



Council of Governors PUBLIC Meeting

Schedule	Thursday 8 February 2024, 3:00 PM — 4:30 PM GMT
Venue	Via Zoom
Notes for Participants	Join Zoom Meeting https://us06web.zoom.us/j/82275681735?pwd=ZHQzVXE5U2IaZUV2eVQwVHk2K0FaQT09 Meeting ID: 822 7568 1735 Passcode: 584552
Organiser	Andrea Spencer

Agenda

1. Introduction	1
Presented by Sheena McDonnell	
<hr/>	
1.1. Welcome & Apologies	2
To Note - Presented by Sheena McDonnell	
<hr/>	
1.2. Declarations of Interest	3
To Note - Presented by Sheena McDonnell	
<hr/>	
1.3. Quoracy	4
To Note - Presented by Sheena McDonnell	
<hr/>	
1.4. Minutes from Previous Meeting held on 13 December 2023	5
For Approval - Presented by Sheena McDonnell	
<hr/>	
1.5. Action Log	16
For Approval - Presented by Sheena McDonnell	
<hr/>	
2. Governance	18
<hr/>	



2.1. CEO Update Chairs Update Lead Governors Update Non-Executive Updates For Assurance	19
<hr/>	
2.2. Board of Directors Agenda 1 February 2024 For Assurance - Presented by Sheena McDonnell	36
<hr/>	
2.3. Public Board of Directors Minutes 7 December 2023 For Assurance - Presented by Sheena McDonnell	42
<hr/>	
3. Information Only	55
<hr/>	
3.1. Partner & Local Authority Governor Feedback: JTUC Barnsley College Sheffield Hallam Sheffield Medical School To Note - Presented by Sheena McDonnell	56
<hr/>	
3.2. Integrated Performance Report For Assurance - Presented by Sheena McDonnell	57
<hr/>	
3.3. Q&G Chairs Log For Assurance - Presented by Sheena McDonnell and Kevin Clifford	90
<hr/>	
3.4. F&P Chairs Log For Assurance - Presented by Sheena McDonnell and Stephen Radford	97
<hr/>	
3.5. Peoples Chairs Log For Assurance - Presented by Sheena McDonnell and Sue Ellis	105
<hr/>	
3.6. Audit Committee Chairs Log For Assurance - Presented by Sheena McDonnell	109
<hr/>	



3.7. Council of Governor Meetings 2024-2025 To Note - Presented by Sheena McDonnell	114
<hr/>	
4. Any Other Business Presented by Sheena McDonnell	116
<hr/>	
4.1. To Discuss any other Matters of Business including Matters raised by the Public For Discussion - Presented by Sheena McDonnell	117
<hr/>	
To resolve that representatives of the press and other members of the public be excluded from this meeting having regard to the confidential nature of the business to be transacted publicly on which would be prejudicial to the public interest in accordance with 8.13.2 and 8.13.3 of the Trusts Constitution	118
<hr/>	

1. Introduction

Presented by Sheena McDonnell

1.1. Welcome & Apologies

To Note

Presented by Sheena McDonnell

1.2. Declarations of Interest

To Note

Presented by Sheena McDonnell

1.3. Quoracy

To Note

Presented by Sheena McDonnell

1.4. Minutes from Previous Meeting held on 13 December 2023

For Approval

Presented by Sheena McDonnell



COUNCIL OF GOVERNORS MEETING
Minutes of the meeting held 13 December 2023, via Zoom

PRESENT:

Sheena McDonnell	Trust Chair
Thomas Wood	Lead Governor
Graham Worsdale	Public Governor
Ann Wilson	Public Governor
Chris Millington	Public Governor
Robert Lawson	Public Governor
Margaret Sheard	Public Governor
Malcolm Gibson	Public Governor
Phil Hall	Public Governor
Wissam Al Ahmad	Staff Governor
Jon Maskil	Staff Governor
Joanne Smith	Staff Governor
Jenny Platts	Co-opted Advisor
Martin Jackson	Partner Governor
Paul Ardron	Partner Governor
David Akeroyd	Partner Governor

IN ATTENDANCE:

Richard Jenkins	Chief Executive
Bob Kirton	Chief Delivery Officer and Deputy Chief Executive
David Plotts	Non-Executive Director
Gary Francis	Non-Executive Director
Angela Wendzicha	Director of Corporate Affairs
Nick Mapstone	Non-Executive Director
Louise Tuckett 1600-1630	Director of Planning Strategy & Performance (Rotherham)
Dianne Mansfield	Observer 1500-1638 (Public Governor from Jan '24)
Andrea Spencer	Membership and Engagement Officer (minutes)
Lindsay Watson	Corporate Governance Manager

APOLOGIES:

Jo Newing	Local Authority Governor
Stephen Radford	Non-Executive Director
Sue Ellis	Non-Executive Director
Kevin Clifford	Non-Executive Director
Michelle Marshall	Partner Governor
Philip Carr	Public Governor
Annie Moody	Public Governor
Adriana Rrustemi	Public Governor
Rebecca Makinson	Staff Governor

23/37	<p>Welcome and Apologies</p> <p>Sheena McDonnell, Trust Chair, welcomed everyone to the meeting and confirmed that the meeting would be recorded and added to the Trust YouTube site for people to view. Sheena welcomed new Governor Dianne Mansfield, who was joining the meeting as an observer prior to commencing in role as Public Governor in January 2024.</p> <p>Apologies were noted as above.</p>	
23/38	<p>Declarations of Interest</p> <p>There were no declarations of interest.</p>	
23/39	<p>Quoracy</p> <p>Sheena confirmed the meeting was quorate.</p>	
23/40	<p>Minutes of the Previous Meeting and Matters Arising</p> <p>The minutes of the meeting held on 26 July 2023 were reviewed and accepted as a correct and accurate record of events.</p> <p>Jenny Platts, Co-opted Advisor, noted that she had attended the July Council of Governors meeting but had been omitted from the list of those present. Sheena confirmed that the records would be updated accordingly.</p>	
23/41	<p>Action Log</p> <p>Bob Kirton, Managing Director, provided an update regarding the pharmacy incident reported at the previous meeting. Bob confirmed that the loss of pharmaceutical drugs was predominantly due to human error. The measures put in place to avoid future losses included a fridge which could not be switched off and new processes within pharmacy.</p> <p>Nick Mapstone, NED, added that a full report had been requested by the audit committee where updates could then be brought to the council of governors.</p> <p>ACTION – close the action regarding pharmacy</p>	ACS
23/42	<p>CEO Update/Chairs Update/Lead Governor Update/Non-Executive Updates</p> <p>Richard Jenkins, CEO presented an update as outlined below:</p> <p>Richard confirmed that operational performance remained a challenge. At the time of producing the information the trust was at 64% for the 4-hour emergency care standard. Since then, further pressures had been noticed with a rise in respiratory infections and acuity. With the Trust operating at a high escalation level over recent days, it was estimated this would continue over the coming weeks.</p> <p>Regarding elective, Richard outlined the following:</p> <ul style="list-style-type: none"> • Elective was continuing to perform well in terms of no patients waiting over 78 weeks • Richard was confident that the Trust would achieve no patients waiting over 65 weeks by April 2024 • 18-week RTT 68.4% with England performance at 56.8% • Theatre utilisation continued to slowly improve up to the low 80% mark against a target of 85% <p>Cancer continued to perform well against the national Faster Diagnosis</p>	

Standard with the Trust at the 75%.

Regarding diagnostics the Trust was performing extremely well and were already below the 5% target set for the end of March 2025.

Junior Doctors had now announced further strikes, 9 days of non-continuous action with 3 days on the run up to Christmas followed by 6 days in January. This would prove to be challenging due to the timing of the action and Richard anticipated that this will prove to be a difficult time.

There was a currently a proposal offered to consultants which was hoped to prove acceptable.

SAS doctors (doctors who were not consultants, but on permanent contracts) were also being balloted with regards to industrial action soon.

Richard provided the following information regarding the NHS Annual Staff Survey:

- 61% response rate against an average response rate of just over 44%
- Formal Report was expected in Q4, with initial data available on 18 December 23
- Details would be shared with the council of governors once available.

Sheena and Bob had recently attended the Pride of Barnsley awards:

- Nominees were submitted by the people of Barnsley
- Lead Colorectal/Stoma Care Clinical Nurse and Team were winners
- A long-term supporter of the Charity was also a winner in the Charity Fundraiser category

The winter Flu and Covid vaccination programme was ongoing with around 50%+ of staff vaccinated. Flu and Covid were increasing with predictions of a peak around mid-January 24.

Chris Millington, Public Governor, asked about theatre utilisation. Richard confirmed that there were different ways of counting utilisation. The main challenge was to ensure theatres started on time. This required numerous other factors to be in place and working to time, such as the patient being ready and having a bed available. Counting utilisation was problematic as 1 patient for an extensive procedure would show 100% utilisation whereas 9 patients for smaller procedures (with small gaps between each) would show a lower utilisation. In general, a benchmark figure used for utilisation was 85% and the Trust was just below that figure at 80%.

Chris asked if the re-configuration of the lifts had benefitted the process when taking patients to theatre on time. Richard advised that he was not aware of the lifts being a problem when getting people to theatre.

Graham Worsdale, Public Governor, asked if the Quality Improvement teams were assisting with the issues raised. Richard confirmed that the techniques and methods used by the QI team have already been utilised and that work would continue over the coming months, as productivity became a major focus for the Trust.

Graham asked how the figures for the staff survey compared to 2022. Richard confirmed that the figure was 61% for 2023 and 56% for 2022.

Sheena McDonnell, provided the following information:

- There had been several visitors to Barnsley including Amanda Pritchard (CEO of NHS) who visited the Community Diagnostics Centre.
- Jonathan Marron from the health disparities unit, who also visited the CDC. Members of the DWP were in attendance and the visit was hosted by Barnsley Council. The focus of the visit was in relation to how partnership working could facilitate getting people back to work.
- Em Wilkinson-Brice (NHS England Chief People Officer) visited the Trust and was interested in the Trusts approach to colleague engagement. The visit was very positive and Em Wilkinson-Brice was complimentary around the compassionate and inclusive approach at Barnsley Trust.
- The AGM had been held in October which was unfortunately not well attended by the public. Thoughts and ideas were being discussed with regards to improving the event for 2024.
- Jenny Platts, Dianne Mansfield and one Roy Richardson would be joining the Trust in 2024. There were still Governor vacancies, therefore, recruitment would begin again during 2024.
- Annie Moody, Public Governor would be leaving her position in December 2023. The Trust would like to thank Annie for her contributions, time and enthusiasm over the past 9 years.
- Regarding the Bloomberg Harvard program, the focus demographic was 0-5 years. Pilot areas had been chosen around South Yorkshire with Goldthorpe as the focus within Barnsley. Initial work had commenced in the area – meetings with various organisations including health workers and midwives. Potential funding was available from the Mayors office to support the pilot scheme as well as monitoring the various pilot schemes. The funding would also be used in relation to bed poverty and safe spaces for children and babies to sleep. A partnership had been formed with IKEA who were willing to provide the resource and community hub in places.
- The Acute Federation Governor Event across South Yorkshire had recently been held, providing the opportunity for Governors across the region to meet to discuss the role of Governors in the wider system
- Various celebrations had been held across the Trust in collaboration with the Internationally educated nurses and the Equality and Diversity team.

Tom Wood, Lead Governor, asked with regards to the pilot scheme in Goldthrope whether the other Trusts in South Yorkshire would be working together. Sheena confirmed that the pilot schemes were relatively close to one another and as such many of the services and Trusts would inevitably cross over and support. There was plenty of engagement and activity and one of the challenges was to ensure the activity was collaborative and shared as opposed to working independently.

Lead Governor Tom Wood updated the group as follows:

Tom introduced himself as the current and new Lead Governor at the Trust and referred to the following topics:

- Appraisals of NEDs and Chair had been discussed at the recent Nominations Committee with an agreement to extend Nick Mapstones contract to May 2024 which would bring his term in line with that of Sue Ellis. This would be beneficial to the Trust as recruitment costs could be

reduced by seeking 2 new NEDs at the same time.

- Governors had visited the Physiotherapy department which had been interesting and beneficial.
- Neurodiversity training had been conducted.
- Equality, Diversity and Inclusion training had taken place.
- The Board of Directors meeting had been held recently and attended by Tom and several other Governors. Governors had the opportunity to ask questions during the meeting as well as to pose questions in advance. A list of the questions had been provided to the Chair with updates expected in due course.

Tom also highlighted the recent outreach work by Governors with local Youth group Chilypep. Governors, Membership & Engagement Officer and the EDI Lead attended the recent meeting where the groups 'Young Commissioners' had been asked to discuss accessing employment at the Trust and any barriers that they felt were in place. Key points raised by the commissioners were:

- More awareness and information were required regarding the jobs which were available, especially non-clinical roles.
- Greater information about how to apply for these roles.
- There was great interest from the group regarding children's mental health services.
- Concerns were raised over what provisions were in place for neurodivergence and mental health applicants.
- The group would like to see some case studies and examples of people in non-clinical roles.
- EDI lead Roya Pourali highlighted "Project Search" to the group.

Andrea Spencer, Membership & Engagement Officer, confirmed that the information regarding Project Search had since been sent to Chilypep for distribution to the Young Commissioners.

Tom confirmed that the process with Chilypep was new and progressing very well and commented that this was hopefully the first of many such ventures where Governors were directly interacting with the Trusts users.

Rob Lawson, Public Governor, had also attended the Chilypep meeting and confirmed that the meeting had been interesting and asked if David Akeroyd, Partner Governor, would be able to facilitate increasing non-clinical role awareness amongst Barnsley College students.

David confirmed the college had a close relationship with Chilypep and would be keen to further the relationship via the student services team regarding improving student awareness around employment opportunities at the Trust.

ACTION – arrange meeting with Barnsley College, Governors and Chilypep to explore how to promote employment roles within the Trust.

Chris asked where the funding was coming from with regards to Chilypep. Sheena confirmed she was not aware of any funding issues and offered to pick the point up after the meeting.

ACTION- ascertain any funding issues with Chilypep and provide findings to Chris Millington.

ACS

ACS

Margaret Sheard, Public Governor, confirmed she had attended the Neurodiversity and EDI training and had found the training extremely useful and informative. Margaret also sought to thank the teams at the Trust that had been involved at the recent employment event held by the Trust at the Metrodome for young people.

Gary Francis, NED, presented the People Committee information on behalf of Sue Ellis as follows:

- The Organisational and Development strategy was in place for the Trust, to make Barnsley the best place to work was in place.
- Barnsley Trust had signed up to the Commitment to Sexual Safety Charter – not all Trusts had signed up.
- The Equality Diversity and Inclusion report had been produced with good results emerging from the work so far.
- Absence management had previously been an issue at the Trust.
- The committee had reviewed its current terms of reference to ensure they were up to date.

Martin Jackson, Partner Governor, highlighted that Equality and Diversity training was not currently mandatory for Trust staff and believed that it should be. Training regarding EDI was currently delivered at Induction but not beyond. Richard commented that EDI was promoted widely within the Trust and that there were frequently debates held about which training should be mandatory. The learning and development team were looking at, and rationalising the National approach to which training was mandatory. Richard offered to provide the comments to the learning and development team and ask for their input.

ACTION – Richard to provide feedback regarding mandatory EDI training.

RJ

Margaret asked what more could be done to increase the percentage of staff completing the staff survey.

Richard advised that the top return rate in the country this year was 68% and the best that Barnsley had ever achieved was 73%. Internally BFS achieve around 85% return. Richard confirmed that there was cynicism around the staff survey, where unfortunately, staff did not believe that change would happen. To combat this, communication was provided to staff to show the changes that had happened because of the survey and each department would provide their departmental specific feedback to their teams.

Margaret asked if the statistics provided information regarding which department had the least number of surveys completed. Richard confirmed that it did provide that detail. Bob confirmed that work was underway to specifically engage with the teams with lower return rates to improve the staff survey responses.

Tom asked if the survey was representative. Richard confirmed that the survey returned detailed information including department, professional group, protected characteristic and ethnicity. This data was then provided to the divisions within the Trust to then act upon the findings. Action could then be taken on a granular and overall level.

Chris asked if the employees of the Trust were aware of the People Committee and the important work that it does. Gary advised that the People Committee was relatively new and still developing. Input was received from the various sub

committees which support people issues. Some of which were highlighted in the Chairs log. There was further opportunity for people to be involved via the networks within the Trust.

Bob added that a priority had been to connect and familiarise staff to the outcomes of the People Committee. Richard used the Team brief to highlight the opportunities created as well as other communication channels.

Martin added that the staff survey was linked to the work currently being undertaken to value staff which included the flexible working and wellbeing action plans. Martin noted that the appraisal system and staff survey were conducted at slightly different times meaning that managers were unable to add the staff survey to the appraisal system. Martin confirmed that the Trust received good feedback from the staff survey regarding the flexible working policy and hoped that the ongoing action plans regarding staff sickness and staff wellbeing would also result in good staff survey results next year.

Richard confirmed that the staff survey results received last year were the best for Yorkshire and Humber and the second best for the North East and Yorkshire region and had returned the highest scores in the country for flexible working and compassionate leadership. These results were something to be proud of, however, the impetus remained to improve and increase these results in the future. NHS staff were generally feeling undervalued nationally which may be reflected in the survey results. Richard reiterated that the People committee was relatively new and played a very important role, which he hoped would endure over the coming years.

Rob asked how many first line managers had received and were up to date with EDI training. Sheena confirmed that the information would be provided within the EDI action referred to earlier in the meeting.

Rob asked what work was carried out by managers to encourage staff to complete the staff survey. Joanne Smith, Staff Governor, confirmed that as a first line manager, her experience was that staff were well supported to complete the survey, including the provision of a free drink from the Trust café.

Gary Francis, Non- Executive Director, provided the following information on behalf of Kevin Clifford from the Q&G Committee:

- Clinical Effectiveness Group: Getting It Right First Time (GIRFT)
The Trust was working towards having effective systems and processes in place to facilitate GIRFT.
- National Hip Fracture Database – indicated an increased trend toward less positive outcomes in regard to hip fractures. However, assurance received from the committee confirmed that the trend had already been spotted prior to the trend becoming a problem. Gary wanted to highlight this to Governors as an indicator that the processes in place were robust enough to pick up potential issues before becoming a ‘red flag’
- Approved revised consent policy
- Commitment to safety (Countess of Chester) – Gary confirmed that a robust review had been conducted in light of the Countess of Chester issues which had in turn returned a report confirming that the Trusts systems were tight. These systems had changed recently as a result of the Countess of Chester incidents and were now much more robust. With regard to the potential to harm in the neonatal unit, no issues were identified. Over time, recommendations would emerge and the Trust would respond where

	<p>required. Regarding the issues at Maidstone and Kent a couple of years ago, questions were raised at the Trust regarding the systems in place to which a report and assurances had already been provided.</p> <p>Gary confirmed that when incidents like the aforementioned had happened, assurances were sought at the time as to whether the same could happen at Barnsley.</p> <ul style="list-style-type: none"> • Nick Mapstone, Non-Executive Director, provided the following information from the F&P Committee on behalf of Stephen Radford: <p>Nick confirmed that the Trust would meet the forecasted deficit for the current financial year of just over £5mil. The committees main concern was for year 2024/25 where a large system deficit was forecast. This would require thought around new and innovative ways of working to tackle the large challenge ahead. The cost improvement programme continued to deliver positive results.</p> <ul style="list-style-type: none"> • Nick Mapstone, Non-Executive Director, provided the following information from the Audit Committee: <p>Nick confirmed that:</p> <ul style="list-style-type: none"> • The Internal audit gave a <i>limited assurance</i> opinion following a review of long-term staff absence in the additional clinical services staff group for reported mental health issues. There were concerns about the accuracy of recording of absence data; and the application of the management of sickness absence policy. • The committee was pleased to report that the external audit service provided to the Trust was good and comprehensive. • Eight agreed internal audit recommendations have not been implemented within the agreed timescales and were outstanding. The committee asked management to improve performance. <p>Graham asked how management had reacted to the request to improve performance. Nick confirmed that the outstanding areas were low risk audit actions which the internal auditors had made wherby the committee were not unduly concerned.</p> <p>Tom asked if the £90K of wasted medicines included the Ophthalmology wastage already discussed. Nick confirmed that it did and that the new chief pharmacist was working hard with the teams and a formal report was expected at the Audit committee in mid -January. This report would in turn be presented to the council of governors.</p>	
23/43	<p>Partner & Local Authority Governor Feedback</p> <p>David Akeroyd, Partner Governor, confirmed the collage was involved in some Partnership working with the Integrated Care Partnership about the ‘workforce of the future’ across South Yorkshire. The aim was to provide a more bespoke training and development service that allowed the team to engage with learners to provide a non-clinical talent into the sector. Future updates would be provided.</p>	

Paul Ardron, Partner Governor, added that overall recruitment had met target except for recruiting to adult nursing. This was a national issue and Paul felt it would be an ongoing issue. The hope was that the NHS workforce plan would address the issue and offer some incentivisation.

Paul confirmed that most of the undergraduate programmes were being reviewed to ensure they met employer needs. The developments being launched over the next year would be an expansion of nursing apprenticeships including nursing apprenticeships.

Paul advised that the meeting would be his last as a Partner Governor at Barnsley NHS Foundation Trust, he had thoroughly enjoyed the role and felt privileged to have been a part of the council. Dr Judy Brook would be taking over from Paul in the New Year. Sheena thanked Paul for his contributions over the years.

Margaret asked if tuition fees had deterred students from applying. Margaret also asked how the apprenticeships and associate nurses worked and how long did they have to train for?

Paul advised that the general cost of living crisis was affecting all university applications, not just health care students. Health and social care students didn't often have a chance to work alongside their training as they tended to be working as part of their training. This limited the time to work and earn additional income. Adult learners were also more affected due to the cost of living and may be further deterred. Many of those who trained as nurse apprentices viewed the role as a stepping stone to a full nursing qualification, but the funding has not been in place for them to 'top up' under the apprenticeship scheme. Most of the associate training had also looked at up-skilling of staff who were already employed. There was an interest across the nation for apprenticeship schemes where students could earn as they learn and would therefore continue to be a significant contributor to the sector. Concern around the traditional 3-year route continued to be a problem.

23/44

Partnership Working

Louise Tuckett, Director of Strategy, Planning & Performance introduced herself and advised that she had supported the partnership programme between Rotherham and Barnsley for the past 18 months

Louise referred to the document provided and summarised the partnership as creating mutual benefit, improving services for patients, better opportunities for colleagues and therefore leading to a greater impact on our communities.

Louise advised that the two organisations speaking as one meant there was a more powerful collective voice at system and ICB level. The combined populations of Barnsley and Rotherham was greater than that of Sheffield. It also provided the opportunity for each Trust to assess strengths and weaknesses, learn from each other and become stronger as individual organisations. Examples of this were: how to work together from a clinical service perspective such as the joint Gastroenterology service, and, the potential of a joint Haematology service. More efficiency could be achieved by working together. There were also several joint roles such as Joint Director of Corporate Governance and Joint Director of Communications. The Trusts would be implementing a divisional senior leadership development programme across both trusts so that leaders could grow and learn together.

Louise summarised some of the achievements to date:

- The joint gastroenterology service was now established.
- As a result of the positive outcome regarding the joint Gastroenterology

	<p>service, the focus would turn to a joint haematology service.</p> <p>Regarding the Gastro services, Rotherham were originally struggling to maintain the service and attract good consultants. Since partnership with Barnsley, more substantive consultants had begun in post and the service was now sustainable across each individual organisation. Haematology was the opposite, with Barnsley struggling with workforce challenges but through collaboration, each Trust would become more sustainable and effective.</p> <p>Louise gave an example with regard to Graduate trainees of which there were four graduate trainees across the 2 organisations with only 31 across the entire North East and Yorkshire Region. This demonstrated that when working together to provide opportunity beyond one organisation there was a huge benefit to be had.</p> <p>Louise confirmed that there had been many positives to date for patients and teams.</p> <p>Tom asked who the Joint Director of Communications was going to be.</p> <p>Richard confirmed that Emma Parkes would take the role. During the pandemic, Emma had taken on the role which had proven successful. The added benefit was a sharing of expertise and reduced cost.</p> <p>Sheena thanked Louise and commented that the Partnership working update would be included at future COG meetings.</p>	
23/45	<p>Public Board of Directors Agenda 7 December 2023</p> <p>Sheena confirmed that the recording from the Board of Directors meeting would be available on YouTube soon.</p> <p>Jenny Platts asked if the MRI scanner was now running at the CDC. Bob advised that the scanner was not yet open due to the international shortage of microchips, the estimated start date was March 25.</p> <p>Regarding Barnsley Place Board, Jenny asked for an Acorn unit update. Sheena confirmed this would be dealt with during the Private section of the meeting.</p>	
23/46	<p>Public Board of Directors Minutes 5 October 2023</p> <p>The minutes of the Public Board of Directors were noted.</p>	
23/47	<p>Integrated Performance Report, Q&G Chairs Log, F&P Chairs Log, People Chairs Log, Audit Committee.</p> <p>The documents were provided for information and to note. The Governors agreed to accept and note the reports.</p>	
23/48	<p>2023/24 Workplan</p> <p>No comments were made.</p>	
23/49	<p>Any other business</p> <p>Graham asked if Governors were aware of the MacMillan hub which was opening in the Trust in the new year. Bob advised that the hub would provide information and advice to people and was located next to the volunteer's café.</p> <p>Dianne Mansfield (observer) left the meeting at 16:38</p>	
23/51	<p>Date and Time of Next Meeting</p> <p>The next Council of Governors meeting will take place on 8 February 2024</p>	

1.5. Action Log

For Approval

Presented by Sheena McDonnell

Action Log from Council of Governors 13 December 2023

Meeting Date	Action	Assigned To	Due Date	Progress / Notes	Status
13 Dec 2023	Arrange meeting with Barnsley College, Governors and Chilypep to explore how to promote employment roles within the Trust.	Andrea Spencer	8 Feb 2024	Awaiting feedback from College and Chilypep to arrange suitable date for on-line meeting.	In Progress
13 Dec 2023	Ascertain any funding issues with Chilypep and provide findings to Chris Millington.	Andrea Spencer	8 Feb 2024	Information provided to Chris with regards to funding.	Completed
13 Dec 2023	Richard to provide feedback regarding mandatory EDI training	Richard Jenkins	8 Feb 2024	Verbal update to be provided at February COG	In Progress

2. Governance

2.1. CEO Update

Chairs Update

Lead Governors Update

Non-Executive Updates

For Assurance



COUNCIL OF GOVERNORS

8 February 2024



Operational Performance



- Emergency care standard
 - Performance against 4 hrs for type 1 at 56.3% against England performance of 54.7%
- Elective
 - Remain confident that the Trust will achieve no patients waiting over 65 weeks by the end of March 2024 in line with NHSE key priorities
 - 18-week RTT 69.2% with England performance at 57.4%
 - Capped Theatre utilisation at 72.9% in December
 - Overall the size of the patient waiting list has stabilised
- Cancer
 - Continue to perform well in maintaining fewer than 30 patients waiting over 62 days to start cancer treatment
- Diagnostics
 - The number of people waiting over 6 weeks for a diagnostic test continues to be one of the best in the country



Richard Jenkins - CEO

Staff

- Industrial Action
 - Two periods of planned Industrial Action in December 2023 and January 2024
 - Pressures have been challenging in terms of flow in and out of the hospital
 - Suspension of elective orthopaedic surgery for almost two weeks to support the required increase in inpatient bed capacity for emergency medical admissions
 - Overall coped well
- NHS Annual Staff Survey for 2023
 - The initial results have been received and are currently under embargo
 - Publication expected in March 2024
- HEART Awards 2024
 - The annual celebration has been scheduled for 24th May 2024 and nominations are now open



Partnership



Barnsley Hospital
NHS Foundation Trust

- The agreed partnership programme for Barnsley and Rotherham NHS Foundation Trusts continues to progress with regular scheduled meetings of the Joint Executive Team, Joint Senior Leaders Team, Joint Executive Delivery Group and Joint Strategic Partnership Board
- The Joint Development Programme for Senior Leaders is progressing well
- Continued joint approach at Acute Federation and ICB Level
- Official opening of the Mexborough Elective Orthopaedic Centre of Excellence took place in December 2023 with the first patients being treated at the centre in January 2024
- A new pathology partnership (Barnsley, Rotherham, Doncaster and Sheffield) will commence on 1st April 2024



Sheena McDonnell -Trust Chair

PROUD
to care



- Strategic Partnership
- MEOC
- New Governors
- Integrated Care Partnership
- Acute Federation
- Place Board
- EDI
- Non-Executive Recruitment
- Volunteers Celebration



Sheena McDonnell -Trust Chair

MEOC Visit





Tom Wood - Lead Governor



- MEOC Visit
- New Governors
- Board of directors update



NED update - Sue Ellis

People Committee

- Update on our Gender pay gap report
- Sickness management audit follow up and launch of new 'Supporting staff attendance policy'
- Staff car parking policy update
- NHS staff survey – early sight of encouraging results which are still embargoed
- Workforce metrics and insight – good news on statutory training compliance
- Presentation on the role of the Professional nurse advocate (PNA)



NED update - Sue Ellis

People Committee

Background

- Launched in March 2021
- Follows the PMA programme established within maternity services
- 1st clinical model of restorative supervision for Nurses in England
- Restorative supervision addresses the emotional needs of staff
- Provider organisations need to provide ratio of 1:20 qualified PNAs to registered nurses by 2025 – equates to 53 PNAs



NED update - Sue Ellis

People Committee

What is a Professional Nurse Advocate (PNA)?

- A registered nurse who has completed a university-based Level 7 accredited 20 credit PNA programme
- Assessed through either a competency portfolio, academic assessment or presentation
- The course enables nurses to facilitate restorative clinical supervision (RCS) amongst nursing colleagues





NED update - Sue Ellis

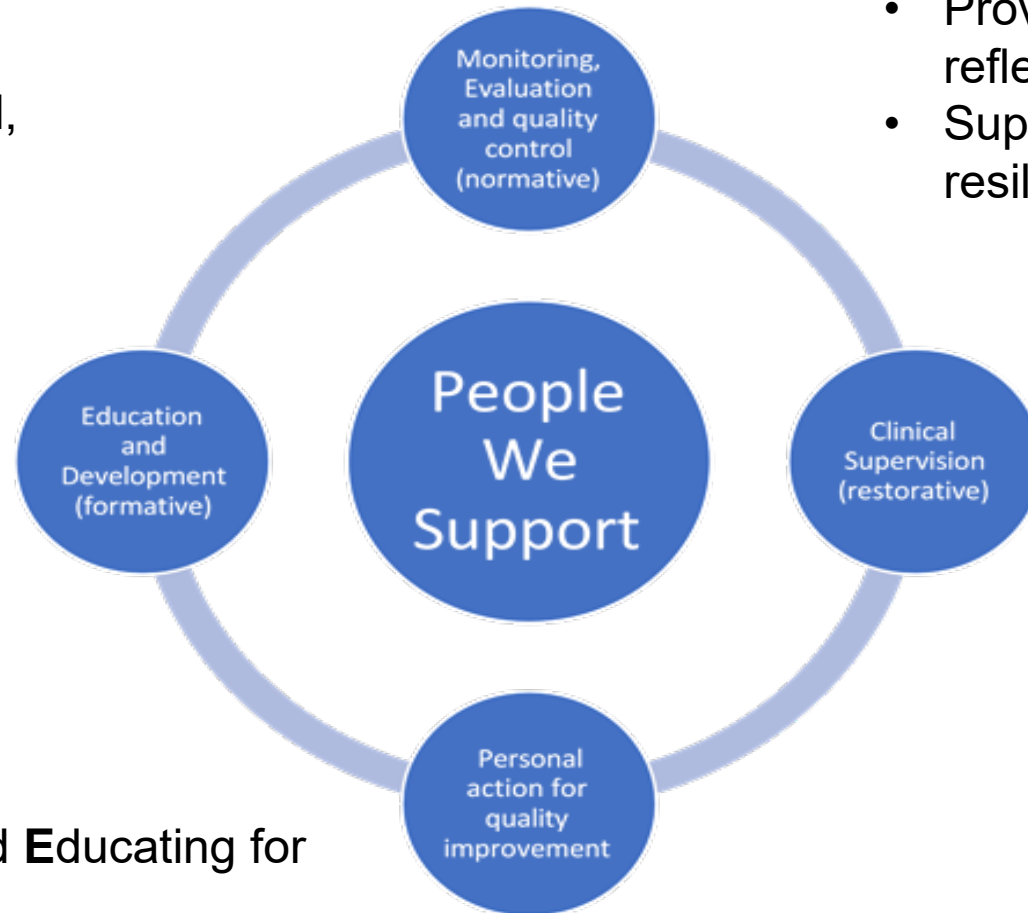
People Committee

What does a PNA do?

Clinical Support

- Advocate
- Demonstrate inspirational, motivational and visible leadership
- Support change
- Role model
- Promote psychological safety and situational awareness

- A-EQUIP - **A**dvocating and **E**ducating for **Q**uality **I**m**P**rovement

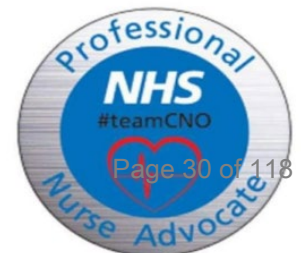


Wellbeing Support

- Professional support
- Provide opportunity for reflection
- Support development of resilience

Learning Support

- Develop a nurse's ideas and actions for QI and service improvement
- Revalidation and career development support
- Coaching through reflection on incidents





NED update - Sue Ellis

People Committee

Benefits of accessing a PNA

- For the individual:
 - Feel supported
 - Experience less stress, burnout and sickness absence
 - Develop personally and professionally
 - Be less inclined to leave the profession
 - Confidence increased
 - Feel less isolated
 - Develop clinical competence and knowledge
- For the organisation:
 - Have a means of developing practice to improve quality of patient care
 - Improved communication between professional groups, particularly where clinical supervision groups are multi-professional
 - Dissemination of good practice, shared learning
 - Reduced turnover of staff/sickness absence
 - Have a tool for maintaining, monitoring and developing good practice
 - Innovation encouraged; staff more motivated and have higher job satisfaction



NED update - Kevin Clifford

Q&G Committee

- Freedom to Speak Up Q3 Report
- Quarterly Research and Development Update
- National Cancer Patient Experience Survey
- Mortality Report
- Legal Services Report
- Mental Health Detentions Update
- Nursing, Midwifery, Therapy and Medical Staff Reports
- Maternity Services Board Measures Minimum Data Set
 - CNST
 - Saving Babies Lives v3
 - LMNS Assurance Visit



NED update - Kevin Clifford

Q&G Committee

- Infection Prevention and Control
 - 360 Assurance Cleaning Standards Final Report
- Health Inequalities Action Plan – Quarterly Update
- Medicines Management Committee Chairs Log
 - Medicines Optimisation Action Plan
 - Pharmacy Staffing Update
- Review of Terms of Reference

NED update – Stephen Radford

F&P Committee

PROUD
to care

Finance Update 2023/24

- As at month 9 the Trust has a consolidated year-to-date deficit of £3.57m against a planned deficit of £7.34m giving a favourable variance of £3.77m
- With only 3 months of the financial year remaining, the year-end forecast remains on track at £5.4m
- Efficiency & Productivity Programme (EPP) savings in the year-to-date are ahead of plan with cumulative saving of £9.9m Full year savings of £14.7m are now forecast, however, the level of recurrency is only 42%, which means a lot of the savings are one-off in nature
- The Committee approved the Pathology Network Full Business case following revision

Integrated Performance Report

- In December, performance continued to be impacted by strike action in the month, On average bed occupancy was 93% against the 92% planned, longer length of stay, higher than planned levels of staff sickness continue to be adverse to plan The Trust continued not to meet constitutional targets
- UEC 4 hour wait target – although down at 56.3%,the Trust still ranked 49th in England
- 18 Week RTT at 69% remained static against earlier months. Trust ranked 33rd in England
- There were 310 patients waiting longer than 52 weeks, target is nil patients over 65 weeks by March 24
- The number of patients on the waiting list decreased in November 2023 to 21,730
- Diagnostic waits for patients longer than 6 weeks increased again in the month to 5.4% against a target of 1%
- Cancer 28 Days Faster Diagnosis Trust performance was 75% against the 75% target ; 31 Days Treatment Standard the Trust performance was 93% against the 96% target. For 62 Days Treatment Standard Trust at 70% vs 85% target
- Staff turnover rate improved in the month to 9.6%. The sickness absence rate increased to 5.5%

Elective Recovery Update

- BHNFT elective recovery is continuing across the board
- The original target was for elective recovery at 103% of 2019/20 levels, but this has been reduced to 100% because of strike action by staff
- In the year-to-date actual delivery of activity against plan remains around 100% despite the loss of capacity
- Key concerns remain are ongoing industrial action and winter pressure

NED update – Nick Mapstone

Audit Committee - 17 Jan 2024

- **Losses and special payments**

The committee noted that £177,000 worth of medicines were written off up to the end of December in 2023/24. This compares with £50,000 for the same period in the prior year. The chief pharmacist attended to explain that the losses are attributed to a combination of human error, equipment failures and stock control failures. Current staffing levels (25 per cent of posts are vacant) are a contributing factor. Problems are mainly in ophthalmology and cancer services, where medicines are expensive. A further update is to be provided to the committee in March.

The trust has settled a claim for disability discrimination in relation to a service user with autism who was promised a designated parking space that was occupied on his or her arrival.

- **External audit**

The risk assessment and planned audit approach for the audit of the 2023/24 accounts were approved by the committee. The approach is similar to previous years with the same significant risks that the auditors will review (valuation of land and buildings; fraud risk; and management override of controls.)

- **Internal audit**

Internal audit reports on cleaning standards and data quality in diagnostic services have been issued since the last (October 2023) meeting. Both gave *Significant Assurance* opinions.

Terms of reference for audits of nutrition and clinical business unit governance have been agreed.

The Trust's implementation rates of internal audit recommendations have improved: 90 per cent of recommendations were delivered on time.

- **Counter fraud**

The trust's arrangements continue to comply with the NHS Counter Fraud Authority's functional standards. Two new fraud concerns have been raised since the last meeting. One alleges working elsewhere while on sick leave; the other is false representation (claiming additional hours during a substantive shift.)

2.2. Board of Directors Agenda 1 February 2024

For Assurance

Presented by Sheena McDonnell



REPORT TO THE COUNCIL OF GOVERNORS	REF:	CoG: 24/02/08/2.2
---	------	--------------------------

SUBJECT:	Public Board of Directors Agenda: 1 February 2024
-----------------	--

DATE:	8 FEBRUARY 2024
--------------	-----------------

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

PREPARED BY:	Sheena McDonnell, Chair
---------------------	-------------------------

SPONSORED BY:	Sheena McDonnell, Chair
----------------------	-------------------------

PRESENTED BY:	Sheena McDonnell, Chair
----------------------	-------------------------

STRATEGIC CONTEXT

EXECUTIVE SUMMARY

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

RECOMMENDATION

The Council of Governors is asked to receive and note the agenda for the Board meeting held on 1 February 2024.



Board of Directors: Public

Schedule	Thursday 1 February 2024, 9:30 AM — 12:00 PM GMT
Venue	Lecture Theatres 1 & 2, Education Centre, Barnsley Hospital NHS Foundation Trust
Organiser	Lindsay Watson

Agenda

9:30 AM	1. Introduction	(10 mins)	1
	1.1. Welcome and Apologies Apologies: Emma Parkes Observer: Frances Connelly, Lead Nurse, Children's Community Nursing Team/Children's Outpatient Department To Note - Presented by Sheena McDonnell		2
	1.2. Declarations of Interest To Note - Presented by Sheena McDonnell		3
	1.3. Minutes of the Meeting held on 7 December 2023 To Review/Approve - Presented by Sheena McDonnell		4
	1.4. Action Log To Review - Presented by Sheena McDonnell		16
	2. Culture		18
9:40 AM	2.1. Patient Story To Note - Presented by Sarah Moppett	(30 mins)	19
	2.2. Freedom to Speak Up Quarter Three Report: Theresa Rastall in attendance For Assurance - Presented by Steve Ned		21



10:10 AM	3. Assurance	(20 mins)	53
	3.1. Audit Committee Chair's Log: 17 January 2024 For Assurance - Presented by Nick Mapstone		54
	3.2. People Committee Chair's Log: 28 November 2023 For Assurance - Presented by Sue Ellis		59
	3.3. Quality and Governance Committee Chair's Log: 20 December 2023/24 January 2024 For Assurance/Review - Presented by Kevin Clifford		63
	3.4. Finance & Performance Committee Chair's Log: 21 December 2023/25 January 2024 For Assurance - Presented by Stephen Radford		73
	3.5. Barnsley Facilities Services Chair's Log For Assurance - Presented by David Plotts		86
	3.6. Executive Team Report and Chair's Log For Assurance - Presented by Richard Jenkins		95
10:30 AM	4. Strategy	(10 mins)	101
	4.1. Trust Objectives 2023/24: Quarter Three For Assurance - Presented by Bob Kirton		102
10:40 AM	5. Performance	(25 mins)	124
	5.1. Integrated Performance Report For Assurance - Presented by Lorraine Burnett		125
	5.2. Quarterly Mortality Report For Assurance - Presented by Simon Enright		158



	5.3. Maternity Services Board Measures Minimum Data Set: Sara Collier-Hield in attendance For Assurance - Presented by Sarah Moppett		174
11:05 AM	Break	(10 mins)	204
11:15 AM	6. Governance	(15 mins)	205
	6.1. Board Assurance Framework/Corporate Risk Register For Assurance/Approval - Presented by Angela Wendzicha		206
	6.2. Assurance Committee Terms of Reference: • Quality & Governance Committee • Finance & Performance Committee • People Committee For Assurance/Approval - Presented by Angela Wendzicha		241
11:30 AM	7. System Working	(5 mins)	264
	7.1. System Update To Note - Presented by Richard Jenkins and Bob Kirton		265
11:35 AM	8. For Information	(15 mins)	274
	8.1. Chair Report For Information - Presented by Sheena McDonnell		275
	8.2. Chief Executive Report For Information - Presented by Richard Jenkins		281
	8.3. NHS Horizon Report For Information - Presented by Richard Jenkins		286



	8.4. 2023/24 Work Plan (2024/25 work plan in development)		292
	To Note - Presented by Sheena McDonnell and Angela Wendzicha		
11:50 AM	9. Any Other Business	(10 mins)	303
	9.1. Questions from the Governors regarding the Business of the Meeting		304
	To Note - Presented by Sheena McDonnell		
	9.2. Questions from the Public regarding the Business of the Meeting		305
	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.		306
	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 4 April 2024 at 9.30 am		307

2.3. Public Board of Directors Minutes 7 December 2023

For Assurance

Presented by Sheena McDonnell



REPORT TO THE COUNCIL OF GOVERNORS	REF:	CoG:24/02/08/2.3
---	------	-------------------------

SUBJECT:	Public Board Minutes: 7 December 2023
-----------------	--

DATE:	8 FEBRUARY 2024
--------------	-----------------

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

PREPARED BY:	Sheena McDonnell, Chair
---------------------	-------------------------

SPONSORED BY:	Sheena McDonnell, Chair
----------------------	-------------------------

PRESENTED BY:	Sheena McDonnell, Chair
----------------------	-------------------------

STRATEGIC CONTEXT

EXECUTIVE SUMMARY

The minutes from Board of Directors held on 1 February provide the Council of Governors with an overview of the items of discussion, noting or agreement at the Board of Directors Meeting.

RECOMMENDATION

The Council of Governors is asked to receive and note the minutes of the Public Board meeting held on 7 December 2023



**Minutes of the meeting of the Board of Directors Public Session
 Thursday 7 December 2023 at 9.30 am, Lecture Theatre 1 & 2,
 Barnsley Hospital NHS Foundation Trust/virtually via zoom**

- PRESENT:**
- | | |
|------------------|---|
| Sheena McDonnell | Chair |
| Richard Jenkins | Chief Executive |
| Bob Kirton | Managing Director |
| Chris Thickett | Director of Finance |
| Sarah Moppett | Director of Nursing, Midwifery and AHPs |
| Steve Ned | Director of People |
| Nick Mapstone | Non-Executive Director (via zoom) |
| Sue Ellis | Non-Executive Director |
| Stephen Radford | Non-Executive Director |
| Kevin Clifford | Non-Executive Director |
| Gary Francis | Non-Executive Director |
| David Plotts | Non-Executive Director |
- IN ATTENDANCE:**
- | | |
|--------------------|--|
| Emma Parkes | Director of Communications & Marketing |
| Lorraine Burnett | Director of Operations |
| Tom Davidson | Director of ICT |
| James Griffiths | Deputy Medical Director |
| Neil Murphy | Associate Non-Executive Director |
| Angela Wendzicha | Director of Corporate Affairs |
| Emma Lavery | Deputy Director of People, min ref: 23/132 |
| Brogan Barry | Assistive Technology Technician, min ref: 23/132 |
| Sara Collier-Hield | Associate Director of Midwifery, min ref: 23/140 |
| Lindsay Watson | Corporate Governance Manager |
- OBSERVING:**
- | | |
|------------------|---------------------------------------|
| Tom Wood | Lead Governor, Council of Governors |
| Chris Millington | Public Governor, Council of Governors |
| Philip Carr | Pubic Governor, Council of Governors |
| Leanne Battley | Lead Nurse, Intensive Care Unit |
| Nick White | Corporate Governance Officer |
- APOLOGIES:**
- | | |
|-----------------|----------------------------------|
| Simon Enright | Medical Director |
| Nahim Ruhi-Khan | Associate Non-Executive Director |

	INTRODUCTION	
BoD 23/127	<p>Welcome/Apologies</p> <p>Sheena McDonnell welcomed members and attendees to the public session of the Board of Directors meeting. Apologies were noted as above.</p> <p>A warm welcome was given to Tom Wood, Lead Governor who was present as an observer on behalf of the Council of Governors.</p>	

<p>BoD 23/128</p>	<p>Declarations of Interest</p> <p>The standing declarations of interest were noted by Richard Jenkins, Chief Executive Officer and Angela Wendzicha, Director of Corporate Affairs for their joint roles between Barnsley Hospital NHS Foundation Trust (BHNFT) and The Rotherham NHS Foundation Trust (TRFT).</p> <p>A declaration of interest was noted from Lorraine Burnett and David Plotts as Directors of Barnsley Facilities Services (BFS).</p> <p>No new interests were declared.</p>	
<p>BoD 23/129</p>	<p>Quoracy</p> <p>The meeting was quorate.</p>	
<p>BoD 23/130</p>	<p>Minutes of the Meeting held on 5 October 2023</p> <p>The minutes of the meeting held on 5 October 2023 were reviewed and approved as an accurate record of events.</p>	
<p>BoD 23/131</p>	<p>Action Log</p> <p>The action log was reviewed, noting all actions from the previous meeting were complete.</p>	
<p>BoD 23/132</p>	<p>Staff Story: Apprenticeship Programme</p> <p>Emma Lavery and Brogan Barry were in attendance to present the staff story on the apprenticeship programme.</p> <p>The apprenticeship programme, formally the Youth Training Scheme (YTS), has been supported by the Trust since 1983 and currently has 147 learners accessing the programme, 88 of which are internal staff, with several colleagues who commenced the YTS scheme having received their 30 years long service awards. The apprenticeship team also works with the Princes Trust and currently has five learners who have recently commenced on the programme.</p> <p>Barry Brogan started his career at the age of 16 as an apprentice and after working in various roles within the Trust, is currently working as an Assistive Technology Technician in the Assistant Technology Department. He is currently studying for a Higher Secondary Certificate Degree in Clinical Engineering, which has been fully funded by the programme. Working alongside the Learning and Development Department, he has completed a case study to promote the opportunities available within the Trust as part of his career progression and pathway.</p> <p>The Board members praised the apprenticeship scheme undertaken within the Trust noting the incredible achievements, acknowledging this is a credit to the team for the commitment and support provided.</p> <p>On behalf of the Board, Brogan Barry was thanked for sharing his career journey since commencing the programme and congratulated him on his achievements to date, wishing him well for future endeavours.</p>	

	ASSURANCE	
BoD 23/133	<p>Audit Committee Chair's Log</p> <p>Nick Mapstone introduced the chair's log from the meeting held on 11 October 2023 which was noted and received by the Board.</p> <p>In response to a question raised regarding the eight internal audit recommendations that have not been implemented; the Board was informed this related to all internal audit reports that have been issued.</p> <p>With regards to the write-offs of medicines, Chris Thickett is reviewing this with the Chief Pharmacist and an update will be provided to the Audit Committee in January 2024.</p>	
BoD 23/133	<p>People Committee Chair's Log</p> <p>Sue Ellis introduced the chair's log from the meeting held on 28 November 2023 which was noted and received by the Board. Several reports were presented including the Internal Audit on Long-Term Sickness Absence, Equality, Diversity and Inclusion Annual Report and the Annual Gender Pay Gap Report.</p> <p>The Committee noted that <i>limited assurance</i> was provided following the internal audit on long-term sickness absence; two actions were recommended following which a sub-group has been established to implement a training package for managers to support the launch of the new policy. Further feedback will be provided to the People Committee in January 2024.</p> <p>The Organisational Development and Culture Strategy had been included for information which was duly noted and received by the Board.</p> <p>The Sexual Safety Charter had been included for information which was duly noted and received by the Board.</p> <p>On 4 September 2023, NHS England (NHSE) published the first sexual safety charter, in collaboration with key partners across the healthcare system, which commits to taking and enforcing a zero tolerance approach to inappropriate and/or harmful sexual behaviours within the workplace. Following discussion at the People Committee, members agreed to add the Trust's name to the list of signatories to the charter. The charter will be published internally and externally on the Trust's website. Action: <i>Communications Team to publish the charter on the website.</i></p>	EP
BoD 23/134	<p>Quality and Governance Committee Chair's Log</p> <p>Kevin Clifford and Gary Francis presented the chair's logs from the meetings held on 25 October and 29 November 2023 which were noted and received by the Board. Several reports were presented including; Commitment to Safety; Systems to listen and respond to concerns and action warning signs in light of recent events at the Countess of Chester Hospital, approval of the revised consent policy, annual NHSE Emergency Core Preparation Standards and a quarterly update on research and development.</p> <p>At the November 2023 meeting, the Committee received the annual NHSE</p>	

	<p>Emergency Core Preparation Standards, the latest compliance being 19% against the revised standards, with an average rate for Trusts participating being between 40 – 60%. To achieve partial compliance Trusts must achieve at least 71%. The Board was reassured there are mitigations in place to ensure improvements are made and it was agreed that a progress report will be presented to the Committee in March 2023.</p> <p>Lorraine Burnett informed work is ongoing within the NHS to develop a central improvement model in relation to the Emergency Core Preparation Standards as seen across the Midlands, North East and Yorkshire to share good practices. Richard Jenkins advised there has been no change to the preparedness for the Trust commenting that all Trusts within the South Yorkshire region are in a similar position. The Board was informed there are no concerns for the Trust in being able to respond to critical/major incidents and is fully compliant with the Civil Contingency Act 2004. The Board will be kept updated on progress.</p> <p>In response to a question raised regarding the timeframe for updating policies; Lorraine Burnett confirmed processes are in place to ensure revised policies are ratified within an adequate timeframe. This review process was implemented at a regional level and the Trust will ensure it is compliant with the changes going forward.</p>	
<p>BoD 23/135</p>	<p>Annual Health and Safety Report</p> <p>The Annual Health and Safety Report which highlights the Fire, Health and Safety Performance of the Trust from 1 April 2022 to 31 March 2023 was received and endorsed by the Board.</p>	
<p>BoD 23/136</p>	<p>Finance & Performance Committee Chair's Log</p> <p>Stephen Radford presented the chair's logs from the meetings held on 26 October and 30 November 2023 which were noted by the Board. Arising from the report the following key points were raised:</p> <ul style="list-style-type: none"> • The financial position of the Trust remains on track being slightly ahead of plan year to date. The full year forecast position had improved to a £5.4m deficit as opposed to the original submission plan of an £11.2m deficit as reported at the last meeting. • The Committee received the latest update on the Efficiency and Productivity Programme for 2023/24; 24 out of 42 schemes had been delivered and the overall programme is on track to deliver savings of £12.5m. • As a result of the power outage incident that occurred on 12 May 2023, an external review was commissioned by the Trust. The report from Sudlows was reviewed by the Committee where it was noted an integrated action plan has been established following several recommendations within the report, due to be completed by April 2024. This has been added to the corporate risk register, Risk 2976. • The Patient Flow Business Case was received and approved by the Committee, this will be discussed in further detail at the private board session today. <p>Chris Thickett provided a verbal update on the Trust and Integrated Care Board (ICB) financial position. After a national funding settlement request that was</p>	

	<p>announced on 7 November 2023, all providers were asked to submit a revised forecast to NHSE by Wednesday 22 November 2023. Following several measures worked through to reduce the deficit, ICB's total position was reduced from £109m to a £55m gap, the improved position for the Trust being a £5.4m deficit.</p> <p>On behalf of the Board, Chris Thickett and the Finance Team were commended for their hard work and commitment to the Trust in reducing the financial pressure to achieve a favourable position.</p>	
BoD 23/137	<p>Barnsley Facilities Services Chair's Log</p> <p>David Plotts introduced the chair's logs from the meetings held in October and November 2023 which were noted and received by the Board.</p> <p>The key highlights from the reports were the imminent opening of Ward 37 following the ward refurbishments, ongoing work with Barnsley Metropolitan Council (BMBC) to review car parking solutions and the completion of the lift refurbishment works.</p>	
BoD 23/138	<p>Executive Team Report and Chair's Log</p> <p>Richard Jenkins presented the chair's log from the meetings held throughout September, October and November 2023 which was noted and received.</p> <p>The key focus of the report was the current position regarding the industrial action. The British Medical Association (BMA) had made a recommendation to the Consultant body to undergo further ballots to commence further industrial action (IA) if required. The Specialty and Specialist Doctors are currently undergoing a ballot that closes mid-December where is anticipated this will be in favour of further IA.</p> <p>Arising from the recent pay negotiations for the Junior Doctors the most recent offer was declined by the BMA and announced a further nine days strike action would be held; three days from 7.00 am Wednesday 20 December to 7.00 am Friday 23 December 2023, and six days from 7.00 am on Wednesday 3 January 2024 to 7.00 am on Tuesday 9 January 2024. This will be a challenging time for the Trust which will cause a significant amount of disruption and additional pressures on the delivery of services and staffing. The Board was informed detailed plans are being developed to mitigate the risks to ensure safe staffing and patient care is maintained.</p>	
	PERFORMANCE	
BoD 23/139	<p>Integrated Performance Report</p> <p>Lorraine Burnett introduced the Integrated Performance Report for October 2023 providing an overview of performance and challenges throughout the Trust, which had been scrutinised and discussed at length at the recent Assurance Committees.</p> <p>Performance: Emergency care performance against the four-hour standard was reported at 65.7%, with an average bed occupancy of 94%. The Trust's winter plan was based on the same activity as the previous year around 80 admissions, the Trust is currently reporting 100 admissions a day. The bed</p>	

	<p>reconfiguration programme is still being worked through, 38 additional beds had recently opened on Ward 31/32 in early October 2023 and work is ongoing to relocate the Respiratory High Dependency Unit.</p> <p>There have been improvements seen with the size of the waiting lists, which has now stabilised, this will be kept under review.</p> <p>Cancer: Performance against the 62-day referral to treatment standard has achieved over 70%, against the national standard of 85%.</p> <p>People: The Trust has exceeded the standard for appraisal and mandatory training, reported at 93.3% and 90.9% respectively, with sickness remaining above target at 5.5%.</p> <p>The Board was informed of a correction with regards to the diagnostics performance information, noting further work is ongoing with the Director of ICT and Chief Operations Officer to ensure future errors are minimised before being published in the public domain.</p> <p>A question was raised regarding the performance dashboard for Barnsley Place referring to the increased trajectory of 33,000 patients waiting for appointments; asking if the extent to which this is driven is known ie, increased referrals from General Practitioners or the impact of the recent strike action. Action: <i>Lorraine Burnett agreed to acquire the details and a full breakdown will be provided in due course.</i></p> <p>Following the question raised by the Council of Governors before the meeting regarding inter-provider transfers for when a patient has been diagnosed with cancer; Lorraine Burnett said the Trust is looking to refer patients to the tertiary centre within 38 days for treatment. A detailed action plan has been established and work is ongoing to ensure the Trust achieves the trajectory of 85% within two to three years.</p> <p>The Board noted and received the IPR for October 2023.</p>	LB
<p>BoD 23/140</p>	<p>Maternity Services Board Measures Minimum Data Set</p> <p>Sara Collier-Hield was in attendance to provide an update on the maternity services board measures minimum data set, to maintain oversight of services within Barnsley. Arising from the report the following points were raised:</p> <ul style="list-style-type: none"> • No new cases were referred to the Healthcare Safety Investigation Branch (HSIB). • There were no new serious incidents (SI) or high-level (HLR) reviews declared, three SI reviews are currently ongoing. • The perinatal quad team held the first initial support meeting with the Board Safety Champions. • PROMPT Training compliance: challenges remain ongoing due to operational pressures as a result of the industrial action, currently reported at 80% as of 30 November 2023. The Clinical Negligence Schemes for Trusts (CNST) Safety Action Eight states a training compliance of 90% is to be achieved. The Board was assured additional sessions have been 	

	<p>planned and by 1 February 2024, 90% compliance will have been achieved.</p> <p>The Board was made aware that an NHS Resolution: Maternity Incentive Scheme Year 5 presentation will be provided at the Board Strategic Session in January 2024, before the submission deadline of 1 February 2024.</p> <p>As required by the NHS Resolution for Clinical Negligence Scheme for Trusts (CNST), the Board was asked to note and have oversight of the following:</p> <ul style="list-style-type: none"> • SA3: The ATAIN action plan and the action plan for compliance with the British Association of Perinatal Medicine (BAPM) Transitional Care Standards. • SA4: Compensatory rest action plan • SA4: Acknowledgement that the BAPM standards for medical staffing are met • SA4: Acknowledgment that the BAPM standards for neonatal nurse staffing are met • SA8: Training needs analysis and plan to be approved. Actions to achieve 90% training compliance to be acknowledged. • SA9: Evidence the Trust Board level Safety Champions have engaged with the NHS Futures workspace; which resources have been accessed and how these have been beneficial to the role. • SA9: The Board minutes to acknowledge that the Board Safety Champions have met the Perinatal Quad team and are supporting their work around culture. • SA10: Evidence of compliance with the statutory Duty of Candour <p>The Board received and endorsed the above, which had been included with the combined papers for reference.</p>	
<p>BoD 23/141</p>	<p>Midwifery Staffing Report: Six-Month Update</p> <p>Sara Collier-Hield presented the report providing an update on the current staffing position within the Trust which was noted and received by the Board.</p> <p>Despite the staffing issues experienced due to several reasons including sickness absence and staff shortages, throughout the reporting period, the Board was pleased to note the improving picture within the department. Several newly qualified midwives have been recruited and are due to commence in post within the next few months.</p>	
<p>BoD 23/142</p>	<p>Trust Objectives 2023/24: Quarter Two</p> <p>Bob Kirton presented the Trust Objectives report for quarter two of 2023/24 providing a high-level summary of the key highlights and concerns for the Trust, which had previously been presented and received by the assurance committees.</p> <p>The Trust had progressed well despite a challenging period across several areas as agreed at the beginning of the year. A key concern for the Trust is the impact of the recent industrial action and the potential of further strikes which may impact on service delivery of planned and urgent care.</p>	

	The Board received and endorsed the report as an assurance of progress made against the Trust Objectives for 2023/24.	
	GOVERNANCE	
BoD 23/143	<p>Board Assurance Framework/Corporate Risk Register</p> <p>Angela Wendzicha introduced the Board Assurance Framework (BAF) and Corporate Risk Register (CRR), providing an update on the latest position. Both documents were presented and fully scrutinised by the Executive Team and Assurance Committees.</p> <p>There are currently 13 risks on the BAF; two extreme (15+) and six high (12), no changes have been made to the scoring of risks since the last presentation to the Board in October 2023. There is a recommendation for the Board to agree and approve the change to the descriptor of Risk 2598 which is outlined within the paper.</p> <p>The Board received and endorsed the amendments to the risk descriptor.</p> <p>There are currently six risks on the CRR noting no change has been made to the scoring of the risks since the last presentation to the Board in October 2023. As previously ratified by the Board in October 2023, Risks 2868/2897 had been amalgamated to Risk 2976 regarding the risk of major operational/service disruption due to digital system infrastructure and air condition, scored at 16.</p> <p>The Board noted and received the report.</p> <p>Before the meeting and on behalf of the Council of Governors the following question was raised:</p> <p>Does the Board have sight of the Risk Register; Angela Wendzicha informed the Board has sight of the CRR which relates to high risks scored 12+ commenting both the CRR and BAF are presented and fully scrutinised by the Executive Team and Assurance Committees. All other risks are reviewed by the Clinical Business Units, which is then scrutinised by the Risk Management Group, with a chair's report presented to the Executive Team. There are clear and robust processes in place to ensure all risks are escalated appropriately via several governance routes. A suggestion was made to include an update of the BAF/CRR at a future insight session for the Council of Governors, to provide further knowledge and an understanding of risk registers and the processes in place. Action: add to a further Council of Governor insight session work plan.</p>	AW
	SYSTEM WORKING	
BoD 23/144	<p>Barnsley Place Board</p> <p>Bob Kirton presented the Barnsley Place Partnership update providing a brief overview of the key activities, progress to date and events that have taken place within the reporting period.</p> <p>Following a query raised regarding how this work aligns with specific areas of Barnsley; Bob Kirton agreed future reports would include the key themes and progress of locally driven campaigns. Action: key themes and progress to be included in future reports.</p>	BK

	<p>An update regarding Place across the Acute Federation and South Yorkshire Integrated Care System Partnership Working would also be provided at a future Council of Governors meeting. Action: <i>add to the CoG work plan for a future meeting.</i></p> <p>The Board was asked to consider the format of the new report and provide feedback on the content; the report was well received by colleagues which was noted to be positive and helpful.</p>	AW
BoD 23/145	<p>Acute Federation</p> <p>Richard Jenkins provided a verbal update on the recent work for the Acute Federation which included, work continuing with the aggregate financial position for the partners with a joint development meeting that has been scheduled early in the new year to develop the qualitative metrics for each Trust to achieve. The Pathology Business Case has been worked through which will be discussed further at the private session of the Board.</p> <p>The Board noted and received the update.</p>	
BoD 23/146	<p>Integrated Care Board Update</p> <p>The ICB Chief Executive Report had been included for information, which was duly noted by the Board.</p> <p>The Board was provided with a verbal update on the recent work for the Integrated Care Partnership (ICP) which included smoking cessation and the QUIT programme which is focussed on reducing the smoking prevalence in South Yorkshire. The QUIT Group has responded to the suggestion of increasing the legal age of purchasing tobacco in an attempt to reduce the smoking rates in younger people.</p> <p>In response to a comment regarding vaping; Richard Jenkins stated the Trust is supportive of the restrictions to help reduce vaping amongst younger people.</p>	
	FOR INFORMATION	
BoD 23/147	<p>Chair Report</p> <p>Sheena McDonnell introduced the chair's report which provided a summary of events, meetings, publications, and decisions that require bringing to the attention of the Board.</p> <p>The Board noted and received the report.</p>	
BoD 23/148	<p>Chief Executive Report</p> <p>Richard Jenkins presented his report providing information on several internal, regional, and national matters that had occurred following the last Board meeting.</p> <p>The Board noted and received the report.</p>	
BoD 23/149	<p>NHS Horizon Report</p> <p>Emma Parkes presented the report which provided an overview of NHS Choices Reviews; reviews of strategic developments and national and regional</p>	

	initiatives.	
	The Board noted and received the report.	
BoD 23/150	2023/24 Work Plan The work plan, which sets out the structure of the year ahead was included for information. The Board was informed of work in progress to review and realign the work plan.	
	ANY OTHER BUSINESS	
BoD 23/151	Any other Business On behalf of the Board, Sheena McDonnell formally acknowledged and thanked Neil Murphy, Associate Non-Executive Director for his support and dedication to the Trust during his term of office, wishing him well for the future.	
BoD 23/152	Questions from the Governors regarding the Business of the Meeting On behalf of the Council of Governors, Trust Members and Constituents, Tom Wood, Lead Governor submitted several questions before the Board meeting: <ul style="list-style-type: none"> • Approximately 20,000 people are awaiting care and treatment in Barnsley, what strategy is in place to reduce this and what are the projections for this reduction? • The occupancy rates have increased to the point where the hospital is at Operational Pressures Escalation Level three. Can we be assured there is a robust strategy to manage this including the efforts gone into increasing capacity? Could governors be given a high-level explanation of what is being done to manage this or any other issues of this nature? • What is the percentage of medical staff vacancies within the hospital? • How does Barnsley compare to other hospitals with the number of non-medical staff i.e. Anaesthetic Associates, Physician Associates and Nurse Practitioners? • Does the directorate plan to reduce quarter one answer by employing non-medical staff to fill the gap? • Can assurance be provided that measures to reduce vacancies will not harm the delivery of patient services? • A theme amongst staff appears to be that managers are not listening to concerns. How can this be addressed? • Covid and Flu vaccination uptake, the current uptake has been reported around 55%. What is the current uptake and can assurance be provided that this is being taken to promote vaccinations and how is this being pursued? • Quality and Governance Chairs Log 25 October 2023; Can assurance be provided that all items referenced under the Care Quality Commission (CQC) Action Plan are being addressed? • Can assurance be provided that the situation regarding the leadership of Pharmacy is being addressed? • With increasing financial pressure and the hospital operating in deficit, albeit in a better position than originally budgeted, are there any services likely to be impacted due to cutbacks and when would the impact be seen? • If services are affected, can assurance be provided that there is a robust 	

	<p>strategy in place for the hospital to maintain positive momentum in achieving metrics set locally and nationally?</p> <p>The Board agreed these would be circulated to the Executive/Non-Executive Directors for feedback and once complete, the responses will be shared with the Governors. Action: <i>questions to be circulated and feedback provided in due course.</i></p> <p>The following questions were raised by Governors observing the meeting:</p> <p>Can Governors be notified of ongoing projects at the Trust? David Plotts informed following discussion with the Managing Director of BFS, it was agreed a briefing could be compiled to provide a brief overview of the current/potential projects planned for the future. This will either be presented to the Council of Governor Meetings as a separate item or be included within the BFS chair's log. With regards to the Macmillan Pod, the Board agreed that a brief update would be provided to the Board and Council of Governors. Action: <i>Macmillan Pod update to be provided to the Board of Directors and Council of Governors.</i></p> <p>Has the Trust any thoughts on looking into a park and ride service? Sheena McDonnell informed work is currently ongoing with BMBC, who are undertaking a feasibility option, the outcome of which is awaited.</p>	<p>SM</p> <p>LB</p>
<p>BoD 23/153</p>	<p>Questions from the Public regarding the Business of the Meeting</p> <p>Before the meeting, a statement had been published on the Trust's website inviting questions from members of the public. No questions were submitted.</p>	
<p>BoD 23/154</p>	<p>Date of next meeting</p> <p>The next Board of Directors Public Session is to be held on Thursday 1 February 2023, at 9.30 am in Lecture Theatre 1 & 2, Education Centre, BHNFT.</p> <p>In accordance with the Trust's constitution and Standing Orders, it was resolved that members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted.</p>	

3. Information Only

3.1. Partner & Local Authority Governor

Feedback:

JTUC

Barnsley College

Sheffield Hallam

Sheffield Medical School

To Note

Presented by Sheena McDonnell

3.2. Integrated Performance Report

For Assurance

Presented by Sheena McDonnell



REPORT TO THE COUNCIL OF GOVERNORS	REF:	CoG: 24/02/08/3.2
---	------	--------------------------

SUBJECT:	INTEGRATED PERFORMANCE REPORT
-----------------	--------------------------------------

DATE:	8 FEBRUARY 2024
--------------	-----------------

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, Chief Operating Officer
---------------------	---

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

PRESENTED BY:	Sheena McDonnell, Chair
----------------------	-------------------------

STRATEGIC CONTEXT

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

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

EXECUTIVE SUMMARY

The attached Integrated Performance report covers performance metrics from December 2023. Specific metrics may be November data due to reporting timescales. December was again impacted by Industrial Action in the lead-up to Christmas.

Patients:

Quality metrics remain stable. For the past 4 consecutive months, the number of falls / 1000 bed days and the number of hospital acquired pressure ulcers have been below Trust average. There were 2 Clostridioides infections which makes it highly likely that we will exceed the mandated NHSI total target for 23/24.

We responded to 86.4% of formal complaints within 40 days, an improvement from 79.2% in November.

People:

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

Appraisal: above target of 90% at 92.9%. Compliance reports are distributed weekly.

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

Mandatory Training: At 92.7% against Trust target of 90%. Weekly progress reports distributed.

Performance:

UEC: Performance against 4 hrs for type 1 was 56.3% against the England performance of 54.74%. Bed occupancy for December was on average 93% and average length of stay remains above target.

RTT: 69.2% performance which benchmarks well against with England performance at 57.4%. There are 310 patients waiting 52 weeks and above. Operational managers are working on trajectories to ensure no patients are waiting above 65 weeks by end March 2024, in line with NHSE key priorities. The deterioration in the 18-week performance relates to the increase in treatments for the longest waiting patients. Overall the size of the patient waiting list has stabilised. All pathways are validated down to 12 weeks.

The table below provides a summary snapshot by patients waiting by speciality and weeks wait:

Capped Theatre Utilisation: 72.9% in December, down from 76% in November (a reduction of 3.1%)

Diagnostics: In December BHNFT achieved 5.4% against the constitutional target with <1% of patients waiting longer than 6 weeks for a diagnostic test compared with the England performance of 24.7%.

Cancer: From 1 October 2023, the standards measuring waiting times for cancer diagnosis and treatment have been updated. The NHS has moved from the 10 different standards and replaced with three. There has been a drop in the 62-day treatment standard.

Finance: As at month 9 the Trust has a consolidated year to date deficit of £3.580m against a planned deficit of £7.349m giving a favourable variance of £3.769m. Pay costs continue to come under pressure as a consequence of length of stay, bed occupancy and sickness levels being above target; along with increased costs of covering industrial action. Total income is £0.720m adverse to plan, mainly due to the underperformance on clinical income. Capital expenditure for the year is £5.795m, which is £2.751m below plan.

The breakdown of the waiting list by speciality (unvalidated) as at 16/01/24:

Spec	RTT %	<18	18-26	27-51	52-64	65-77	78-103	Total
BREAST SURGERY	97.74%	216	5					221
CARDIOLOGY	93.41%	709	30	20				759
CLINICAL HAEMATOLOGY	90.40%	273	23	6				302
COMMUNITY PAEDIATRICS	89.00%	89	8	3				100
DERMATOLOGY	53.74%	1,019	366	511				1,896
DIABETIC MEDICINE	94.19%	81	3	2				86
ENDOCRINOLOGY	80.48%	268	58	7				333
ENDOSCOPY	100.00%	6						6
ENT	66.12%	1,700	592	279				2,571
GASTROENTEROLOGY	92.78%	810	55	8				873
GENERAL MEDICINE	100.00%	5						5
GENERAL SURGERY	69.82%	944	185	220	2	1		1,352
GERIATRIC MEDICINE	98.25%	112	2					114
GYNAECOLOGY	53.08%	1,231	439	629	19	1		2,319
HEPATOLOGY	95.65%	132	6					138
MAXILLO-FACIAL SURGERY	65.18%	1,052	213	317	26	6		1,614
OPHTHALMOLOGY	80.47%	1,430	215	131	1			1,777
ORAL SURGERY	19.31%	90	67	212	71	26		466
ORTHODONTICS	23.00%	46	34	94	21	2	3	200

PAEDIATRIC CARDIOLOGY	87.50%	7	1					8
PAEDIATRIC DERMATOLOGY	85.19%	161	20	8				189
PAEDIATRIC EAR NOSE AND THROAT	81.97%	250	32	23				305
PAEDIATRIC EPILEPSY	100.00%	19						19
PAEDIATRIC OPHTHALMOLOGY	95.31%	244	9	3				256
PAEDIATRIC TRAUMA AND ORTHOPAEDICS	91.41%	149	7	5	1		1	163
PAEDIATRICS	81.24%	589	109	27				725
RESPIRATORY MEDICINE (THORACIC MEDICINE)	60.77%	663	119	303	6			1,091
RHEUMATOLOGY	87.17%	163	22	2				187
STROKE MEDICINE	100.00%	1						1
TRAUMA & ORTHOPAEDICS	48.64%	1,180	448	675	99	23	1	2,426
UROLOGY	76.37%	753	112	120	1			986
VASCULAR SURGERY	66.78%	189	57	37				283
Total	66.97%	14,581	3,237	3,642	247	59	5	21,771

Note: Paediatric Trauma & Orthopaedics is mutual aid patient.

RECOMMENDATIONS

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

Barnsley Hospital Integrated Performance Report

Reporting Period: December 2023

Assurance



Consistently
hit
target



Hit and miss
target subject
to random



Consistently
fail
target

Performance



Special Cause
Concerning
variation



Special Cause
Improving
variation



Special Cause
Improving
variation



Special Cause
Improving
variation



Common
Cause

High Level Assurance

Can we reliably hit the target?

Blue = will reliably hit the target

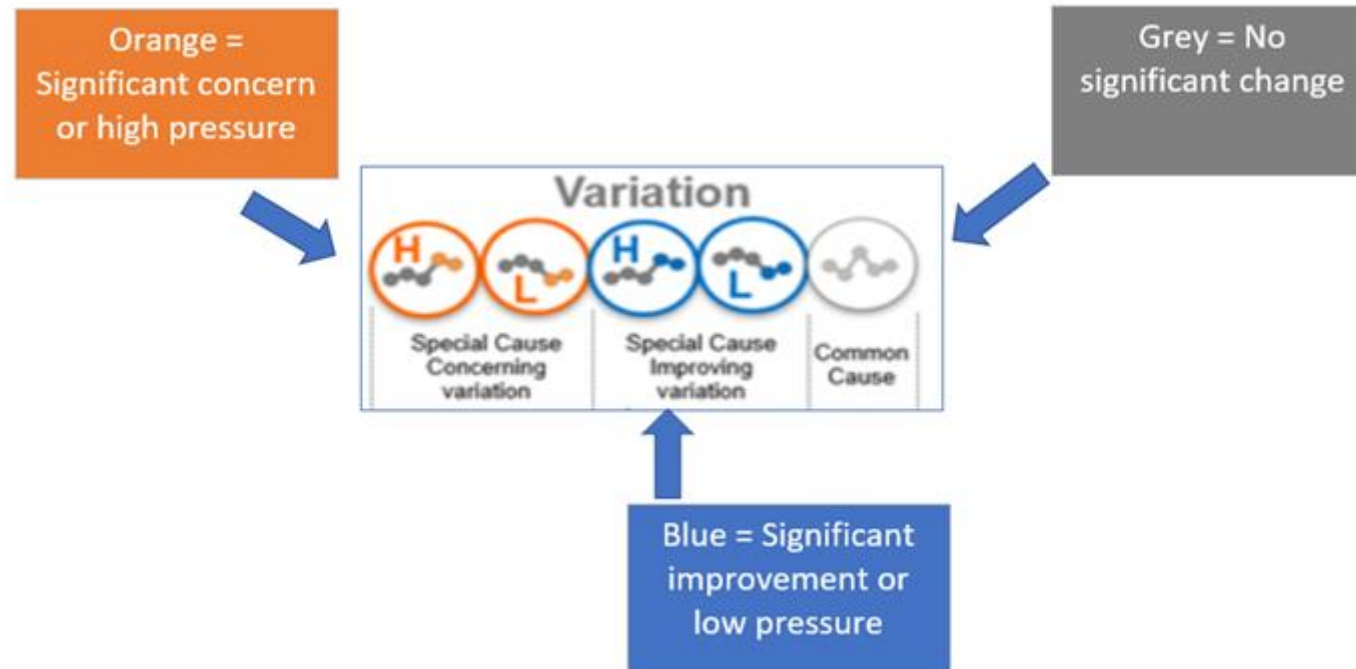
Orange = System change required to hit the target





















Grey = will hit and miss the target

High Level Key Performance













Are we improving, declining or staying the same?



Summary icon descriptions

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

Summary icon descriptions

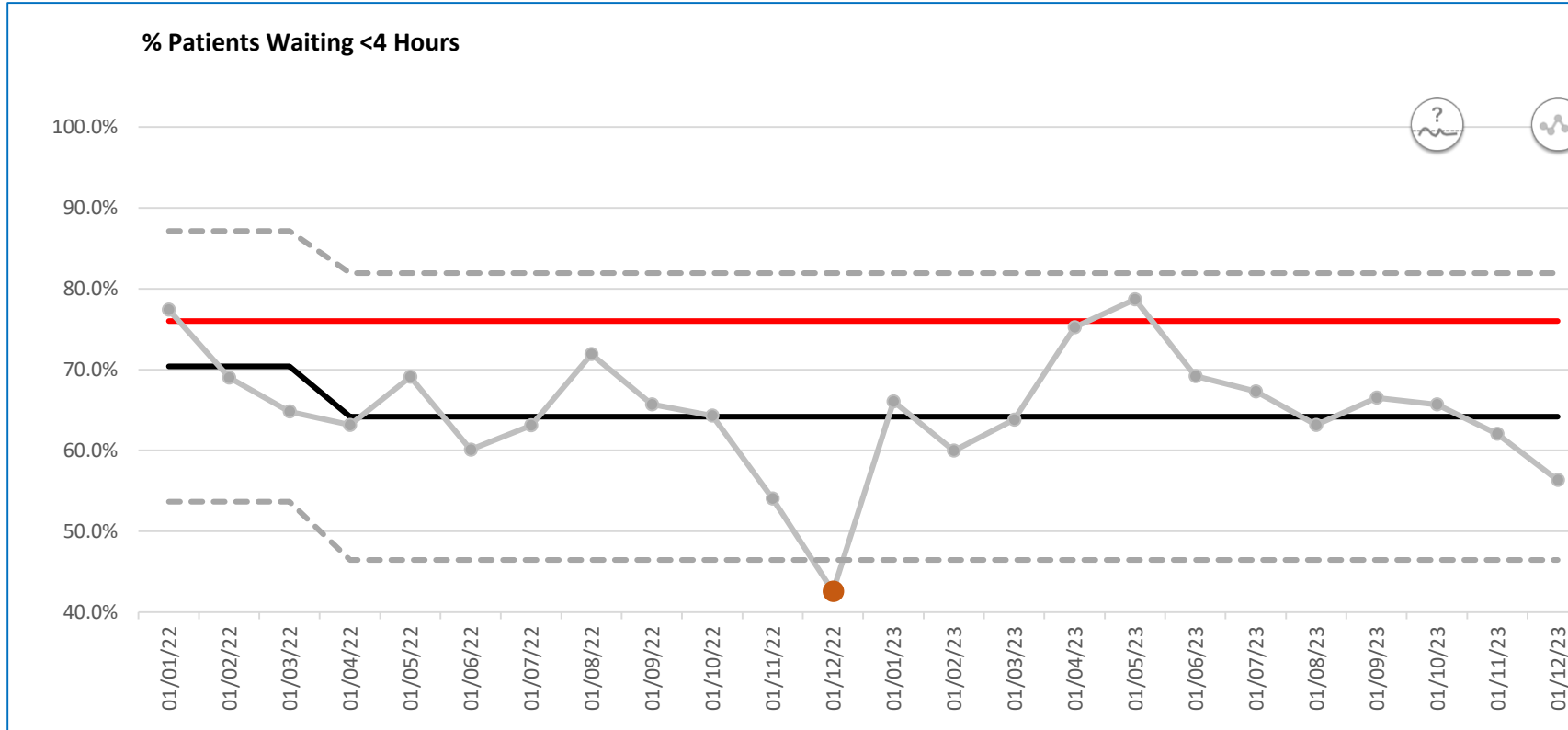
Assure	Perform	Description
		Special cause of a concerning nature where the measure is significantly LOWER . This process is not capable. It will FAIL the target without process redesign.
		Special cause of a concerning nature where the measure is significantly LOWER . However the process is capable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

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

KPI	Latest month	Measure	Target	Assurance	Performance	Mean	Lower process limit	Upper process limit
Patient Safety Incident Investigations	Dec 23	5	0			3	-8	14
Incidents Involving Death	Dec 23	3	0			1	-2	5
Incidents Involving Severe Harm	Dec 23	1	0			2	-2	5
Never Events	Dec 23	1	0			0	0	0
Falls per 1000 bed days	Dec 23	7.8	7.0			8.6	6.2	11.0
Falls Resulting in moderate harm or above	Dec 23	3.0	1.8			2.3	-2.3	7.0
Hospital Acquired Pressure Ulcers	Nov 23	34	0			50	26	73
Hand washing	Dec 23	95%	95%			96%	90%	102%
Q - Hospital Acquired Clostridioides difficile	Dec 23	2.0	2.8			3.4	-3.4	10.2
Q - Hospital Acquired MRSA Bacteraemia	Dec 23	0	0			0	0	1
Number of complaints	Dec 23	23				24	8	41
Complaints closed within standard	Dec 23	86.4%	90.0%			68.2%	40.6%	95.7%
Complaints re-opened	Dec 23	0	0			0	-1	2
FFT Trustwide Positivity	Dec 23	89.6%	95.0%			90.7%	81.7%	99.7%

KPI	Latest month	Measure	Target	Assurance	Performance	Mean	Lower process limit	Upper process limit
% Patients Waiting <4 Hours	Dec 23	56.3%	76.0%			64.2%	46.4%	81.9%
RTT Incomplete Pathways	Nov 23	69.2%	92.0%			76.0%	73.2%	78.9%
RTT 52 Week Breaches	Nov 23	257	0			141	95	187
RTT Total Waiting List Size	Nov 23	21730	14500			20156	19196	21116
% Diagnostic patients waiting more than 6 weeks (DM01)	Dec 23	5.4%	1.0%			8.5%	0.8%	16.2%
% Cancelled Operations	Dec 23	0.6%	0.8%			0.9%	-0.5%	2.3%
DNA Rates - Total	Dec 23	7.7%	6.9%			7.9%	6.8%	9.0%
Average Length of Stay - Elective - Spell	Dec 23	2.9	3.5			3.2	1.9	4.4
Average Length of Stay - Non-Elective - Spell	Dec 23	3.7	3.5			3.7	3.3	4.2
Bed Occupancy General and Acute % Overnight	Dec 23	90.6%	85.0%					
Data Quality - % pathways with metrics on RTT PTL	Dec 23	2.0%	2.0%			2.3%	1.5%	3.1%
Staff Turnover	Dec 23	9.6%	12.0%			11.2%	10.6%	11.8%
Appraisals - Combined	Dec 23	92.9%	90.0%			70.8%	30.1%	111.5%
Mandatory Training	Dec 23	92.7%	90.0%			88.1%	86.0%	90.2%
Sickness Absence	Dec 23	5.5%	4.5%			5.9%	4.7%	7.1%
Return to Work	Dec 23	38.8%	0.0%			40.4%	33.2%	47.6%

KPI	Latest data	Measure	Target	Assurance	Performance	Mean	Lower process limit	Upper process limit
Uncapped Theatre Utilisation	31/12/23	78.0%	85.0%			81.0%	72.4%	89.7%
Capped Theatre Utilisation	31/12/23	72.9%	85.0%			76.1%	69.8%	82.4%
Total Number of Ambulances	Dec 23	2328	-			2017		
% Less than 30 mins	Dec 23	69.7%	95.0%			74.0%		
% Greater than 30 mins	Dec 23	16.8%	-			12.8%		
% Over 60 mins	Dec 23	9.1%	-			5.5%		
No time recorded	Dec 23	4.4%	-			8.2%	4.7%	11.7%
28 day - Faster Diagnosis Standard	Nov 23	75%	75%			76%	71%	81%
31 day - Treatment Standard	Nov 23	93%	96%			96%	89%	103%
62 day - Treatment Standard	Nov 23	70%	85%			76%	63%	89%



December 2023

56.3%

Variance Type

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

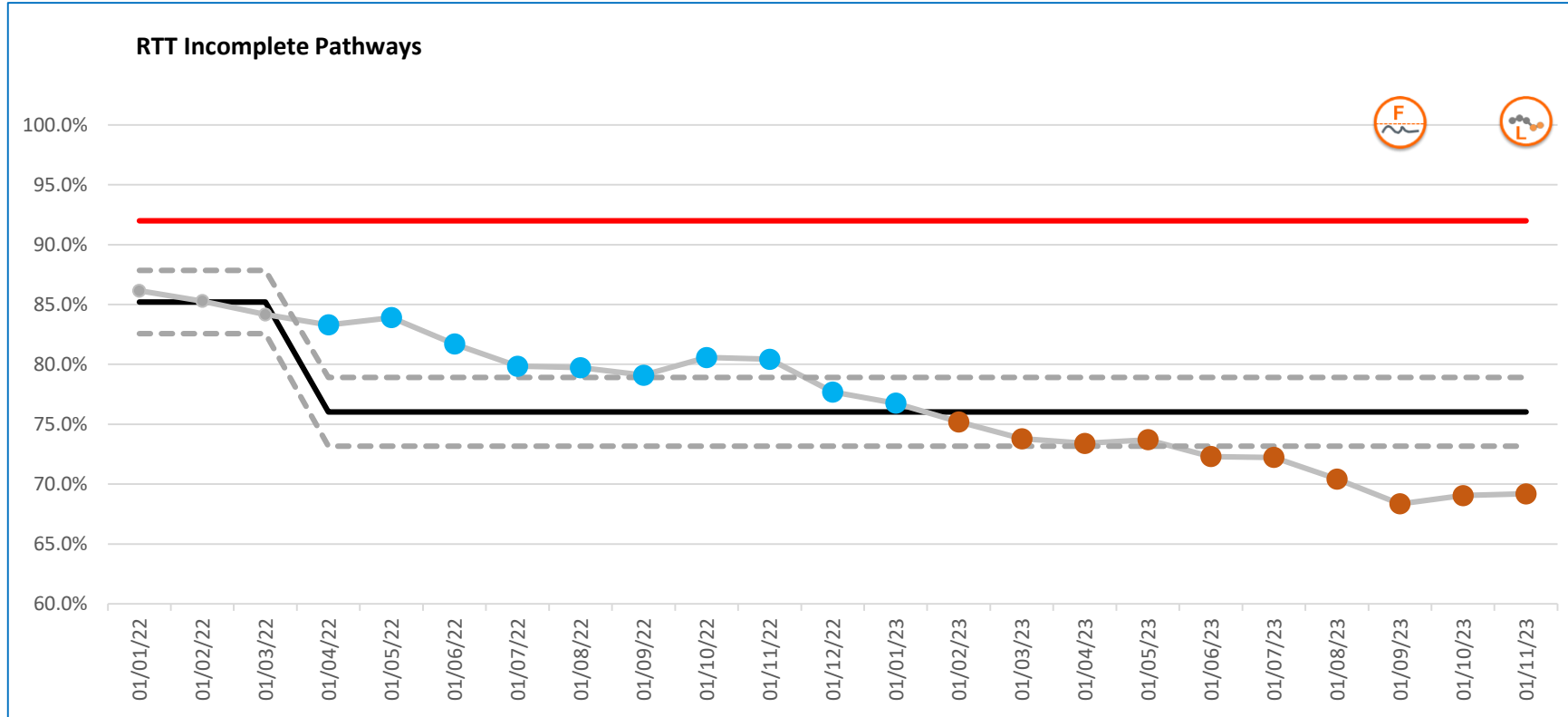
Target

76%

Target Achievement

Metric is consistently failing the target

Background	What the chart tells us:	Issues	Actions	Context
Emergency Department patients waiting <4 Hours	Remains below target and will not reach the target without system and/or process change. 2023/2024 NHSE target is 76% attendances admitted or discharged within 4 hours.	Bed occupancy still in excess of 92% (average 93% Dec, excluding Christmas Day) Timely bed availability and high bed occupancy. High number of people attending without a time critical emergency condition. Industrial action continues to create pressure and stretch on staffing.	Ward 34 converted to Medical Non-Elective to meet the service demands. Weekly executive oversight actions focus on: <ul style="list-style-type: none"> • Dr Waits and causes. • Criteria to admit and Daily Ward/Board Rounds. • Review of ED registrar workload and agreed actions to improve. • Review utilisation of Medical SDEC Wards continuing to focus on patients LoS & criteria to reside with an emphasis on discharge.	December 2023 Barnsley 56.3%, England 54.7% Ranking: England 49/122 North East & Yorkshire 8/22



November 2023

69.2%

Variance Type

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

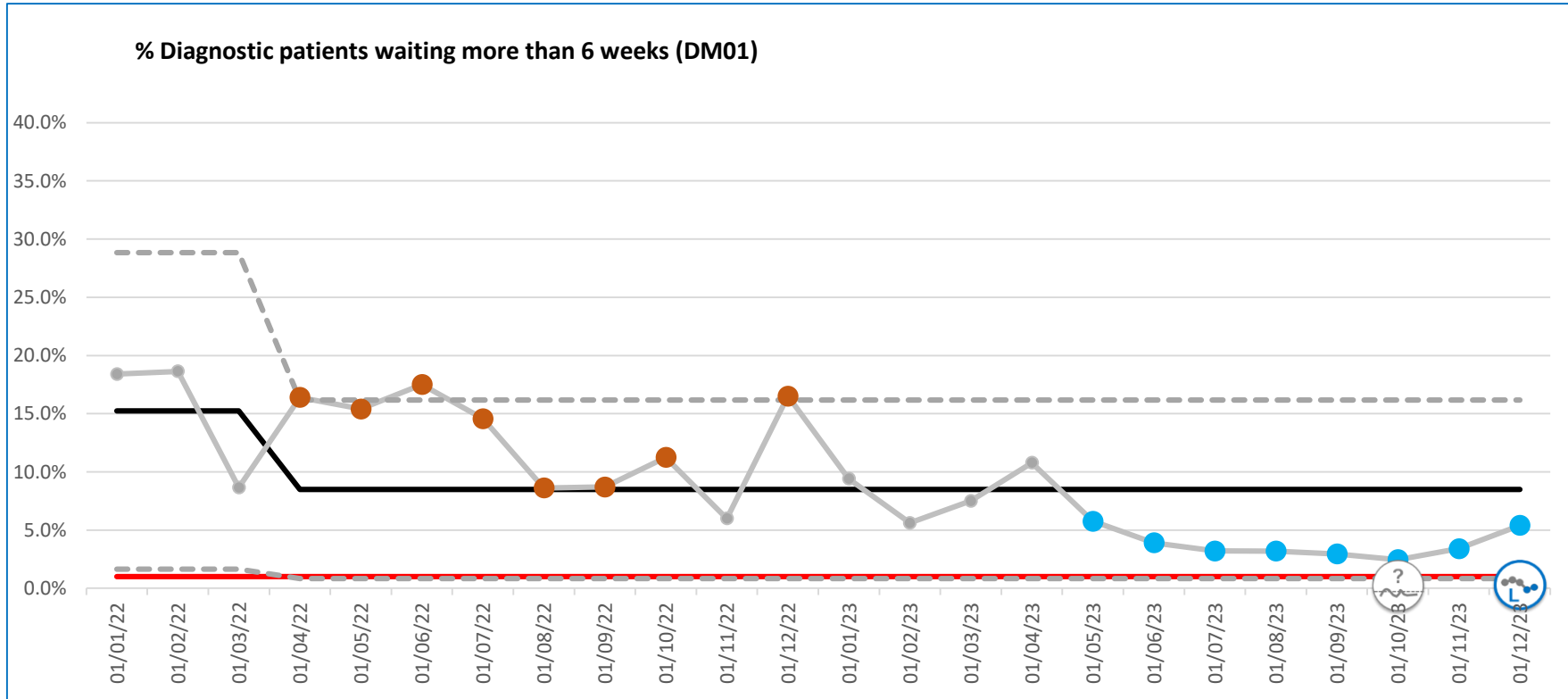
Target

92%

Target Achievement

Metric is consistently failing the target

Background	What the chart tells us:	Issues	Actions	Context
RTT Incomplete Pathways	Remains below target and will not reach the target without system and/or process change.	<p>Combination of Industrial action and Ward 34 being used for Non-Elective pressures of Christmas and the New Year impacting on 78 week waits</p> <p>Orthodontic and oral surgery continue to have significant workforce pressures.</p> <p>Recruitment proving challenging.</p> <p>Focus on patient cohort at risk of waiting >65 weeks by end March 2024.</p>	<p>Bi-weekly oversight meetings.</p> <p>Theatre improvement group to increase productivity.</p> <p>Forward planning for patients >65 weeks at March</p> <p>Utilising Independent Sector to support delivery of >65 weeks risk (T&O & General Surgery).</p> <p>Prioritise cancer and urgent patients.</p> <p>Insourcing for specific specialties to reduce waits. Working with partners across SYB to look at alternative workforce/delivery solutions</p>	<p>November 2023</p> <p>Barnsley 69.2%, England 57.4%</p> <p>Ranking:</p> <p>England 33/169</p> <p>North East & Yorkshire 7/26</p>



December 2023

5.4%

Variance Type

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

Target

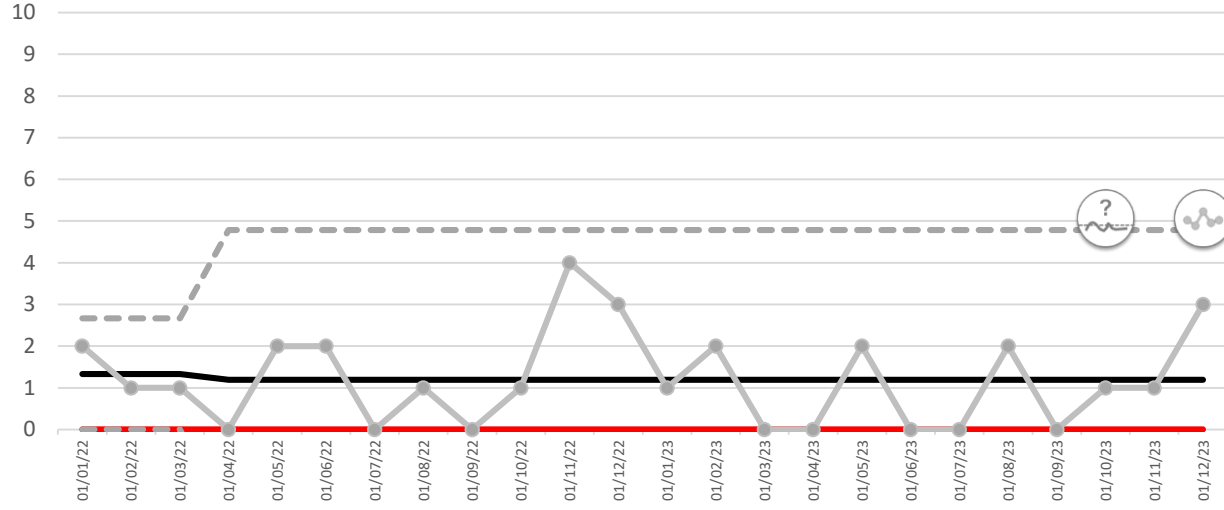
1.0%

Target Achievement

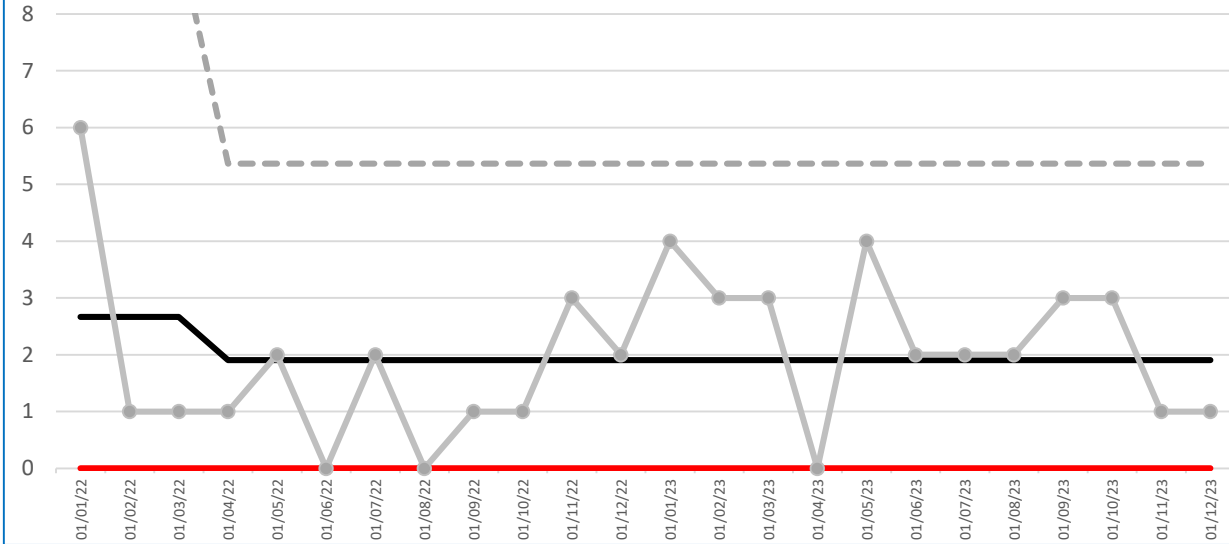
Metric is consistently failing the target

Background	What the chart tells us:	Issues	Actions	Context
Diagnostics	Performance remains within control limits but will not hit constitutional target without continued focus. NHS England Operational target for 2023/24 as part of COVID recovery is 5% and is being achieved	Industrial Action resulting in cancelled planned/elective work. Prioritisation of cancer & urgent work, including 'carve out slots' held for those on cancer pathway. Increased emergency & inpatient requests impacting on routine wait times.	Cancer and Urgent referrals continue to be prioritised. Endoscopy position continues to be sustained Data quality team supporting enhanced validation & reporting	November 2023 Barnsley 3.4%, England 23.3% Ranking: England 186/431 North East & Yorkshire 30/65

Incidents Involving Death



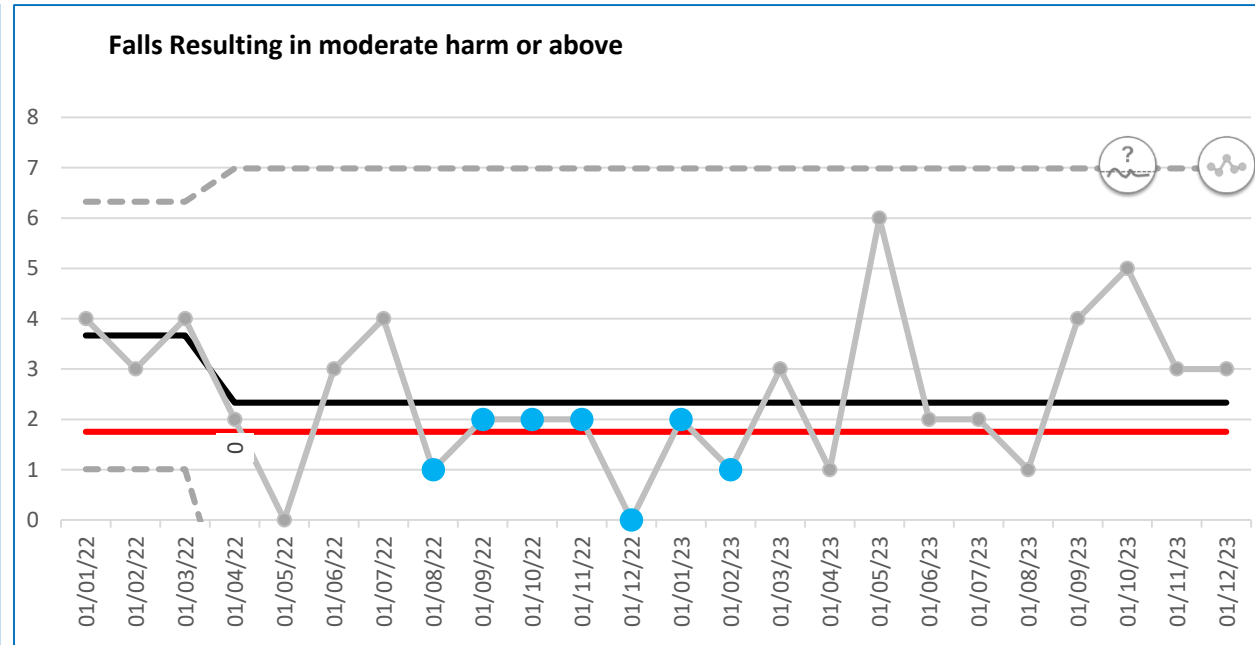
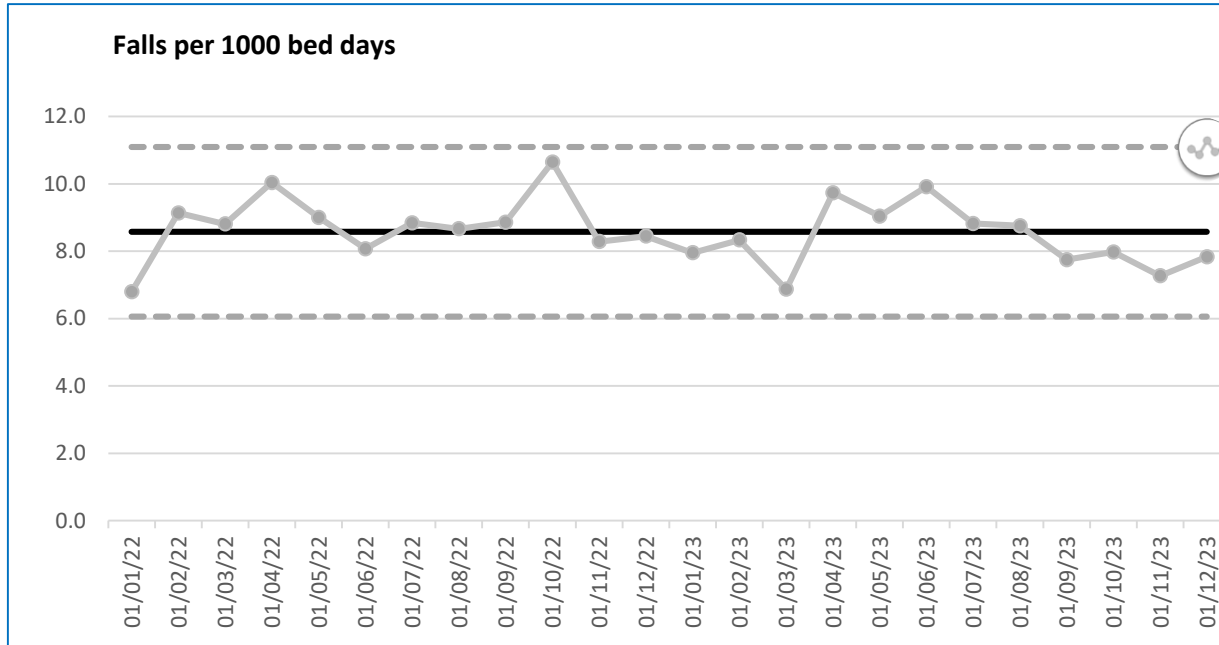
Incidents Involving Severe Harm



December 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)

December 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)

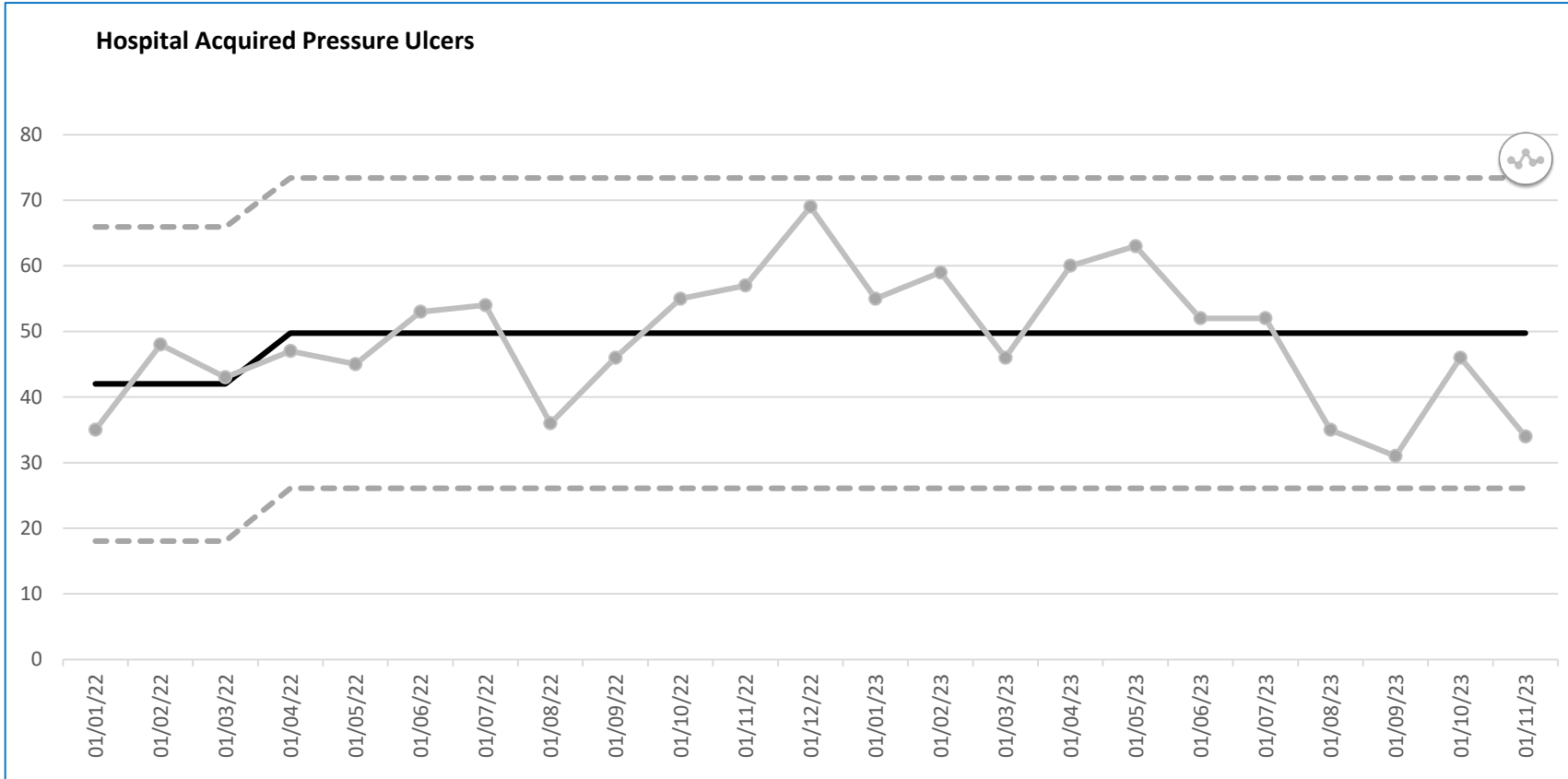
Background	Issues
Incidents under investigation involving death of a patient	<p>There were three incidents involving death</p> <ul style="list-style-type: none"> • There was one medication incident resulting in the patient experiencing an haemorrhage. Duty of candour has commenced and the incident is being investigated as a PSII • There was one incident relating to a cardiac arrest. The incident is under review and awaiting further details • There was one incident relating to a delay to implement care. The incident is under review.
Incidents under investigation involving severe harm	<p>There was one complication of treatment resulting in an oesophageal perforation. Duty of candour has commenced and an investigation is underway.</p>
Patient Safety Incident Investigations	<p>There were five patient safety incident investigation (PSII) declared in the month Wrong route medication never event; Treatment delay resulting in ITU admission; Medication incident resulting in haemorrhage; Treatment delay (SJR escalation) ED and surgical management; Treatment delay (SJR escalation) inpatient surgical referral</p>



December 2023	Target	Variance Type
7.8	7.0	Common cause variation, no significant change. The system will consistently hit or miss the target. (This occurs when target lie between process limits)

December 2023	Target	Variance Type
3 (27 ytd)	21 per year	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
Inpatient Falls	The number of falls is within normal variation There have been 4 months where the number of falls has been below average. There have been 3 falls with moderate harm or above.	Escalation ward opened in December 2023. Increased need for inpatient beds across the Trust .	1000 per bed day data analysed and inpatient data changed to reflect the same. Each fall investigated through incident reporting system. All falls with moderate harm or above, cold debrief completed. Specific areas trialling projects which may reduce falls. Monthly Falls Prevention Group to review incidents and discuss falls interventions.	Page 74 of 118



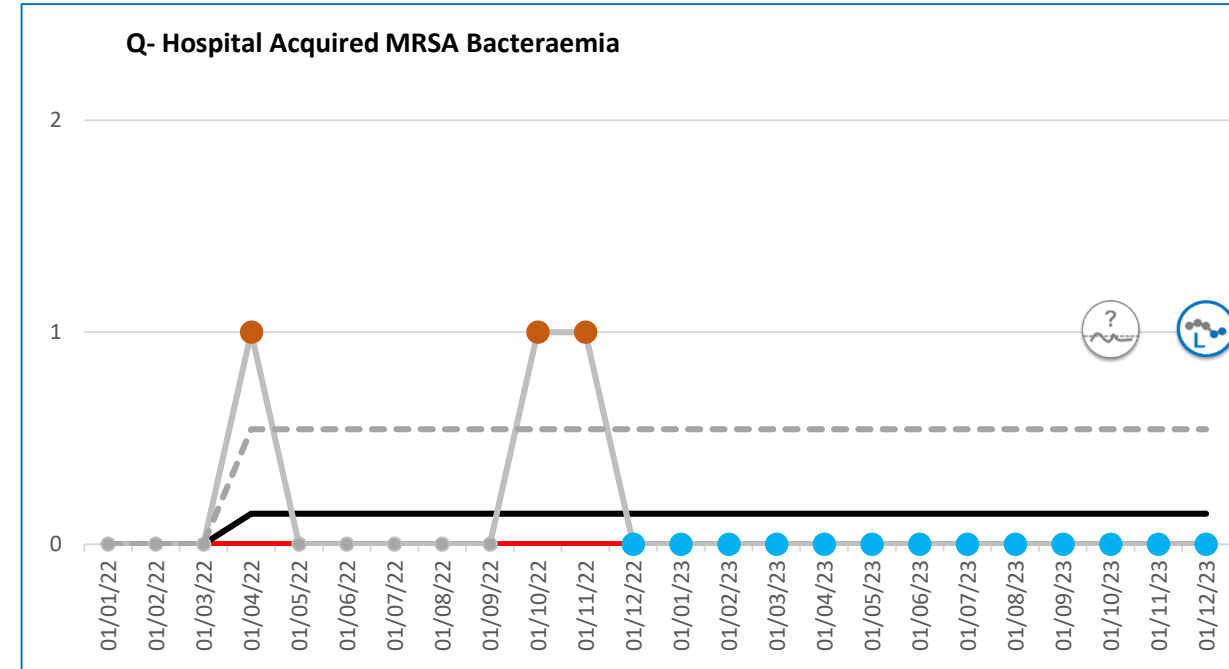
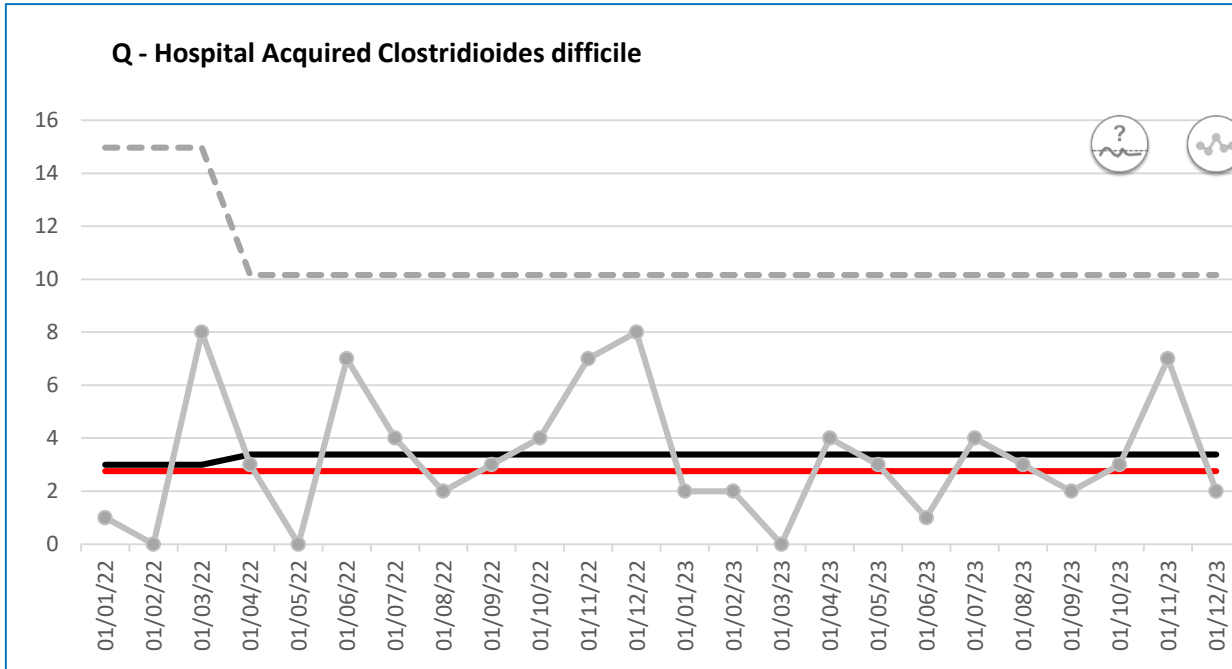
November 2023

34

Variance Type

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

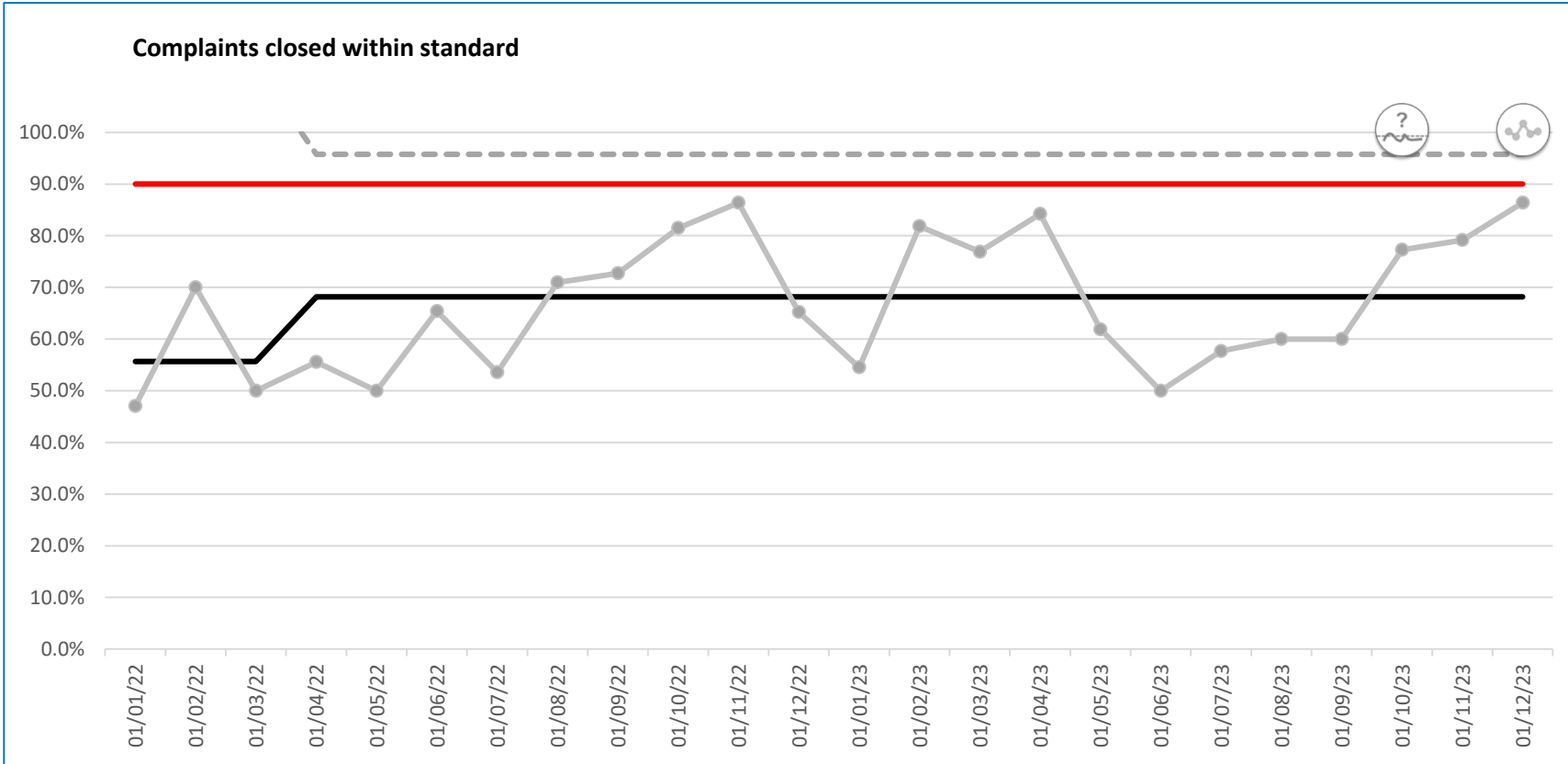
Background	What the chart tells us:	Issues	Actions	Context
Pressure Ulcers	The number of HA PUs is within normal variation. There have been 4 months where the number of HA PUs has been below average.	Increased need for inpatient beds across the Trust. National changes with the categories and now only categories 2,3,4.	Each PU investigated through the incident reporting system. Reviewing processes to reflect national changes and learning. Specific areas trialling projects which may reduce PUs. Introduced new risk assessment to identify adults at risk of pressure ulcer development.	



December 2023	Target	Variance Type
2 (29 ytd)	33 per year	Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

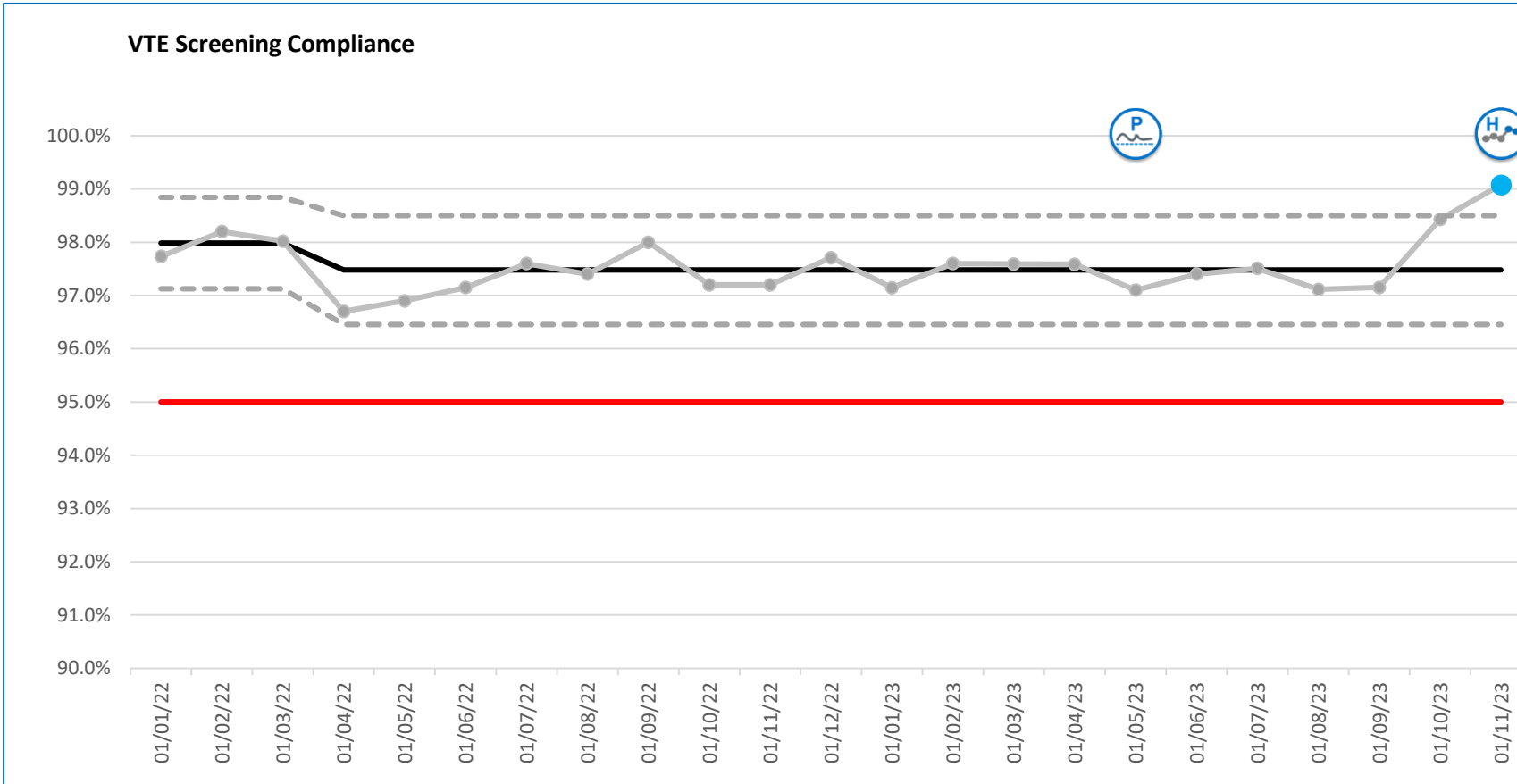
December 2023	Target	Variance Type
0	0	Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

Background	What the chart tells us:	Issues	Actions	Context
Infections	We have had 29 c diff infections year to date, so are likely to breach the annual target of 33.			



December 2023
86.4%
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. Improving trend continues with 86% closed within initial target and an average of 36 days.	<p>Increased number of formal complaints being received by the Trust with increased complexity.</p> <p>Delays in obtaining information and statements required to respond to formal complaints. There were three complaints which failed to achieve the 40 working day KPI:</p> <ul style="list-style-type: none"> • Two complaint investigations were delayed due to waiting for statements • One was due to the complaint being a complex case. 	<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>All complainants have been kept informed of the progress of their complaint response.</p> <p style="text-align: right;">Page 77 of 118</p>



November 2023

99.1%

Variance Type

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

Target

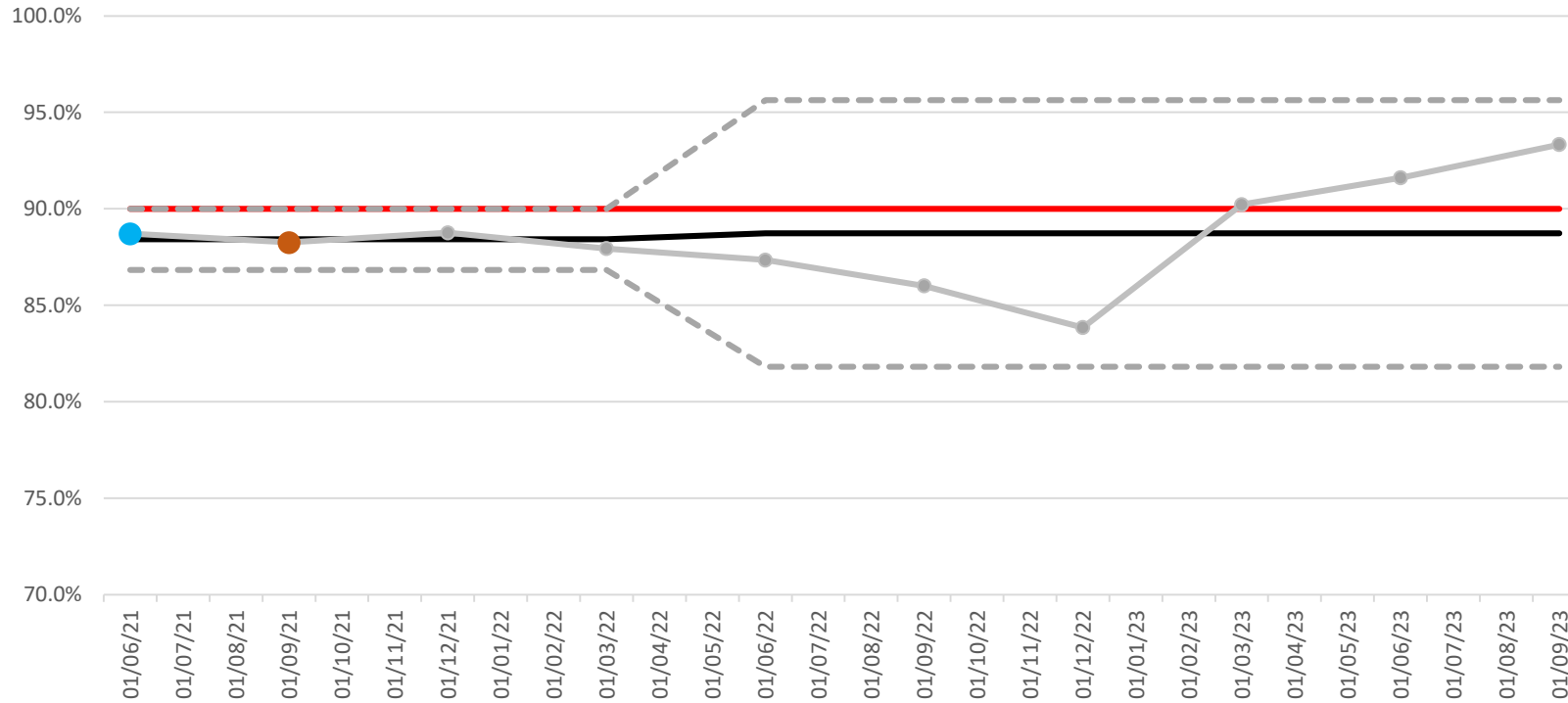
95%

Target Achievement

Consistently passing target.

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

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



Q2 2023/24

93%

Variance Type

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

Target

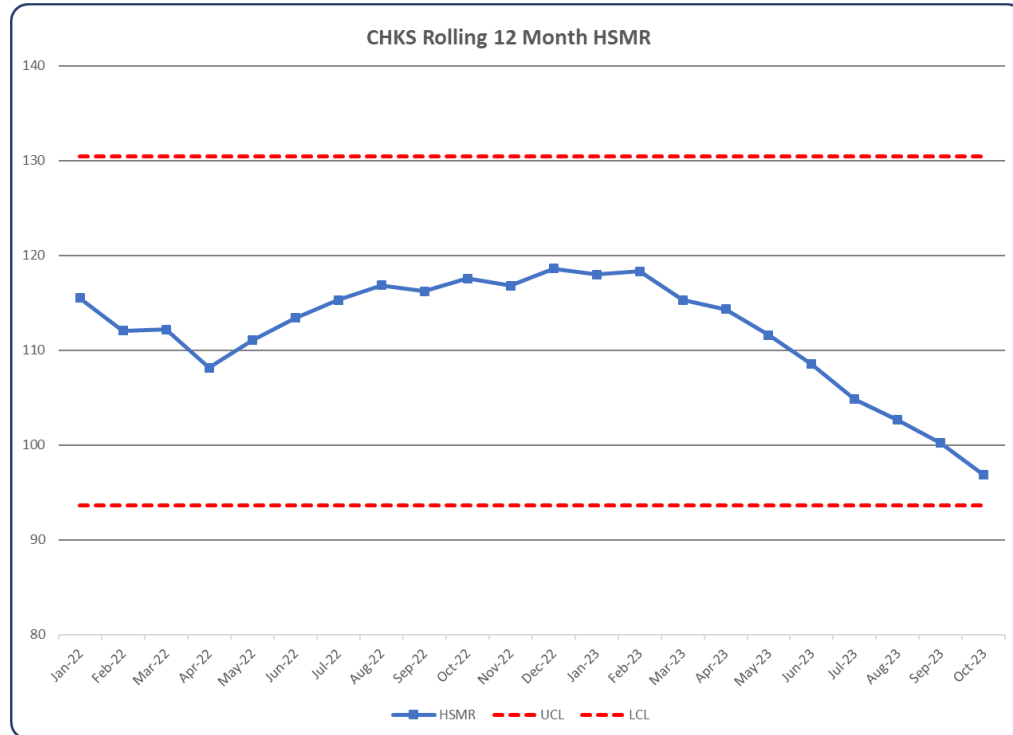
90%

Target Achievement

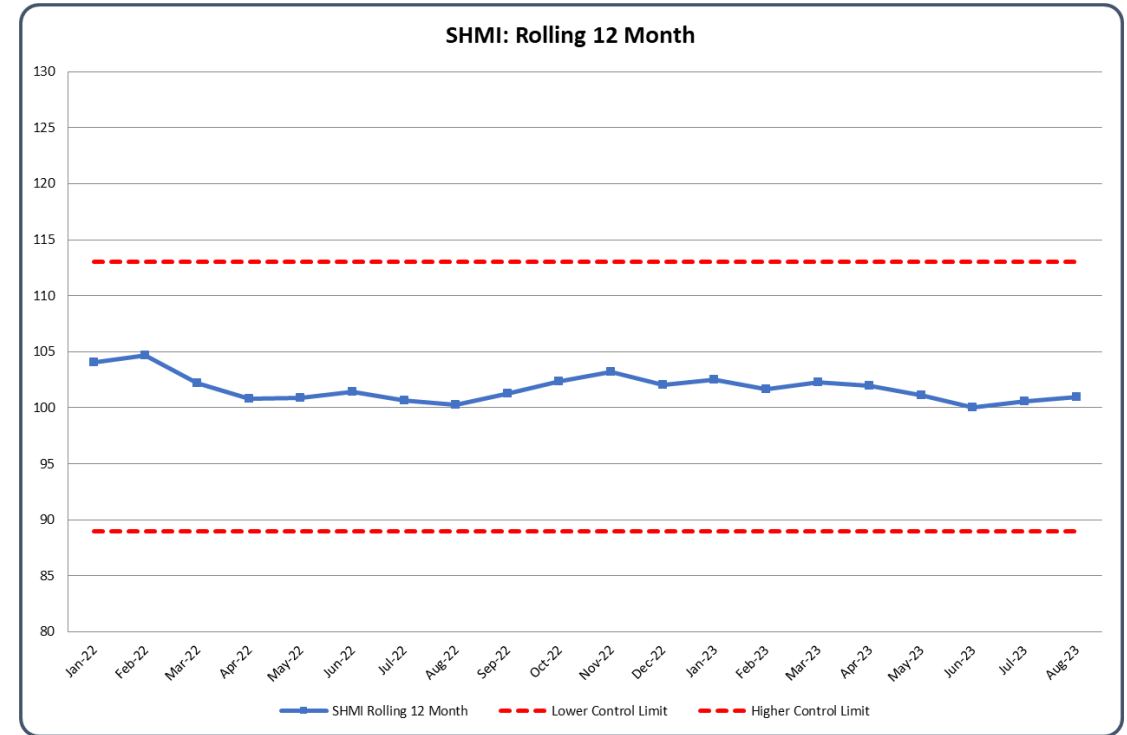
Will hit and miss the target.

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

HSMR



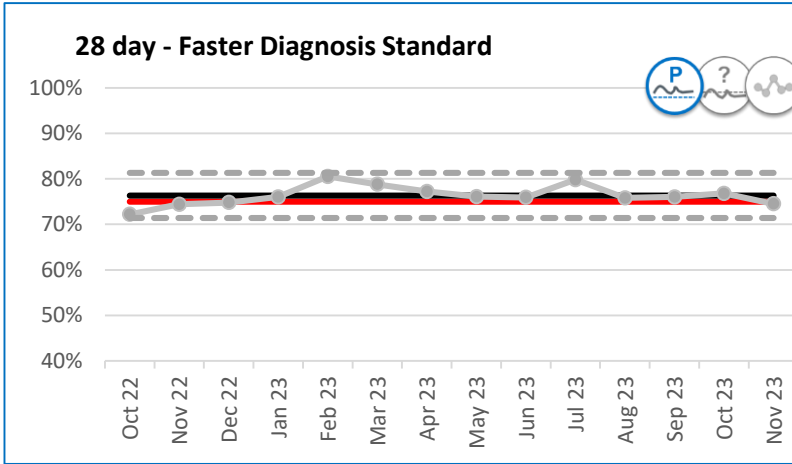
SHMI



Commentary

HSMR Rolling 12 Month: November 2022 – October 2023 **96.87**

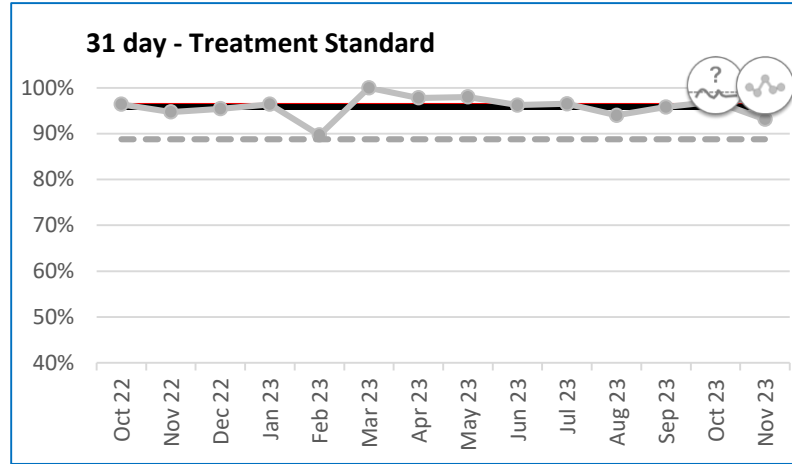
SHMI Latest reporting period: August 2022 – July 2023 **100.54**



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

28 day - Faster Diagnosis Standard

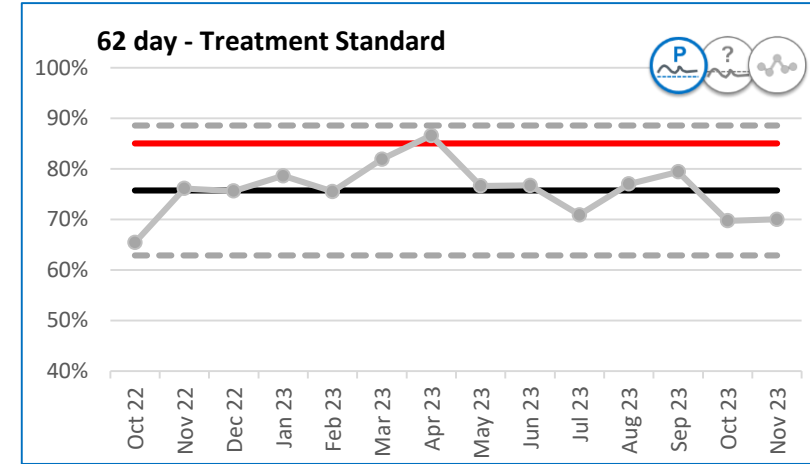
Issues	From 1 October 2023, the standards measuring waiting times for cancer diagnosis and treatment have been updated and simplified.
Actions	The NHS has moved from the 10 different standards and replaced with three. Focus on diagnostics to support treatment plans at Tertiary centre key to supporting local recovery in performance.



Nov 2023	Target	Variance Type
93%	96%	Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

31 day - Treatment Standard

Issues	From 1 October 2023, the standards measuring waiting times for cancer diagnosis and treatment have been updated and simplified.
Actions	The NHS has moved from the 10 different standards and replaced with three. Biggest challenge is within Radiology interventional list for Biopsies

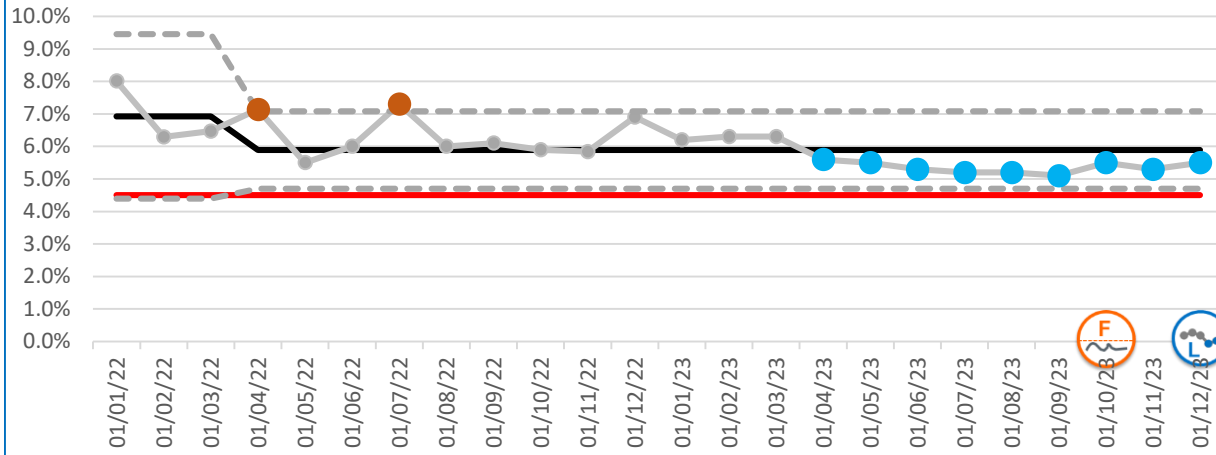


Nov 2023	Target	Variance Type
70%	85%	Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

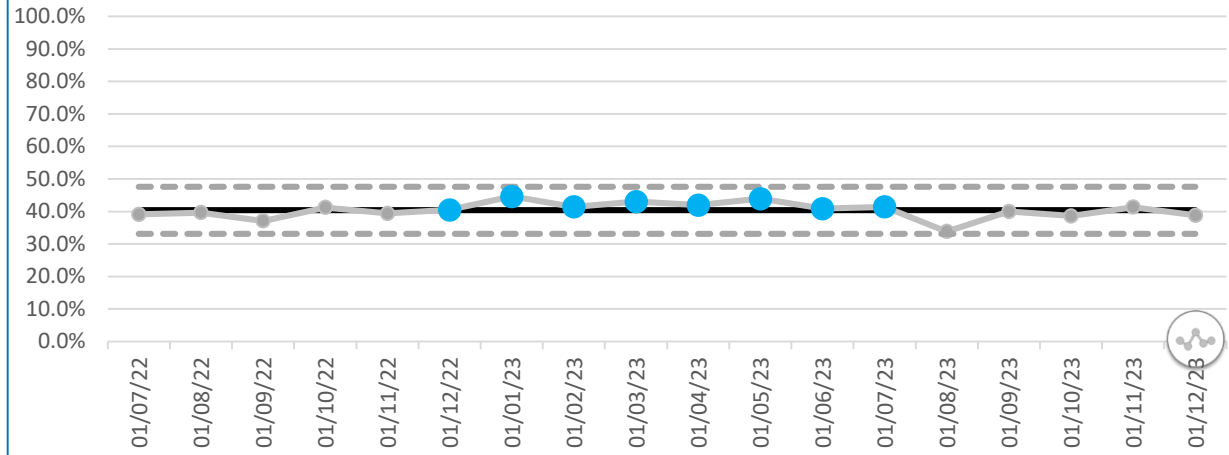
62 day - Treatment Standard

Issues	From 1 October 2023, the standards measuring waiting times for cancer diagnosis and treatment have been updated and simplified
Actions	The NHS has moved from the 10 different standards and replaced with three. Monitoring of ICU capacity for Colorectal patients through the winter period is required to reduce cancellations of patients.

Sickness Absence



Return to Work



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

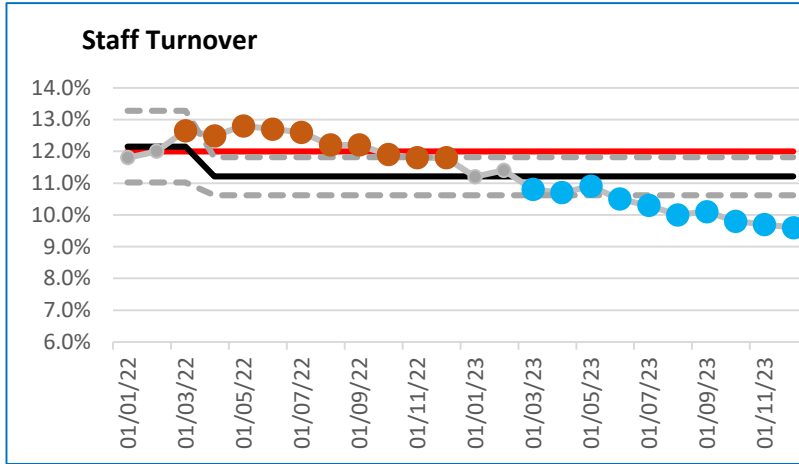
Sickness Absence

Issues	High cost absence areas identified and their sickness management prioritised.
Actions	To re-run sickness absence % and cost data for priority areas to review progress since CBU monthly panels were introduced in 09/23 and to identify new high cost priority areas.
Context	Sickness for 2023 has consistently been below 2022 levels.

December 2023	Target	Variance Type
38.8%	N/A	Common cause variation, no significant change..

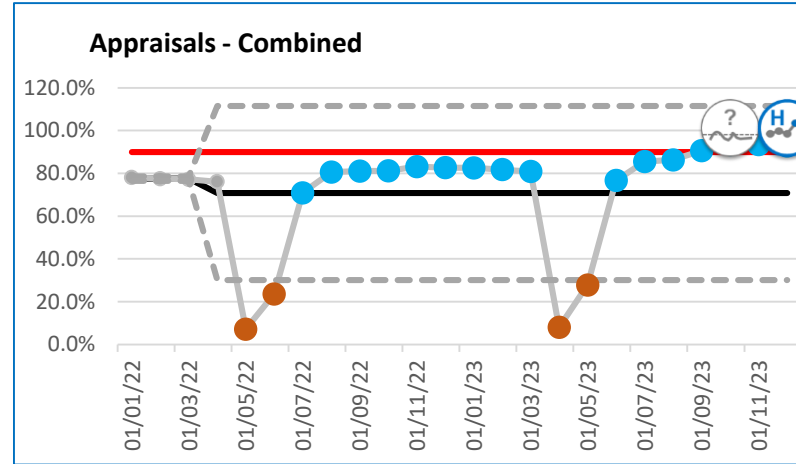
Return to Work

Issues	Continued low completion rate.
Actions	New Supporting Attendance Policy and accompanying toolkit and line manager training programme ready to launch end of Jan. Includes training on holding and recording RTW interviews.
Context	Annual cumulative rate is slowly improving at 48% completed in Sept 23, compared to 47% in June 23.



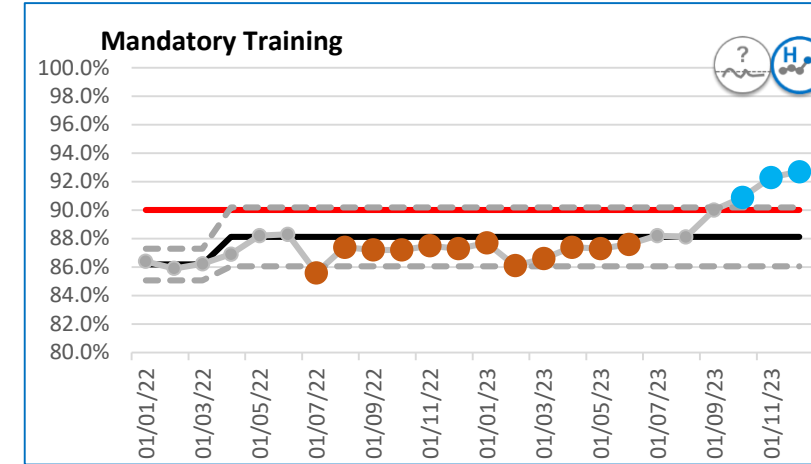
Dec 2023	Target	Variance Type
9.6%	12%	Special cause of an improving nature where the measure is significantly LOWER. This process is capable and will consistently PASS the target.

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



Dec 2023	Target	Variance Type
92.9%	90%	Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

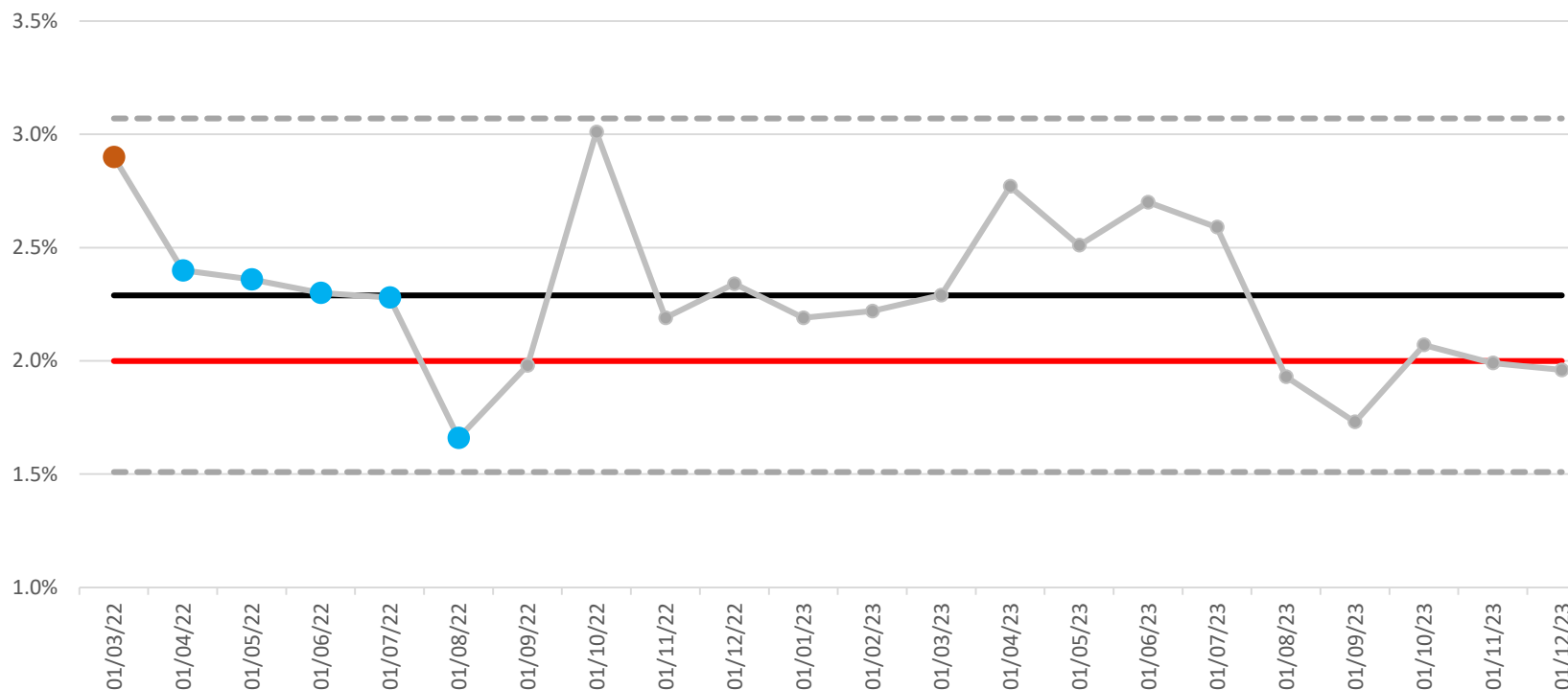
Appraisals – Combined	
Issues	Sustaining the target.
Actions	Weekly focus on compliance progress to continue.
Context	Third consecutive month where performance has continued to gradually increase above the target rate.



Dec 2023	Target	Variance Type
92.7%	90%	Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

Mandatory Training	
Issues	Some Trainer-led courses remain under target.
Actions	Weekly focus on compliance progress to continue. Extra training sessions, queries support and data cleansing.
Context	Fourth consecutive month where performance has continued to gradually increase above the target rate.

Data Quality - % pathways with metrics on RTT PTL



December 2023

2.0%

Variance Type

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

Target

2.0%

Target Achievement

Will hit and miss the target.

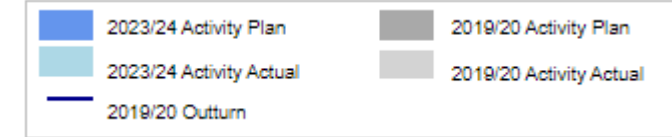
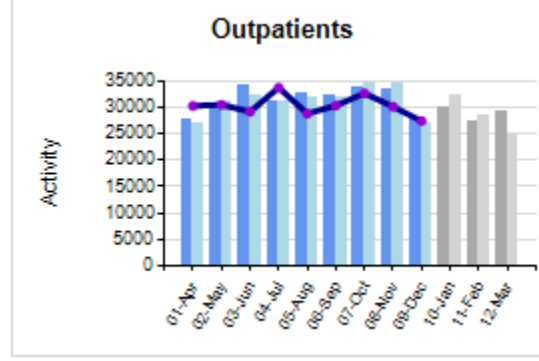
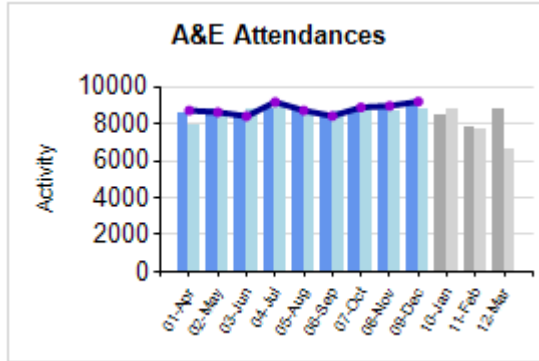
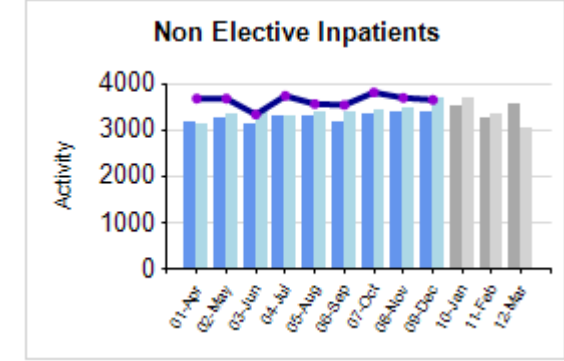
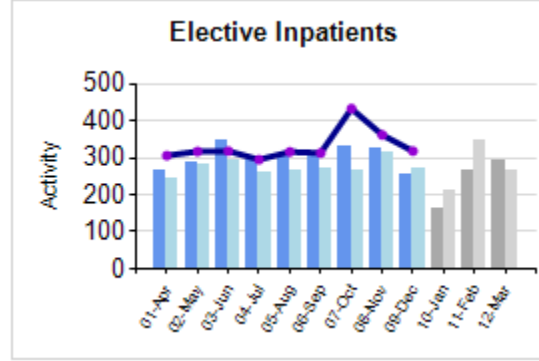
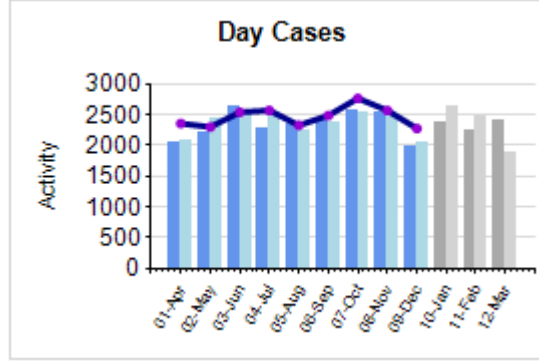
Background	What the chart tells us	Issues	Actions	Context
<p>2% target</p> <p>Protecting & Expanding Elective Capacity Action on validation</p>	<p>We are actually below target by 0.04% (1.96%)</p>	<p>Patients can have more than one pathway in the same specialty. Pathways continue to be created when they already have a pathway set up in many cases.</p>	<p>Continue to validate any potential duplicate pathways and raise with CBU's for training where necessary.</p>	<p>Validation of RTT pathways. The board receives a report showing current validation rates, utilising available data quality (DQ) reports to target validation, with progress reported to board at monthly intervals. This should include use of the nationally available LUNA system (or similar) to address data quality errors and identify cohorts of patients that need further administrative and clinical validation.</p>

2023/24 Year to Date Activity

	19/20 Actuals	2023/24 Plan	2023/24 Actuals	Variance	%
Elective Daycases	22,185	20,969	21,154	185	1%
Elective Inpatients	2,978	2,720	2,460	(260)	-10%
Elective Total	25,163	23,689	23,614	(75)	0%
Non Elective	32,713	29,330	30,458	1,128	4%
Non Elective Total	32,713	29,330	30,458	1,128	4%
Maternity Pathway	4,842	4,836	4,302	(534)	-11%
Maternity Pathway Total	4,842	4,836	4,302	(534)	-11%
A&E Att.	79,154	78,991	77,423	(1,568)	-2%
A&E Total	79,154	78,991	77,423	(1,568)	-2%
Outpatients	272,884	283,204	280,949	(2,255)	-1%
Outpatients Total	272,884	283,204	280,949	(2,255)	-1%

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

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



Commentary

Clinical business units continue to focus on the cohort of patients who may breach 65 weeks by end March 2024, there are approximately 266 patients who are potentially 65-week breaches with the majority in Orthopaedics (107), Oral & Maxillo-facial surgery and Dental (109) where work is ongoing to create additional capacity both insourcing and outsourcing support. Work continues to reduce waits to first appointment in some specialties. Speciality teams working to reduce waits to a max of <26 weeks initially.

The ongoing industrial action continues to place pressure on delivery of activity plans

The trust has not yet achieved the specified reduction of 25% in outpatient follow ups as set out within the 2023/2024 operational priorities, work across all clinical business units with clinical teams and patients to implement national best practice guidelines and maximise validation and where appropriate use Patient Initiated Follow Up (PIFU).

Capped Theatre utilisation reduced to 72.9%.

Finance Performance

December 23 Summary

RAG Rating Summary Performance:		
Finance	Planned Financial Position	As at month 9 the Trust has a consolidated year to date deficit of £3.580m against a planned deficit of £7.349m giving a favourable variance of £3.769m. NHS England (NHSE) adjusted financial performance after taking into account income and depreciation in respect of donated assets £75k and granted assets £85k, is a deficit of £3.570m with a favourable variance of £3.779m.
	Income	Total income is £0.720m adverse to plan, mainly due to the under performance on clinical income.
	Planned Cash Position	Cash balances have decreased from last month by £3.347m, broadly in line with plan, and are £5.685m above plan due to timing of receipt of NHS income and capital programme slippage.
	Capital Plan	Capital expenditure for the year is £5.795m, which is £2.751m below plan.

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

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

December 23 Summary

Performance - Financial Overview										
	Month	Month			Plan	Actual				
	Plan	Actual	Variance	Variance %	YTD	YTD	Variance	Variance %	Commentary	
ACTIVITY LEVELS (PROVISIONAL)										
Elective inpatients	254	268	14	5.51%	2,720	2,460	(260)	-9.56%	<p>The key points derived from this table are as follows:</p> <ul style="list-style-type: none"> The final plan approved by the Board of Directors and submitted in May is an £11.2m deficit, in the context of a South Yorkshire (SY) system balanced plan. As at month 9 the Trust has a consolidated year to date deficit of £3.580m against a planned deficit of £7.349m giving a favourable variance of £3.769m. NHS England (NHSE) adjusted financial performance after taking into account income and depreciation in respect of donated assets £75k and granted assets (£85k), is a deficit of £3.570m with a favourable variance of £3.779m. The plan was set aligned to the national NHSE planning guidance, which set a planned care recovery target of 103% weighted value of 2019/20 levels of planned care delivery, supported with Elective Recovery Fund (ERF) monies. NHSE have reduced the target by c2.9% to take into account the impact of the Junior doctors strikes. The month 9 position includes a £0.9m clawback of ERF monies as actual activity levels are below those required, this may be reduced to £0.6m once advice & guidance overperformance is taken into account. In-month activity is 13.24% less than last month, and is 4.07% below plan for the month with non elective, elective and day cases favourable to plan. The acuity of patients presenting at ED and requiring admission continues to be high, with higher than usual length of stay as a result. Total income is £0.720m adverse to plan, mainly due to the under performance on NHS clinical income, with adverse variances on non-NHS clinical income for overseas visitors and road traffic accidents. Pay costs continue to come under pressure as a consequence of length of stay, bed occupancy and sickness levels being above target; along with the costs of covering industrial action. In month pay costs are below plan due the one-off reversal of an old pay provision. Non-pay costs are below plan mainly due to not delivering elective recovery activity levels and efficiency overperformance. Non Operating Items are £1.131m above plan mainly due to interest receivable being higher than expected due to higher interest rates. The revised forecast year-end position is £6.208m deficit after taking into account the impact of the December and January junior doctor strikes. 	
Day cases	1,967	2,052	85	4.32%	20,969	21,154	185	0.88%		
Outpatients	25,876	24,640	(1,236)	-4.78%	262,726	258,680	(4,046)	-1.54%		
Non-elective inpatients	3,371	3,676	305	9.05%	29,346	30,477	1,131	3.85%		
A&E	9,232	8,739	(493)	-5.34%	78,991	77,423	(1,568)	-1.99%		
Other (excludes direct access tests)	11,555	10,751	(804)	-6.96%	109,802	110,840	1,038	0.95%		
Total activity	52,255	50,126	(2,129)	-4.07%	504,554	501,034	(3,520)	-0.70%		
INCOME										
	£'000	£'000	£'000		£'000	£'000	£'000			
Elective inpatients	881	1,030	149	16.91%	9,399	8,799	(600)	-6.38%		
Day Cases	1,514	1,862	348	22.99%	16,062	17,126	1,064	6.62%		
Outpatients	3,171	3,130	(41)	-1.29%	31,856	31,557	(299)	-0.94%		
Non-elective inpatients	9,050	10,370	1,320	14.59%	76,576	81,140	4,564	5.96%		
A&E	1,646	1,595	(51)	-3.10%	14,084	14,080	(4)	-0.03%		
Other Clinical	7,295	6,009	(1,286)	-17.63%	70,568	65,105	(5,463)	-7.74%		
Other	2,379	2,089	(290)	-12.19%	21,411	21,429	18	0.08%		
Total income	25,936	26,085	149	0.57%	239,956	239,236	(720)	-0.30%		
OPERATING COSTS										
	£'000	£'000	£'000		£'000	£'000	£'000			
Pay	(19,660)	(19,199)	461	2.34%	(173,210)	(175,212)	(2,002)	-1.16%		
Drugs	(1,661)	(1,420)	241	14.51%	(14,949)	(14,944)	5	0.03%		
Non-Pay	(5,466)	(5,322)	144	2.63%	(51,903)	(46,556)	5,347	10.30%		
Total Costs	(26,787)	(25,941)	846	3.16%	(240,062)	(236,712)	3,350	1.40%		
EBITDA										
	£'000	£'000	£'000		£'000	£'000	£'000			
Depreciation	(645)	(651)	(6)	-0.93%	(5,703)	(5,695)	8	0.14%		
Non Operating Items	(179)	46	225	-125.70%	(1,540)	(409)	1,131	73.44%		
Surplus / (Deficit)	(1,675)	(461)	1,214	72.48%	(7,349)	(3,580)	3,769	51.29%		
NHSE adjusted financial performance										
	£'000	£'000	£'000		£'000	£'000	£'000			
	(1,675)	(540)	1,135	67.76%	(7,349)	(3,570)	3,779	51.42%		
Agreed ICB trajectory										
					(3,624)	(3,570)	54	1.49%		

Finance Performance

Performance - Financial Overview

	Month		Variance	Variance %	Plan	Actual	Variance	Variance %	Commentary
	Plan	Actual			YTD	YTD			
Capital Programme	£'000	£'000	£'000		£'000	£'000	£'000		
Capital Spend - internally funded	(633)	(222)	411	64.99%	(4,667)	(2,512)	2,155	46.18%	<ul style="list-style-type: none"> The internally funded variance is across building schemes. The externally funded variance is mainly on the public dividend capital funded phase 2 community diagnostic centre. The slippage is expected to be recovered before year-end, with total forecast spend £14.718m.
Capital Spend - externally funded	(564)	(630)	(66)	-11.77%	(3,879)	(3,283)	596	15.36%	
Statement of Financial Position (SOFP)									
Inventory					2,273	1,329	944	-41.52%	<ul style="list-style-type: none"> Inventory is below plan due to reductions in pharmacy drug stocks. Receivables are below plan due to the timing of receipt of NHS income. Payables are below plan mainly due to the timing of capital creditors, partially offset by higher than expected revenue accruals. Other Net Liabilities are above plan mainly due to deferred income being higher than expected.
Receivables					8,469	4,705	3,764	-44.44%	
Payables (includes accruals)					(47,280)	(43,438)	(3,842)	8.13%	
Other Net Liabilities					(4,146)	(5,001)	855	-20.63%	
Cash & Loan Funding					£'000	£'000	£'000		
Cash					25,250	30,935	5,685	22.51%	<ul style="list-style-type: none"> Cash balances have decreased from last month by £3.347m, broadly in line with plan, and are £5.685m above plan due to timing of receipt of NHS income and capital programme slippage.
Loan Funding					0	0	0		
Efficiency and Productivity Programme (EPP)					£'000	£'000	£'000		
Income					225	1,209	984	437.18%	<ul style="list-style-type: none"> Income schemes are above plan due to the increased interest receivable. Pay schemes are below plan mainly due to the impact of industrial action. Non-pay schemes are above plan mainly due to procurement savings. The forecast level of savings is £14.7m in line with revised forecast outturn.
Pay					8,126	6,050	(2,076)	-25.55%	
Non-Pay					805	2,655	1,850	229.63%	
Total EPP					9,157	9,914	757	8.27%	
KPIs									
EBITDA %	-3.28%	0.55%	3.83%	116.82%	-0.04%	1.06%	1.10%	-2488.30%	<ul style="list-style-type: none"> The BPPC requires all valid invoices to be paid by the due date or within 30 days of receipt of the invoice, whichever is later. Compliance has improved slightly from last month and is just above the target 95% of invoices in terms of value.
Surplus / (Deficit) %	-6.46%	-1.77%	4.69%	72.63%	-3.06%	-1.50%	1.57%	51.14%	
Better Payment Practice Code (BPPC)									
Number of invoices paid within target					95.0%	92.4%	-2.61%	-2.75%	
Value of invoices paid within target					95.0%	95.1%	0.11%	0.12%	

3.3. Q&G Chairs Log

For Assurance

Presented by Sheena McDonnell and Kevin
Clifford



REPORT TO THE COUNCIL OF GOVERNORS		REF:	CoG: 24/02/08/3.3	
SUBJECT:	QUALITY AND GOVERNANCE CHAIR'S LOG			
DATE:	8 FEBRUARY 2024			
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				
<p>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.</p>				
EXECUTIVE SUMMARY				
<p>This report provides information to assist the Board on obtaining assurance about the quality of care and rigour of governance. The Committee met on 24 January 2024 and received a number of presentations, regular and ad-hoc reports to provide the Committee and ultimately the Board with assurance. Q&G's agenda included consideration of the following items:</p> <ul style="list-style-type: none"> • Freedom to Speak Up Q3 Report • Quarterly Research and Development Update • National Cancer Patient Experience Survey • Clinical Effectiveness Group Log • Mortality Report • Patient Safety & Harm Log • Legal Services Report • Mental Health Detentions Update • Nursing, Midwifery & Medical Staffing Reports • Maternity Services Board Measures Minimum Data Set • Infection Prevention and Control • 360 Assurance Cleaning Standards Final Report • Health Inequalities Action Plan – Quarterly Update • Medicines Management Committee Chairs Log • Terms of Reference <p>For the purpose of assurance, the items noted in the log below were those identified for information, assurance or escalation to the Board.</p>				
RECOMMENDATION(S)				
The Council of Governors is asked to receive and review the attached log.				

Subject: QUALITY AND GOVERNANCE CHAIR'S LOG	REF:	CoG: 24/02/08/3.3
--	-------------	--------------------------

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

Committee / Group: Quality and Governance Committee (Q&G)	Date: 24 January 2024	Chair: Kevin Clifford
--	------------------------------	------------------------------

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
1	Freedom to Speak Up Quarter 3 (Q3) Report	The meeting received the Q3 report and noted the increased number of concerns raised this quarter, seeking assurance the Committee heard that this was a pattern repeated across a large number of organisations. No single factor has been identified but recent national news stories may have encouraged some of the increase.	Board of Directors	Assurance
2	Quarterly Research and Development (R&D) Update	<p>The Committee received its regular update on the R&D in the Trust, which continues to be very positive. The Trust continues to deliver very well on research involvement given its size. The Committee welcomed news of the joint appointment of a research nurse with Critical Care and the appointment of a nurse specialist as lead investigator on a study in acute pain service.</p> <p>The Committee also discussed some of the challenges faced by the service, particularly relating to the accommodation they currently occupy.</p>	Board of Directors	Assurance

3	National Cancer Patient Experience Survey	The Committee received an update on this survey, while there have been some concerns regarding a lower than expected response rate the results were largely positive, especially when compared nationally. The Committee discussed the action plan which has been developed and the actions required, it also discussed the engagement with partners who can influence the outcome of future surveys.	Board of Directors	Assurance
4	Clinical Effectiveness Group (CEG) Chairs Log	The Committee received the Chair's log for CEG. The Committee discussed at length the filing of radiological results on the ICE system to gain an understanding of actions being undertaken to improve compliance and protect against results not being acted upon. The Committee received some reassurance that there were mitigations in place.	Board of Directors	Assurance
5	Mortality Report	The Committee received a report covering analysis up to the end of November 2023, showing SHIMI at 100.06 and HSMR to September 2023 at 100.37, which showed an improvement from the previous report the report also confirmed all non-coronial deaths are reviewed by Medical examiners, with 15 deaths referred for further investigation from June to November 2023.	Board of Directors	Assurance
6	Patient Safety and Harm Group Chairs Log	The Committee received the Chairs Log, particularly noting the change to the methodology for reporting falls and pressure ulcers, expressing as incident per 1000 bed days. The report of increased falls in A&E linked to overcrowding and long waits was also discussed.	Board of Directors	

7	Legal Services Report	<p>As at the end of December 2023 the Trust has 159 open clinical negligence claims and 19 open personal injury claims.</p> <p>The Trust has 54 current inquests open. The Trust has not received any “prevention of future deaths reports” during the Quarter but did receive one letter (not regulation 28) seeking further information from the HM Coroner.</p>	Board of Directors	Assurance
8	Mental Health Detentions Update	The Committee received its regular report on Mental Health Detentions. Of the 22 detentions between October to December, documentation in four required minor amendment but all were valid.	Board of Directors	Assurance
9	Nursing, Midwifery, Allied Health Professionals (AHPs) & Medical Staffing Reports	The Committee received its usual regular reports on Nursing, Midwifery, Medicine and AHPs. Of note within the reports the Committee noted the ongoing issues in therapies, particularly SLT and Dietetics, the latter noting increased pressures following the end of the secondment. Staffing concerns within A&E were discussed, which combined with Winter pressures was of particular concern and related to early conversation regarding falls in the Department. Workload pressures and high patient numbers were discussed.	Board of Directors	Assurance
10	Maternity Services Board Measures Minimum Data Set	<p>The Committee received the regular MDS for Maternity which this month included a report and action plan on the implementation of the Saving babies Lives Care Bundle Version 3 and received verbal feedback on the CNST submission confirming our self-assessed compliance.</p> <p>In the December reporting period of note was one referral to MBRACE, but with no new assigned cases. Again, there has been no new cases referred to MNSI (formerly HSIB).</p>	Board of Directors	Assurance

11	Patient Experience, Engagement and Insight Group Chairs Log	The Committee received its regular report and noted that complaints numbers remained fairly static, within normal variation. The Committee also noted the contribution our volunteers make to the Trust and the work being undertaken as part of the Care Partners work.	Board of Directors	Assurance
12	<p>Infection Prevention and Control (IPC):</p> <ul style="list-style-type: none"> ▪ 360 Assurance Cleaning Standards Final Report 	<p>The Committee received the IPC report and noted the challenges in managing c.Difficile and were informed that Trust had now exceeded the annual target it had been set. An action plan has been developed and actions instigated.</p> <p>The Committee will receive updates on its full implementation and impact.</p> <p>360 Assurance Cleaning Standards Report: The Committee reviewed the final report of this recent audit and were very pleased to note the finding of significant assurance. The findings raising 2 medium and 2 low priority actions, the two medium relating to competence based training and analysis of local cleaning audits. Implementation of agreed actions to be monitored via IPC Committee and reported to Q&G via routine reporting.</p>	Board of Directors	Assurance
13	Health Inequalities Action Plan – Quarterly Update	The Committee received its usual quarterly update and was pleased to note the good and sustained progress being made across all three tiers of the work. The Committee noted the work currently and planned to be undertaken on the HEARTT, to ensure our waiting times are being managed in a fair manner and also discussed the impact of the Alcohol Care Team and its positive impact. The Committee was also made aware of potential future funding challenges for the service and expressed concern about losing the ACT as national funding comes to an end and future funding not yet being secured.	Board of Directors	Assurance

14	Medicines Management Committee Chairs Log	<p>The Committee received Chairs log and noted the amended SOP for temperature monitoring for the storage of medicines. In addition, the log noted in response to 52 non-clinical incidents in relation to discrepancies with controlled drugs a review has been undertaken and the following themes identified: -</p> <ul style="list-style-type: none"> • Issues with recording of patients own controlled drugs in the drug register • Recorded drugs with discrepancies against actual and recorded stock • Discrepancies with patch strength and stock balance. <p>Remedial actions will be monitored via MM Operational Group.</p>	Board of Directors	Assurance
15	Terms of Reference (ToR)	Revised ToR where discussed and approved for submission to Board, subject to review of point 2.4 in relation to the establishment of Task and Finish Groups, which the Executive Team had asked to be reviewed across all Committees.	Board of Directors	

3.4. F&P Chairs Log

For Assurance

Presented by Sheena McDonnell and Stephen
Radford



REPORT TO THE COUNCIL OF GOVERNORS	REF:	CoG: 24/02/08/3.4
---	------	--------------------------

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

DATE:	8 FEBRUARY 2024
--------------	-----------------

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
---------------------	---

SPONSORED BY:	Stephen Radford, Non-Executive Director/Chair
----------------------	---

PRESENTED BY:	Stephen Radford, Non-Executive Director/Chair
----------------------	---

STRATEGIC CONTEXT

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

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

This report provides information to assist the Committee and Board in obtaining assurance regarding the finance and operational performance of the Trust and the appropriate level of governance. The meeting was held on 25 January 2024, via Zoom.

The following topics were the focus of discussion:

- Integrated Performance Report
- Elective Recovery Quarter Three Update
- Trust Financial Position 2023-24
- Efficiency & Productivity Programme 2023-24
- Investment Case Schedule of Return
- F&P Committee Terms of Reference
- Board Assurance Framework/Corporate Risk Register Updates
- Green Action Plan: Sustainability Update
- Trust Objectives Quarter Three Update
- Sub-Group Chair Logs

The F&P Committee approved the Green Action Plan that was presented to the meeting for review and also that the potential swap of CDEL capital with Sheffield Health and Social Care between financial years should progress. The Committee also reviewed and approved the revised Terms of Reference and recommended it to the Board for review and approval

RECOMMENDATIONS

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

Subject:	Finance and Performance Committee Chair's Log	REF:	CoG: 24/02/08/3.4
-----------------	--	-------------	--------------------------

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

Committee / Group	Date	Chair
Finance and Performance Committee	25 January 2024	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 December 2023	<p>The Finance & Performance Committee received the latest IPR report for December 2023 for discussion and review, and received assurance on the operational performance of the Trust. The following was noted from the review of the IPR:</p> <p>Performance: In December, Trust performance was again impacted by Industrial Action in the lead-up to Christmas. Bed occupancy was on average 93% (down from 100% the previous month) but is still above the 92% Trust target. Planned activity levels were 4.07% below plan and 13.24% less than last month's total. Non-elective length of stay, bed occupancy and sickness levels are also adverse to plan. The Trust continued not to meet constitutional targets. The Trust, however, benchmarks well against other Trusts for the majority of metrics.</p> <p>4-Hour UEC Target: In December, UEC 4-hour performance reduced again in the month to 56.3% from 62% in November and against an NHS England operational objective of 76% by March 2024. The Trust continues to benchmark well for this metric though our ranking has fallen (Ranking: England 49/122 North East & Yorkshire 8/22).</p> <p>Ambulance Handover Performance: The turn-around of ambulances in <30 minutes reduced in the month to 69.7% in December. This still remains below the national objective of 95% of handovers within 30 minutes.</p> <p>RTT: Performance against the 18-week RTT target remained static in November at 69% and still below the 92% target. There were 310 (270 previous month) patients waiting longer than 52 weeks. In line with NHSE key priorities, operational managers are working on trajectories to ensure no patients are waiting above 65 weeks by the end of March 2024The Trust ranks in the top quartile for this metric nationally. (Ranking: England 33/169 North East & Yorkshire 7/26)</p> <p>Waiting List: The number of patients on the waiting list decreased in November 2023 to 21730 from 22024 in October, against a planning target of 14500. An age analysis and breakdown of the waiting</p>	Board of Directors	For Information and Assurance

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	<p>list showed that areas with the longest wait lists included Orthodontics, Trauma & Orthopaedics, Oral Surgery and Dermatology. In December, DNA rates also increased in the month to 7.7% (7.1% in November) and against a target of 6.9%.</p> <p>Diagnostic Waits: The number of patients waiting longer than 6 weeks increased again in the month to 5.4% from 3.4% in November 2023 and against a target of 1% (actual performance in England – 23.3%). (Ranking: England 186/431 North East & Yorkshire 30/65).</p> <p>Cancer: For 28 Days Faster Diagnosis Standard, Trust performance decreased in the month to 75% from 77% the previous month and against the 75% target. For the 31 Days Treatment Standard, the Trust performance decreased in the month to 93% from 97% the previous month and against the 96% target. For the 62 days Treatment Standard, the Trust remained static month on month at 70% and against the 85% target.</p> <p>Theatre Utilisation: The Uncapped Main theatre utilisation in the month was 78.0% from 82.0% the previous month and against a target of 85%. Capped Theatre Utilisation to 72.9% also fell in the month from 76% in November 2023.</p> <p>Complaints: The Trust closed 86.4% of complaints within the 40-day target in the month, an improvement on the 79.2% in the previous month and against the 90% target.</p> <p><u>Workforce:</u></p> <p>Staff Turnover: Staff turnover rate improved in the month to 9.6% from 9.7% in the previous month, and remains below the 12% target.</p> <p>Sickness: The sickness absence rate worsened in the month to 5.5% from 5.3%, and is above the 4.5% target. Return to work interviews were completed in 38.8% of cases against 41% in the previous month</p> <p>Mandatory Training: In the month this further improved to 92.7% up from 92.3% the previous month, and above the target of 90%.</p> <p>Appraisal: At 92.9%, now above the target of 90%.</p>		

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
<p>Elective Recovery Quarter Three (Q3) Update 2023/24</p>	<p>The Finance & Performance Committee received the Elective Recovery Q3 report and received assurance on the Trust work for elective recovery, despite pressures on A&E and continuing industrial action. The original target was for elective recovery at 103% of 2019/20 levels, but this has been reduced to 100% because of strike action by staff. BHNFT elective recovery is continuing across the board and in the year-to-date actual delivery of activity against plan remains around 100% despite the loss of capacity. Key concerns remain are ongoing industrial action and winter pressure. Action plans have been developed by the Trust to address the risk around the >65 week wait priority in the specialities of Orthopaedics, Oral Surgery and Orthodontics</p> <p>An update was also provided against the local inter-provider transfer target for cancer patients; this has shown some improvement over the last few months.</p>	Board of Directors	For Information and Assurance
<p>Trust Objectives Quarter Three (Q3) Update 2023/24</p>	<p>The Finance & Performance Committee received the Trust Objective Q3 update report and received assurance on the progress the Trust is making against its 2023/24 objectives, despite the impact of industrial action, winter pressure and further restraints on Trust finances.</p>	Board of Directors	For Information and Assurance
<p>Business Assurance Framework & Corporate Risk Register (BAF/CRR)</p>	<p>The Finance and Performance Committee reviewed the recent updates to the BAF/CRR and noted the increase in the residual risk score for BAF risk 2557- "Risk of lack of space and adequate facilities on site to support the future configuration and safe delivery of services". This has increased to 16 as there continue to be multiple requests for space that cannot be met. In total nine BAF Risks are aligned to the Finance and Performance Committee, all other risk scores in both BAF/ CRR after review remain unchanged.</p>	Board of Directors	For Information and Assurance
<p>Trust Financial Position 2023/24</p>	<p>The Finance & Performance Committee received the Trust Finance report and received assurance on the financial position of the Trust for December 2023, 2023-24. It was also noted that:</p> <p>Financial Position 2023/24: The Trust at month 9 has a consolidated year-to-date deficit of £3.57m against a planned deficit of £7.34m giving a favourable variance of £3.77m. The year-end forecast has been revised to £5.4m deficit. The NHSE adjusted year-to-date deficit is £3.57m. In the month, there were 3 days of industrial action, that cost the Trust £0.2m and in the year-to-date industrial action has cost the Trust £2.5m. The revised full-year forecast for 2023/24 is a £6.2m deficit.</p>	Board of Directors	For Information and Assurance

Agenda Item	Issue	Receiving Body	Recommendation / Assurance / mandate
	<p>Total Income: Total income in the year-to-date was £239.2m against a planned £239.9m giving an unfavourable variance of £0.7m against the plan. The full-year forecast is £318.6m against a plan £319.5m giving an adverse variance of £0.9m.</p> <p>Pay Costs: Pay costs in the year-to-date, are £175.2m against a plan of £173.2m giving an adverse variance of £2.0m. Pay costs continue to come under pressure due to the costs of higher than planned staff sickness absence levels; premium cost agency consultants to cover vacancies, and unachieved efficiency.</p> <p>For Agency costs, the Trust has spent £8.05m on agency, which is £0.92m above plan and £1.65m above a cap based on 3.7% of planned pay costs for the year to date. There has been some success from the move to zero tolerance on nurse agencies and increased controls on medical agencies, however, this is being more than offset by strike cover and other operational issues.</p> <p>Non-Pay Costs: In the year-to-date, non-pay operating expenditure is £61.5m with a cumulative favourable variance of £5.3m to plan. This is mainly due to activity levels remaining below those planned</p> <p>Capital Expenditure: Capital expenditure for the year is £6.8m, which is £2.7m adverse to plan. The programme is expected to be</p> <p>Cash: In the year-to-date, cash balances are at £30.9m against a plan of £25.2m giving a favourable variance of £5.7m which is mainly due to timing of receipt of NHS income and the timing of payments to capital creditors.</p>		

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
Efficiency & Productivity Programme 2023-24	<p>The Finance and Performance Committee received the latest update on the Efficiency & Productivity Programme (EPP) for month 9, 2023/24 and received assurance regarding the action being taken to deliver the programme. The F&P Committee noted that:</p> <ul style="list-style-type: none"> • Cumulative savings to date is £9.9m against a plan of £9.1m which gives a year-to-date positive variance of £0.9m. • The overall programme forecast position is £14.7m against the target of £12.50m, a positive variance to budget of £2.2m. • Programme recurrency rate fell in the month to 42% from 45% last month • There are currently 43 schemes in the programme with 24 schemes at full maturity or awaiting final sign-off with a value of £12.4m. • Key programme risks relate to ongoing industrial action and operational pressures. 	Board of Directors	For Information and Assurance
Green Action Plan Sustainability Update	<p>The Finance and Performance Committee received the bi-annual to the Trust's Green Action plan. The F&P Committee having completed its review, the Green Action Plan was approved. The Committee received assurance regarding the actions/interventions that are already underway or will take place over the next 12 months, and Trust defined a key set of actions that will allow it to work towards achieving the 2040 net zero target.</p>	Board of Directors	For Information and Assurance
Finance & Performance Committee Terms of Reference	<p>The Finance and Performance Committee reviewed and approved the revised Terms of Reference for the Finance & Performance Committee, and subject to the proposed changes noted and agreed in the meeting, recommended the revised Terms of Reference to the Board for approval.</p>	Board of Directors	For Review and Approval
Investment Schedule Case of Return Feb. 2024	<p>The Finance and Performance Committee received the latest Investment Case Schedule of Return to February 2024. Having completed its review, the Committee supported the cases as outlined requiring a benefits realisation/update paper and that the dates proposed are achievable.</p> <p>The Committee also obtained assurance that the Executive Team support the governance processes and these are being applied consistently. It was also noted that one case, "PACS Replacement" is due to be presented to F&P Committee for review at the end of March 2024.</p>	Board of Directors	For Information and Assurance

Agenda Item	Issue	Receiving Body	Recommendation / Assurance / mandate
Sub Group Logs	<p>The F&P Committee received the following sub-group logs/updates:</p> <ul style="list-style-type: none"> • Executive Team: Noted • BFS: Noted • Capital Monitoring Group: The report was noted and the potential swap of capital within the ICB between financial years was approved • CBU Performance Meeting: Noted • Digital Steering Group: Noted • Data Quality Group: Noted 	Board of Directors	For Information and Assurance

3.5. Peoples Chairs Log

For Assurance

Presented by Sheena McDonnell and Sue Ellis



REPORT TO THE COUNCIL OF GOVERNORS		REF:	CoG: 24/02/08/3.5	
SUBJECT:	PEOPLE COMMITTEE CHAIR'S LOG			
DATE:	8 FEBRUARY 2024			
PURPOSE:		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>	✓	<i>Assurance</i>	✓
	<i>For review</i>		<i>Governance</i>	✓
	<i>For information</i>	✓	<i>Strategy</i>	
PREPARED BY:	Sue Ellis, Non-Executive Director / Committee Chair			
SPONSORED BY:	Sue Ellis, Non-Executive Director/ Committee Chair			
PRESENTED BY:	Sue Ellis, Non-Executive Director/ Committee Chair			
STRATEGIC CONTEXT				
<p>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.</p>				
EXECUTIVE SUMMARY				
<p>The People Committee met on Tuesday 23 January 2024 and considered the following major items:</p> <ul style="list-style-type: none"> • Proposed approach to the publication of gender pay gap information • Board assurance/corporate risk register • Committee updated Terms of reference • Sickness management audit follow up • Progress on Trust People objectives in quarter 3 • Freedom to Speak up Guardian Quarter 3 report • Staff car parking policy update • Professional nurse advocate roles- presentation • National NHS Staff Survey 2023 initial results (currently embargoed) <p>For the purpose of assurance, the items noted in detail below were those identified for assurance or escalation to the Board.</p>				
RECOMMENDATION(S)				
The Council of Governors is asked to note and receive the attached log.				

Subject: PEOPLE COMMITTEE ASSURANCE REPORT	REF:	CoG: 24/02/08/3.5
---	-------------	--------------------------

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

Committee / Group: People Committee (PC)	Date: 23 January 2024	Chair: Sue Ellis
---	------------------------------	-------------------------

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
1	Gender Pay Gap Publication	At our last meeting, we discussed the Trust gender pay gap information and requested further checking. Now this has been done, the communication approach to publication was proposed. It was agreed that the Committee would sign this off via email rather than waiting for the March meeting, to enable prompt publication.	Board of Directors	Note
2	Board Assurance Framework (BAF)/Corporate Risk Register (CRR)	The Committee considered the BAF risks and CRR that are aligned to the Committee, noting the revised risk of 2557 regarding space for clinical and other activity which was impacting on working arrangements	Board of Directors	Assurance
3	People Committee Revised Terms of Reference	A redraft was received and approved. This will be submitted as part of the composite Board pack on Committee terms for approval.	Board of Directors	Note
4	360 Assurance Sickness management audit follow-up	Following the 'limited assurance' audit by 360 Assurance discussed last time, the completion was confirmed of all four actions required. It was proposed that CBU sickness performance be included in their regular performance meetings with Executives. On Return to work interviews, (currently at only) 39%, a target of 70% to the end of March this year was agreed to be included in the Integrated performance report (IPR). Further, the Committee requested that the new 'Supporting Staff Attendance Policy' being launched w/c 29 January 2024 be brought back in September for a progress update.	Board of Directors	Assurance
5	Trust Objectives Quarter 3	The progress on the People objectives was approved and will feature in the relevant Board paper	Board of Directors	Assurance
6	Freedom to Speak Up	Theresa Rastall was welcomed for the first time in her role as	Board of	Note

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
	Quarter 3 Report	Freedom to Speak up Guardian. Her insights and summary report will also be presented to the Board.	Directors	
7	Staff car parking policy update	Rob McCubbin Managing Director of BFS attended to present the revised car parking policy which was the product of collaborative work in the Car Parking Task and Finish 'group. This was acknowledged as good work on a contentious issue and approved with a review requested in a year's time.	Board of Directors	Note
8	Professional nurse advocate roles	Emma Kilroy attended and gave a presentation about the Trust's development of roles as Professional Nurse advocates, who are nurses who have undergone additional training to facilitate restorative clinical supervision amongst nursing colleagues. We currently have 29 but with further training will have 43 by 2025 (meeting the recommended ratio of 1:20 nurses).	Board of Directors	Note
9	National NHS Staff Survey: 2023 initial results	Tim Spackman attended to give early sight of the high-level 2023 staff survey response levels and results. This is currently embargoed and therefore it will come to the Private Board in February 2024, the full final results will come to the Public Board early next year, aligned to last year's staff survey action plan.	Board of Directors	Note
10	Workforce Insight Report	The regular performance against key workforce indicators was received and the proposed target for Return to Work interviews (see Audit section above) will be added. Sustained achievement over four months of the Trust mandatory training target of 90% was positively noted.	Board of Directors	Assurance/Note
11	Director of People Update	It was noted that the Trust had managed the most recent junior doctors' industrial action before Christmas and in January; and that currently no further dates have been specified for repeat action.	Board of Directors	Assurance
12	Review of work plan	Several changes were agreed upon to maintain work flow.	Board of Directors	Assurance/Note

3.6. Audit Committee Chairs Log

For Assurance

Presented by Sheena McDonnell



REPORT TO THE COUNCIL OF GOVERNORS	REF:	CoG: 24/02/08/3.6
---	------	--------------------------

SUBJECT:	AUDIT COMMITTEE CHAIR'S LOG
-----------------	------------------------------------

DATE:	8 FEBRUARY 2024
--------------	-----------------

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

PREPARED BY:	Nick Mapstone, Chair of the Audit Committee
---------------------	---

SPONSORED BY:	Nick Mapstone, Chair of the Audit Committee
----------------------	---

PRESENTED BY:	Nick Mapstone, Chair of the Audit Committee
----------------------	---

STRATEGIC CONTEXT

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

EXECUTIVE SUMMARY

The committee noted that £177,000 worth of medicines were written off up to the end of December in 2023/24. A further report is to be provided to the committee in March.

Chris Paisley (KPMG) outlined the risk assessment and planned audit approach for the audit of the 2023/24 accounts. These were approved by the committee.

Internal audit reports on cleaning standards and data quality in diagnostic services have been issued since the last (October 2023) meeting. Both gave *Significant Assurance* opinions.

The trust's arrangements comply with the NHS Counter Fraud Authority's functional standards.

Two new fraud concerns have been raised since the last meeting.

The trust has settled a claim for disability discrimination in relation to a service user with autism who was promised a designated parking space that was occupied on his or her arrival.

The committee's annual review of the effectiveness of internal audit concluded that a good service is being provided.

Proposed changes to the standards of business conduct policy were approved subject to minor amendments.

The annual accounts timetable was approved.

RECOMMENDATIONS

The Committee recommends that the Council of Governors note and takes assurance from the matters discussed.

Subject:	AUDIT COMMITTEE ASSURANCE REPORT	Ref:	CoG: 24/02/08/3.5
-----------------	---	-------------	--------------------------

CHAIR'S LOG: Key Issues and Assurance

Committee / Group	Date	Chair
Audit Committee	17 January 2024	Nick Mapstone

Agenda Item	Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
2.1	<p>Wasted medicines</p> <p>The committee noted that £177,000 worth of medicines were written off up to the end of December in 2023/24. This compares with £50,000 for the same period in the prior year. The chief pharmacist attended to explain that the losses are attributed to a combination of human error, equipment failures and stock control failures. Current staffing levels (25 per cent of posts vacant) are a contributing factor. Problems are mainly in ophthalmology and cancer services, where medicines are expensive. A further update is to be provided to the committee in March.</p>	Board of Directors	To note
2.2	<p>External audit plan and strategy</p> <p>Chris Paisley (KPMG) has replaced Richard Lee as engagement director.</p> <p>The risk assessment and planned audit approach for the audit of the 2023/24 accounts were approved by the committee. The approach is similar to previous years with the same significant risks (valuation of land and buildings; fraud risk; and management override of controls.)</p> <p>Arrangements for the value for money risk assessment are to be considered at the committee in March.</p>	Board of Directors	To note

Agenda Item	Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
2.3	<p>Internal audit plan 2023/24</p> <p>Internal audit reports on cleaning standards and data quality in diagnostic services have been issued since the last (October 2023) meeting. Both gave <i>Significant Assurance</i> opinions.</p> <p>Terms of reference for audits of nutrition and CBU governance have been agreed.</p> <p>The trust's implementation rates of internal audit recommendations have improved: first follow-up rate is 85 per cent; the second follow-up rate is 90 per cent.</p> <p>The internal audit plan for 2024/25 was discussed. A final version will be approved by executive team and at the next committee.</p>	Board of Directors	To note
2.4	<p>Local counter fraud service</p> <p>The trust's arrangements continue to comply with the NHS Counter Fraud Authority's functional standards.</p> <p>Two new fraud concerns have been raised since the last (October) meeting. One alleges working elsewhere while on sick leave; the other is false representation (claiming additional hours during a substantive shift.)</p>	Board of Directors	To note
3.2	<p>Losses and special payments</p> <p>The committee noted that £177,000 worth of medicines were written off up to December in FY24 (see 2.1 above).</p> <p>The trust has settled a claim for disability discrimination in relation to a service user with autism who was promised a designated parking space that was occupied on his or her arrival. The committee asked BFS to review</p>	Board of Directors	To note

Agenda Item	Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
	arrangements to try to prevent a reoccurrence.		
3.4	<p>Annual review of the effectiveness of internal audit</p> <p>The committee's annual review of internal audit effectiveness concluded that internal audit is providing a good service. No negative comments were received.</p>	Board of Directors	To note
3.5	<p>Standards of business conduct</p> <p>Proposed changes to the policy were approved subject to minor amendments.</p>	Board of Directors	To note
3.6	<p>Annual accounts timetable</p> <p>The annual accounts timetable was approved.</p>	Board of Directors	To note

3.7. Council of Governor Meetings 2024-2025

To Note

Presented by Sheena McDonnell

COG Meeting 2024-2025

Date	Nominations 2-3pm	Membership & Engagement	Governor Insight 3-4pm	CoG General Meeting
April 2024				
May 2024			15 3-4pm	
June 2024	5 2-3pm	19 3-4pm		26 2.30-4.30 Zoom
July 2024				29 AGM 11am-1pm Barnsley College
August 2024				
September 2024		4 3-4pm	11 3-4pm	
October 2024	2 2-3pm			10 2.00-4.00pm Barnsley College
November 2024			20 3-4pm	
December 2024	4 2-3pm	4 3.30-4.30pm		
January 2025				22 2.00-4.00pm Education Centre Hybrid
February 2025				
March 2025		19 3-4pm	12 3-4pm	

4. Any Other Business

Presented by Sheena McDonnell

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

For Discussion

Presented by Sheena McDonnell

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