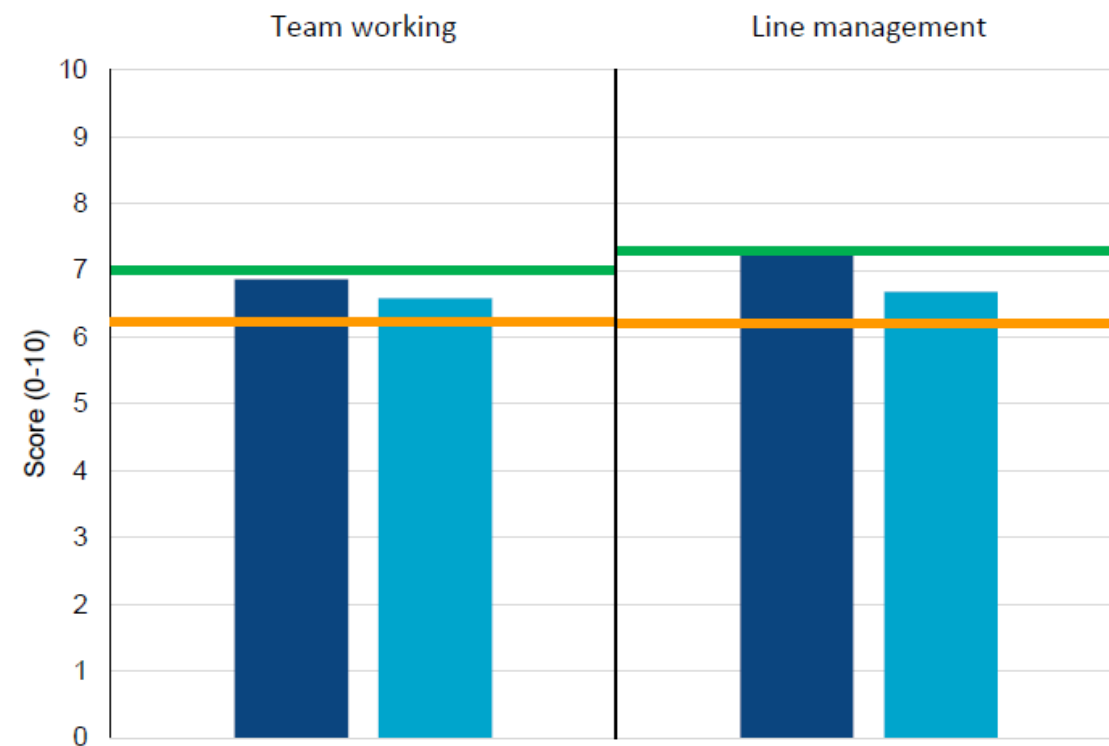
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 6: We work flexibly



Promise element 7: We are a team



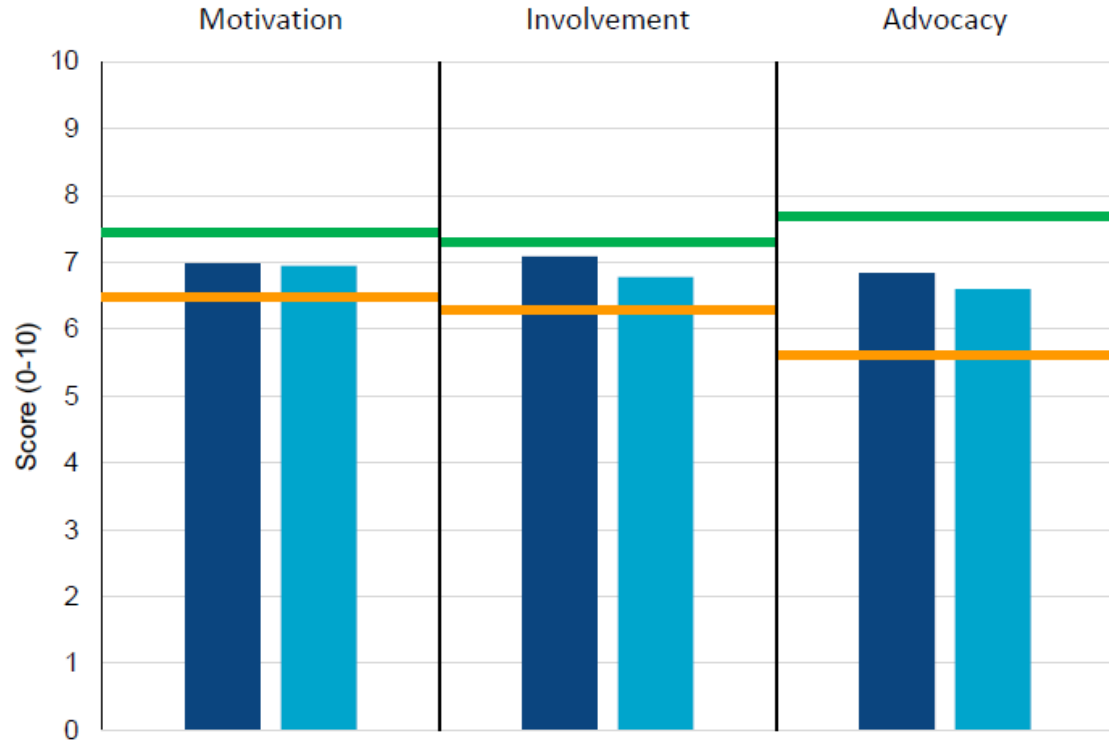
Your org	6.7	6.6
Best	6.7	6.6
Average	6.1	6.0
Worst	5.6	5.5
Responses	2077	2078

Your org	6.9	7.2
Best	7.0	7.3
Average	6.6	6.7
Worst	6.2	6.2
Responses	2088	2085

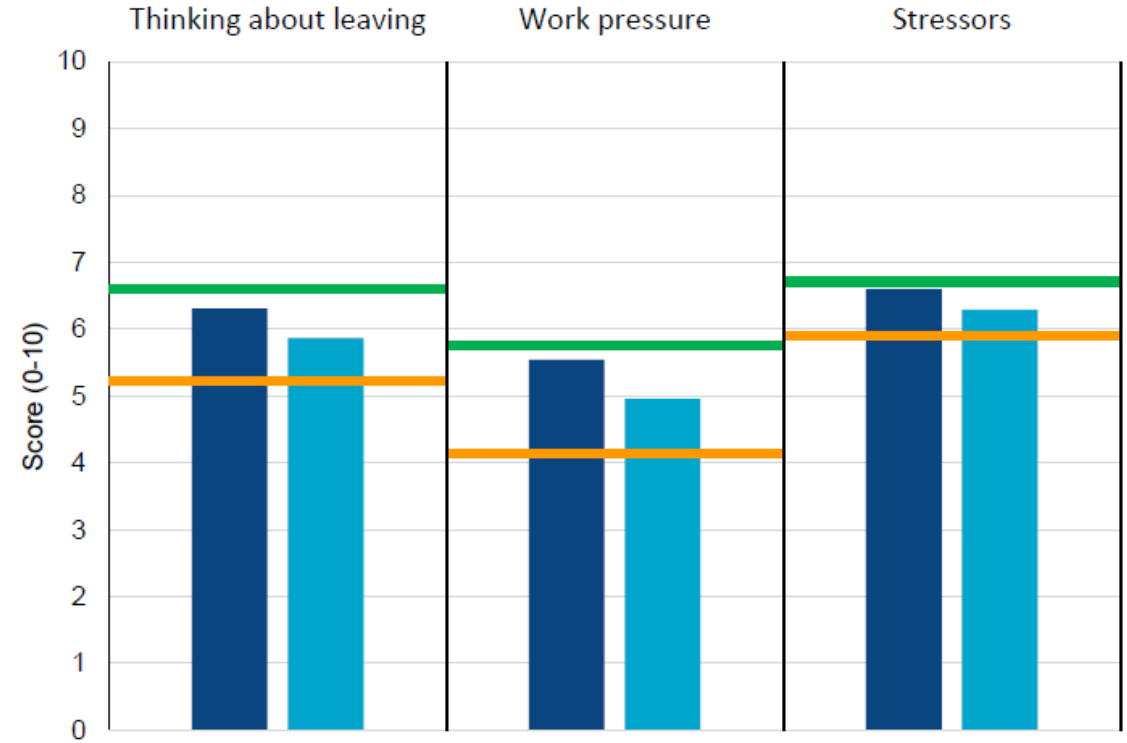


All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Theme: Staff engagement



Theme: Morale



Your org	7.0	7.1	6.8
Best	7.4	7.3	7.7
Average	7.0	6.8	6.6
Worst	6.5	6.3	5.6
Responses	2070	2084	2067

Your org	6.3	5.5	6.6
Best	6.6	5.7	6.7
Average	5.9	5.0	6.3
Worst	5.2	4.1	5.9
Responses	2060	2081	2084

3. Assurance

3.1. People Committee Chair's Log: 28

March 2023

For Assurance

Presented by Sue Ellis



REPORT TO THE BOARD OF DIRECTORS - Public	REF:	BoD: 23/04/06/3.1
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SUBJECT:	PEOPLE COMMITTEE CHAIR'S LOG
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DATE:	6 April 2023
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PURPOSE:		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>	✓	<i>Assurance</i>	✓
	<i>For review</i>		<i>Governance</i>	✓
	<i>For information</i>	✓	<i>Strategy</i>	

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

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

EXECUTIVE SUMMARY

The People Committee met on Tuesday 28 March 2023 where the following items were considered:

- 'Guardian of Safe Working Hours' Report
- Annual Employee Relations Report
- Staff Survey Results and Next Steps
- Workforce Insight Report
- Trust People Plan Update
- Equality Delivery System Work
- Budget Allocation for Organisational Development
- Board Assurance Framework/Corporate Risk Register; including an update on maintaining patient safety during current industrial action by different NHS staff groups

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

RECOMMENDATION(S)

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

Subject: People Committee Chair's Log	Ref:	BoD: 23/04/06/3.1
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: People Committee	Date: 28 March 2023	Chair: 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	Guardian of Safe Working Hours	<p>Miss Jessica Phillips, Guardian of Safe Working Hours, attended the meeting to present her six-monthly report on the working arrangements for junior doctors within the Trust. This was based on exception reports about additional hours worked and lost training opportunities. The main recommendations from the report were that the experience and workload information could be matched to Locum use and that the perception of exception reporting for trainees and trainers should be enhanced by education as this is currently viewed as a criticism.</p> <p>The Committee also requested that benchmarking information be provided to illustrate whether our Trust was typical.</p> <p>The Committee will receive an Annual Report after another six months, which will then be forwarded to the Board of Directors for assurance.</p>	Board of Directors	For information and assurance
2	Annual Employee Relations Report	<p>This report, presented by Karl Hickman – Associate Director of Human Resources, captured in summary the employee relations activity that has taken place within the Trust during the 12 months between October 21 and September 22.</p> <p>The volume of casework related to disciplinary, grievance and outcomes as well as the medical processes on</p>	Board of Directors	For information and assurance

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
		<p>Maintaining High Professional Standards, (MHPS) showed a decrease in activity. This positive development followed training provided to managers leading to more confidence in resolving matters informally in line with the approach to developing a positive workplace culture. This work will continue and it was noted a comprehensive review of the Trust Disciplinary Policy has been undertaken. It was suggested that correlating the information on HR disciplinary type cases with issues raised through the PIPOT (Persons in a Position of Trust) safeguarding route would enhance the next report and also add in any Tribunal cases and sickness.</p>		
3	Staff Survey Results	<p>The full information was provided for completeness and the Committee again commented on the positive results for Barnsley Trust showing success in relative position to other acute hospitals in the North East, Yorkshire and the Humber.</p> <p>It was noted that CBUs would now be developing action plans and the individual departmental issues will be shared and progressed, supported by Executive Director links. Analysis of any issues arising from demographic information and the narrative comments will also be undertaken. A corporate action plan will be available to the Committee in April.</p>	Board of Directors	For information and assurance
4	Workforce Insight Report	<p>This regular report was presented by Victoria Racher, Head of Workforce Planning, Resourcing and Systems and was well received again. Absence rates remain challenging and it was noted that an improving attendance tool kit is being developed and would be brought back to the committee in September 2023.</p>	Board of Directors	For information and assurance

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
5	Trust People Plan Update	This has previously been approved by the Trust Board and elements of the national people plan perspective was described for awareness raising. The Trust People Plan will be updated to the Committee every other meeting.	Board of Directors	For information and assurance
6	Equality Delivery System (EDS)	<p>Pauline Garnett, Head of Inclusion and Wellbeing, attended to present this item, updating on the revised requirements of the scheme and a process of interactive activity to feedback and score on 3 domains of: Commissioned or provided service, Workforce Health and Wellbeing and Inclusive Leadership.</p> <p>As such domains covered both commissioning of patient services and staff provision, it was agreed to forward a separate report focusing on patient services, to the Quality and Governance Committee for the meeting in April 2023, before final Trust sign-off.</p>	<p>Board of Directors</p> <p>Quality and Governance Committee</p>	<p>For information and assurance.</p> <p>For review and agreement</p>
7	Organisational Development Budget Allocations	A summary of budget for organisational development (OD) within the overall People Directorate was received. It was agreed this needed to tie in with the developing OD strategy and recognition that other key work strands such as Quality improvement could be incorporated into identifying our overall OD resource	Board of Directors	For information and assurance
8	Board Assurance Framework and Corporate Risk Register	The items and risks ascribed to the committee were discussed: Amending the potential score of risk 1202 relating to non-recruitment to vacancies and retention was discussed, and was agreed work for supply solutions needed to be developed for 'Winter', and as such the score would remain at 12.	Board of Directors	For information and assurance

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
9	People and Engagement Group Chair's Log	This was discussed and the appointment of an Occupational Psychologist was welcomed as additional support to health and wellbeing services.	Board of Directors	For information and assurance
10	Any Other Business	<p>The meeting was also updated on current NHS pay offer and deferred industrial action. The proposed pay offer is being made to the majority of staff groups under Agenda for change, and most trade unions were encouraging acceptance. Central confirmation of the funding position for the proposed pay offer is still awaited. Those involved in leadership positions in mitigating risk to patient services from any industrial action past and future were thanked for their hard work.</p> <p>Separately the BMA on behalf of junior doctors is now scheduling a second round of industrial action to cover the dates 11th to the 14th/15th of April.</p> <p>We continue to work in partnership to ensure patient safety is preserved at Barnsley hospital, and it was reflected that their positive local relationships remain with representatives of the BMA and other trade unions</p>	Board of Directors	For information and assurance

3.2. Quality and Governance Committee Chair's Log: 22 February & 29 March 2023

For Assurance

Presented by Kevin Clifford



REPORT TO THE BOARD OF DIRECTORS - Public REF: **BoD: 23/04/06/3.2**

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

DATE: 6 April 2023

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

PREPARED BY: 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 22 February 2023 and received a number of presentations, regular and adhoc reports to provide the committee and ultimately the Board with assurance:

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

- Quality Improvement Update
- Quarterly Falls and Pressure Ulcer Reports
- Legal Services Report and Complaints Litigation Incidents and Coroners Inquests
- Nursing, Midwifery and Therapy Services Report
- Maternity Services Board Measures Minimum Data Set
- Medical Staff Safeguards Report
- Mortality Report
- Stroke Peer Review Report
- Health and Safety Group

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

RECOMMENDATION(S)

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

Subject: Quality and Governance Committee Chair's Log	Ref:	BoD: 23/04/06/3.2
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: Quality and Governance Committee (Q&G)	Date: 22 February 2023	Chair: Kevin Clifford
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Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
1	Quality Improvement Update	<p>The Committee received a report of the activities of the QI team over the last 6 months, looking at Training, the number and types of projects, this work will continue over the coming 6 months.</p> <p>The Committee received assurance with the linking of existing projects to the Trust's objectives and proposed work to also link projects to the CRR and CBU Risks</p>	Board of Directors	For Assurance
2	Falls Quarterly Report	The Committee received the update on the current position and work towards achieving the targets within the Trust's Quality Plan. The Committee wished to receive further assurance on a number of areas particularly relating to increases in falls reported over the last year and links to the operational pressures the Trust has seen.	Board of Directors	For Assurance
3	Pressure Ulcers Quarterly Report	The Committee received the update on the current position and work towards achieving the targets within the Trust's Quality Plan. The Committee wished to receive further assurance on a number of areas particularly relating to increases in Category 2 Pressure Sores reported over the last year and links to the operational pressures the Trust has seen.	Board of Directors	To Assurance

4	Legal Services Report	<p>The Committee received a report on the current level of claims for Clinical Negligence and Personal Injuries currently with NHS Resolution. In addition, an update on currently open inquests and those that have concluded in the last quarter.</p> <p>The Committee received assurance that this level of claim was not out of line with other Trusts of a similar size and in fact CNST contributions have decreased for this year indicating a reduced level of risk based on our historical claims.</p>	Board of Directors	For Assurance
5	Complaint, Litigation Incidents and Coroners Inquests	<p>The Committee received a thematic report for Q3 (Oct – Dec 2022) The Analysis of the data has shown the number of high-risk complaints, Serious incidents and high-level reviews has s reduced on previous quarters and no triangulation with frequently reported categories.</p>	Board of Directors	For Assurance
6	Mortality report	<p>Q&G received the usual Mortality Report and discussed a range of issue it raised.</p> <p>There was discussion around the role of the Medical Examiner and a specific presentation by the lead ME to Q&G has been requested in the near future. It was recognised by the Committee that the ME service reports external to the Trust.</p>	Board of Directors	For Assurance

7	Clinical Staffing Reports	<p>The Committee received reports and assurance on</p> <ul style="list-style-type: none"> • Nurse Staffing – There are currently (at end of January) no red areas within nursing, helped by withdrawal of some of the winter expansion capacity. Although this was caveated with news that renewed pressure had led to that capacity being reactivated in February. • Medical Staffing – A relatively unchanged position was reported to the committee this month but with some movement by specialty with some new appointments and other leavers • Therapists – Speech and Language Therapy and Occupational Therapy continue to be an area of concern due to both local issues such as long-term sickness and national issues with availability of staff in these groups. 	Board of Directors	For Assurance
8	Maternity Services Board Measures Minimum Data Set	The Committee received a detailed assurance report outlining current position within Maternity, including the dashboard which will be presented at Board.	Board of Directors	For Assurance
9	Stroke Peer Review Report	The Committee received feedback on the Peer review undertaken in October 2022 and received assurance on an improving position on previous reports. A clear action plan has been developed and a further peer review will take place in Oct 2023. Q&G have requested an update on Progress with the action plan to the July meeting of the Committee	Board of Directors	For Assurance
10	Health and Safety Group	The Committee received feedback on the work of the H&SG and a key issue was a new requirement following an HSE visit to a local Trust which provides Radiological Services to ourselves that the existing Radiation Policy will need to be redrafted as separate Ionising and Non-ionising Radiation Policies. The Committee has sought assurance on the timeline for the revised policies.	Board of Directors	For Noting



REPORT TO THE BOARD OF DIRECTORS - Public REF: **BoD: 23/04/06/3.2i**

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

DATE: 6 April 2023

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

PREPARED BY: 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 29 March 2023 and received a number of presentations, regular and adhoc reports to provide the committee and ultimately the Board with assurance. The Quality and Governance Committee agenda Q&G's agenda included consideration of the following items:

- Quality Implications of ongoing Industrial Action
- Quality Account Requirements
- Safeguarding Annual Report
- PEEIG Activity Briefing Paper
- Always Events Implementation Update
- Infection Protection and Control
- Maternity Services Board Measures Minimum Data Set
- Clinical Staffing Reports

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

RECOMMENDATION(S)

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

Subject: Quality and Governance Committee Chair's Log	Ref:	BoD: 23/04/06/3.2i
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: Quality and Governance Committee (Q&G)	Date: 29 March 2023	Chair: Kevin Clifford
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Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
1	Quality implications of ongoing Industrial Action	The Committee received an update on planning for the next planned strike by Junior Doctors and discussed the potential quality implications due to reduced activity.	Board of Directors	For Assurance
2	Quality Account Requirements	The Committee discussed the proposal for meeting the Quality Account requirements and confirmed it was content with the approach agreed upon via the Executive Team.	Board of Directors	For Information
3	Safeguarding Annual Report	<p>The Committee received this report prior to being presented to the Board. Following review the Committee was appropriately assured, recommending the report to Board.</p> <p>The Committee also agreed to review the frequency with which safeguarding reports are received as part of the planned review of the Committee's Terms of Reference.</p>	Board of Directors	To Assurance
4	PEEIG Activity Briefing Paper	The Committee received the report providing an update on the key patient experience projects initiated or progressed since 1 November 2022.	Board of Directors	For Assurance

5	Always Events Implementation Update	This initiative was initially launched two years ago but received minimal engagement from service users, therefore the campaign was reviewed and engagement recommenced continuing to focus on the % areas of known feedback (communication, staff values and behaviours, care and treatment, appointments, access including admissions, discharge and transfers).	Board of Directors	For Assurance
6	Infection Prevention and Control	The Committee received an update on last year's performance and discussed the level of infections that remain higher than pre-covid levels. Antibiotic stewardship and infections associated with catheterisation were discussed. The Committee was assured that a local action plan is being developed which will both inform and be informed by Regional and National Action plans which have not yet been published.	Board of Directors	For Assurance
7	Clinical Staffing Reports	The Committee received its normal reports and assurance on Medical, Nursing, Midwifery and Therapy Staffing. There was a thorough discussion regarding the potential quality challenges given the current staff in post, the additional capacity open as well as the increased acuity and dependency of the patient population. The Committee will keep this under review over the coming months while activity is high.	Board of Directors	For Assurance
8	Maternity Services Board Measures Minimum Data Set	The Committee received a detailed assurance report outlining the current position within Maternity, including the dashboard which will be presented to Board.	Board of Directors	For Assurance

3.3. Finance and Performance Committee Chair's Log: 23 February & 30 March 2023

For Assurance

Presented by Stephen Radford



REPORT TO THE BOARD OF DIRECTORS - Public

REF:

BoD: 23/04/06/3.3

SUBJECT: FINANCE AND PERFORMANCE CHAIR'S LOG

DATE: 6 April 2023

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

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

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

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

STRATEGIC CONTEXT

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

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

This report provides information to assist the Committee and Board to obtain assurance regarding the finance and operational performance of the Trust and appropriate rigour of governance. The February meeting was held on 23rd February 2023, via Zoom.

The following topics were the focus of discussion:

- Trust Financial Position
- Draft Financial Plan 2023/24
- Efficiency and Productivity Programme
- Integrated Performance Report & Workforce Attendance Performance Report
- Elective Recovery Update
- ICT Strategic Programme Update
- Investment Case Schedule of Return
- Sub-Group Chair Log

The F&P Committee approved the submission of the Draft Trust 2023/24 Financial Budget to the ICS under delegated authority from the Trust Board. The proposed budget which is in deficit will be very challenging for the Trust. The final version of the 2023/24 is planned to be submitted to the ICS at the end of April 2023

RECOMMENDATIONS

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

Subject:	Finance and Performance Committee Chair's Log	Ref:	BoD: 23/04/06/3.3
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group	Date 23 February 2023	Chair
Finance and Performance Committee		Stephen Radford, Non-Executive Director

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

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
Integrated Performance Report /	<p>The Finance & Performance received the latest IPR report for January 2023 together with the Workforce Attendance Performance Report from which the following were noted:</p> <p>IPR Review: Performance: In January 2023, bed occupancy rose again to 94.6% from 92.2% the previous month for general and acute patients against a target of 85%. The Trust has now also been able to de-escalate from OPEL 4, close some of the extra medical bed and restart the elective surgical programme as the impact of flu has reduced. Patients with Covid continues impact on patient flow, with 7-8% of the bed-base having Covid against a planning target of 5%. BHNFT continues to not meet constitutional targets.</p> <p>4-Hour UEC Target: Overall 4-hour performance increased to 66.1% in January 2023 from 42.6% in December 2022 and against a target of 95%. National benchmarking places the Trust at 24/110 Trusts (from 87 in the previous month) for type 1 ED; a major improvement in the month. The average time in the emergency department was 290 minutes (125/139), an increase from 199 minutes in the previous month (it was agreed that this metric would be subject to review)</p> <p>Ambulance Handover Performance: Performance improved in the month to 72.1% of ambulances turned around in <30 minutes from 50.2% in the previous month. This remains below the national objective of 95% of hand-overs within 30 minutes.</p> <p>RTT: Overall performance fell in the month to 77.7% from 80.4% in December and against the 92% target. The Trust has 0 patients waiting longer than 104 week and 1 at > 78 weeks which is a national operational priority for 22/23 and 136 (Dec 22 - 110) patients waiting over 52 weeks. The Trust is within the top quartile for patients waiting >52 weeks.</p> <p>Waiting List: The number of patients on the waiting list was 19432 against a planning target of 14500. DNA rate at 7.0% also improved in the month from 8.2% the previous month.</p>	Board of Directors	For Information and Assurance

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
<p>Workforce Attendance Performance Report</p>	<p>Cancer: Overall cancer 2-week waits improved in the month to 97.0% against a target of 93.0%, up from 95.0% last month. The Trust is at 78.0% against an 85% target for urgent 62-day urgent GP referrals, a significant improvement month on month. The Trust has less than 50 patients over 62 days. Cancer pathways and reducing the number of patients waiting longer than 62 days to commence treatment is a key focus area in Q3/4.</p> <p>Diagnostic Waits: The number of patients waiting longer than 6 weeks for a diagnostic test has reduced to 9.4% against a target of 0% and from 16.5% the previous month. The Trust benchmarks nationally at 53 out of 156 Trusts. The Trust's ongoing priority for cancer is to support 'straight to test' to reduce cancer wait to treatment times.</p> <p>Complaints: The Trust closed 54.5% of complaints against the 90% target of all formal complaints being responded to within 40 working days. A reduction in performance compared to the previous month of 65.2%.</p> <p>Elective Recovery: The Trust is behind plan from an ERF perspective and the recovery of activity against 2019/20 levels remains challenging. The recommencement of weekend orthopaedic lists is increasing inpatient elective work. There is a focus on day case activity & outpatient first appointments. During days of Industrial action, significant amounts of elective surgery and outpatient appointments are cancelled.</p> <p>Workforce</p> <p>Staff Turnover: The staff turnover rate at 11.2% improved from 11.8% in December 2022 and is within the target range of 10-12%.</p> <p>Sickness: The sickness absence rate improved in the month to 6.2% from 6.9% the previous month, but is above the 4.5% target.</p> <p>Mandatory Training: The rate remained static at 87.3% and below the 90% target.</p> <p>Staff Appraisal: The rate remained static at 82.7% and below the 90% target.</p> <p>Workforce Attendance Performance Report: Trends for sickness, both long-term/short term has increased significantly since the pandemic, and combined are in the range of 6-7% against the 4.5% target. The Trust has a comparable sickness rate as other Trusts within the ICS. The major cause of sickness absence is "mental health-related issues" which represent over a third of all absences</p>		<p>Page 52 of 295</p>

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	<p>The current 4.5% target for sickness is under review and will be finalised as part of the 2023/24 Budget preparation</p> <p>The F&P Committee will continue to receive reports on a quarterly basis. This will now be included in the F&P work plan for 2023/24.</p>		
Elective Recovery Update	<p>The Finance & Performance Committee received a report on the Trust's Elective Recovery from the pandemic and received assurance on progress made to date and future action plans. The F&P committee commended the CBUs for their work. It was noted that:</p> <ul style="list-style-type: none"> • Operational recovery has been positive and the Trust benchmarks favourably within our ICS and nationally - there has been a 35% reduction in the number of patients waiting >62 days on a cancer pathway and a 60% reduction in patients between 34-62 days. • The Trust continues to focus on improving theatre productivity & utilisation whilst managing long waits and clinical prioritisation. • The Trust is working collaboratively and providing mutual aid across the ICS. • Factors that will impact on performance include planned industrial action, increases in non-elective demand, support for additional sessions and the ongoing COVID/flu. • F&P will continue to receive progress reports on a quarterly basis. 	Board of Directors	For Information and Assurance
Trust Finance Report	<p>The Finance & Performance Committee received the Trust Finance report and received assurance on the current financial position of the Trust for 2022-23. It was noted that:</p> <p>Financial Position 2022-23: In the year-to-date, the Trust has a consolidated deficit of £2.8m against a planned deficit of £6.6m giving a favourable variance of £3.8m against plan. NHS England and Improvement (NHSE/I) adjusted financial performance is a deficit of £4.7m which gives a £1.9m favourable to plan. However, this position is arrived at after incorporating several non-recurrent costs and benefits such as ERF which mask the true underlying performance, if these were removed the "real" position in the year to date, would be an NHSE/I deficit of £9.9m.</p> <p>For the full year, the Trust remains on track to deliver an NHSE/I adjusted deficit of £8.8m. The NHSE/I forecast best case is £4.1m deficit and worst case is £9.8m deficit.</p> <p>Total Income: In the year-to-date, total income at £242.4m is £6.3m favourable to plan for the year. The favourable variance is mainly due to higher than expected recharges, training & education</p>	Board of Directors	For Information and Assurance

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	<p>income, and grant income from the capital de-carbonisation scheme and the retention of ERF income.</p> <p>Pay Costs: In the year-to-date, pay costs are £180.1m with an adverse variance of £5.8m against plan. This is due to the impact of Covid, the opening of additional winter capacity, higher than planned levels of sickness absence, unachieved efficiency and expensive agency staff costs.</p> <p>For 2022/23 the Trust has now set an agency expenditure cap. In the year to date, £6.9m has been spent on agency, which is £0.79m above plan. The forecast for the year has been amended to £1.1m above the cap.</p> <p>Non-Pay Costs: In the year-to-date, these are £63.5m and £2.5m favourable to plan. Mainly due to activity levels being below those planned and not accruing for the costs of catching up on the elective activity recovery.</p> <p>Capital Expenditure: In the year-to-date, capital expenditure is £6.9m, which is £0.1m favourable to plan. The underspend is mainly due to slippage on estates and IT schemes which are expected to recover during the year.</p> <p>Cash Balances: Cash balances were £35.2m and £22.0m ahead of plan in the year-to-date. This is mainly due to the timings of payments to creditors, slippage on the capital programme and earlier receipt of NHS income.</p>		
<p>Efficiency and Productivity Programme (EPP)</p>	<p>The F&P Committee discussed and noted the progress on EPP. In the year-to-date, cumulative savings to date are £9.73m against a plan of £13.83m which gives a negative variance of £4.09m. In the month, actual savings of £1.0m were achieved against a plan of £1.38m resulting in an unfavourable variance of £0.36m.</p> <p>For 2022/23, the overall programme forecast position has slightly increased since last month from £11.97m to £12.16m, against the £16.59m target. Recurrency ratio remains at 90%.</p> <p>There are currently 80 schemes in the programme There are 50 schemes at full maturity or awaiting final sign off and there are 30 schemes in the pipeline. A number of productivity related saving schemes remains a risk, affected by significant operational pressures and strike action.</p>	<p>Board of Directors</p>	<p>For Information and Assurance</p> <p style="text-align: right;">Page 54 of 295</p>

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	The draft 2023/24 EPP programme with initial outputs is planned to be submitted to the F&P in March 2023.		
2023/24 Draft Financial Plan	<p>The Finance and Performance Committee received the draft financial plan for 2023-24 and reviewed the contents of the paper. The F&P Committee approved the submission of the Draft 2023/24 Financial Trust Budget to the ICS under delegated authority from the Trust Board. It was also agreed that the wording of the paper would be changed to indicate the approval request and also update the Trust budgeted deficit to align with the ICS submission.</p> <p>The following were noted:</p> <ul style="list-style-type: none"> • Final version of the Trust Budget will be end of April 2023, the current version being submitted is still work-in-progress and will be subject to further change. • The current forecast deficit position for 2022/23 is ahead of plan. • The underlying position from 2022/23 is a significant deficit when one-off factors are eliminated. • The draft plan submission for 2023/24 is another significant deficit, but this is still provisional and under review. • As part of the planning process, the Trust will review all areas of spend, productivity, pathways across primary care, secondary care and social care to influence the demand for services and change the approach to how we meet that demand where possible. 	Board of Directors	For Information and Assurance
ICT and Strategic Programme Update	<p>A report summarising progress across a number of a significant number of projects was discussed. The F&P 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"> • Digital Funding Updates: The £2.6M MOU has been signed by BHNFT Finance Team and returned to enable the drawdown of this year's allocations. • Capital Programme Update: The £1.2m Capital programme is in delivery, but is largely unspent in the year to date - it was agreed that this would subject to further review. • Urgent Bleep Review: 60 Devices have now been delivered and are in the process of being rolled out across the Trust. • Patient Experience: Potential of having a relatives and carer's direct contact device is being investigated to improve access for relatives and carers to gain clinical status/ improve communications with the patient. 	Board of Directors	For Information and Assurance

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	<ul style="list-style-type: none"> • Robotic Process Automation (RPA): The Trust went live with ERS -Primary Care referrals straight into Careflow EPR and our EDMS solution to stop our users having to upload these documents. Next project is 2 Way Texting project for 2 Week Wait Cancer Referrals. • Community Midwives: ICT have resolved connectivity challenges for the Community Midwives by visiting the family centres. • Waiting List Validation: Waiting List Validation SMS Texting solution will be contacting our patients on our waiting lists to see whether they still wish to wait for their care/assessments based upon their referrals. We will discharge back to the care of their GP if they decide they no longer need our services. This is expected to be complete early in the new financial year. 		
<p>Investment Case Schedule of Return to May 2023</p>	<p>The Finance and Performance Committee received a report provides an overview of investment cases that are due to report back post-deliver and the cases that are due to report back in the next 3 months. The F&P Committee received assurance on the progress made and the review process that is in place.</p> <p>The benefit review cases following are due to be presented to F&P:</p> <ul style="list-style-type: none"> • EPR Replacement (Medway) • Block Phase 2 (Ward 14/ ANPN Refurbishment) • Community Diagnostics Centre - Phase 1 <p>It was agreed that the proposed dates for their review would need to be amended and the F&P work plan for 2023/24 updated accordingly.</p>	Board of Directors	For Information and Assurance
<p>Sub Group Logs</p>	<p>The F&P Committee received the following sub-group logs/updates:</p> <ul style="list-style-type: none"> • Executive Teams. • Careflow Steering Group. • Trust Operations Group. 	Board of Directors	For Information and Assurance



REPORT TO THE BOARD OF DIRECTORS - Public

REF:

BoD: 23/04/06/3.3i

SUBJECT: FINANCE AND PERFORMANCE CHAIR'S LOG

DATE: 6 April 2023

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

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

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

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

STRATEGIC CONTEXT

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

EXECUTIVE SUMMARY

KEY: £k = thousands
 £m = millions

This report provides information to assist the Committee and Board to obtain assurance regarding the finance and operational performance of the Trust and the appropriate rigour of governance. The March meeting was held on 30 March 2023, via Zoom.

The following topics were the focus of discussion:

- Trust Financial Position
- Draft Financial Plan 2023/24
- Efficiency and Productivity Programme 2022/23
- Integrated Performance Report ICT Strategic Programme Update & Digital Maturity Assessment
- Business Assurance Framework / Corporate Risk Register Updates
- Bed Configuration 2023-24 Business Case
- EPR Replacement (Medway Phase 1) Benefits Case Realisation Report
- CDC Phase 1 Benefits Case Realisation Report
- Sub-Group Chair Logs

RECOMMENDATIONS

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

Subject:	Finance and Performance Committee Chair's Log	Ref:	BoD: 23/04/06/3.3i
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group	Date 30 March 2023	Chair
Finance and Performance Committee		Stephen Radford, Non-Executive Director

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

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
Integrated Performance Report February 2023	<p>The Finance & Performance received the latest IPR report for February 2023 for discussion and review. The following were noted from the review of the IPR:</p> <p>Performance: The Trust continues not to meet constitutional targets but benchmarks well against other Trusts for the majority of metrics.</p> <p>In February 2023, bed occupancy decreased to 91.2% from 94.6% the previous month for general and acute patients against a target of 85%, but remains very high and continues to impact patient flow. Continuing industrial action had a significant impact on the operation of the Trust with the cancellation of planned activities and redeployment of staff to maintain patient safety. The number of patients testing positive for Covid also increased over this period, but the number of influenza patients decreased rapidly in February.</p> <p>4-Hour UEC Target: Overall 4-hour performance fell in the month to 60.0% in February 2023 from 66.1% in January 2023 and against a target of 95%. When compared to type 1,2 and 3 emergency performance the Trust benchmarks in the bottom quartile of all Trusts (101 position out of 112 Trusts). When comparing just type 1 (which is all that is applicable to the Trust) the position improves significantly to 41 position out of 110 Trusts.</p> <p>Ambulance Handover Performance: Performance improved in the month to 73.2% of ambulances turned around in <30 minutes from 72.1% in the previous month. This remains below the national objective of 95% of handovers within 30 minutes.</p> <p>RTT: Overall performance fell in the month to 76.8% from 77.7% and against the 92% target. BHNFT remains on track to deliver 0 patients waiting over 78 weeks by March 23. The Trust had 136 (Jan 23 - 135) patients waiting over 52 weeks. The Trust is within the top quartile for patients waiting >52 weeks.</p>	Board of Directors	For Information and Assurance

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	<p>Waiting List: The number of patients on the waiting list was 19843 against a planning target of 14500. DNA rate remained static in the month at 7.0%.</p> <p>Cancer: Overall cancer 2-week wait time decreased in the month to 95.0% against a target of 93.0%, down from 97.0% last month. The Trust is at 75.0% against an 85% target for urgent 62-day urgent GP referrals, a slight reduction from the previous month. The Trust is reporting 6.5% of the cancer waiting list and has less than 50 patients over 62 days, meeting national expectations for BHNFT in 2022/23.</p> <p>Diagnostic Waits: The number of patients waiting longer than 6 weeks for a diagnostic test has reduced to 5.6% against a target of 0. Although declining it is likely to remain above target owing to industrial action, planned downtime for MRI and CT scanners.</p> <p>Theatre Utilisation: The January 2023 theatre utilisation as reported within the Trust was Main theatres = 79.3% (Jan: 78.5%) and Day surgery = 76.1% (Jan:69.5%). Utilisation will be impacted by planned industrial action. Nationally, there is an expectation that NHS providers will achieve 85% theatre utilisation as a minimum.</p> <p>Complaints: The Trust closed 81.8% of complaints against the 90% target of all formal complaints being responded to within 40 working days. A significant performance improvement compared to the previous month of 54.5%.</p> <p>Elective Recovery: The recovery of activity against 2019/20 levels remains challenging. The activity breakdown based on April – February 2023 shows that the Trust overall is at 84.6% against 19/20 levels. This continues to be impacted by continuing Industrial action.</p> <p><u>Workforce</u></p> <p>Staff Turnover: The staff turnover rate at 11.4% increased marginally from 11.2% in January 2023, but remains within the target range of 10-12%.</p> <p>Sickness: The sickness absence rate increased in the month to 6.3% from 6.2% the previous month, and is above the 4.5% target.</p> <p>Mandatory Training: The rate remained static at 86.1% and remains below the 90% target.</p> <p>Staff Appraisal: The rate fell in the month to 81.8% and remains below the 90% target.</p>		<p>Page 59 of 295</p>

Agenda Item	Issue	Receiving Body	Recommendation / Assurance / mandate
<p>Trust Finance Report</p>	<p>The Finance & Performance Committee received the Trust Finance report and received assurance on the current financial position of the Trust for 2022-23. It was noted that:</p> <p>Financial Position 2022-23: In the year-to-date, the Trust has a consolidated year-to-date deficit of £2.5m against a planned deficit of £7.76m giving a favourable variance of £5.23m. NHS England and Improvement (NHSE/I) adjusted financial performance is a deficit of £4.9m with a favourable variance of £2.8m. However, there are several non-recurrent costs and benefits within this position which mask the true underlying performance, a “real” deficit position of £10.8m.</p> <p>For the full year, the Trust remains on track to deliver an NHSE/I adjusted deficit of £8.8m. The outturn position for the full year is expected to be £5.1m.</p> <p>Total Income: In the year-to-date, total income at £273.6m is £7.5m favourable to plan for the year. The favourable variance is mainly due to higher than expected recharges, training & education income, and grant income from the capital de-carbonisation scheme and the retention of ERF income.</p> <p>Pay Costs: In the year-to-date, pay costs are £198.9m with an adverse variance of £7.0m against plan. This is due to the impact of Covid, the opening of additional winter capacity, higher than planned levels of sickness absence, unachieved efficiency and expensive agency staff costs.</p> <p>For 2022/23 the Trust has now set an agency expenditure cap. In the year to date, £7.7m has been spent on agency, which is £0.92m above plan. The forecast for the year has been amended to £1.15m above the cap.</p> <p>Non-Pay Costs: In the year-to-date, these are £69.1m and £3.6m favourable to plan. Mainly due to activity levels being below those planned and not accruing for the costs of catching up on the elective activity recovery.</p> <p>Capital Expenditure: In the year-to-date, capital expenditure is £7.74m, which is £4.9m favourable to plan. The underspend is mainly due to slippage on estates and IT schemes which are expected to recover during the year. The externally funded £2.2m underspend is due to delays in NHSE/I approving the Frontline digitisation scheme.</p>	<p>Board of Directors</p>	<p>For Information and Assurance</p>

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	<p>Cash Balances: Cash balances were £38.8m and £28.2m ahead of plan in the year-to-date. This is mainly due to the timings of payments to creditors, slippage on the capital programme and earlier receipt of NHS income.</p>		
<p>Business Assurance Framework / Corporate Risk Register</p>	<p>The F&P received an update on the risks for which the F&P have oversight responsibilities as well other changes on the Business Assurance Framework (BAF) and the Corporate Risk Register (CRR). It was noted/discussed that:</p> <ul style="list-style-type: none"> • 1 new financial risk had been added to the BAF - Risk 2845 - 'Inability to improve the financial stability of the Trust over the next two to five years. • No change to the other BAF - F&P risks in the period. • The risk on the CRR - 2773 – Risk of industrial action in relation to below inflation pay award had been increased from 12 to the highest level of 15. • Two risks that have been de-escalated from the CRR -Risk 2825 - Lack of mobile signal in the Respiratory Care Unit and Risk 2813 - maternity information systems do not readily provide the information required. 	Board of Directors	For Information and Assurance
<p>Efficiency and Productivity Programme (EPP)</p>	<p>The F&P Committee discussed and noted the progress on EPP. In the year-to-date, cumulative savings to date are £10.73m against a plan of £15.21m which gives a negative variance of £4.47m.</p> <p>For 2022/23, the overall programme forecast position has increased lightly to £12.17m since last month but remains below the £16.59m target. Recurrency ratio is 89%, also a slight reduction from last month.</p> <p>There are currently 48 schemes in the programme. There are 46 schemes at full maturity or awaiting final sign-off. The value of schemes at full maturity has slightly increased from £11.938m to £12.171m, representing an increase of £0.233m. There are 2 schemes in the pipeline and the remainder have been moved to 2023-24 EPP where required.</p>	Board of Directors	For Information and Assurance
<p>ICT Strategic Programme Update & Digital Maturity Assessment</p>	<p>A report summarising progress across a number of a significant number of projects was discussed. The F&P Committee also received a report assessing the Digital Maturity of the Trust. 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>	Board of Directors	For Information and Assurance

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	<ul style="list-style-type: none"> • ACS Upgrade and PACS failure Risk: The planned March 2023 upgrade to the storage system for Radiology Imaging has been postponed to May 2023 due to the current Junior Dr strike action. The risk of failure of this solution has been raised to High on the Corporate Risk register. Any failure, could take up to 4 days to restore, and would have a considerable impact on clinical care and operations for the hospital and patients. • Digital Maturity Assessment: The scores (1-low/3-mid/5-high/) out of 44 questions showed Trust at the mid-point of the assessment across 6 dimensions reviewed within the questionnaire. A national report is due to be produced comparing all Trust responses and will be used in the development of the Trust's digital plans. • Digital /Capital Programme Update: Budgeted spend of £2.73M on track for end of March and are in alignment with our recently approved MDF bids. • Pathology Labs Information Management Solution (LIMS): Business case for replacement hardware approved and new hardware has been ordered from Clinisys. Required until a new centralised solution is available. • Maternity Connectivity: The connectivity issues seem to have been resolved and the associated risk in the CRR has been de-escalated. The position will continue to be monitored and reported on as required • CareFlow Medicines Management: The implementation of complex infusions, blood products and O2 has been completed. Outpatient prescribing is progressing with Endoscopy, Gastroenterology, Dermatology and Care of the Elderly is now live. • EDerma – Dermatology Imaging solution: A new pilot investigating EDerma Imaging solution that has been approved across the SYICS has been started. This has external Funding up to July 2023. • Inpatient Referrals in Careflow Connect: From 1st February 2023, all inpatient referrals are to be created in Careflow Connect, (replacing email, telephone, e-form, Word document etc). This will provide a consistent interface for all staff where progress can also be seen and managed. 		

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
<p>EPR Replacement (Medway Phase 1) Benefits Case Realisation Report</p>	<p>The Finance and Performance Committee received the EPR Replacement Benefits Realisation report. Following a review of planned benefits against those actually achieved, the F&P Committee approved the findings of the report. It was noted:</p> <ul style="list-style-type: none"> • The Solution went live finally in July 2020 during COVID. • There have been various audits and external assessments that have reported on the successful delivery. • In the original business case, there were 14 key benefits outlined, of which 12 have been successfully delivered and 2 are expected to be delivered by August 2023. • Cost avoidance benefit of £654,500 was achieved. • The project is an enabler for the Electronic Document Management System (EDMS) and the Electronic Prescribing solution. • EPR Implementation has been a considerable success for Barnsley Hospital. • The project is a key component of our Digital Strategy. 	Board of Directors	For Information and Assurance
<p>CDC Phase 1 Benefits Case Realisation Report</p>	<p>The Finance and Performance Committee received the Community Diagnostic Centre (CDC) - Phase 1 Benefits Realisation report. Following a review of planned benefits against those actually achieved, the F&P Committee approved the findings of the report. It was noted:</p> <ul style="list-style-type: none"> • All projected benefit areas were reported to have been met, with the exception of 'breast screening to return to pre-pandemic levels of 80%' (now at 72%, but still significantly improved since the pandemic). • The project has resulted in more flexibility across the workforce service providing a centre for routine diagnostic work. • The Breast Screening service is provided in a more patient friendly environment with improved ease of access for patients, and health/ well-being benefits for staff. • Phase 2- CDC business case was approved previously in October 2022. 	Board of Directors	For Information and Assurance
<p>Bed Configuration 2023-24 Business Case</p>	<p>The Finance and Performance Committee received the Bed Configuration 2023-24 Business Case for review. The F&P Committee were assured that a structured and resilient plan for meeting/mitigation of bed pressures/activity is in place, and supported the case for change and plans outlined. The business case outlined:</p> <ul style="list-style-type: none"> • That there is a shortfall in acute medical beds based on both actual and projected demand. 	Board of Directors	<p>For Information and Assurance</p> <p style="text-align: right;">Page 63 of 295</p>

Agenda Item	Issue	Receiving Body	Recommendation / Assurance / mandate
	<ul style="list-style-type: none"> • Throughout 2022/23 additional beds have been repeatedly opened in response to either an increase in admissions or a slowdown in discharges. • The proposal is to reintroduce the beds across the Ward 31 and Ward 32 landing in KL Block to facilitate additional core capacity which will provide 40 beds with the ability to flex up to 56 beds. • The proposal would allow the Bed Base able to meet 92% Occupancy and Emergency Care Standard. • The proposed bed base would allow the Trust of Bed to increase to projected/modelled required level. 		
Sub Group Logs	<p>The F&P Committee received the following sub-group logs/updates:</p> <ul style="list-style-type: none"> • Trust Operations Group • Capital Monitoring Group • Executive Team 	Board of Directors	For Information and Assurance

3.4. Barnsley Facilities Services Chair's Log

For Assurance

Presented by Sue Ellis

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

REF:

BoD: 23/04/06/3.4

SUBJECT:	BARNSELY FACILITIES SERVICES LIMITED (BFS) – PUBLIC				
DATE:	6 April 2023				
PURPOSE:		<i>Tick as applicable</i>		<i>Tick as applicable</i>	
	<i>For decision/approval</i>			<i>Assurance</i>	✓
	<i>For review</i>			<i>Governance</i>	✓
	<i>For information</i>	✓		<i>Strategy</i>	✓
PREPARED BY:	Sue Ellis, Chair, BFS & Non-Executive Director BHNFT				
SPONSORED BY:	Sue Ellis, Chair, BFS & Non-Executive Director BHNFT				
PRESENTED BY:	Sue Ellis, Chair, BFS & Non-Executive Director BHNFT				
STRATEGIC CONTEXT					
<p>Barnsley Facilities Services Ltd (BFS), (formerly Barnsley Hospital Support Services Limited BHSS), was established in 2012 as a wholly owned subsidiary of Barnsley Hospital NHS Foundation Trust (BHNFT) and became operational from January 2013. In addition to providing essential services to the Trust, it is intended as a vehicle to expand commercial opportunities and income streams for the benefit of patient services.</p>					
EXECUTIVE SUMMARY					
<p>The aim of this report is to provide the Trust's Board of Directors with a regular update on the activities of BFS and to flag any risks or concerns.</p> <p>The enclosed Log reflects discussions from the BFS Board's meeting in February 2023. We welcomed David Plotts as our new NED BHNFT Shareholder Representative.</p> <p>This was a full performance meeting of the Board discussions.</p>					
RECOMMENDATION					
BFS Board recommends that:					
<ul style="list-style-type: none"> The Board of BHNFT notes the attached report and take assurance that the Operated Healthcare Facility is performing to plan and budget. 					

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

Committee / Group: BFS Board Meeting

Date: February 2023

Chair: Sue Ellis

	Item	Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
1	Performance Report	<p>The Contracting and Buying team have again been extremely busy this month and are progressing agreed bids for Medical & Surgical spend amounting to just over £2m of Capital by year end.</p> <p>Electronic Prescribing Medicines Administration (EPMA) -trial for outpatients has now commenced and is going well.</p> <p>KPI Performance – Generally good performance in Portering in December, with the exception of 'Patient Movements Responded to Within 20 Minutes', which was at 78.1% against a target of 85%. High increases in activity, opening of new areas and flow during winter escalation period have significantly contributed to this.</p> <p>Estates and EBME performance generally to target</p> <p>On capital schemes: Critical Care Unit – The project is expected to be completed on 10 March 2023 after an extension of time was requested by the Contractor</p> <p>The works on Decarbonisation and Fire alarm upgrade continues to plan.</p>	Trust Board	For Information and Assurance

Item		Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
2	Finance	The financial position remains on target and as previously reported it is anticipated that BFS will achieve the planned profit for the year 22/23.	Trust Board	For Information and Assurance
3	People	<p>The cumulative turnover rate was 11.8 %, slightly above target of 10%.</p> <p>The end of January sickness figure is 5.4% which is a slight decrease from a figure of 5.93% the month before. The change reflects a reduction in short term absences (from 58 to 34 occasions)</p> <p>Training compliance is well sustained and remains above target at 92.4%</p> <p>The BFS 'unsung heroes' awards have received 23 nominations and a winner is to be announced on 23 February.</p>	Trust Board	For Information and Assurance

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

REF:

BoD: 23/04/06/3.4i

SUBJECT:	BARNSELY FACILITIES SERVICES LIMITED (BFS) – PUBLIC				
DATE:	6 April 2023				
PURPOSE:		<i>Tick as applicable</i>		<i>Tick as applicable</i>	
	<i>For decision/approval</i>			<i>Assurance</i>	✓
	<i>For review</i>			<i>Governance</i>	✓
	<i>For information</i>	✓		<i>Strategy</i>	✓
PREPARED BY:	David Plotts, BFS & Non-Executive Director BHNFT				
SPONSORED BY:	Sue Ellis, Chair, BFS & Non-Executive Director BHNFT				
PRESENTED BY:	Sue Ellis, Chair, BFS & Non-Executive Director BHNFT				
STRATEGIC CONTEXT					
<p>Barnsley Facilities Services Ltd (BFS), (formerly Barnsley Hospital Support Services Limited BHSS), was established in 2012 as a wholly owned subsidiary of Barnsley Hospital NHS Foundation Trust (BHNFT) and became operational from January 2013. In addition to providing essential services to the Trust, it is intended as a vehicle to expand commercial opportunities and income streams for the benefit of patient services.</p>					
EXECUTIVE SUMMARY					
<p>The aim of this report is to provide the Trust's Board of Directors with a regular update on the activities of BFS and to flag any risks or concerns.</p> <p>The enclosed Log reflects discussions from the BFS Board's meeting in March 2023 and has noted the formal opening of the Critical Care Unit and has seen positive Picker Survey and Gender Pay Gap results.</p>					
RECOMMENDATION					
BFS Board recommends that:					
<ul style="list-style-type: none"> The Board of BHNFT notes the attached report and take assurance that the Operated Healthcare Facility is performing to plan and budget. 					

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

Committee / Group: BFS Board Meeting

Date: March 2023

Chair: Sue Ellis

	Item	Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
1	Performance Report	<p>The Contracting and Buying team have again been extremely busy this month and are progressing well with the procurement of Medical & Surgical equipment.</p> <p>KPI Performance – Generally good performance, with no significant exceptions.</p> <p>Estates and EBME performance generally to target</p> <p>The BFS project Team have been short listed for the Health Estates and Facilities Management Association (HEFMA) Awards 2023, for the Community Diagnostic Centre, Phase 1. The winners will be announced on May 25 2023.</p> <p>On capital schemes: Critical Care Unit – there has been a public launch of the of the unit on 24/3/2023. This was well attended and received excellent coverage. This scheme was highly commended by the staff and visitors. Well done to the Communications for the preparation/organisation of the event. The BFS team were clearly very proud of the Unit.</p> <p>The works continue on Decarbonisation and Fire alarm upgrades and feedback was given on the 'Lift</p>	Trust Board	For Information and Assurance

Item	Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
	Refurbishment' scheme, following feedback from the Trust Governors' meeting.		
2	Finance The financial position remains on target at Month 11 and as previously reported it is anticipated that BFS will achieve the planned profit for the year 22/23. Work is continuing on the year end closure.	Trust Board	For Information and Assurance
3	People The cumulative turnover rate was 12%, slightly above target of 10%. The end of February sickness figure is 3.9% which is a decrease from a figure of 5.4% the month before. Training compliance is well sustained and remains above target at 91.1% The 2022 Picker Report was reviewed in full at a Workshop, and actions recorded to further analyse the data at departmental level, in order to create specific action plans. The overall results were positive, and an improvement on last years performance, however, there are areas for improvement that the Board will take forward. A Gender Pay Gap Report was received and discussed. The results of the report are to be recorded and published on the BFS website.	Trust Board	For Information and Assurance

3.5. Executive Team Report & Chair's Log

For Assurance

Presented by Richard Jenkins



REPORT TO THE BOARD OF DIRECTORS - <i>Public</i>	REF:	BoD: 23/04/06/3.5
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SUBJECT:	EXECUTIVE TEAM CHAIR'S LOG
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DATE:	6 April 2023
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PURPOSE:		<i>Tick as applicable</i>		<i>Tick as applicable</i>	
	<i>For decision/approval</i>		<i>Assurance</i>	✓	
	<i>For review</i>		<i>Governance</i>	✓	
	<i>For information</i>	✓	<i>Strategy</i>		

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

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

EXECUTIVE SUMMARY

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

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

RECOMMENDATION

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

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

Committee/Group	Date	Chair
Executive Team	February 2023	Richard Jenkins
23/103	From 01/02/23 meeting Family Friendly Leave	<p>Emma Lavery & Victoria Racher discussed the paper that was attached to the agenda, which detailed that an increase in family friendly leave helps to improve sickness absence, baseline metrics and estimated costs were included. The report will be communicated at CBU Business & Governance meetings and will be monitored via PEG.</p> <p>The group agreed that the proposal would commence from 1 March 2023 and will be discussed at today's Team Brief. In response to a query, EL confirmed discussions had been held with staff side who were in support of the proposal. SE commented that he will share the document with JMLC for information.</p>
23/107	From 01/02/23 meeting Pathology Services Update - Upgrade LIMS	<p>Paul Simpson & Annette Davis Green discussed the paper which explains managing the gap safely between LIMS and the ICS, until a long-term solution is available.</p> <p>The current contract with Clinisys ends in March 2023, this can be extended for 3 years, but Clinisys are no longer supporting the current version of WinPath, this is a BRILS system and hardware and software require upgrading.</p> <p>The group were supportive of the upgrade and the paper will be presented at Rotherham Executive Team meeting next week.</p>
23/111	From 01/02/23 meeting Nurse Recruitment and Career Progression	<p>Diane Edwards & Emma Kilroy discussed the paper that relates to nurse recruitment strategy, for managing safe staffing levels.</p> <p>The following points were highlighted:</p> <ul style="list-style-type: none"> • Continue the recruitment of international nurses • Approve the recruitment of 10 nursing associates • Improve the continuation of staff development, via open university <p>The group agreed to support recruitment of 35 additional international nurses.</p>

23/118	From 01/02/23 meeting AOB: Graduate Trainees Outline Paper	The joint proposal with Rotherham, already signed off, was supported by the group. The purpose of the outline paper is to seek support and potential funding to support the Trust, in partnership with Rotherham Hospital, to apply and support the hosting of several national NHS Graduate Trainees.
	From 01/02/23 meeting AOB: CQC Pilot Inspection - Pharmacy	The Trust has been approached by CQC to be one of the four pilot sites for the new inspection regime for pharmacy, there were some initial concerns from pharmacy, the group were supportive of the pilot.
	From 01/02/23 meeting AOB: Undergraduate HEE Visit	The undergraduates medical visit from the Deanery was successful and overwhelmingly positive.
23/133	From 08/02/23 meeting Patient Safety Awards	<p>EP discussed the paper that was attached to the agenda, patient safety awards are open; the deadline is 6 April 2023 for submissions and suggestions made are listed are below:</p> <ul style="list-style-type: none"> • Improving Care for Children and Young People Initiative of the Year targeting awards – the work on the new Paediatric ED/CAU. • Staff Wellbeing Initiative of the Year – work that has been undertaken on EDI and pastoral work. • Staff Survey Results. • Work on Discharge. • Virtual Ward – partnership element. • Community Diagnostic Centre (CDC) – under health inequalities. <p>EL noted that the HBMA have its conference and awards ceremony in September 2023 in Leeds.</p> <p>EL requested that when it is worked up at the team level that the sponsoring Director and EP review.</p>
23/136	From 08/02/23 meeting Cost of living support: what can we do for staff?	<p>EL took the paper as read and the below 5 recommendations were supported by the group:</p> <ul style="list-style-type: none"> • Expand current toiletries packs offer into all staff toilets. • Move the Food Bank/Pantry from the Chaplaincy into a more accessible location, ask volunteers to run it and signpost appropriately, and enable staff to donate to it. • Promote use of the Just Park App to enable staff to book spaces to park in local residents' empty driveways.

		<ul style="list-style-type: none"> • Raise staff awareness of tax relief option for professional registration fees in our financial wellbeing communications. • To continue with current improved mileage rates. • Staff hardship fund established.
23/137	From 08/02/23 meeting RTT Community Paediatrics	<p>LB discussed that the only outstanding action from the 360 Assurance Audit, is if community paediatrics should be on the RTT.</p> <p>DG and PS attended the meeting and discussed the paper that was attached to the agenda, several options were presented and it was agreed by the group that RTT would commence for new general community paediatrics patients from 1 April 2023, retrospective patients will not be included, ASD and LAC & Adoption will not be applicable.</p>
23/140	From 08/02/23 meeting Summer Uniform	<p>Becky Hoskins discussed the proposal paper that was attached to the agenda, for lightweight scrubs for staff in extreme heat for two tops and two sets of trousers.</p> <p>The concept was supported in principle and approved for nursing staff, but there was a wider question around making it an option for other groups of staff e.g. porters, domestics, therapists etc.</p>
23/142	From 08/02/23 meeting eDerma Project	<p>TD introduced the national project around the ICS, to ensure that ET is fully sighted.</p> <p>Dr Kay Baxter and Karen Sharman were in attendance and KB provided an update on the paper, that relates to a redesign of the 2WW skin cancer pathway, to bring five Trust together to deliver a collective service.</p> <p>Sheffield Teaching Hospitals will be the lead provider and records will be held centrally and retained for eight years and will be accessible locally for one year, TD will confirm that there are no Caldicott concerns.</p>
23/162	From 15/02/23 Outline Proposal Paper for Band 7 EDI Lead for Health & Wellbeing	<p>SN introduced the business case for funding for a Band & EDI Lead for Health & Wellbeing, the position is currently funded by SYB ICS and is due to end in March 2023. PG discussed the benefits provided by the post in the last 12 months.</p> <p>It was confirmed that the workforce structure is clear and the evidence is measurable. The proposal was supported by the group.</p>

23/163	From 15/02/23 Barnsley Hospital Stroke Peer Review Visit Final Report	SE commented that a stroke peer review was undertaken in October 2023, the report and the action plan were presented by Dr Susie Orme, the final report was circulated to the group following the meeting. SE stated that the report shows a good improvement, which has been positively affected by the changes in the leadership team. The report is to be presented at Clinical Effectiveness Group and it was recommended that is it presented at the Quality and Governance Committee.
23/169	From 15/02/23 Business Case for O&G Consultant Recruitment	Paul Simpson updated that last year as part of business planning an additional obstetrics and gynaecology consultant post was approved and funded mainly via Ockenden monies. Whilst reviewing demand and capacity pressures it has been highlighted that the demand for planned caesarean section (c-section) lists are increasing and further leadership is required, from a gynaecology perspective additional weekend clinic are required to enable c-section lists to continue during the week. Employing 2 consultants would create a run rate saving. There is a significant waiting list backlog up by 45% during Covid, work is ongoing to reduce this backlog and BK will ensure this is monitored via the Performance Review meetings. It was confirmed that closing the gap highlighted 2 consultants are required, ways of working to improve productivity will commence. RJ commented that the group supported the business case and requested an update on productivity in 6 months' time at ET and to build into budgets for next year.
23/175	From 15/02/23 Sustainability Action Group	BK discussed that chairs log that was attached to the agenda, to build on awareness of sustainability and EP has had conversations with the Barnsley Chronicle. The key actions highlighted on the chairs log are: <ul style="list-style-type: none"> • Solar Energy review proposal • Nitrous Oxide reduction of waste • Sustainability Risk Review to include an RR • Staff Home Energy Efficiency scheme in place • Building awareness re sustainability via a film showcasing work done to date and future plans.

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

Committee/Group	Date	Chair
Executive Team	March 2023	Richard Jenkins

Meeting Date	Agenda Ref No	Item	Issue
1.3.23	23/194	Urgent Care Recover/ ED Improvements	<p>Nishant Ranjan who is new to the Clinical Director post, Shaun Garside & Dave Walker were also in attendance. SG discussed the paper addressed the Emergency Department (ED) returning to pre Covid levels and a 4-hour target. There is a focus on the following key areas, initial assessment, junior workforce, consultant in charge, discharge and admission and less used CDU.</p> <p>The group discussed that patient experience in ED is a key focus and ensuring inpatient teams support ED by taking the same approach, to make improvements and work towards the 75% target. Communications support was offered. Staff re-engagement will commence, work has commenced with human resources on a staff stress audit. The paper was supported by the group.</p>
1.3.23	23/200	Casualty 24/7	<p>Emma Parkes has been approached by Casualty 24/7 to film a further series, a £40k donation has been agreed. The production company have been informed that access will not be granted on industrial action days. A further series was supported by ET.</p>
8.3.23	23/228	Outline Proposal Paper: Implementation of Placental Growth Factor (PLGF) Based Testing in Suspected Preterm Pre-Eclampsia	<p>Deena Goodhead introduced the proposal of a new way of testing for pre-eclampsia. Patients are currently not tested but admitted onto the ward for 2-3 days, the new blood test will have a turnaround of 4 hours and patients can be monitored through Antenatal clinics, reducing the amount of overnight stays. This will be funded by commissioners for three years before BAU and relevant training will be required for staff interpreting the results.</p> <p>The group approved the proposed new way of testing and requested a 6-month Benefits Realisation paper.</p>

15.3.23	23/251	Acorn/Intermediate Care Update from Place – INPOWER Review	BK discussed the written communication from IMPOWER and the summary paper, the documents will be discussed at Barnsley Delivery/Place Board. The proposal paper adequately describes the current situation. The Trust has been given the opportunity to input into the TOR.
15.3.23	23/255	AccessAble Renewal Proposal	Emma Lavery discussed the AccessAble renewal proposal the recommendation is option 2, which includes a full survey of the hospital, concerns were raised on reviewing areas that are planned for environmental changes, it was agreed that Barnsley Facilities Services would oversee all surveys. Option 2 was supported by the group, with a view to aligning in future with Rotherham.
22.3.23	23/282	Acute Federation Funding	In summary there are 3 aspects of funding, core team, SY AF diagnostics & AF programme. The group approved the sign off of £63k and the authority for the CEO subject to ratification with Deputy CEO and Director of Finance to agree any further changes.
22.3.23	23/289	Business Case for Lead Nurse for Medicine's Management and Non-Medical Prescribing	The recommendation was that the Trust recurrently fund a lead nurse for medicines management and non-medical prescribing (0.5wte B8a/B8b) at a cost of £33,300 - £39,900 dependent on Agenda for Change (AfC) banding of the job description. This is in line with recommendations from the Trust's external advisers in pharmacy and will provide increased resource into medicines assurance which is an increasing focus for CQC, of which the group were supportive.

4. Performance

4.1. Integrated Performance Report:

February 2023

For Assurance

Presented by Lorraine Burnett



REPORT TO THE BOARD OF DIRECTORS - Public		REF:	BoD: 23/04/06/4.1	
SUBJECT:	INTEGRATED PERFORMANCE REPORT: FEBRUARY 2023			
DATE:	6 April 2023			
PURPOSE:		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>	✓	<i>Assurance</i>	✓
	<i>For review</i>	✓	<i>Governance</i>	✓
	<i>For information</i>	✓	<i>Strategy</i>	✓
PREPARED BY:	Lorraine Burnett, Director of Operations			
SPONSORED BY:	Bob Kirton, Chief Delivery Officer			
PRESENTED BY:	Lorraine Burnett, Director of Operations			
STRATEGIC CONTEXT				
<p>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.</p> <p>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.</p>				
EXECUTIVE SUMMARY				
<p>The monthly Integrated Performance Report for February 2023 is attached.</p> <p>The Trust continued with command and control functions to plan for Industrial action throughout February and March. This led to significant cancellation of planned activities and redeployment as required to cover emergency care pathways and inpatient wards.</p> <p>The number of patients testing positive for Covid increased over this period although very few patients were admitted due to Covid symptoms and the number of influenza patients decreased rapidly in February. New guidance was issued by the trust regarding mask wearing and testing for Covid has become targeted to specific patient cohorts. The need to test for Covid prior to discharge to a care home remains; when patients test positive they then remain in the hospital for a further 10 days under current infection prevention & control guidelines.</p> <p>Bed occupancy remains extremely high and is having an impact on patient flow. The Trust continues to work proactively to minimise discharge delays and are seen as an exemplar in this area however patient acuity and complexity has increased leading to patients requiring a longer stay in hospital.</p> <p>Patients: There was 2 serious incidents reported in month: treatment delay, maternity/obstetric incident: baby only. There was 3 incident involving death which was related to maternity/obstetric incident: baby only and two cardiac arrests. 1 incident involved severe harm; one inpatient fall resulted in a fractured neck of femur.</p> <p>Falls remain above target but within expected variation. Falls resulting in moderate harm remain below target with only 3 in month.</p>				

There has been a reduction this month in Pressure Ulcers, noting the report is for January due to the timing of information. The trust continues with an increase of inpatients on ward areas with some areas having additional capacity and flexed areas having additional patients. Also, the discharge unit regularly open overnight to inpatients.

The Trust has exceeded its yearly threshold for Clostridioides difficile infections but only reported 2 for February.

People: Staff turnover shows improvement. The uptake of exit interviews remains low. The Trust is an active member of the South Yorkshire retention network, sharing best practice and trialling new ideas and retention benchmarks well.

Sickness remains above target but within expected variation, however, sickness in 2022 compares higher than the previous 2 years. Long term sickness continues to decline. Trust sickness absence performance is 4th out of 7 organisations in the ICB.

Mandatory training is slightly below target. The introduction of Datix reporting for non-attendance of Safeguarding and Resus training has reduced DNA rates.

Performance: The Trust continues not to meet constitutional targets but benchmarks well against other Trusts for the majority of metrics.

Performance against the percentage of patients waiting less than 4hrs was 60% in February. BHNFT overall combined type 1, 2 & 3 performance is within the bottom quartile but when comparing type 1 performance the position improves considerably. BHNFT emergency department only accepts type 1 attendances and there are no type 2 or 3 services in Barnsley.

BHNFT remains on track to deliver 0 patients waiting over 78 weeks by March 23. Providing support to other providers in South Yorkshire via mutual aid is being explored with the Trust likely to take a small number of patients from Sheffield teaching hospital to support their year end position.

The diagnostic waiting time is a key driver for recovery and the trust continues to focus on improvement against the aim to have no more than 5% of patients waiting longer than 6 weeks. The Trust is likely to finish the year slightly above target due to recent issues with equipment failure, inclement weather and the impact of industrial action.

Cancer pathways and reducing the number of patients waiting longer than 62 days has been extremely successful in the last period. The Trust is seeing a reducing pathway length and recovery of performance against targets will follow once the long waiting patients have been treated. The reported targets are for January and show 7 out of 12 metrics achieved target. The Trust is reporting 6.5% of the cancer waiting list and has less than 50 patients over 62 days, meeting national expectation for BHNFT in 2022/23.

The recovery of activity against 2019/20 levels remains challenging. The activity breakdown below is a YTD position based on April – February 2023.

- Day Case = 88.2%
- Elective inpatient = 92.2%
- Outpatients (1st) = 83.7%
- Overall position = 84.6%

Nationally there is an expectation that NHS providers achieve 85% theatre utilisation as a minimum.

The January 2023 theatre utilisation (capped) as reported within the Trust is as follows. Page 83 of 295

- Main theatres = 79.3% (up from 78.5% in January)
- Day surgery = 76.1% (up from 69.5% in January)

To note utilisation will in part be impacted on as a consequence of the industrial action (IA). Further impacts on utilisation are anticipated in March due to IS and adverse weather.

Finance: As at month 11 the Trust has a consolidated yea to date deficit of £2.523m against a planned deficit of £7.762m giving a favourable variance of £5.239m. Total income is £7.582m favourable to plan for the year. Capital expenditure for the year is £7.746m, which is £4.908m below plan.

RECOMMENDATIONS

The Board of Directors is asked to receive and note the latest IPR.



Barnsley Hospital Integrated Performance Report

Reporting Period: February 2023

Assurance



Consistently
hit
target



Hit and miss
target subject
to random



Consistently
fail
target

Performance



Special Cause
Concerning
variation



Special Cause
Improving
variation



Common
Cause

High Level Assurance

Can we reliably hit the target?

Blue = will reliably hit the target

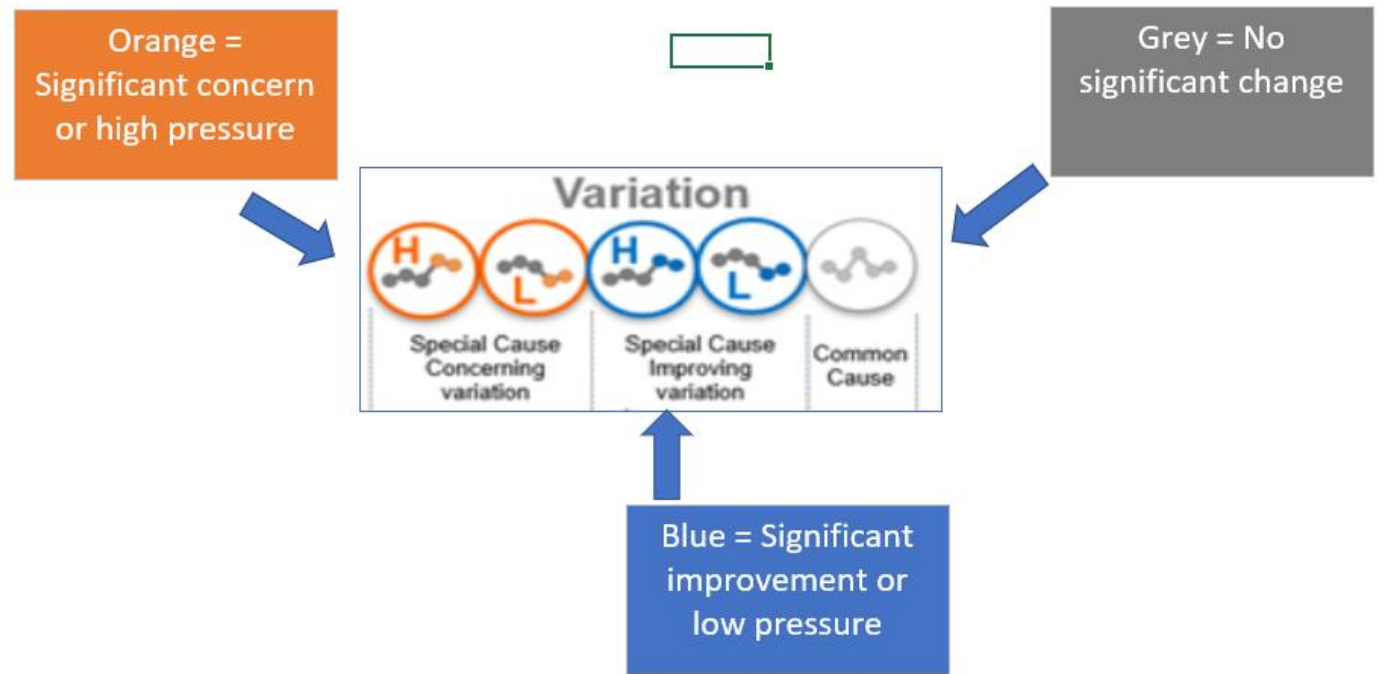
Orange = System change required to hit the target





















Grey = will hit and miss the target

High Level Key Performance













Are we improving, declining or staying the same?



Summary icon descriptions

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

Summary icon descriptions

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

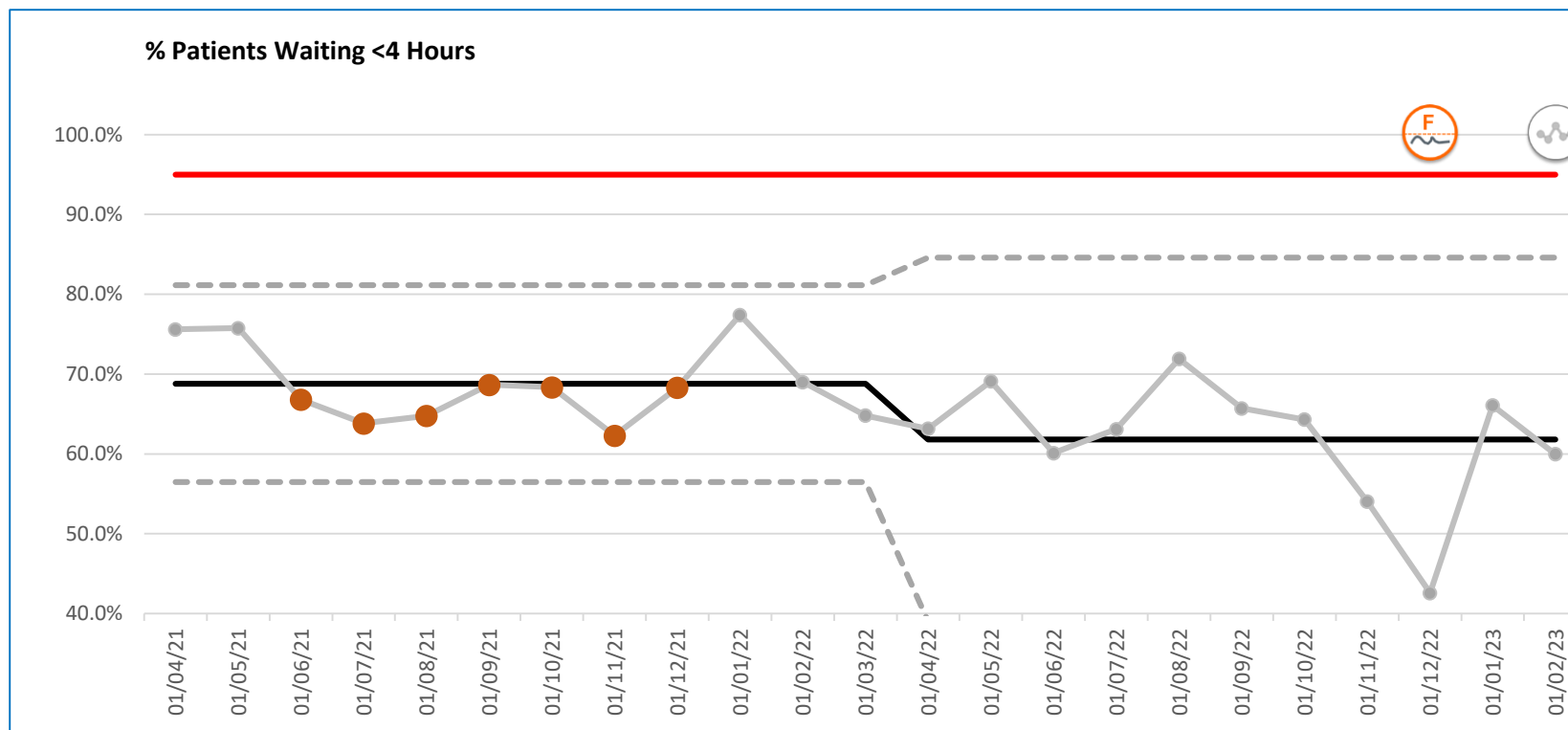
Means and process limits are calculated from the most recent data step change.

KPI	Latest month	Measure	Target	Assurance	Performance	Mean	Lower process limit	Upper process limit
Serious Incidents	Feb 23	2	0			2	-3	7
Incidents Involving Death	Feb 23	3	0			1	-3	5
Incidents Involving Severe Harm	Feb 23	1	0			2	-2	5
Never Events	Feb 23	0	0			0	0	0
Falls	Feb 23	89	65			101	69	134
Falls Resulting in moderate harm or above	Feb 23	3	15			2	-2	6
Pressure Ulcers category 2 (Lapses in care)	Jan 23	12	4			12	4	21
Pressure Ulcers category deep tissue Injury	Jan 23	4	4			7	-1	15
Hand washing	Feb 23	100%	95%			99%	95%	102%
Q - Hospital Acquired Clostridioides difficile	Feb 23	2	2			4	-3	11
Q - Hospital Acquired MRSA Bacteraemia	Feb 23	0	0			0	-1	1
Number of complaints	Feb 23	16				23	5	41
Complaints closed within standard	Feb 23	81.8%	90.0%			67.1%	33.9%	100.3%
Complaints re-opened	Feb 23	0	0			0	0	0
FFT Trustwide Positivity	Feb 23	91.1%				89.8%	81.1%	98.4%
Staff Turnover	Feb 23	11.4%	12.0%			12.1%	11.5%	12.7%
Appraisals - Combined	Feb 23	81.8%	90.0%			68.3%	29.4%	107.2%
Mandatory Training	Feb 23	86.1%	90.0%			87.2%	84.9%	89.5%
Sickness Absence	Feb 23	6.3%	4.5%			6.3%	4.4%	8.1%



KPI	Latest month	Measure	Target	Assurance	Performance	Mean	Lower process limit	Upper process limit
% Patients Waiting <4 Hours	Feb 23	60.0%	95.0%			61.8%	39.0%	84.6%
RTT Incomplete Pathways	Jan 23	76.8%	92.0%			80.3%	77.1%	83.5%
RTT 52 Week Breaches	Jan 23	135	0			84	56	111
RTT Total Waiting List Size	Jan 23	19843	14500			18765	17822	19707
% Diagnostic patients waiting more than 6 weeks	Feb 23	5.6%	1.0%			11.8%	0.8%	22.8%
% Cancelled Operations	Feb 23	0.9%	0.8%			0.8%	-0.1%	1.7%
DNA Rates - Total	Feb 23	7.0%	6.9%			8.6%	7.1%	10.1%
Average Length of Stay - Elective - Spell	Feb 23	3.9	3.5			3.1	1.9	4.3
Average Length of Stay - Non-Elective - Spell	Feb 23	3.7	3.5			3.8	3.2	4.3
Bed Occupancy General and Acute % Overnight	Feb 23	91.2%	85.0%					
Total Number of Ambulances	Feb 23	1807	-			1956		
% Less than 30 mins	Feb 23	73.2%	95.0%			65.4%		
% Greater than 30 mins	Feb 23	12.7%	-			15.7%		
% Over 60 mins	Feb 23	5.9%	-			8.6%		

KPI	Latest month	Measure	Target	Assurance	Variation	Mean	Lower process limit	Upper process limit
All Cancer 2 Week Waits	Jan 23	95%	93%			92%	85%	99%
Breast Symptomatic	Jan 23	95%	93%			91%	80%	101%
31 Day - Diagnostic to 1st Treatment	Jan 23	96%	96%			94%	87%	100%
31 Day - Subsequent Treatment (Surgery)	Jan 23	100%	94%			89%	69%	110%
31 Day - Subsequent Treatment (Drugs)	Jan 23	100%	98%			99%	91%	106%
38 Day - Inter Provider Transfer	Jan 23	44%	85%			54%	36%	73%
62 Day - Urgent GP Referral to Treatment	Jan 23	75%	85%			67%	46%	87%
62 Day - Screening Programme	Jan 23	88%	90%			84%	54%	114%
62 Day - Consultant Upgrades	Jan 23	82%	85%			83%	61%	106%
28 Day - Two Week Wait	Jan 23	73%	75%			71%	60%	81%
28 Day - Breast Symptomatic	Jan 23	98%	75%			97%	87%	108%
28 Day - Screening	Jan 23	84%	75%			66%	35%	96%



February 2023

60.0%

Variance Type

Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

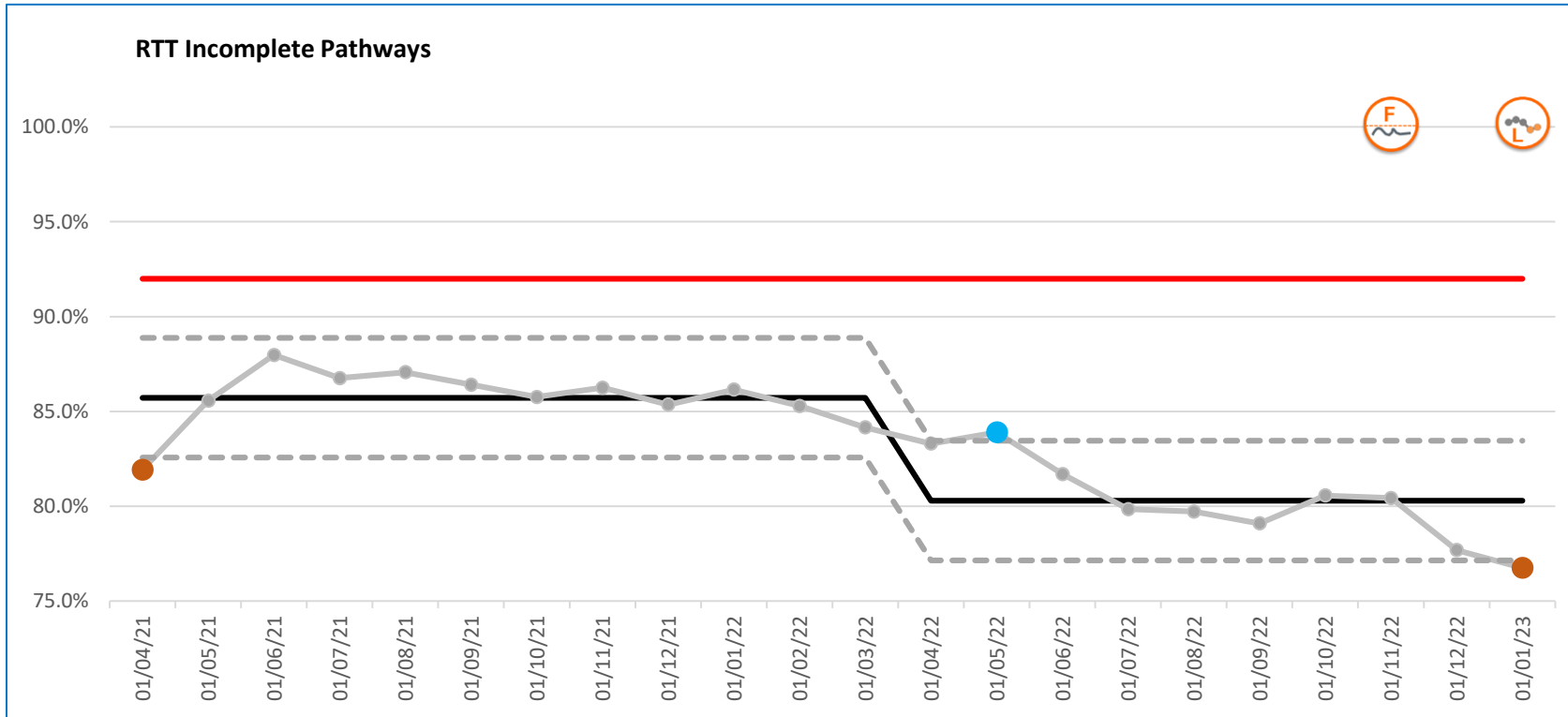
Target

95%

Target Achievement

Metric is consistently failing the target

Background	What the chart tells us:	Issues	Actions	Context
Emergency Department patients waiting <4 Hours	Remains below target and will not reach the target without system and/or process change. Consistently performing at lower process limit.	Patient acuity. Less experienced workforce. Timely bed availability. High number of people attending without a time critical emergency condition. Industrial Action.	Working with Barnsley partners on alternative pathways for minor illness and injury. Focus on patient & staff experience & minimising risk of avoidable harm. Executive oversight of performance and key metrics. National operational target for 2023/24 76% waiting <4hrs.	BHNFT overall performance is within the bottom quartile but when comparing type 1 performance the position improves considerably. Length of stay remains above target, leading to high bed occupancy Ambulance handovers improved in February 23 but remain below target.



January 2023

76.8%

Variance Type

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

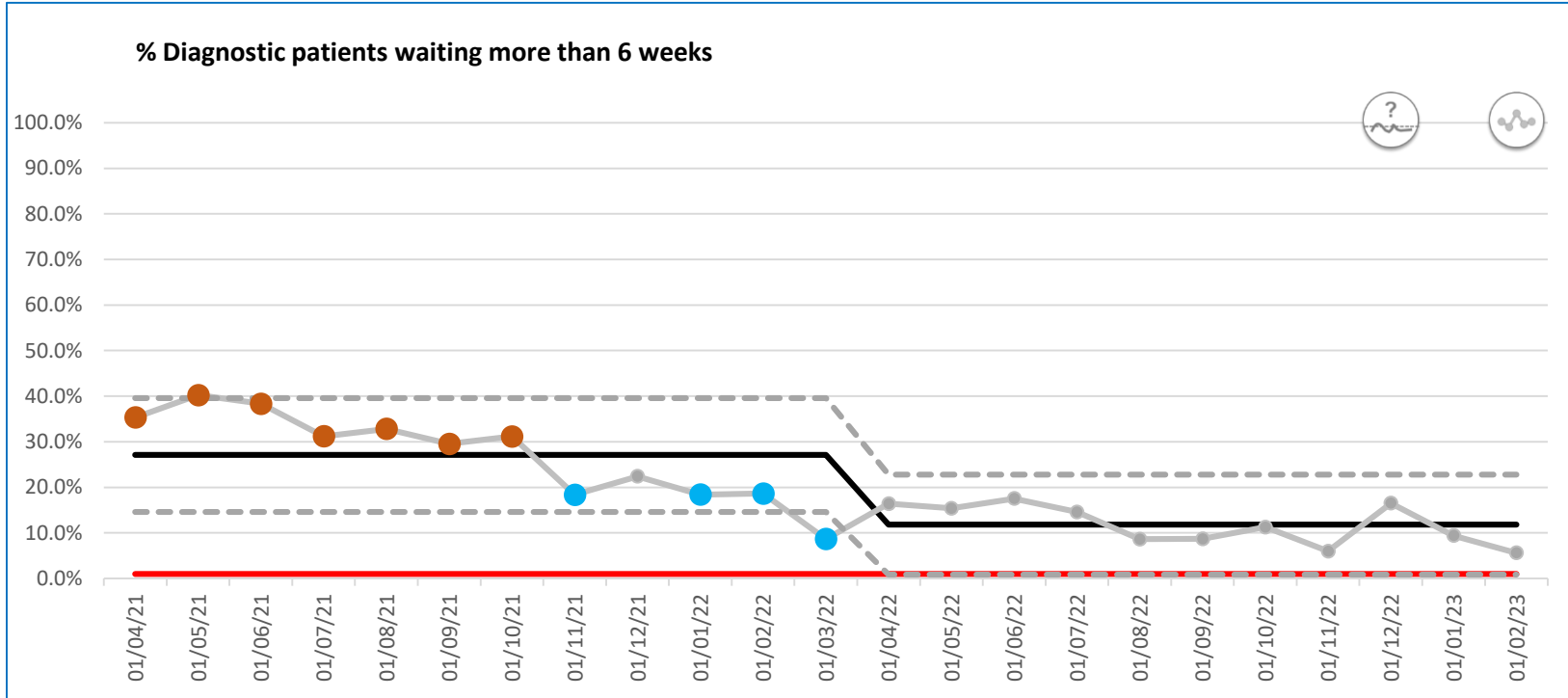
Target

92%

Target Achievement

Metric is consistently failing the target

Background	What the chart tells us:	Issues	Actions	Context
RTT Incomplete Pathways	Performance fallen below upper process limit and will not hit the target without system and /or process change	Working across South Yorkshire to support long waiting patients. Elective programme suspended during industrial action. Elective orthopaedic ward utilised for medical capacity early Jan 23.	Focus on reducing medical inpatients and releasing capacity to restart elective programme. Insourcing for specific specialities. Use of clinical prioritisation protocols. Bi-weekly oversight meetings. Forward planning for patients >60 weeks.	BHNFT remains on track to deliver 0 patients waiting over 78 weeks by March 23. Mutual aid is being explored with our SY providers who will have breaches and require our support to improve their position. Planned work is cancelled during periods of industrial action to prioritise safe emergency care.



February 2023

5.6%

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).

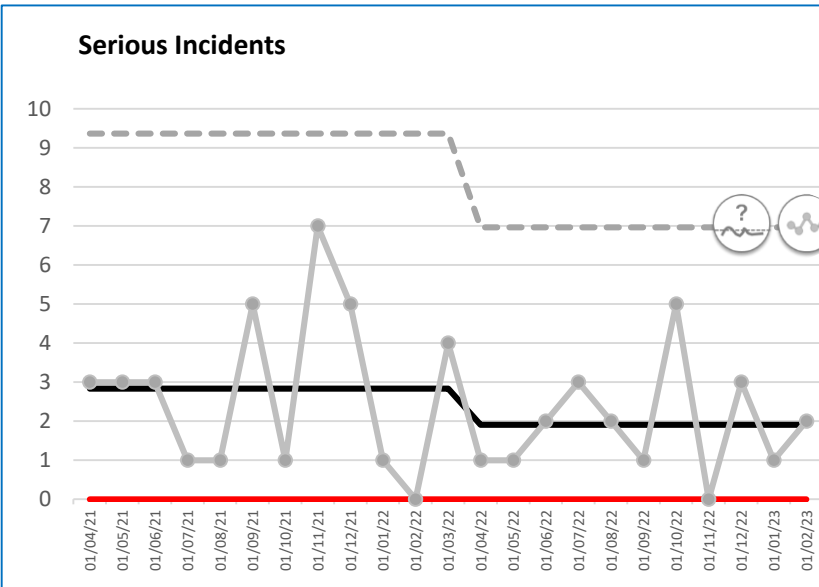
Target

0.0%

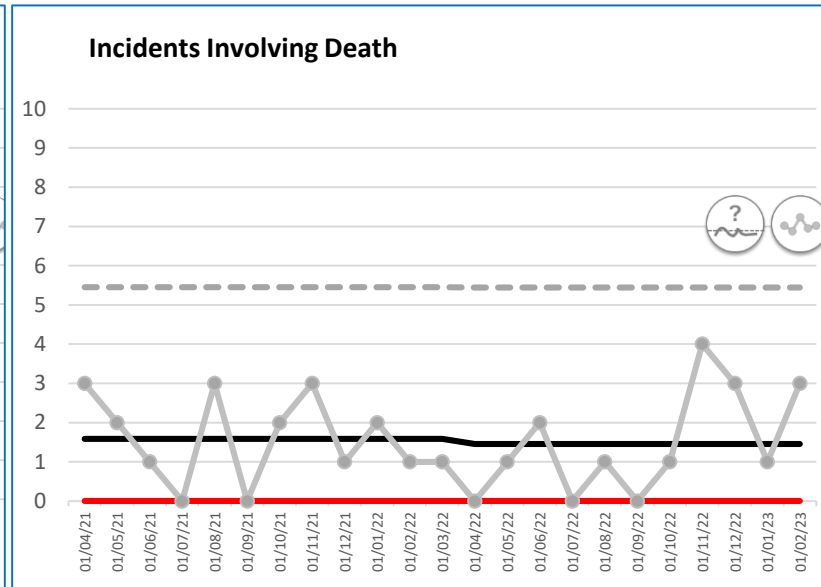
Target Achievement

Metric is consistently failing the target

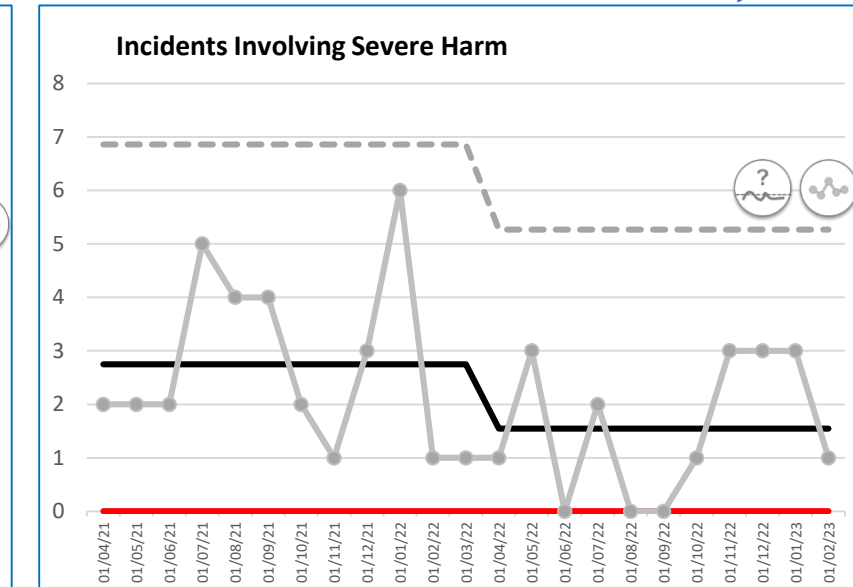
Background	What the chart tells us:	Issues	Actions	Context
Diagnostics	There is a sequential improvement but will not hit target without continued action	Backlog of activity following suspension of activity in Apr 2020. Prioritisation of cancer & urgent work. Loss of activity due to equipment failure in imaging. 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.	BHNFT continue to work towards <5% by March 2023 but are likely to remain slightly above due to impact of industrial action, weather and impact of emergency work. Both MRI & CT scanners had a period of downtime in February.



February 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)

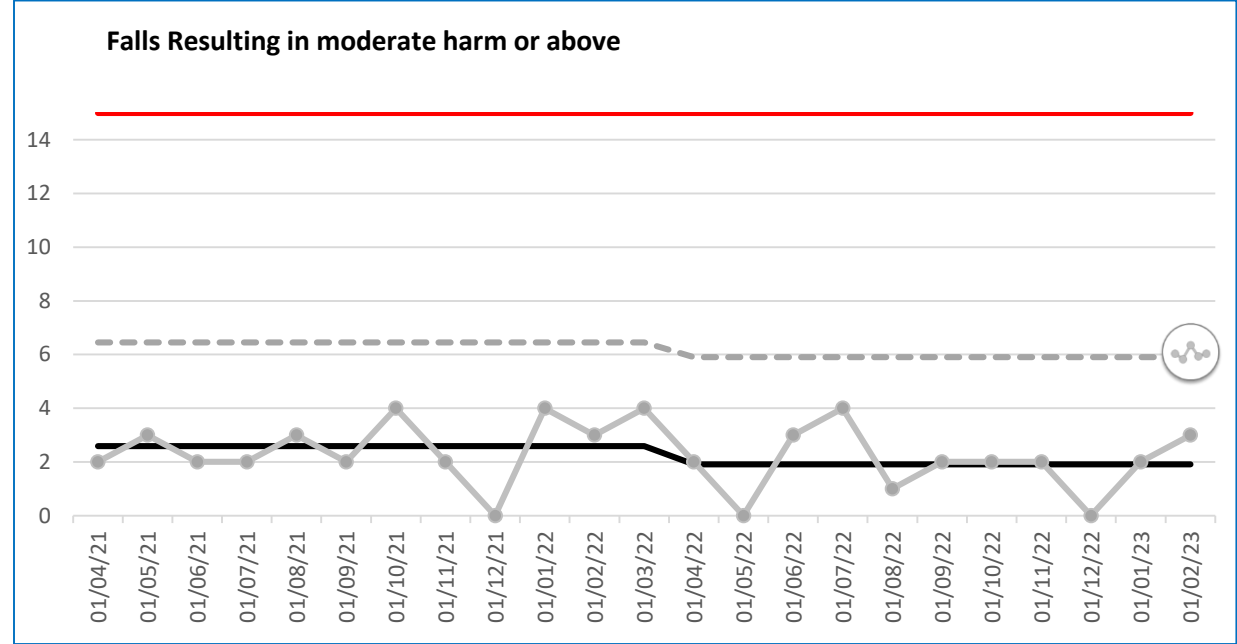
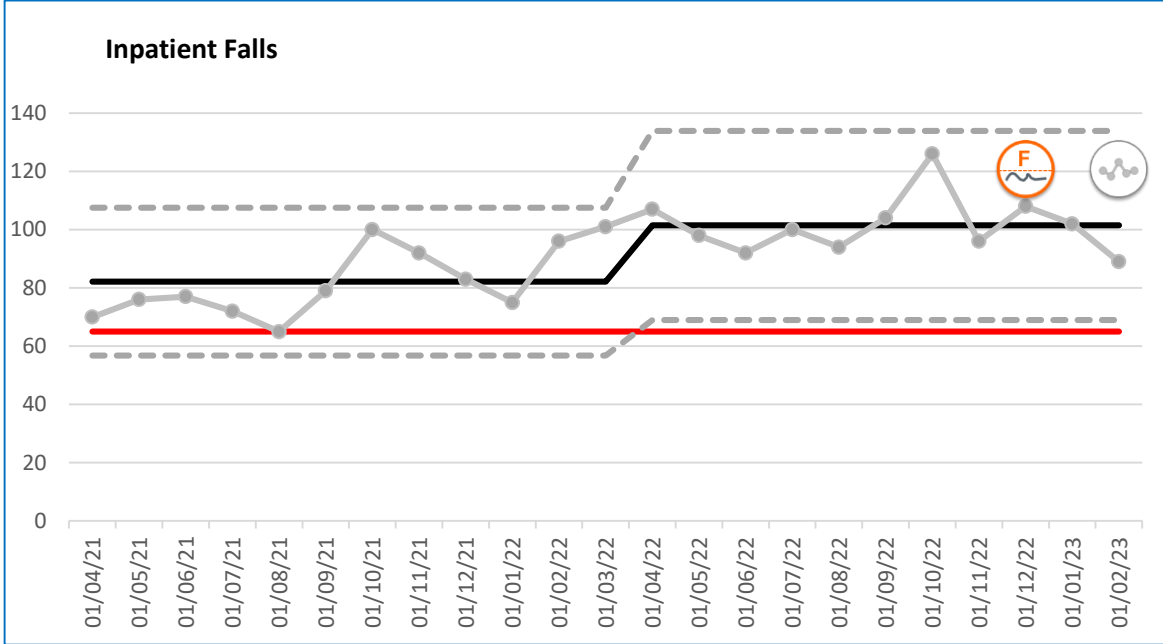


February 2023	Target	Variance Type
3	0	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)



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

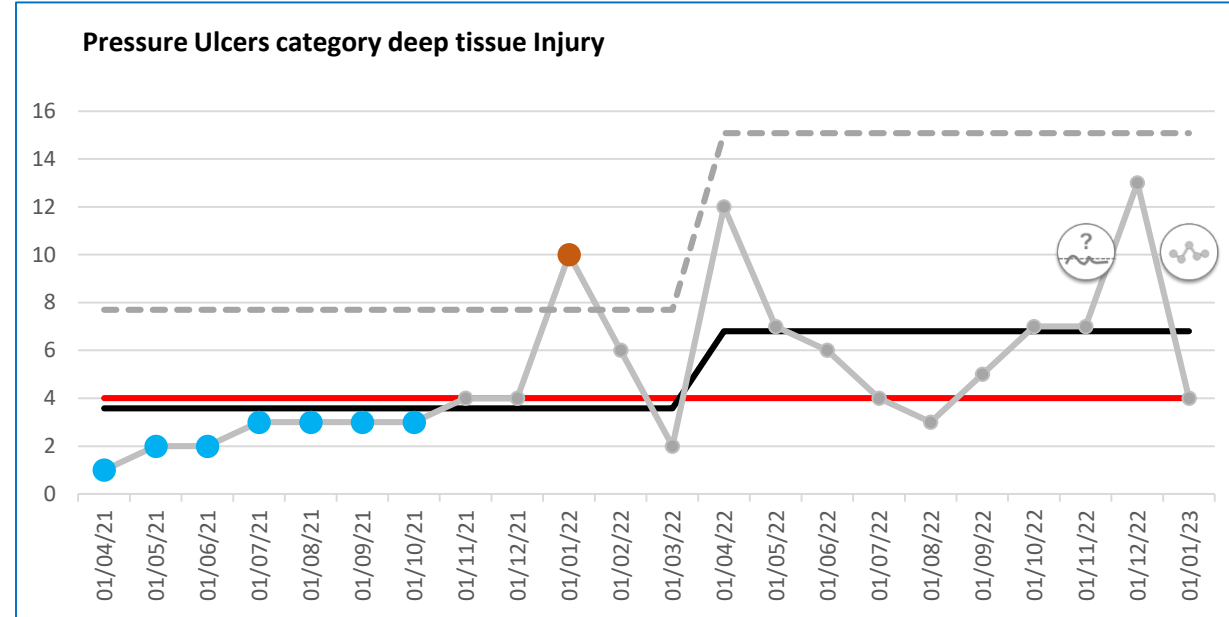
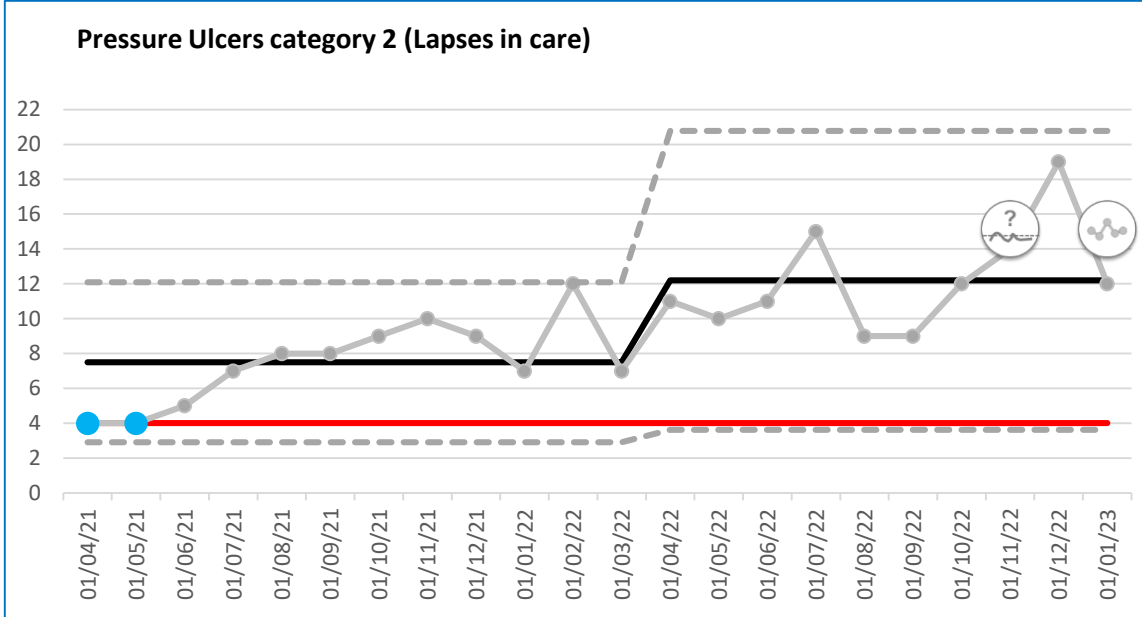
Background	What the chart tells us:	Issues	Actions	Context
Serious Incidents	There were two serious incidents reported: * treatment delay * maternity/obstetric incident: baby only	NA	NA	NA
Incidents under investigation involving death of a patient	There are three incidents under investigation involving death of a patient: * maternity/obstetric incident: baby only * two cardiac arrests	NA	* Maternity incident – duty of candour has commenced and a serious incident investigation is underway * Cardiac arrest incidents are under review awaiting information from the specialist teams	NA
Incidents under investigation involving severe harm	There is one incident under investigation involving severe harm: * one inpatient fall resulting in a fractured neck of femur	NA	Duty of candour has commenced and an investigation is underway.	NA



February 2023	Target	Variance Type
89	65	Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

February 2023	Target	Variance Type
3	15	Common cause variation, no significant change. The system will consistently PASS.

Background	What the chart tells us:	Issues	Actions	Context
Inpatient Falls	The number of falls is average and within normal variation. All areas remain within normal variation with the exception of GIW. There were three falls with moderate harm or above.	GIW is above its normal range due to having had no falls for the previous year. This skews the statistics.	All of the harmful falls will be discussed at the Falls Prevention Group, and RCA completed to determine whether or not they were potentially avoidable. A meeting has been held to discuss falls prevention and risk assessments in ED. QI projects are ongoing to reduce the number of falls.	Two of the harmful falls occurred in ED. Page 98 of 295

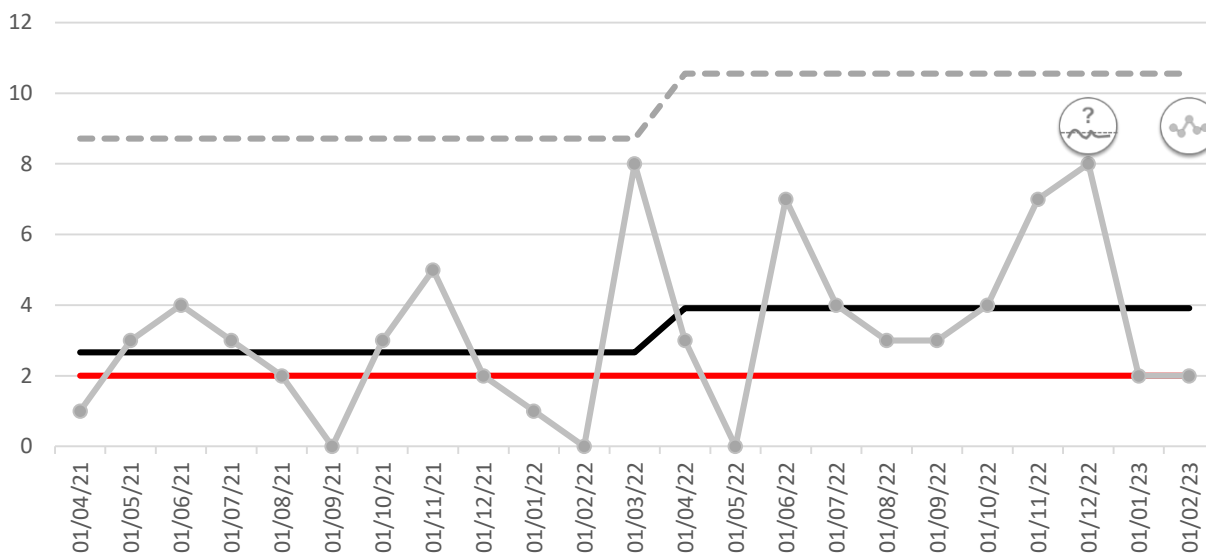


January 2023	Target	Variance Type
12	4	Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

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

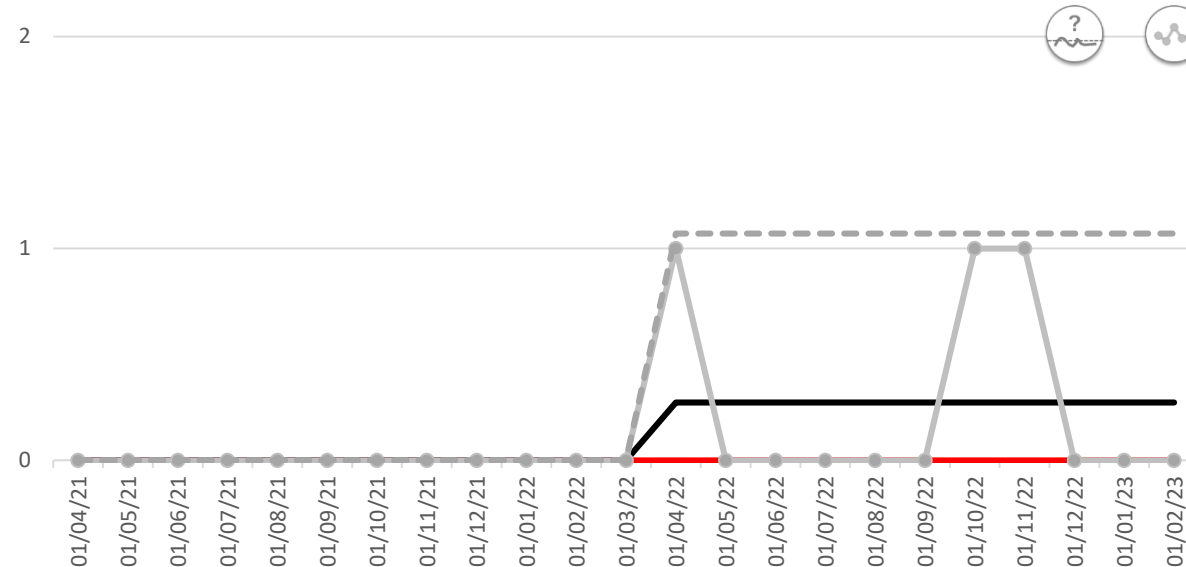
Background	What the chart tells us:	Issues	Actions	Context
Pressure Ulcers	Overall, there have been 55 hospital acquired pressure ulcers (of any severity) reported in January 2023 which is a reduction compared to December. Category 2 lapses in case and deep tissue injuries have reduced also.	At the beginning of January 2023, ward 32 was opened to support the increase in medical inpatients. In addition, there was an increase of inpatients on ward areas and some areas having additional capacity and flexed areas having additional patients. The trust was operating at Opel level 4 at the beginning of the month.	Practice educators are supporting staff in wards areas regarding documentation and pressure ulcer management.	Page 99 of 295

Q - Hospital Acquired Clostridioides difficile



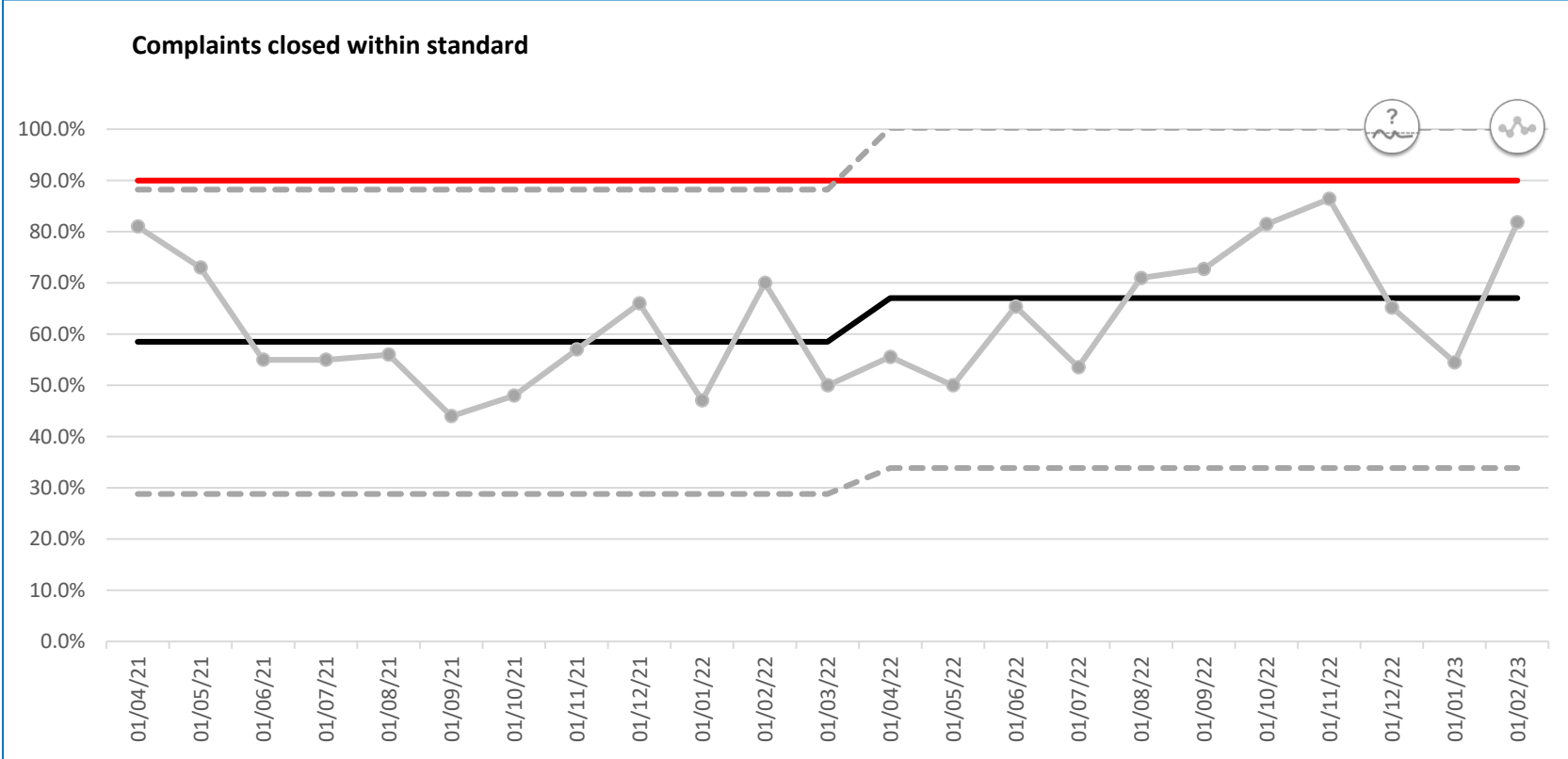
February 2023	Target	Variance Type
2	2	Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

Q- Hospital Acquired MRSA Bacteraemia



February 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	<p>There were 2 x cases of Hospital acquired Clostridioides difficile identified in February 2023.</p> <p>There were no cases of Hospital acquired MRSA Bacteraemia identified.</p>		Both these cases are going through the post infection review process.	



February 2023

81.8%

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).

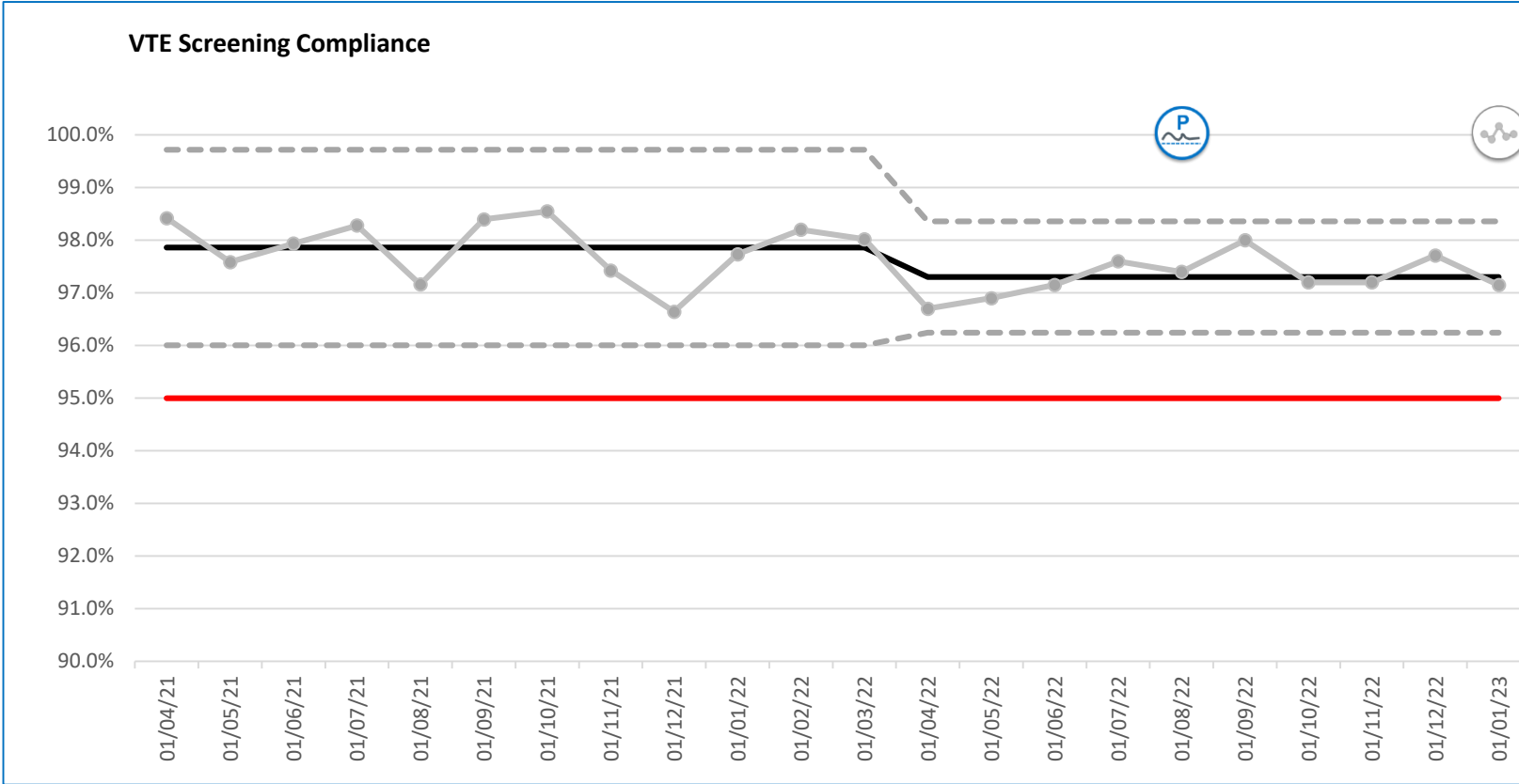
Target

90%

Target Achievement

Measure is failing the target.

Background	What the chart Tells Us	Issues	Actions	Context
Complaints closed within local standard	Consistently failing to achieve the KPI of responding to all formal complaints within 40 working days. This has, however, significantly increased this month, with 82% closed within target and averages of 44 working days.	<p>Increased number of formal complaints being received by the Trust which are also increased in complexity.</p> <p>Delays in obtaining information and statements required to respond to formal complaints. There were four complaints which failed to achieve the 40 working day KPI:</p> <ul style="list-style-type: none"> * Three complaint investigations were delayed due to waiting for statements * One complaint was delayed due to another internal process being triggered by the emerging findings of the investigation 	<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&Q and MD as required</p> <p>Escalations at CBU performance meetings</p> <p>Service review complete with plans in place for implementation by end of March 2023.</p>	<p>All complainants have been kept informed of the progress of their complaint response.</p> <p>There were no complaints reopened in the reporting month.</p>



January 2023

97.1%

Variance Type

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

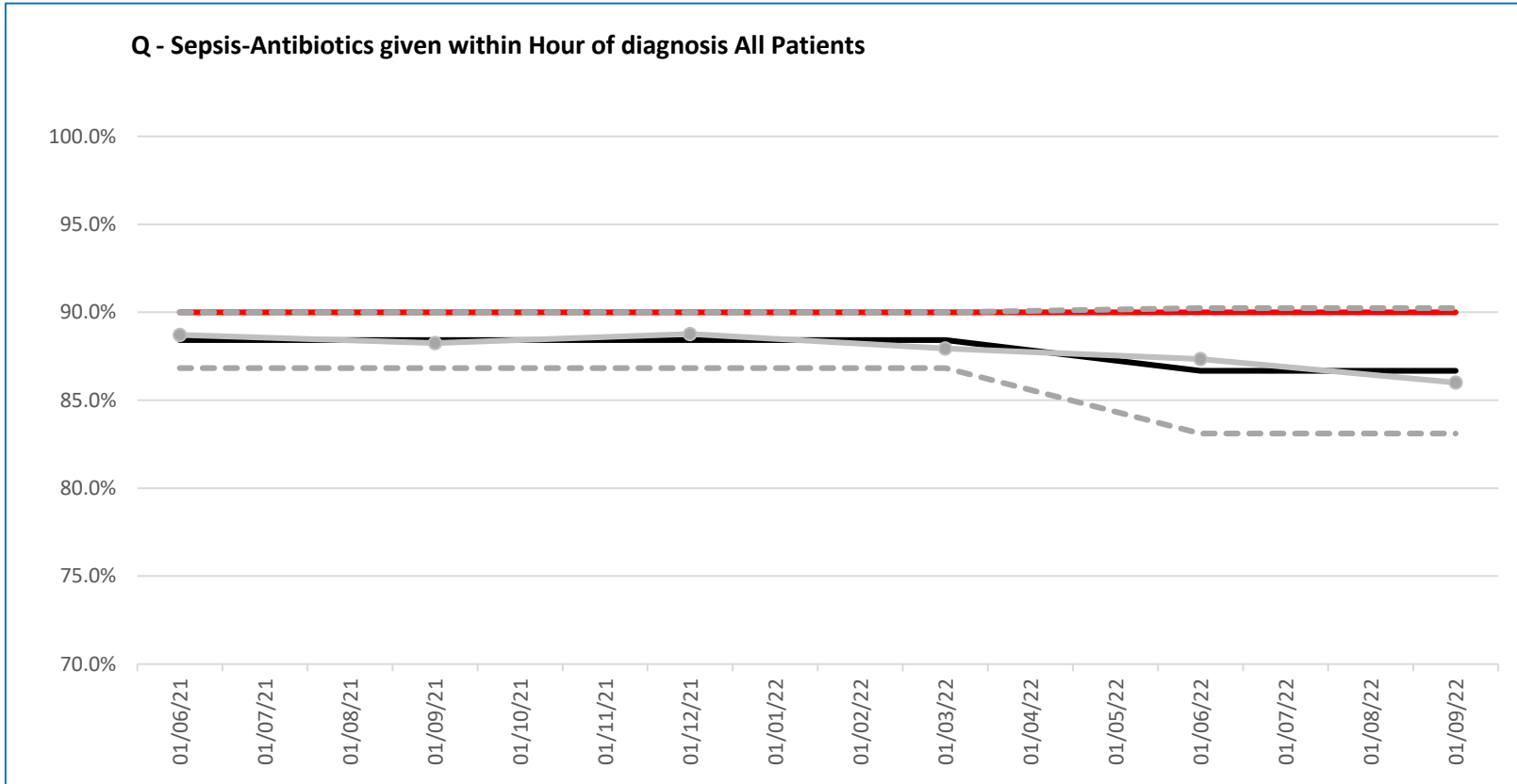
Target

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 2022/23	The target is consistently being achieved	Ensuring all data sources are included - specialities 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.



Q3 2022/23

84%

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

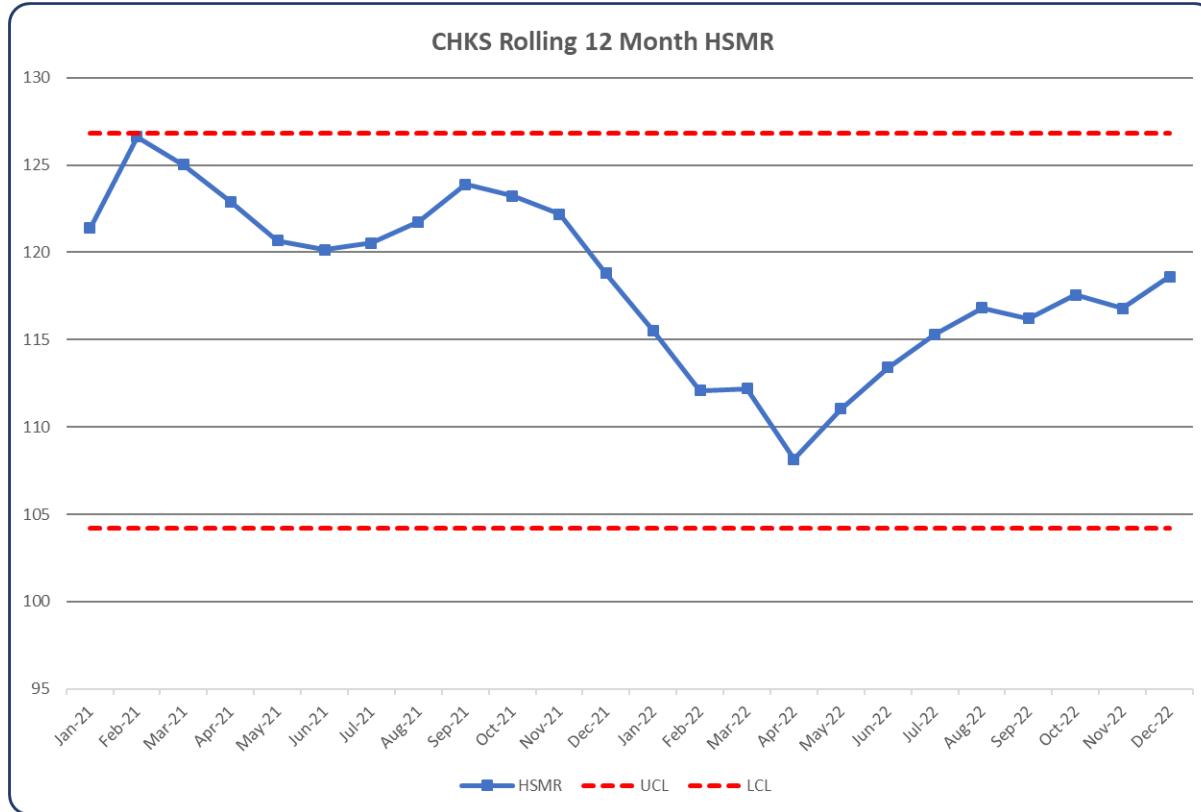
90%

Target Achievement

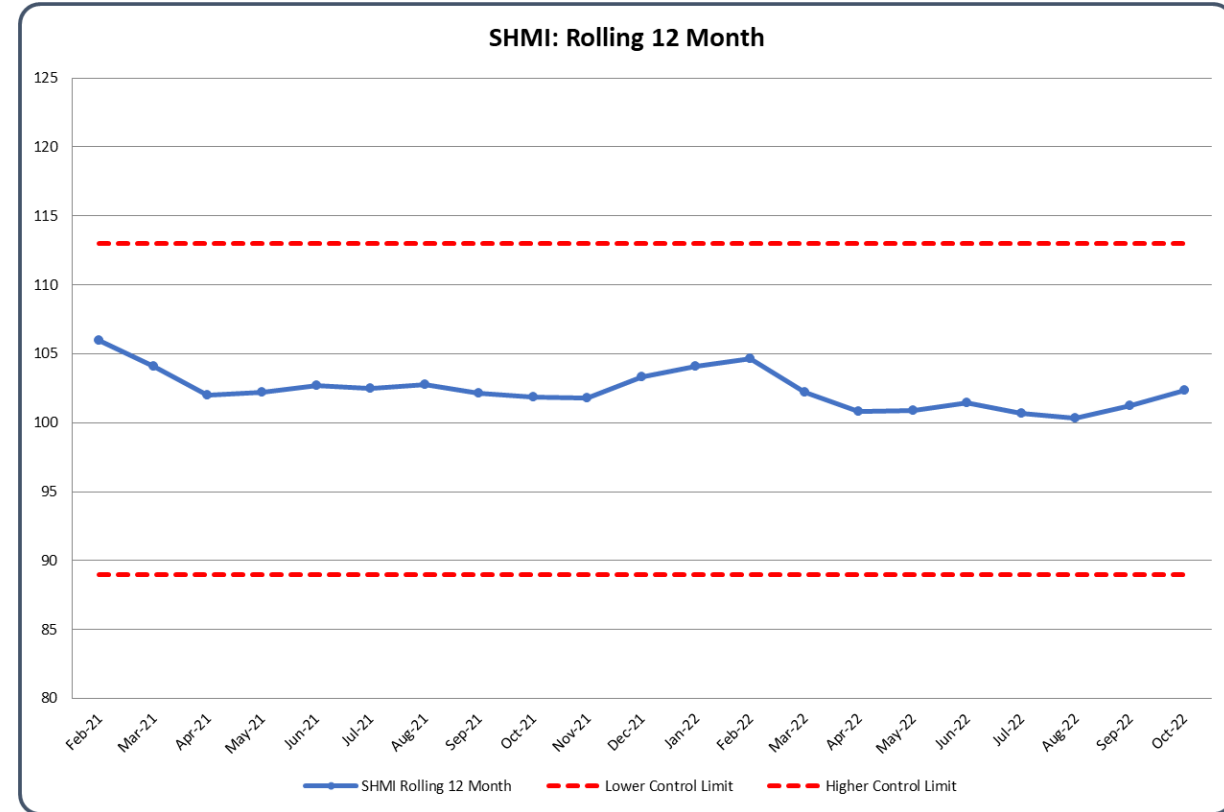
Will hit and miss the target.

Background	What the chart tells us	Issues	Actions	Context
Sepsis is a National Quality Requirement in the NHS Standard Contract 2022/23	The target for inpatients is consistently met. ED has not met the target for within the hour.	ED sepsis is on the risk register rated at 8 (high risk).	ED own the improvement workstream the risk register is due to be updated in March 2023.	Patients with sepsis coded in the Primary, 1 st & 2 nd position are checked by the clinical lead for sepsis for accuracy and learning.

HSMR



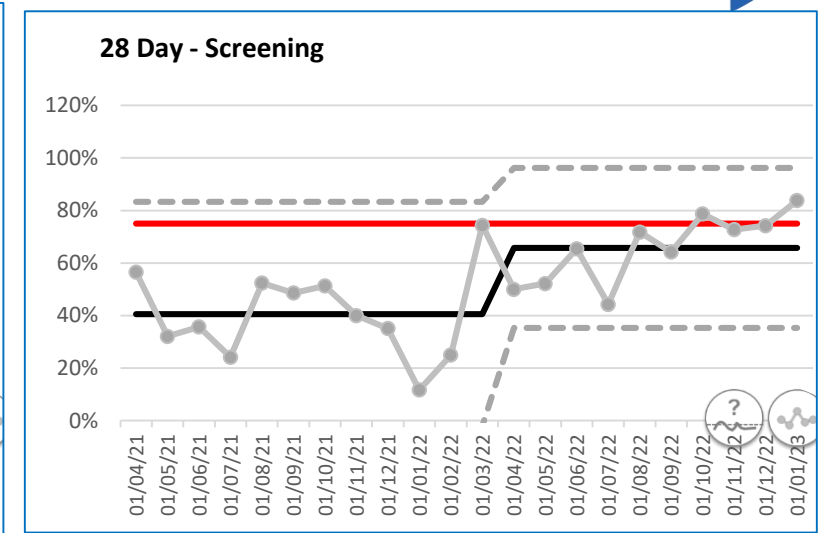
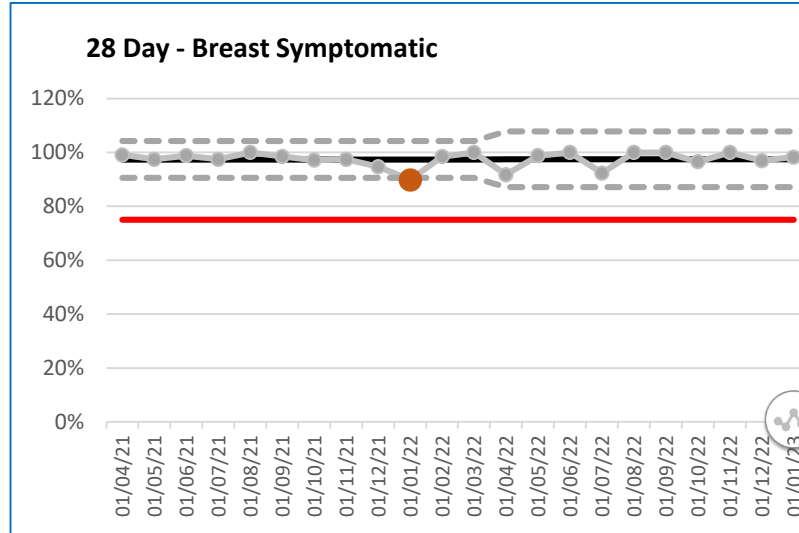
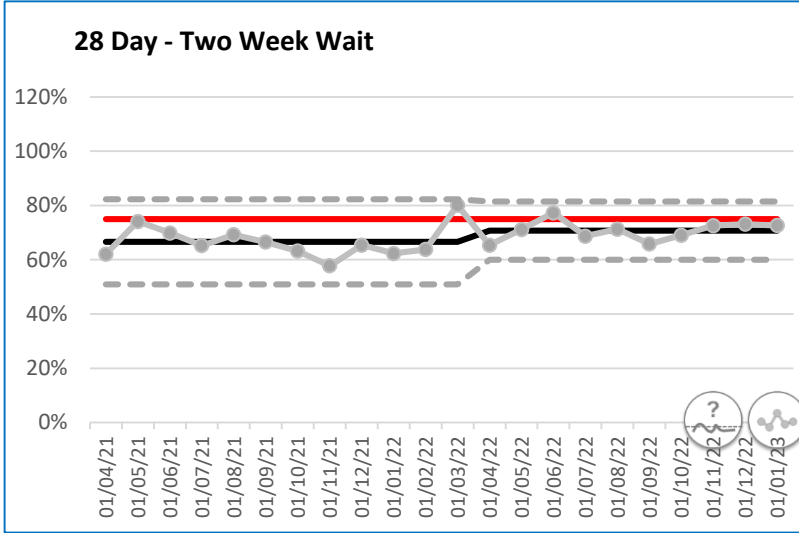
SHMI



Commentary

HSMR Rolling 12 Month: January 2022 – December 2022 **118.60**

SHMI Latest reporting period: November 2021 – December 2022 **102.37**



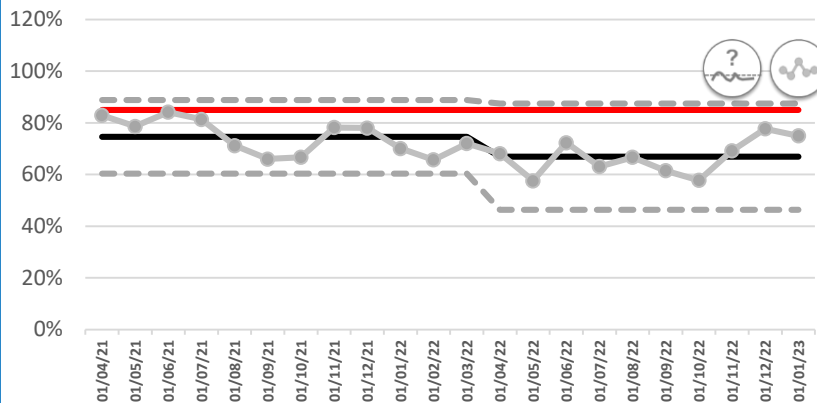
January 2023	Target	Variance Type
73%	75%	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)

January 2023	Target	Variance Type
98%	93%	Common cause variation, no significant change. The system will consistently PASS.

January 2023	Target	Variance Type
84%	96%	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)

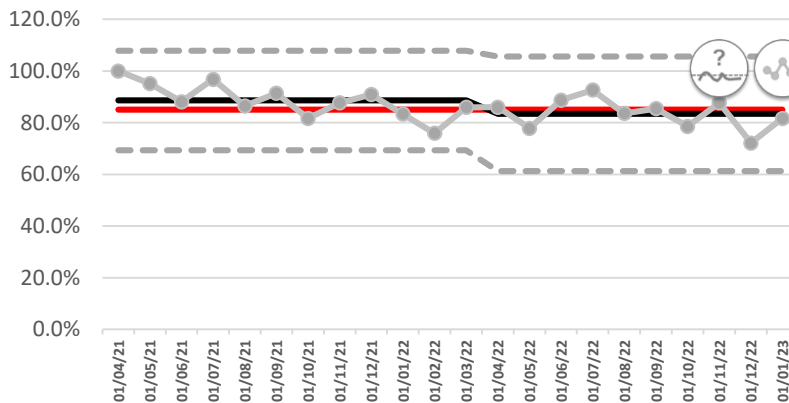
Background	What the chart tells us	Issues	Actions	Context
Cancer - 28 Days <ul style="list-style-type: none"> 2 Weeks Waits Breast Symptomatic Screening 	Performance is variable and may hit or miss the target.	Loss of outpatient activity due to industrial action. Workforce gaps, specifically histopathology.	Changes to booking have improved time to 1st appointment. Straight to test have improved performance against 31 days to treatment.	The number of patients on a cancer pathway has reduced. Referrals have recently stabilised.

62 Day - Urgent GP Referral to Treatment



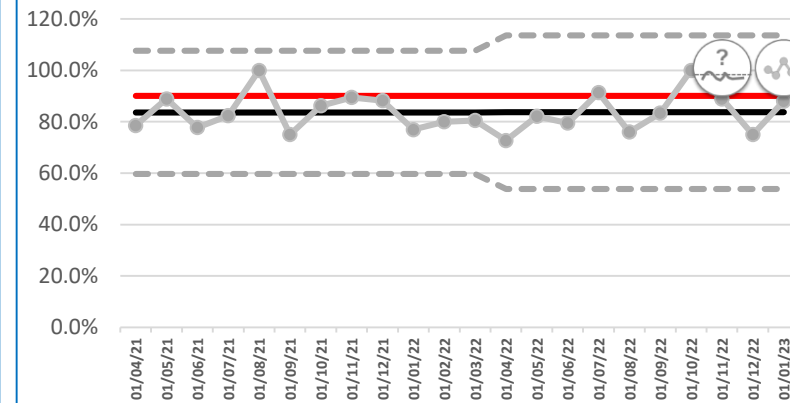
January 2023	Target	Variance Type
75%	85%	Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

62 Day - Consultant Upgrades



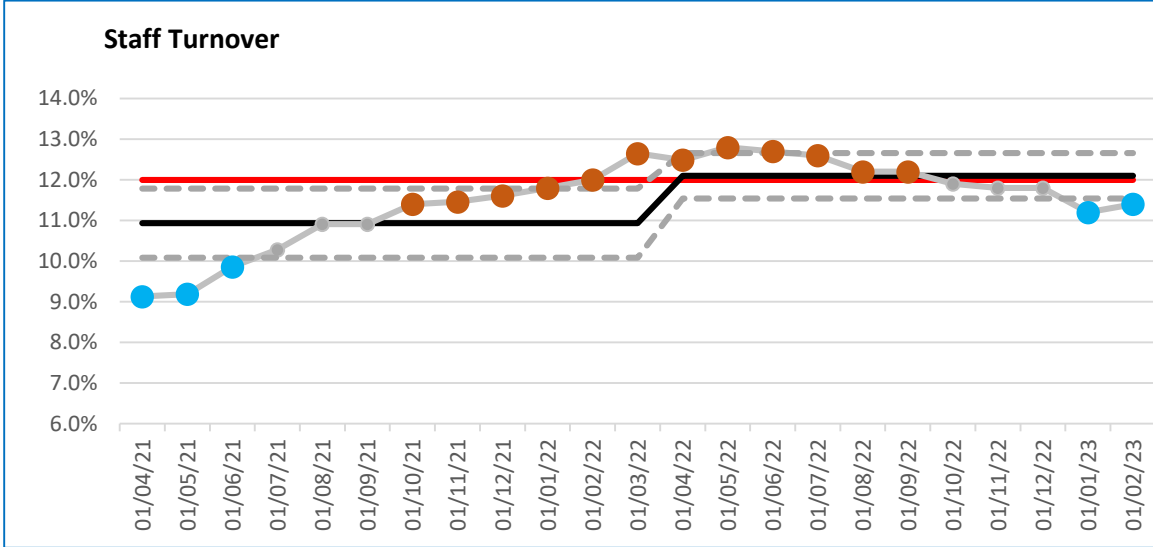
January 2023	Target	Variance Type
82%	85%	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)

62 Day - Screening Programme



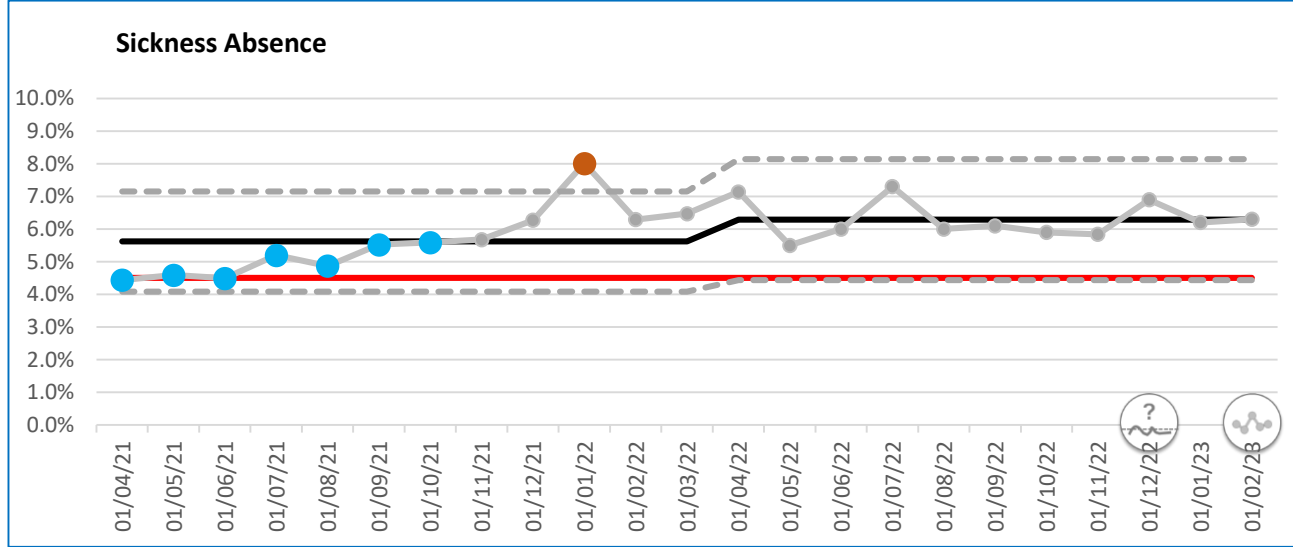
January 2023	Target	Variance Type
88%	90%	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)

Background	What the chart tells us	Issues	Actions	Context
<p>Cancer</p> <ul style="list-style-type: none"> 62 Day Urgent GP Referral 62 Day Screening Programme 62 Day Consultant Upgrades 	Performance is variable and likely to miss the target without further action	<p>Surge in referrals for specific tumour sites.</p> <p>Gaps in workforce.</p> <p>Capacity across tertiary centres.</p> <p>Complex presentations & morbidity</p> <p>Suspension of activity in April 2020.</p> <p>Treating patients > 62 days increases monthly breach numbers.</p>	<p>Diagnose & treat all long waiting patients.</p> <p>Review pathways with tertiary centres.</p> <p>SYB Cancer Alliance work programme 22/23</p> <p>Robust escalation process.</p> <p>Continued focus on long waiting patients required prior to any target improvement.</p> <p>Developing improvement plans for Urology & LGI.</p>	<p>Improving performance as long waiting patients are reduced. Requirement to continue work with partners to ensure pathways are optimised and patients aware of urgent timings at referral to reduce cancellation of appointments.</p> <p>6.5% of cancer waiting list are >62 days which is within expected performance. The end of year target of 50 patients waiting >62 days is on track.</p>



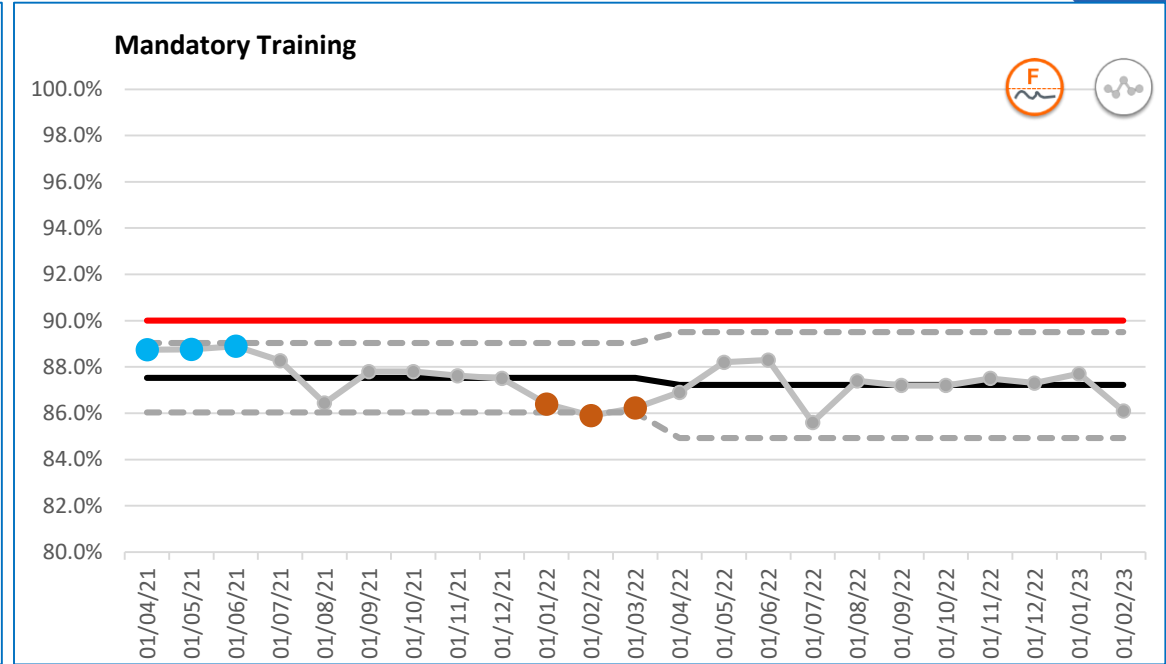
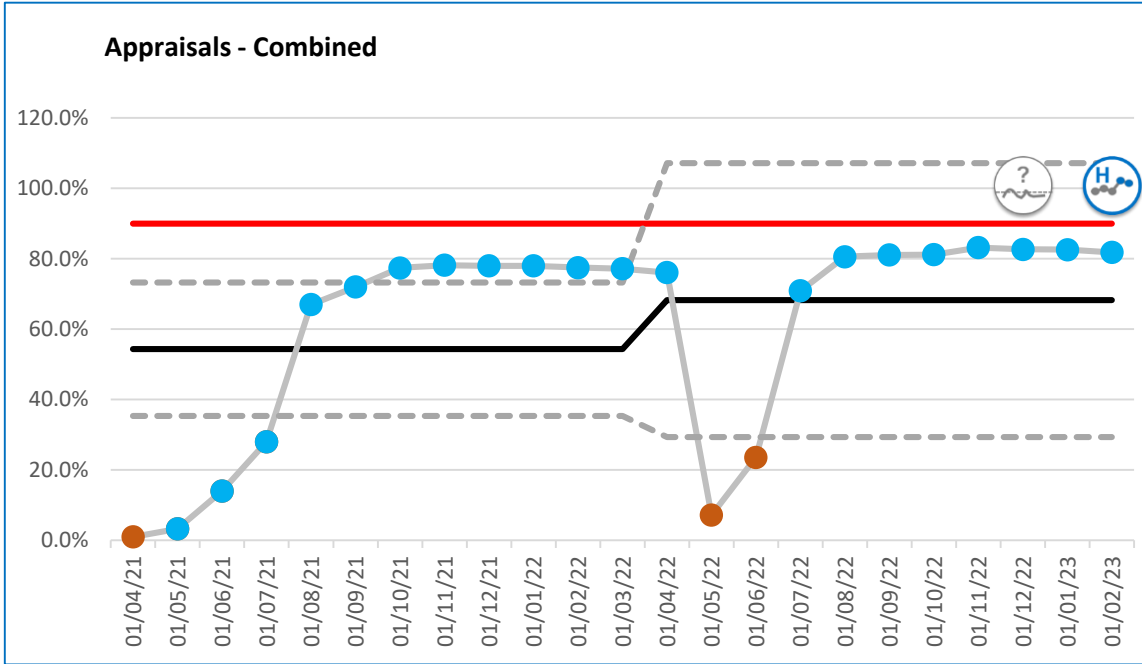
February 2023	Target	Variance Type
11.4%	10% - 12%	Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

Staff Turnover	
Issues	Continued low uptake of exit interview questionnaires. Work life balance/Dependents is second highest reason for staff leaving, after promotion.
Actions	New SY ICS retention leads network to share learning on trialling new exit survey systems to improve uptake. New Trust flexible working task & finish group set up to develop an organisational culture which values flexible working for all.
Context	The Trust compares favourably to the ICB and had the third highest retention rate in Oct 2022 (most recent available data).



February 2023	Target	Variance Type
6.3%	4.5%	Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

Sickness Absence	
Issues	Low completion of return to work interviews (RTW), high DNA rates for OH appointments and continued high mental health related absence.
Actions	RTW information sent out weekly to CBU leads to target and discuss at Business & Governance meetings. Audit undertaken to understand DNA occupational health appointments. HR to write to managers of individuals who DNA's their appointment. New Supporting Staff Attendance Policy under consultation focusing on health & wellbeing action plans to help colleagues to stay at work.
Context	Long term sickness continues to decline. Trust sickness absence performance is 4th out of 7 organisations in the ICB.



February 2023	Target	Variance Type
81.8%	90%	Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

February 2023	Target	Variance Type
86.1%	90%	Common cause variation no significant change. This system is not reliably capable and it will FAIL the target without system change

Appraisals – Combined	
Issues	Continued operational pressures may affect compliance in certain areas.
Actions	Compliance reports available for managers at departmental level. Trust comms has increased in readiness for new appraisal window opening on 1st April and AfC pay step review meetings linked to appraisals to start.
Context	Data indicates there has been sustained improvement in appraisal activity.

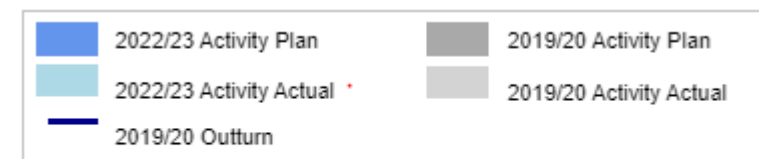
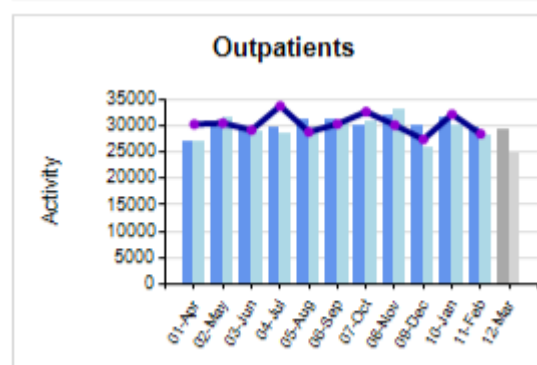
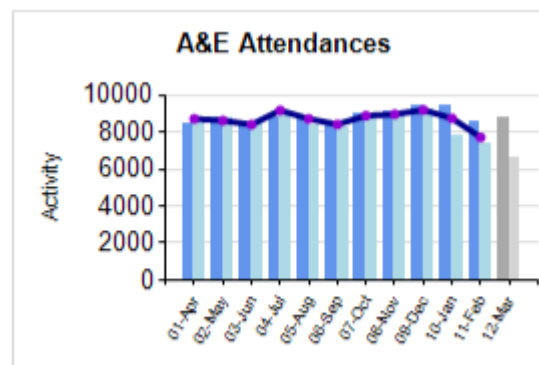
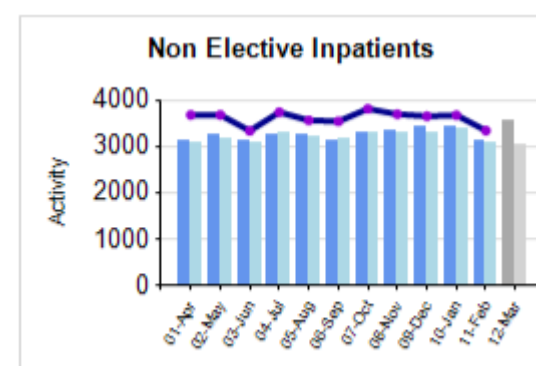
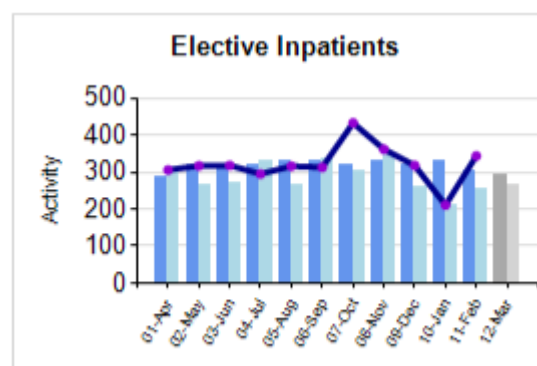
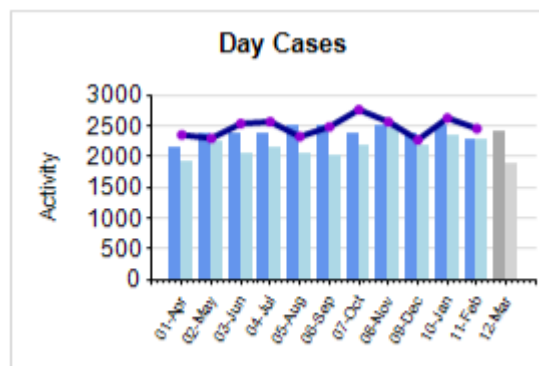
Mandatory Training	
Issues	Overall compliance has remained fairly static.
Actions	Compliance reports are presented monthly identifying departments that are not compliant with section 1 subjects. Reminders for section 1 subjects are sent to the individual and their manager, along with the necessary links to access the training required.
Context	The introduction of Datix reporting for non- attendance of Safeguarding and Resus training has reduced DNAs from an average of 74 per month (between April – Oct) to 4 in Feb.

2022/23 Year to Date Activity

	19/20 Actuals	2022/23 Plan	2022/23 Actuals	Variance	%
Elective Daycases	27,272	26,335	23,898	(2,437)	-9%
Elective Inpatients	3,533	3,504	3,148	(356)	-10%
Elective Total	30,805	29,839	27,046	(2,793)	-9%
Non Elective	39,733	35,697	35,375	(322)	-1%
Non Elective Total	39,733	35,697	35,375	(322)	-1%
Maternity Pathway	5,940	5,380	5,186	(194)	-4%
Maternity Pathway Total	5,940	5,380	5,186	(194)	-4%
A&E Att.	95,623	97,398	93,406	(3,992)	-4%
A&E Total	95,623	97,398	93,406	(3,992)	-4%
Outpatients	333,476	330,207	323,679	(6,528)	-2%
Outpatients Total	333,476	330,207	323,679	(6,528)	-2%

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

The activity breakdown below is a YTD position based on April – February 2023.

- Day Case = 88.2%
- Elective inpatient = 92.2%
- Outpatients (1st) = 83.7%
- Overall position = 84.6%

The Trust's recovery across a range of operational priorities has been impressive when compared to other Trusts locally and nationally, however, teams and services are under no illusion that further efforts and work is required to achieve national constitutional standards.



Feb 23 Summary

RAG Rating Summary Performance:		
Finance	Planned Financial Position	<p>As at month 11 the Trust has a consolidated year to date deficit of £2.523m against a planned deficit of £7.762m giving a favourable variance of £5.239m.</p> <p>NHS England and Improvement (NHSE/I) adjusted financial performance after taking into account income and depreciation in respect of donated assets £0.058m and granted assets (£2.435m), is a deficit of £4.900m with a favourable variance of £2.862m.</p> <p>Forecasts have not been updated this month. The most likely case remains a £5.2m deficit which continues to give a NHSE/I adjusted forecast of £8.8m deficit consistent with plan and previous forecasts. The NHSE/I adjusted forecast will move to a £5.1m deficit as part of a series of changes agreed across the South Yorkshire system.</p>
	Underlying Financial Position	<p>The Trust are posting an NHSE/I adjusted financial performance deficit of £4.900m, however, there are several non-recurrent costs and benefits within this position which mask the true underlying performance. Adjusting for all of these would result in a “real” position of £10.830m deficit.</p>
	Income	<p>Total income is £7.582m favourable to plan for the year. The majority of clinical income is subject to block arrangements and system allocations. The favourable variance is mainly due to higher than expected recharges and training & education income, along with grant income in respect of the capital decarbonisation scheme.</p>
	Planned Cash Position	<p>Cash balances have increased from last month by £3.555m and the year to date favourable variance against plan has also increased by £6.182m which is mainly due to timings of payments to creditors, capital programme performance and receipt of NHS income.</p>
	Capital Plan	<p>Capital expenditure for the year is £7.746m, which is £4.908m below plan. The underspend is mainly due to slippage on estates and IT schemes; along with medical equipment procurement, all of which are expected to recover before year-end.</p>

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

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



Finance Performance

Feb 23 Summary

	Performance - Financial Overview								Variance Analysis							
	Month Plan	Month Actual	Variance	Variance %	Plan YTD	Actual YTD	Variance	Variance %	Electives	Urgent Care	ERF	Covid	Efficiency	Recharges	Run Rate & NR Flex	Total
ACTIVITY LEVELS (PROVISIONAL)																
Elective inpatients	302	253	(49)	-16.23%	3,504	3,148	(356)	-10.16%	(356)							(356)
Day cases	2,270	2,278	8	0.35%	26,335	23,898	(2,437)	-9.25%	(2,437)							(2,437)
Outpatients	26,275	25,726	(549)	-2.09%	304,787	296,350	(8,437)	-2.77%	(8,437)							(8,437)
Non-elective inpatients	3,105	3,096	(9)	-0.29%	35,734	35,402	(332)	-0.93%		(332)						(332)
A&E	8,537	7,397	(1,140)	-13.35%	97,398	93,406	(3,992)	-4.10%		(3,992)						(3,992)
Other (excludes direct access tests)	10,763	11,457	694	6.45%	109,477	139,076	29,599	27.04%							29,599	29,599
Total activity	51,252	50,207	(1,045)	-2.04%	577,235	591,280	14,045	2.43%	(11,230)	(4,324)	0	0	0	0	29,599	14,045
INCOME																
	£'000	£'000	£'000		£'000	£'000	£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Elective inpatients	960	959	(1)	-0.10%	11,132	10,152	(980)	-8.80%	(980)							(980)
Day Cases	1,588	1,924	336	21.16%	18,423	18,083	(340)	-1.85%	(340)							(340)
Outpatients	3,089	2,831	(258)	-8.35%	35,826	31,742	(4,084)	-11.40%	(4,084)							(4,084)
Non-elective inpatients	7,503	6,497	(1,006)	-13.41%	86,201	84,783	(1,418)	-1.64%		(1,418)						(1,418)
A&E	1,439	1,280	(159)	-11.05%	16,421	15,782	(639)	-3.89%		(639)						(639)
Other Clinical	5,388	6,371	983	18.24%	51,672	59,227	7,555	14.62%	5,404	2,057					94	7,555
Top-up, Covid and ERF	2,565	2,557	(8)	-0.31%	28,210	28,134	(76)	-0.27%			(427)	351			0	(76)
Other	1,660	3,055	1,395	84.04%	18,159	25,723	7,564	41.65%					852	3,832	2,880	7,564
Total income	24,192	25,474	1,282	5.30%	266,044	273,626	7,582	2.85%	0	0	(427)	351	852	3,832	2,974	7,582
OPERATING COSTS																
	£'000	£'000	£'000		£'000	£'000	£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Pay	(17,684)	(18,868)	(1,184)	-6.70%	(191,928)	(198,975)	(7,047)	-3.67%	4,001	483	3,287	(1,955)	(5,290)	(3,721)	(3,852)	(7,047)
Drugs	(1,528)	(1,540)	(12)	-0.79%	(16,267)	(17,059)	(792)	-4.87%	339	41	627		16	(137)	(1,678)	(792)
Non-Pay	(5,217)	(4,065)	1,152	22.08%	(56,511)	(52,055)	4,456	7.89%	1,178	142	3,082	(296)	(727)	26	1,051	4,456
Total Costs	(24,429)	(24,473)	(44)	-0.18%	(264,706)	(268,089)	(3,383)	-1.28%	5,518	666	6,996	(2,251)	(6,001)	(3,832)	(4,479)	(3,383)
EBITDA																
	(237)	1,001	1,238	-522.36%	1,338	5,537	4,199	313.83%	5,518	666	6,569	(1,900)	(5,149)	0	(1,505)	4,199
Depreciation	(622)	(546)	76	12.22%	(6,697)	(6,357)	340	5.08%							340	340
Non Operating Expenditure	(218)	(96)	122	55.96%	(2,403)	(1,703)	700	29.13%					673		27	700
Surplus / (Deficit)	(1,077)	359	1,436	-133.33%	(7,762)	(2,523)	5,239	67.50%	5,518	666	6,569	(1,900)	(4,476)	0	(1,138)	5,239
NHSE/I adjusted financial performance																
	(1,077)	(156)	921	85.52%	(7,762)	(4,900)	2,862	36.87%								

Finance Performance

Commentary

The key points derived from this table are as follows:

- The final plan approved by the Board of Directors and submitted in June was an £8.8m deficit, in the context of a South Yorkshire (SY) system balanced plan.
- The block arrangements, introduced by NHS England and Improvement (NHSE/I) at the start of 2020/21, continue in 2022/23.
- As at month 11 the Trust has a consolidated year to date deficit of £2.523m against a planned deficit of £7.762m giving a favourable variance of £5.239m. NHS England and Improvement (NHSE/I) adjusted financial performance after taking into account income and depreciation in respect of donated assets £0.058m and granted assets (£2.435m), is a deficit of £4.900m with a favourable variance of £2.862m. The key drivers behind the variance are set out in the above table.
- The plan was set aligned to the national NHSE/I planning guidance, which assumed low levels of Covid and set a planned care recovery target of 104% weighted value of 2019/20 levels of planned care delivery, supported with Elective Recovery Fund (ERF) monies.
- The current context seen across the system has not been one of low levels of Covid in 2022/23, and planned care recovery is not at the aspirational levels that were set in the plan.
- The national average bed occupancy for Covid patients in quarter 1 2021/22 was 1%, and this level was assumed as the definition of "low levels of Covid" from a planning perspective. The reality seen in 2022/23 is c5% of beds being occupied by Covid positive patients, with c9% levels during February.
- This has impacted directly on expenditure due to the costs required to manage Covid patients and increased staff absence, and also indirectly by hampering the ability to deliver efficiencies and the planned care recovery aspirations.
- Given the reality is very different to the planning guidance assumptions, NHSE/I have confirmed that the ERF income will not be clawed back, and instead will be retained by the system to cover the impacts of ongoing Covid demands.
- The cost increase as a result of Covid (£1.900m) plus the undelivered efficiency (£4.476m) is offset by the £6.569m retained ERF income. From a plan perspective the ERF income and cost (the 4% increase above 2019/20 core allocation levels) was assumed to be net neutral, therefore, given the non delivery of ERF activity the cost is not incurred, but the income is retained to offset the Covid impact.
- The plan also assumed recovery back to 100% of 2019/20 planned care activity levels within core ICB allocations, before the additional ERF requirement to 104%. Given actual planned care activity is c91% of 2019/20 levels there is inevitably a cost saving (£5.518m) from delivering less activity than plan. This is currently offsetting the remainder of the increased Covid impact, excess inflationary and other run rate pressures.
- In-month activity is 5.19% less than last month, and it is 2.04% below plan for the month with only "other" and day cases above planned levels. The acuity of patients presenting at ED and requiring admission continues to be high, with higher than usual length of stay as a result.
- As at month 11 the Trust are posting an NHSE/I adjusted financial performance deficit of £4.900m, however, there are several non-recurrent costs and benefits within this position which mask the true underlying performance. Adjusting for all of these would result in a "real" position of £10.830m deficit.
- Forecasts have not been updated this month. The most likely case remains a £5.2m deficit which continues to give a NHSE/I adjusted forecast of £8.8m deficit consistent with plan and previous forecasts. The NHSE/I adjusted forecast will move to a £5.1m deficit as part of a series of changes agreed across the South Yorkshire system.

Finance Performance

Performance - Financial Overview									Commentary
	Month Plan	Month Actual	Variance	Variance %	Plan YTD	Actual YTD	Variance	Variance %	
Capital Programme	£'000	£'000	£'000		£'000	£'000	£'000		
Capital Spend - internally funded	(916)	(267)	649	70.89%	(7,921)	(5,223)	2,698	34.06%	<ul style="list-style-type: none"> Capital expenditure underspend is mainly due to slippage on estates and IT schemes; along with medical equipment procurement, all of which are expected to recover before year-end. The externally funded expenditure is mainly on the grant funded decarbonisation scheme; with the underspend due to delays in NHSE/I approving the frontline digitisation scheme.
Capital Spend - externally funded	(1,018)	(576)	442		(4,733)	(2,523)	2,210		
Statement of Financial Position (SOFP)									
Inventory					1,931	1,626	305	-15.79%	<ul style="list-style-type: none"> Receivables are below plan due to the timing of receipts of NHS income. Payables are above plan mainly due to timings of payments to creditors and accruals. Other net liabilities are above plan mainly due to timings of settlement of provisions and income classed as deferred.
Receivables					9,274	7,438	1,836	-19.79%	
Payables (includes accruals)					(27,048)	(44,424)	17,376	-64.24%	
Other Net Liabilities					(4,455)	(8,304)	3,849	-86.40%	
Cash & Loan Funding					£'000	£'000	£'000		
Cash					10,571	38,811	28,240	267.14%	<ul style="list-style-type: none"> Cash balances have increased from last month by £3.555m, and the year to date favourable variance against plan has also increased by £6.182m which is mainly due to timings of payments to creditors, capital programme performance and receipt of NHS income.
Loan Funding					0	0	0		
Efficiency and Productivity Programme (EPP)	£'000	£'000	£'000		£'000	£'000	£'000		
Income	0	180	180		0	1,525	1,525		<ul style="list-style-type: none"> The higher than expected levels of Covid seen so far this year have prevented the majority of the efficiency savings linked to productivity improvements, back to 2019/20 levels, being achieved. Plans are in place to maximise these opportunities as and when Covid levels allow. There has been some success in expenditure run rate improvement schemes, although more needs to be done to return to a more sustainable cost base.
Pay	1,031	525	(506)		11,340	6,050	(5,290)		
Non-Pay	352	299	(53)		3,872	3,161	(711)		
Total EPP	1,383	1,004	(379)		15,212	10,736	(4,476)		
KPIs									
EBITDA %	-0.98%	3.93%	4.91%	-501.11%	0.50%	2.02%	1.52%	302.36%	<ul style="list-style-type: none"> Payable days have been calculated excluding accruals, because whilst accruals include certainties in respect of future payments, the timing of these payments is uncertain. Expenditure has been calculated as operating costs, less pay, add back lead units, agency, and capital.
Surplus / (Deficit) %	-4.45%	1.41%	5.86%		-2.92%	-0.92%	2.00%		
Receivable Days					7.8	6.0	1.8	-23.34%	<ul style="list-style-type: none"> 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 below the target 95% of invoices, in terms of value and volume; and is a slight deterioration on last month.
Payable (excluding accruals) Days					20.2	44.4	24.2	119.69%	
Better Payment Practice Code (BPPC)									
Number of invoices paid within target					95.0%	92.2%	-2.78%	-2.93%	
Value of invoices paid within target					95.0%	93.4%	-1.55%	-1.63%	

4.2. Trust Objectives 2023/24

For Assurance

Presented by Bob Kirton



REPORT TO THE BOARD OF DIRECTORS - Public	REF:	BoD: 23/04/06/4.2
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SUBJECT:	TRUST OBJECTIVES 2023/24
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DATE:	6 April 2023
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PURPOSE:		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>	√	<i>Assurance</i>	√
	<i>For review</i>	√	<i>Governance</i>	
	<i>For information</i>		<i>Strategy</i>	√

PREPARED BY:	Gavin Brownett, Associate Director of Strategy and Planning
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SPONSORED BY:	Bob Kirton, Chief Delivery Officer & Deputy CEO
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PRESENTED BY:	Bob Kirton, Chief Delivery Officer & Deputy CEO
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STRATEGIC CONTEXT

The agreed Trust strategy 2022-27 outlines the strategic direction for the Trust over the next five years. Each year objectives are designed to set ambitious plans in line with this Strategy and national planning priorities.

EXECUTIVE SUMMARY

The 2023/24 Trust Objectives directly align to the 6 “Best for..” strategic goal priorities set out in the Trust strategy providing a golden thread from strategic ambition to a deliverable plan with metrics for 2023/24.

Significant work has taken place to date with leads in addition to engagement and feedback gained from the sessions below where each Director outlined their key objectives for the coming year providing clarity and discussion regarding ambitions set out and the SMART metrics, actions and milestones by which these will be measured:

- Joint Board of Directors/Council of Governors Workshop held 1 December 2022
- Senior Leaders Meeting held 27 January 2023
- Executive Team Time Out held 20 February 2023
- Strategic Board Session held 2 March 2023

The steps taken to support progression of the Trust Objectives include:

- Triangulation of the following documents and publications:
 - Trust Strategy 2022-27 strategic goals aligned to Horizon 2 ambitions
 - Trust Objectives 2022/23 to assess any outstanding actions or objectives
 - 2023/24 Priorities and Operational Planning Guidance (NHSE)
 - Further internal/external strategies and plans that informs the strategic direction
- Meetings with Director and managerial leads to develop and refine the Draft Trust Objectives

The draft detailed Trust Objectives (Appendix A) and high-level staff, public and partners draft communication one page documentation (Appendix B) are outlined for approval consideration. Appendix B will be professionally designed in preparation for wider publication.

Next Steps: A staff and public friendly version of the Trust Objectives will be cascaded through the usual communication channels including Trustwide posters, Hub/External Site/Social Media and in Barnsley Hospital News. They will be launched at Team Brief and presented to all key stakeholders including Trust Governors, local partners and external stakeholder meetings. The objectives will be used as part of the annual appraisal process to support direct discussions between staff and their line managers on how they can make their own contribution to the achievement of these objectives.

Progress will be reported against the detailed objectives on a quarterly basis to all committees and The Board of Directors. A metric dashboard will be included as an appendix to the main progress report.

A separate end of year review of 2022/23 Trust Objectives will be presented to The Board of Directors in June to provide assurance and report on progress made throughout the year.

RECOMMENDATIONS

The Board of Directors is asked to:

1. review and approve the Trust Objectives for 2023/24
2. accept this report as assurance of progress in the development of the Trust Objectives.

Subject:	TRUST OBJECTIVES 2023/24	Ref:	BoD: 23/04/06/4.2
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1. STRATEGIC CONTEXT

- 1.1 The agreed Trust strategy 2022-27 outlines the strategic direction for the Trust over the next five years. Each year objectives are designed to set ambitious plans in line with this Strategy and national planning priorities.
- 1.2 The 2023/24 Trust Objectives directly align to the 6 “Best for..” strategic goal priorities set out in the Trust strategy providing a golden thread from strategic ambition to a deliverable plan with metrics for 2023/24.

2. INTRODUCTION

- 2.1 Significant work has taken place to date with leads in addition to engagement and feedback gained from the sessions below where each Director outlined their key objectives for the coming year providing clarity and discussion regarding ambitions set out and the SMART metrics, actions and milestones by which these will be measured:
 - Joint Board of Directors/Council of Governors Workshop held 1 December 2022
 - Senior Leaders Meeting held 27 January 2023
 - Executive Team Time Out held 20 February 2023
 - Strategic Board Session held 2 March 2023
- 2.2 The steps taken to support progression of the Trust Objectives include:
 - Triangulation of the following documents and publications:
 - Trust Strategy 2022-27 strategic goals aligned to Horizon 2 ambitions
 - Trust Objectives 2022/23 to assess any outstanding actions or objectives
 - 2023/24 Priorities and Operational Planning Guidance (NHSE)
 - Further internal/external strategies and plans that informs the strategic direction
 - Meetings with Director and managerial leads to develop and refine the Draft Trust Objectives.
 - Meetings with Director and managerial leads to develop and refine the Draft Trust Objectives
- 2.3 The draft detailed Trust Objectives (Appendix A) and high-level staff, public and partners draft communication one page documentation (Appendix B) are outlined for approval consideration. Appendix B will be professionally designed in preparation for wider publication.

3. NATIONAL PLANNING PRIORITIES ALIGNMENT

- 3.1 The national planning priorities outlined in the 2023/24 Priorities and Operational Planning Guidance (NHSE) have been reviewed and aligned to the Trust Objectives 2023/24. The key objectives from the publication are outlined below and the numbers associated with these are included in the Draft detailed Trust Objectives document (Appendix A) for cross reference.

3.1.1 NATIONAL PLANNING PRIORITIES ALIGNMENT VISUAL

Area	Objective	
Urgent & Emergency Care	By March 24 76% of patients seen within 4 hrs with further improvement in 24/25	1
	General & Acute (G&A) Bed occupancy to 92% or below	2
Community Health Services	Meet or exceed 70% 2hr Urgent Community Response (UCR) Standard	
	Reduce unnecessary GP referrals by streamline direct access & set up local pathways for direct referrals	
Elective Care	By March 24, eliminate over 65 week waits (except for choice and specific specialities)	3
	Delivery system specific activity targets	4
Cancer	Reduce patients waiting over 62 days	5
	By March 24 meet the faster diagnostic standard so 75% of patients are confirmed within 28 days	6
	Increase % diagnosed at stage 1 and 2 in line with the 75% early diagnostic ambition by 2028	7

Area	Objective	
Diagnostics	Increase % who have a diagnostic within 6 weeks in line with March 25 ambition of 95%	8
	Delivery activity levels needs to reduce elective and cancer waits	9
Maternity	Progress towards national safety ambition*	10
	Increase fill rates against funded establishment for maternity staff*	
Use of resources	Deliver a balanced net financial system position for 23/24	11
Workforce	Improve retention & Staff attendance	12
Prevention and HI	Continue to address health inequalities and deliver on the Core20PLUS5 approach	13

*the single maternity delivery plan once published will outline these along with other priorities

4. CONCLUSION AND NEXT STEPS

- 4.1 A staff and public friendly version of the Trust Objectives will be cascaded through the usual communication channels including Trustwide posters, Hub/External Site/Social Media and in Barnsley Hospital News. They will be launched at Team Brief and presented to all key stakeholders including Trust Governors, local partners and external stakeholder meetings. The objectives will be used as part of the annual appraisal process to support direct discussions between staff and their line managers on how they can make their own contribution to the achievement of these objectives.
- 4.2 Progress will be reported against the detailed objectives on a quarterly basis to all committees and The Board of Directors. A metric dashboard will be included as an appendix to the main progress report.
- 4.3 A separate end of year review of 2022/23 Trust Objectives will be presented to The Board of Directors in June to provide assurance and report on progress made throughout the year.

5. RECOMMENDATIONS

- 5.1 The Board of Directors review and approve the Trust Objectives for 2023/24
- 5.2 The Board of Directors accept this report as assurance of progress in the development of the Trust Objectives.



BARNSELY HOSPITAL TRUST OBJECTIVES 2023–2024

Building on emerging opportunities

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

Best for Patients & The Public - We will provide the best possible care for our patients and service users				
Lead Director	Objectives (including key metrics to measure success)	Key Actions and Milestones	Completion Date	
Jackie Murphy Simon Enright	We will deliver our defined quality priorities for 2023/24 and achieve outstanding care by continuing to learn from exemplary organisations Delivery measured by: <ul style="list-style-type: none"> Mortality statistics to remain within confidence limits Scrutiny of Deaths by the medical examiner service@100% 	<ul style="list-style-type: none"> Achieve the 2023/24 targets aligned to each of the quality priorities with monthly reporting on KPIs/progress via Quality & Governance Committee: <p>Clinical Effectiveness</p> <ul style="list-style-type: none"> Ensure mortality indicators are within statistically expected confidence limits Continue to improve and implement systems to provide learning from deaths to prevent avoidable harm Embed GIRFT learning using the intelligence to reduce unwarranted variation in outcomes to drive improvements in clinical services Further develop and strengthen our preventive medicine for all patients through our Healthy Lives Programme including QUIT Guided by the Core20Plus5 approach and our health inequalities action plan disaggregate activity and performance data, continue to develop and implement the Barnsley Index of Deprivation and develop service improvement plans targeted to those that have the greatest need. 	13	Mar 2024
	Delivery measured by: <ul style="list-style-type: none"> Compliance with patient safety updates (RAG) Achieve compliance with the following: <ul style="list-style-type: none"> -30% of unplanned ITU admissions from having a timely response to deterioration, with the NEWS2 score, escalation and response times recorded in clinical notes -VTE screening >95% & Antibiotics given within an hour for Sepsis >90%. 	<p>Patient Safety</p> <ul style="list-style-type: none"> Undertake a programme of quality improvement projects that test and inform best practice relating to the provision of enhanced care Develop an action plan to take forward the single delivery plan for maternity and neonatal when published including improving the access and outcomes for the groups that experience the greatest inequalities Proactively implement improvements to keep our patients safe, using Quality Improvement (QI) methodology where appropriate Prevent avoidable patient deterioration (NEWS2 for unplanned Critical Care Unit admissions, Venous Thromboembolism (VTE), Sepsis) Continued development of the Patient Safety Specialist role within the organisation and delivery of work programmes to support the implementation of the NHS Patient Safety Strategy Share learning from regional and national best practice examples for example from the National Patient Safety Team to achieve the strategy's aims through a series of programmes and areas of work. Provide care that is compassionate, dignified and respectful balancing both the physical and mental health of our patients and service users. 	10	Mar 2024
	Delivery measured by: <ul style="list-style-type: none"> FFT score improvements 	<p>Patient Experience & Engagement</p> <ul style="list-style-type: none"> Implement Care Partner principles which will include a visitors charter and will revisit John's Campaign Embed a process to ensure service users requiring reasonable adjustments are identified accurately and recorded by a suitable flagging system within the electronic record Engage with patients and service users when co-designing pathways, services and environmental changes which will include priorities in the health inequalities action plan Clinical Business Unit's (CBU's) will embed two Always Events (Event area of focus to be determined by the CBU). 		Mar 2024 Aug 2023 Mar 2024

	<p>Delivery measured by:</p> <ul style="list-style-type: none"> Staff trained in QI Foundations - 5% of those staff who have undertaken QI introduction training by 2024 	<p>Quality Improvement</p> <ul style="list-style-type: none"> Build quality improvement training appropriate for service users ready to use from 2024 Commence the transition from a quality improvement trained organisation to a fully demonstrable QI ethos and carry out a QI Culture survey results to inform change Further develop and build on the improvement capability across the organisation. 	<p>Dec 2023 Dec 2023 Mar 2024</p>
Simon Enright	<p>We will embed research as core business across the Trust, provide staff with access to support, guidance and time to progress research aspirations and identify a location for a Research Facility</p>	<ul style="list-style-type: none"> Engage more closely with CBUs and speciality teams through attendance at governance and team meetings to raise the profile and awareness of Research Identify suitable participants for research studies by using our clinical systems more effectively Identify new opportunities for collaborative working through our links with local Integrated Care Systems (ICS) Identify and take forward joint research opportunities with The Rotherham Foundation Trust Develop options for a fit for purpose Research Facility which may include collaboration with The Rotherham Foundation Trust. 	<p>Jun 2023 Oct 2023 Mar 2024 Mar 2024 Mar 2024</p>
Simon Enright	<p>We will embed innovation across the Trust and foster a culture whereby day-to-day activities are supported by innovation at the core of our hospital's work</p>	<ul style="list-style-type: none"> Identify innovations that meet the needs of the Trust, liaising with clinical and operational teams to pilot and implement Implement processes for staff to access support with the delivery of innovations across the Trust and introduce systems to capture and monitor associated projects Continue to promote, communicate and embed the Innovation support available including access to the dedicated Innovation website Progress implementation systems to promote innovations from external partners e.g. AHSN, P4SY etc. Maintain close working with the Integrated Care System (ICS) and regional innovation leads to support delivery of Innovation in the Trust, ICB and Region. 	<p>Mar 2024</p>
Tom Davidson	<p>We will continue to use digital transformation to support new ways of working and build on solutions that enable our patients to digitally access information to support their own healthcare needs.</p> <p>Delivery measured by:</p> <ul style="list-style-type: none"> Realisation of the benefits associated with Electronic Prescribing and Electronic Patient Records Delivery of each digital transformational action. 	<ul style="list-style-type: none"> Complete pilot work to share our appointment and digital letter solution to the NHS app in line with operational planning guidance and priorities Respond to digital maturity assessments to assess gap and develop a plan to improve against minimum digital foundations by 2025 Apply for minimum digital foundations funding to facilitate meeting the targets by 2025 Ensure the appropriate business intelligence resources are put in place to support effective population health management Assess the digital tools in place that will support patients with high quality information that equips them to take greater control over their health and Care Complete the 3rd Phase of our Electronic Patient Records Strategy to include: <ul style="list-style-type: none"> Clinical workspace to facilitate an unfragmented digital healthcare record for our patients Outpatient Electronic Prescribing Further review of Robotic Process Automation and Artificial Intelligence application across the organisation Record Sharing – Submit our clinical records for access by our neighbouring NHS partners; Ensure understanding and action any requirements of the new provider licence related to the new digital elements Deliver our business intelligence strategy by implementing our Power BI plans to support self service and improve forecasting, planning and intelligence Undertake optimisation of digital systems based on user feedback to improve user friendliness and reduce waste e.g discharge medication processes, electronic document management system and single sign on for systems. 	<p>Mar 2024 Sep 2023 Mar 2024 Jun 2023 Mar 2024 Mar 2024 Mar 2024 Mar 2024 Mar 2024</p>
Rob McCubbin /Chris Thickett	<p>We will develop our estate to include phase 2 of the Community Diagnostics Centre development and delivery of capital programme in 2023/24.</p> <p>Delivery measured by:</p> <ul style="list-style-type: none"> Capital programme spend against plan CT MR Diagnostic activity taking place at Glassworks. 	<ul style="list-style-type: none"> Finalise the new estates strategy Community Diagnostic Centre Phase 2 operational – Providing local CT/MR facilities Complete prioritised capital schemes as managed through Capital Monitoring Group, including backlog maintenance and essential fire related works. Report and contribute to South Yorkshire & Bassetlaw (SYB) ICS Estates Board to understand the role of the estate within the region and agree any appropriate timeframe for actions arising. Continue to review the efficiency of the estate ensuring optimal use for clinical activities, to be reported monthly through Space Utilisation Group Review the food and beverage offer across the Trust (inpatient and retail) determining the service required to inform procurement as appropriate. 	<p>Aug 2023 Dec 2023 Mar 2024 Mar 2024 Mar 2024 Jun 2023</p>

Best for People - We will make our Trust the best place to work			
Lead Director	Objectives (including key metrics to measure success)	Key Actions and Milestones	Completion Date
Steve Ned	<p>Equality, Diversity and Inclusion We will continue to develop and embed a caring, supportive, fair and equitable culture for all and create an organisational climate that supports Equality, Diversity and Inclusion.</p> <p>Delivery measured by:</p> <ul style="list-style-type: none"> 'We are compassionate and inclusive' theme score from staff survey to improve to 7.7 	<ul style="list-style-type: none"> Apply for accreditation of our rainbow badge scheme, increase uptake and refresh badge holders' commitment to the pledges of the scheme to help improve the experiences of our LGBTQ+ staff Implement the actions arising from the Workplace Culture work embedding a positive culture. Implement the WRES action plan to Improve the experience of our BAME workforce (as measured through the improvement of the WRES indicators) Implement the WDES action plan to improve the experience of our staff with disabilities (as measured through the improvement of the WDES indicators) Create plans to deliver the NHS People Plan six high impact actions to overhaul recruitment, promotion and development practices to ensure the workforce at all levels reflects the diversity of the community Ensure Board members and senior management have measurable objectives on equality, diversity and inclusion Apply to upgrade to Disability Confident Leader Accreditation Develop actions plan to address the key areas of concern in NHS Staff Survey results with an aim to improve our relative position nationally in respective of the staff survey results. 	<p>Mar 2024</p> <p>Sep 2023 Oct 2023 Oct 2023 Nov 2023</p> <p>Jun 2023 Mar 2024 Mar 2024</p>
Steve Ned	<p>Retention We will continue to ensure that we retain our staff and explore all opportunities to recruit to all vacancies across the Trust in 2023/24, including exploring innovative approaches where appropriate, and to ensure our organisation is correctly resourced.</p> <p>Delivery measured by:</p> <ul style="list-style-type: none"> Retention rate – Increase from 89% to 90% (Mar 2024) Vacancy rate – Decrease from 4.7% to 3.7% (Mar 2024) Improve the staff survey overall engagement score to a score of 7.3 	<ul style="list-style-type: none"> Learn from flexible working best practice case studies and showcase flexible roles to increase access to flexible working across the organisation Scope the feasibility to use the Erostering system to facilitate flexible team rostering Introduce a new Hybrid Working Policy and toolkit Optimise the role of our new Health Ambassadors, to showcase and attract young people to careers in the NHS Implement Manager Self Service within the Electronic Staff Record (ESR) system to empower and engage managers in the utilisation of ESR and provide training for them to access their own team's workforce data Review and assess merits of sourcing a visually attractive and digitised on-boarding solution Explore strategies and develop further our partnership working with Barnsley Place partners to strengthen and streamline employability pathways and referral routes into health and social care jobs in line with the principles in our anchor charter, supporting people from the most deprived backgrounds into good and secure employment. 	<p>Jul 2023 Sep 2023 May 2023 Jun 2023 Mar 2024</p> <p>Sep 2023 Sep 2023</p>
Steve Ned	<p>Health and Wellbeing and attendance management We will continue to enhance the health and wellbeing support (including psychological support) and evaluate our offer with regards to take up and impact for our staff in 2023/24.</p> <p>Delivery measured by:</p> <ul style="list-style-type: none"> Overall Sickness absence reduction by 0.75% to 5% 'We are Safe and Healthy' theme score from staff survey to improve to 6.4 	<ul style="list-style-type: none"> Develop and deliver the organisational action plan following the Health & Wellbeing Framework diagnostic work Develop a line manager toolkit and offer support for them to be able to provide regular one-to-one health and wellbeing conversations with their staff Launch the NHS carers passport to protect flexible working patterns for our working carers, learning from best practice in this area Engage more staff in our Healthy Lives services, including QUIT Undertake a gap analysis against the NHSE attendance management toolkit in order to develop an action plan to improve attendance support Develop the skills of our new health and wellbeing champions to actively promote health and wellbeing initiatives in their areas Develop and deliver an action plan following the publication of the Growing Occupational Health and Wellbeing Together national strategy. 	<p>Mar 2024 Jul 2023 Sep 2023 Sep 2023 May 2023 Jun 2023 Mar 2024</p>

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Steve Ned	<p>Leadership Development</p> <p>We will continue to develop our leaders and staff in 2023/24 trusting our staff to care for our patients to a high standard and supporting them to continuously improve their own work and the work of others.</p> <p>Delivery measured by:</p> <ul style="list-style-type: none"> 'We are always learning' theme score from staff survey to improve to 5.9 	<ul style="list-style-type: none"> Create a coaching culture and learning organisation placing an emphasis on leaders to trust, coach and empower their teams in an open and inclusive environment Encourage our people to take ownership for their personal and career development Increase access for aspiring leaders to individual coaching and mentoring, and external leadership development programmes Create a talent pipeline and development framework from Early Careers to Future Senior Leaders, including maximising use of our apprenticeship levy Review and assess the merits of sourcing a new mandatory training learning management system to improve user experience Identify opportunities for Leadership Team Coaching and for organisational development large group interventions Work collaboratively in partnership with TRFT to develop joint leadership development approaches and programmes Develop a Board Development Plan to develop the top team Develop and evolve the Senior Leaders Forum to develop senior leadership community. 	<p>Mar 2024 Mar 2024 Mar 2024 Mar 2024 June 2023 Mar 2024 Apr 2023 May 2023 Dec 2023</p>
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Best for Performance – We will meet our performance targets and continuously strive to deliver sustainable services

Lead Director	Objectives (including key metrics to measure success)	Key Actions and Milestones	Completion Date
Lorraine Burnett	<p>We will deliver the urgent care programme in 2023/24 to support top quartile performance</p> <p>Delivery measured by:</p> <p>1 • Minimum of 76% against 4 hour target by October 2023</p> <p>2 • Ongoing improvement against ambulance handover delays with no waits over 1h</p> <p>• Delivery of 92% bed occupancy as set out in the NHS England operational planning priorities</p>	<ul style="list-style-type: none"> Develop an urgent care improvement trajectory that is owned by CBUs with support from relevant executives to achieve minimum of 76% against 4 hour ED standard and other metrics outlined Develop the winter plan with place partners and Acute Federation Delivery of the strategy for Urgent Treatment Centre with Barnsley Place and implement findings of the front door review with support from Emergency Care Improvement Support Team Deliver the patient flow programme including end-to-end review to support 76% 4 hour ED target and 92% occupancy across: <ul style="list-style-type: none"> Ward Processes - Early discharge planning on admission to support early flow <ul style="list-style-type: none"> Implement and embed SAFER principles including consistent senior review and expected date of discharge and meet the criteria to reside for all patients (in line with national planning priorities). Embed structured board round (S.H.O.P) processes on ward round to support early discharge (D1) process. Emergency Department - Implement methods to reduce delays in patients' journey and improving internal delays <ul style="list-style-type: none"> Develop processes to improve YAS handover and Triage assessment process Embed criteria to admit process and implement pathways to stream patients to other services. Site management – Improve flow and maximise bed capacity by ensuring patients have the right care in the right place <ul style="list-style-type: none"> To develop and build an electronic bed state to efficiently monitor and manage patient flow effectively Maximise opportunities to improve hospital avoidance and hospital readmission reduction with support from community services. ICT - Implement efficient methods/tools to support reduction of delays around investigations affecting inpatient pathways <ul style="list-style-type: none"> Transform paper referrals and paper assessments to digital to reduce fragmentation, delay and staff time Identify and develop digital processes with community enabling integrated and place-based approach. Therapies – Home first approach by developing processes and pathways to support early intervention from the front door and embed processes to ensure all Discharge to Assess slots are filled and flexed appropriately to meet demand. Investigations – Develop and implement streamlined radiology referral processes and develop new processes to support a timely phlebotomy service. Pharmacy – Reduce delays associated with discharge (D1)/prescription (TTO) process through implementation of a streamlined, digital process to improve D1 process and Virtual Wards and develop delivery process to support delivery of discharge medications. Patient Experience – Engage with patients to understand patient experience improvement areas following admission. 	<p>Jul 2023</p> <p>Sep 2023 Jul 2023</p> <p>Mar 2024</p>
Lorraine Burnett	<p>As a minimum we will meet our national operational priorities for Elective, Diagnostics and Cancer care.</p> <p>Delivery measured by:</p>	<ul style="list-style-type: none"> Enact plans to recover cancer waiting time standards and deliver the diagnostics and elective priorities set out in the operational planning guidance across Cancer, Elective Care, and Diagnostics including: <ul style="list-style-type: none"> 5,6,7 • Cancer – Reduce patients waiting over 62 days, faster diagnostic standard to 75% of patients confirmed within 28 days by March 24 and increase % diagnosed at stage 1 and 2 in line with the 75% early diagnostic ambition by 2028 8 & 9 • Diagnostics - Increase % who have a diagnostic within 6 weeks in line with March 25 ambition of 95%, delivery of phase 2 Community Diagnostics Centre in support of increased primary care direct access 	<p>Mar 2024</p>

	<ul style="list-style-type: none"> Model system metrics for Elective, Diagnostics and Cancer reporting weekly to ET National planning priority metrics outlined <ul style="list-style-type: none"> Cancer Diagnostics Elective Care 	<p>3 & 4</p> <ul style="list-style-type: none"> Elective care – Zero over 65w waits*, reduction of Outpatient follow up activity by 25% compared to 2019/20, support the ICS achieve 30% more activity by 24/25 than before the pandemic including offering alternative providers for long waiting patients <ul style="list-style-type: none"> Productivity improvements to be made in line with Model System top quartile performance and national planning priorities across Elective, Diagnostics and Cancer care e.g. target of 85% theatre utilisation and 85% day case rates using GIRFT to support. Develop plans to deliver increased activity levels supporting system elective recovery and target this on a greatest need basis in line with our public health action plan. Develop and deliver agreed activity and performance trajectories annually. Develop mechanisms including health inequalities consideration within the Trust operational delivery plans linked to health inequalities action plan Work within the SY Acute Federation to deliver on the SY ICS performance expectations at system oversight level <p>*(except for choice and specific specialities)</p>	<p>Mar 2024</p> <p>July 2023 Mar 2024 Jul 2023 Mar 2024</p>
Chris Thickett	<p>We will take forward work to eliminate waste and maximise productivity across our services working with place partners to support this.</p> <p>Delivery measured by:</p> <ul style="list-style-type: none"> Efficiency & Productivity Programme (EPP) benefits delivered. 	<ul style="list-style-type: none"> Undertake benchmarking reviews and deep dive specialty/departmental learning Undertake service sustainability reviews led by the Deputy Chief Executive across all clinical services to inform a baseline position Delivery of actions set out in the cross cutting workstreams of the EPP programme including Urgent & Emergency Care, Outpatients, Theatres and Workforce Explore and maximise all opportunities afforded via the TRFT and Acute Federation work (to be outlined when determined). Explore areas set out in the operational planning priorities to understand where productivity has been lost across workforce and theatre productivity in collaboration with the ICS Work towards the ambitions in the national planning priorities to: <ul style="list-style-type: none"> Reduce agency spend to 3.7% of total pay bill Focus on corporate running costs including areas of standardisation and automation Reduce procurement and supply chain costs Improve inventory management Purchase medicines at the most effective price point. 	<p>Jun 2023 Apr 2023 Mar 2024 Mar 2024 Jun 2023</p> <p>Mar 2024</p>
Chris Thickett	<p>We will deliver against our board approved financial plan in 2023/24</p> <p>Delivery measured by:</p> <ul style="list-style-type: none"> Delivery of agreed financial plan. 	<p>11</p> <ul style="list-style-type: none"> Production of robust annual business plans that have direct alignment of the service cost envelope with associated budgetary plans in line ICB system planning Work with partners to produce a Barnsley Place plan to deliver areas of financial and service improvement not able to tackle solely as a provider e.g urgent and elective acute care demand. This links to the Barnsley Place priorities outlined in Best for Place Identify and develop a sufficient Efficiency & Productivity Programme to enable the Trust to deliver the agreed financial plan Contribute to ICB system plans to deliver a balanced net financial system position for 2023/24 as set out in the national planning priorities (TBC following final plan submission). 	<p>May 2023 Jun 2023</p> <p>Jun 2023 Mar 2024</p>
Chris Thickett	<p>We will develop a long-term financial plan in 2023/24 which outlines the steps required to enable the Trust to get back to a recurrent balanced position in the next 3 to 5 years.</p>	<ul style="list-style-type: none"> Understand ICS system allocations over next 3-5 years and implication for BHNFT Understand and review Barnsley demand activity over 3-5 years including projected capacity and workforce requirements Production of a 3–5 years financial recovery plan identifying the actions that are in the Trust’s control and those that are dependant upon partners and national funding allocations. 	<p>Mar 2024</p>

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

Lead Director	Objectives (including key metrics to measure success)	Key Actions and Milestones	Completion Date
Bob Kirton	<p>We will continue to play a key role in the delivery of Barnsley Place priorities 2023/24.</p> <p>Delivery measured by:</p> <ul style="list-style-type: none"> High level Barnsley Health & Care plan metrics. 	<ul style="list-style-type: none"> Support delivery of the priorities agreed by Place board (currently in Draft form and awaiting sign off) – draft plan currently outlined as: <ul style="list-style-type: none"> Best start in life for children and young people <ul style="list-style-type: none"> Grow the Barnsley workforce and build resilience & drive efficiencies and improve the costs of care. Examples of delivery: Create family hubs, improve children and young people access to mental health support and increase fill rates against funded establishment for maternity staff Improve access and equity of access <ul style="list-style-type: none"> Co-developing solutions with residents and service users & work more closely with voluntary, community and social enterprises (VCSE). Examples of delivery: Develop and implement an Integrated Urgent Care Front door, strengthen the access offer from primary care and proactive case finding in primary care and personalised care interventions Strengthened joint approach to preventing ill health <ul style="list-style-type: none"> Telling the Barnsley story & making best use of the Barnsley collective estate. Examples of delivery: Provide more opportunities for physical activity and healthy food, ensure a person’s smoking status is recorded at every admission to hospital every attendance to GP / community care / social care and link up stop smoking services to measure a person’s journey Joined up care and support for those with greatest need <ul style="list-style-type: none"> Digital for good approach & an Intelligence and inequalities-led system. Examples of delivery: Development of Frailty/anticipatory care register, review of Intermediate care model and pathway, dementia pathway review with VCSE sector and development of timely service user feedback 	Mar 2024
Bob Kirton	<p>We will continue to be an organisation committed to improving population health and reduce health inequalities and deliver our action plan across:</p> <ol style="list-style-type: none"> Holistic and preventative care Targeting all core services to greatest need Our role as an anchor institution and a partner in Place <p>Delivery measured by:</p> <ul style="list-style-type: none"> Tier one – ACT and QUIT metrics outlined. Tier two – Reduce the gap in health inequalities for the priority service area of Cancer. Services measuring and reporting health inequalities. Tier three – Reduce waste produced & transport emissions. Increase proportions of local spend and of staff from local and Core20PLUS communities 	<ul style="list-style-type: none"> We will continue to embed our tobacco control and treatment offer across the trust so that at least 80% of priority admissions are screened for smoking and 65% have specialised advice during their stay We will develop our alcohol care offer to ensure at least 80% of priority admissions to hospital will be screened and high risk drinkers identified using audit-c. Incorporate routine measurement of health inequalities metrics across all core clinical services reporting into the Performance Review Meetings Use population health management and Core20PLUS5 to support clinical decision-making, care planning and service development Support our staff through challenges such as the current cost of living crisis e.g hardship fund and sign-posting to local / BMBC support services Strengthen our links with local education and development, including targeting employment opportunities to communities who need it most and raising the health aspirations of learners. Spend more of our budget on local supply and supporting local development and regeneration to strengthen the local economy, Sharing learning with local partners and more widely to align our approach to improving public health and reducing health inequalities Trust-wide rollout of reusable PPE and exploration of / switching to greener and more sustainable health technologies Continue to use the Barnsley 2030 board to effectively engage with partners based on the 4 goals of healthy, growing, learning and sustainable. Establishment of a Barnsley executive-level anchor network 	Mar 2024

Best Partner – We will work with partners within the South Yorkshire Integrated Care System to deliver improved and integrated patient pathways			
Lead Director	Objectives (including key metrics to measure success)	Key Actions and Milestones	Completion Date
Richard Jenkins, Bob Kirton	We will work with and support delivery of the Integrated Care Partnership 5 year strategy and Joint Forward Plan by continuing to work with partners at system level in 2023/24 Delivery measured by: <ul style="list-style-type: none"> TBC – Outcome framework to be developed 	<ul style="list-style-type: none"> Support progression of the South Yorkshire Integrated Care Partnership strategy four shared outcomes: <ul style="list-style-type: none"> Best start in life for children & young people Living healthier & longer lives and improved wellbeing for greatest need Safe strong & vibrant communities People with the skills & resources they need to thrive. Engage in the development of the NHS South Yorkshire 5 Year Joint Forward Plan (submission expected July 2023) which will be a key delivery vehicle for the South Yorkshire Integrated Care Partnership strategy. 	Mar 2024 Jul 2023
Bob Kirton	We will support the delivery of the 2023/24 Acute Federation priorities	<ul style="list-style-type: none"> Delivery of Acute Federation Draft 2023/24 priorities (yet to be approved) to include: <ul style="list-style-type: none"> NHS recovery – Continue to work together to recover elective and diagnostic services and reduce waiting times for patients, with specific focus on orthopaedics, ophthalmology, ear nose and throat and general surgery Clinical strategy - Implement the Acute Federation clinical strategy to deliver improvements in care quality for the people of South Yorkshire & Bassetlaw, reduce unwarranted variation between providers, address inequalities in access and improve our resilience and efficiency. Innovative commissioning models and financial improvement – Complete 22/23 actions, identify and implement opportunities for integrated commissioning and explore the development of a shared Acute Federation financial plan Flagship national innovator scheme: secondary care acute paediatrics innovator project – Accelerate the design and implementation of the South Yorkshire & Bassetlaw collaborative model for acute paediatric services as part of NHS England’s national innovator scheme Cross cutting <ul style="list-style-type: none"> Ongoing organisational development and developing a culture of collaboration Clinical engagement plan Refresh communications plan Delivery plan to be agreed and outlined Mexborough Hospital collaboration with partners for Orthopaedic surgery Pathology collaboration including support of the national planning priority for a minimum 10% improvement in pathology and imaging networks productivity by 2024/25 through digital diagnostic investments and meeting optimal rates for test throughput 	Mar 2024 Apr 2023 Dec 2023
Richard Jenkins	We will further work on the Rotherham FT partnership with agreed delivery plan	<ul style="list-style-type: none"> Undertake joint leadership development programme Joint consideration of mutual support with clinical teams across both Trusts Launch of integrated Histology service Joint proposal on Research and development collaboration Approval of 2024/25 Barnsley FT and Rotherham FT partnership plan 	Sep 2023 Jun 2023 Jun 2023 Sep 2023 Mar 2024
Bob Kirton	We will work with partners across the system to enhance our role as an anchor institution through development in procurement, environment and energy, education and employment.	<ul style="list-style-type: none"> Strengthen our links with local education and development, including targeting employment opportunities to communities who need it most and raising the health aspirations of learners. Help to strengthen the local economy, spending more of our budget on local supply and supporting local development and regeneration. Continue to switch over to greener and more sustainable energy and health technologies 	Mar 2024

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

Lead Director	Objectives (including key metrics to measure success)	Key Actions and Milestones	Completion Date
Bob Kirton/ Rob Mccubbin	<p>We will build on existing work and exceed national expectations through the delivery of the Trust’s Green Plan, the Active Travel Plan and the formation of a new Decarbonisation Plan.</p> <p>Delivery measured by:</p> <ul style="list-style-type: none"> • Increase recycled waste (KG’s) • Reduction in anaesthetic gas use (volume and CO2 reduction) • Energy (kWh) and CO2 reduction from decarbonisation scheme • Increase in Ultra Low Emission Vehicles (ULEV) on NHS Fleet Scheme • Reduction in the number of single use PPE in areas where reusable PPE has been rolled-out 	<p>Travel and Transport</p> <ul style="list-style-type: none"> • Develop and implement proposal to set an emissions cap of 100g/km CO2 for vehicles on NHS Fleet Solutions lease scheme • Install additional electric vehicle charging points (2 x public & 2 x staff/public) - Subject to funding • Develop new Active Travel Plan to reduce car use and increase staff walking and cycling to work • Review the potential to offer EV pool vehicles for staff to reduce the impact of business travel • Install engine switch off signage across our car parks. <p>Energy & Carbon Reduction</p> <ul style="list-style-type: none"> • Carry out a feasibility study to investigate the potential to install photovoltaic solar panels to generate clean renewable energy • Recruitment of self-funding energy and waste officer (subject to approval) • Final commissioning of low carbon technologies (decarbonisation scheme) • Installation of energy monitoring equipment • Carry out a review to with a view to switching from piped Nitrous Oxide to cylinders to minimise waste and reduce greenhouse gases • Loan equipment to staff to help reduce energy and carbon reduction at home. <p>Green Waste</p> <ul style="list-style-type: none"> • Support wider scale rollout of re-usable Personal Protective Equipment • Install external dual recycling bins • Remove products from general waste to recycling waste stream. <p>Procurement</p> <ul style="list-style-type: none"> • Identify single use equipment and switch to reusable alternatives • Where possible source products and services locally to support the regional economy. <p>Plans & Partnerships</p> <ul style="list-style-type: none"> • Develop an action plan setting out a key set of actions in-line with our Green Plan • Develop schemes to support the strategic direction as outlined as part of the new Decarbonisation Plan’s roadmap to support the delivery of net-zero targets for future years • Work closely with other public and private sector bodies to contribute to the delivery of carbon reduction strategies and plans. 	<p>Jun 2023 Jun 2023 Mar 2024 Mar 2024 Jun 2023</p> <p>Sep 2023 Sep 2023 Jun 2023 Sep 2023 Jun 2023 Jun 2023</p> <p>Mar 2024 Jun 2023 Mar 2024</p> <p>Mar 2024 Mar 2024</p> <p>Sep 2023 Mar 2024</p> <p>Mar 2024</p>

To Note: This is a Draft intended for wording approval prior to professional graphic design ready for wider publication

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

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

- We will deliver our defined quality priorities for 2023/24 and achieve outstanding care by seeking, visiting and learning from exemplary organisations.
- We will embed research as core business across the Trust, provide staff with access to support, guidance and time to progress research aspirations and identify a location for a Research Facility.
- We will embed innovation across the Trust and foster a culture whereby day-to-day activities are supported by innovation at the core of our hospital's work.
- We will continue to use digital transformation to support new ways of working and build on solutions that enable our patients to digitally access information to support their own healthcare needs.
- We will develop our estate to include phase 2 of the Community Diagnostics Centre development and delivery of capital programme in 2023/24.

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

- We will deliver the urgent care programme in 2023/24 to support top quartile performance.
- As a minimum we will meet our national operational priorities for Elective, Diagnostics and Cancer care.
- We will take forward work to eliminate waste and maximise productivity across our services working with place partners to support this.
- We will deliver against our board approved financial plan in 2023/24.
- We will develop a long-term financial plan in 2023/24 which outlines the steps required to enable the Trust to get back to a recurrent balanced position in the next 3 to 5 years.

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

- We will continue to play a key role in the delivery of Barnsley Place priorities 2023/24.
- We will continue to be an organisation committed to improving population health and reduce health inequalities and deliver our action plan.

Best for People: We will make our Trust the best place to work

- We will continue to develop a caring, supportive, fair and equitable culture for all and create an organisational climate that supports Equality, Diversity and Inclusion.
- We will continue to ensure that we retain our staff and explore all opportunities to recruit to all vacancies across the Trust in 2023/24, including exploring innovative approaches where appropriate, and to ensure our organisation is correctly resourced.
- We will continue to enhance the health and wellbeing support (including psychological support) and evaluate our offer with regards to take up and impact for our staff in 2023/24.
- We will continue to develop our leaders and staff in 2023/24 trusting our staff to care for our patients to a high standard and supporting them to continuously improve their own work and the work of others.

Best Partner: We will work with partners within the South Yorkshire Integrated Care System to deliver improved and integrated patient pathways

- We will work with and support delivery of the Integrated Care Partnership 5-year strategy and Joint Forward Plan by continuing to work with partners at system level in 2023/24.
- We will support the delivery of the 2023/24 Acute Federation priorities.
- We will further work on the Rotherham FT partnership with agreed delivery plan.
- We will work with partners across the system to enhance our role as an anchor institution through development in procurement, environment and energy, education and employment.

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

- We will build on existing work and exceed national expectation through delivery of the Trust's Green plan, the Active Travel Plan and the formation of a new Decarbonisation Plan.



Respect

We treat people how we would like to be treated ourselves

Teamwork

We work together to provide the best quality care

Diversity

We focus on your individual and diverse needs

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

For Assurance

Presented by Jackie Murphy



REPORT TO THE BOARD OF DIRECTORS - Public	REF:	BoD: 23/04/06/4.3
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SUBJECT:	MATERNITY SERVICES BOARD MEASURES MINIMUM DATA SET
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DATE:	6 April 2023
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PURPOSE:		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>		<i>Assurance</i>	<input type="checkbox"/>
	<i>For review</i>	√	<i>Governance</i>	√
	<i>For information</i>	√	<i>Strategy</i>	

PREPARED BY:	Maternity Governance Team
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SPONSORED BY:	Jackie Murphy, Director of Nursing & Quality
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PRESENTED BY:	Sara Collier-Hield, Head of Midwifery
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STRATEGIC CONTEXT

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

EXECUTIVE SUMMARY

In the reporting period of February 2023:

- One new case was notified to PMRT.
- No new cases were referred to HSIB.
- 1 new case were declared as HLR/SIs
- There are two ongoing HLRs and one ongoing SI's
- Nine incidents were graded as moderate harm or above, duty of candour was completed in all cases.

RECOMMENDATION(S)

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

1. Introduction and overview (Appendix A)

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

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

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

There were no new cases or ongoing cases with HSIB in February. There were two PMRT reports finalised, and no themes were identified.

There was one new SI declared this month, this related to a preterm birth in the Emergency Department (ED). The investigating officer has been allocated and the investigation has begun. The immediate learning identified has been actioned. This included recirculating the MBRRACE document regarding signs of life, resharing information on the 2222 escalation policy and ensuring ED reception are actively directing pregnant women to the Maternity Assessment Unit.

There were no new HLR's declared this month. There is one ongoing SI within Maternity which has been completed and is currently with the quadrumvirate for approval. There are two ongoing HLR's both are complete and with the quadrumvirate for approval.

One HLR was completed in February. See appendix C.

2.2 Incidents graded moderate harm or above (Appendix D)

In February, there were nine incidents graded moderate harm and above, four of these are related to postnatal readmission. Two postnatal readmissions are related to possible infection, one is related to pain management and the other to shortness of breath requiring further investigation. The leads are awaiting the return of the handheld postnatal record in order to complete the reviews. No initial themes have been identified.

One moderate harm is relating to a woman sustaining a 3rd degree tear and a review of the incident identified care was provided in line with guidance. Incidents of 3rd and 4th degree tears remain below the national threshold, this will continue to be monitored and learning addressed.

3. Training Compliance

3.1 Mandatory Training (Appendix E)

Mandatory training took place at the end of the month in February, as a consequence training compliance has remained at a similar level due to delays in updating ESR attendance records. The maternity education team continue to work with staff during the training week and on a one-to-one basis to complete the required MAST training.

3.2 PROMPT (Appendix E)

Compliance with the core competency framework can be seen in Appendix E. Due to sickness and clinical workload the training compliance is less than anticipated. The staff have been rescheduled for future dates and compliance is closely monitored monthly via the Women's Business and Governance Meeting. If there are concerns the training compliance trajectory will not be met, escalation will take place via the governance routes.

3.3 Fetal Monitoring Training

Fetal monitoring full day training recommenced in September 2022, this was earlier than the PROMPT training. Fetal monitoring training will run until December to enable next years training weeks to align. Current compliance with fetal monitoring training is 30% for all staff groups (two months into the 2023 training year) the training trajectory is on track to have all staff trained by December 2023.

Due to the lead's (both consultant and midwifery) prior commitments, no training for fetal monitoring took place in February. Due to the earlier commencement of training (compared to the mandatory training week) it was felt no additional training dates needed to be scheduled. Staff support has been provided to increase compliance with the K2 (online training) package and assessment throughout February. This support has resulted in an increase in compliance for all staff groups. Compliance for midwifery staff is now above 90% and 100% for the Obstetric Consultants See appendix E.

4. Safe Staffing

4.1 Maternity

During February 2.36 WTE Band 6 midwives were recruited. Following this recruitment and staff requesting adjustment to hours there is a current vacancy rate of 4.34 WTE for Band 5/6 midwives.

As of the end of February there are 5.4 WTE midwifery vacancies posts offered but these staff have not arrived yet.

There are currently 5.64 WTE maternity leave

This results in a total of 15.38 WTE less than establishment actually available to work before sick leave from 111.65 WTE (13.8%)

January sickness – 7.9%

An open day is being planned by the midwifery ambassadors to showcase Barnsley Hospital to the students due to qualify this September.

4.2 Medical Staffing

Issue	Mitigation	Assurance
1 x consultant post vacancy	Locums used to cover any clinical activity where there is a gap.	The job is currently out to advert and closes on the 6 th March 2023.

2.4 x Registrar level 3 Entrustability 0.4 gap due to less than full time vacancy	Locums used to cover the on-call gaps Dr commences in March which will close 0.4 gap	Consultants will only remain on site during the on call if a Reg is on the Entrustability matrix and no locum is secured and no other option is available. However, if this is the case activity for the following day would need to be cancelled. Where a locum is secured the Consultant will remain non-resident
1.4x vacancy at tier 1 (training gap) 0.4x LTFT 1x maternity leave	Recruitment in progress.	The locally employed doctor due to finish in February has extended until mid- March when recruited doctor commences

5. Service User Feedback

Friends and family test (FFT) inpatient response rates for February 2022

In February, maternity services received 6 “very good” and 2 “very poor” responses.

Positive findings were:-

Helpful, friendly staff

Excellent communication

Supportive staff who gave encouragement

The poor response themes were: -

Disrespectful, rude staff

Not being listened to

Staff not responsive to requests (i.e. wished to have a birthing ball, unsure if any were available)

Left to find their own bed on arrival.






Lead midwives are liaising with the Patient Experience Team to increase voluntary support in order to improve FFT feedback rates. The QR code continues to be posted regularly on social media.

The patient experience action plan continues to be submitted to Governance monthly and Patient Engagement Group quarterly.

The matrons continue to meet with Maternity Voice Partnership on a monthly basis, to review themes and to undertake “you said we did” for social media.

Key themes from February are (these are included in the patient experience action plan): -


February 2023 feedback:-							
Feedback	Action	Aim	Evidence	Lead	Update	Oversight	RAG

Monthly feedback to be shared with all maternity staff after it is presented at Governance	Email to all staff	Information and understanding of women and families feedback	Email from CBU3 Management email	Matrons	Ongoing	Women's Business and Governance	
Theme:- Privacy and Dignity Consideration to be given to a video being uploaded to Maternity Webpage to show the journey to and from Main Theatre for Elective LSCS	A video to be added to the webpage for women and families information	Improve understanding for women and families	Feedback from women and families via MVP	Matrons Comms	August 2023	Women's Business and Governance	
To discuss at the next ANPN ward meeting reintroducing the "privacy" signs on the curtains during intimate examinations.	Signs to be implemented as a warning when curtains are in use	Reduce anxiety	Feedback from women and families via MVP	Maternity Matrons Lead Midwives	April 2023	Women's Business and Governance	
Theme: - Staff Attitudes and Behaviours	Communication ideas to be shared from MVP to make communicated language positive	Reduce negative verbal comments	Feedback from women and families via MVP	MVP	April 2023	Women's Business and Governance	
Theme: - Estates – shelf to be added to the shower	Easier mobility when in shower following birth	Easier mobility	Shelves fitted into the showers	Lead Midwife ANPN Matron Estates	April 2023	Women's Business and Governance	

6. Staff feedback from frontline Safety Champions

Whilst a formal walkaround did not occur this month there were no concerns raised to any of the 6 safety champions. Oversight of the unit was maintained by daily walkarounds by the HOM or DHOM.

7. Action tracker from Maternal and Neonatal Safety Champions meeting

Minute ref	Meeting date	Item	Action	Owner	Due Date	Done Date	Progress report	RAG status
7.1	12.01.23	Digital IT Update	LN, HH and Amy will meet to discuss how to accurately transfer maternity information to BadgerNet.	LN, HH	09.03.23	7.3.23	Information shared with staff on how to transfer the information	

8. Trust Maternity Dashboard (Appendix F)

In January 37.6% of women were booked with a Continuity of Carer (CoC) Team, with 50% of the BAME population booked to receive this model of care. 40% of women booked to receive CoC were <10th centile on the deprivation index.

An improvement has been seen month on month to increase the numbers of bookers seen <10 weeks gestation. In January 79.8% of women were booked before 10 weeks, work is ongoing with community Leads to ensure further improvement (target >90%)

The Post-Partum Haemorrhage (PPH) rate has reduced from 4.25% (above the national target of below 2.9%) in December to 2.49%. In January a PPH multidisciplinary group was set up to meet twice a month reviewing cases thematically. This has produced some focused areas of improvement and the rate continues to be monitored closely.

9. Continuity of carer (CoC)

NHS England funded an evaluation of the implementation of Midwifery Continuity of Carer, and Barnsley was chosen as one of three sites to participate in the evaluation. Initial feedback was given and the Head of Midwifery will attend an evaluation workshop at City, University of London on 18th April to hear the findings of the full evaluation. The feedback at the end of the week was broadly positive and acknowledged the achievements made with some suggestions of improving for the future.

In February 2023, 35.8% of women were booked onto a continuity of care pathway.

Out of the 222 babies born in February, 68 were booked by continuity teams. This equates to 31% of the total births.

The continuity teams provided intrapartum care for 57 of these women – the below table shows the percentage per team: -

	Amethyst Team	Emerald Team	Sapphire Team
Total number of births	23	19	26

Total number of women who received intrapartum care by the Team	20	16	21
Total number of women who did not receive care (reasons include no midwife on call, already on labour ward caring for another woman)	3	3	5
Total percentage of women in receipt of intrapartum continuity of care	86.96%	84.21%	80.77%

10. The Maternity Incentive Scheme- CNST (Appendix G)

Compliance with all 10-safety action was submitted in February. Confirmation is awaited from NHSR that we have met the requirements for all ten safety actions.

11. Ockenden 7IEAs and 15EAs (Appendix H, I, J, K)

Two outstanding Ockenden audits will be approved this month at CBU3 governance. One of these audits (ID2503) is limited assurance, this is due to the ongoing work to enable women to have access to a personalised care and support plan (PCSP). Due to digital limitations a paper care plan is anticipated to be ready in April 2023. This is currently under review with the Maternity Voice Partnership (MVP).

12. Preparation for CQC visit

Work continues to ensure Maternity is prepared for a CQC visit, a presentation was made to update the Director of Nursing in February and some rapid actions agreed, particularly in relation to guidelines, medicines and safeguarding training. An update will follow next month.

13. Guidelines

As of the 28 February 2023 there were 98 Trust Approved Documents uploaded to the Trust Approved Documents (TAD) library within Maternity Service, with 29 of these being out of date. Following a meeting with the executive team, Maternity are conducting weekly extraordinary guideline meetings to review and approve guidelines outside the WB&G meeting. The aim is for all the out of date guidelines to be approved by the 31 March 2023.

Appendix A - Barnsley Hospital NHS Foundation Trust Data Measures Table

CQC Maternity Ratings Jan 2016	Safe	Effective	Caring	Well-Led	Responsive
	Good	Good	Good	Good	Good

	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Number of perinatal deaths completed using Perinatal Mortality Review Tool	0	1	2	2	0	0	2	0	0	1	2	2
Number of cases referred to HSIB	0	1	2	0	0	0	0	0	0	0	0	0
Number of finalised reports received from HSIB	0	0	2	1	0	0	0	1	0	0	0	0
Number of finalised internal SI reports	0	1	0	0	0	1	0	0	0	0	0	0
Number of incidents graded as moderate harm or above	21	15	12	4	13	20	16	6	22	10	9	9
Number of Coroner's Regulation 28 Prevention of Future Death Reports in relation to maternity services	0	0	0	0	0	0	0	0	0	0	0	0
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly to the trust	0	0	0	0	0	0	0	0	0	0	0	0
Training compliance for all staff groups in maternity related to wider job essential training (%) (MAST)												
Training compliance for all staff groups in maternity related to wider job essential training (%) (MAST)	87.4	-	-	86.47	88.60	86.99	87.2	86.50	86.24	84.40	85.35	82.6
Training compliance for all staff groups in maternity related to the core competency framework (%) (PROMPT) Reset to zero from January 2023												
Training compliance for all staff groups in maternity related to the core competency framework (%) (PROMPT) Reset to zero from January 2023	60.9	70.2	79.2	77.46	94.9	94.9	94.9	94.9	98.9	98.9	8.09	16.44
Fetal monitoring training full day attendance (%)												
Fetal monitoring training full day attendance (%)	-	-	-	-	-	-	5.1	16.5	22.2	28.5	30.67	30.67
1 to 1 care in labour %												
1 to 1 care in labour %	99	100	100	99.6	99.6	100	99.5	100	100	99	99	Not available
BBC co-ordinator not supernumerary (Data from Birthrate plus®)												
BBC co-ordinator not supernumerary (Data from Birthrate plus®)	1	1	0	1	2	0	1	2	1	1	0	1
Midwifery Vacancy rate (WTE)												
Midwifery Vacancy rate (WTE)	4.4	1.0	3.9	3.9	7.4	5.47	7.46	5.14	5.1	1.26	6.46*	4.34
Medical Vacancy rate (WTE)												
Medical Vacancy rate (WTE)	2.0	2.8	1.4	1.4	1.4	2.4	3.2	3.2	3.4	3.4	2.8	4.8
Women booked CoC %												
Women booked CoC %	33.8	37.1	32.1	30	28.9	32.4	32.3	36.5	34.3	36.8	37.6	Not available
Of those booked for CoC- Black, Asian and mixed ethnicity backgrounds %	0.0	42.9	53.0	50.0	0.0	13.33	60	25	53.3	38.5	50.0	
Of those booked for CoC- <10 th centile according to deprivation index %	20.3	24.4	17.0	23.0	14.0	19.6	35.5	18.5	18	19	40.0	
Of those booked for CoC, Intrapartum CoC received %	-	-	-	-	77.4	Not available				64.15%	83.82	

Appendix B – PMRT

PMRT Notified cases

There was one case notified within this period.

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

PMRT Ongoing cases- BHNFT

Case	Reason PMRT required	Final report due in the month of
84784	35+5 IUFD	Draft report written awaiting cytogenetics
85174	31+5 Influenza A, sepsis, IUFD	June 2023
84379	28+6 NND at 3 hours of age	Draft report written
85297	22+6 spontaneous labour stillbirth	June 2023, awaiting PM
85508	33+4 IUFD	June 2023

PMRT Ongoing cases- Assigned to BHNFT

Case	Reason PMRT required	Lead Trust	Final report due in the month of
85271	26+1 off pathway Birth at Barnsley, NND at Jessops	Sheffield- The Jessop Wing	June 2023
84721	Twin pregnancy; Twin 1 RIP 32/40 known T18	Sheffield- The Jessop Wing	May 2023
84318	NND 32/40 Booked at Doncaster, IUT to Barnsley	Leeds	May 2023
84350	NND 31+5/40	Sheffield- The Jessop Wing	April 2023
83728	Twin pregnancy; Twin 1 NND 34+4/40	Sheffield- The Jessop Wing	March 2023
83713	Late Miscarriage 22+2	Sheffield- The Jessop Wing	Overdue, all BHNFT information complete
83078	Twin pregnancy, Booked at LGI, Transferred to Barnsley for CS due to TTTS. Twin 1 NND	Sheffield Children's Hospital	Overdue, all BHNFT information complete. Report in draft
80365	24+6 NND	Sheffield- The Jessop Wing	Overdue, all BHNFT information complete

Finalised PMRT report

There were two cases completed in January 2023.

ID Number	Incident summary	Findings and actions (Actions in bold type)
83101	24+3, IUFD with known fetal abnormalities. Cause of death was extreme prematurity and severe intrauterine growth restriction.	No issues were identified during the review. No actions were identified during the review.
83173	22+5 late fetal loss. Cause of death was prematurity caused by placental abruption and antepartum haemorrhage.	<p>The review group concluded that there were no issues with care identified following confirmation of the death of the baby.</p> <p>There was no evidence that the mother had been assessed for the need for Aspirin in pregnancy.</p> <p>The outpatient matron is currently reviewing the antenatal booking process to ensure that all women are assessed for the need for Aspirin by a midwife, the review group concluded this did not impact the outcome.</p>

Appendix C – HSIB/SI/HLR Reports

Cases referred and ongoing with HSIB

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

Cases declared an SI/HLR

Case ID	Summary	Investigation progress
INC-113693	This was the mothers first pregnancy. She attended ED with abdominal pain. On arrival she visited the bathroom and birthed on the toilet. The coroner has requested a PM as it is unclear whether the baby was stillborn or died.	Investigation commenced

Ongoing SI/HLR

Case ID	Summary	Investigation progress
INC-103079	<p>Attended from out of area via ED with abdominal pain, found to be in the late stages of pregnancy and un-booked. The mother informed midwives she did not want or wish to see the baby. Therefore, maternity staff removed the child and placed on the neonatal unit and later then onto the paediatric ward. There was no escalation or liaison with external agency completed until 48 hours later.</p> <p>On review, the documentation of the incident was minimal and staff remain unclear of the legal standards for removal of children. The case was referred to social care and a legal order was obtained, baby has been subsequently placed in foster care. Immediate learning has been shared.</p>	The report is complete and with the quadrumvirate for approval
INC-104819	First pregnancy, induction of labour for preeclampsia. Fetal heart rate concerns prompted a caesarean section. The mother required enhanced care following a return to theatre due to a post-partum haemorrhage and severe preeclampsia	The report is complete and with the quadrumvirate for approval
2022/22107	The mother birthed by emergency caesarean with an estimated blood loss of 400mls. In recovery the mother scored on their MOEWS and following review was transferred to enhanced care. Subsequently the mother was transferred to theatre for an Examination under Anaesthesia (EUA). Total blood loss was recorded as 3000mls. The mother then required ongoing care on ITU. The case was discussed at Patient Safety Panel and declared an SI due to an identification recurrent themes and the psychological impact the incident had on the mother.	The report is complete and with the quadrumvirate for approval

Finalised HSIB/SI/HLR reports

Case ID	Summary	Findings and actions
INC- 96011	<p>This was the mothers fourth pregnancy; a referral was made for a termination at query 4 weeks pregnant. On arrival the mother was more than 21 weeks so could not have a termination at BHNFT. She was advised to self-refer to the British Pregnancy Advisory Service (BPAS). The mother did not proceed with the termination nor seek maternity care. The mother went on to birth twins at 31 weeks gestation after self-discharging and a community midwife followed the mother up at home. There were extensive safeguarding issues.</p>	<p>Findings: Responsibility for follow up when a safeguarding concern is identified Despite the TOP service being unable to perform the termination because the gestation was greater than 16 weeks, when there are previous or current safeguarding concerns and a woman is attending for a termination of pregnancy a notification must be made to the social worker, safeguarding team and GP. There is currently no agreed process for identifying, recording and acting upon safeguarding concerns involving patients attending the termination clinic.</p> <p>Scanning within the termination service. When a woman presents for a termination and the USS has confirmed a gestation outside of the clinic's criteria (over 16 weeks gestation) the scan should be repeated by a sonographer and a full uterine view should be undertaken.</p> <p>Self-discharge form The maternity service should use the approved 'discharge against health care professional advice form' in line with the Trust's admission, discharge and transfer policy.</p> <p>Documentation of risk assessment process when considering transfer of a woman from community to the maternity unit. The risk assessment and discussion with the birthing centre co-ordinator regarding any high risk transfer of women from the community setting to the birthing centre should be clearly recorded within the maternity records.</p> <p>Actions: Ensure the investigating officer is supported to involve the family. If this is deemed not suitable PSP is to be informed</p>

		<p>Identify the gaps between the digital and paper documentation which may impact the ability to have complete oversight of the patient.</p> <p>Ensure all guidelines are available on the TAD for staff to follow</p> <p>The termination pathway should include:</p> <ul style="list-style-type: none">• a section to support staff in identifying and recording safeguarding concerns and the action they have taken in relation to the concerns• guidance on the information that should be shared with the patient's GP <p>the outcome of the referral to another agency for support with a termination in cases where safeguarding issues have been identified</p> <p>Guideline for Managing Antenatal Care, November 2022 to be updated with guidance for the booking and management of women attending late in pregnancy for booking</p> <p>Review all clinical areas to ensure there are no out of date versions of the self-discharge form available.</p> <p>Share the link Admission discharge and transfer.pdf (trent.nhs.uk) Appendix A with staff</p> <p>Guideline for the Management of an Unplanned Home Birth/ Born Before Arrival (BBA), May 2021, to be updated with guidance on the management of high risk women being transferred from a community setting to the hospital maternity unit</p> <p>Learning SBAR to be completed and shared with staff.</p>
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Appendix D - Incidents graded moderate harm and above

Incidents graded moderate harm or above as per LMNS criteria	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Uterine rupture	0	0	0	0	0	0	0	0	0	0	0	0
Perineal tear (3 rd /4 th degree)	5	3	1	1	2	3	1	0	3	1	2	1
Unexpected hysterectomy	0	0	0	0	0	0	0	0	0	0	0	0
ICU Admission	1	0	0	0	0	1	1	0	0	1	0	1
Unexpected return to theatre	0	0	0	0	0	1*	0	0	0	0	0	0
Enhanced maternal care >48 hours	0	0	0	0	1	0	0	0	0	0	0	0
Postnatal readmission	6	5	2	2	4	3	3	3	6	0	0	4
Never events	0	0	0	0	0	0	0	0	0	0	0	0
Term admission to neonatal Unit (number)	8	6	7	8	5	10	11	3	12	7	6	2
Term admission to neonatal Unit (%) (national target <5%)	3.53	2.77	3.58	0.46	2.05	4.18	4.50	1.23	4.85	3.00	2.70	Not available
Fracture to baby that has resulted in further care	0	0	0	0	0	0	0	0	1	0	0	0
Perinatal loss	0	1	1	0	0	2	0	0	2	0	1	1
Maternal death	0	0	0	0	0	0	0	0	0	0	0	0
PPH	0	0	0	0	0	0	0	0	0	1	0	0

Ethnicity of patients who have suffered moderate harm and above

Ethnicity	Number of women											
	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan 2023	Feb
White British	19	12	11	3	10	11	11	4	15	6	8	9
Any other white background	1	2	1	0	3	7	2	1	3	1	1	0
Any other mixed background	0	0	0	0	0	1	3	0	2	0	0	0
Black Caribbean or Black British Caribbean	0	1	0	0	0	0	0	1	0	0	0	0
Black African or Black British African	0	0	0	0	0	0	0	0	0	1	0	0
Not stated	0	0	0	0	0	1	0	0	1	0	0	0

Appendix E - Training compliance

Department	Business Security and Emergency Response	Conflict Resolution	Equality and Diversity	Fire Health and Safety	Infection Control Level 1	Infection Control Level 2	Information Governance and Data Security	Moving and Handling Back Care Awareness	Moving and Handling Practical Patient Handling Level 1	Moving and Handling Practical Patient Handling Level 2	Resuscitation Level 2 Adult Basic Life Support	Safeguarding Adults Level 2	Safeguarding Children Level 1	Safeguarding Children Level 2	Overall Percentage
163 CBU 3 Management Team	94.4%	100%	100%	72.22%	72.73%	100%	88.89%	100%	33.33%	50%	88.89%	85.71%	66.67%	100%	84.91%
163 Maternity Establishment	97.18%	85.09%	9.44%	81.36%	91.67%	79.79%	76.27%	97.74%	45.64%	57.14%	82.21%	75.00%	100%	60%	82.61%
163 Obstetrics & Gynaecology Medical Services	83.78%	66.67%	100.00%	75.68%	81.82%	57.69%	78.38%	97.30%	73.08%	N/A	61.54%	73.08%	81.82%	50.00%	78.84%

PROMPT Rolling annual compliance

Staff Group	PROMPT Rolling annual compliance (%)			
	Nov 22 (%)	Dec 22 (%)	Jan 23 (%)	Feb 23 (%)
Hospital Midwives	94.05	77	88.17	76.84%
Community Midwives	100	91.42	97.22	82.05%
Support workers	90.9	84	85.18	80.64%
Obstetric consultants	100	90	90	100%
All other obstetric doctors	42.85	33.33	38.09	36%
Obstetric anaesthetic consultants	100	77.27	77.27	95.23%
All other obstetric anaesthetic doctors	100	91.6	90	90%

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

Staff Group	PROMPT in year compliance commencing January 2023 and the forecast (%) (reset to 0 in January 2023)											
	Jan	Feb	March	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Midwives	7.4	15.67	30.3	40	49.62	61.48	71.11	No training	79.25	87.4	97.03	100
Support workers	12.5	18.75	28.1	37.5	53.12	65.62	71.87		81.25	87.5	96.87	100
Obstetric consultants	22.2	22.2	33.3	44.4	55.6	77.8	88.9		88.9	100	100	100
All other obstetric doctors*	4.76	9.5	23.81	33.33	42.86	52.38	61.90		71.43	80.95	90.48	100
Obstetric anaesthetic consultants	18.18	33.33	36.36	40.91	50	59.09	68.18		77.27	81.82	90.90	100
All other obstetric anaesthetic doctors	0	0	20	30	40	50	60		70	80	90	100

Fetal Monitoring Training

Training compliance for fetal monitoring full day face to face training (%)						
Staff Group	Sept 22	Oct	Nov	Dec	Jan 23	Feb 23
Midwives	3.57	14.2	21.42	28.6	32.55	32.55
Obstetric consultants	10	30	30	40	44	44
All other obstetric doctors	25	50	50	50	40	40
Overall percentage	5.1	16.5	22.2	28.5	30.67	30.67

Competency assessment undertaken and passed for fetal monitoring within the last 12 months (combined K2 and/or app based test) (%)			
Staff Group	December 22	January 23	February 23
Midwives hospital	81.81%	86.02%	95.78%
Midwives community	66.66%	88.88%	92.30%
Obstetric consultants	88.88%	88.88%	100%
All other obstetric doctors	100%	100%	80%

Appendix F - Maternity Dashboard

BHNFT Local Maternity Dashboard April 22 - March 23				Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Cumulative total
Clinical Activity	Target	Amber	Red													
Booked to Birth at BHNFT				243	302	282	312	227	242	256	254	299	256	265	294	3232
Number of BHNFT Bookings				215	265	248	269	201	195	206	183	251	225	221	262	2741
Booked elsewhere to Birth at BHNFT				40	46	41	56	36	40	48	69	48	31	44	46	545
Booked by BHNFT to Birth elsewhere				12	7	7	10	10	7	10	13	8	15	14	11	124
Booked onto Continuity of Carer pathway				118	105	107	104	72	72	84	80	109	91	93	107	1142
% of Continuity of Care	25-35%	15-25%	<15%	48.6%	33.8%	37.1%	32.1%	30.0%	32.0%	32.4%	32.3%	36.5%	34.3	36.8%	37.6%	N/A
% of BAME booked onto Continuity of carer pathway	35%			85.7%	0.0%	42.9%	53.0%	50.0%	0.0%	13.3%	60.0%	25.0%	30%	38.5%	50.0%	N/A
% of women booked onto Continuity of Carer pathway <10th centile according to the deprivation index	35%			45.5%	20.3%	24.4%	17.0%	23.0%	14.0%	19.6%	35.5%	18.5%	24.6%	19.0%	40.0%	N/A
Total Women birthed				215	244	216	236	243	260	249	263	261	266	265	243	2961
Sets of Twins				3	6	0	5	4	3	2	1	2	2	8	7	43
Total Births				218	250	216	241	247	263	251	264	263	268	273	250	3004
Live Births				217	250	215	240	247	263	251	264	263	268	271	249	2998
Live births at term				206	226	195	222	217	241	238	245	242	247	231	222	2732
Planned home births - Number				1	1	0	0	1	1	0	1	2	1	1	0	9
Number of times a second emergency theatre required.				0	1	0	0	0	0	3	0	0	2	0	0	6
In-utero Transfers Out				1	4	1	2	2	1	1	2	4	3	3	1	25
Unit Closed For Admission				0	0	0	0	0	0	0	0	0	0	1	0	1
Clinical Outcomes																
Normal Birth Rate	>57%			53.0%	55.7%	52.5%	48.7%	48.6%	46.4%	49.8%	47.3%	48.3%	51.5%	47.6%	56.8%	N/A
Induction of labour Rate-Ratified	≤32.8%			30.2%	32.0%	31.3%	28.8%	25.9%	25.1%	30.90%	32.5%	35.7%	29.5%	28.7%	31.3%	N/A
Ventouse Rate	≤5.2%			4.7%	4.1%	5.52%	6.80%	5.30%	8.0%	4.01%	4.1%	4.56%	4.9%	4.4%	3.3%	N/A
Forceps Rate	≤7.3%			7.0%	6.1%	6.45%	5.50%	5.30%	4.9%	6.42%	5.7%	4.56%	5.2%	5.9%	7.0%	N/A

Total assisted vaginal births	12.4%			11.6%	10.2%	11.98 %	12.20 %	10.69 %	13.38 %	10.44 %	9.84%	8.74%	9.7%	9.9%	10.2%	N/A
Emergency LSCS Rate				22.79%	22.13%	23.50 %	24.15 %	27.20 %	28.46 %	23.29 %	28.03 %	28.73%	24.06%	26.79 %	20.10%	N/A
Elective LSCS Rate				12.55%	12.29%	11.98 %	14.83 %	13.20 %	11.92 %	16.06 %	14.77 %	13.79%	15.03%	16.98 %	12.75%	N/A
3rd / 4th Degree tears total	3.5%		>5%	2.15%	3.10%	2.85%	2.08%	1.37%	3.28%	1.20%	0.66%	0.76%	1.82%	0.37%	2.17%	N/A
3rd / 4th Degree tears - Normal Birth Total	2.8%			0.87%	2.20%	2.63%	0.86%	0.84%	1.64%	0.00%	0.80%	1.57%	1.44%	0.765	0.88%	N/A
				1	3	3	1	1	2	0	0	2	2	1	1	17
3rd / 4th Degree tears - Assisted Birth Total	6.8%			8.00%	8.00%	3.84%	6.89%	3.84%	5.71%	10.74 %	0%	0%	3.84%	0.0%	8.00%	N/A
				2	2	1	2	1	2	3	0	0	1	0	2	16
PPH ≥1500mls	<2.9%		>2.9 %	1.86%	2.04%	4.60%	2.11%	1.64%	2.69%	2.81%	3.40%	2.66%	2.63%	4.15%	2.49%	N/A
Neonatal Indicators																
Admission to neonatal unit ≥ 37 weeks				8	9	21	12	3	3	11	11	3	12	7	6	106
Admission to the NNU ≤ 26+6 weeks				0	0	1	1	2	0	1	0	0	0	1	2	8
Preterm birth rate <37 weeks	≤8.3%			5.0%	9.6%	9.7%	7.5%	12.1%	7.6%	5.2%	7.6%	7.22%	7.5%	14.8%	11.6%	N/A
Preterm birth rate <34 weeks	≤2.5%			2.8%	1.2%	3.2%	2.9%	3.2%	3.8%	2.4%	1.5%	3.04%	1.9%	4.8%	6.4%	N/A
Preterm birth rate <28 weeks	≤0.5%			0.0%	0.0%	0.9%	0.4%	0.4%	0.0%	0.4%	0.4%	0.00%	0.0%	0.4%	1.6%	N/A
Low birthweight rate at term (2.2kg).	≤3%			1.0%	0.4%	0.0%	1.4%	0.9%	0.4%	0.8%	1.1%	0.76%	0.0%	0.0%	0.0%	N/A
Right place of Birth	95%			100%	100%	99.50 %	99.50 %	99.58 %	100%	99.60 %	100%	100%	100%	99.6%	99.60%	N/A
Mortality																
Neonatal deaths				0	0	0	1	1	0	0	0	0	1	0	0	3
Neonatal deaths excluding lethal abnormalities.				0	0	0	1	1	0	0	0	0	0	0	0	2
Stillbirths				1	0	1	1	0	0	2	0	0	0	2	1	8
Stillbirths - Antenatal				1	0	1	0	0	0	2	0	0	0	2	1	7
Stillbirths - Intrapartum				0	0	0	1	0	0	0	0	0	0	0	0	1
Stillbirths - excluding those with lethal abnormalities				0	0	1	1	0	0	1	0	0	0	2	1	6
Stillbirths at Term				1	0	1	1	0	0	0	0	0	0	0	0	3
Stillbirths at Term with a low birth weight				0	0	0	0	0	0	0	0	0	0	0	0	0
HSIB reportable births				0	0	1	2	0	1	0	0	0	0	0	0	4

KPI's																
Women Initiating Breast Feeding at Birth	≥75%			61.4%	61.5%	60.4%	67.0%	61.3%	60.1%	57.4%	64.2%	64.0%	56.4%	63.0%	59.0%	N/A
Breastfeeding rate at discharge				52.6%	52.9%	53.9%	58.5%	51.0%	61.0%	50.2%	58.9%	56.3%	50.4%	55.5%	55.1%	N/A
Bookings <10 weeks	>90%			75.8%	74.3%	76.6%	72.9%	76.6%	76.0%	66.40 %	71.6%	73.9%	71.9%	76.55	79.8%	N/A
Smoking rates at Booking	≤6%			16.4%	19.9%	16.12 %	17.5%	19.9%	15.3%	13.6%	12.6%	15.8%	11.3%	12.7%	14.1%	N/A
Smoking at 36 weeks gestation	≤6%			10.1%	5.3%	6.19%	18.8%	12.2%	11.2%	9.8%	10.2%	15.1%	11.3%	10.1%	19.5%	N/A
Smoking Rates At Birth (SATOD)	4-6%	6-8%	>8%	11.2%	13.1%	15.60 %	12.3%	14.0%	13.1%	13.1%	10.3%	14.9%	13.5%	13.6%	12.3%	N/A
Carbon Monoxide monitoring at time of booking	≤6%			12.6%	15.2%	10.40 %	15.1%	18.5%	15.7%	9.4%	9.44%	15.41%	12.6%	10.11 %	9.7%	N/A
Carbon Monoxide monitoring at 36 weeks	≤6%			13.1%	11.4%	9.26%	14.9%	10.4%	9.8%	10.7%	10.47 %	9.4%	11.35%	10.11 %	7.9%	N/A
Workforce																
Midwife / Woman Ratio				1:26	1:26	1:26	1:26	1:26	1:26	1:26	1:26	1:28	1:28	1:28	1:28	N/A
1:1 care in labour				99%	99%	100%	100%	99.60 %	100%	99.5%	100%	100%	99%	99%	98.80%	N/A

Appendix G - Ockenden 7 Immediate and Essential Actions

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

Immediate and Essential Actions	Summary of Progress	
IEA1 Enhanced Safety	Work continues to approve a paper personalise care plan (PCSP) due to limited digital capacity. Draft version with MVP for review	
IEA 2 Listening to Women and Families	Continued work with the MVP via monthly meetings and co-production	
IEA3 Staff training and working together	Action complete	
IEA 4 Managing Complex Pregnancy	Audit complete for care of complex pregnancies with full assurance and is scheduled for CBU3 governance approval in March	
IEA 5 Risk Assessment through Pregnancy	Audit complete for ongoing risk assessment and PCSP, this is limited assurance due to the lack of documented care plans (linked to ISE1) this is scheduled for CBU3 governance approval in March	
IEA 6 Monitoring Fetal Wellbeing	No change regarding the recruitment for Fetal Wellbeing leads. Interviews for a 30 hours fetal monitoring post are scheduled for the 20.3.23	
IEA 7 Informed Consent:	Awaiting feedback from the MVP re: maternity website, a meeting is scheduled for the 17.3.23. Choice SOP will be approved at CBU3 governance in March.	
Key risks: Lack of personalise care and support plan Auditing choice decisions	Escalations/support required with: Progress a digital EPR solution at pace	

Appendix H - Ockenden 15 Immediate Actions

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

Immediate Actions	Summary of Progress
IA1 Workforce planning and sustainability	Recruitment to consultant roles which are due to be re-advertised in February.
IA 2 Safe Staffing	No change
IA3 Escalation and Accountability	Conflict of clinical opinion policy in currently in a draft format and is anticipated to be approved in March
IA4 Clinical Governance Leadership	No change
IA5 Clinical Governance- Incident Investigation and complaints	No change
IA6 Learning from Maternal Deaths	Actions complete
IA7 Multidisciplinary Training	Actions complete
IA8 Complex Antenatal Care	No change
IA9 Preterm Birth	Actions complete
IA10 Labour and Birth	Fetal Wellbeing Lead Midwife is exploring the use of a centralised monitoring.
IA11 Obstetric Anaesthesia	Draft guidance is expected to be approved in April
IA12 Postnatal Care	No change
IA13 Bereavement Care	No change
IA14 Neonatal Care	No change
IA15 Supporting Families	Actions complete
Key risks: None	Escalations/support required with: None

Glossary

Term	Explanation
Ante-natal	Before birth the term pre-natal is also used
Better Births	A 2016 reports aimed at improving outcomes in maternity services
Primigravida	First pregnancy
EDD	Expected due date an estimation of when the baby will arrive. Only 2-5% of babies are actually born on their EDD
CTG	Cardiotocograph is a continuous monitoring of the fetal heart beat that produced as trace which can be categorised to asses fetal wellbeing.
Gestation	The period beginning from the first day of the last menstrual period until the birth of the baby. This can last up to 42 weeks.
Local Maternity and Neonatal System (LMNS)	https://sybics.co.uk/lmns
Post-Natal	The period until an infant is 28 days old
Fetal monitoring risk assessment	Risk assessment of fetal and maternal risk factors that decide on the level of fetal monitoring during labour available on the TAD
Fresh eyes	1 hourly process of another midwife not providing the 1:1 care to review the risks, CTG and plan of care. This has been shown to improve new-born outcomes.
Apgar Score	Soon after birth, observations are made of a baby's heart rate, breathing, colour, muscle tone and response to stimulation. These are performed at 1 minute and 5 minutes of age. There may be a third assessment at 10 minutes. The five observations are each given a score of 0, 1 or 2. The total of these scores is referred to as the Apgar score. If a baby requires resuscitation, the aim is to see the score rising, and the baby's condition improving.

Break

5. Governance

5.1. Board Assurance

Framework/Corporate Risk Register

For Assurance

Presented by Angela Wendzicha



REPORT TO THE BOARD OF DIRECTORS - Public	REF:	BoD: 23/04/06/5.1
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SUBJECT:	BOARD ASSURANCE FRAMEWORK/CORPORATE RISK REGISTER
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DATE:	6 April 2023
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PURPOSE:		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>		<i>Assurance</i>	✓
	<i>For review</i>	✓	<i>Governance</i>	✓
	<i>For information</i>	✓	<i>Strategy</i>	

PREPARED BY:	Kim Traynor, Risk Management Co-ordinator
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SPONSORED BY:	Bob Kirton, Deputy Chief Executive Officer and Chief Delivery Officer
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PRESENTED BY:	Angela Wendzicha, Interim Director of Corporate Governance
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STRATEGIC CONTEXT

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

EXECUTIVE SUMMARY

The following paper provides an update on the latest position regarding the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) since the last presentation in February 2023.

The BAF and the CRR have been received and discussed at the Executive Team Meeting. In addition, People Committee, Quality and Governance Committee and Finance and Performance Committee have reviewed the BAF and the CRR during their respective meetings in March 2023. Discussions are currently ongoing in terms of reviewing the BAF in preparation for the next year of the Trust’s Strategy.

For ease of reference all changes made to the documents since the last versions were presented are shown in red italics.

Board Assurance Framework

1 New BAF Risk 2845

The Board of Directors, at the meeting on 02 February 2023, agreed to include a new BAF Risk (Risk 2845) relating to the long-term financial stability of the Trust over the next two to five years. This risk has an initial score of 16. Additional commentary in relation to the scoring can be found at section 1.3 of the report.

2 Potential New BAF Risk

The Trust's Head of Internal Audit Opinion Stage 1 issued in September 2022 highlighted a gap in BAF Risks relating to our Strategic Objective 'Best for Planet'. Following discussion at the Risk Management Group and the Sustainability Group, the Board is asked to consider adding the risk regarding the inability to achieve the net zero emissions target by the interim date of 2028-2032. Further detail can be found in 1.4 of the report.

Corporate Risk Register

- **New Risk**

Following discussions at the Executive Team Meeting on 08 March 2023, one new risk has been added to the **CRR (Risk 2773)** relating to the risk of industrial action. The score has been increased from 12 to 15 following the recent announcements of further planned industrial action resulting in the likelihood of the risk of disruption to the delivery of services increasing from 'likely' (4) to 'almost certain' (5).

- **Risks De-escalated**

Two risks have been de-escalated from the CRR as follows:

- Risk 2813: Current maternity information systems do not readily provide the information required for dashboards and external reporting.
- Risk 2825: Risk to patient safety due to lack of mobile signal on the Respiratory Care unit.

The rationale and additional commentary can be found at section 2.2 of the report.

RECOMMENDATION

The Board of Directors is asked to:

- Review and approve the new BAF Risk 2845 relating to future financial sustainability;
- Consider and determine whether a new risk relating to the Trust's ability to reach net zero emissions target should be added to the BAF;
- Note the new Corporate Risk (Risk 2773) relating to industrial action.

1. Board Assurance Framework – current position

The full BAF can be found at **Appendix 1** to the report.

1.1 High-level summary of the two extreme risks on the BAF 22/23

Risk	Previous Score (Feb 23)	Current Score (April 23)	-/+	Update
2592 (sits on BAF and CRR) – Inability to deliver constitutional and other regulatory	15	15	→	No change since February 23 BAF
2845 (sits on BAF and CRR) – Inability to improve the financial stability of the Trust over the next 2 to 5 years	NA	16	-	New risk regarding the long-term financial stability of the Trust

1.2 High-level summary of the six high (12+) risks on the BAF 22/23

Risk	Previous Score (Feb 23)	Current Score (Apr 23)	-/+	Update
2527 – Risk of failure to develop effective partnerships	12	12	→	No change since February 23 BAF
1201 – Risk of non-recruitment to vacancies and retention of staff	12	12	→	No change since February 23 BAF
2557 – Risk of lack of space and adequate facilities on site	12	12	→	No change since February 23 BAF
2600 – Risk of failure to deliver timely and fit for purpose capital investments and equipment replacements	12	12	→	No change since February 23 BAF
2122 – Risk of computer systems failing due to a cyber-security incident	12	12	→	No change since February 23 BAF
2605 – Risk regarding the Trust’s inability to anticipate evolving needs of the local population to reduce health inequalities	12	12	→	No change since February 23 BAF

1.3 New BAF Risk 2845

1.3.1 The Board agreed to add a new risk to the BAF relating to the future financial sustainability of the organisation. The initial proposed score of 16 comprises a

consequence of 4 (which equates to a loss of 0.5-1.0 per cent of the budget) and a likelihood of 4 (Likely) resulting in an overall risk score of **16**. Whilst there are a number of controls and assurances in place any additional controls that would support a reduced risk score are out with the Trust's control.

1.4 Proposed New BAF Risk

1.4.1 Stage 1 of the Head of Internal Audit Opinion from September 2022 highlighted a low risk gap insofar as the current BAF does not have any risks relating directly to the Trust's Strategic Objective 'Best for Planet'. The Risk Management Group considered this risk in January 2023 latterly the Sustainability Group in November 2022 resulting in the following proposed risk:

There is a risk that the Trust will not achieve the net zero target set by the interim date of 2028-2032 resulting in non-compliance with national targets, adverse reputational damage and possible environmental damage."

1.4.2 The proposed score is 12 (Consequence of 4 = major impact on the environment with a likelihood of 3 = possible the risk will be happen).

1.4.3 It is proposed the Executive Lead for this risk, in the event it is approved, will be the Deputy Chief Executive.

2. Corporate Risk Register – current position

The Corporate Risk Register can be found at **Appendix 2** of the report.

2.1 New Risk

2.1.1 A new risk has been added to the CRR (Risk 2773) relating to the risk of industrial action. Following the recent announcement relating to industrial action by doctors in training, the risk has been increased to a score of 15 as agreed at the Executive Team Meeting on 8 March 2023. A significant action plan has been developed highlighting controls in place in addition to some gaps in controls that are currently in progress.

2.2 Risks De-escalated

2.2.1 Two risks have been de-escalated from the CRR since the last presentation to the Board as follows:

- Risk 2813: The current maternity information systems do not readily provide the information required for dashboards and external reporting.

Resources relating to the digital team have resolved resulting in closure of the risk. However, following discussions at the Quality and Governance Committee, further consideration will be given to this position. Two digital risks will remain on the specialty's risk register; one is regarding connectivity in the community and one is regarding the Careflow Maternity system. De-escalation and closure of the risk was agreed at the Executive Team Meeting on 8 March 2023.

- Risk 2825 - Risk to patient safety due to lack of mobile signal on the Respiratory Care Unit

There is now a solution in place and the medical registrars responsible for covering RCU have had their Baton bleeps replaced; there have been no further issues. De-escalation of the risk was agreed at the Executive Team Meeting on 19 January 2023

2.3 Therefore, there are currently six risks on the Corporate Risk Register:

	Corporate Risk (Risk scoring 15+)	Previous Score (Feb 23)	Current Score (Apr 23)	-/+	Update
1	2592 (sits on BAF and CRR) – Inability to deliver constitutional and other regulatory performance or waiting time targets	15	15	→	No change in score since February 23 CRR
2	2243 – Risk regarding the aging fire alarm system	15	15	→	No change in score since February 23 CRR
3	2803 – risk to the delivery of effective haematology services due to a reduction in haematology consultants	16	16	→	No change in score since February 23 CRR
4	2773 – Risk of industrial action in relation to below inflation pay award	12	15	↑	Risk likelihood increased
5	1199 – Risk regarding inability to control workforce costs	16	16	→	No change in score since February 23 CRR
6	2845 (sits on BAF and CRR) – Inability to improve the financial stability of the Trust over the next two to five years	16	16	→	No change in score since February 23 CRR

3. Recommendation

3.1 The Board of Directors is asked to:

- Review and approve the new BAF Risk 2845 relating to future financial sustainability;
- Consider and determine whether a new risk relating to the Trust’s ability to reach net zero emissions target should be added to the BAF;
- Note the new Corporate Risk relating to industrial action.



Barnsley Hospital
NHS Foundation Trust

BOARD ASSURANCE FRAMEWORK (BAF)

MARCH 2023

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

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

BAF Risk Profile

Risk profile					
Consequence →	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Likelihood ↓					
5 Almost certain			2592 - performance & targets		
4 Likely			2557 - lack of space 1201 - recruitment and retention	2845 – long-term financial stability	
3 Possible				2527 - effective partnerships 2600 - capital and equipment 2122 - cyber security 2605 - health inequalities	
2 Unlikely		1713 – in year financial plan	1693 - Trust reputation	2596 - staff development 2598 – staff health and wellbeing 2595 - digital transformation	
1 Rare				1791 - insufficient cash funds	

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

Risk Register Scoring

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

Summary overview of Trust Risk Appetite Level 2022/23

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

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

Risk Appetite and Tolerance Key

Risk Appetite Scale

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

Risk tolerance

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

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

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

CURRENT		BOARD ASSURANCE FRAMEWORK 2022/23						
Strategic Objective 2022/23: Best for People		Risk Ref:	Oversight Committee		Risk Owner	Current Risk Score	Target Risk Score	Linked Risks
We will make our Trust the best place to work		1201	People Committee		Director of Workforce	3x4	3x3	1769 - histopathologist shortages 2334 - nursing staff shortages 2572 - availability of consultant anaesthetist hours
Risk Description		Consequence of Risk Occurring			Interdependencies			
Risk regarding non-recruitment to vacancies and staff retention		The materialisation of this risk could result in high vacancy rates, expensive agency spend, disengaged staff and insufficient skill-mix, potentially impacting on patient care and staff health and wellbeing.			Population health needs, service requirements (e.g. see histopathologist risk 1769), competing organisations, financial pressures, nurse staffing (see risk nursing staff shortages CRR risk 2334), dealing with national and local recruitment challenges and the impact on pressure on staff numbers, work-related stress, spend with agencies and quality of care provided.			
There is a risk that the Trust will be unable to recruit to vacancies or to retain permanent staff.								
Risk Appetite		Risk Tolerance						
Open (Workforce / Staff Engagement)		Treat						
Controls		Last Review Date	Next Review Date	Reviewed by	Control Gaps in			
1. Support the 5-year Trust Strategy Plan and the Annual Business Plan - contribute to the integrated workforce, financial and activity plan, from which the data is used to predict capacity, supply issues, etc. Bi-annual Ward establishment reviews in place in February and September by the Deputy Director of Nursing's office		Mar-23	May-23	E Lavery	None identified			
2. Workforce Planning Steering Group with representation from operational areas of the Trust (ADOs, apprenticeships, nursing, medical, etc.) has the CBU workforce planning packs to provide data for decision-making. The group monitors workforce KPIs including recruitment, supply, capacity and demand, etc.		Mar-23	May-23	E Lavery	None identified			
3. Staff Redeployment, Staff Recruitment & Retention, Flexible Retirement, Staff Internal Transfer Scheme, Health & Wellbeing, Flexible Working, Rostering, Family Friendly Policies and Procedures		Mar-23	May-23	E Lavery	Talent Management & Succession planning - this is an area of improvement that is under review. SMART action planning underway. New Head of Leadership and Organisational Development has started in post in September 2022 and is responsible for the design and delivery of the Trust's talent management and succession planning framework and approach.			
4. Alternative recruitment and selection search options in place to source candidates for hard to fill specialist posts.		Mar-23	May-23	E Lavery	None identified			
5. Staff nurse recruitment action plan, including recruitment to Trainee Nurse Associate posts and careers pipeline for Nursing Associates to undertake Registered Nurse training through apprenticeship programmes. This action plan is overseen by the Nursing Workforce Group, which oversees nursing workforce numbers, student nurses, nursing vacancy gaps, international recruitment, and standardised newly qualified staff nurse recruitment process across the ICS.		Mar-23	May-23	E Lavery	Continuance of international recruitment reliant on successful pipeline.			
6. People Strategy - a review of the strategy and development of a People Plan is underway to ensure alignment with the national NHS People Plan and to support delivery of the Trust 5 Year Strategy and Best for People strategic goals. This will focus on staff retention, wellbeing and development.		Mar-23	May-23	E Lavery	The Trust People Plan, to support delivery of the Trust 5 Year Strategy was approved at Trust Board in December 2022 subject to clear metrics being added on how the delivery of plan will be measured, before the document is launched.			
Assurances Received L1 Operational, L2 Board Oversight, L3 Independent		Received By		Assurance Rating	Gaps in Assurance			
1. L1 - Nurse Staffing Report		Sep-22	Q&G	Full	None identified			
3. L1 - 360 Assurance Rostering Audit Report		Jan-22	Audit Committee	Full	None identified			
4. L1 - Recruitment and Retention metrics Report		Dec-22	PEG	Full	None identified			
5. L1 - Workforce Insights Report		Jan-23	PC	Full	None identified			
6. L1 - CBU Workforce Plans		Jan-23	CBU Performance Review Meetings	Full	None identified			
Corrective Actions Required (include start date)					Action Due Date	Action Status	Action Owner	Forecast Completion Date
1. Collaboration with other local NHS Trusts to understand the overall employment marketplace and take joint pre-emptive action where possible e.g. The Trust is part of the ICS approach to international recruitment					N/A	In progress	S Ned	On-going
2. Talent Management and Succession planning framework - see workforce development risk on BAF					N/A	In progress	T Spackman	May-23
3. Approval and launch of the Trust People Plan					N/A	In progress	E Lavery	May-23

CURRENT		BOARD ASSURANCE FRAMEWORK 2022/23						
Strategic Objective 2022/23: Best for People		Risk Ref:	Oversight Committee	Risk Owner	Current Risk Score	Target Risk Score	Linked Risks	
We will make our Trust the best place to work		2596	People Committee	Director of Workforce	4x2	4x2	1201 - staff recruitment and retention 2598 - staff wellbeing	
Risk Description		Consequence of Risk Occurring			Interdependencies			
<p>Risk of inadequate support for staff development</p> <p>There is a risk that the Trust may fail to maintain a coherent and co-ordinated structure and approach to succession planning, staff development and leadership development</p>		<p>The materialisation of this risk may jeopardise:</p> <ol style="list-style-type: none"> 1. the development of robust clinical and non-clinical leadership to support service delivery and change; 2. staff being supported in their career development and to maintain competencies and training attendance; 3. staff retention; 4. and the Trust being a "well-led" organisation under the CQC domain 5. staff morale, health and well being 			<p>Dealing with national and local recruitment challenges and the impact on pressure on staff numbers, work-related stress, spend with agencies and quality of care provided. Also linked to the Trust's ability to retain staff. Use of agency staff reduces the development opportunities for substantive staff.</p>			
Risk Appetite					Risk Tolerance			
Open (Workforce/Staff Engagement)					Treat			
Controls		Last Review Date	Next Review Date	Reviewed by	Gaps in Control			
1. Appropriate staff development programmes in place e.g. Apprenticeship Schemes, Advanced Clinical Practitioner Training Programmes, Trainee Nurse Associate Training Programme. This will support development and upskilling.		Mar-23	May-23	E Lavery	None identified			
2. Nursing Workforce Development Programme. Current key actions on the plan include increased clinical placements and increased numbers of nurses and non-registered clinical support staff accessing apprenticeships and training through Universities and the Open University.		Mar-23	May-23	E Lavery	Local opportunities for non-registered staff continue to be developed through open university/university of Sheffield – degree apprenticeships			
3. People Strategy - a review of the strategy and development of a People Plan is underway to ensure alignment with the national NHS People Plan and to support delivery of the Trust 5-Year Strategy and Best for People strategic goals. This will focus on staff retention, wellbeing leadership and development. The aim will be to maximise effectiveness of staff at every level of the Trust by coordinating a range of activities which will promote their ability to deliver high quality services and patient care and by ensuring that structures are in place to enable their effective delivery.		Mar-23	May-23	E Lavery	<p>The Trust People Plan, to support delivery of the Trust 5 Year Strategy was approved at Trust Board in December 2022 subject to clear metrics being added on how the delivery of the plan will be measured before the document is launched.</p> <p>Talent Management & Succession planning and leadership development - this is an area of improvement that is under review. SMART action planning underway. New Head of Leadership and Organisational Development has started in post in September 2022 and is responsible for the design and delivery of the Trust's talent management, succession planning and leadership development framework and approach, and programme of activity</p> <p>Coherent Trust-wide learning from existing leadership development projects. Localised good performance and good practice may not be picked up across the Trust. Although it may not always be necessary or appropriate for all Trust-wide learning in this area to be consistent, as opposed to tailored to meet specific leadership development requirements, it should be more coherent and delivered with more purpose. Unwarranted variation without justification may be a gap rather than variation itself.</p>			
4. Training needs analysis model - annual programme focused on mandatory and statutory essential training, which supports staff development and capability.		Mar-23	May-23	E Lavery	None identified			
5. Appraisal and PDPs schedule - there is a clear process to meet Trust appraisal and PDP targets. Guidance and supporting documentation to improve the quality of appraisal conversation has been updated and rolled out.		Mar-23	May-23	E Lavery	None identified			
Assurances Received L1 Operational, L2 Board Oversight, L3 Independent		Last Received	Received By	Assurance Rating	Gaps in Assurance			
1. L1 - Workforce Insights Report		Jan-23	P Committees	Full	None identified			
3. L2 - Staff Survey		Mar-23	Trust Board Assurance Committees	Full	None identified			
4. L1 - Pulse checks		Feb-23	PEG	Full	None identified			
4. HHE Training Doctors Quality Assurance Report		TBC	Trust Board Assurance Committees	TBC	TBC			
Corrective Actions Required (include start date)					Action Due Date	Action Status	Action Owner	Forecast Completion Date
1. Delivery of the Nursing Workforce Development Programme.					N/A	In progress	B Hoskins	?
2. Talent Management & Succession planning & leadership development framework					N/A	In progress	T Spackman	May-23
3. Approval and launch of the Trust People Plan					N/A	In progress	E Lavery	May-23

CURRENT		BOARD ASSURANCE FRAMEWORK 2022/23					
Strategic Objective 2022/23: Best for People	Risk Ref:	Oversight Committee	Risk Owner	Current Risk Score	Target Risk Score	Linked Risks	
We will make our Trust the best place to work	2598	People Committee	Director of Workforce	4x2	4x2	1201 - staff recruitment and retention	
Risk Description	Consequence of Risk Occurring			Interdependencies			
<p>Risk of inadequate support for staff health and wellbeing</p> <p>There is a risk that the Trust may fail to maintain a coherent and co-ordinated structure and approach to staff health and wellbeing.</p>	<p>The materialisation of this risk may jeopardise: staff morale, health and wellbeing patient safety and care staff retention and recruitment the Trust being a "well-led" organisation under the CQC domain</p>			<p>The pandemic has placed unprecedented demand on health and care staff across all settings and disciplines, leading to significant levels of stress and anxiety. There is a concern that there may not be enough staff to ensure staff well-being or patient safety; this is a national concern and challenge.</p>			
Risk Appetite				Risk Tolerance			
Open (Workforce/Staff Engagement)				Treat			
Controls	Last Review Date	Next Review Date	Reviewed by	Gaps in Control			
1. The Occupational Health and EDI services have been re-organised to provide two distinct services(1. Occupational Health and 2. Wellbeing and Inclusion). This will enable a greater focus on the health and wellbeing offer to staff. Staff can access counselling and/or psychological support services, and can self-refer to occupational health where needed. The Trust has also introduced 'Wagestream' - a financial support product for staff to address any financial concerns. Quarterly People Pulse checks have commenced to better measure progress against key metrics from the staff survey, which includes the impact on staff wellness. New Culture metrics dashboard to measure staff experience and wellbeing and organisational culture has been approved at the People Committee in September 2022. A quarterly H&WB activity dashboard is also presented to the People & Engagement Group.	Mar-23	May-23	E Lavery	Lack of Workforce health and well-being organisational diagnostic to assess gaps in current provision and to benchmark service against areas of best practice. T&F Group has been set up in November 2022 to complete the NHSIE national H&WB diagnostic framework.			
2. People Strategy - a review of the strategy and development of a People Plan is underway to ensure alignment with the national NHS People Plan and to support delivery of the Trust 5-Year Strategy and Best for People strategic goals. This will focus on staff retention, wellbeing and development. The aim will be to maximise the effectiveness of staff at every level of the Trust by coordinating a range of activities that will promote their ability to deliver high quality services and patient care and by ensuring that structures are in place to enable their effectivedelivery.	Mar-23	May-23	E Lavery	The Trust People Plan, to support the delivery of the Trust 5-Year Strategy was approved at the Trust Board in December 2022 subject to clear metrics being added on how the delivery of the plan will be measured before the document is launched			
3.The Trust is also working with the ICS to access wider sources of health and wellbeing support. the successful appointment of a Band 5 Specialist Staff Counsellor, EDI Lead for Health & Wellbeing Band 7 1.0wte, Healthy Lifestyles Checks Officer Band 4 1.0wte, and VIVUP on-site Staff Counsellor 0.2wte which has been funded through the ICS. The SYB ICS Mental Health & Wellbeing hub of online resources, materialsand training courses has been made available to all staff. The Trust will also be appointing an Occupational Psychologist post shared with Rotherham Trust for a period of 2 years funded by NHS national charities funds	Mar-23	May-23	E Lavery	None identified			
4. The Trust has approved the adoption of the Standards Framework for Counsellors & CounsellingServices for BHNFT and partners to strengthen the wellbeing support offered. An agreement has also been reached to extend the Schwartz Rounds contract for an additional 3 years. The Schwartz Rounds steering group has been re-instated and the programme of Schwartz Rounds sessions agreed.	Mar-23	May-23	E Lavery	None identified			
5. Appointment of a Health and Wellbeing Guardian as approved by the Board to ensure dedicatedoversight and assurance that the staff health and wellbeing agenda has a Board level champion. Anon-executive director has commenced in the role on 01/10/21.	Mar-23	May-23	E Lavery	None identified			
Assurances Received L1 Operational, L2 Board Oversight, L3 Independent	Last Received	ReceivedBy	Assurance Rating	Gaps in Assurance			
1. L1 - Workforce Insights Report	Jan-23	P Committee	Full	None identified			
2. L1 - CBU Workforce Plans	Sep-22	CBU Performance Review Meetings	Full	None identified			
3. L2 - Staff Survey	Mar-23	Trust Board Assurance Committees	Full	None identified			
4. L1 - Pulse checks	Feb-23	PEG	Full	None identified			
Corrective Actions Required (include start date)				Action Due Date	Action Status	Action Owner	Forecast Completion Date
1. Review NHS Workforce Health and Wellbeing Framework diagnostic tool and consider use of assessment to ascertain areas of focus. Also receive 360 Assurance internal audit report findings and act on recommendations into the Trust's health and wellbeing offer including the use of metrics to inform future action plan.				Sep-21	In progress	E Lavery	Apr-23
2. Development of performance indicators against staff engagement and well-being initiatives to better measure impact on staff wellness and organisational culture.				Sep-21	In progress	S Ned	Apr-23
3. Approval and launch of the Trust People Plan				N/A		E Lavery	Mar-23

CURRENT	BOARD ASSURANCE FRAMEWORK 2022/23						
Strategic Objective 2022/23: Best for Patients and The Public	Risk Ref:	Oversight Committee	Risk Owner	Current Risk Score	Target Risk Score	Linked Risks	
We will provide the best possible care for our patients and service users	2592	Finance and Performance Committee	Chief Delivery Officer	5x3	5x2	1201 - staff recruitment and retention 2557 - lack of space and facilities 2600 - failure to deliver capital investment and equipment replacement	
Risk Description	Consequence of Risk Occurring		Interdependencies				
Risk of patient harm due to inability to deliver constitutional and other regulatory performance or waiting time targets There is a risk of failure or delay in patient diagnoses and/or treatment due to the inability of the Trust to deliver constitutional and other regulatory performance or waiting time standards / targets.	The materialisation of this risk will impact patient care potentially resulting in poor outcomes and adverse harm, poor patient experience and breach of standards with associated financial penalties and reputational damage.		Uncertainties surrounding the current pandemic and its impact on service capacity and demand; system partners and their ability to meet the needs of their service users; safe staffing levels and challenges with recruitment in various services across the Trust; well and supported staff to be able to deliver the services; space and equipment to meet the needs of the services. Revised operational priorities for 2022/23 are aligned to but not reflective of constitutional target delivery				
Risk Appetite			Risk Tolerance				
Cautious (Regulatory)			Treat				
Controls	Last Review Date	Next Review Date	Reviewed by	Gaps in Control			
1. The Trust has a rigorous Performance Management Framework which has been externally assured including weekly review of performance at the ET meeting. Monthly review of performance at the CBU performance meetings, and oversight from both assurance committees on a monthly basis.	Mar-23	Apr-23	B Kirton/ L Burnett	None identified			
2. Annual business plans that are aligned to service delivery are produced and signed off by the Executive. If there is a delivery failure, plans are produced by the CBU to address the matters and escalated to the ET	Mar-23	Apr-23	B Kirton/ L Burnett	Unknown future demand for services may lead to surge in referrals above available capacity. Staff absence and vacancies are the biggest risk.			
3. Monitoring of activity of performance of NHSE/I (regulator) via systems meetings.	Mar-23	Apr-23	B Kirton/ L Burnett	None identified			
4. Renewed quality monitoring of the waiting list including clinically prioritisation of the patients who are waiting.	Mar-23	Apr-23	B Kirton/ L Burnett	Impact on Health inequalities			
5. Internally, the Trust report clinical incidents where there has been an impact to quality due to performance. There are thresholds set by NHSE that require immediately reporting when breach i.e. 12-hour trolley breach. These incidents feeding into governance meetings and the patient safety panel.	Mar-23	Apr-23	B Kirton/ L Burnett	Moving to 12 hours from attendance at ED rather than decision to admit			
Assurances Received	Last Received	Received By	Assurance Rating	Gaps in Assurance			
L1 Operational, L2 Board Oversight, L3 Independent							
1. L2: - IPR report	Feb-23	F&P Committee	Partial	Ongoing development and refinement of statistical process control charts and supporting narrative			
2. L2: - Progress reports - annual business plan	Apr-22	F&P Committee	Partial	Performance is measured at a system level			
3. L3: - NHSI/E reports	Feb-23	Trust Board	Full	None identified, included in recovery update			
4. L3: - Benchmarking reports through ICS	Feb-23	Trust Board	Full	None identified, included in recovery update			
5. L1: - Reports against trajectories	Feb-23	F&P Committee	Partial	A number of actions to enable recovery require involvement of place & system and are not under the direct control of the Trust			
6. L2: - Quality Metric Reports	Feb-23	F&P Committee	Full	None identified			
7: L2: - Report to Trust Board - Activity Recovery Plans 2021/22 and further updates to assurance committees	Feb-23	Trust Board	Full	None identified			
Corrective Actions Required (include start date)				Action Due Date	Action Status	Action Owner	Forecast Completion Date
Control 1 and 4: Clinical exec leads to ensure appropriate process for monitoring risk of harm to patients on waiting lists (see risk 2605 for further detail). Started June 21.				Feb-21	complete	Dr S Enright	complete
Control 2 and Assurance 5: Adapt performance reporting so they provide the right assurances on what the Trust has committed to deliver. Started January 21.				May-23	ongoing	L Burnett	May-23
Control 2: Continue to increase endoscopy activity to enable recovery. Capacity gap identified in business planning & additional activity requirements discussed with finance director				May-23	ongoing	S Garside	ongoing
Control 2 and Assurance 5 & 7: operational exec to ensure robust plans during periods of industrial action to ensure essential staff cover and report on impact to recovery trajectories				Apr 23	ongoing	L Burnett	Apr 23

CURRENT		BOARD ASSURANCE FRAMEWORK 2022/23								
Strategic Objective 2022/23: Best for Performance		Risk Ref:	Oversight Committee	Risk Owner	Current Risk Score	Target Risk Score	Linked Risks			
We will meet our performance targets and continuously strive to deliver sustainable services		2595	Finance and Performance Committee	Director of ICT	4x2	4x1	1693 - adverse reputational damage to the Trust 713 - maintaining financial stability 2404 - compromised care for non Covid-19 patients 2098 - Transformation digital programme			
Risk Description		Consequence of Risk Occurring			Interdependencies					
<p>Risk regarding the potential disruption of digital transformation.</p> <p>The trust is committed to large digital transformation projects (Including Electronic Prescribing, Clinical Messaging and Electronic Health care Records replacing current paper notes), unless this programme of work is delivered safely and effectively there is a significant risk to clinical operational delivery.</p>		<p>The materialisation of this risk could result in:</p> <ul style="list-style-type: none"> - Poor understanding and misalignment of the changes to clinical processes resulting in harm to patients. - Poor Communication and engagement resulting in poor adoption of the change and escalating costs. - Potential implications to the overall management and board due to not understanding the full-term risks and impacts of the digital transformations. - Lack of Governance resulting in disruption in supporting clinical, administration and operational services and unsafe processes. 			<p>BAF Risk 1693 - Trust Reputation, BAF Risks 1713 Financial Stability. BAF Risk 2404 Patient Care. NHS Long Term Plan Deliverables. ICT Strategy Delivery and SY+B Delivery.</p>					
Risk Appetite					Risk Tolerance					
Seek					Treat					
Controls		Last Review Date	Next Review Date	Reviewed by	Gaps in Control					
1. Effective governance via the Careflow Steering group involving strong executive leadership. Project Senior Responsible Owner (SRO) and Clinical Lead.		Mar-23	May-23	Director of ICT	Clinical Risks associated with a fragmented record split across multiple digital health care record systems.					
2. Effective training, project delivery, communications, engagement with all staff in line with an approved project initiation document.		Mar-23	May-23	Director of ICT	Potential impacts of external factors such as COVID-19 on workforce and therefore delivery (outside of the Trust's control)					
3. External review of processes and implementations via the Trust System Support Model (TSSM)		Mar-23	May-23	Director of ICT	None identified					
4. Digital Transformation Strategy		Mar-23	May-23	Director of ICT	It is not possible for the Strategy to manage unforeseen disruption and clinical risks.					
5. Business Cases for E-prescribing, Electronic Health Care Records and Careflow (Medway) Lorenzo replacement		Mar-23	May-23	Director of ICT	None identified					
6. Clinical Safety Officer Role in Place and Clear up to date Clinical safety assessments and hazard logs.		Mar-23	May-23	Clinical Reference Group/Director ICT	None identified					
7. Board and Senior Leaders Digital Strategic Sessions to understand what good digital implementations look like.		Mar-23	May-23	Board/Senior leaders Group	None identified					
Assurances Received L1 Operational, L2 Board Oversight, L3 Independent		Last Received	Received By	Assurance Rating	Gaps in Assurance					
1. L1 Careflow Steering Group Chairs Log		Jan-23	F&P	Full	None identified					
2. L3 Significant Assurance 360 Assurance Report Transformation (New EPR) Rollout		Sep-21	Board	Full	None identified					
3. L1 F&P ICT Strategic Update - Digital Transformations in Delivery		Jan-23	F&P	Full	None identified					
4. Monthly F&P ICT Strategic Update – Digital Transformations in Delivery		Jan-23	F&P	Full	None identified					
5. Digital Maturity Assessment – To understand potential gaps in our capability		New								
Corrective Actions Required (include start date)					Action Due Date	Action Status	Action Owner	Forecast Completion Date		
Careful monitoring of the programme of digital transformation via all trust board committees.					On-going	N/A	Director of IT	N/A		

CURRENT		BOARD ASSURANCE FRAMEWORK 2022/23						
Strategic Objective 2022/23: Best for Performance		Risk Ref:	Oversight Committee	Risk Owner	Current Risk Score	Target Risk Score	Linked Risks	
We will meet our performance targets and continuously strive to deliver sustainable services		2122	Finance and Performance Committee	Director of ICT	4x3	4x1	2416 – cyber-security during the pandemic 1693 - adverse reputational damage to the Trust 1713 - maintaining financial stability 2404 - compromised care for non Covid-19 patients 2098 - Transformation digital programme	
Risk Description		Consequence of Risk Occurring			Interdependencies			
<p>Risk regarding Cybersecurity and IT systems resilience</p> <p>There is a risk that computer systems will fail due to a cyber-security incident. This risk is increased if there is a lack of support for maintaining clinically critical systems. This risk has increased due to the recent issues with Adastral 111 Response Cybersecurity Incident, All trusts have been asked to increase our robust surveillance of all our cybersecurity attack points.</p>		<p>The materialisation of this risk could impact on operational and clinical services in the Trust. This could compromise the Trust's infrastructure and would result in poor patient experience and care. This may also have financial, reputational and legislative implications. There could also be a data loss or theft affecting patients, staff or finances.</p>			<p>BAF Risk 1693 - Trust Reputation, BAF Risks 1713 Financial Stability, BAF Risk 2404 Patient Care. NHS Long Term Plan Deliverables. ICT Strategy Delivery and SY+B Delivery.</p>			
Risk Appetite					Risk Tolerance			
Minimal (Clinical Safety)					Treat			
Controls		Last Review Date	Next Review Date	Reviewed by	Gaps in Control			
1. Currently all clinical and business critical systems have external support. Minor non-critical systems are supported internally.		Mar-23	May-23	Director of ICT	IT systems and business as usual support continually gets more complex and there are limited resources to ensure mitigation of all risks.			
2. A regular review of assessment is carried out to ensure that business critical computer solutions are supported externally and a risk assessment is completed on minor unsupported solutions. A paper was received at ET to approve this approach.		Mar-23	May-23	Director of ICT	None identified			
3. Intrusion Detection, Firewalls, URL Filtering, Vulnerability Scanning, Penetration Testing, Anti-Virus, Anti-Malware and Patching strategies in place.		Mar-23	May-23	Director of ICT	There is no protections against a zero-day virus. A brand-new virus that cannot be detected by the various scanning techniques. Careful and consistent monitoring of systems need to be in place through start of the day checks			
4. CARECert – Cybersecurity Alerts – for example recent LOG4J alert and remedial actions report to F+P		Mar-23	May-23	Director of ICT	Full assurance from all suppliers has been sought. Some suppliers have provided workarounds but not supplied full patches.			
5. Annual Cybersecurity assessment completed by Certified 3 rd party to ensure all up to date measures are in place		Mar-23	May-23	Director of ICT	Not all recommendations in the report can be completed; it is a balance of funding/practicality/risk to ensure the most effective cybersecurity controls are implemented.			
Assurances Received L1 Operational, L2 Board Oversight, L3 Independent		Last Received	ReceivedBy	Assurance Rating	Gaps in Assurance			
1. L3 Covid-19 risk assessment of all cybersecurity and IT risks. Significant Assurance provided from 360 Assurance on out Data Protection Toolkit compliance position – Board approved position.		May-21	ET and F&P	Full	No dedicated cybersecurity personnel as recommended by NHS Digital 360 assurance report.			
2. Annual Board cybersecurity report including Penetration Testing Results		Apr-22	ET, F&P and Board	Full	None identified			
3. Data Protection and Security Toolkit		May-22	ET, F&P and Board	Partial	Only covers specific areas of cybersecurity.			
4. National Cybersecurity active monitoring and reporting frameworks		Mar-23	ICT Directorate	Partial	The highly technical reports are not shared with the Board and Sub-committees.			
Corrective Actions Required (include start date)					Action Due Date	Action Status	Action Owner	Forecast Completion Date
Bolster online defences and order new penetration test.					01/04/2023	In Progress	ICT Director	31/04/2023
Control 5. Complete full firewall installation and expert assessment from CAE Network Solutions					31/07/2022	Complete.	ICT Director	Complete
Control 1 and 4. Strategic update report to the finance and performance committee monthly to manage resources against priorities					Ongoing			
Control 3. Careful and consistent monitoring of systems need to be in place through start of the day checks and CareCert National Cybersecurity Monitoring					Ongoing			
Control 5. Ensure fully risk assessed gaps in cybersecurity action plan delivery.					Ongoing			

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

CURRENT		BOARD ASSURANCE FRAMEWORK 2022/23						
Strategic Objective 2022/23: Best for Performance		Risk Ref:	Oversight Committee	Risk Owner	Current Risk Score	Target Risk Score	Linked Risks	
We will meet our performance targets and continuously strive to deliver sustainable services		1791	Finance and Performance Committee	Director of Finance	4x1	4x1	1943 - failing to deliver adequate CIP scheme 1713 - maintaining financial stability	
Risk Description		Consequence of Risk Occurring			Interdependencies			
Risk regarding insufficient cash funds to meet the operational requirements of the Trust There is a risk of insufficient cash funds to meet the operational requirement of the Trust, with services having to cease as a result		The materialisation of this risk would impact on the ability to carry out services at the Trust. To enable services to continue the Trust would have to seek emergency cash from NHSE/I			The activity and demand within the system. The Barnsley SY ICS financial position. The current financial framework in operation. Covid-19 and recovery pressures.			
Risk Appetite		Risk Tolerance						
Open (Finance / Value for Money)		Treat						
Controls		Last Review Date	Next Review Date	Reviewed by	Gaps in Control			
1. Standing operating procedures in places regarding cash management, including daily micro-management of cash and long-term cash forecasting		Mar-23	May-23	R Paskell	None identified - good processes in place which have been reviewed by both internal and external audit			
2. Apply for distressed funding (only when required)		Mar-23	May-23	R Paskell	Only when required - Support required from NHSE/I; timing of approvals process and cash receipt outside of the Trusts control			
3. Ensure debtors pay the Trust ASAP		Mar-23	May-23	R Paskell	Lack of Trust control over financial performance of external partners and debtor's ability to pay			
4. Ensure creditors are managed and the Trust is not placed on "STOP"		Mar-23	May-23	R Paskell	None identified - ensure all invoices are received and receipted in a timely manner, with any disputes escalated as appropriate			
Assurances Received L1 Operational, L2 Board Oversight, L3 Independent		Last Received	Received By	Assurance Rating	Gaps in Assurance			
L2 - Integrated performance report/finance report		Feb-23	F&P Committee	Full	None identified			
Corrective Actions Required (include start date)					Action Due Date	Action Status	Action Owner	Forecast Completion Date
The only gaps in control relate to controls 2 & 3, both of which are outside the Trust control					N/A	N/A	N/A	N/A

CURRENT		BOARD ASSURANCE FRAMEWORK 2022/23						
Strategic Objective 2022/23: Best for Performance		Risk Ref:	Oversight Committee	Risk Owner	Current Risk Score	Target Risk Score	Linked Risks	
We will meet our performance targets and continuously strive to deliver sustainable services		2845	Finance and Performance Committee	Director of Finance	4x4	4x2	1943 - failing to deliver adequate CIP scheme 1713 - maintaining financial stability 1791 - Risk regarding insufficient cash funds to meet the operational requirements of the Trust	
Risk Description		Consequence of Risk Occurring			Interdependencies			
<p>Inability to improve the financial stability of the Trust over the next two to five years</p> <p>There is a risk that the underlying financial deficit is not addressed resulting in the Trust being unable to improve its financial sustainability and return to a breakeven position.</p>		The materialisation of this risk would adversely impact on the financial aspirations of the Trust, resulting in the need for further borrowing to support the continuity of services and possible reputational damage; whilst hampering the delivery of Long-Term Plan (LTP) ambitions. It would also mean the Trust being unable to realise a back to balance position, without external funding.						
Risk Appetite		Risk Tolerance						
Open (Finance / Value for Money)		Treat						
Controls		Last Review Date	Next Review Date	Reviewed by	Gaps in Control			
1. Board-owned financial plans		Mar-23	Apr-23	R Paskell	None identified, Board approved final 2022/23 plan in June 2022; 2023/24 draft plan approved in February 2023			
2. Achievement of the Trust's in-year financial plan and any control total (see risk 1713)		Mar-23	Apr-23	R Paskell	None identified, 2022/23 in-year financial plan and agreed system control total will be delivered			
3. Underlying financial performance is reviewed and monitored at Finance & Performance Committee meetings		Mar-23	Apr-23	R Paskell	None identified			
4. Delivery of the EPP programme recurrently		Mar-23	Apr-23	R Paskell	Covid-19 and recovery pressures impacting upon management time and ability to focus on cost management			
5. Continued work on opportunities arising from PLICS / Benchmarking and RightCare.		Mar-23	Apr-23	R Paskell	Covid-19 and recovery pressures impacting upon management time and ability to focus on cost management			
6. Continued discussions with SY ICB.		Mar-23	Apr-23	R Paskell	Lack of Trust control over financial performance of external partners. Allocation of system resources and inflationary pressures due to shortfalls in national uplifts are outside of the Trust's control			
7. Potential additional national and/or system resources become available		Mar-23	Apr-23	R Paskell	Long term revenue funding available remains unclear. Allocations now received and controlled via the ICB with some national funding available through a bidding process.			
Assurances Received		Last Received	Received By	Assurance Rating	Gaps in Assurance			
L1 Operational, L2 Board Oversight, L3 Independent		Feb-23	F&P	Partial	Pressures arising from Covid-19, recovery and the uncertainties surrounding the future financial framework present the greatest challenge to the Trust. Full assurance will not be able to be given until there is a resolution to these issues. Greater reassurance around the financial performance of partner organisations.			
Corrective Actions Required (include start date)					Action Due Date	Action Status	Action Owner	Forecast Completion Date
Gaps in control in relation to controls 6 & 7, which are outside the Trust's control					N/A	N/A	N/A	N/A

CURRENT		BOARD ASSURANCE FRAMEWORK 2022/23						
Strategic Objective 2022/23: Best for Performance		Risk Ref:	Oversight Committee	Risk Owner	Current Risk Score	Target Risk Score	Linked Risks	
We will meet our performance targets and continuously strive to deliver sustainable services		2557	Finance and Performance Committee	Chief Delivery Officer	4 x 3	3 x 2	2527 - ineffective partnership working 2404 - compromised care for non Covid-19 patients 1713 - maintaining financial stability against the financial plan 2598 - digital transformation programme	
Risk Description		Consequence of Risk Occurring			Interdependencies			
<p>Risk of lack of space and adequate facilities on site to support the future configuration and safe delivery of services</p> <p>There is a risk that there is a lack of space on site to support the future configuration of services. The level of estates work and service developments that require space within the hospital has led to the displacement of current staff and services alongside significant disruption and congestion on the site.</p>		<p>The materialisation of this risk will impact on the Trust's ability to deliver business as usual services, leading to potential delays, and impacts on clinical safety and patient experience. The materialisation of this risk may also negatively impact working conditions, and lead to a reduction in staff morale.</p>			<p>There are interdependencies with partnership working and the wider service demand for the region, as well as the ongoing Covid 19 pandemic and recovery plans. This risk is also interdependent on capital finance, digital transformation, and may impact on the trusts ability to deliver the services within the trust 5-year strategy</p>			
Risk Appetite					Risk Tolerance			
Cautious (Patient Experience)					Treat			
Controls		Last Review Date	Next Review Date	Reviewed by	Gaps in Control			
1. The sharing of plans with all staff groups alongside messages regarding improving services for patients to ensure staff understand the ongoing changes		Mar-23	Apr-23	B Kirton	None identified			
2. Offsite office accommodation has been procured to increase the ability to relocate non-clinical staff		Mar-23	Apr-23	B Kirton	None identified			
3. Home working is being promoted at all levels via departmental managers to enable shared desks and the release of space		Mar-23	Apr-23	B Kirton	None identified			
4. Space Utilisation Group		Mar-23	Mar-23	B Kirton	None identified			
5. Contracts and SLAs between the Trust and BFS		Mar-23	Apr-23	B Kirton	None identified			
6. EDMS Project (reduce paper in the Trust and in turn, release space)		Mar-23	Apr-23	T Davidson	Awaiting completion of project & space release			
7. Trust 5-year strategy		Mar-23	Jun-23	B Kirton	None identified			
8. Urgent care improvement plan, to increase same day emergency care, to provide navigator role and separate GP stream. All will reduce need for inpatient beds		Mar-23	Mar-23	B Kirton	Subject to ongoing review and update			
9. Planned care recovery plans to include expansion of day case surgery, ward enhanced recovery		Mar-23	Apr-23	B Kirton	Dependent on adjacent projects and interdependencies			
10. Trust Ops group (weekly operational team meeting, where space issues will be managed)		Mar-23	Jun-23	B Kirton	None identified			
Assurances Received L1 Operational, L2 Board Oversight, L3 Independent		Last Received	Received By	Assurance Rating	Gaps in Assurance			
L1 - Trust Ops regular agenda item		Feb-23	CBU Performance Meetings	Full	None identified			
L1 - Regular agenda item on ET		Feb-23	ET	Partial	There are services that will require additional space in year to deliver operational plans with no current space allocated			
L2 - BFS performance chairs log		Jan-23	F&P Committee	Partial	There are services that will require additional space in year to deliver operational plans with no current space allocated			
L3 - Item on agendas at Barnsley Place meetings, UECB, planned care & ICP		Jan-23	ICP	Full	None identified at PLACE			
Corrective Actions Required (include start date)					Action Due Date	Action Status	Action Owner	Forecast Completion Date
Control 5: Director of Finance and Managing Director of BFS to review SLAs and contracts to ensure up to date and reflective of agreed arrangements					Jun-21	Complete	L Christopher	
Control 1. Director of Operations to provide Joint Partnership Forum with update of service change & estate plans to ensure staff communications					Jun-21	Complete	Lorraine Burnett	Jun-23
Control 2. Final services to move offsite and release space for start of critical care build					May-21	Complete	R McCubbin/ E Lavery	
Control 4. Space Utilisation Group to be recommenced					Jun-21	Complete	M Hall	Meeting monthly
Control 10. Formalise exception updates on space from weekly trust Ops to monthly CBU performance report					May-21	Complete	L Burnett	
Control 2: Development of the community diagnostic centre					Apr-22	Move to phase 2	L Burnett/ R McCubbin	Jun-23
Control 8. Winter plan developed and all available inpatient bed capacity open					Sep- 22	Complete	L Burnett	Ongoing capacity challenges
Control 9. Theatre efficiency & productivity group established and planned care recovery action plans to ensure increase in day case rate & utilisation metrics.					Nov-22	complete	L Burnett	Meeting bi-weekly
Assurance L13: member of SY estates group and Barnsley capital group to explore longer term solutions through developing plan					Jun 23	ongoing	B Kirton/ L Burnett	Jun 23

CURRENT	BOARD ASSURANCE FRAMEWORK 2022/23							
Strategic Objective 2022/23: Best for Performance	Risk Ref:	Oversight Committee		Risk Owner	Current RiskScore	Target Risk Score	Linked Risks	
We will meet our performance targets and continuously strive to deliver sustainable services	2600	Finance and Performance Committee		Director of Finance	4x3	2x2	1713 - maintaining financial stability against the financial plan 1791 - inefficient cash funds to meet operational requirements	
Risk Description	Consequence of Risk Occurring			Interdependencies				
<p>Risk regarding inability to deliver timely and fit for purpose capital investments and equipment replacements</p> <p>There is a risk that the Trust may not have sufficient funding to invest in all of the required capital developments for estates improvements, IM&T, the replacement of equipment and other business requirements over the longer term to meet service needs, safety and regulatory standards</p>	The materialisation of this risk could result in negative impacts on timely service delivery, patient safety and experience, achievement of performance targets and regulatory standards.			The SY ICS financial position and capital allocation available. Delivery of the Trust financial plan. Availability of additional national funding. The current financial framework in operation. Covid-19 and recovery pressures. The activity and demand within the system.				
Risk Appetite				Risk Tolerance				
Seek (Innovation)				Treat				
Controls	Last ReviewDate	Next ReviewDate	Reviewed by	Gaps in Control				
1. Multi-year capital plan and annual programme overseen by Capital Monitoring Group, including specific prioritisation for estates, IM&T and M&S programmes	Mar-23	Apr-23	R Paskell	None identified.				
2. Capital requirements identified through business planning processes and prioritised based on current information.	Mar-23	Apr-23	R Paskell	Long term capital funding available remains unclear. Capital allocations now received and controlled via the ICS with some national funding available through a bidding process.				
3. Capital Monitoring Group in place which reviews and manages all capital spend.	Mar-23	Apr-23	R Paskell	Long term capital funding available remains unclear. Capital allocations now received and controlled via the ICS with some national funding available through a bidding process.				
4. M&S group in place, with Executive Director representation, to review and manage M&S spend considering the views of MedicalEngineering and CBUs.	Mar-23	Apr-23	R Paskell	Long term capital funding available remains unclear. Capital allocations now received and controlled via the ICS with some national funding available through a bidding process.				
5. BFS maintain all equipment to an appropriate standard, with planned preventative maintenance (PPM) undertaken.	Mar-23	Apr-23	R Paskell	None identified.				
6. Equipment register in place which is used to identify replacement needs based on age of equipment and risks identified with CBUs.	Mar-23	Apr-23	R Paskell	None identified.				
7. Estate backlog register updated annually to assist prioritisation of annual investment.	Mar-23	Apr-23	R Paskell	None identified.				
Assurances Received L1 Operational, L2 Board Oversight, L3 Independent	Last Received	Received By	Assurance Rating	Gaps in Assurance				
1: L2 - Monitoring Progress Reports e.g. Finance paper to F&P, ICS performance papers to PF&P, CMG chairs log to F&P	Feb-23	F&P Committee	Partial	Pressures arising from Covid-19, recovery and the uncertainties surrounding the future financial framework present the greatest challenge to the Trust. Full assurance will not be able to be given until there is a resolution to these issues. Greater reassurance around the financial performance of partner organisations. Clarification on the future national capital available and the implications of this for Barnsley.				
2: L1 - Risk escalation via the Risk Management Group regarding equipment risks, and assurances and mitigation	Feb-23	Risk Management Group	Partial	Reliant upon CBUs identifying issues and escalating via the appropriate routes.				
Corrective Actions Required (include start date)					Action DueDate	ActionStatus	Action Owner	Forecast Completion Date
Overall action to support gaps across controls and assurances: Review of estates requirements following the initial strategy development sessions with CBUs. Prioritisation is to be undertaken in the form of a detailed delivery plan underpinning the high-level Estates strategy. The project will be supported by Barnsley Estates					Jun-22	In Progress	CMG	Mar-23

CURRENT	BOARD ASSURANCE FRAMEWORK 2022/23						
Strategic Objective 2022/23: Best for Partners	Risk Ref:	Oversight Committee	Risk Owner	Current Risk Score	Target Risk Score	Linked Risks	
We will work with partners within the South Yorkshire integrated Care System to deliver improved and integrated patient pathways	2527	Finance and Performance Committee	Chief Delivery officer	4x3	4x2	1693 - adverse reputational damage to the Trust	
Risk Description	Consequence of Risk Occurring		Interdependencies				
<p>Risk regarding ineffective partnership working and failure to deliver integrated care</p> <p>There is a risk that the Trust will have ineffective partnerships due to the failure of the Health and Social Care Place Based, Integrated Care Systems and Provider Collaboratives in which we work to act together to deliver integrated care, maintain financial equilibrium and share risk responsibly. This may be due to competing priorities, lack of resource, overdependency on a partner, competition, lack of engagement with partners or the public. This includes our partnerships in Barnsley Place, the ICS and our acute partnerships.</p>	<p>The materialisation of this risk could lead to a lack of joined up planning, loss of public confidence, reputational damage and the inability to develop new ideas/ways of working. The overall impact could include a lack of joined-up patient care and failure to tackle health inequalities both leading to poorer outcomes for the local population.</p>		<p>Wider system pressures, partner organisations' capacity and ability to collaborate, Trust capacity and ability to collaborate, etc. This risk will also be impacted by national constitutional changes due by March 2022.</p>				
Risk Appetite	Risk Tolerance						
Seek (Partnerships)	Treat						
Controls	Last Review Date	Next Review Date	Reviewed by	Gaps in Control			
1. Trust vision, aims and objectives	Mar-23	May-23	B Kirton	None identified			
2. Communications and Engagement strategy (Trust approach for collaboration with partners, public, etc.)	Mar-23	May-23	B Kirton	none identified			
3. Membership of partnership forums in Barnsley Place and SYB ICS.	Mar-23	May-23	B Kirton	Ongoing understanding of the implications of the agreed legislative changes as ICB's took legal form from July 2022. There is an emerging governance structure that links through to ICB place teams that the Trust needs to input into and understand in terms of engagement and accountability			
4. Regular meetings with partners, Chair meetings and exec to exec working.	Mar-23	May-23	B Kirton	None identified			
5. Membership of networks and service level agreements	Mar-23	May-23	B Kirton	Some service level agreements remain unsigned, which will be addressed through the CBU's and finance			
Assurances Received L1 Operational, L2 Board Oversight, L3 Independent	Last Received	Received By	Assurance Rating	Gaps in Assurance			
1. L1 - regular ET agenda item regarding Barnsley and ICS meetings	Sep-21	ET	Full	None identified			
2. L2 - Monthly Board updates regarding Barnsley Integrated Care Partnership and South Yorkshire and Bassetlaw ICS	Oct-21	Board	Full	None identified			
Corrective Actions Required (include start date)				Action Due Date	Action Status	Action Owner	Forecast Completion Date
Review of governance relating to services providing intermediate care via Rightcare Barnsley (Assurance 2). We are dependent on the CCG as they are leading on the review of the service. The Trust is awaiting formal feedback from CCG following procurement processes.				Feb-21	complete	L Burnett	Mar-22
Review of unsigned service level agreements and take any necessary actions to address the gap (Control 5). There are no material concerns at the present time				Apr-21	Overdue	C Thickett	Aug-22
Review of the legislative changes and emerging ICB governance (Control 3 and Assurance 2). The ICB place team have the final proposed governance structure and TOR for all the meetings to take to Board in February.				Complete	Complete	B Kirton	Complete

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

CURRENT		BOARD ASSURANCE FRAMEWORK 2022/23							
Strategic Objective 2022/23: Best for Place		Risk Ref:	Oversight Committee		Risk Owner	Current Risk Score	Target Risk Score	Linked Risks	
We will fulfil our ambition to be the heart of the Barnsley place partnership to improve patient services, support a reduction in health inequalities and improve population health		1693	Finance and Performance Committee		Director of Communications and Marketing	3x2	3x2	2527 - ineffective partnership working 1865 – zero-day vulnerability	
Risk Description		Consequence of Risk Occurring			Interdependencies				
Risk regarding adverse reputational damage to the Trust There is a risk of reputational damage through different routes of exposure to the Trust.		The materialisation of this risk could impact patient choice, retention and recruitment of staff, potential financial income and regulatory compliance/action.			Wider system issues resulting in adverse publicity to other NHS service providers may result in increased media scrutiny of this Trust and / or its staff / services.				
Risk Appetite		Risk Tolerance							
Cautious (reputation)		Treat							
Controls		Last Review Date	Next Review Date	Reviewed by	Gaps in Control				
Comprehensive communications planner to track and plan for positive and potential adverse publicity		Mar-23	Apr-23	E Parkes	None identified				
Monthly communications planner presented to the Executive Team		Mar-23	Apr-23	E Parkes	None identified				
The Trust has a number of processes in place for the effective management of its overall reputation		Mar-23	Apr-23	E Parkes	None identified				
Reactive statements prepared in advance for high risk matters		Mar-23	Apr-23	E Parkes	None identified				
Proactive positive stories placed to counter negative publicity. Stakeholder briefings produced to inform of negative publicity (internal and external)		Mar-23	Apr-23	E Parkes	None identified				
Assurances Received L1 Operational, L2 Board Oversight, L3 Independent		Last Received	Received By	Assurance Rating	Gaps in Assurance				
None identified									
Corrective Actions Required (include start date)						Action Due Date	Action Status	Action Owner	Forecast Completion Date
N/A						N/A	N/A	N/A	N/A

Appendix 1		
Risk domain	Risk appetite	Risk level
Commercial	We will consider commercial opportunities as they arise noting that the Board's tolerance for risks relating to its commercial factors is limited to those events where there is little or no chance of impacting on the Trust's core purpose.	OPEN
Clinical Safety	The Trust has a risk averse appetite for risk which compromises the delivery of safe services and jeopardises compliance with our statutory duties for safety.	MINIMAL
Patient Experience	We will accept risks to patient and service user experience if they are consistent with the achievement of patient safety and quality improvements. We will only accept service redesign and divestment risks in the services we are commissioned to deliver if patient safety, quality care and service improvements are maintained.	CAUTIOUS
Clinical Effectiveness	The Trust has a risk averse appetite for risk which compromises the delivery of high-quality services and jeopardises compliance with our statutory duties for quality.	MINIMAL
Workforce / Staff Engagement	To address workforce and skill-mix shortfalls the Trust is prepared to work in new ways to recruit the right staff and to introduce new roles to meet recognised needs. We will not accept risks, nor any incidents or circumstances, which may compromise the safety of any staff members and patients or contradict our Trust values.	OPEN
Reputation	Tolerance for risk taking is limited to those events where there is little chance of any significant repercussions for the Trust's reputation should there be failure, with mitigation in place for any undue interest. The Board of Directors accept that some decisions made in the interest of change may have the potential to expose the organisation to additional public scrutiny or media interest. Proactive management of Trust communications may be considered to protect the organisation's reputation and maintain public confidence.	CAUTIOUS
Finance / Value for Money	We strive to deliver our services within the budgets set out in our financial plans and will only consider accepting or taking financial risks where this is required to mitigate risks to patient safety or quality of care. Where appropriate the Board will allocate resources to capitalise on potential opportunities and will seek to deliver best value for money.	OPEN
Regulatory / Compliance	We are cautious when it comes to compliance and regulatory requirements. Where the laws, regulations and standards are about the delivery of safe, high quality care, or the health and safety of the staff and public, we will make every effort to meet regulator expectations and comply with laws, regulations and standards that those regulators have set. The Board will seek assurance that the organisation has high levels of compliance in all areas other than where it has been specifically determined that the efforts required to achieve compliance would outweigh the potential adverse consequences.	CAUTIOUS
Partnerships	The Trust is committed to working with its stakeholder organisations to bring value and opportunity across current and future services through system-wide partnership. We are open to developing partnerships with organisations that are responsible and have the right set of values, maintaining the required level of compliance with our statutory duties.	SEEK
Innovation	The Trust has a risk tolerant appetite to risk where benefits, improvement and value for money are demonstrated. Innovation is encouraged at all levels within the organisation, where a commensurate level of improvement can be evidenced, and an acceptable level of management control is demonstrated. The Trust will never compromise patient safety while innovating service delivery.	SEEK



Barnsley Hospital
NHS Foundation Trust

CORPORATE RISK REGISTER

MARCH 2023

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

Summary Corporate Risk Register – March 2023

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

Strategic Objectives:

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

Key

Risk Appetite Scale

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

Risk tolerance

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

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

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

Risk 2592: Risk of patient harm due to inability to deliver constitutional and other regulatory performance or waiting time targets	C = 3 L = 5	15	Low risk			Moderate risk			High risk				Extreme risk			
			1	2	3	4	5	6	8	9	10	12	15	16	20	25
												Initial score				
												Current score				
Risk description:																
There is a risk of failure or delay in patient diagnoses and/or treatment due to the inability of the Trust to deliver constitutional and other regulatory performance or waiting time standards / targets.												Executive lead: Chief Delivery Officer				
												Date added to CRR: May 2021				
												Last reviewed date: March 2023				
												Committee reviewed at: Finance and Performance Committee				
Consequence of risk occurring																
The materialisation of this risk will impact patient care potentially resulting in poor outcomes and adverse harm, poor patient experience and breach of standards with associated financial penalties and reputational damage.																
Risk Appetite						Risk Tolerance										
Cautious						Treat										
Controls						Gaps in controls						Further mitigating actions				
The Trust has a rigorous Performance Management Framework which has been externally assured including weekly review of performance at the ET meeting. Monthly review of performance at the CBU performance meetings, and oversight from both assurance committees on a monthly basis.																
Annual business plans that are aligned to service delivery are produced and signed off by the Executive. If there is a delivery failure, plans are produced by the CBU to address the matters and escalated to the ET.						Unknown future demand for services may lead to surge in referrals above available capacity. Staff absence and vacancies are the biggest risk.						capacity gap identified in business planning & additional activity requirements discussed with finance director. Operational planning to maintain safety during periods of industrial action.				
Monitoring of activity of performance of NHSE/I (regulator) via systems meetings.												Development of Acute Federation & Integrated Care Board				
Renewed quality monitoring of the waiting list including clinically prioritisation of the patients who are waiting.						Impact on Health inequalities						Working to include health inequality data alongside waiting list management as per health inequalities action plan				
Internally, the Trust report clinical incidents where there has been an impact to quality due to performance. There are thresholds set by NHSE that require immediate reporting when breached i.e. 12-hour trolley breach. These incidents feed into governance meetings and the patient safety panel.												Internal reporting has begun and patients waiting above 8 hours are reviewed by the CBU with appropriate escalation via patient safety processes				

Risk 2243: Risk regarding the aging fire alarm system	C = 5 L = 3	15	Low risk			Moderate risk			High risk				Extreme risk				
			1	2	3	4	5	6	8	9	10	12	15	16	20	25	
						Target score			Initial score				Current score				
Risk description:																	
Failure of the fire alarm system causing temporary lack of early warning of fire in accordance with fire regulations.													Executive lead: Managing Director of BFS Date added to CRR: March 2022 Last reviewed date: January 2023 Committee reviewed at: Health and Safety Group and Capital Monitoring Group				
Consequence of risk occurring																	
The materialisation of this risk could result in harm or death in the subsequent event of a fire.																	
Risk Appetite									Risk Tolerance								
Cautious									Treat								
Controls						Gaps in controls						Further mitigating actions					
System is maintained by the original installer and serviced regularly in accordance with current standards. As of 13/9/2022 all of the system is fully operational.						Availability of obsolete equipment – however, obsolete equipment is starting to become available as part of the replacement.						Maintenance in place, providing spare obsolete parts as appropriate. As project continues, more spares become available for older sections of system.					
Site engineers are available with further on call/specialist contract available 24/7.												On-call Estates Engineers and contract with the fire alarm maintainer.					
Temporary alternative arrangements for raising the alarm in place with associated SOP's and training given as appropriate should an area go off the system.																	
Extra Security Patrols are available as required. Trained Fire Warden's in place across the site																	
Firefighting equipment in place.																	
Authorising Engineer (fire) aware of the strategy and fire risks for assurance and guidance purposes.												Regular review through the Fire Safety Group including the Fire Authorising Engineer.					
South Yorkshire Fire Service are aware of the position.												Contact details to be established for the fire service.					
Project to replace full alarm system commenced in April 2022. A programme has been fully prepared for the primary network, with detailed programme for individual zones being finalised as the project reaches the area due to the size of the project. Project anticipated to take circa 18 months.												Rolling programme of replacement in progress. Reports on progress received through Trust Capital Monitoring Group.					

Risk 2803: Risk to the delivery of effective haematology services due to a reduction in haematology consultants	C = 4 L = 4	16	Low risk			Moderate risk			High risk				Extreme risk														
			1	2	3	4	5	6	8	9	10	12	15	16	20	25											
											Target score																
Risk description:																											
There is a risk to the provision of an effective haematology service due to a reduction in consultant cover for Clinical Haematology, ward 24 and the chemotherapy unit. Consultant provision has reduced from 3.4 WTE to 1.6 WTE haematology consultants.											Executive lead: Medical Director				Date added to CRR: January 2023												
											Last reviewed date: <i>March 2023</i>				Committee reviewed at: Quality and Governance Committee												
Consequence of risk occurring																											
The materialization of this risk could impact on patient safety and experience.																											
Risk Appetite						Risk Tolerance																					
Minimal						Treat																					
Controls						Gaps in controls						Further mitigating actions															
1. Substantive posts out to advert																											
2. Locum support has been requested, with the possibility of 1 WTE cover from October to March. A further locum is required.												1.8 WTE Locum Consultant secured for October															
3. Discussions with Rotherham Hospital regarding support being undertaken at Clinical Director level.																											
4. Two WTE agency Locums in place to ensure service continuity						There is a significant financial implication with using agency locums to cover this service.																					

Risk 2773: Risk of industrial action in relation to below inflation pay award	C = 3 L = 5	15	Low risk			Moderate risk			High risk				Extreme risk			
			1	2	3	4	5	6	8	9	10	12	15	16	20	25
					Target score						Initial score	Current score				
Risk description:																
There is a risk of industrial action by trade unions following national cost of living pay award for 2022/23 announcement in July which is below the current inflation rate.												Executive lead: Director of Workforce Date added to CRR: March 2023 Last reviewed date: New Committee reviewed at: Quality and Governance Committee				
Consequence of risk occurring																
The impact should the risk materialise would result in disruption to the delivery of services if Unions vote for strike, or action short of a strike, staff morale and staff financial health and well-being, potentially resulting in an increase in sickness absence further impacting on the delivery of services and quality of care.																
Risk Appetite									Risk Tolerance							
Minimal									Treat							
Controls						Gaps in controls						Further mitigating actions				
Good partnership working and open dialogue with local Trade Union colleagues in place via Open Forum and Joint Partnership Forum to support critical workforce planning in the event of industrial action.																
Trust and ICS Mental Health and Wellbeing Hubs of resources available to all staff, including Vivup 24/7 telephone counselling service. On site nurse led occupational health service.																
Fast track referrals for sickness absence for stress. Utilisation of Trust Family Friendly Policies and flexible working/homeworking to retain staff																

Risk 1199: Risk regarding inability to control workforce costs	C = 4 L = 4	16	Low risk			Moderate risk			High risk				Extreme risk													
			1	2	3	4	5	6	8	9	10	12	15	16	20	25										
Risk description:																										
There is a risk of excessive workforce cost beyond budgeted establishments which is caused by high sickness absence rate, high additional discretionary payments, poor job planning/rostering and high agency usage due to various factors including shortages of specialist medical staff.												Executive lead: Director of Workforce				Date added to CRR: November 2021										
												Last reviewed date: <i>March 2023</i>				Committee reviewed at: People Committee and Finance & Performance Committee										
Consequence of risk occurring																										
The materialisation of this risk could result in financial over-spend impacting on quality of services and compromising patient care																										
Risk Appetite						Risk Tolerance																				
Open						Treat																				
Controls						Gaps in controls						Further mitigating actions														
Sickness absence reduction plan, including occupational health referrals and counselling, health & wellbeing activity dashboards, monitored by the People and Engagement Group																										
Job planning and rostering (AHPs, nursing and medical staff) – better job planning and rostering will mean a reduction in agency spend						£200k has been provided to implement an Electronic Rostering System for doctors, and funding commitments meant a percentage of junior doctors' rosters needed to be delivered by March 2022 and this has been completed.						Roll out to juniors in General Medicine, Lower Surgery, Women's & Children's complete. Currently working on the build for Anaesthetics, then Emergency Medicine and higher surgery. Once all juniors complete will roll out leave management to SAS and Consultant levels.														
National Procurement Framework and associated policies – compliance with these means we do not go over the agency caps. Supported by the Executive Vacancy / Agency Control Panel																										
Reporting of Workforce Dashboard within Performance Framework – monitoring tool which provides an overview of workforce KPIs, including sickness absence information																										
Nursing establishment reviews in conjunction with Finance, Workforce and E-Rostering Leads.																										
Weekly medical establishment reviews in conjunction with Finance and Workforce.																										
Risks relating to shortages of specialist medical staff (Dermatologists, Histopathologists and Breast radiologists) are managed through CBU governance arrangements.																										

Risk 2845: Inability to improve the financial stability of the Trust over the next two to five years	C = 4 L = 4	16	Low risk			Moderate risk			High risk				Extreme risk						
			1	2	3	4	5	6	8	9	10	12	15	16	20	25			
									Target score										
Risk description:																			
There is a risk that the underlying financial deficit is not addressed resulting in the Trust being unable to improve its financial sustainability and return to a breakeven position.													Executive lead: Director of Finance						
													Date added to CRR: January 2023						
													Last reviewed date: March 2023						
													Committee reviewed at: Finance & Performance Committee						
Consequence of risk occurring																			
The materialisation of this risk would adversely impact on the financial aspirations of the Trust, resulting in the need for further borrowing to support the continuity of services and possible reputational damage; whilst hampering the delivery of Long Term Plan (LTP) ambitions. It would also mean the Trust being unable to realise a back-to-balance position, without external funding.																			
Risk Appetite									Risk Tolerance										
Open									Treat										
Controls					Gaps in controls					Further mitigating actions									
Board-owned financial plans					None identified, Board approved final 2022/23 plan in June 2022; 2023/24 draft plan approved in February 2023														
Achievement of the Trust's in-year financial plan and any control total (see risk 1713)					None identified, 2022/23 in-year financial plan and agreed system control total will be delivered														
Underlying financial performance is reviewed and monitored at Finance & Performance Committee meetings					None identified														
Delivery of the EPP programme recurrently					Covid-19 and recovery pressures impacting upon management time and ability to focus on cost management					Efficiency and productivity paper, including reporting and governance arrangements to F&P									
Continued work on opportunities arising from PLICS / Benchmarking and RightCare.					Covid-19 and recovery pressures impacting upon management time and ability to focus on cost management														
Continued discussions with SY ICB.					Lack of Trust control over financial performance of external partners. Allocation of system resources and inflationary pressures due to shortfalls in national uplifts are outside of the Trust's control														
Potential additional national and/or system resources become available					Long term revenue funding available remains unclear. Allocations now received and controlled via the ICB with some national funding available through a bidding process.														

Appendix 1		
Risk domain	Risk appetite	Risk level
Commercial	We will consider commercial opportunities as they arise noting that the Board's tolerance for risks relating to its commercial factors is limited to those events where there is little or no chance of impacting on the Trust's core purpose.	OPEN
Clinical Safety	The Trust has a risk averse appetite for risk which compromises the delivery of safe services and jeopardises compliance with our statutory duties for safety.	MINIMAL
Patient Experience	We will accept risks to patient and service user experience if they are consistent with the achievement of patient safety and quality improvements. We will only accept service redesign and divestment risks in the services we are commissioned to deliver if patient safety, quality care and service improvements are maintained.	CAUTIOUS
Clinical Effectiveness	The Trust has a risk averse appetite for risk which compromises the delivery of high-quality services and jeopardises compliance with our statutory duties for quality.	MINIMAL
Workforce / Staff Engagement	To address workforce and skill-mix shortfalls the Trust is prepared to work in new ways to recruit the right staff and to introduce new roles to meet recognised needs. We will not accept risks, nor any incidents or circumstances, which may compromise the safety of any staff members and patients or contradict our Trust values.	OPEN
Reputation	Tolerance for risk taking is limited to those events where there is little chance of any significant repercussions for the Trust's reputation should there be failure, with mitigation in place for any undue interest. The Board of Directors accept that some decisions made in the interest of change may have the potential to expose the organisation to additional public scrutiny or media interest. Proactive management of Trust communications may be considered to protect the organisation's reputation and maintain public confidence.	CAUTIOUS
Finance / Value for Money	We strive to deliver our services within the budgets set out in our financial plans and will only consider accepting or taking financial risks where this is required to mitigate risks to patient safety or quality of care. Where appropriate the Board will allocate resources to capitalise on potential opportunities and will seek to deliver best value for money.	OPEN
Regulatory / Compliance	We are cautious when it comes to compliance and regulatory requirements. Where the laws, regulations and standards are about the delivery of safe, high quality care, or the health and safety of the staff and public, we will make every effort to meet regulator expectations and comply with laws, regulations and standards that those regulators have set. The Board will seek assurance that the organisation has high levels of	CAUTIOUS

Appendix 1		
Risk domain	Risk appetite	Risk level
	compliance in all areas other than where it has been specifically determined that the efforts required to achieve compliance would outweigh the potential adverse consequences.	
Partnerships	The Trust is committed to working with its stakeholder organisations to bring value and opportunity across current and future services through system-wide partnership. We are open to developing partnerships with organisations that are responsible and have the right set of values, maintaining the required level of compliance with our statutory duties.	SEEK
Innovation	The Trust has a risk tolerant appetite to risk where benefits, improvement and value for money are demonstrated. Innovation is encouraged at all levels within the organisation, where a commensurate level of improvement can be evidenced, and an acceptable level of management control is demonstrated. The Trust will never compromise patient safety while innovating service delivery.	SEEK

5.2. Annual Submission of the Board of Directors Conflicts of Interest Register

For Assurance

Presented by Angela Wendzicha



REPORT TO THE BOARD OF DIRECTORS - PUBLIC	REF:	BoD: 23/04/06/5.2
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SUBJECT:	BOARD OF DIRECTORS REGISTER OF INTEREST
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DATE:	6 April 2023
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PURPOSE:		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>		<i>Assurance</i>	✓
	<i>For review</i>		<i>Governance</i>	✓
	<i>For information</i>	✓	<i>Strategy</i>	

PREPARED BY:	Angela Wendzicha, Interim Director of Corporate Affairs
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SPONSORED BY:	Richard Jenkins, Chief Executive
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PRESENTED BY:	Angela Wendzicha, Interim Director of Corporate Affairs
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STRATEGIC CONTEXT

Section 6 of the current Trust’s Standing Orders sets out the requirement for all Directors of the Board to declare relevant and material interests. Such interests are subsequently included in a Register of Interest.

Declaring interests avoids situations whereby Directors have or can have direct or indirect interests that conflict or possibly conflict with the interests of the organisation.

EXECUTIVE SUMMARY

In accordance with Section 20(1) (e), Schedule 7, of the National Health Service Act 2006 (as amended), the Trust, as a public benefit corporation is required to maintain a Register of Interests of Directors that is available to the public. This includes where there is a nil return.

The attached report illustrates the Board of Directors Register of Interests for 2022/23.

Following presentation at the Trust Board, the Register of Interests will be made available for public inspection as required.

RECOMMENDATION

The Board of Directors is asked to receive and note the Register of Interests noting the Trust’s compliance with the relevant Statutory requirements as detailed above.

Employee	Role	Decision Maker	Interest Type	Date Declared	Date Arose	Year	Interest Description	Provider
Richard Jenkins	Chief Executive	Yes	Loyalty Interests	15/12/2021	01/04/2015	2015 - 2023	My wife works as a Band 5 Community Nurse for the York and Scarborough Hospitals NHS FT. There is no known actual conflict.	Melanie Jenkins
Richard Jenkins	Chief Executive	Yes	Outside Employment	15/12/2021	10/02/2020	2019 - 2023	Interim Joint CEO	The Rotherham NHS FT
Richard Jenkins	Chief Executive	Yes	No Change to existing declarations	13/06/2022	01/04/2022	2022/23		
Richard Jenkins	Chief Executive	Yes	Loyalty Interests	31/03/2022	01/11/2022	2022/23	Member of the labour party	Labour Party
Robert Kirton	Chief Delivery Officer and Deputy Chief Executive	Yes	Nil Declaration	07/04/2022	07/04/2022	2022/23		
Simon Enright	Medical Director	Yes	Loyalty Interests	23/11/2021	23/11/2021	2021 - 2023	Son is undertaking part-time portering work at Barnsley Hospital during the holiday's from University.	Barnsley Hospital NHS Foundation Trust - Portering Service
Simon Enright	Medical Director	Yes	No Change to existing declarations	15/06/2022	15/06/2022	2022/23		
Christopher Thickett	Director of Finance	Yes	Nil Declaration	06/04/2022	06/04/2022	2022/23		
Jacqueline Murphy	Director of Nursing and Quality	Yes	Nil Declaration	14/04/2022	14/04/2022	2022/23		
Steve Ned	Director of Workforce	Yes	Outside Employment	22/11/2021	22/11/2021	2021 - 2023	Director of Workforce	The Rotherham NHS Foundation Trust
Steve Ned	Director of Workforce	Yes	Outside Employment	22/11/2021	22/11/2021	2021 - 2023	Director	Steven Ned Ltd
Steve Ned	Director of Workforce	Yes	Outside Employment	22/11/2021	22/11/2021	2021 - 2023	Trustee, St. Luke's Hospice, Sheffield. Effective from September 2021.	St Lukes Hospice, Sheffield
Thomas Davidson	Director of Information Communications Technology	Yes	Nil Declaration	21/04/2022	21/04/2022	2022/23		
Lorraine Burnett	Director of Operations	Yes	Nil Declaration	02/08/2022	02/08/2022	2022/23		
Angela Wendzicha	Interim Director of Corporate Affairs	Yes	Outside Employment	30/03/2023	01/02/2023	2022/23	Substantive Director of Corporate Affairs	The Rotherham NHS Foundation Trust
Sheena McDonnell	Chair	Yes	Sponsored Events	23/03/2023	23/03/2023	2022/23	City Collaboration programme sponsored by Bloomberg and taught by Harvard University including a week long teaching programme in New York	Bloomberg
Nicholas Mapstone	Non-Executive Director	Yes	Outside Employment	08/10/2021	01/04/2015	2015 - 2023	I am a specialist advisor to the CQC.	Care Quality Commission
Nicholas Mapstone	Non-Executive Director	Yes	Outside Employment	08/10/2021	01/04/2021	2021 - 2023	Director	East Midlands Academic Health Science Network
Nicholas Mapstone	Non-Executive Director	Yes	Outside Employment	08/10/2021	01/04/2015	2015 - 2023	Consultancy work	Nick Mapstone Management Solutions
Susan Ellis	Non-Executive Director	Yes	Loyalty Interests	08/11/2021	01/04/2020	2020 - 2023	Director	Barnsley Facilities Services
Kevin Clifford	Non-Executive Director	Yes	Loyalty Interests	13/10/2022	07/10/2022	2022/23	Appointed Chair of Local Governing Body of Barnsley Academy, a Secondary School covering Kendray Area of Barnsley. The Academy is part of United Learning, a national Academy Chain.	Barnsley Academy
Stephen Radford	Non-Executive Director	Yes	Nil Declaration	15/03/2023	15/03/2023	2022/23		
David Plotts	Non-Executive Director	Yes	Outside Employment	07/04/2022	01/10/2021	2021 - 2023	Trustee and board member of the charitable trust based in High Green, South Yorkshire.	High Green Development Trust
David Plotts	Non-Executive Director	Yes	Outside Employment	20/05/2022	15/10/2020	2020 - 2023	Director and sole owner of Alteos Partners Ltd. The company provides consultancy services to businesses in relation to engagement with NICE and support with acquisitions and mergers within the European Medical Device industry.	Alteos Partners Ltd
David Plotts	Non-Executive Director	Yes	No Change to existing declarations	02/08/2022	02/08/2022	2022/23		
Gary Francis	Non-Executive Director	Yes	Nil Declaration	12/01/2023	12/01/2023	2022/23		
Neil Murphy	Associate Non-Executive Director	Yes	Nil Declaration	12/01/2023	05/01/2023	2022/23		
Hadar Zaman	Associate Non-Executive Director	Yes	Outside Employment	04/01/2022	01/08/2015	2015 - 2023	Head of Pharmacy and Medical Sciences. Teaching and research	University of Bradford
Hadar Zaman	Associate Non-Executive Director	Yes	Outside Employment	04/01/2022	03/07/2017	2017 - 2023	Specialist Advisor for Pharmacy and Medicines.	CQC
Nahim Ruhi-Khan	Associate Non-Executive Director	Yes	Outside Employment	24/03/2023	02/09/2021	2022/23	Non- Exec Director - social housing provider	Great Place Housing Group

6. Business Case/Benefits Paper

6.1. EPR Replacement Medway Benefits Realisation Report

For Assurance

Presented by Tom Davidson



REPORT TO THE BOARD OF DIRECTORS **REF:** **BoD: 23/04/06/6.1**

SUBJECT: **EPR REPLACEMENT MEDWAY BENEFITS REALISATION REPORT**

DATE: 6 April 2023

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

PREPARED BY: Tom Davidson, Director of ICT

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

PRESENTED BY: Tom Davidson, Director of ICT

STRATEGIC CONTEXT

- This funding aligns with the Digital Transformation Strategy Signed off by the Trust in September 2021.
- The NHS Long Term Plan 2019 identifies the importance of technology in the future NHS.
- In the 2022/2023 priorities and operations planning guidance it sets out plans to “rapidly and consistently adopt new models of care that exploit the full potential of digital technologies”.
- The Secretary of State announced “As many providers as possible will meet our minimum capability standard for digitisation by March 2025”.

EXECUTIVE SUMMARY

Background: May 2018 a business case was approved by Board to replace Lorenzo the incumbent Electronic Patient Record (EPR). Incredibly important system for the safe running of the Trust.

The Solution went live finally in July 2020 during COVID.

There has been various audits and external assessments that have reported a successful delivery.

There were 14 benefits outlined in the case and project initiation document. 12 have been successfully delivered and 2 have a task and finish group and expected to be delivered in August 2023.

The main cost avoidance benefit of £654,500 has been successfully achieved.

This project is an enabler for the Electronic Document Management System (EDMS) and the Electronic Prescribing solution. These projects have significant efficiency benefits that are outlined in their business cases and future benefits realisation reports will be brought to the executive team to understand their benefit realisations.

CONCLUSION/DECISION

The Benefits Realisation paper is provided for evidence, review of the project and for assurance to the Board of Directors.



BENEFITS REALISATION REPORT

Project: EPR Replacement

Date: February 2023

Submitted By: Tom Davidson
Director ICT

CBU / Department: Corporate / ICT

Executive Sponsor: Bob Kirton
Chief of Delivery and Deputy CEO

Business Sponsor: Tom Davidson
Director ICT

Benefits Realisation Governance

Document Location

This document is only valid on the day it was printed.
 The source of the document will be found on the project's PC.

Document Revision History

Revision date	Previous Revision Date	Summary of Changes
06/01/2023	-	First draft

PMO Reviewed

Name	Title	Date	Comments

CBU Management Team Approval

	Role	Signature	Date
CBU Approval:	Executive Sponsor		
	Director ICT		
	Deputy Director ICT		
	CCIO		
	CNIO		
Not Approved:	<Enter reason>		

Governance Committee Approvals

Capital Monitoring Group Approval

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Outcome Reported to Proposer:	Yes / No	Date:	

Executive Team Approval

Date of meeting:	11/01/2023	Outcome:	Approved / Not Approved
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Finance & Performance Approval

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Comments:			
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Trust Board Approval

Date of meeting:	N/A	Outcome:	Approved / Not Approved
Comments:			
Outcome Reported to Proposer:	Yes / No	Date:	

1. Background

In May 2018 a business case was approved by Board to replace Lorenzo the incumbent Electronic Patient Record (EPR), which was funded by the National Programme For IT NHSE and was due to be transitioned to Barnsley Hospital for any future funding in October 2020. Lorenzo would cost the trust £1.4M a year to continue its use.

Lorenzo was not popular in Barnsley Hospital and had lots of issues with stability meaning it was not safe to continue its use for the trust and could not be taken forwards for strategic delivery of major clinical programmes, such as electronic prescribing. Lorenzo was used by admin staff only.

Replacing an EPR is a massive undertaking given it is the solution that has all the key information about our patients, their previous and future clinical activity and any waiting lists they are on. It took well over a year to prepare the trust and ensure all the elements for a safe transition were in place.

We finally went live with SystemC Careflow (Formally known as Medway) July 2022 in between wave 1 and 2 of COVID-19 pandemic. We have also successfully received external funding which enabled us to implement Electronic Prescribing and Electronic Document Management.

2. Project Aims and Objectives

2.1. Project Aims and Objectives

The aim of the project was to:

- To Digitally Transform Barnsley Hospital and provide the functionality to enable the trust to move towards the paperless national NHS targets.

The project objectives were to:

Objective 1:

Ensuring that in future, hospital records and files are stored and managed electronically, improving the efficiency and effectiveness of the care we provide.

What will we do?

We will replace our current Lorenzo EPR. This will improve information sharing across the Trust as part of a broader programme of linking up our key clinical systems and developing our electronic records. We will join up systems and support, harnessing the expertise of Trust's clinical teams to ensure that the outcomes are designed and built around them.

We will:

- Ensure our solution fully meets the needs of staff and patients, with development that is clinically led and governed
- Link to and enhance our existing investments in our Clinical Portal and integration solutions to bring key information together where and when it is needed

- Extend electronic records to all areas of the Trust safely managing the transition from current paper systems and ensure that systems work together

What will this achieve?

Clinicians will be able to access electronic patient information, increasing efficiency and accuracy. Paper-based systems will be replaced and new electronic systems will be connected to ensure the data we hold works through all systems. We will reinvest savings from reduced management and storage of paper records in our Trust's frontline work.

Objective 2:

Expanding our use of technology to detect patients at risk, support early intervention, and ensure that patients receive the correct and safe treatment every time.

What will we do?

We will use the implementation of the new PAS and the roll-out of proven technologies, such as VitalPAC e-Observations, to make the delivery of core patient management easier for staff and patients.

We will:

- Review and map clinical systems and get rid of systems that are unnecessary or out of date
- Ensure existing systems are meeting the user needs and new systems are evaluated against a full set of user requirements and aligned with what the different areas of the Trust have in place already.

What will this achieve?

We'll be able to make best use of useful systems and free up time and space for new ones by getting rid of anything that doesn't work the way it should.

2.2. Project Scope

In Scope

- Core Medway framework (including patient homepage, system management)
- MPI
- Outpatients referrals & RTT
- Outpatients scheduling & clinic management
- eReferrals System (formerly Choose & Book)
- Inpatients/ADT/Bed management
- Waiting List
- Letters & Documents
- Medway Encoder
- Casenote Tracking
- PDS
- QAS Post coder
- Medway Business Intelligence
- Medway Connect Interface Engine & standard HL7 interface between Medway and Trust Interface Engine

- Medway Interoperability Framework – 'click-through' links in patient/user context to the following systems: Medway Maternity, Medicode, Mediviewer, Agfa PACS

- ED
- Maternity
- Noting/Narrative
- Clinical Workspace
- Nursing Care Plans
- PDS/CP-IS support
- Community Contacts
- Proformas




Out of Scope

- Social Care Integration
- Mobile Clinical Care
- Order Communication/Results reporting (OCRR)
- ePMA
- EDMS

3. Benefit Realisation

3.1 Summary of Benefits

Key:

Achieved		Not Achieved		Partially Achieved	
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Type*	Benefit	Metric	Impact	Achieved
CA	Cost Avoidance of £254,500 A year (Excluding E-Prescribing)	Spend Analysis	Affordable solution improving the long term sustainability of the Trust.	
NCR	A richer and more intuitive user-experience;	Internal Audit Report	Improved Staff and User Experience	
NCR	The potential for improved performance visibility and management with real-time reporting;	Internal Audit Report	Improved Staff and User Experience	
NCR	Enhanced system interoperability;	Project Initiation Document and Implementation	Improved Staff and User Experience	
NCR	Improved patient experience, information sharing and resource utilisation;	Internal Audit Report	Improved Staff and User Experience	
NCR	Reductions in duplication, delays, errors and clinical risks, with a good implementation;	Internal Audit Report	Improved Staff and User Experience	
NCR	Delivery of a reliable IT platform that can be built upon to deliver an integrated solution that appears seamless to the end user;	Internal Audit Report	Improved Staff and User Experience	
NCR	The provision of a user friendly system which is capable of delivering a single patient record supporting clinical decision making at the point of care;	Internal Audit Report	Improved Staff and User Experience	
NCR	Improved audit trail from both a clinical and IG perspective;	Information Governance Report	Improved assurance of patient confidentiality and appropriate access of information. Reduced Information Governance Incidents relating	

			to patient information	
NCR	Efficiency and effectiveness benefits arising from comprehensive bed management;	Performance Management Reports	Improved Bed State reporting	✓
NCR	The potential to realise efficiencies in clinical decision making associated with length of stay and clinic utilisation;	Performance Management Reports	Improved Patient Experience and reduced DNAs	✓
NCR	Auto-population of the presenting complaint, past medical and surgical histories, allergy status and drug chart, in the seamless transition of a patient journey from primary care to ED, and onward to either the medical or surgical inpatient bed bases affords rapid clinical review (and admission), comprehensive and consistent documentation, minimisation of transcription errors, standardisation of discharge paperwork, and expedited discharge;	Training and Use Guidance Clinical Safety Report.	Improved Clinical Safety	✓
NCR	Reduction in the risk of errors arising from having multiple systems by consolidating information in one place;	Clinical Reference Group	We are currently in delivery of Phase 3 of this project Clinical Workspace which will deliver this benefit.	✓ ✗
NCR	Clinical notes will be consolidated in one solution, enabling a single point of identification available across the health community.	Clinical Reference Group	We are currently in delivery of Phase 3 of this project Clinical Workspace which will deliver this benefit.	✓ ✗

* CA – Cost Avoidance, CR – Cash Releasing, NCR – Non-Cash Releasing, IG – Income Generation, QL - Qualitative

3.2 Details of Benefits

3.2.1 Cost Avoidance of £254,500 A year excluding Electronic Prescribing costs.

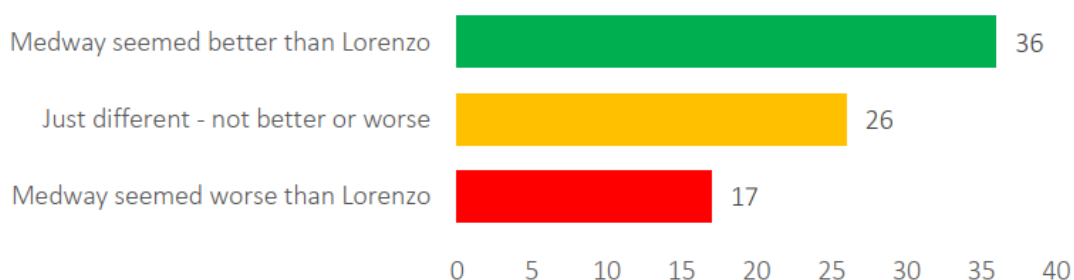
To continue using our existing Electronic Patient Record Solution Lorenzo the Expected ongoing revenue cost following a proposal provided by DXC the solution provider was £1.4M a year which included E-Prescribing(This is dealt with in a separate case). A new Contract was signed and the solution was implemented in July 2020 with SystemC currently costing £43,708 a Month £524,960 a year which is below the Cost Avoidance amount of £254,500.

3.2.2 Improved Staff and User Experience

National NHS EPR Usability Survey sent to clinical staff in trusts including BHNFT conducted in November 2011 Rated Careflow EPR in one of the top few EPR solutions for Usability.

From 360 Assurance Transformation (New EPR) Rollout

How did you find Medway compared to Lorenzo?



General findings

Overall, staff seem to find Careflow EPR Medway better to use than Lorenzo, corroborated from the survey and the interviews we conducted. Feedback was consistent from the survey and during our interviews; that Careflow EPR Medway is an improvement over Lorenzo in terms of ease of use.

From the comments that were provided in the survey and from the interviews that were carried out, staff appear to find Careflow EPR Medway to be:

- more intuitive and easier to navigate than Lorenzo
- quicker than Lorenzo was for completing most tasks
- visually more appealing than Lorenzo. Content is displayed more effectively and logically than it was on Lorenzo
- better integrated with BlueSpier(Theatre Management Solution) compared to Lorenzo.

A paper has been published in BMJ Journals following a large scale survey into the usability of electronic health record systems.

The researchers used a 'System Usability Scale Score', which ranges from 0 (worst) to 100 (best). Scores were compared with an internationally recognised measure of acceptable usability of 68. The medium usability score received was 53, the researchers noted, with a range of 65–35.

Analysis into the responses suggested that usability is associated with healthcare organisations and not solely attributable to different EHR systems; there was an association between usability and individual NHS trusts.

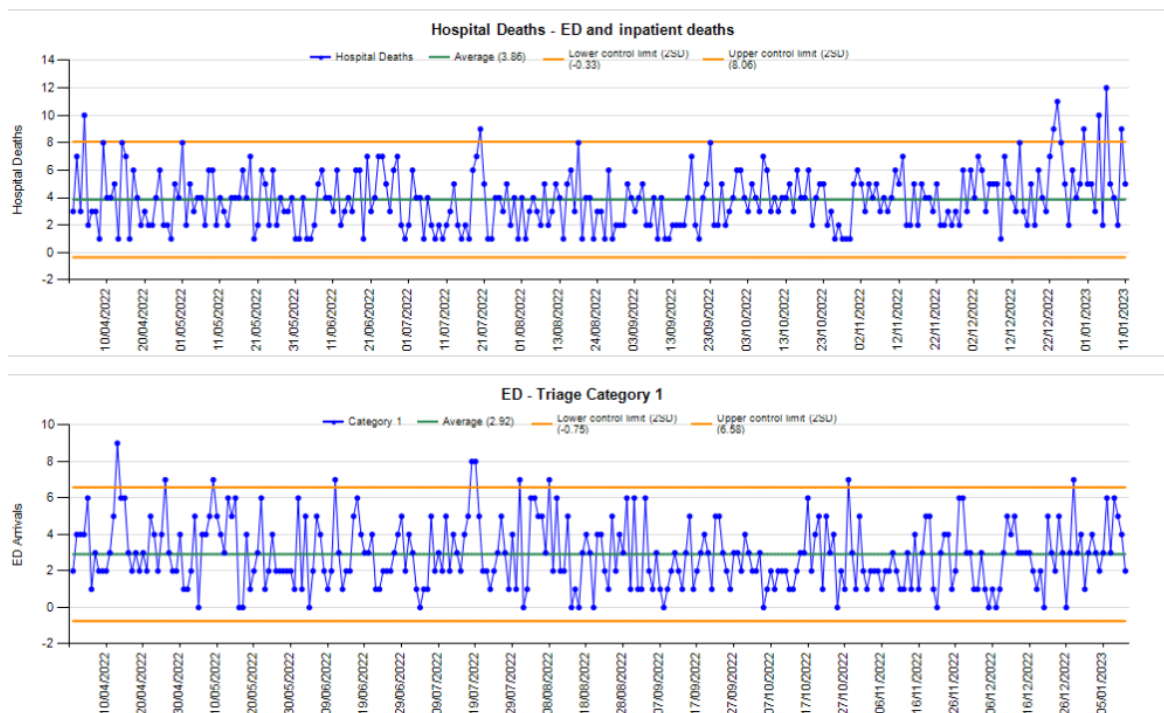
Given the very successful engaged delivery of Careflow EPR at Barnsley Hospital we have good assurance to establish this benefit has been realised.

When we come across poor practice, poor data quality or poor processes we have a solution in place that allows us to help correct these operational challenges.

3.2.3 Performance Management Reports

Our Performance Management reports driven by the IRIS dashboard are more accurate and help us to understand our position and any future efficiency changes every day. We have discovered large numbers of information inaccuracies coming from our use of the previous EPR Lorenzo that have now been fixed in Careflow EPR as the visibility is that much stronger.

Below is an example report that is live that is due to delivery of our new EPR solution:



The New Solution delivered in conjunction with PowerBI from Microsoft will allow us to deliver our Information Strategy outlined in our published Data Transformation Strategy

3.2.4 Clinical Safety Report

A full Clinical Safety Assessment under our trust Clinical Safety Officer was carried out during and after the implementation of Careflow EPR the assessment provided a breakdown of the risks and any outstanding risks following implementation. There was clear reduction of clinical risk as a result of implementation and the resulting risks are detailed below.

Residual Clinical Risk Assessment

Number of Clinical Risks	Clinical Risk Assessment Ranking	Clinical Risk Acceptability
2	1	Acceptable
10	2	Acceptable
0	3	Undesirable
0	4	Unacceptable
0	5	Unacceptable

Department of Health Commissioned Research from our trust Electronic prescribing data into safety of implementing Electronic Prescribing and the reduced risks. This Report has not yet been published.

This Benefit has been delivered.

3.2.5 Training Materials and User Guidance

There are now over 115 Role based training videos fully accessible 24x7 to allow clinical staff to get up to speed on their systems at any point in the day. We also add new videos to help with specific concerns raised by our users to help explain best use of the systems. The Clinical Applications team provide floor walking and will visit any individual or team to provide additional support.

This benefit has been delivered.

3.2.6 Consolidated Clinical Record

The trust has a fragmented record task and finish group and acknowledges the challenges of having a mixed paper and digital record resulting in having to access many systems to get a full clinical understanding of the entire pathway of a patient. The Groups objective is to ensure the risks associated with a fragmented record are documented and mitigated and the right actions are delivered to fully consolidate the patient's health care record. Proposed transition to an integrated solution (Workspace) that integrates all important clinical interfaces into a single page allowing rapid review of the salient clinical information, which the task and finish group believe is the final mitigation resolution of the risk of a fragmented record.

3.3 Return on Investment

The financial justification for the business case was cost avoidance. The cost avoidance benefit has been realised.

In terms of efficiency The EPR replacement project is an enabler for Electronic Document Management System and Electronic Prescribing, which have its own business case and benefits, which will be reported in a future benefits realisation paper.

4. Finances

4.1. Initial Approved Budget

The total cost of this option to the trust is £5,965,500 over 10 years (£2,856,000 of capital and £ 3,109,500 revenue table 3 below).

BARNSELEY	TCV	FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28
		Year1	Year2	Year3	Year4	Year5	Year6	Year7	Year8	Year9	Year10
Phase 1: Core / Lorenzo replacement & EDMS											
PAS including BI & PDS											
Licence	450,000	0	0	150,000	150,000	150,000	0	0	0	0	0
Implementation	760,000	684,000	76,000	0	0	0	0	0	0	0	0
Support	2,700,000	0	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000
	3,910,000	684,000	376,000	450,000	450,000	450,000	300,000	300,000	300,000	300,000	300,000
ED											
Licence	80,000	0	0	26,667	26,667	26,667	0	0	0	0	0
Implementation	24,000	21,600	2,400	0	0	0	0	0	0	0	0
Support	157,500	0	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500
	261,500	21,600	19,900	44,167	44,167	44,167	17,500	17,500	17,500	17,500	17,500
Maternity											
Licence	97,000	0	0	32,333	32,333	32,333	0	0	0	0	0
Implementation	65,000	58,500	6,500	0	0	0	0	0	0	0	0
Support	252,000	0	28,000	28,000	28,000	28,000	28,000	28,000	28,000	28,000	28,000
	414,000	58,500	34,500	60,333	60,333	60,333	28,000	28,000	28,000	28,000	28,000

4.2. Final Project Costs

The Implementation spend was in line with the outlined project costs. However further investments have been made for Electronic Prescribing and Electronic Document Management System which increased the spend on the entire EPR solution and each had their own business cases. The project is in line with the initial procurement costs which were stated in the business case and will be spent over the 10 years contract length.

Contracted Module	Included or Optional	Capital	Revenue
Careflow Connect (extension)	Optional	£0	£475K
Clinical Workspace including Noting & Nurse CarePlans	Optional	£300K	£825K
EDMS	Optional	£421K	£288K
ePMA	Optional	£281K	£400K
Order Communications	Optional	£250K	£350K
Results Reporting	Optional	£150K	£140K

Clinical Workspace, Order Communications and Results Reporting are currently in implementation phases.

5. Conclusion

The EPR Implementation has been a considerable success for Barnsley Hospital and was achieved during one of the most challenging times during COVID-19 Pandemic. It was delivered in a unique new way relying dominantly on Video Conferencing and Remote Working technologies to great effect. This has been fully documented in the project closure report, The project review report and lessons learnt report. These were externally assessed and given a green compliant status from NHS Digital TSSM team. The benefits outlined in the business case and the Project Initiation Document have been successfully delivered apart from the single digital record benefits which will be fully delivered with the implementation of clinical workspace in August 2023. This project is an enabler for the Electronic Document Management System(EDMS) and the Electronic Prescribing solution. These projects have significant efficiency benefits that are outlined in their business cases.

6.2. Barnsley Glassworks Community Diagnostics Centre Phase 1 Benefits Realisation Report

For Assurance

Presented by Bob Kirton



REPORT TO THE BOARD OF DIRECTORS - Public		REF:	BoD: 23/04/06/6.2	
SUBJECT:	BARNSLEY GLASSWORKS COMMUNITY DIAGNOSTIC CENTRE PHASE 1: BENEFITS REALISATION REPORT			
DATE:	6 April 2023			
PURPOSE:		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>		<i>Assurance</i>	✓
	<i>For review</i>		<i>Governance</i>	
	<i>For information</i>		<i>Strategy</i>	
PREPARED BY:	Liz Elfleet, Professional Lead Radiographer James Townsend, Associate Director of Operational Recovery			
SPONSORED BY:	Bob Kirton, Chief Delivery Officer & Deputy Chief Executive			
PRESENTED BY:	Bob Kirton, Chief Delivery Officer & Deputy Chief Executive			
STRATEGIC CONTEXT				
<p>The development of a Community Diagnostic Centre (CDC) was driven nationally based on the recommendations of the Richard's Report which highlighted the need for additional diagnostic capacity to support the delivery of the commitments within the NHS Long Term Plan. The proposed town centre location for a CDC in Barnsley was aligned with the Trust six 'P's' taking healthcare into the community to provide the best possible care for our service users, whilst working in partnership with Barnsley place to reduce health inequalities in a sustainable way which also supported staff health and well-being.</p>				
Executive Summary				
<p>The scope of the project included the provision of Phlebotomy, Plain Film, DEXA and Ultrasound as core services supported by an administration team. The Trust was allocated £2.8m for capital costs which included procurement of equipment and the build within premium retail space. Design of the CDC was driven by staff and service user input, with support from Barnsley Facility Services and the Patient Experience Team alongside local, regional and national partners.</p> <p>Revenue funding of £575k was allocated to support staff recruitment and development and running costs. Funding supported new models of working with an emphasis on the development of support roles to work alongside registered staff, with opportunities for existing staff to progress their career via apprenticeship routes.</p> <p>The project has resulted in more flexibility across the workforce service providing a centre for routine diagnostic work, the Breast Screening service in a more patient friendly environment, ease of access for patients and health and well being benefits for staff.</p> <p>The movement of routine activity to the CDC has supported the delivery of recovery on site, releasing slots for acute in-patient work to support patient flow and discharge and urgent patients.</p> <p>Barnsley has been recognised as a trail blazer for CDC implementation and continues to support development at other future CDC sites both regionally and nationally.</p>				
RECOMMENDATIONS				
The Benefits Realisation paper is provided for evidence, review of the project and for assurance to the Board of Directors.				



BENEFITS REALISATION REPORT

Project: Implementation of the Barnsley Glassworks
Community Diagnostic Centre - Phase 1

Date: 8 March 2023

Submitted By: Liz Elfleet, Professional Lead Radiographer
James Townsend, Associate Director for
Elective Recovery

CBU / Department: CBU 3

Executive Sponsor: Bob Kirton

Business Sponsor: Paul Simpson

Benefits Realisation Governance

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The source of the document will be found on the project's PC.

Document Revision History

Revision date	Previous Revision Date	Summary of Changes

PMO Reviewed

Name	Title	Date	Comments

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CBU Management Team Approval

	Role	Signature	Date
CBU Approval:	Executive Sponsor	Bob Kirton	
	Clinical Director	Jo Butterworth	
	Associate Director of Operations	Paul Simpson	
	Associate Director of Nursing	Tracy Taylor	
	CBU Accountant	Samara Ridge-Wood	
Not Approved:	N/A		

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Capital Monitoring Group Approval

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Outcome Reported to Proposer:	Yes / No	Date:	

Executive Team Approval

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Comments:	Present at F&P in March		
Outcome Reported to Proposer:	Yes	Date:	

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Trust Board Approval

Date of meeting:		Outcome:	Approved / Not Approved
Comments:			
Outcome Reported to Proposer:	Yes / No	Date:	

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1. Background

The Professor Sir Mike Richard's Diagnostic Review published in October 2020 clearly set out the national case for change as a result of increasing demand across all diagnostic modalities and insufficient capacity, resulting in the inability to meet diagnostic waiting times and an inability to support the delivery of the commitments identified in the NHS Long Term Plan. Significant workforce challenges across diagnostic modalities, coupled with the impact of the Covid-19 pandemic has further driven the need for change and demonstrated the importance of diagnostics. These nationally identified challenges are mirrored regionally across the South Yorkshire and Bassetlaw Integrated Care Board (ICB). The 6 weeks diagnostics waiting time standard for Imaging at Barnsley has recovered, however system wide other Trusts in South Yorkshire continue recovery, with specific areas of challenge around non-obstetric ultrasound (NOUS) and endoscopy. In line with the Richard's Report activity within the ICB was set to increase per annum as follows:

- Non-obstetric Ultrasound – 4%
- Breast Screening – 2%
- DEXA – 4%
- Plain Film 1%
- Echocardiography – 6%

Delivery of the NHS Breast Screening Programme (NHSBSP) was another significant area of challenge in Barnsley and across the ICB. Breast screening and breast symptomatic services have been delivered within the same department at Barnsley Hospital NHS Foundation Trust (BHNFT) for thirty years with no change in footprint but a significant increase in activity. There was an identified step change every three years from 2012 onwards and this was due in 2021 with increased numbers already being seen within the symptomatic service. There was no longer adequate equipment or space to continue delivery this joint service on site and as part of the CDC business proposal was made to move the breast screening element to the CDC accepting that this sat outside of the national footprint for a standard CDC.

The plan to include mammography in the CDC at The Glassworks was developed in collaboration with Public Health England to ensure continued provision of Barnsley Breast Screening Services and support place strategy to recover breast screening activity. Given that the national challenges were mirrored locally and that improving access to diagnostics was and is key to recovering elective activity, cancer pathways and contributing to both earlier and faster diagnosis there was a strong local strategic

case for change for the development of the CDC at the Glassworks. BHNFT as an acute site had developed diagnostic services and made adaptations to accommodate social distancing due to Covid-19 but was no longer physically able to accommodate any further expansions in diagnostic services at a time when demand was increasing and backlogs were becoming a challenge for key modalities, including NOUS and mammography. The CDC development at The Glassworks in Barnsley was expected to increase diagnostic capacity for these modalities and resolve some of the estate challenges experienced by BHNFT.

The separation of planned and unplanned diagnostics was advocated by the Professor Sir Mike Richard's recommendations to improve efficiency, so increasing diagnostic capacity at a central location in Barnsley provided an increase in capacity for planned work away from the acute hospital site. As the world continued to live with Covid-19 and most likely fluctuating levels of infections, the need to support the separation of unplanned and planned diagnostics in a way that enabled the delivery of planned diagnostics in Covid light environments was essential and development of a CDC at The Glassworks improved resilience for the system to enable the continuation of planned activity and breast screening through any future increases in Covid-19 hospital admissions.

At the time of implementation there was a variation in waiting times for different diagnostics modalities and where there were longer waits there was potential for the patient experience to be improved. Developing a CDC at The Glassworks planned to enable recovery of backlogs and provide timely access to key diagnostics including NOUS and mammography and see a reduction in waiting times for patients. It was anticipated that a central location would help to address health inequalities by improving access to diagnostic services for patients from relatively disadvantaged central localities in Barnsley. It was also expected that the good public transport links, would reduce the need for travel (many patients require two buses to reach the main hospital site), the associated costs and the inconvenience that can represent a barrier to access which can further exacerbate health inequalities.

2. Project Aims and Objectives

2.1. Project Aims and Objectives

The aim of the Project was to implement a Community Diagnostic Centre at The Glassworks in Barnsley town centre providing:

- Ultrasound
- X-ray
- Dual energy x-ray absorptiometry (DEXA)
- Phlebotomy
- Breast Screening

The Project objectives were to:

- To improve population health outcomes
- To improve staff satisfaction
- To increase diagnostic capacity by investing in new facilities and equipment and training new staff
- To make every contact count
- To improve productivity & efficiency
- To utilise CDCs as test sites for cutting edge research
- To contribute to reducing health inequalities
- To contribute to NHS net zero emissions
- To deliver a better more personalised diagnostic experience
- To act as an anchor institution
- Support integration of care across primary, secondary & community care responsibility

2.2. Project Scope

In Scope

- Delivery of the CDC build by April 2022
- Delivery of submitted activity in 2022-23 for NOUS, Plain Film, DEXA and Phlebotomy
- Recruitment of staff for Ultrasound, DEXA, Plain Film and Phlebotomy alongside administration teams

Out of Scope

- Reporting of Breast Screening activity
- Purchase of breast screening equipment (funded by NHSE)
- Staffing costs for mammography

3. Benefit Realisation

3.1 Benefits

Type*	Benefit	Metric	Impact	Achieved
QL	To improve health population outcomes	Uptake for breast screening to return to pre-pandemic levels of 80%	Uptake increase from 50% to 72% for patients attending breast screening	Partially achieved.
QL	To improve health population outcomes	Access to 2ww appointment times improved with reduced waiting times	Breast symptomatic services has maintained target with Feb 2023 compliance at 97.6% against a target of 93%.	✓
QL	To improve productivity and efficiency of diagnostic activity	Delivery of activity plan and maintenance of DM01 targets	DM01 targets have been reduced by an average of 1-2 weeks Activity plan has been delivered with overperformance in Phlebotomy and DEXA	✓
QL	To contribute to reducing health inequalities	Extended opening hours to support ease of access	Weekend and 8-8 appointments across services has enhanced the patient experience	✓
QL	To deliver a better, more personalised diagnostic experience for patients	Patient feedback via survey	76.8% of patients said they had a better experience at the CDC. 23.2% felt the experience was the same. (Full details below) 100% of patients were seen within their appointment time	✓
QL	Support integration across primary, secondary and community care	Service fully utilised for a combination of primary, secondary and community care patients in conjunction with Place partners	Services delivered for GP, OP, SWYPFT routine activity. Ability to flex if acute slots are required.	✓
QL	To improve staff satisfaction	Staff feedback via interview	Video link embedded – staff reported benefits to own health and well being and access to town centre	✓
QL	To make every contact count	Health promotion events and CDC tours	Uptake increase from 50% to 72% for patients attending breast screening	✓

QL	To contribute to NHS Net Zero ambitions	Reduction in patient travel journeys	Patients have reported use of 1 bus only to attend CDC – 2 are required to attend site Combined journeys of shopping in town centre and attending appointments at CDC Use of electric van for courier runs	✓
QL	To act as an anchor institution	Provide employment opportunities to support the local economy and increase the footfall in the town centre	Opportunities for staff to enter employment as a Band 2 with a career progression pathway to become a registered professional Main building contractor was a Wath based company who employ local people 75% of patients who attend the CDC shop either before or after their appointment within the town centre Staff utilise the town centre for lunch / coffee with NSH discounts offered from local businesses building relationships	✓

* CR – Cash Releasing, NCR – Non-Cash Releasing, IG – Income Generation, QL - Qualitative

The benefits are discussed in detail below.

To improve population health outcomes

The delivery of the faster diagnosis pathway for cancer is key to improving the population health outcomes cross Barnsley. Latest Cancer staging data (2016/17) shows the percentage of cancers diagnosed at stage 1 or 2 was 48% compared to the national average of 54%. The percentage of cancer diagnosed at Stage 4 was 32% compared to the national average of 27%. When considering the life expectancy gap between the most deprived quintile and the least deprived quintile of Barnsley in 2015/17, cancer accounted for 19.2% of the gap for men and 31.6% for women. In terms of numbers, this means that during 2015/17, there were 444 more deaths from cancer (226 males, 218 females) in the most deprived quintile of Barnsley than if it had experienced the same mortality rates as the least deprived quintile.

Improving access to a range of diagnostic modalities in Barnsley including breast screening has contributed to facilitating faster access and enabling earlier stage cancer diagnoses with consequent improvement in health outcomes. Uptake of invitations for breast screening post Covid pandemic was low at 50% but this has now increased to 70% with further engagement events planned to achieve pre-pandemic levels of 82%.

Access to Imaging on the Faster Diagnosis pathways and providing timely request to report is key to early delivery of patient diagnosis. The majority of GP Direct access referrals for Plain Film and NOUS are now routed through the CDC, releasing capacity on site to deliver emergency, acute and cancer imaging. Patient experience has been enhanced by adherence to appointment times (100% of patients at the CDC were seen on time or in advance of their appointment) and has facilitated easier management of imaging on demand requests for plain film and ultrasound on site.

To improve productivity and efficiency of diagnostic activity

The CDC has facilitated the delivery of additional diagnostic capacity for specific diagnostic modalities that are key areas of challenge away from the acute hospital site supported the separation of planned and unplanned diagnostics as outlined in the Richard's Report including ultrasound and DEXA.

Delivering mammography in a more accessible central location in Barnsley with good transport links has provided an efficient service platform to streamline delivery of screening services and support people to attend helping to reduce DNAs across all services.

Normalising attendance for a screening appointment within The Glassworks environment has meant an increase and maintenance in uptake and attendance for appointments whilst reducing DNA rates for appointments.

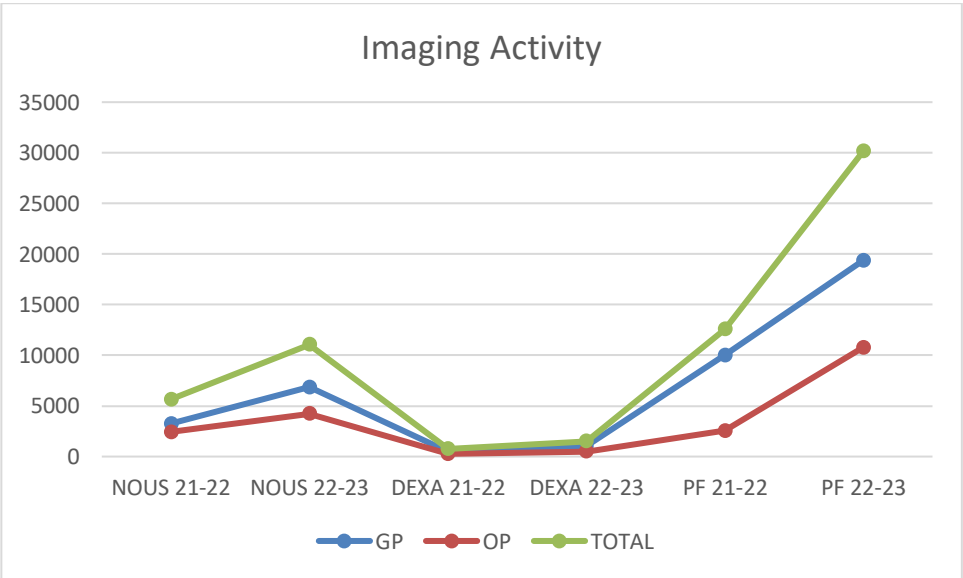
NOUS was always a challenge with routine patients waiting around five to six weeks for an appointment. This has been reduced to an average of four weeks with additional capacity coming on line in April 2023 to facilitate a further reduction in waits thus improving the patient experience.

In 2022-23 the following activity has been delivered:

Service	Forecast Activity	Actual Activity	Variance
Non Obstetric Ultrasound	9640	8923	-717
DEXA	2745	3546	801
Plain Film	18385	16867	-1518
Phlebotomy	4820	6915	2095

This has facilitated a request for additional revenue to reflect over achievement in DEXA and Phlebotomy. Variances in ultrasound and plain film are as a result of delays in the build and service go live dates and equipment failure leading to cancellations. The services have endeavoured to deliver the forecast activity levels despite the loss of capacity and have delivered within the required 90% to avoid any withdrawal of allocated funds.

This movement of activity has supported the delivery of recovery on site, releasing slots for acute in-patient work to support patient flow and discharge and urgent patients. Activity changes are shown below:



To contribute to reducing health inequalities

The Indices of Multiple Deprivation (IMD) 2019 identified the Barnsley Local Authority area as being is the 38th most deprived local authority of the 317 in England. The main focus of people living in poverty within the Metropolitan Borough of Barnsley (MBA) is to the East of the region but there are also identified areas of deprivation within the town centre. Of the

MBA population in group 1 (the most deprived) the uptake for elective care is low due to difficulties accessing primary care or economic difficulties attending for ongoing care. The limitation of access at appropriate times to patients on zero hours contracts means that they are often not able to attend traditional appointments within a Monday to Friday, 9-5 service provision.

In terms of incidence by tumour type, Barnsley has a significantly higher rate than the England average for lung cancer and a significantly lower rate for prostate cancer:

- Large geographical differences exist within Barnsley, with incidence rates (for all cancers) in Dearne South and Dearne North wards being significantly higher than the England average and the incidence rate in Darton West ward being significantly lower.
- For breast cancer, the incidence rate in Dearne South ward in 2012-2016 was almost one and a half times higher than the England rate.
- For lung cancer, the incidence rate in St Helens ward in 2012-2016 was almost double the England rate. Only Hoyland Milton, Dodworth, Darton West, Penistone West and Penistone East wards had lower incidence rates than the England average.
- For prostate cancer, all wards had lower incidence rates than the England average in 2012-2016, with the rates in Darton West, Wombwell, Rockingham, Central, Kingstone and Hoyland Milton being significantly lower.
- Life expectancy gap between the most deprived quintile and the least deprived quintile of Barnsley in 2015/17, cancer accounted for 19.2% of the gap for men and 31.6% for women

In terms of numbers, this means that during 2015/17, there were 444 more deaths from cancer (226 males, 218 females) in the most deprived quintile of Barnsley than if it had experienced the same mortality rates as the least deprived quintile.

According to the 2011 Census, 27% of Barnsley households do not own a car or van and are therefore likely to need to use public transport to attend their appointment. This raises a high probability that some patients will have to catch at least two buses or trains in order to attend their appointment at the hospital site. By providing the CDC in a more central location, like Barnsley town centre, services are far more accessible to these users due to the excellent bus and train links to surrounding areas.

By offering extended opening hours and days people can attend when they would be in town already doing the weekly shop thereby reducing travel costs and removing the difficulties of taking leave from work when many people within Barnsley are employed

on zero hours contracts. The location of the CDC in central Barnsley has helped address health inequalities by improving access to some key diagnostic modalities for patients from relatively disadvantaged in central Barnsley and the Barnsley population that utilise Barnsley city centre.

To deliver a better, more personalised, diagnostic experience for patients

The development of the CDC has delivered a better, more personalised, diagnostic experience by increasing capacity and contributing to reduced waiting times for key modalities such as ultrasound increasing convenience for patients accessing their diagnostic and screening appointments. The aim was to enable the CDC to deliver a better, more personalised experience through embedding the rapid diagnostic principles including navigation for patients to support attendance. Patients who attend for ultrasound scans and plain film x-ray via their GP are likely to have a request for blood tests and linking all services into a CDC provides the opportunity to book single visit appointments, reducing stress and anxiety for patients trying to navigate the NHS system.

Examples of this in practice include the flexibility to rearrange a breast screening appointment for a lady who had attended for an ultrasound so she had one attendance. The lady went for lunch and returned in the afternoon for her mammogram, removing the need for a return visit the next day. Patients are regularly slotted in to facilitate a one stop visit.

Reporting of imaging tests continues to be performed within the current Imaging standards for BHNFT – within eight days for routine referrals and within two days for urgent work. Existing pathways e.g. lung pathway which offers straight to CT following suspicion of cancer on a chest x-ray has been maintained with radiologists available on BHNFT site for advice and guidance. When CT goes live at the CDC in September 2023, there will be the option to perform straight to test at the same appointment if required.

Support integration of care across primary, secondary and community care

The development has the opportunity to support integration of care across primary, secondary and community by improving local access to a range of diagnostic modalities for primary care clinicians, in a way that minimises travel for their local population and enables relationships to develop between referrers and local services. Going forward it will also provide an opportunity to explore developments that could further enable integration, not just between primary and secondary care through the potential co-location of other elements of diagnostic pathways, but at Place with the Local Authority aligning with future regeneration opportunities.

To improve staff satisfaction

The CDC has provided staff with an opportunity to work away from the acute hospital site in a central location with good transport links, parking and the nearby facilities afforded by a town centre location. Staff worked with the design teams to create the CDC environment to meet the needs of our service users and our staff, with opportunities for co-production to develop a patient friendly environment. Staff engagement was key to this process.

The CDC has offered an opportunity to strengthen links across the region and map into the development of a formalised Imaging Network, providing additional opportunities for staff training and development. The workforce model supports the development of existing staff across SYB through the apprenticeship route and offers opportunities to Band 2 staff to move towards registered posts. Within Barnsley in particular, investing in this staff group leads to better retention of staff within the area and will support a sustainable workforce within SYB.

To make every contact count and deliver health promotion where it is meaningful and impactful to do so.

The delivery model for the CDC considered where it made sense to do so the opportunity to make every contact count and endeavour to deliver health promotion where it is meaningful and impactful. Displays within the waiting room have been matched up with national campaigns to promote health and wellbeing and health promotion messages are visible on TV screens within the CDC. There has been a focus on the promotion of Breast Screening to encourage patients to share their positive experience with friends. The team launched the campaign #TellYourBreastie which was promoted via letters to invite ladies to attend screening. An event supported by NHS England (NHSE) and Barnsley Metropolitan Borough Council (BMBC) was held in Barnsley Market, with ladies invited to tour the CDC facilities. Staff have also attended community events to provide information and education to ladies around attendance for Breast Screening.

The Breast Screening Team are working closely with community carers to support ladies with learning disabilities to attend for screening. Informal visits to the department have been arranged to introduce the patients to the environment with input from the learning disabilities nurse and service users. This will be extended across other services in the coming months.

To contribute to NHS Net Zero ambitions

The provision of diagnostics closer to home with fewer hospital attendances for the patients is helping to achieve the NHS Net Zero ambitions. This project supports the active travel plan through reduction of carbon emissions and use of public transport to the city centre. Patients have reported that they now only have to catch one bus into the town centre for their appointments when previously two were required to reach the hospital site.

The Glassworks was awarded the Regeneration Award at the 2021 Planning Awards and was identified by the judges as “a great example of how strategic development and targeted investment can play a huge part in revitalising a local economy” and other projects undertaken by Queensferry have included the development of carbon free offices.

Courier Logistics who provide the transport of samples to and from the Hub have introduced the use of electric vehicles to further reduce carbon emissions. Sustainability options to reduce the carbon footprint of the CDC will continue to be explored.

To act as an anchor institution

BHNFT is committed to fulfilling its role as an anchor institute playing a key role by making a strategic contribution to the local economy. This linked in with the BNHFT strategic objectives for 2021-22 which highlighted partnership working, continuing to play a key role in the delivery of Barnsley Place priorities, working with our partners at a system level to further improve services across SYB and working with our partners to establish our role as an anchor organisation.

The development of the CDC has positively supported the local area socially, economically and environmentally by:

- Purchasing locally for social benefit including selection of a local building contractor to complete the Phase 1 building works
- Widening access to quality work for local people through workforce remodelling and development of a career pathway from Band 2 entry level to registered professional utilising apprenticeships to support study whilst in employment and creating access for all
- 75% of patients who attend for an appointment indicated that they will access facilities within the town centre. Footfall by the end of Phase 2 is expected to be around 70,000 per annum

- Staff regularly utilise the coffee shops and Market Kitchen for lunch and many shopped in the town centre at Christmas
- Ensuring development in a way that reduces its environmental impact and carbon footprint

3.2 Return on Investment

	Year 1 (2021/22)	Year 2 (2022/23)	Year 3 (2023/24)	Year 4 (2024/25)	Year 5 (2025/26)
Capital Costs	£2,807k	£0k	£0k	£0k	£0k
Revenue	£575k	£1,792k	£1,836k	£1,881k	£1,927k
ROI e.g. Income	-	-	-	-	-
Total Cost:	£3,382k	£1,792k	£1,836k	£1,881k	£1,927k

The values in the table reflect the business case submissions however from 2023/24 the funding mechanism will change to a tariff (per unit of activity) plus central costs system. We are still awaiting the outcome of the central costs request, therefore the table represents an estimate based on the previous business case submissions. Future costs will not be able to exceed the future financial envelope available.

3.3 Additional Unplanned Benefits

The project has presented opportunities for staff to build relationships with Place partners, BMBC, NHSE and the SYB ICB which would not exist within their traditional roles. The opportunity to showcase and share the pride which staff feel for the delivery of the project is evident every day and the staff regularly welcome visitors to the centre, talking passionately about the care they are able to deliver.

The Patient Experience Team were heavily involved in the project, seeking the views of service users to ensure we delivered a shared vision. This has extended to a project with Barnsley Museums to showcase local art within the CDC as advocated by the service user group. Their input has been invaluable and strengthens relationships with the local community.

4. Finances

4.1. Initial Approved Budget

Approved Capital Costs*	£2,807k
Approved Revenue Costs*	£1,792k (FYE 2022/23)
Approved External Funding*	£2,807k capital (2021/22), £1,792k revenue FYE (2022/23)
Total	-

*Price Includes VAT

4.2. Final Project Costs

Final Capital Costs*	£2,807k
Final Revenue Costs*	£1,792k (FYE 2022/23)
Final External Funding*	£2,807k capital (2021/22), £1,792k revenue FYE (2022/23)
Total	-

*Price Includes VAT

4.3. Summary of Deviations

The project delivered within the allocated budget.

5. Future Benefits/Developments

Phase 2 Business Case was submitted and approved in October 2022. This outlined the provision of additional services and the aspirations of Barnsley CDC to become a standard CDC. Services include:

- Computed Tomography (CT)
- Magnetic Resonance Imaging (MRI)
- Urodynamics
- A 3rd Ultrasound Room
- ECG
- Spirometry
- Retinal Eye Screening (moved from GP surgeries where space is at a premium)
- Capsule Endoscopy
- Research clinics

The plan for service delivery can be found in Appendix 2.

Phase 2 offers an opportunity to expand on training opportunities through:

- Use of an ultrasound simulator to support the training of sonographers and Radiology Registrars with the support of a regional Practice Educator
- Level 3 apprenticeships for a generic role across ECG, spirometry and phlebotomy offering opportunities for existing staff to progress their career aspirations
- Practice Educators in CT & MRI to support regional training for radiographers
- Assisted Reality training via RealWear Navigator headsets which allows students to watch as examinations are performed remotely at the CDC

6. Conclusion

The Glassworks CDC has had a positive impact on the patient experience and staff health and well being whilst delivering on the identified benefits from the national business case putting Barnsley firmly on the map as a trailblazer for CDC implementation.

It has been a great example of collaborative working across a system and at local level with partners and service users, delivering a first class experience for patients and staff alike whilst achieving national targets.



Barnsley Community Diagnostic Centre (CDC)

Liz Elfleet, Professional Lead Radiographer
James Townsend, Associate Director of Elective Recovery

March 2023





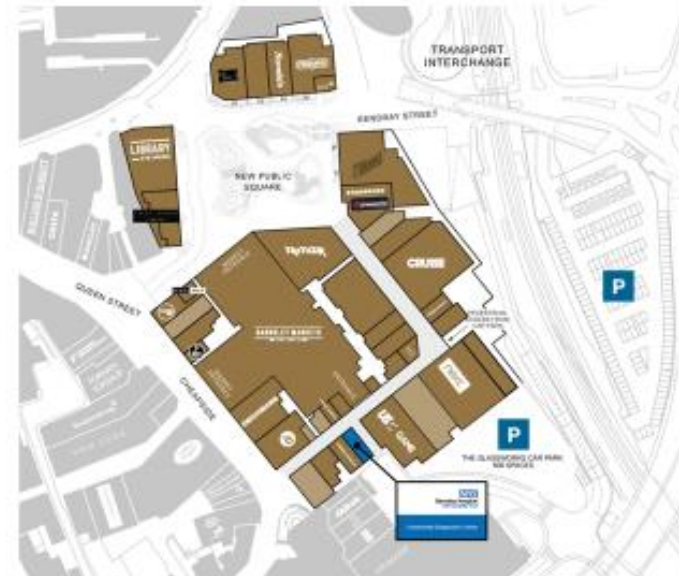
CDC Location





Aims of the CDC

1. Improve the productivity and efficiency of diagnostic activity.
2. Contribute to health inequalities.
3. Deliver better, more personalised diagnostic experience for patients.
4. Improve staff and patient satisfaction.
5. Contribute to net zero ambitions and supporting economic regeneration.





Phase One and Two – What was the capital allocation from the national team and activity?

Phase One - the Trust was allocated approximately **£2.8million** of capital funding via the national CDC programme.

The services hosted at the Barnsley CDC as part of Phase One plan to deliver approx. just over 50,000 pieces of activity on an annual basis.

Phase Two - the Trust was allocated approximately **£4.6million** of capital funding via the national CDC programme.

Phase Two planned activity at the Barnsley CDC is approx. 19,500 on an annual basis (full year effect).

Work is currently underway and construction work is due to commence in January 2023.





Which services were included in Phase One of the CDC development?

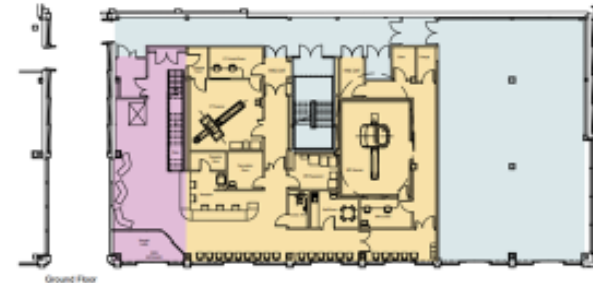
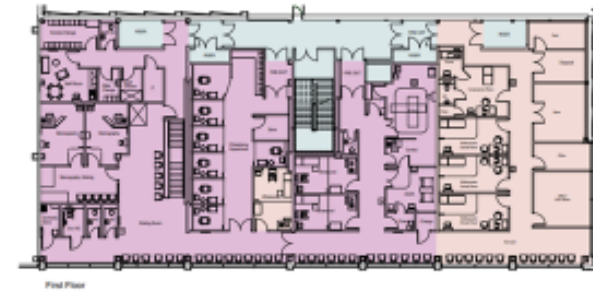
- **Non-Obstetric Ultrasound (USS) (two rooms)** – there is a service on the main hospital site to manage acute/non-elective work.
- **DEXA** – this was lift and shift of the service from the main hospital site to the CDC but with additional capacity and access.
- **Plain Film X-Ray** - there is a service on the main hospital site to manage acute/non-elective work – evening working at the CDC.
- **Breast Screening (two rooms)** - this was lift and shift of the service from the main hospital site to the CDC.
- **Phlebotomy (Blood Tests)** - a service remains on the main hospital site to manage any OP bloods that need taking to avoid multiple appointments for patients and maintain a positive patient experience.





Which services were included in Phase Two of the CDC development?

- **Abdominal Aortic Aneurysm (AAA) Screening** – planned go live = April 2023
- **Uro-Dynamics** – planned go live = April 2023
- **Retinal Eye Screening** – planned go live = April 2023
- **Capsule Endoscopy** - planned go live = April 2023
- **Additional USS room** – planned go live = July 2023
- **Computerised Tomography (CT)** – planned go live = September 2023
- **Magnetic Resonance Imaging (MRI)** – planned go live = September 2023
- **Electrocardiogram (ECG)** – planned go live = September 2023
- **Spirometry** – planned go live = September 2023





Staff user feedback highlighting their experience of working at the CDC

The link below provides staff experience and feedback re. working at the Barnsley CDC.

<https://vimeo.com/barnsleyhospital/download/769069299/b0a96b0667> (5 mins long)

The link below showcases a typical breast screening appointment, whilst showing the route to the CDC via the Glass Works.

<https://vimeo.com/barnsleyhospital/download/768982504/2def897cc1> (1 min long)

Staff engagement sessions commenced in December 2022 re. Phase Two of the CDC – positive feedback to date.





Patient user engagement and feedback re. their experience of visiting the CDC

How easy was it to find the CDC?

Response: 93.8% of the responses said easy or ok.

Were the signs giving directions inside the CDC easy to read and understand?

Response: 98.4% of the responses said yes.

How did you get to the CDC?

Response: 81.3% of the responses said their own vehicle, followed by 14.1% saying public transport

If you came in your own vehicle, how easy was it to park?

Response: 98% of the responses said easy or ok.

Were you greeted and made to feel comfortable at the CDC reception?

Response: 100% of the responses said yes.

Were you seen at your appointment time?

Response: 100% of the responses said yes to either before their appointment time or on their appointment time.

Have you visited the hospital previously for a blood test, X-Ray and or scanning?

Response: 89.1% of the responses said yes.

How would you compare your experience at Barnsley Hospital to your experience at the CDC?

Response: 76.8% of the responses said they had a better experience at the CDC, with a further 23.2% saying the experience between the hospital and the CDC was the same

How would you rate your overall CDC experience?

Response: 100% of the responses rated the CDC as either excellent or very good.



Pre and Post DNA rates – imaging services at the Barnsley CDC and wait times

- **DEXA** – Sept 21 = 6.9% - Sept 22 – 3.7% - Variance = 3.2%
- **USS** – Sept 21 = 6.2% - Sept 22 – 5.6% - Variance = 0.6%
- **Plain Film X-Ray** – Sept 21 = 6.7% - Sept 22 – 3.4% - Variance = 3.3%
- **Breast Screening** - DNA rates have remained fairly static for an extended period and range between 1.5% - 3%

Uptake rates for Breast Screening have significantly increased since the service was located at the Barnsley CDC – in April 2022 the uptake rate was approx. 50%, whereas in October 2022 that number has increased to 72% (note pre-pandemic it was approx. 80%).

Although variable across different services waiting times at the CDC have reduced:

- **DEXA** – March 22 = 5 weeks – October 22 = 4 weeks – Variance = 1 week
- **USS** – March 22 = 6 weeks – October 22 = 4 weeks – Variance = 2 weeks
- **Plain Film X-Ray** – March 22 = 2.5 weeks – October 22 = 1 weeks – Variance = 1.5 weeks





Breast Screening Case Study

- Following government guidance during the **COVID-19 pandemic** the BHNFT screening service **closed for 6 months** resulting in just over **11,000 ladies missing their invitations**.
- **Two mobile breast units** were located in hospital car park, **supported by locums and agency nurses**, managed to recover the backlog but still issues with uptake.
- In May 2022 the CDC opened **two state of the art mammography rooms**, a well woman service, and **text reminders** are all improving uptake.
- As of October the **uptake** in ladies requesting an appointment is **around 75%** (up from 50% in April 2022).
- Sept 2022: **working with the council** ran a **Breast cancer awareness campaign** based at the **CDC**. Really successful (plus 300 contacts). Further events to be held.
- **Working with primary care** to target women who have been invited but have **not come forward** to get their breast scan using the **CDC as a focal point**.



CDC Partners - Phase One and Phase Two

- **Clinical colleagues** across all services internal to the Trust – providing clinical expertise to the development of the build and future operational management of the CDC
- **BFS** – provided critical expertise in terms of the build aspect of the CDC, but also the procurement of equipment and goods, as well as the security and logistics in terms of materials, clinical waste, domestics etc.
- **Trust Executive Team** – supporting teams to create and deliver the strategic direction of the CDC.
- **IT and Infrastructure** - linking up clinical systems and critical IT and telephony infrastructure up to the main hospital site to provide a seamless coordination of patient care between the two locations.
- **Patient Experience Team** – supporting the project in understanding the needs of local people in terms of the CDC and its physical environment in order to provide a positive patient experience.
- **Barnsley CCG** (as was then) – supporting the project and providing that link with key stakeholders in Primary Care. **South Yorkshire ICS and the NHS national CDC Programme** – providing that local and national knowledge and support in the development of the business case, ensuring its alignment with the national direction outlined with the Richards Report.
- **Barnsley Council** – Critical partner in the location of the CDC within the new Barnsley Glass Works development – located within an area of high deprivation and health inequalities.





Contributions towards net zero and the local economy

- The **main build contractor** for Phase One - **O&P Construction** – see [link](#) - a local business based in Wath Upon Dearne who employ local people from Barnsley, **improving the social value**.
- As part of Phase One the Trust did implement some **green features** such as **air sourced heat pumps** and **LED lighting**.
- The **Glass Works** was awarded the **Regeneration Award at the 2021 Planning Awards**
- Increased activity (projected to be approx. **70,000 per year** once Phase Two is fully operational) via the Barnsley CDC in the Glass Works - **supports the local economy**, with many patients attending with relatives/friend who then go on to visit local shops and businesses i.e. coffee shops, market kitchen, market stalls, clothing shops, entertainment facilities etc.
- Access to the **bus and train transport links** are co-located within **0.5 miles** of the CDC **reducing carbon omissions** via the use of public transport for not only Barnsley but beyond that into the wider geographical South Yorkshire footprint.
- The **CDC** has to date provided **multiple one-stop diagnostic tests**, resulting in **reduced hospital appointments** and **travel journeys**.





QUESTIONS



Appendix 2

Revised Recruitment Timeline / Activity for 2023-24

Modality	Band	Number of posts		Training Period	REVISED PROPOSAL		
		2022-23	2023-24		Staff Start Date	Go Live Date	Additional activity per annum
Ultrasound	Band 2	2.30	2.30	8-10 weeks	April 2023	July 2023	4000
	Band 4	1.23	1.23	12 months	April 2023		
	Band 8a	2.30	2.30	N/A	April 2023		
Retinal Eye Screening	None requested	N/A	N/A	N/A	N/A	N/A	N/A
CT	Band 2	1.23	2.05	8-10 weeks	April 2023	Sept 2023	3565
	Band 4	1.23	1.23	6 months	April 2023		
	Band 6	0.00	4.10	3 months	April 2023		
	Band 7*	1.23	1.23	N/A	April 2023		
MRI	Band 2	1.32	1.32	8-10 weeks	April 2023	Sept 2023	806
	Band 4	1.23	1.23	6 months	April 2023		
	Band 6	0.00	2.62	6 months	April 2023		
	Band 7*	1.23	1.23	N/A			
ECG	See below, joint posts						300
Spirometry	Band 3	0.00	5.74	6 months- multipurpose role	Sept 2023		720
Urodynamics	Band 7	0.00	0.28	Band 6 currently training	April 2023	April 2023	208
	Band 5	0.00	0.28				
	Band 2	0.00	0.28				
Admin Support	Band 3	3.10	3.10	2 months	April 2023	July 2023	
Management costs	Band 8d	0.50	0.5	N/A	Sept 2022		
Project Management	Band 8a	0.50	0.5	N/A	Sept 2022		
Project Analyst	Band 8a	1.00	1.00	N/A	June 2023		



Barnsley Hospital
NHS Foundation Trust

Barnsley Community Diagnostic Centre (CDC)

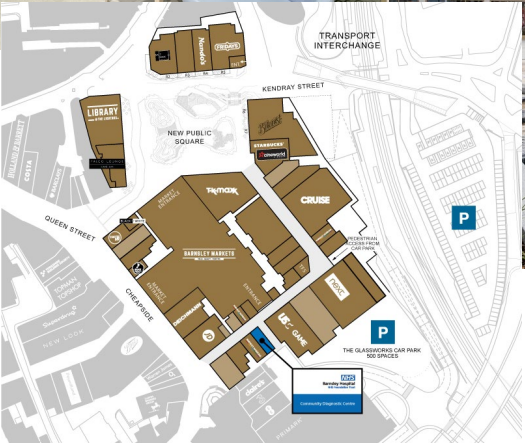
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January 2023





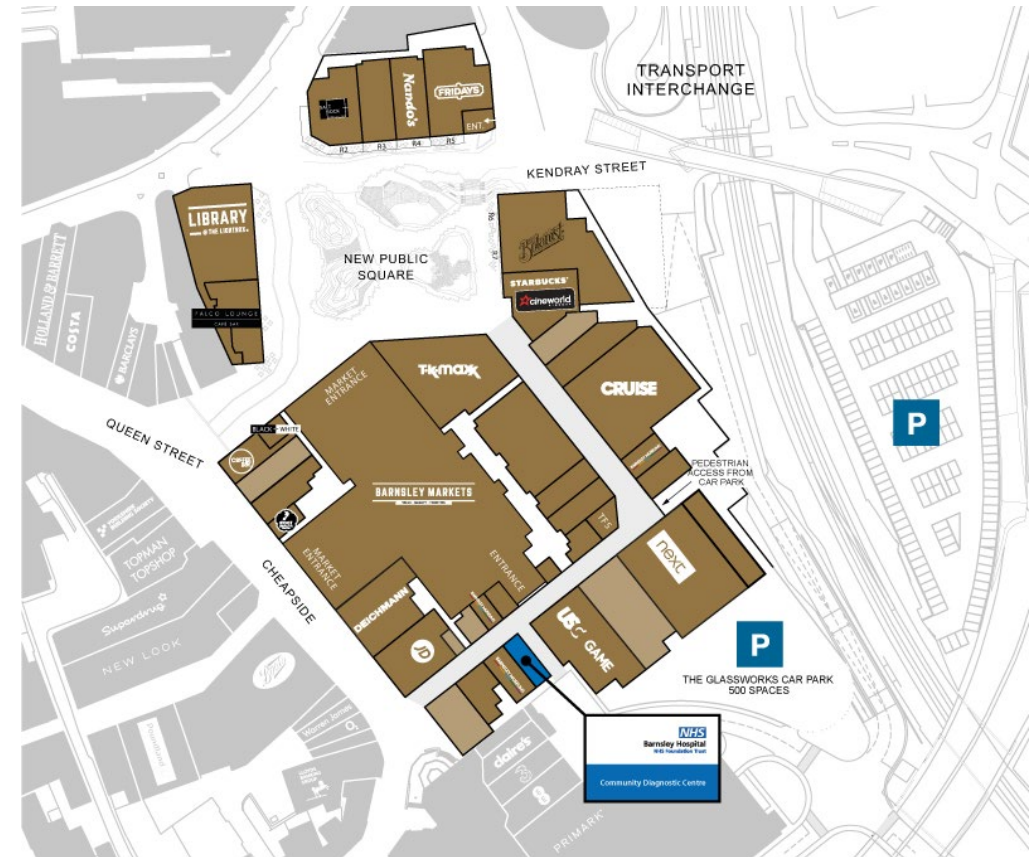
CDC Location





Aims of the CDC

1. Improve the productivity and efficiency of diagnostic activity.
2. Contribute to health inequalities.
3. Deliver better, more personalised diagnostic experience for patients.
4. Improve staff and patient satisfaction.
5. Contribute to net zero ambitions and supporting economic regeneration.





Phase One and Two – What was the capital allocation from the national team and activity?

Phase One - the Trust was allocated approximately **£2.8million** of capital funding via the national CDC programme.

Service	Forecast Activity	Actual Activity	Variance
Non Obstetric Ultrasound	9640	8923	-717
DEXA	2745	3546	801
Plain Film	18385	16867	-1518
Phlebotomy	4820	6915	2095





Imaging Activity

	GP	OP	TOTAL
NOUS 21-22	3246	2419	5665
NOUS 22-23	6,841	4227	11,068
DEXA 21-22	484	270	754
DEXA 22-23	1,028	483	1,511
PF 21-22	10009	2551	12560
PF 22-23	19,373	10784	30,157

Benefits

- Additional capacity on site for 2ww, earlier appointments for patients
- Additional capacity for in patient imaging to support patient flow and discharge
- Support for Recovery process across the organisation and across the region



Staff user feedback highlighting their experience of working at the CDC

The link below provides staff experience and feedback re. working at the Barnsley CDC.

<https://vimeo.com/barnsleyhospital/download/769069299/b0a96b0667> (5 mins long)

The link below showcases a typical breast screening appointment, whilst showing the route to the CDC via the Glass Works.

<https://vimeo.com/barnsleyhospital/download/768982504/2def897cc1> (1 min long)

Staff engagement sessions commenced in December 2022 re. Phase Two of the CDC – positive feedback to date.





Patient user engagement and feedback re. their experience of visiting the CDC

How easy was it to find the CDC?

Response: 93.8% of the responses said easy or ok.

Were the signs giving directions inside the CDC easy to read and understand?

Response: 98.4% of the responses said yes.

How did you get to the CDC?

Response: 81.3% of the responses said their own vehicle, followed by 14.1% saying public transport

If you came in your own vehicle, how easy was it to park?

Response: 98% of the responses said easy or ok.

Were you greeted and made to feel comfortable at the CDC reception?

Response: 100% of the responses said yes.

Were you seen at your appointment time?

Response: 100% of the responses said yes to either before their appointment time or on their appointment time.

Have you visited the hospital previously for a blood test, X-Ray and or scanning?

Response: 89.1% of the responses said yes.

How would you compare your experience at Barnsley Hospital to your experience at the CDC?

Response: 76.8% of the responses said they had a better experience at the CDC, with a further 23.2% saying the experience between the hospital and the CDC was the same

How would you rate your overall CDC experience?

Response: 100% of the responses rated the CDC as either excellent or very good.



Pre and Post DNA rates – imaging services at the Barnsley CDC and wait times

- **DEXA** – Sept 21 = 6.9% - Sept 22 – 3.7% - Variance = 3.2%
- **USS** – Sept 21 = 6.2% - Sept 22 – 5.6% - Variance = 0.6%
- **Plain Film X-Ray** – Sept 21 = 6.7% - Sept 22 – 3.4% - Variance = 3.3%
- **Breast Screening** - DNA rates have remained fairly static for an extended period and range between 1.5% - 3%

Uptake rates for Breast Screening have significantly increased since the service was located at the Barnsley CDC – in April 2022 the uptake rate was approx. 50%, whereas in October 2022 that number has increased to 72% (note pre-pandemic it was approx. 80%).

Although variable across different services waiting times at the CDC have reduced:

- **DEXA** – March 22 = 5 weeks – October 22 = 4 weeks – Variance = 1 week
- **USS** – March 22 = 6 weeks – October 22 = 4 weeks – Variance = 2 weeks
- **Plain Film X-Ray** – March 22 = 2.5 weeks – October 22 = 1 weeks – Variance = 1.5 weeks





QUESTIONS



7. For Information

7.1. Chair's Report

To Note



REPORT TO THE BOARD OF DIRECTORS - Public	REF:	BoD: 23/04/6/7.1
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SUBJECT:	CHAIR'S REPORT
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DATE:	6 April 2023
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PURPOSE:		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>		<i>Assurance</i>	✓
	<i>For review</i>	✓	<i>Governance</i>	
	<i>For information</i>	✓	<i>Strategy</i>	

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

To report events, meetings publications and decisions that the Chair would like to bring to the Board's attention.

EXECUTIVE SUMMARY

This report is intended to give a brief outline of some of the key activities undertaken as Chair since the last meeting and highlight several items of interest. The items are not reported in any order of priority.

RECOMMENDATIONS

The Board of Directors is asked to receive and note this report.

Best for Performance



1.1 Community Diagnostic Centre

Following the success of our community diagnostic centre we are now embarking on an extension to the centre which is situated in the Glass Works in the town centre. This will see the model of care closer to the community extended further with more diagnostic testing in the heart of the community. This month saw us visiting to see the progress being made and taking along our Integrated Care Board (ICB) Chair for a sneak preview. Our Governors are planning a further visit there in May to see the new extension.



Best for Patients and the Public



2.1 Intensive Care Unit

This month I had the honour of welcoming everyone to the opening of our new intensive care unit. Over 100 people attended from colleagues to Governors and volunteers to our local MPs, Board Members and Local Partners. The project has taken 16 months to complete and now provides a modern intensive care service in Barnsley. It has been developed and co-designed by colleagues based on lessons learnt from the covid pandemic and the experiences and input of families and patients who accessed those services.



Best for People

3.1 Staff Survey Results

We are now able to share publicly our results from the most recent staff survey for Barnsley. We are really pleased and proud of the results, our scores are higher than the average Acute Trust for each of the nine themes and we are the highest scoring Trust in England for compassionate leadership, flexible working and team working. Our scores across these nine themes are the highest of the 13 Acute Trusts in Yorkshire and The Humber.

3.2 New Governors

Following a recruitment campaign earlier this year, we have been able to welcome new Governors to the Council of Governors. We are pleased to have four new public Governors in Phil Carr, Lisa Kelly, Rob Lawson, and Tom Wood. We have also welcomed a new colleague Governor Rebecca Makinson who represents our nursing and midwifery teams. We have already hosted an induction programme for most of our new Governors so that they are able to commence in their roles as soon as possible.

3.4 Cost of living group

This group has been meeting regularly to coordinate actions and activities in relation to easing the cost-of-living burden for colleagues and people who use our hospital services. A pantry has been created to help with food and provisions for those that may need it and it is busy being accommodated in a bespoke unit alongside the charity so that it can become a more established part of the hospital. We are also now offering food and provision packages for those patients that may need it when they are discharged from the hospital funded through the charity.



3.5 Brilliant Awards

I regularly get the opportunity to give out our brilliant awards to our colleagues, individuals and teams who have been nominated by their line managers, peers, or the public. This month has been no exception with presentations taking place in maternity which is a regular nominee and is one of the areas which does receive lots of public recognition.



3.6 Long Service

I had the opportunity to present one of our colleagues with a token of our appreciation for 50 year's service to the NHS and to Barnsley Hospital. Val Waller had worked for the Trust for all that time and colleagues held a surprise bash for her where she was joined by her husband and daughter to celebrate her epic achievement.

Best for Place

4.1 Place and Partnership Board

This group continues to meet with partners from across health and care systems including primary care, the Voluntary and Community sectors, and the Local Authority. The meetings are held in public, and questions are invited from members of the public. The most recent meeting in March considered feedback on the new integrated care strategy mentioned below, performance and funding and primary care delivery.

4.2 Integrated Care Partnership

The integrated care partnership has been finalising the strategy informed by an extensive engagement approach with communities across South Yorkshire exploring what is important in relation to health and wellbeing. The strategy was officially launched at the end of March and organisations with a series of activities exploring what we would like South Yorkshire to look like for our future generations #ourfuturesouthyorkshire.

Here at the Trust, we had those conversations with our community midwives about what the future of family hubs which are being planned in Barnsley will look like.



4.1 Bloomberg Harvard

The Mayor of South Yorkshire had been invited to put forward a team to participate in a city leadership programme with Harvard and Bloomberg exploring along with other teams from across the USA and Europe, key challenges facing cities. Having been invited to join the team of eight from South Yorkshire I spent a week in New York with other teams exploring South Yorkshire's challenge of health inequalities with a specific focus on early years. This work continues and a presentation has been provided back to the integrated care partnership with a plan of action to address health inequalities for pre-birth to 5 years which includes a campaign to ensure every child 0-5 has a safe space to sleep.

Sheena McDonnell
Chair
April 2023

7.2. Chief Executive Report

To Note

Presented by Richard Jenkins



REPORT TO THE BOARD OF DIRECTORS - Public		REF:	BoD: 23/04/6/7.2	
SUBJECT:	CHIEF EXECUTIVE'S REPORT			
DATE:	6 April 2023			
PURPOSE:		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>		<i>Assurance</i>	✓
	<i>For review</i>	✓	<i>Governance</i>	
	<i>For information</i>	✓	<i>Strategy</i>	
PREPARED BY:	Emma Parkes, Director of Marketing & Communications			
SPONSORED BY:	Dr Richard Jenkins, Chief Executive			
PRESENTED BY:	Dr Richard Jenkins, Chief Executive			
STRATEGIC CONTEXT				
To report particular events, meetings publications and decisions that the Chief Executive would like to bring to the Board's attention.				
EXECUTIVE SUMMARY				
This report is intended to give a brief outline of some of the key activities undertaken as Chief Executive since the last meeting and highlight a number of items of interest. The items are not reported in any order of priority.				
RECOMMENDATION				
The Board of Directors is asked to receive and note this report.				



1.0 Operational Update

- 1.1 During February and March 2023 Barnsley Hospital continued to experience significant operational pressures, as did other Trusts regionally and nationally. Although bed occupancy remains higher than expected it is encouraging that very few patients were admitted due to Covid symptoms and the number of influenza patients decreased rapidly in February. The Trust has issued new guidance regarding mask wearing and testing for Covid has become targeted to specific patient cohorts. Testing for Covid prior to discharge to a care home remains in place. The Trust continues to work proactively to minimise discharge delays and reduce pressures.

2.0 Elective Recovery Update

- 2.1 The Trust has achieved the requirement that no patients wait more than 78 weeks by April 2023 and we are confident that the next milestone of 65 weeks will be achieved in advance of the national requirement of April 2024. In addition, we are focussing on improvement against the aim of fewer than 5% of patients waiting longer than six weeks for diagnostics.

The Trust is working with other local partners to provide mutual aid to support reducing waiting times across South Yorkshire.

Cancer pathways and reducing the number of patients waiting longer than 62 days has progressed with less than 50 patients over 62 days, meeting national expectations for 2022/23 although we aspire to make further improvements in this area.

3.0 Industrial Action

The Trust continued with command and control functions to plan for Industrial action throughout February and March.

- 3.1 The British Medical Association (BMA) undertook industrial action at Barnsley Hospital from Monday 13 March 2023 at 7 am, concluding at 7 am on Thursday 16 March 2023.
- 3.2 I would like to thank all colleagues who supported the significant amount of planning and preparation for industrial action and those colleagues who undertook additional or alternative duties during the action to support the Trust.
- 3.3 The BMA is taking further industrial action at Barnsley Hospital on 11, 12, 13, 14, and 15 April 2023, for a full 96-hour period. The strike action will begin at 7 am on Tuesday 11 April 2023 and conclude at 7 am on Saturday 15 April 2023, and will not include any derogations short of an externally

declared Major Incident. The additional risk with this period is that it follows the four-day Easter Bank Holiday weekend resulting in a continuous ten day period of reduced service at a time when annual leave is higher than during the prior strike. The degree of risk inherent in the proposed strike is significantly higher than previously and is a matter of considerable concern.

- 3.4 The Trust is developing detailed plans that will support Wards and Departments and maintain the flow of patients through the hospital and patient safety during the strike action. We continue to work together with our local union representatives to plan how services will operate during any period of disruption.
- 3.5 I would like to reassure the public that they should continue to come forward for emergency services as normal during future industrial action. Barnsley Hospital is committed to providing essential services, and to keep disruption in affected services to a minimum.
- 3.6 Following negotiations with trade unions the Government has made a formal pay offer to NHS workers on the Agenda for Change pay framework (not including medical and dental staff who are a separate staffing group) which is now under consideration by union members.

Best for **Patients and the Public**



4.0 Investment in Services

4.1 Intensive Care Unit

I was delighted to take part in the opening of the hospital's new Intensive Care Unit on 24 March.

Following a £7.3m investment by the Trust, the new unit increases capacity from the hospital's pre-pandemic 7 intensive care beds and 4 surgical high dependency unit beds to 16 (plus 8 escalation bays). This will help meet current demand pressures as well as help future proof the hospital's care capacity to care for the most poorly patients.

The ICU is now a single unit with the Surgical High Dependency Unit, which is not only an effective use of resources but will also improve patient journeys in an appropriate and safe care setting. It will have more storage and ancillary spaces for all the activities of a modern critical care unit.

The unit has more space for each bed, providing an improved environment for all the people and activities necessary to support the most poorly patients in the hospital, with clinicians more easily able to use specialist equipment directly at the bedside. This extra space will provide for delivery of physiotherapy and critical care rehabilitation at the bedside in line with national health guidelines.

Patients will have access to natural light and will, for the first time in Barnsley Hospital, be able to use a dedicated outdoor courtyard designed exclusively for patients in the ICU. Evidence indicates improved patient well-being leads to a shorter ICU stay, speedier recovery, and earlier discharge



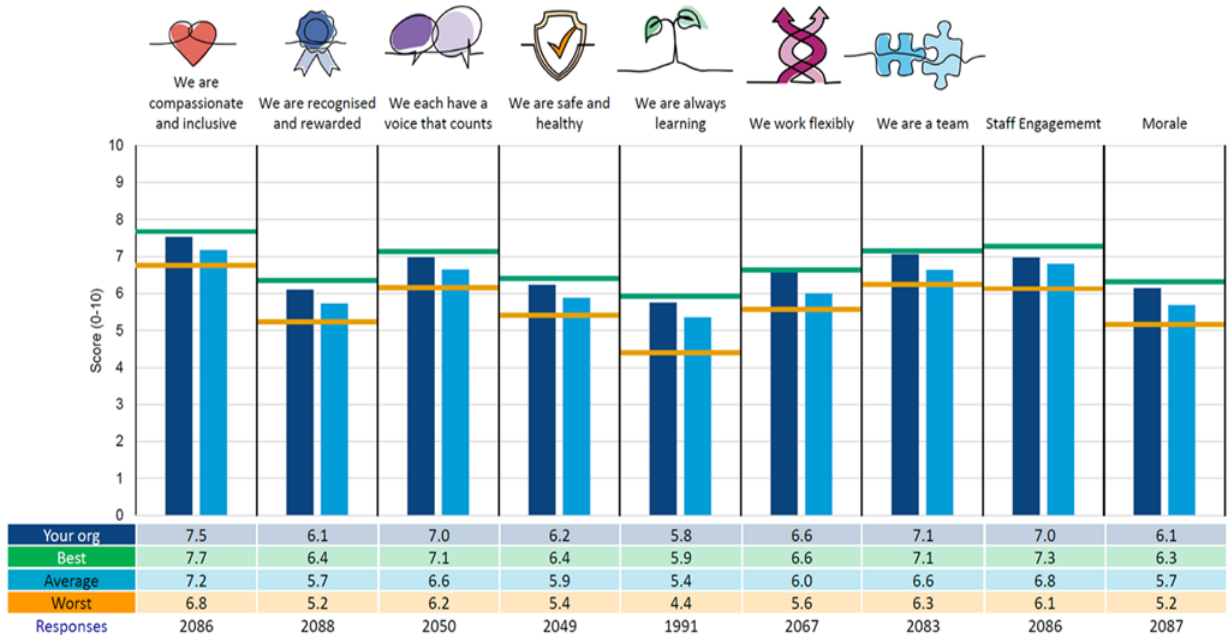
Best for People

5.0 NHS Staff Survey

5.1 The full NHS annual staff survey results for Barnsley Hospital are now published. Our results are extremely positive this year and show a number of improvements since the 2021 survey.

The survey is split into nine themes that make up the NHS people promise. I am pleased to report that our scores are higher than the average Acute Trust for each of these themes. Barnsley Hospital has the highest scores in England for compassionate leadership, flexible working and team working. Our aggregate scores across these nine themes are the highest of the 13 Acute Trusts in Yorkshire and The Humber and second highest in the North East and Yorkshire region.

Of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Whilst we should be proud of these results from the survey, we recognise that there is still more to do to make sure that everyone who works at our Trust has the same positive experience. The results for the whole organisation and individual CBUs are disseminated to departments across the Trust to determine actions we can take this year to improve your experience of working here even more over the coming 12 months.



The Trust continues to work with partners locally, regionally and at a national level to deliver a co-ordinated and consistent approach to the effective management of services.

6.0 Barnsley Hospital NHS Foundation Trust and The Rotherham NHS Foundation Trust partnership

The two organisations have been undertaking reciprocal mock CQC reviews of each other's services over recent months. Most recently the Barnsley Medicine team visited Rotherham which both teams found to be extremely productive in terms of learning from each other's strengths and developing relationships.

The two Trusts' simulation teams have run a very successful joint paediatric emergencies training day at Rotherham utilising the shared equipment and expertise of the teams.

6.1 Barnsley Place

On 7 March 2023 Bob Kirton (Deputy CEO) attended the Barnsley 2030 Board at Bernslai Homes HQ, Gateway Plaza. There was an in-depth discussion about 'levelling up' in relation to each of the four B2030 themes including their aims, current challenges, existing work and what more could be done.

Levelling up is the Government's ambition to address gaps in quality of life, prosperity and well-being between people who live in different parts of the country. 'Levelling Up for Barnsley' helps to explain what levelling up means for us, focusing on four fundamental pillars:

- Excellent school education and access to life-changing activities for young people.
- Higher incomes through more and better jobs.
- More people living longer in better physical and mental health.
- A much better public transport system.

6.2 South Yorkshire Integrated Care Partnership (ICP)

The South Yorkshire Integrated Care Partnership has announced the launch of the new [Integrated Care Partnership Strategy](#)

Developed together by the South Yorkshire Mayoral Combined Authority, NHS providers, local councils and voluntary and community organisations, the strategy focuses on enabling everyone in South Yorkshire's diverse communities to live happy, healthier lives for longer.

Alongside the launch of the strategy, the partnership has also launched its #OurFutureSouthYorkshire campaign to offer a platform for our communities to tell their stories about the South Yorkshire they want future generations to grow up in.

6.3 Acute Federation

The Acute Federation, made up of the five acute NHS Trusts in South Yorkshire continues to meet on a bi-monthly basis. New priorities for 2023/24 are being identified to build on the progress made against the six 2022/23 priorities including the development of a clinical strategy.

Dr Richard Jenkins
Chief Executive
April 2023

7.3. Intelligence Report

For Assurance

Presented by Emma Parkes



REPORT TO THE BOARD OF DIRECTORS	REF:	BoD: 23/04/06/7.3
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SUBJECT:	INTELLIGENCE REPORT
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DATE:	6 April 2023
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PURPOSE:		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>		<i>Assurance</i>	
	<i>For review</i>	✓	<i>Governance</i>	
	<i>For information</i>	✓	<i>Strategy</i>	✓

PREPARED BY:	Emma Parkes, Director of Communications & Marketing
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SPONSORED BY:	Dr Richard Jenkins, Chief Executive
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PRESENTED BY:	Emma Parkes, Director of Communications & Marketing
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STRATEGIC CONTEXT

To provide a brief overview of NHS Choices reviews and ratings together with information on relative key developments, news and initiatives across the national and regional healthcare landscape which may impact or influence the Trust's strategic direction.

EXECUTIVE SUMMARY

Summary of content:

- NHS Feedback Ratings
- Barnsley and Rotherham Hospitals' CEO in 'top Chief Executives'
- New 'Green' Standards for NHS Trusts
- ICS responsibilities for cyber attacks

RECOMMENDATIONS

The Board of Directors is asked to receive the contents of this report for information.

Subject: INTELLIGENCE REPORT	Ref:	BoD: 23/04/06/7.3
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*please note that this is not an exhaustive report, submissions welcome to emmaparkes1@nhs.net

SUBJECT

Emergency Department - Excellent service ★★★★★

Had an " emergency appointment " at dermatology after being referred by my GP, the appointment was on time, un-rushed and dealt with very professionally, I cheekily asked for an opinion on an unrelated matter, to my complete surprise this was dealt with immediately without fuss by the excellent staff, saved me a trip to the GP for treatment. Proud of the service offered by Barnsley NHS staff 10/10

Emergency Department - Good experience ★★★★★

I have had two cataract operations at Barnsley, the second one at an extra Saturday clinic. On both occasions the nursing staff were friendly and reassuring, and the surgeon was careful, very thorough and very efficient. Before the first operation I was very nervous, but because of a good experience on that day I went into the second operation without any fears at all. Excellent teamwork from everyone there.

Emergency Department - Outstanding Care ★★★★★

After visiting a Minor Injuries Unit, I was told they could not help me with my particular issue and that I should visit an A and E department. I chose Barnsley Hospital because I attend, and have attended, other clinics there over the last forty years and have always been impressed with the quality of the care that I have received.

Upon arrival, from the receptionist; the nurse in triage and the doctor that I saw, they were all polite, helpful, professional and caring. I was seen in triage within ten minutes and saw the doctor in just over one hour from triage.

An excellent service from a busy and hardworking department. Thank you all very much.

Ophthalmology - Great experience ★★★★★

I had my regular eye check with the diabetic clinic outpatient dept this morning (08:40) and the nurse who dealt with me was excellent. This is first time since coming to the clinic that anyone has explained the process in full. The lady this morning explained the process comprehensively and clearly, she took time to tell me exactly what to expect and the reasoning behind the photos etc. A great experience overall and she is a credit to the department and hospital. Please pass on my thanks to her and the wider team.

Barnsley NHS - Completely out of touch with reality - ★★★

How out of touch with reality can the Barnsley NHS be. A fret a visit to my local GP I am told to go to reception and book a blood test with the practice nurse. I am told "Can't do that you will have to ring the blood department at the glassworks". I kid not 5 hrs later and 155 calls later with no response I drive to the glassworks and am told "You can't book an appointment here and I don't know why you've been told to ring that number as you won't get an answer because it's only got one person answering" next day I go to Barnsley Hospital blood department where one member of staff is constantly making telephone appointments and a nurse is doubling up as a receptionist and then taking blood. Lovely staff couldn't have been more helpful and gave me an appointment. But the system is broken and I am ashamed to say need privatisation. Disgraceful organisation by those at the top.

Colonoscopy - ★

I had a colonoscopy procedure in March 2023 which was supposed to be uncomfortable or mildly painful. Instead it was the worst pain I have ever experienced and the sedation given was useless. The nursing staff however were lovely.

SUBJECT

Geriatric Medicine - Appalling communication - ★★★

My mother-in-law is on ward 19 after having covid, she has dementia so my husband is her advocate. He was told by the hospital social worker that she would be discharged home as she is now medically fit. We took the day off work, everything was in place for the carers to visit and the OT's on her arrival home. We got everything prepared then the call came that she would be later than said. We couldn't wait past a certain time so the social worker said he would make sure that she would be home for the original time of 2pm. She never arrived so I called ward 19 to be told that she wasn't coming home til the following day. Neither the social worker or the ward had the decency to inform my husband. When my husband tried to contact the social worker there was no reply so he called the manager she was as much help as the rest. We now have to take more time off work because of the sheer and utter incompetency of the social work team and discharge team. The social work team are there to oversee what's best for the patient however it's clear that they just want to cover their own backs. We see all the time about bed blocking on the news well perhaps if the people dealing with a patient could be more transparent and work towards what's best for the patient then perhaps things would run more smoothly and there would be less wastage of the public purse.

It appears to us that the system has little or no regard to the patient their family and what stress it brings to us. Perhaps the social workers should look at the cost to the economy when we have to take more time off work for the incompetent way they handle the situation.

We will collect my mother-in-law ourselves because it's obvious that the discharge team and social workers haven't got a clue.

On the positive side we have no complaints of her care by the nursing staff.

Barnsley and Rotherham Hospitals' CEO in 'top Chief Executives'

Dr Richard Jenkins, joint Chief Executive of both Trusts, has been named in the Top 50 Chief Executives by the Health Service Journal (HSJ).

The HSJ's Top 50 list recognises England's top leaders of Trusts and a marker of high performance in the NHS. This is the ninth year that the organisation has published such a list and includes a 'longlist' of over 200 Trusts. To have made the shortlist is a great achievement and recognition of the great work being done in local Trusts across the country.

Trusts must seek additional approvals for new building developments if they cannot comply with a series of new green standards, including the total amount of carbon produced by projects.

NHS has published its much-anticipated net zero building standards, which aim to reduce emissions in the construction and running of new facilities. It will apply from October 2023 to new buildings and upgrades to existing estates that require Treasury business case approval.

The document sets out performance criteria for elements of a net zero building, as well as a clear roadmap for reducing operational building energy demands, embodied carbon in construction, and the whole life carbon of building elements used within them.

The standards also explain how carbon and energy limits must be set for new developments using a set methodology. Where the operational energy limit for the whole building is not met, a derogation must also be raised, with evidence explaining the non-compliance.

SUBJECT

The energy limits assume the use of efficient electric systems, such as heat pumps. Where this is not possible, for example due to existing infrastructure constraints, trusts may have to show evidence of a timeline for the decarbonisation of existing infrastructure. Trusts must present any derogations to the standard within all business case approval stages.

The NHS says the standards will result in reduced carbon emissions and incremental improvements in the NHS building stock, ensuring consistency, standardisation, and equity across the NHS estate over time.

Integrated care systems will be responsible for planning the response to cyber security attacks

The Department of Health and Social Care has launched its cyber security strategy which calls on the health and care sector to be better integrated in its approach to cyber security. It also outlines plans for stronger direction from national teams alongside greater autonomy for organisations in deciding how they implement strategic decisions.

DHSC has committed to publishing an implementation plan for the strategy this summer that will contain more detail about activities to improve cyber resilience. It will also define the metrics used to measure resilience over the next three years.

In the meantime, it has called on integrated care systems to develop system-wide cyber security strategies and allocate funding to deliver them. ICSs are charged with identifying and recording risks including supplier cyber risks, that would affect the local system's ability to function and creating a plan to mitigate risks.

The strategy also says ICSs must develop an appropriately resourced and accountable cyber security function to manage cyber risk. This includes working together with providers to recruit and retain the necessary staff.

ICSs are instructed by the strategy to outline responsibilities and expectations of member organisations in the case of a cyber-attack. This includes creating a rehearsed plan for responding to, managing system downtime during, and recovering from a cyber-attack.

Ransomware attacks are the "most significant" cyber security threat to England's health and care system according to the strategy. It states that ransomware attacks can cause complete loss of clinical and administrative IT systems which can in turn lead to "significant disruption" to services such as postponed operations and diverting ambulances. It notes that ransomware attacks increasingly involve data theft and extortion where criminal groups demand money and threaten to leak data.

7.4. Barnsley Integrated Care Partnership Group (Verbal)

To Note

Presented by Sheena McDonnell

7.5. Acute Federation Update (Verbal)

To Note

Presented by Sheena McDonnell and Richard
Jenkins

7.6. Integrated Care Board Update including Chief Executive Report

To Note

Presented by Richard Jenkins and Bob Kirton



Update from Gavin Boyle, Chief Executive, NHS South Yorkshire

Tuesday 07 March 2023

Welcome the latest edition of our Stakeholder Bulletin where you will find updates and the latest information from across NHS South Yorkshire. This update goes to the wider partners in health and care in South Yorkshire to keep everyone informed.

We have seen some exciting developments since the last edition of this bulletin, starting with the good news that we have secured capital funding of nearly £15m for the creation of an elective orthopaedic centre at Montagu Hospital in Mexborough. You can read more about this below.

Elsewhere, the [Glass Works in Barnsley is to receive a further £4.6m investment to expand services](#). This is great news as the facility has been a bit of a revelation. There will be an extra eight test, check and scan services. Work has already begun to prepare the centre for expansion and like Mexborough this is expected to be complete later this year. It will include CT and MRI scans, aneurysm screening, urine testing, retinal eye screening, EEG scans and specialist lung condition tests, in addition to the breast screening, bone density scans and x-rays. Additionally, Doncaster and Bassetlaw Hospitals has received confirmation of further funding to create an imaging suite at Montagu Hospital. If you add in the discussion on the Community Diagnostic Centre in Rotherham, there is plenty to be excited about.

Other good news is that the action on discharges across the region seems to be having positive results, with NHS England figures suggesting South Yorkshire was in the top four areas that had improved discharges over recent months. This has been aided by the £500m national funding announced pre-Christmas, of which South Yorkshire received nearly £15m. However, we still have around 17% of our hospital beds occupied by people ready to move on to the next stage of their recovery. We can access a further £5m of a national £200m fund announced recently so there is still much to do, but a great result for the hard work that went into this.

Across South Yorkshire we are supporting the continuation of the QUIT programme following the end of national funding. We know about 20% of all deaths in our area have smoking as a factor and that this affects some of our most deprived communities and other vulnerable groups the most. A great example of system partners backing our drive to improve health and do something practical about health inequality.

We are seeing a continuation of industrial action across NHS services. Members of the British Medical Association have announced that their members have voted to take industrial action for a 72-hour period between 13-15 March. We are working across our system and with partners to understand any action required during this period.

Finally, March will see the publication of our Integrated Care Strategy developed together with our partners in South Yorkshire. This strategy sets out some ambitious aims to tackle health inequality and our plans to achieve them. A task made even more important by the current circumstances. I would like to thank all colleagues and partners who have been involved in developing this strategy and of course those who have worked with the local population to help ensure all voices have been heard and included. I look forward to the sharing this with you all very soon.

I hope you find this a useful update, this bulletin is circulated to our wider partners in health and care in South Yorkshire to keep everyone informed. If you do have any feedback about what would make it more useful, or anything about which you would like to hear more, please email syicb.communications@nhs.net

Thank you

Gavin

Updates From Across South Yorkshire



£14.9 million theatre facility to be created within Mexborough's Montagu Hospital
Doncaster and Bassetlaw Teaching Hospitals (DBTH) is set to receive £14.9 million of capital investment funding from NHS England (NHSE) to develop an elective orthopaedic centre at Montagu Hospital in Mexborough. Read more [here](#).

Barnardo's to help improve children's physical and mental health through launch of new Collaborative

South Yorkshire's Integrated Care System (ICS) has joined a Collaborative with the UK's largest children's charity, Barnardo's, and the UCL Institute of Health Equity (IHE) to improve the health of children and young people in the area and ensure they have a say on how services are run in their communities. Read more [here](#).

South Yorkshire Voluntary, Community and Social Enterprise (VCSE) Alliance Event

The next South Yorkshire Voluntary, Community and Social Enterprise sector (VCSE) Alliance event is taking place on Tuesday 21st March, 1pm - 4pm hosted online. Book your place [here](#). The upcoming event will focus on:

- The continued journey to develop a VCSE Alliance of organisations to strengthen partnership working across the South Yorkshire Integrated Care System.
- Further opportunity to shape the South Yorkshire workforce strategy, to ensure that we are embedding the right priorities for VCSE organisations.

- Opportunities for shaping the implementation of the Integrated Care Partnership Strategy
- Future priorities for the VCSE Alliance events

Vocational Training Scheme for new General Practice Nurses

The South Yorkshire Primary Care Workforce and Training Hub have recently recruited for the Vocational Training Scheme (VTS) for general practice nurse training. The Training Hub would like to hear from practices who are interested in hosting a qualified VTS nurse for a 6 month placement (2023/24). The first placement will start in May 2023. The VTS programme covers the foundation skills required to work as a general practice nurse. The host practice will provide a placement where the nurse will be supported to consolidate their skills. The training hub will provide all the external training sessions as part of the agreement and the host practice will be supported to offer growth and protected time for learning and consolidation towards clinical and professional development. This is an exciting workforce development opportunity that ensures the provision of a pipeline of trained general practice nurses for the South Yorkshire region. For more information click [here](#) or to submit an expression of interest, click [here](#).

Free mental health and emotional wellness support for South Yorkshire patients and staff

The Teladoc myStrength App has recently launched in South Yorkshire with a self-help emotional wellness section for people over 16 and a GP prescribed digital Mental Health self-care section for patients over 18 who require support for anxiety and depression. The service is delivered by Consultant Connect which is part of the Teladoc Group, and it is commissioned by NHS South Yorkshire Integrated Care Board. For more information click [here](#) or to ask a question about the app email hello@consultantconnect.org.uk

Nursing Times Awards 2023

The 2023 Nursing Times Awards are now open for nominations. This year there are 24 categories which cover a wide range of specialities from mental health to social care to children's services. Find out more [here](#).

Registration now open for Cross-functional Leadership: Integrating Perspectives in Health and Social Care Programme

Registration is now open for the NHS Leadership Academy North East and Yorkshire, Cross-functional Leadership: Integrating Perspectives in Health and Social Care Programme. This programme is designed to support anyone involved in collaborative, integrated working in Health and Social care. It is an 8-week programme designed by the London Interdisciplinary School to introduce participants to tools for integrated or interdisciplinary work. An Introduction to the programme is being held on Thursday 30th March 10am – 11:30am. Find out more [here](#).

2023 MSD Grants Programme Open

The 2023 MSD Grants Programme is now open for applications from healthcare organisations looking to address health inequalities and support the elimination of public health threats in the HIV, cancer and vaccines therapy areas. This programme will provide funding for projects designed to inform and empower patients, address health inequalities, and deliver improvements in patient outcomes and experience in the UK. For more information email andrew.riley@msd.com

Call for NHS staff profiles

As part of the wide-ranging activities to celebrate NHS75, the North East and Yorkshire regional communications team is reaching out to NHS organisations to source stories and

images of staff members who have worked for the NHS in our region, past and present. The team are hoping to build a bank of fascinating stories and accompanying images, in a wide range of roles, who have interesting stories to tell about their time in the NHS in the North East and Yorkshire. Please submit your suggestions to us at england.neymedia@nhs.net

Local Place Updates



Barnsley:

Barnsley celebrates a decade of working together

This year marks [ten years since Barnsley Council](#), with the support of partners, launched their area arrangements way of working to support communities. Barnsley is split into six different areas. In each area, Area Councils help to make decisions based on the area's priorities, and Area Teams provide support in our communities. [Ward Alliances](#) work on supporting separate wards within an area, supporting communities to build upon their strengths, skills and resources. With it being 10 years since this way of working began, this year we're taking a look back over some of the fantastic work that's taken place over the past decade. Since 2013, Barnsley communities have seen an amazing 52,967 volunteers get stuck in throughout the years as well as an average year-on-year increase of 520 new groups set up to support others and benefit the community. Residents have been supported through the pandemic, events set up to bring communities together, help and support provided to the residents that need it, and much more. This way of working plays a huge role in how we, as an ICB, work alongside our communities in Barnsley.

Improving capacity of Discharge to Assess

The Discharge to Assess (D2A) service in Barnsley provides same-day Occupational Therapy assessments to patients in their own home on their day of discharge, allowing them to safely return home from hospital. The service offers two-hour assessments slots, with 16 available per day Monday to Friday between 8am and 6pm, and eight available per day on the weekends between 10am and 6pm. These slots are distributed throughout the day at allocated times. The team found that on average four patients per day were unable to be discharged from hospital due to there being no slots available. They therefore looked at how the slots were being allocated and the percentage being used. They discovered that slots between 11am and 12pm were often not being filled and there was more demand for slots in the afternoon. They therefore changed the slot allocation and timing of the slots to be able to offer more appointments between 2pm and 4pm, without having to increase staffing or reduce the number of assessments offered. This has halved the number of patients having to stay in hospital an additional night to await their D2A assessment. The team are continuing to look at other ways they can improve the service to ensure same-day discharge for all patients requiring D2A assessments, whilst also looking at alternative pathways for complex patients whose needs do not fit within the normal D2A 1b pathway.

ReSPECT

The Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) process will start to be introduced in Barnsley over the next few months. It will help you (as a health or care professional working in Barnsley) to have conversations with our local people and make agreed recommendations about their future emergency care and treatment. A summary of the conversation(s) will be recorded on a ReSPECT plan. If you would like to find out more about ReSPECT in Barnsley or get involved, please contact barnsley.patientsafety@nhs.net You can also find out further information about the process [here](#).

Doncaster:

New campaign is NO laughing matter

Doncaster health workers have launched a campaign targeting the city's young people with the message: nitrous oxide abuse is NO laughing matter. Read more [here](#).

Rotherham:

Rotherham mental health think-tank success

More than 160 people have been getting their heads together at Rotherham's Aessea Stadium to help develop a major mental health transformation for adults and older adults living in the borough. Read more [here](#).

Sheffield:

Sheffield Teaching Hospitals given a Stonewall gold award for being a leading LGBTQ+ inclusive employer

Sheffield Teaching Hospitals has received an accolade for its inclusion of lesbian, gay, bi, trans and queer people in the workplace. The Trust has been ranked as one of Stonewall's top 100 employers, achieving a gold award which recognises its commitment to supporting their LGBTQ+ staff and patients. Read more [here](#).

Patients in Sheffield become first in world to be treated on latest Gamma Knife machine

Patients at Sheffield Teaching Hospitals NHS Foundation Trust have become the first in the world to receive treatment on the latest version of the Gamma Knife, a machine used to treat brain tumours and other brain conditions. Read more [here](#).

The work that makes it worth it – 100 Sheffields find work after recovering from addiction thanks to specialist NHS support

More than 100 people recovering from substance misuse issues in Sheffield have now found work thanks to specialist support from the city's mental health NHS services. Read more [here](#).

Specialist nurse honoured for compassionate care to cancer patients

Kam Singh, a Nurse Consultant at Weston Park Cancer Centre, commended with Compassion Award for showing care and compassion above the call of duty for a patient who suffered with gestational trophoblastic disease. Read more [here](#).

Sheffield Hospitals cleaners scoop national award nomination

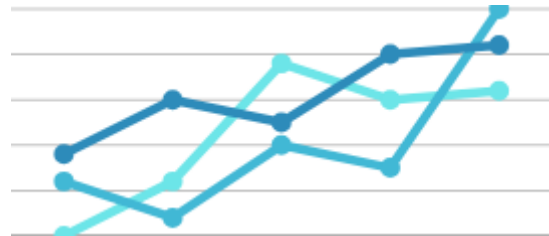
A rapid response cleaning team who ensure ward beds are available for patients as quickly as possible during times of high demand have been nominated for a national healthcare cleaning award. Read more [here](#).

Dental School pathologist strikes gold with excellent trainer award

Professor Ali Khurram, Professor and Consultant in Oral and Maxillofacial Pathology at

Sheffield Teaching Hospitals NHS Foundation Trust and the University of Sheffield, has been announced as the winner of the 2022 Golden Microscope Award. The award is one of the highest honours bestowed by the Pathological Society, and is given in recognition of an excellent trainer who has made an outstanding contribution to the promotion of high quality training and research in pathology. Read more [here](#).

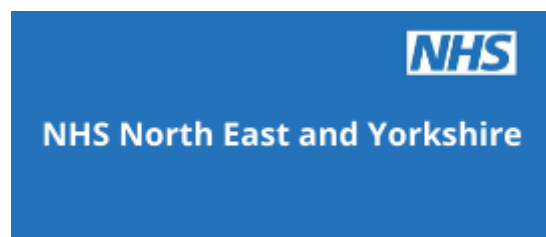
COVID-19 data dashboard



The latest Sitrep data for the Yorkshire and Humber region and our four places can be viewed online:

<https://coronavirus.data.gov.uk/details/cases>

Health and care updates
from NHS E/I



Celebrate International Women's Day; 8 March 2023

Join the Health and Care Women Leaders Network for a free virtual event on Wednesday 8 March, 10am-12noon. Hear from NHS chief executive Amanda Pritchard and network chair Samantha Allen, alongside organisations working to progress gender equality. Join the event [here](#).

NHS launches ad campaign as just one in five would visit high-street pharmacy for minor illnesses

The NHS has launched a new campaign to highlight how high-street pharmacies can support patients with non-urgent health advice for minor conditions including coughs, aches and colds. Read more [here](#).

NHS cuts elective backlog with longest waiters down a quarter in one month

NHS staff across England have reduced the number of patients waiting more than a year and a half by over a quarter in just one month, despite the busiest winter ever. Read more [here](#).

New figures show NHS workforce most diverse it has ever been

The NHS workforce is more diverse than at any other point in its history, according to an annual report into race equality across the health service. Read more [here](#).

New NHS campaign urges people to use their bowel cancer home testing kit

Millions of people in England who have been sent a lifesaving home testing kit that can

detect early signs of bowel cancer are being encouraged to use it and return it, as part of a new, first-of-a-kind NHS campaign. Read more [here](#).

Women urged to take up NHS breast screening invites

Thousands of women are being urged to take up NHS breast screening appointments as new figures today reveal that while the highest number ever were screened last year, nearly four in 10 did not take up the potentially lifesaving offer. Read more [here](#).

Get in touch at helloworkingtogether@nhs.net or call 0114 305 4487



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7.7. 2023/24 Work Plan

To Note

Presented by Sheena McDonnell



REPORT TO THE BOARD OF DIRECTORS - Public		REF:	BoD: 23/02/02/7.7	
SUBJECT:	2023/24 BOARD WORK PLAN			
DATE:	6 April 2023			
PURPOSE:		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>		<i>Assurance</i>	
	<i>For review</i>	✓	<i>Governance</i>	✓
	<i>For information</i>		<i>Strategy</i>	
PREPARED BY:	Sheena McDonnell, Chair			
SPONSORED BY:	Sheena McDonnell, Chair			
PRESENTED BY:	Sheena McDonnell, Chair			
STRATEGIC CONTEXT				
<p>This report is presented to the Board of Directors to support the Trust Objectives and to ensure that the Board received the right reports at the designated time.</p>				
EXECUTIVE SUMMARY				
<p>The forward planner sets out the information to be represented to the Board the action tracker/matters raised each year.</p> <p>The forward is an evolving document and will be reviewed and updated on a regular basis and presented at each Board meeting.</p>				
RECOMMENDATIONS				
<p>The Board is requested note the Public Board Work Plan for the period April 2023 – March 2024 for information.</p>				

Board of Directors Public Work Plan: April 2023 - March 2024

Standing Agenda Item	Executive Lead	Presenter of the report	Action	06.04.23	01.06.23	03.08.23	05.10.23	07.12.23	01.02.24
Introduction									
Apologies & Welcome	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Declarations of Interest	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Quoracy	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Minutes of the previous meeting	Sheena McDonnell Chair	Sheena McDonnell Chair	Approve	✓	✓	✓	✓	✓	✓
Action log	Sheena McDonnell Chair	Sheena McDonnell Chair	Review	✓	✓	✓	✓	✓	✓
Patient/Staff Story	Jackie Murphy Director of Nursing & Quality	Jackie Murphy Director of Nursing & Quality	Note	✓	✓	✓	✓	✓	✓
Culture									
Freedom to Speak Up Guardian Report	Steve Ned Director of Workforce	Jan Munford Freedom to Speak up Guardian	Assurance			✓		✓	
Freedom to Speak up Tool (6/12)	Steve Ned Director of Workforce	Jan Munford Freedom to Speak up Guardian	Assurance			✓			✓
NHS Staff Survey 2022	Steve Ned Director of Workforce	Steve Ned Director of Workforce	Assurance	✓					
Annual Guardian of Safe Working	Simon Enright Medical Director	Simon Enright Medical Director	Assurance				✓		
Assurance									
Chairs log: Quality and Governance Committee(Q&G)	Jackie Murphy Director of Nursing & Quality	Kevin Clifford Chair of Q&G/ Non-Executive Director	Assurance/ Approval	✓ (22/2 & 29/3)	✓ (26/4 & 24/5)	✓ (28/6 & 26/7) Annual Effectiveness Review	✓ (30/8 & 27/9)	✓ (25/10 & 29/11)	✓ (20/12 & 24/1/24)

Standing Agenda Item	Executive Lead	Presenter of the report	Action	06.04.23	01.06.23	03.08.23	05.10.23	07.12.23	01.02.24
Chairs Log: Finance & Performance (F&P)	Chris Thickett Director of Finance	Stephen Radford Chair of F&P/ Non-Executive Director	Assurance	✓ (23/2 & 30/3)	✓ (27/8 & 25/5)	✓ (29/6 & 27/7) Annual Effectiveness Review	✓ (31/8 & 28/9)	✓ (26/10 & 30/11)	✓ (21/12 & 25/1/24)
Chairs Log: People Committee	Steve Ned Director of Workforce	Sue Ellis Chair of People/ Non-Executive Director	Assurance	✓ (28/3)	✓ (25/4)	✓ (27/6) Annual Effectiveness Review	✓ (26/9)	✓ (28/11)	✓ (23/1/24)
Chairs Log: Audit Committee	Chris Thickett Director of Finance	Nick Mapstone Chair of Audit Committee Non-Executive Director	Assurance		✓ (25/4)	✓ (12/6 & 12/7) Annual Effectiveness Review		✓ (11/10)	✓ (17/1/24)
Chairs Log: Barnsley Facilities Services (BFS)	Lorraine Christopher Managing Director of BFS	Sue Ellis Chair of BFS Non-Executive Director	Assurance	✓	✓	✓	✓	✓	✓
Executive Team Report and Chair's Log	Richard Jenkins Chief Executive	Richard Jenkins Chief Executive	Assurance	✓	✓	✓	✓	✓	✓
Annual Report - Patient Advice and Complaints Service	Jackie Murphy Director of Nursing & Quality	Jackie Murphy Director of Nursing & Quality	Assurance/ Approval			✓			
Infection Prevention and Control Annual Report & Annual Programme	Jackie Murphy Director of Nursing & Quality	Jackie Murphy Director of Nursing & Quality	Assurance/ Approval		✓				
Quality Improvement (QI) improvement works update (follow up following staff	Jackie Murphy Director of Nursing & Quality	Jackie Murphy Director of Nursing & Quality	Note		✓				

Standing Agenda Item	Executive Lead	Presenter of the report	Action	06.04.23	01.06.23	03.08.23	05.10.23	07.12.23	01.02.24
story, presented to Bod in April 2022)									
Performance									
Integrated Performance Report (IPR)	Bob Kirton Chief Delivery Officer/Deputy CEO	Lorraine Burnett Director of Operations	Assurance	✓	✓	✓	✓	✓	✓
Trust Objectives 2023/24 Sign-Off	Bob Kirton Chief Delivery Officer/ Deputy CEO	Bob Kirton Chief Delivery Officer/ Deputy CEO	Review /Endorse	✓					
Trust Objectives 2022/23 End of Year Report	Bob Kirton Chief Delivery Officer/ Deputy CEO	Bob Kirton Chief Delivery Officer/ Deputy CEO Gavin Brownnett Associate Director of Strategy and Planning	Assurance		✓				
Trust Objectives 2023/24	Bob Kirton Chief Delivery Officer/ Deputy CEO	Bob Kirton Chief Delivery Officer/ Deputy CEO Gavin Brownnett Associate Director of Strategy and Planning	Assurance			✓ Q1		✓ Q2	✓ Q3
Winter Plans	Bob Kirton Chief Delivery Officer/Deputy CEO/ Lorraine Burnett Director of Operations	Bob Kirton Chief Delivery Officer/Deputy CEO/ Lorraine Burnett Director of Operations	Assurance				✓		
Quarterly Mortality Report	Simon Enright Medical Director	Simon Enright Medical Director	Assurance			✓			✓
Annual End-of-Life Report	Jackie Murphy Director of Nursing & Quality	Jackie Murphy Director of Nursing & Quality	Assurance		✓				
Maternity Services Board Measures Minimum Data Set (Ockenden Report)	Jackie Murphy Director of Nursing & Quality	Sara Collier-Hield Head of Midwifery	Assurance	✓	✓	✓	✓	✓	✓
Midwifery Staffing Report: six monthly update	Jackie Murphy Director of Nursing & Quality	Sara Collier-Hield Head of Midwifery	Assurance		✓				
Clinical Negligence Scheme for Trusts (CNST)	Jackie Murphy Director of Nursing & Quality	Jackie Murphy Director of Nursing & Quality	Assurance						✓

Standing Agenda Item	Executive Lead	Presenter of the report	Action	06.04.23	01.06.23	03.08.23	05.10.23	07.12.23	01.02.24
Maternity Incentive Scheme(MIS)									
Annual Report of Workforce, Race and Equality Standard	Steve Ned Director of Workforce	Steve Ned Director of Workforce	Assurance				✓		
Annual Workforce Disability Equality Standard	Steve Ned Director of Workforce	Steve Ned Director of Workforce	Assurance				✓		
Annual Fit and Proper Person Test 2022/23	Sheena McDonnell Chair	Steve Ned Director of Workforce	Assurance			✓			
Annual Health and Safety Report	Bob Kirton Chief Delivery Officer/Deputy CEO	Bob Kirton Chief Delivery Officer/Deputy CEO	Assurance			✓			
Annual NHSE Emergency Core Prep Standards	Bob Kirton Chief Delivery Officer/Deputy CEO	Mike Lees Head of Resilience & Security	Assurance					✓	
Annual Doctors Appraisal & Revalidation Report	Simon Enright Medical Director	Simon Enright Medical Director	Assurance				✓		
Health Education England Self-Assessment Return – TBC	Jackie Murphy Director of Nursing/ Simon Enright Medical Director	Jackie Murphy Director of Nursing/ Simon Enright Medical Director	Assurance						
Annual Safe Guarding Children and Adults Report 2021/22	Jackie Murphy Director of Nursing & Quality	Jackie Murphy Director of Nursing & Quality	Assurance						✓
Patient Experience Report (incorporating Annual In-patient survey results and action plan)	Jackie Murphy Director of Nursing & Quality	Jackie Murphy Director of Nursing & Quality	Assurance		✓				
Cyber Security Annual Report	Tom Davidson Director of ICT	Tom Davidson Director of ICT	Assurance		✓				
Cyber Security Update (June 2023)	Tom Davidson Director of ICT	Tom Davidson Director of ICT	Assurance		✓				
Information Governance Annual Report	Tom Davidson Director of ICT	Tom Davidson Director of ICT	Assurance		✓				
Governance									
Constitution Review	Angela Wendzicha Interim Director of Corporate Governance	Angela Wendzicha Interim Director of Corporate Governance	Approve		✓				

Standing Agenda Item	Executive Lead	Presenter of the report	Action	06.04.23	01.06.23	03.08.23	05.10.23	07.12.23	01.02.24
Board Assurance Framework (BAF)/Corporate Risk Register	Angela Wendzicha Interim Director of Corporate Governance	Angela Wendzicha Interim Director of Corporate Governance	Assurance	✓	✓	✓		✓	✓
Board Code of Conduct	Angela Wendzicha Interim Director of Corporate Governance	Angela Wendzicha Interim Director of Corporate Governance	Assurance					✓	
Bi-annual report of the use of the Trust seal (bi-annual)	Angela Wendzicha Interim Director of Corporate Governance	Angela Wendzicha Interim Director of Corporate Governance	Assurance				✓		
Annual Submission of the Board of Directors Register of Interest	Angela Wendzicha Interim Director of Corporate Governance	Angela Wendzicha Interim Director of Corporate Governance	Assurance	✓					
Annual review of: • Standing orders (SOs) • Standing Financial Instructions (SFIs) • Scheme of Delegation	Chris Thickett Director of Finance / Angela Wendzicha Interim Director of Corporate Governance	Chris Thickett Director of Finance/ Angela Wendzicha Interim Director of Corporate Governance	Assurance		✓				
Terms of Reference for: • Audit • Q&G • F&P • People Committee	Angela Wendzicha Interim Director of Corporate Governance	Angela Wendzicha Interim Director of Corporate Governance	Assurance		✓				
Quality Accounts 2022/23	Jackie Murphy Director of Nursing & Quality	Jackie Murphy Director of Nursing & Quality	Assurance		✓				
Benefits Realisation Papers Schedule of Return									
Community Diagnostics Centre (Phase 1)	Bob Kirton Chief Delivery Officer/ Deputy Chief Executive	Bob Kirton Chief Delivery Officer/ Deputy Chief Executive / Loraine Burnett Director of Operations	Review/ Approve	✓					
O Block Phase 2 (Ward 14/ANPN Refurbishment)	Bob Kirton Chief Delivery Officer/ Deputy Chief Executive	Bob Kirton Chief Delivery Officer/ Deputy Chief Executive / Loraine Burnett Director of Operations	Review/ Approve		✓				

Standing Agenda Item	Executive Lead	Presenter of the report	Action	06.04.23	01.06.23	03.08.23	05.10.23	07.12.23	01.02.24
EPR Replacement Medway	Tom Davidson Director of ICT/ Chris Thickett Director of Finance	Tom Davidson Director of ICT/ Chris Thickett Director of Finance	Review/ Approve	✓					
For Information									
Chair Report	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
CEO Report	Richard Jenkins Chief Executive	Richard Jenkins Chief Executive	Note	✓	✓	✓	✓	✓	✓
Intelligence Report	Emma Parkes Director of Communications & Marketing	Emma Parkes Director of Communications & Marketing	Assurance	✓	✓	✓	✓	✓	✓
Barnsley Integrated Care Partnership Group (Verbal)	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Acute Federation (Verbal) including South Yorkshire & Bassetlaw (SY&B) Highlight Report	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Integrated Care Board Update (Verbal) including: • Integrated Care Board Chief Executive Report	Richard Jenkins Chief Executive/ Bob Kirton Chief Delivery Officer/ Deputy Chief Executive	Richard Jenkins Chief Executive/ Bob Kirton Chief Delivery Officer/ Deputy Chief Executive	Note	✓	✓	✓	✓	✓	✓
Work Plan 2023 - 2024	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Any other Business									
Questions from the Governors regarding the Business of the Meeting	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Questions from the Public regarding the Business of the Meeting	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Board Observation Feedback	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	Jackie Murphy	Nick Mapstone	Chris Thickett	Hadar Zaman	Tom Davidson	Sue Ellis

Strategic Objectives:

Best for Patients and the Public	We will provide the best possible care for our patients and service users. We will treat people with compassion, dignity and respect, listen and engage, focus on quality, invest, support and innovate.
Best for People	We will make our Trust the best place to work by ensuring a caring, supportive, fair and equitable culture for all.
Best for Performance	We will meet our performance targets, and continuously strive to deliver sustainable services.
Best Partner	We will work with partners within South Yorkshire Integrated Care System to deliver improved and integrated patient pathways.
Best for Place	We will fulfil our ambition to be at the heart of the Barnsley place partnership to improve patient services, support a reduction in health inequalities and improve population health.
Best for Planet	We will build on our sustainability work to date and reduce our impact on the environment.

8. Any Other Business

8.1. Questions from the Governors regarding the Business of the Meeting

To Note

Presented by Sheena McDonnell

8.2. Questions from the Public regarding the Business of the Meeting

To Note

Presented by Sheena McDonnell

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

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

Date of next meeting: Thursday 1 June
2023 at 09.30 am, Lecture Theatre 1 & 2,
Education Centre, Barnsley Hospital NHS
Foundation Trust